128 - HEALTH WORKERS IN FAMILY HEALTH STRATEGY: A THEORETICAL REFLECTION

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1 INTRODUCTION

The Occupational Health in Brazil emerged from the public health by getting to know and intervene in labor relations and health and disease of the industrial working class. Unlike the knowledge and practices of occupational health on the social determinants of health-disease process, health worker, includes in its Public Health and Health programmatic aspect in addressing the suffering, sickness and death of the classes and social groups embedded in processes productive (LACAZ, 1996; TAMBELLINNI et al., 1986).

According Niero, (2000), the Occupational Health, establishes the relationship of the disease with the work by a group of risk factors present in the workplace or by a specific agent.

To Lamas (2008), occupational health records are true moments of political and economic clashes experienced in and out of the field, the progress and limitations of the proposed health care.

The Family Health Strategy (FHS) was started in March 1994 in Brazil, as one of the programs proposed by the federal government to municipalities to implement the primary care. The FHS is considered one of the main strategies of reorganization and reorientation of the services of professional practice at this level of care, health promotion, disease prevention and rehabilitation. With it comes many and complex challenges to be overcome to establish itself as such.

In the FHS, we seek to a reorganization of the basic logic of the model for health surveillance with a design focused on promoting quality of life. Thus, it is necessary to the work of a team of professionals able to watch the most common health problems in the community promoting health and preventing disease. These are professionals: doctors, nurses, nursing assistants, community health workers, nutritionists, psychologists, physiotherapists and dentists.

Thus, the study deals with a theoretical reflection on the subject and aims to reflect on the health of the worker in the Family Health Strategy.

2 HEALTH WORKERS IN FAMILY HEALTH STRATEGY

In health, as in any other work environment involves professionals and could result in increases in the risks and dangers during the performance of their duties.

In health services, whether in hospital care or Family Health Strategy, there are physical, chemical, biological, ergonomic, and emotional injuries, both for professionals and for patients, acquired through accidents, it is an area where professionals are more likely to get diseases, whether incurred directly or indirectly

The dental office is a high risk environment for the dentist put in direct contact with saliva, blood and secretions of patients who have viruses, bacteria and fungi, helping to increase your chance of cross infection, especially for aerosols commonly part of dental care. The aerosol particles are formed and liquids produced during dental treatment through the use of turbines of high and low speed, the tripic syringes and ultrasound tips, used to cool the tooth surfaces and when contact with the tooth structure and all the microbiote the oral cavity.

These aerosols formed during dental care are commonly contaminated with bacteria, fungi, viruses, and often with blood. And the air produced and added to the contaminated secretions contained in this space can be breathed in by the dentist, its staff and patients, ie, its composition is an important potential threat to the health of workers. (Bittencourt, et E.I.. Al., 2003)

The risk according to the Ordinance of the Ministry of Labour, 3.214/78 can be defined as a condition and is classified into five categories: biological, physical, chemical, ergonomic or accidental.

The physical hazards according to Hirata, the Son (2002) are those caused by some kind of energy, can be listed according to the operator handling equipment or the environment. We have as examples: equipment that generates heat, low temperature equipment, radioactive material, abnormal pressure, humidity, noise, vibration, radiation, non-ionizing radiation, infrared radiation, laser, radio waves, and electric fields.

Fernandes, Carvalho and Azevedo (2005) argue that the professionals who perform CT scans have a number average of four tests with the patient per day, ie, the employee is more exposed to ionizing radiation and the lead apron is not enough to their full protection. That is, in addition to other risks such as ergonomic design, the health professional is also subject to physical risk.

The biological risk includes a sample from living beings (plants, bacteria, fungi), animals and human beings, or even genetically modified organisms in which care is most relevant for working with genetically modified organisms.

Zenkner (2006), says it is critical that health professionals and their staff know the risks they are exposed to biological and behavior is vital to take effective control of cross infection, using the concept of precaution - standard, treating all patients as potentially infected.

According to Brito (2009), are the risks from chemical products or substances that may enter the body through breathing, in the form of dusts, mists, aerosols, mists, vapors, skin contact or ingestion. They are subdivided into air contaminants, toxic or highly toxic, explosive, irritating and harmful substances, oxidizing substances, corrosive, flammable, carcinogenic and volatile liquids.

Moura and Matos (2008), highlight the risk to the influence of dental bioaerosol which is more pronounced when performing collective, simultaneous procedures in which patients are not protected by the same equipment that dentists are protected and therefore are vulnerable to by eye infections and respiratory tract mucosa.

Ergonomic risks are physical, and organizational elements that affect the comfort of activity performed by the worker. The term created for risk is RSI (Resolution of the State Health Secretariat of São Paulo, No. 180 and 197, 1992), or are injuries caused by repetitive strain, which is currently designated MDRW, musculoskeletal diseases related to work . (HIRATA; SON, 2002)

Dentists are constantly affected by this type of risk because they are victims of their own customs, such as not working with his hands and legs closer to the body, feet not flat on the ground, not working with patient agreement regarding the maxilla - jaw , besides the lack of repetitive movements and stretching of limbs and causing the MDRW going to worsen over time.

The risk of accidents involving healthcare workers are related to damage to workers in several ways. We have as examples the work with equipment glass, sharp instruments and equipment, handling and collection of biological fluids, devices that also utilize compressed gases, equipment and gear crushing system and equipment issued by ultrasound.

The risks of accidents are closely linked to biological hazards. Murofuse, et. al. (2008) states that in the study of academics, teachers and technical-administrative Dental Clinic Unioeste, consider that the proceedings do not offer health risks, which is a recklessness when considering the possibility of non-use of preventive measures adopted and recommended. However, the interviews revealed not know the mechanisms of transmission of pathogens and highlighted the need for continuing education to update and improve the use of a biosafety standards.

The risk control considering the five types is directly related to some means of control: use of protective equipment conference (PEC), the use of PPE (personal protective equipment), immunization and continuing education to raise awareness of health professionals . (BRITO, 2009).

Thus, the collective protective equipment (CPE) are devices that act as aggressors in control of the environment and to man. We like some types of PEC flags, laminar flow hood, safety shower, cabins for radioactivity that are used collectively. The individual protective equipments are use personal and individual. It aims to protect health professionals from infectious and contagious that contacts the 5 categories of risk can entail

Immunisation is the safest and most effective method, it aims to prevent disease, ie, the responsible institution must have a regular vaccination schedule and professionals should be immunized against hepatitis B and C, measles, rubella and other diseases under scheme appropriate vaccination.

The health professional must adopt an effective approach in the use of equipment and procedures for your safety and the patient, and thus achieve a result, your goal is to provide a quality service, regardless of the professional to be a dentist, doctor, nurse or other (MASTROENI, 2006).

3 CONCLUSION

It is concluded that all health professionals are exposed to occupational hazards that can result in damage to his health. It is noticed that many professionals, even knowing the risks in theory, do not follow the protocols of precautionary measures in their daily practice and may result in accidents.

It is therefore important that these professionals, as health care workers, use of physical protection barriers, the procedures for disinfection and sterilization, for greater security for themselves, as well as for practitioners, patients and the environment.

Fight infection in the offices of the Family Health Strategy remains a major challenge to health professionals, so it is important the adoption of biosecurity measures in order to break the chain of transmission of disease by avoiding cross-infection in the environment work

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HEALTH WORKERS IN FAMILY HEALTH STRATEGY: A THEORETICAL REFLECTION
SUMMARY

Introduction - The professionals working in health services, whether in hospital care or Family Health Strategy, are exposed to occupational hazards, especially those handling biological materials, and may impact the health of workers. Purpose - To make a theoretical reflection on the health of the worker in the Family Health Strategy. Methodology - This is a theoretical reflection on the health of the worker in the Family Health Strategy based on the published literature on the subject. Results - In health services, whether in hospital care or Family Health Strategy, there are physical, chemical, biological, ergonomic, and emotional injuries, both for professionals and for patients acquired through accidents at work, because is an area where professionals are more likely to get diseases, whether incurred directly or indirectly. Many health professionals, in theory even knowing the risks, the protocols do not take precautionary measures in their daily practice and may result in accidents. Conclusion - Fighting infection in the offices of the Family Health Strategy remains a major challenge to health professionals, so it is important the adoption of biosecurity measures in order to break the chain of transmission of disease by avoiding cross-infection in the workplace.

KEY-WORDS: Occupational health. Occupational hazard. Prevention.

LA SANTÉ DU TRAVAILLEUR DANS LA STRATÉGIE DE SANTÉ FAMILIALE: une réflexion théorique
RÈSUMÈ

Introduction - Les professionnels qui travaillent dans les services de santé dans l'assistance à l'hôpital ou dans la Stratégie de Santé Familiale sont exposés à des risques professionnels, surtout ceux qui manipulent des matériaux biologiques et peuvent nuire à la santé des travailleurs. Objectif: Faire une réflexion théorique sur la santé du travailleur dans la Stratégie de Santé Familiale. Méthodologie- Il s'agit d'une réflexion théorique sur la santé du travailleur dans la Stratégie de Santé Familiale, basée sur des documents publiés sur le sujet.. Résultats - Dans les services de santé, que ce soit en assistance à l'hôpital ou dans la Stratégie de Santé Familiale, il y a des risques physiques, chimiques, biologiques, affectifs, ergonomique et des risques d'accidents, autant pour les professionnels que pour les patients acquis à cause des accidents de travail, parce que c'est un domaine dans lequel les professionnels sont plus susceptibles d'attraper des maladies que ce soit directement ou indirectement. De nombreux professionnels de la santé, sachant même en théorie les risques existants, n'adoptent pas des protocoles de mesures de précaution dans leur pratique quotidienne ce qui peut résulter des accidents de travail.. Conclusion – Combattre les infections aux cabinets de la Stratégie de Santé Familiale est encore un grand défi pour les professionnels de la santé, alors il devient important l'adoption des mesures de biosécurité dans le but de briser la chaîne de transmission des maladies pour éviter des infections croisées dans l'environnement de travail.

MOTS-CLÉS: Agente de santé. Risques professonnaels. Prévention

SALUD DEL TRABAJADOR EN LA ESTRATEGIA SALUD DE LA FAMILIA: una reflexión teórica
RESUMEN

Introdución - Los profesionales que trabajan en servicios de salud, sea en la asistencia de hospital o en la Estrategia Salud de la Familia, están expuestos a los riesgos ocupacionales, principalmente los que manipulan materiales biológicos, podendo interferir en la salud de los trabajadores. Objetivo – Hacer una reflexión teórica sobre la salud del trabajador en la Estrategia Salud de la Familia. Metodología – Se trata de una reflexión teórica sobre la salud del trabajador en la Estrategia Salud de la Familia, con base en la literatura publicada sobre el tema. Resultados – En los servicios de salud, sea en la asistencia del hospital o en la Estrategia Salud de la Familia, hay riesgos físicos, químicos, biológicos, ergonómicos, emocionales y de accidentes, tanto para los profesionales como para los pacientes adquiridos por medio de accidentes de trabajo, pues es un área, en que los profesionales están más susceptibles a adquirir enfermedades, sea ella contraída de forma directa o indirecta. Muchos profesionales de la salud, mismo conociendo en la teoría los riesgos existentes, no adoptan los protocolos de medidas de precaución en su práctica cotidiana, podendo resultar en accidentes de trabajo. Conclusión - Combater las infecciones en los consultorios de la Estrategia Salud de la Familia continua siendo un grande desafío para los profesionales de la salud, por eso se torna importante la adopción de las medidas de bioseguridad con el objetivo de quebrar la cadena de transmisión de las enfermedades evitando las infecciones cruzadas en el ambiente de trabajo.

PALABRAS-CLAVE: Salud de los trabajadores. Riesgos laborales. Prevención.

SAÚDE DO TRABALHADOR NA ESTRATÉGIA SAÚDE DA FAMÍLIA: UMA REFLEXÃO TEÓRICA
RESUMO

Introdução - Os profissionais que trabalham em serviços de saúde, seja na assistência hospitalar ou na Estratégia Saúde da Família, estão expostos aos riscos ocupacionais, principalmente os que manipulam materiais biológicos, podendo interferir na saúde dos trabalhadores. Objetivo – Fazer uma reflexão teórica sobre a saúde do trabalhador na Estratégia Saúde da Família. Metodologia - Trata-se de uma reflexão teórica sobre a saúde do trabalhador na Estratégia Saúde da Família, com base na literatura publicada sobre o tema.Resultados - Nos serviços de saúde, seja na assistência hospitalar ou na Estratégia Saúde da Família, há riscos físicos, químicos, biológicos, ergonômico, emocionais e de acidentes, tanto para os profissionais como para os pacientes adquiridos por meio de acidentes de trabalho, pois é uma área, em que os profissionais estão mais susceptíveis a adquirir doenças, seja ela contraída de forma direta ou indireta. Muitos profissionais da saúde, mesmo conhecendo na teoria os riscos existentes, não adotam os protocolos de medidas de precaução na sua prática cotidiana, podendo resultar em acidentes de trabalho. Conclusão -Combater as infecções nos consultórios da Estratégia Saúde da Família continua sendo um grande desafio para os profissionais da saúde, por isso torna-se importância a adoção das medidas de biossegurança com o objetivo de quebrar a cadeia de transmissão das doenças evitando as infecções cruzadas no ambiente de trabalho.

PALAVRAS-CHAVE: Saúde do trabalhador. Risco ocupacional. Prevenção.