Acute group accident pattern analysis (accident of university student in dormitory at night)

Pathoom Sukkaromdee1*, Viroj Wiwanitkit2,3,4,5
1TWS Primary Care Center, Bangkok, Thailand
2Hianan Medical University, Haikou, China
3Faculty of Medicine, University of Nis, Nis, Serbia
4Joseph Ayobabalola University, Iketi-Arakeji, Nigeria
5Dr DY Patil Medical University, Pune, India

ARTICLE INFO

ABSTRACT

Living in the dormitory is usually the requirement for university students who live far from the university. The medical disorder occurring at night among the university students is rarely reported. The acute problem due to accident is a topic of interest. Here, the authors summarize on pattern of accident at night of university students in a dormitory.

1. Introduction

Living in the dormitory is usually the requirement for university students who live far from the university. Misawa noted that school health has to cover all both daytime and nighttime [1]. The care of the students’ health in the dormitory is important. There are several interesting problems of students living at dormitory. The typical examples are drug and substance abuse [2-6], psychological problem [7,8] and infection [9-11]. However, the forgotten issue is the acute problem. Acute problem can be seen at any time but the important concern is at the night time.

At night time, if the university is away from the city, seeking for primary care may be difficult and it is suggested that night health unit should be set. Similar to any other situations, the health problem can be seen among students living in dormitory at night. However, the medical disorder occurring at night among the university students is rarely reported. The acute problem due to accident is a topic of interest. It is suggested that the safety control is the big issue in management of dormitory [12]. The examples of controls are shown in Table 1.

Here, the authors summarize on pattern of accident at night of university students in a dormitory.

2. Materials and methods

This is a retrospective study. A review of medical record of a night health unit serving university students in a dormitory (a five-floor building with 150 rooms containing 450 students) is done. The accident cases are recruited for further detail analysis.

3. Results

According to this work, within one year period, 2014, there are 2,076 cases. Of these cases, 132 (6.36 %) cases are accidents. Focusing on the details of accidents, 120 cases are sharp object injury and 12 cases are falling. For the cases of sharp objects...
injuries, 88, 18 and 14 cases were due to knives, cutters and nails, respectively. For the cases of falling, 9, 1, 1 and 1 cases occurred at playgrounds, toilet, stairs and bedroom, respectively. All cases could be managed at night health unit without need for referring to hospital. All cases got complete recovery without any complication.

Table 1
Examples of controls.

| Problems            | Controls                                      |
|---------------------|-----------------------------------------------|
| Accidents Falling   | Good floor care                               |
|                     | Good toilet care                              |
|                     | Warning sign application                       |
| Sharp object injury | Control of sharp object use                   |
| Weapon injury       | Screening for weapon                          |
| Electrical injury   | Control of electrical facilities use          |
| Heat injury         | Surveillance for competency of electricity system |
| Fire                | Control of heat generation facilities         |
|                     | Warning sign application                       |
|                     | Basic fire management system                  |
|                     | Fire exhaustion training                      |
|                     | Fire exhaustion system                        |
| A c u t e Anaphylaxis | Basic health care unit at dormitory            |
| m e d i c a l illness| Cardiopulmonary resuscitation training        |
|                     | (continued on next page)                     |
| A c u t e Fever m e d i c a l illness| Providing of basic medication (e.g. paracetamol) |
|                     | Setting of referring system                   |
| Diarrhea            | Basic health care unit at dormitory           |
|                     | Providing of basic medication (e.g. ORS)      |
|                     | Setting of referring system                   |
| Anxiety             | Basic health care unit at dormitory           |
|                     | Training of basic psychological support        |
| Suicidal attempt    | Basic health care unit at dormitory           |
|                     | Cardiopulmonary resuscitation training        |
|                     | Training of basic psychological support        |
|                     | Setting of preventive architecture (such as applying of fence at high floor) |
|                     | Setting rescue facilities                     |

4. Discussion

Health issue of students living in dormitory is interesting. There are some studies on risk behavior as well as infections among students living in dormitory[2-6]. For example, Thumma et al. found that handwashing practice of university students living in dormitory was associated with upper respiratory and gastrointestinal symptoms[11]. However, an important issue that has never assessed is the occurrence of accident among the students living in the dormitory. In fact, accident can occur anywhere and it is no doubt that accident can occur at the dormitory. Based on this observational study, accident seems to be a big problem at night in the dormitory. The problem is not different from the daytime. The sharp object injury seems to be a big issue. Indeed, several kinds of university academic works require sharp objects and the students usually carry the works to do at dormitory. In fact, Jia et al. reported that sharp object injuries were common among students in urban area[13]. To have a good primary care by health personnel is important. Focusing on other identified problem, falling, it can reflect the need for workplace safety improvement. Not only student dormitory but also other kinds of dormitory can be dangerous if there is no control. It is suggested that the safety control is the big issue in management of dormitory[12].

Conflict of interest statement

The authors report no conflict of interest.

References

[1] Misawa H. [School health at a private junior/senior high school with dormitory]. Kango 1984; 36(7): 47-54. Japanese.
[2] Heydarabadi AB, Ramezankhani A, Barekati H, Vejdani M, Shariatinejad K, Panahi R, et al. Prevalence of substance abuse among dormitory students of Shahid Beheshti University of Medical Sciences, Tehran, Iran. Int J High Risk Behav Addict 2015; 4(2): e22350.
[3] Astatkie A, Demissie M, Berhane Y, Worku A. Prevalence of and factors associated with regular khat chewing among university students in Ethiopia. Subst Abuse Rehabil 2015; 6: 41-50.
[4] Zadarko-Domaradzka M, Zadarko E, Barabasz Z, Sobolewski M. [Alcohol use and health-risk behaviours among academic students in Podkarpackie]. Przegl Lek 2013; 70(8): 546-50. Polish.
[5] Chaveepojnakorn W. Alcohol consumption patterns among vocational school students in central Thailand. Southeast Asian J Trop Med Public Health 2012; 43(6): 1560-7.
[6] Pichainarong N, Chaveepojnakorn W. Youth and alcoholic beverages: drinking patterns among high school students in central Thailand. Southeast Asian J Trop Med Public Health 2010; 41(6): 1467-74.
[7] Soltani B, Keyvanara M. Cultural intelligence and social adaptability: a comparison between iranian and non-iranian dormitory students of Isfahan University of Medical Sciences. Mater Sociomed 2013; 25(1): 40-3.
[8] Sakurada I, Kid O, Suwazono Y, Kobayashi E, Kinouchi N, Nagawa K. Health status of male preparatory school students lodging at a dormitory in Japan. Environ Health Prev Med 1999; 4(1): 30-3.
[9] Wilson SL, Huttlinger K. Pandemic flu knowledge among dormitory housed university students: a need for informal social support and social networking strategies. Rural Remote Health 2010; 10(4): 1526.
[10] Discussion on infection in the dormitory: joint discussion No. 7. Proc R Soc Med 1932; 25(12): 1793-810.
[11] Thumma J, Aiello AE, Foxman B. The association between handwashing practices and illness symptoms among college students living in a university dormitory. Am J Infect Control 2009; 37(1): 70-2.
[12] Tomioka K, Okamoto N, Kurumatani N, Hosoi H. Association of psychosocial conditions, oral health, and dietary variety with intellectual activity in older community-dwelling Japanese adults. PLoS One 2015; 10(9): e0137656.
[13] Jia C, Zhao Z, Bo Q, Zhang Y, Liu Z. Incidence rates and risk factors for injury events in high school students in Lijin County, China. J Safety Res 2005; 36(2): 133-7.