

Provision of psychological, medical and social assistance to people in crises to increase health-saving immunity

Sharipova Dilyara Dzhumaniyazovna-Doctor of Pedagogical Sciences, Professor, Department of Pedagogy and Psychology, Tashkent Pedagogical University Nizami

Kamilova Nadira Gayratovna-Doctor of Psychological Sciences, Associate Professor, Tashkent Pedagogical University Nizami

Kh. S. Khushvaktova-Candidate of Economic Sciences, Associate Professor Uzbek State University of World Languages

Sh. I. Nizamova-Teacher Department of «Psychology and Pedagogy of Preschool Education» Tashkent Pedagogical University Nizami

Abstract

In the context of global changes of ecological environment, increased frequency of natural disasters, leading people to the number of persons in crises. Urgent problems arise associated with the need to provide first social medical aid immediately after the impact of the disturbing environmental factor for the inhabitants of Uzbekistan, which has vast territories located in different climatic zones (continental and subtropical). It is characterized by the occurrence of various emergencies, natural disasters in the form of earthquakes, floods, hurricanes, sand storms, landslides, increased insolation, high and low temperatures inherent in the continental climate. It is necessary to find ways and methods to increase the extreme competence of people in emergencies (natural and technogenic disasters), requiring the creation of an information platform for the formation of healthy immunity in people in extreme conditions.

For this purpose, is developed a program to create a model of behavior for people in emergencies by using information multimedia technologies to provide first social, medical, psychological assistance to people in extreme conditions.

Keywords: health, emergencies, natural disasters, natural disasters, extreme competence, health saving immunity, model of behaving people, informational platform

Introduction. As you know the observed natural disasters – is the type of crisis that requires every person to communicate not only with the victims of the tragedy, but also with the involved community groups, as well as with society as a whole. The destructive potential of a natural disaster can be so great that in the event of ineffective activity and poorly built communications, the participants-rescuers are in danger of losing the trust of the victims. The fact is that wide ranges of specialists are involved in the process of assisting victims: employees of the Ministry of

Emergency Situations, medical and social workers, psychologists, lawyers and others [1]. In the public relations literature, there is a whole layer of research devoted to the study of crises, starting with political crises, environmental crises (environmental pollution), ending with natural disasters (floods, earthquakes, hurricanes, sandstorms). There is necessitate the provision of emergency psychological assistance in extreme situations to people in acute stressful condition (or ASD - acute stress disorder), which is an experience of emotional and mental disorganization.

Moreover, psycho-diagnostics, psycho-technics of influence and the procedure for providing psychological assistance in extreme situations have their own specifics. It consists in the fact that in these conditions, due to lack of time, it is impossible to use standard diagnostic procedures, and to exert psychological influence in extreme situations: you need to support, help, you should stop such as rumors, panic, and negotiate.

According to the researchers, the main principles of providing assistance to those who have suffered psychological trauma because of the influence of extreme situations are:

- Urgency;
- Proximity to the place of events;
- Expectation that normalcy will restore;
- Unity and simplicity of psychological affect [2].

It should be noted, that assistance to the victim should be provided as soon as possible: the more time has passed since the moment of injury, the higher the likelihood of chronic disorders, including post-traumatic stress disorder.

The experience of psychologists working in extreme situations made it possible to classify groups of victims:

- Directly affected, people isolated in the outbreak of an emergency;
- Victims materially or physically, as well as people who have lost their relatives and friends, or do not have information about their fate;
- Eyewitnesses - people living in the immediate vicinity of the scene of the tragedy;
- Observers;
- Participants in emergency response.

Taking into account many years and numerous observations, it was developed a systematics of psychogenic reactions and disorders arising in extreme conditions, dividing them into two groups: with non-psychotic and psychotic symptoms [3]. It should be pointed out that, according to the observations of psychiatrists, psychotic symptoms are very rare. Longitudinal studies of the delayed psychogenic consequences of

catastrophic events led to the conclusion about the need for the maximum approximation of assistance in time [4]. At the same time, only during the XX century., according to experts, the element in its various forms: earthquakes, floods, volcanic eruptions, hurricanes, tsunamis, tornadoes, fires, avalanches, mudflows, epidemics - took the lives of more than ten million people [5]. This led to the emergence of an independent area of psychological practice - emergency psychological assistance, in the center of which is a person who finds himself in extreme conditions. It can be defined as short-term help to a person after a strong negative stressful impact (distress) [6].

As emphasized by Yu.S. Shoigu, in the context of providing emergency psychological assistance to victims, an extreme situation should be called when there is a threat to the life or health of a person, others and loved ones, a sudden situation that threatens or is subjectively perceived by a person as threatening life, health, personal integrity, well-being. The main features of extreme situations include the following:

- The usual way of life is destroyed, a person is forced to adapt to new conditions;
- The life is divided into “life before the event” and “life after the event”; you can often hear: “It was before the accident” (illness, moving, etc.);
- A person who is in such a situation is in a special condition and needs psychological help and support;
- Most of the reactions that occur in a person can be characterized as normal reactions to an abnormal situation. Extreme situation and emergency are not synonymous. When we talk about extreme, we mean rather a person's attitude to an event. When we talk about an emergency, we are talking about an objectively developed situation. The state bears responsibility for organizing and assisting people in an emergency, creating special services: rescue, firefighters, medical [4].

According to the researchers, emergency psychological assistance is designed to take into account the social processes that arise around the tragic event, the positive and negative aspects of social interaction, the cultural context - existing traditions, rituals, etc. Each specialist providing psychological assistance should solve the following tasks:

- To maintain the psychological and psychophysiological state of a person at an optimal level (in case of acute stress reactions);
- To prevent the possibility of late adverse reactions, relieving a person of negative emotional states that arises directly because of a traumatic event;

- To prevent, as well as to stop the manifestations of pronounced emotional reactions;
- To advise the victims, their relatives, friends, personnel working in the conditions of liquidation of the consequences of emergencies, about the peculiarities of experiencing stress;
- To assist specialists involved in the elimination of the consequences of emergencies. It should be borne in mind that in emergencies there is a certain transformation of professional principles and ethical standards [5].

According to the data of the candidate of psychological sciences, leading researcher of the laboratory "Scientific and methodological support of emergency psychological assistance" L.V. Miller. The main methods of psychological assistance to persons who have experienced traumatic events (according to the factor of time elapsed since the moment of the tragic event) are [6]:

During an event at distant stages and shortly thereafter (dealing with trauma)	Classical methods and based synthesis of classics:
Emergency "pre-psychological" help;	-Cognitive-behavioral therapy;
-Psychological support, emotional support;	Psychodynamic therapy;
-Direction (leading), management;	-Play psychotherapy;
-Informing;	-Art therapy
Psychological intervention(intervention);	-Using metaphors, stories
	- Body-oriented therapy;
-Revealing negative socio-psychological mechanisms (mental infection, panic, rumors) and panic, rumors) and managing them or (neutralization);	- Gestalt therapy;
	-Psychodrama;
	-Katatim -imaginative approach katatim experiencing images, symbol of the drama;

Psychological debriefing;	-Therapy suggestion (hypnosis and his)-used by doctors);
-Mental regulation and options, self-regulation (PSR) –may activities in extreme conditions	-Humanistic-existential also used before and after psychotherapy;
	-Neuro-linguistic approach and others.

Simultaneously with the provision of first psychological aid, first aid is provided and recommendations are implemented to preserve and strengthen the health of the victim.

Nowadays, in the context of above said there are functioning, "Disaster Medicine" and "Disaster Medicine Service". They are the sections of medical science and a branch of the health care system that study the medical consequences of natural, technogenic accidents and disasters. The developing principles and organizing their elimination, organizing and directly participating in the implementation of a complex of medical and evacuation, sanitary-hygienic and anti-epidemic measures, as well as in the provision of medical and sanitary property in the area (focus) of the emergency [7].

Meanwhile, immediately after the occurrence of emergencies or natural disasters, first aid is provided, which is a set of simple medical measures performed directly at the site of injury or near it in self-help and mutual assistance, as well as by participants in emergency rescue operations (or medical workers) using service and improvised means.

According to the literature, the following first aid is implemented:

- Putting out burning or smoldering clothing;
- Elimination of asphyxia by freeing the upper respiratory tract from mucus, blood, soil and possible foreign bodies, giving a certain position to the body (in case of retraction of the tongue, vomiting, profuse nosebleeds);
 - Artificial ventilation of the lungs by the "mouth-to-mouth" or "mouth-to-nose" method;
 - Temporary stop of external bleeding by all available means: application of a tourniquet, twists, finger pressure of the damaged or great vessel, tight or pressure bandage, maximum flexion of the limb in the joint with its subsequent fixation;
 - Imposition of an aseptic dressing on wound and burn surfaces;
 - Immobilization of limbs in case of fractures, extensive burns and crushing of soft tissues;
 - Indirect heart massage;
 - Introduction of anesthetic, antiemetics and other drugs from an individual first aid kit;
 - giving a water-salt or tonic hot drink (tea, coffee), prevention of hypothermia or overheating;
 - injection of antidotes;
 - partial sanitization;
 - putting on a gas mask when in an infected area;

- use of means of prevention and relief of the primary reaction when radioactive substances enter the body;
- preparation and control over the evacuation of victims [8].

At the same time, health-preserving activities are organized to prevent the negative impact of environmental factors and to protect the health of victims: it is recommended to carry out the exercise "three minutes for health" (acupressure at thirteen points, breathing and movement exercises). It is necessary to meet basic needs (food, clean water, self-care, or shelter from rescue materials). For example, in case of an earthquake, a person who is littered with debris should be provided with advice, giving recommendations to breathe deeper, not panic, and not lose heart, focus on the most important, offer to survive at any cost, and assure that help will come without fail. It should be offered, if possible, to provide yourself with first aid, try to adapt to the situation and look around, look for a possible way out, and determine the location, if there are other people nearby: listen, raise your voice. Remind that a person is able to withstand thirst and especially hunger for a long time, if it is not useless to expend energy. It is also important to look in pockets or nearby for items that could help give light or sound signals (for example, a flashlight, a mirror, as well as metal objects that can knock on a pipe or wall and thereby attract attention). If the only way out is a narrow hole, it should be recommended to squeeze through it, relaxing the muscles and move, pressing the elbows to the body [9].

According to special studies, health-preserving effects are also used to correct stress using reflexology, music, biblio-therapy, aromatherapy, landscape therapy, electrophysiological, pharmacological, physiological-hygienic, physiological regulation (massage, bath, shower). In practice, each person intuitively resorts to "his" methods that allow him to relax (listening to music, showering, active or passive rest with switching attention, etc.) [10].

You should get information about the existing diseases and about the medications taken, help to get medications or medical assistance; it is important to stay close to the person and show constant care for him, provide the necessary assistance in the long term, tell the victims how to get help or services [11].

People in emergencies are also in dire need of social and informational assistance. In this period, it is necessary to provide an opportunity to satisfy physical needs, safety, restore contact with loved ones, to provide necessary and sufficient information about a significant situation and further actions. Moreover, about reactions arising in response to severe events, "normalization" of reactions, recommendations not watch television broadcasts that cover events in excessive detail in helping to make decisions [12].

The inhabitants of Uzbekistan, which has vast territories located in different climatic zones (continental and subtropical), are characterized by the occurrence of various emergencies, natural disasters and natural disasters in the form of earthquakes, floods, hurricanes, sandstorms, landslides, increased insolation, high and low temperatures peculiar of the continental climate. It is necessary to find ways and methods to increase the extreme competence of persons

in emergencies (natural disasters, technological process failure), requiring the creation of an information platform for the formation of health-saving immunity in people in extreme conditions. Currently, the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan 09.09.2019. N 754 "On improving the procedure for preparing the population to act in emergencies and in the field of civil protection» which defines the following main tasks of preparing the population for action in emergency situations and in the field of civil protection:

consistent improvement of knowledge and the formation of the leaders, workers and employees of government bodies, local government bodies and other organizations skills in the prevention and elimination of emergency situations, as well as civil protection;

preparation of rescue services and rescue teams, as well as civil protection units for emergency response;

training the population, including those who are not employed in the field of production and services, pupils of preschool educational institutions, students of secondary schools, secondary specialized, vocational and higher educational institutions, the rules and methods of protection in emergency situations, first aid to victims, the use of collective and individual means of protection [13].

In these conditions, an effective social policy is being implemented in the republic, aimed at supporting persons in emergencies. In particular, to eliminate the consequences of the emergency on the dam of the Sardoba reservoir, it was adopted a decree of the President of the Republic of Uzbekistan on May 21, 2020 N PR-4722 "On financing measures for targeted support of citizens affected by the emergency on the dam of the Sardoba reservoir and the restoration of infrastructure" [14].

In Uzbekistan, a program developed to create a model of behavior for people in emergencies by using information multimedia technologies to provide the first social, medical, health-preserving, psychological assistance to people in extreme conditions.

Thus, an emergency is a situation in a certain territory resulting from an accident, a dangerous natural phenomenon, a catastrophe, natural or other disaster that may or did entail human casualties, damage to human health or the environment, significant material losses and disruption living conditions of people. In the context of the foregoing, it is necessary to develop a model of behavior of people in emergencies, by using information multimedia technologies for providing the first social, medical, health-saving psychological assistance to persons in extreme conditions. To form health-saving immunity the model of emergency health-saving care includes consideration of the situation, condition and other characteristics of the victim. The tasks and principles that determine the methods of diagnosis and provision of health-saving care, depending on a number of factors as subjective and of an objective nature. The individual psychophysiological characteristics, age, sex, health status, typological characteristics, personality (or group), belonging to a particular social group (age, ethno-cultural, etc.), the nature and severity of the event, time elapsed from the

moment of the emergency. It dictates the need to develop specific algorithms for health-preserving activities aimed at preserving the physical, mental and spiritual health of the victims.

In modern society, the development of information systems and technologies successfully used to solve socio-economic problems caused by the growth of the technology of various spheres, including education, aimed at raising awareness of students, how to behave if you are at a place of emergency. High school students studying the subject "Pre-prescription of Military Preparation", during classes acquire the necessary knowledge; skills for the first prefigure assistance, forming a healthy lifestyle [15, 16].

However, a person who is in the center of emergencies, under the influence of psychological stress and post-traumatic shock, it is possible that a person forgets the information obtained in class. Meanwhile, on the peculiarities of certain emergencies, their possible impacts on the state of physical and mental health, the occurrence of bleeding, open and closed injury, damage to soft tissues, concussion, loss of consciousness. At the same time, the victims marked by fright, excessive excitement, sometimes flow into a stupor, memory loss and other mental disorders [17].

QR - Code (English Quick Response Code- The rapid response code is the type of matrix barcodes or two-dimensional bar codes) allows you to prompt data coding and solving many urgent problems, that is, a quick response.

Under these conditions, an urgent need for urgent health careful assistance arises, and then the implementation of a system of measures to ensure the sanitary and epidemiological well-being of the population during the elimination of the effects of natural disasters [18].

It should take advantage of any urgent information on the provision of first prefigure assistance, which can be refreshed in memory using modern methods, in particular QR code [19].

This two-dimensional barcode (bar code), which makes it possible to obtain information for the adoption of urgent solutions and measures to provide prefigure medical assistance aimed at preserving the health of victims [20].

Barcode-operational machine, optical label containing information about the object to which it tied.

As is known, the QR code uses 4 standardized encoding modes (numeric, alphanumeric, binary and kanji) to make effective data storage that can also be used extended [21].

The QR code system becomes very popular due to the possibility of fast reading and high capacity compared to the barcode IRS codes.

The QR code consists of black squares located in a square grid on a white background, which can read using the image processing devices [22].

Before filling in the QR code, determine the code and encoding version, determine the error correction level.

The main advantage of the QR code is the easy text recognition by scanning equipment, which makes it possible to use it in education to increase the level of awareness of certain problems and the adoption of the necessary measures.

We have already noted above that the QR code can carry the necessary information about the provision of prefigure medical care, which high school students and other persons who found an emergency (earthquake, flood, hurricane, accident, etc.) can carry out.

We developed by the development of a QR code accommodating up to 7000 digits and letters, which is quickly read by mobile devices.

The reader recognizes the standard QR code in three-square tags, located at its corners by using a smartphone or a digital camera, in which the QR scanner is built into the camera. In this case, you should open the QR scanner on your device, to bring the camera to the QR code and decrypt information that instantly appears on the screen and can print on any media. In the context of what was said, persons who were in such situations (flooding, earthquake, landslides, hurricanes, etc.) should show maximum composure and make operational decisions to overcome the effects of the influence of natural disasters [23]. Effective solution to all problems arising, the provision of first prefigure assistance, the solution of problems of physical and mental health care is possible at the ownership of QR-code technologies that are intensively developing in the last decade. The persons who were at the site of natural disasters, with the help of a smartphone, which previously recorded in the form of a QR code of an action algorithm for the first prefiguration, as well as the first medical care for victims:

- With bleeding;
- with open and closed fractures;
- the brain concussion;
- with injuries and tissue damage;
- with loss of consciousness and shock;
- cardiac arrest;
- techniques of artificial respiration;
- on compressions;
- at traumatic shock;

At the same time, an express information from the QR code can be obtained about the provision of psychological, social, healthy-saving assistance by visualizing information through the smartphone scanner. It should be noted that this technology can be successfully used after the immediate impact of emergency situations at the rehabilitation stage. That allows using media education technologies through information technologies by encrypting to the QR code of media messages on the health-speaking technologies, medical and psychological advice of victims to overcome the effects of psycho-trauma arising from victims because of catastrophe and large-scale accidents.

In the review of U.Yule and R.M. Williams (2001) presents a detailed analysis of the research, the theme of which is the consequences of psycho-trauma

arising from children and adolescents because of catastrophes and large-scale accidents. As the most common symptoms, they call:

Lack of sleep;

Violations of communication with school mates and parents, difficulties of separation (the desire to be constantly located next to the parents, sleep with them, etc.);

Reducing the ability to concentrate, difficulties in focusing at school work, a temporary decline in memory, the loss of previously existing skills;

obsessive thoughts;

High irritability and suspicious;

loss of life perspectives;

fears

irritability;

feeling guilt;

depression;

an increase in the level of anxiety up to attacks of panic behavior [3].

In these conditions, for the purpose of mental health care of affected children, the possibility of using sports and recreation technologies becomes very important:

physical training minutes;

dynamic pauses;

breathing exercises;

eye exercises;

relaxation minutes;

Massage of active points [4]

Thus, realizing that the main consequences for children who find in emergencies occurring in the conditions of Uzbekistan. That accompanied by the influence of disturbing environmental factors on the physical and mental health of children and adolescents, all others and, first, parents, need to be ready to provide first psychological and medical care and possess health - saving competencies developed and acquired in previous life. This dictates the need for appropriate training and seminars, during which the population acquires the necessary knowledge, skills and behavioral skills in extreme conditions that arises in connection with emergencies.

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