person. What is witness event doing? What are the main causes of absence of first aid?
Background: The ability of carrying out first aid should be one of basic skills in each of us.
Methods: The study was conducted in the third quarter of 2015, on 335 members of emergency medical teams: doctors, paramedics, nurses and drivers, who provided medical rescue activities in the Provincial Ambulance and Health Transport "Meditrans" in Warsaw. The research tool was an anonymous questionnaire.
Results: The straight majority of respondents encountered granting first aid at the event on the spot, however, the frequency of appearing of such proceedings isn't too high. First aid has most often been given on the street and in houses. Middle-aged persons constituted the most numerous group that first aid was administered to. The important element is the reason not to provide first aid by bystanders, in the opinion of members of the ambulance. The most common answers were: fear, lack of knowledge and skills, reluctance, indifference, lack of training, lack of experience and fear of doing harm.
Conclusion: By far the majority of respondents meets with the carrying of first aid, but respondents assessed the low incidence of such situations. Placing the victim in the recovery position is the simplest and most common form of the provision of first aid. Organized training in first aid should be extended to activities carried out in other situations, other than cardiac arrest. Only continuous education and in particular the practical training, will help people to overcome the barrier of their limitation in order to help others.
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Healthy Lifestyle Behaviors of University Students

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Study/Objective: This study aims to examine the Healthy Lifestyle (HL) behaviors and certain factors which have an influence on such behaviors, of the students in the Department of Emergency Aid and Disaster Management (EADM) at a university.
Background: HL is to control all of the behaviors influencing his/her life and to adapt daily activities to their health condition. For this reason, it is important to improve HL of EADM students, who are expected to carry out emergency services at a desk, and to perform medical intervention to the scene in cases of disasters and emergencies in the future.
Methods: Three of four (n = 268) of the students was reached in this descriptive study. The data was obtained through a survey form, including the scale of Health-Promoting Lifestyle Profile (HPLP-II), as well as socio-demographic characteristics. An index where certain characteristics of the participants were scored on a scale of 0-10, was formed for the study (low score regarded as positive in terms of HL behaviors). A written consent from the ethical committee and the administration was obtained, and a verbal consent was obtained from the students.
Results: Two of three of the participants were male and 60,3% have a job. The average age (SD) was 21,3 (±1,6) and scores were 131,3 (±17,5) for SYBD-II and 3,3 (±1,7) for the index. The results of the logistic regression analysis indicated that having a regular family life (OR = 3,38; $p < 0,05$), being a junior student (OR = 2,11; $p < 0,05$) and good friendships at school (OR = 1,16; $p < 0,05$) have significant impacts on the score of SYBD-II scale.
Conclusion: The study concluded that good friendships and a regular family life are important for students to have a Healthy Lifestyle. The students having difficulty in such aspects may be encouraged to benefit from school guidance services. Students are increasing their negative life behavior in advanced classes. The reasons for this situation should be investigated.
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