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Effectiveness of planned teaching program regarding basic life support on knowledge and practices of non-medical teaching staff of selected universities of north India: An interventional study

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Abstract

Context: Basic life support is a medical care that is offered to victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. Considering that life-threatening illnesses or injuries may occur at places where there are no medical practitioners or health service providers, it is imperative that laypeople are equipped with all the necessary knowledge and skills to provide Basic Life Support.

Aims and Objectives: The aim of the study was to evaluate the effectiveness of planned teaching program regarding Basic life support on knowledge and practices of non-medical teaching staff of selected universities of North India. The objective was to assess and compare knowledge, practices, relationship between knowledge and practices and to find out the association of knowledge and practices regarding Basic life support among the non-medical staff with their sample characteristics in experiment and comparison group.

Methodology: A Quasi-Experimental non-equivalent control group pretest- posttest design. One hundred (50 each in experimental and comparison group) were recruited as study participants by convenient sampling technique. The study was conducted at M.M College of Engineering, M.M College of Management, M.M College of Hotel Management, M.M College of Law, Mullana, Ambala, Haryana, and Baddi University and Manav Bharti University Solan, Himanchal Pradesh. Basic Life Support was administered in experimental group for 15 days. The tool used for the study consisted of selected variables regarding sample characteristics, structured knowledge questionnaire to assess the knowledge and structured observational checklist to assess the practices regarding Basic Life Support were used to collect the data.

Results: The difference in the mean scores between the experimental and comparison group was computed by using independent 't' test. The calculated 't' value of knowledge was found to be 2.92 t (100) =1.67; p=0.00) which was statistically significant at 0.05 level of significance. The pre-test and post-test practices scores regarding Basic Life Support among non-medical teaching staff in experimental group computed by using Wilcoxon Signed Rank test. The result showed that the mean practices score after the administration of Planned teaching program was found to be statistically significant at 0.05 level of significance (p=0.000).

Conclusion: Findings of this study concluded that (BLS) was effective in enhancing the knowledge and Practices of non-medical teaching staff regarding Basic Life Support.

Keywords: Effectiveness, basic life support, knowledge, practices and non-medical teaching staff

1. Introduction

The heart is the center of cardiovascular system and it is vitally responsible for just about everything that gives body life ranging from the transportation of oxygen to the success of the immune system. However, the foods we eat and the amount of activity choose to take part in dramatically affect the overall health of the heart and the many other tissues that make up cardiovascular system. The heart is a muscular organ about the size of a closed fist that functions as the body's circulatory pump. It takes in deoxygenated blood through the veins and delivers it to the lungs for oxygenation before pumping it into the various arteries (which provide oxygen and nutrients to body tissues by transporting the blood throughout the body).

[1]

The number of lay people willing to attempt cardiopulmonary resuscitation in real life is increased by effective education in basic life support. Though, little is known about access of general public to BLS training across the globe.

Providing basic life support at the site of an accident is crucial to increase the survival rates of the injured people. It is especially relevant when health care is far away. Basic life support includes assessment of signs cardiac arrest, heart failure, stroke, an obstruction of airway by foreign body, and the performance of cardiopulmonary resuscitation and defibrillation with an automated external defibrillator. The majority of patients who experience an out-of-hospital cardiac arrest do not receive adequate resuscitation by health care professionals within the critical time, 3–5 min after onset, thus reducing the chance of survival^[5].

Basic life support is a medical care used for the victims of dangerous diseases or injuries until they are given complete medical care at a clinical setting. It can be performed by trained medical personnel's, such as primary care giver medical experts, and by qualified by standers.

The term basic life support denotes to maintaining an airway and supporting breathing and the circulation.

1.1 It consists of the following elements: preliminary assessment, maintenance of the airway, rescue breathing (mouth-to-mouth breathing) and compression of chest. When all elements are performed together in a specific sequence then it is termed as cardiopulmonary resuscitation. Basic Life Support implies that no equipment is used; when a simple airway or face mask for mouth to-mask resuscitation is used, this is defined as “basic life support with airway adjunct”

Basic life support is a medical care that is offered to victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. Considering that life-threatening illnesses or injuries may occur at places where there are no medical practitioners or health service providers, it is imperative that laypeople are equipped with all the necessary knowledge and skills to provide Basic Life Support

Basic life support refers to maintain the airway, support respiration and circulation without the use of equipment. Each year, a number of babies and children will suffer with an accident or illness severe enough to stop their breathing and leads to respiratory arrest. In a small number of these cases, it will even stop their heart beating and leads to cardiac arrest.

The best chance of ensuring their survival is to give them emergency treatment known as cardiopulmonary resuscitation. CPR can consist of many different things, but the initial, vital part is Basic Life Support. Basic life support is commonly trained to the general public and the new generation as these may be the only ones present in the vital few minutes before emergency personnel are available.

2. Methodology

2.1 Research approach

In this study, Quantitative research approach was used.

2.2 Research design

In this study, Quasi experimental (Non Equivalent control group pre-test- post-test design) used.

2.3 Study area

Study was conducted at universities of north India.

2.4 Sample size

In this study the total sample size was 100 (50 each in experimental and comparison group).

2.5 Sampling technique

Convenient sampling technique was used for selecting the sample.

2.6 Tool

The socio demographic variables, structured knowledge questionnaire and structured observational checklist was used to collect data from the non-medical teaching staff.

2.7 Ethical consideration

Permission for conducting study was obtained from institutional committee of M.M. (Deemed to be university), Mullana, Ambala, Permission for pilot study was taken from Yamuna institute, Yamuna nagar and Maharana partap co-education college Mullana, Ambala, Permission for final study taken from MMU, Mullana, Ambala, MM College of law, MM College of Management, MM College of Hotel Management, MM College of Engineering Permission for final study taken from Manav bharti university and Baddi (BUEST) university, Solan Himachal Pradesh. Written consent was taken from sample and confidentiality was maintained.

2.8 Data collection

Formal administrative approval was obtained from Principals of Non-medical colleges of maharishi markendeswar universities (Management, Hotel Management, Engineering, Department of Law) Mullan, Ambala and Manav bharti university solan, H.P, Baddi University Solan H.P was conduct the final study. Self-introduction and introduction of the topic was given to the participants. Convenient sampling technique was used to allocate the Non-Medical teaching staff in Experimental and Comparison group with the help of Structured Knowledge questionnaire's and structured observational checklist.

On 1st day: 110 participants were enrolled in study- 60 non-medical teaching staff in Experimental group and 50 teachers was in Comparison group. Pre assessment was done in both the groups. The intervention was given in experimental group that is Planned Teaching Program /BLS demonstration on CPR manikin and in Comparison Group Intervention was not given.

On 15th Day, 100 participants were enrolled in study- 50 non-medical teaching staff in Experimental group and 50 teachers was in Comparison group. There was attrition of 10 participants in experimental group due to absent and examination duty on the day of data collection. Post-assessment was done in both Experimental and comparison group the Knowledge was assessed by Structured Knowledge Questionnaire and in practice was assessed with the help of structured observational checklist and Re-demonstration was taken in CPR manikin. The collected data were analyzed through both descriptive and inferential statistics.

3. Results

Table 1: Chi-square showing comparison of Socio – demographic variables in experimental and comparison group

Socio demographic variables	Experimental group n=50	Comparison group n= 50	χ^2	df	p value
	f (%)	f (%)			
1.Age					
1.1 21- 40years	20(40%)	17(34%)			
1.2 41- 60 years	30(60%)	33(66%)	.015	1	.570 ^{NS}
2. Gender					
2.1 Male	17(34%)	14(28%)	-	-	-
2.2 Female	33(66%)	36(72%)	.995	1	.017 ^{NS}
3. Marital status					
3.1 Married	43(86.00%)	44(88.00%)	-	-	-
3.2 Unmarried	2(4.00%)	6(12.00%)	-	-	-
3.3 Widow/widower	5(10.00%)	-			
3.4 Divorced/Separated	-	-	.930	1	.628 ^{NS}
4. Educational Status					
4.1 Graduate	-	29(58.00%)	-	-	-
4.2 Post graduate	30(60%)	21(42.00%)			
4.3 M.Phil.	11(22%)	-			
4.4 Ph.D.	9(18%)	-	.642	1	.440 ^{NS}
5. Total Working Experience.					
5.1 1-10 Years	20(40%)	35(70.00%)	-	-	-
5.2 11- 20 Years	6(12%)	15(30.00%)	-	-	-
5.3 21- 30 Years	24(48%)	-			
5.4 31- 40 Years	-	-	.635	2	.728 ^{NS}
6. a Previous experience					
6.1 Yes	15(30.00%)	6(12.00%)			
6.2 No	35(70.00%)	44(88.00%)	.577	1	.654 ^{NS}
6. b Undergone through any educational training program.					
7.1 Yes	7(14.00%)	2(4.00%)	-	-	-
7.2 No	43(86.00%)	48(96.0%)	.339	1	.560 ^{NS}

$\chi^2(1) = 3.84$; $\chi^2(2) = 5.99$; $\chi^2(3) = 7.82$; $\chi^2(4) = 9.49$

^{NS} – Non significant ($p > 0.05$) *Significant ($p \leq 0.05$)

Table 2: Mean, Mean difference, Standard deviation, Standard error of mean difference, "t" Value Showing Knowledge Scores of non-medical teaching staff Before Administration of P T P in Experimental and Comparison Group N=100

Group	Mean \pm SD	M _D	SE _{MD}	t value	df	p value
Experimental Group (n=50)	11.44 \pm 1.84	1.34	.457	.928	49	.279 ^{NS}
Comparison group (n=50)	10.1 \pm 2.96					

$t_{0.05(49)} = 2.02$ *Significant ($p \leq 0.05$) NS=Not significant ($p > 0.05$)

Table 2 shows the comparison of mean knowledge score before administration of Planned Teaching Program in experimental group and comparison group by using independent 't' test. In the experimental group, the mean pre-test knowledge score of the non-medical teaching staff was found to be 11.44 \pm 1.84 and 10.1 \pm 2.96 in comparison group before the administration of Planned Teaching Program with the mean difference of 1.34 and standard error of mean difference was 0.457. The difference in the mean

scores between the experimental and comparison group was computed by using independent t' test. The calculated t' value was found to be t 0.928 df (49) = 2.02; p= (0.279) which was statistically not significant at 0.05 level of significance.

Hence, the non-medical teaching staff in experimental and comparison group were homogeneous and comparable in terms of their knowledge regarding basic life support before the administration of Planned Teaching Program.

Table 3: Mean, Mean difference, Standard deviation, Standard error of mean difference, t Value Showing Knowledge Scores of non-medical teaching staff after Administration of P T Program in Experimental and Comparison Group N=100

	Group	Mean \pm SD	M _D	SD D	SD MD	t value	df	P value
Post test	Experimental Group (n=50)	19.02 \pm 2.63	5.82	0.16	.539	2.92	49	.000*
	Comparison Group (n=50)	13.2 \pm 2.47						

t (49) = 1.6766^{NS}-Non significant ($p > 0.05$) *Significant ($p \leq 0.05$)

Table 3 shows the comparison of mean knowledge score after administration of Planned Teaching Program in experimental group and comparison group. In the experimental group, the mean post-test knowledge score of the non-medical teaching staff was found to be 19.02 \pm 2.63 and 13.2 \pm 2.47 in comparison group after the administration of Planned Teaching Program with the mean difference of 5.82 and standard error of mean difference was

0.16. The difference in the mean scores between the experimental and comparison group was computed by using independent 't' test. The calculated 't' value 2.92 ($p=0.00$) was statistically significant at 0.05 level of significance which means that this was a true difference and not by chance. Hence, it can be concluded that PTP was effective in improving knowledge regarding basic life support among non-medical teaching staff in experimental group.

Table 4: Area wise mean, mean difference, standard deviation, standard error of mean difference and ‘t’ value of knowledge among non-medical teaching staff after administration of PTP in Experimental and Comparison group N=100

Areas	Mean ± SD (experimental) Group	Mean ± SD (comparison Group)	MD	SE _{MD}	t value	df	P value
Concept of BLS	7.02±1.92	4.86 ± 1.51	2.16	.342	6.365	49	.000*
Procedure of basic life support sequence	12±2.82	8.54±2.14	3.46	.496	6.966	49	.000*

t (49) = 1.67 Significant (p≤0.05) NS= Not significant (p> 0.05)

Table 4 shows the comparison of area wise mean post-test knowledge score after the administration of Planned Teaching Program in experimental and comparison group by using independent ‘t’ test.

The mean post-test knowledge score of the non-medical teaching staff in all the areas was higher in experimental group (7.02 ± 1.92, 12 ± 2.82) than that of the comparison group (4.86 ± 1.51, 8.54 ± 2.14). The difference in the mean

scores was compared by using independent ‘t’ test and the calculated ‘t’ values were found to be statistically significant in all the areas of concept of BLS. (t=6.365, p=.000) and procedure of basic life support sequence (t=6.966, p=.000). Hence, it can be concluded that Planned Teaching Program was effective in improving knowledge in all the areas in experimental group.

Table 5: Mean, Mean difference, Standard deviation, Standard error of mean difference, t Value Showing level of practices scores of non-medical teaching staff Before Administration of P T Program in Experimental and Comparison Group

Group	Mean ± SD	M _D	SE _{MD}	t value	df	p value
Experimental Group (n=50)	3.4 ± 1.37	0.58	0.275	2.17	49	.034 ^{NS}
Comparison group (n=50)	3.98 ± 1.59					

N=100 t_{0.05(49)} = 1.30 *Significant (p≤ 0.05) NS=Not significant (p> 0.05)

Table 5 shows the comparison of mean knowledge score before administration of Planned Teaching Program in experimental group and comparison group by using independent’s’ test. In the experimental group, the mean pre-test Practice score of the non-medical teaching staff was found to be 3.4 ± 1.37 and 3.98 ± 1.59 in comparison group before the administration of Planned Teaching Program with

the mean difference of 0.58 and standard error of mean difference was 0.275. The difference in the mean scores between the experimental and comparison group was computed by using independent t’ test. The calculated t’ value was found to be 2.17 t (49) = 1.30; p=0.034 which was statistically not significant at 0.05 level of significance.

Table 6: Mean, Mean difference, Standard deviation, Standard error of mean difference and “t” value of level of practice in Experimental and Comparison group after administration of PTP N=100

	Group	Mean± SD	M _D	SD D	SD MD	t value	df	P value
Post test	Experimental Group (n=50)	17.3 ± 1.89	7.1	0.62	.399	17.8	49	.000*
	Comparison Group (n=50)	10.2 ± 2.51						

Table 6 shows the comparison of mean practice score after administration of Planned Teaching Program in experimental group and comparison group. In the experimental group, the mean post-test practice score of the non-medical teaching staff was found to be 17.3 ± 1.89 and 10.2 ± 2.51 in comparison group after the administration of Planned Teaching Program with the mean difference of 7.1 and standard error of mean difference was 0.62. The

difference in the mean scores between the experimental and comparison group was calculated by using independent ‘t’ test. The calculated ‘t’ value 17.8 (p=0.00) was statistically significant at 0.05 level of significance which means that this was a true difference and not by chance. Hence, it can be concluded that PTP was effective in improving level of practice regarding basic life support among non-medical teaching staff in experimental group.

Table 7: Mann Whitney U test showing mean rank, sum of rank, U and Z value of level of practice among Non-medical teaching staff after administration of PTP in Experimental and Comparison group N=100

Group	Mean Rank	Sum of rank	Mann Whitney U (H value)	Z value	P value
Experimental Group (n-50)	75.10	3755.00	20.000	-8.514	.000*
Comparison Group (n-50)	25.90	1295.00			

Z=±1.96 at 0.05 *Significant (p≤ 0.05) NS = Not significant (p> 0.05)

Table 7 shows the mean rank, sum of rank, U and Z value regarding basic life support among non-medical teaching staff after administration of Planned Teaching Program (PTP) between experimental and comparison group by using Mann Whitney U test. The mean rank of post-test of practice score in experimental group (75.10) is higher than comparison group (25.90). The outcome showed that the

calculated H value was (20.000) and Z value is (-8.514). was statistically significant at level of significance (p= 0.00) which means that it was a true difference and not by chance. Therefore, research hypothesis was accepted. Hence, it can be concluded that PTP was effective in improving Practice regarding basic life support among non-medical teaching staff in experimental group.

Table 8: Wilcoxon Signed Rank test showing level of practice in Experimental group before and after administration of PTP. N=100

Group Experimental Group (n=100)	Practice	Mean \pm SD	Mean rank	Sum rank	Z value	p value
Pre- test	BLS	3.4 \pm 1.37	25.50	1275.00	-8.675	.000*
Post-test.		17.3 \pm 1.89	75.50	3775.00		

Table 9: Correlation between knowledge and Practices score of non-medical teaching staff before and after administration of PTP. N=100.

Groups.		Practice.	
Experimental group (n=50)		Post test	
Comparison group (n=50)	Knowledge	Pre test	-0.051(0.721) ^{NS}
		Post test	0.16(0.199) ^{NS}
	Practice	Pre test	0.36(0.130) ^{NS}
		Post test	0.06(.266) ^{NS}

^{NS} Not significant ($p > 0.05$) *Significant ($p < 0.05$)

Table 9 shows the correlation between mean knowledge and practice scores of non-medical teaching staff after administration of PTP in Experimental and Comparison group.

The finding displayed that there was no statistically significant correlation between knowledge and Practice regarding basic life support among non-medical teaching staff in experimental and comparison group. Since the p value found to be not significant at 0.05 level of significance. Therefore, the null hypothesis H₀₅ was accepted and the research hypothesis H₅ was rejected.

4. Discussion

The findings of the study were discussed with reference to the results obtained in other related research studies. The purpose of this present study was to assess the effectiveness of Planned Teaching Program (PTP) on knowledge and practices regarding basic life support among Non-medical teaching staff at selected universities of North India.

In the present study, majority of the non-medical teaching staff was females (66%) in Experimental group and (72%) in comparison group.

This finding was consistent with the result of study conducted by Ahmed Hussein subki *et al.* (2018). Which showed that the maximum number of participant (72.1%) were female. Similar finding was shown in a study conducted by Felipe Villalobos (2019) in which 50.8% of the participant (lay person) were female. The finding was consistent with the result of study conducted by Azizul Fadzli Wan Jusoh *et al.* (2018) which showed that 60.6% of the participants in the non-medical staff were females then the males (26.9%). In similarity with the study conducted by Samiha Jarrah (2018) in which majority of the female (53.7%).

In the present study, majority of the non-medical teaching staff was married 43 (86.00%) in experimental group and 44(88.00%) in comparison group. In contrast with the study conducted by Mekonnen CK (2020) which showed that the more than half of non-medical population were married 280(68.00%).

In the present study, majority of the non-medical teaching staff was not undergone through any educational training program related to BLS 43 (86.00%) in experimental group and 48(96.00%) in comparison group. In contrast with the study conducted by Mekonnen CK (2020) reveals that the majority of non-medical population were not undergone BLS training 377 (91.5%).

In the present study, the mean knowledge and practices scores of non-medical teaching staff in the experimental and comparison group after the administration of PTP (Planned

Teaching Program) was significantly higher than before the administration of PTP.

In the present study, it was found that there was a significant difference between the pre-test knowledge and post-test knowledge scores ($t=2.92$, $p=0.000$), before and after the administration of PTP in the experimental group. The result was also consistent with the finding of the study conducted by Jose Antonio Chehuen Neto (2016) shows that there was a significant knowledge scores ($t=3.10$, $p=0.000$).

In the present study, there was no significant correlation between knowledge and practices score before and after administration of planned teaching program among non-medical teaching staff in the experimental in the experimental and comparison group.

The result was similar with study conducted by Azizul Fadzli Wan Jusoh (2018) in which there was no significant correlation was found between the Knowledge and practices score after ($p > 0.05$).

In the present study, there was no significant association of pre-test knowledge score non-medical staff with their selected variables in experimental group and comparison group.

The result was consistent with the finding of the study conducted by Rekha Koranga (2019) at which showed that there was no statistically significant association between the knowledge with selected demographic variables.

5. Recommendations

Comparative studies can be done to assess the effectiveness of planned teaching program Demonstration method in terms of knowledge and practices regarding basic life support in nursing college, A Study to assess the knowledge and practice regarding revised cardiopulmonary resuscitation guidelines among nursing interns, A cross sectional study to assess knowledge and attitude regarding basic life support and medical emergency services among health care personals, Similar study can be replicated on a larger sample to generalize the findings, A similar kind of study can be conducted for school children.

6. References

- Venn R. Basic life support. Crit Care. 2000, 2(1).
- Almesned A, Almeman A, Alakhtar AM, AlAboudi AA, Alotaibi AZ, Abdullah Y, *et al.* Basic Life Support Knowledge of Healthcare Students and Professionals in the Qassim University. Int J Health Sci (Qassim). 2014;8(2):141-50.
- Jindal AK. Planned Teaching Programme Regarding Basic Life Support in Terms of Knowledge and Skill of Pre-University College Students in a Selected College

- of Moodbidri, Dakshina Kannada District. *Biomed J Sci Tech Res.* 2017;1(7):1903-5.
4. Mathew JE. A study to assess effectiveness of video assisted teaching programme regarding basic life support among high school children in selected school at Bangalore. *J Chem Inf Model.* 2019;53(9):1689-99.
 5. Nord A. Bystander CPR: New aspects of CPR training among students and the importance of bystander education level on survival. 2017, 121.
 6. Xie CY, Jia SL, He CZ. Training of basic life support among lay undergraduates: Development and implementation of an evidence-based protocol. *Risk Manag Healthc Policy.* 2020;13:1043-53.
 7. Roshana S. Basic life support: knowledge and attitude of medical/paramedical professionals. *World J Emerg Med.* 2012;3(2):141.
 8. Mathew JE. A study to assess effectiveness of video assisted teaching programme regarding basic life support among high school children in selected school at Bangalore. *J Chem Inf Model.* 2019;53(9):1689-99.
 9. Mathew JE. A study to assess effectiveness of video assisted teaching programme regarding basic life support among high school children in selected school at Bangalore. *J Chem Inf Model.* 2019;53(9):1689-99.
 10. Chehuen Neto JA, Brum IV, Pereira DR, Santos LG, Moraes SL de, Ferreira RE. Basic Life Support Knowledge and Interest Among Laypeople. *Int J Cardiovasc Sci.* 2016;29(6):443-52.
 11. Rajashekar S, MR NG, Anthony A. Knowledge of basic life support among health care professionals in a tertiary care hospital in Chitradurga. *Int J Community Med Public Heal.* 2018;5(9):3969.
 12. Abolfotouh MA, Alnasser MA, Berhanu AN, Al-Turaif DA, Alfayez AI. Impact of basic life-support training on the attitudes of health-care workers toward cardiopulmonary resuscitation and defibrillation. *BMC Health Serv Res.* 2017 Sep 22;17(1):674. DOI: 10.1186/s12913-017-2621-5. PMID: 28938914; PMCID: PMC5610457.
 13. Travers AH, Rea TD, Bobrow BJ, Edelson DP, Berg RA, Sayre MR, *et al.* Part 4: CPR overview: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation.* 2010;122(3):676-84.
 14. Subki AH, Mortada HH, Alsallum MS, Alattas AT, Almalki MA, Hindi MM, *et al.* Basic Life Support Knowledge Among a Nonmedical Population in Jeddah, Saudi Arabia: Cross-Sectional Study. *Interact J Med Res.* 2018;7(2):e10428.
 15. Subki AH, Mortada HH, Alsallum MS, Alattas AT, Almalki MA, Hindi MM, *et al.* Basic Life Support Knowledge Among a Nonmedical Population in Jeddah, Saudi Arabia: Cross-Sectional Study. *Interact J Med Res.* 2018;7(2):e10428.