

TRAINING IN FIRST AID TO STAFF OF PRIMARY HEALTH CARE: AN EXPERIENCE REPORT

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ABSTRACT

Urgent and emergency situations in the home or in public roads can reach any points in the Health Care Network. In Primary Care, the initial care demands recognition and adequate conduct by the workers. Thus, in Cuiabá, State of Mato Grosso, there was an update on first aid, in October 2016, for 22 workers from two teams of the Family Health Strategy, experience that here it is reported. The objective is to highlight aspects of the course that favored and or have limited experience and the teaching-learning process of the participants. The course was developed in 10 hours, for each team, with a methodology theory and practice based on simulation treatment to urgency and emergency situations, and with the facilitation of three academics and a professor of nursing, and 5 instructors with experience in pre-hospital care. The experiment was evaluated through a questionnaire applied before and after the activity. Contributed to the teaching-learning process of participants the interests of workers and the use of strategies that favored the articulation of theory and practice and sharing among those involved. Based on experience, more time is required for the course, the use of automated devices, and systematic provision of activity to all Family Health Strategy teams.

Keywords: Primary health care. First aid. Health manpower. Training courses.

INTRODUCTION

On health care in Brazil fixed systems are fragmented. That is, the attention network is organized from a set of points (where spaces offer health actions and services) pretty isolated, which do not establish the communication required between them⁽¹⁾. This compromises the completeness and humanization of health care and requires measures of resilience, which take up so much all the arrangements of these points, as the integration of every great action developed through specific networks.

To this end, in 2010, the Organization guidelines were imposed health care Network (RAS) of the unified health system (SUS), consistent with the principles of this. This network provides organizational arrangements of services and health actions of different densities, integrated technology through technical support, logistic systems and management⁽²⁾.

In RAS, the basic attention (AB) to health, as first

level, should be taken care about the most common health problems and coordinate activities in all the attention points⁽²⁾, including first-aid treatment to emergency/emergencies in environment appropriate, until the transfer/forwarding to other points of attention when necessary. Thus, the level of the AB integrates, specifically, the attention to urgencies and emergencies (RUE), having the responsibility to contemplate, in related calls, the host of the user, the assessment of risks and vulnerabilities of this⁽³⁾, as well as taking decision for each situation.

The assessment of risks and vulnerabilities is the dynamic process and added to the proposition and prioritization of conduct for every situation. In the spontaneous demand "no acute situations can arise", in which the professional can adopt to conduct consultation scheduling, and other "acute", as, for example, a cardiopulmonary arrest (PCR), requiring first aid care. In addition, the evolution and the global/user-specific needs may require review of conduct at any time in the process of work⁽⁴⁾. So, the

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workers of the AB must be trained to respond to the various possible situations.

In this sense, in the face of multiple and distinct health needs expressed by users on AB, we need to consider that the first aid care involves sharing and socialization of knowledge and practices of all members of the AB health teams⁽⁵⁾ given the importance of the work, and managing the situation.

Although the performance of local health teams in attendance to the emergency room/emergency is relevant, study on the perception of health teams in three health centers (CS), in the municipality of Palhoça (SC), identified difficulties in the process of implementation of assistance in issue, lack of equipment, transport and local physical space and little empowerment of 6 teams. Also, a survey in Israel, in order to determine the likelihood of a user submitted to cardiac arrest receive appropriate life support in primary care clinic, highlighted the fact that many clinics of AB are availability and their doctors little ready to start resuscitation procedures in case of CA⁽⁷⁾.

Highlighting the importance of professional improvement on the subject, a work reports the experience of training of community health Agents (ACS), a family health Center (CSF), in the municipality of Sobral-CE, on expressive aggravations approach in communities, as Choking and burning at home⁽⁸⁾. Other case studies of a municipality of Bahia, with nursing professionals of AB, showed that they had certain knowledge about the resuscitation maneuvers in a PCR, but were out of date as the guidelines⁽⁹⁾.

International research, conducted with physicians in AB on University Polyclinic "Mario Gutiérrez Ardaya," about their needs for learning about attention to urgencies/emergencies in AB, also identified the urgent need of courses, on topics considered relevant, such as: the handling of Airways/ventilation, cardiopulmonary resuscitation and the shock treatment⁽¹⁰⁾. The story of a course in first aid, organized by the American University of Armenia, for primary health care providers in the area of conflict in Nagorno Karabagh pointed out the need for periodic updates to your appropriate technical knowledge and applicability in 11 field.

Given the relevance of the approach the urgency/emergency in AB in the country and the consequent need of targeted training actions evidenced from this health teams, reporting in this article, the account of the experience a course in **first** aid training to workers of two teams of the family health strategy

(FHS), in the city of Cuiabá, Mato Grosso, Brazil. By means of this report and your analysis, the goal is to highlight aspects of the course that favored and have limited experience and the teaching and learning of the participants.

It is expected to contribute with other realities, boost reflection on the professional training of AB to the approach of emergency/emergency situations, as well as for the realization of new courses in the country, aiming to promote a qualification and context integration of actions of RUE and, more broadly, of the RAS of the SUS.

METHODOLOGY

Descriptive study of type case studies, of a theoretical-practical training course in first aid training to health workers from two teams of ESF, Cuiabá-MT. The unit, at the time, was the practice field discipline supervised internship I, nursing course at the Federal University of Mato Grosso (UFMT). The activity was designed and carried out by three academics in stage and the teacher responsible, by identifying, with the units, the urgency of empowerment and the Municipal Secretary of health (SMS) of Cuiabá. Collaborated with the implementation of the volunteer instructors course (four nurses and a doctor) who had experience in pre-hospital care.

The training took place in October 2016, the UFMT, and predicted the certification of participants. For each team (on timer has timed out of I and II), the activities were effective during the morning and afternoon of a day, with duration of 10 hours. The team I participated in twelve workers-a doctor, a nurse, two nursing technicians, a receptionist and seven ACS. The II participated in ten – a nurse, two nursing technicians, a receptionist and 6 ACS.

The training course was identical for both teams. The programmatic content of the same covered: kinematics of trauma; characterization and roles of first aid; fundamental aspects of primary assessment; severity of injury and condition of the person; immediate care in case of obstruction of the Airways by foreign bodies (OVACE), seizures/epilepsy, Burns, PCR and cardiopulmonary resuscitation (CPR).

The operationalization of the course took place in three stages. At first the participants were divided into two large groups and placed in separate rooms. The **first** group had for task assist in a simulated situation OVACE 10 minutes, while in the **second** group, at the same time, had to bail out in a simulated situation of

CA/RCP. After the allotted time, the groups alternated the experience. This strategy, which considered the knowledge and experiences of the participants, was used to promote the interest of the participants, diagnose learning needs, provide shared reflection, and obtain comparative elements of knowledge and skills before and after the course. In the second stage, all participants met in the same room and taught the syllabus through exposure through dialogue, with presentation projected on screen, which intercalates texts and images. Had the participants in semicircle, so as to ensure the proximity and visual contact between instructors and participants.

In the **third step**, the workers were divided into three groups and, in separate rooms, simulated three situations, in children and/or adults: burn, PCR/RCP and OVACE. For each of the situations was about 40 minutes. All the participants have experienced and discussed the questions. At all stages, excelled by the articulation between theory and practice, by reference to real situations. Simulation activities used dolls heart resuscitation and automated external defibrillator (AED). In the help to the victim with a burn injury by body faked.

Was undertaken to evaluate the knowledge, interest and the opinions of the workers, before and after the completion of the course, for feedback on the proposed and developed. To this end, we used an instrument applied at the time of registration of the participants in the course (one week before your achievement) and after this, fifteen days. The instrument was developed by academics and teaching staff responsible for the activity, and contained four multiple choice questions, one for each issue described: primary approach in trauma, Burns, conduct in the manner of performing the Heimlich maneuver in situations of OVACE and about the number of inflations and cardiac CRP massages/RCP). The instrument also included 5 questions about the discursive initial interest by the course, opinions about the topics covered, the participation of instructors, methodological strategy adopted and suggestions for future courses.

The course was registered as academic institution UFMT extension, after approval by the relevant authorities, characterized as a teaching experience and service, in a scenario of materialization strategies of interaction with forming unit local network of health services. The proposal did not include search activity and, therefore, dismissed the approval of

Research Ethics Committee (CEP).

RESULTS AND DISCUSSION

The analysis and evaluation of this course by participants include two important aspects when forward workers update activities, to act in situations of first aid in AB/FSE: 1) the need to discuss with employees the various local conditions essential to this consolidation; and 2) the adoption of methodological alternatives in the activity to promote the theory-practice relationship.

The course was free the participation of two teams. However, these workers showed great interest in the same. The set of participants amounted to a total of 22 workers, approximately 92% of the total of the two teams.

Participants expressed interest in the course by the recognized need to acquire and/or update knowledge about meeting the urgent/emergency situations, local health services. Such interest has encouraged both the routing of the course as the results obtained.

However, the literature points out that that perspective varies among workers of AB in the country, and can make the expected participation in similar courses. Study about the host and the resolution of the emergency room in that space, held in Campina Grande-PB, with 27 teams of Health professionals from the family, revealed not only the difficulty of these to recognize and act in these situations but also the position that such a service would run the principles of AB, fitting them only possible forwarding⁽¹²⁾ demands. Other and similar study in clone, aiming at the perception of health teams about the AB on RUE, also found the same positioning, although the workers complied with the demands⁽⁶⁾ related.

On the one hand, it is known that unforeseen situations of life threatening are inherent to live and can manifest in any place and moment. Thus, users can use the local health services. So that, the urgent/emergency network designed, considering the need to involve the various health services that can expand and qualify the access to care in these situations, given the need for the service to be operated in an agile and therefore timely and in integration into a wide network⁽³⁾.

On the other hand, one should not disregard many are the challenges to the advancement of practices and the consolidation of RUE in AB, and that much of the resistance of workers related to the local difficulties to achieve the attendances. Emergency/attention AB emergencies there are a number of necessary

conditions, macro and micro institutional: 1) the transformation of existing assistencial model; 2) the revision and expansion of your financing⁽¹³⁾; 3) availability of essential inputs and equipment; 4) the adequacy of infrastructure services; 5) the maintenance of complete teams^(6,9); 6) the permanent professional training⁽⁶⁾; 7) the Organization/construction of the integrated team work; and 8) flexibility in the Organization of AB; among others.

It makes you think, to plan and implement educational activities of workers' qualification for the attendance of urgency/emergency in AB is very important to include, in addition to technical content, the problematization of the needs of the population and the condition of services and organization of work, reflecting on all aspects involved in care, as well as on the best way of addressing the problems, since the workers are also responsible for this confrontation.

In this sense, it is recognized that the permanent education in health, dedicated to the discussion of the reality of each AB service, anchored in political and ideological benchmarks consistent with the guidelines of the SUS, is a useful way to expand educational practices⁽¹⁴⁾, as with the contours of the reported here, and can encourage the interest and active involvement of workers in the construction of AB in RUE and its terms.

Although the upgrade experience held have centered on attendances include some methodological aspects of the course considered positive and that can guide others to be performed: 1) the composition of the two groups and their subgroups, to the activity, with the participation of several workers of each team, with different levels of education and training; 2) the problematization and simulation of emergency/emergency situations experienced in local health services; and 3) the articulation between the sectors involved in the activity and between the various participants.

Whereas emergency/emergency situations require the articulations of the various workers, the situation of the real learning, that is, by the joint participation of all in the various activities. In addition, it was decided that the practical simulations they'll look to portray situations that could occur unexpectedly in the everyday life of different professionals.

The diverse composition of the groups/subgroups in the course proved to be very rich, since it allowed the joint construction of suggestions for resolution of cases, the sharing of knowledge among workers, as well as the handling of situations with the collective

participation.

Simulation of emergency/emergency situations, besides enabling the joint performance of the workers favored the joint theory-practice of the subjects dealt with, as well as the development of technical skills for the management of prioritized situations. Still, made possible the active participation of all in the course, the sharing of knowledge and experiences, and the expression and addressing doubts and difficulties.

Ownership of simulation practice activities used in the course, as well as pointed to by the participants and perceived by the facilitators, can also be inferred from increasing the knowledge of participants about the subjects dealt with in accordance with the evaluation. Such expansion was 13.6% on issues pertaining to the situation of OVACE 19.8%, in conduct in Burns, 27.2% of the primary evaluation activity and 63.6% in performance in cardiopulmonary arrest and cardiopulmonary resuscitation (CPR/PCR).

In relation to methodological issues, the importance of the linkage between University institutions and SMS, and your agents' teacher/students and health workers (volunteer instructors). The joint action of these agents was a fundamental condition for the viability of the course, ensuring that expert guidance, appropriate physical space and equipment and necessary materials.

Also identifies the importance of proposition and course in the academic sphere once he enabled students involved the development of skills care related professionals focused and the identification of problems in the field of practice/work with corresponding accountability, proposition and routing/execution of alternatives for your counter.

Still it is worth mentioning that the workload of the course (10 hours) was considered insufficient by participants and facilitators, and further considering the need for inclusion of new situations, suggested by the workers, and of critical context the urgent/emergency practices within the AB, here before.

Finally, both the participants' suggestion to extend the course to the other teams from the ESF, as the possibility of use of automated devices, by considering that would be useful in developing greater ability in the Chest Compressions in CPR⁽¹⁵⁾.

FINAL CONSIDERATIONS

The qualification held, contributed to the teaching-learning process of care in situations of

urgency/emergency in AB: the majority interest of workers in the activity; and the use of strategies that favored the joint theory-practice and sharing between those involved, such as the participation of instructors with experience in pre-hospital care and the care of cases with the participation of all members of the teams. Analysis of gaps/limitations of the experiment also allowed the identification of the importance of including in the trainings the debate on the conditions

necessary for the participation of AB and of its workers on RUE.

The network perspective in the care in situations of urgency/emergency demand workers prepared to act in different points of the same. For the participation of the employees of the AB-quality are indispensable and varied educational practices, initiatives that support and can produce satisfactory results for the population.

CAPACITAÇÃO EM PRIMEIROS SOCORROS PARA EQUIPES DE SAÚDE DA ATENÇÃO BÁSICA: RELATO DE EXPERIÊNCIA

RESUMO

Situações de urgência e emergência no domicílio ou em vias públicas podem chegar a quaisquer pontos da Rede de Atenção à Saúde. Na Atenção Básica, o atendimento inicial demanda reconhecimento e adequada conduta pelos trabalhadores. Assim, em Cuiabá, Mato Grosso, realizou-se uma atualização em primeiros socorros, em outubro de 2016, para 22 trabalhadores de duas equipes da Estratégia de Saúde da Família, experiência que aqui se relata. Objetiva-se evidenciar aspectos do curso que favoreceram e limitaram a experiência e o ensino-aprendizagem dos participantes. Desenvolveu-se o curso em 10 horas, para cada equipe, com uma metodologia teórico-prática baseada na simulação de atendimentos às situações de urgência e emergência, e com a facilitação de três acadêmicos e um docente de enfermagem, e de 5 instrutores com experiência em atendimento pré-hospitalar. Avaliou-se a experiência por meio de questionário aplicado antes e após a atividade. Contribuíram para o ensino-aprendizagem dos participantes o interesse dos trabalhadores e o uso de estratégias que favoreceram a articulação teoria-prática e o compartilhamento entre os envolvidos. Com base na experiência, recomenda-se maior tempo para o curso, o uso de dispositivos automatizados e a oferta sistemática da atividade a todas as equipes da Estratégia Saúde da Família.

Palavras-chave: Atenção primária à saúde. Primeiros socorros. Recursos humanos em saúde. Cursos de capacitação.

CAPACITACIÓN EN PRIMEROS AUXILIOS PARA EL PERSONAL DE ATENCIÓN PRIMARIA DE SALUD: RELATO DE EXPERIENCIA

RESUMEN

Situaciones de urgencia y emergencia en el domicilio o en vías públicas pueden llegar a cualquier punto de la Red de Atención a la Salud. En la atención primaria, la atención inicial exige reconocimiento y adopción de medidas apropiadas por parte de los trabajadores. Así, en Cuiabá, Estado de Mato Grosso, se realizó una actualización en primeros auxilios, en octubre de 2016, para 22 trabajadores de dos equipos de la Estrategia de Salud de la Familia, experiencia que aquí se relata. El objetivo es resaltar los aspectos del curso que favorecerían y limitaron la experiencia y la enseñanza-aprendizaje de los participantes. Se desarrolló el curso en 10 horas, para cada equipo, con una metodología teórico-práctica basada en la simulación de atendimientos a las situaciones de urgencia y emergencia, y con la facilitación de tres académicos y un docente de enfermería, y de 5 instructores con experiencia. En atención pre-hospitalaria, Se evaluó la experiencia por medio de un cuestionario aplicado antes y después de la actividad. Contribuyó al proceso de enseñanza-aprendizaje de los participantes a los intereses de los trabajadores y el uso de estrategias que favorecen la articulación de la teoría y la práctica y el compartir entre los involucrados. Con base en la experiencia, se recomienda mayor tiempo para el curso, el uso de dispositivos automatizados y la oferta sistemática de la actividad a todos los equipos de la Estrategia Salud de la Familia.

Palabras clave: Atención primaria de salud. Primeros auxilios. Recursos humanos en salud. Cursos de capacitación.

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