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Attention to workers' health in the surveillance of COVID-19: an experience report

Atención a la salud de los trabajadores en la vigilancia de COVID-19: un relato de experiencia

Atenção à saúde do trabalhador na vigilância ao COVID-19: um relato de experiência

ABSTRACT

Objective: to describe the experience of university professors regarding the strategies developed in health surveillance of employees when returning from work activities. **Method:** Experience report developed by professors at a University Center in the State of Rio de Janeiro / Brazil. **Results:** Among the 56 employees, 60.7% are women, 44.6% are self-declared white, 41.1% are single and their age varied between 22 years and 66, reflecting five elderly people in the group. Only three were diagnosed with COVID-19 before returning to work and 26.8% indicated contact with people diagnosed with the disease in the last 15 days. **Conclusions:** The health surveillance and education actions made it possible to identify problems and risk factors, as well as to articulate scientific knowledge for a better care practice. The need for health guidelines is reinforced, as well as broadening the discussion on strategies to face the pandemic, providing workers with safe spaces when returning from their work activities.

DESCRIPTORS: Coronavirus Infections; Pandemics; Occupational Health.

RESUMEN

Objetivo: describir la experiencia de profesores universitarios sobre las estrategias desarrolladas en la vigilancia de la salud de los empleados al regresar de las actividades laborales. **Método:** Informe de experiencia elaborado por profesores de un Centro Universitario del Estado de Rio de Janeiro / Brasil. **Resultados:** Entre los 56 empleados, el 60,7% son mujeres, el 44,6% se autodeclaran blancos, el 41,1% son solteros y su edad varió entre 22 años y 66, reflejando cinco personas mayores en el grupo. Solo tres fueron diagnosticados con COVID-19 antes de regresar al trabajo y el 26,8% indicó haber tenido contacto con personas diagnosticadas con la enfermedad en los últimos 15 días. **Conclusiones:** Las acciones de vigilancia y educación en salud permitieron identificar problemas y factores de riesgo, así como articular conocimientos científicos para una mejor práctica asistencial. Se refuerza la necesidad de contar con lineamientos de salud, además de ampliar la discusión sobre estrategias para enfrentar la pandemia, brindando espacios seguros para que los trabajadores regresen a sus actividades laborales.

DESCRIPTORES: Infecciones por Coronavirus; Pandemias; Salud Laboral.

RESUMO

Objetivo: descrever a experiência de docentes universitários frente às estratégias desenvolvidas na vigilância à saúde de colaboradores ao retorno das atividades laborais. **Método:** Relato de experiência desenvolvido por docentes de um Centro Universitário no Estado do Rio de Janeiro/ Brasil. **Resultados:** Entre os 56 colaboradores, 60,7% são mulheres, 44,6% se autodeclararam brancos, 41,1% são solteiros e a idade variou entre 22 anos e 66, refletindo cinco idosos no grupo. Apenas três tiveram diagnóstico de COVID-19 antes do retorno ao trabalho e 26,8% apontaram contato com pessoas diagnosticadas com a doença nos últimos 15 dias. **Conclusões:** As ações de vigilância e educação em saúde oportunizaram identificar problemas e fatores de risco, bem como articular o conhecimento científico para uma melhor prática assistencial. Reforça-se a necessidade de orientações de saúde bem como ampliar a discussão sobre estratégias no enfrentamento da pandemia, oportunizando espaços seguros aos trabalhadores no retorno de suas atividades laborais.

DESCRIPTORES: Infecções por Coronavirus; Pandemias; Saúde do Trabalhador.

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INTRODUCTION

In December 2019, the World Health Organization (WHO) reported cases of pneumonia, with an unknown agent, that occurred in Wuhan province, China. A new type of coronavirus was subsequently confirmed, the SARS-CoV-2 that causes the disease called Corona Virus Disease (COVID-19), which is a highly contagious respiratory condition. In the face of this event, prevention and control measures were established, such as the adoption of social distance, measures of respiratory etiquette, the use of standard precautions and specifics of respiratory contagion and contact.¹

The symptoms of COVID-19 progress gradually, with an average of 5 days of incubation. The period of onset of the disease until death can occur from 6 to 41 days, an average of 14 days. As for the symptoms, the most common are fever, cough and shortness of breath, other non-specific or atypical symptoms that may occur are sore throat, diarrhea, anosmia or hyposmia, ageusia, myalgia and tiredness or fatigue.

SARS-COV 2 can be transmitted through respiratory droplets, expelled during speech, coughing or sneezing and by direct contact with the infected person or by contact with contaminated objects and surfaces. This transmission can also occur through the aerosolization of body substances during procedures that manage the airways, such as intubation, extubation, aspiration, cardiopulmonary resuscitation, non-invasive ventilation and bronchoscopy.²

Coping with the new coronavirus pandemic is part of the essential functions of Public Health through actions aimed at

the population or groups at greater risk of contamination, such as health professionals. However, other work activities can play an important role in the spread of the virus and, therefore, the analysis of how they are processed is decisive for the prevention of illness.³ The low visibility of this aspect implies its low value in public policies. The field of work as a whole must be considered in the pandemic coping strategy.

In Brazil, the second registered coronavirus death was that of a domestic worker in Rio de Janeiro, whose illness was contracted while working.⁴ In Singapore, 68% of the initial 25 cases of community contamination were attributed to professional practice.⁵

These situations highlight that both the exercise of work activities and working conditions are potential sources of exposure to the virus. In this sense, the work situation constitutes an environment for the spread of the disease, making it essential to understand strategies that can contribute to coping with the pandemic.

Concern about the reopening of schools and universities is an intersectoral issue that needs to be understood as a priority in the context of the pandemic. The global health crisis has exacerbated inequities, further widening educational disparities, constituting an aggravating problem in tackling inequality. It is a health emergency that has turned into a humanitarian crisis with the loss of many lives and the degradation of the quality of life of a large part of the world population.⁶

This context poses enormous challenges for Public Health and Public Health. The first challenge to be faced is to control the pandemic as soon as possible,

which is built following strict scientific criteria. However, in addition to the challenges imposed by the control of the pandemic, there are concerns in facing political and economic disputes.

In view of the above, this report was constructed following the following guiding question: What are the safety measures and measures instituted for returning to work at a University Center? To answer the question, the study aimed to describe the experience of university professors regarding the strategies developed in the surveillance of the health of employees when returning from work activities. This report also seeks to foster a discussion on the responsibility and awareness of institutions in addressing health care strategies for their professionals.

It should be noted that, according to data from the Covid-19 pandemic in Brazil, they indicate the existence of different epidemiological scenarios not only between states, but also in municipalities within the same state. The general scenario is alarming and the reopening made in epidemic peaks or in places with little time for a general improvement in the number of cases may compromise any effort made over the months of imposing non-pharmacological measures of physical distance to stop the spread of the virus.

However, even within municipalities, several reports indicate an uneven distribution of the virus, with a greater impact in more vulnerable areas of urban centers.⁶ In this sense, any debate on the return of activities must take into account this heterogeneity of epidemiological scenarios and the different stages of the pandemic in the country.

METHOD

It is an account of the experience of teachers at a University Center, who carried out an action of surveillance and health education to professionals who returned to work activities. The return occurred after the isolation of 5 months that remained in remote work and after the Municipal authorization to return from face-to-face activities in a municipality in the State of Rio de Janeiro/Brazil.

It is worth mentioning that the activity was developed by professors and academics of the Nursing Undergraduate Course. The Institution has a total of 327 employees and the return to face-to-face activities was a release only for administrative technical professionals, teachers working in the school clinic, porters and cleaning professionals who correspond to 56 employees. As inclusion criteria, voluntary participation in health guidance actions was established, as well as the interest in performing the rapid test for COVID-19. Professionals who were not able to return to face-to-face work activities were excluded.

The Undergraduate Nursing Course at the University Center maintains a good bond with employees, as it constantly carries out education and health promotion activities with professionals in the different sectors that make up the University Center. In addition, the Course has a Nursing Office at the Clinical School of this Center, which is an internship field for students and teachers to work.

This recently opened space contributes to welcoming employees in influenza immunization campaigns and was a field for nursing consultation for these workers who returned to face-to-face activities.

The surveillance actions were carried out between September and October 2020, organized in three stages: the first included the search for reliable literature to support the proposal; organization of the activity, which constituted a practical action of a supervised internship, with a

script on the health conditions of the employees, expository guidelines discussed, and a quick test for COVID-19.

The activities developed that make up the description of this experience report were carried out in three stages. The first stage consisted of a free search of the literature on COVID-19 and the control actions recommended by national and international bodies.

All employees who work at the unit, including administrative assistant, receptionists, teachers and porters, were invited to participate. This group of participants had a total of 56 people. After scheduling an agreement, teachers

and academics were in each of the sectors to carry out the face-to-face activities, developed through a dialogue, with notes on the main doubts of the professionals present, on the proper use of the mask and hand hygiene. The surveillance script on employee health issues was online, reducing contact between people handling objects.

The actions carried out had a positive impact on the employees and this caused the Dean of the University Center to ask the group to carry out a training activity for the porters, who will be multipliers in the reception of people when they enter the University Center. The teachers accepted this challenge more and scheduled a meeting, in a suitable place for the moment, which followed the recommendations of the Ministry of Health and the World Health Organization.

There was no intervention beyond the health guidelines prepared by teachers and academics. During the stages, the ethical aspects were followed and the anonymity of the participants in the action was preserved, respecting the Resolution of the National Health Council 466/2012.

RESULTS

The activities developed that make up the description of this experience report were carried out in three stages. The first stage consisted of a free search of the literature on COVID-19 and the control actions recommended by national and international bodies. Documents were collected at the World Health Organization, the National Health Surveillance Agency and the Oswaldo Cruz Foundation.

After surveying the manuals and technical recommendations, a situational diagnosis of the University Center's environment was carried out. This descriptive document brought the needs for structural changes that could meet the standards established by municipal, state and federal institutions for the social distance and safety of employees. After the changes,

the return schedule of the on-site activities took place.

The reception of employees at the Institution took place smoothly, previously they received information about the need for mandatory use of masks and hand hygiene.

In an analysis of the profile of these workers who returned to the Unit, of the 56 (100%), 60.7% are women, making up the majority of this universe, 44,6% declared themselves white, 41,1% are single and their age varied between 22 years and 66, reflecting five elderly people within the group, as can be seen in the graph below:

Regarding education, 62% have a postgraduate degree, representing a high level of understanding, considering that a low level of education can collaborate by reducing their understanding of contexts of vulnerability, making it difficult to recognize risk situations and health problems, compromising the ability to take informed decisions about your health.

In relation to the place of residence, most of the employees indicated that they live in another municipality other than where they work, which demonstrates the need for greater displacement to the institution. Regarding lifestyle and

health habits, only 7,1% mentioned cigarette consumption, 39,3% used alcoholic beverages and 55,4% practiced physical activity. Regarding sleep and rest conditions, most employees reported having 8 hours of sleep as a doctor. A portion started the diagnosis of chronic diseases such as hypertension and diabetes, representing 32,1% and 17,9% respectively.

When asked about the context of the pandemic and if they had already been diagnosed with COVID-19 in the last 30 days, only 3 employees said yes, as can be seen in Graph 3.

Although in a reduced number in the previous diagnosis for COVID-19, 26,8% of the employees indicated that they had contact with people diagnosed with the disease in the last 15 days. Regarding the question about symptoms of fever, cough, sore throat and shortness of breath in the last 15 days, 91,1% stated that they had none of these symptoms.

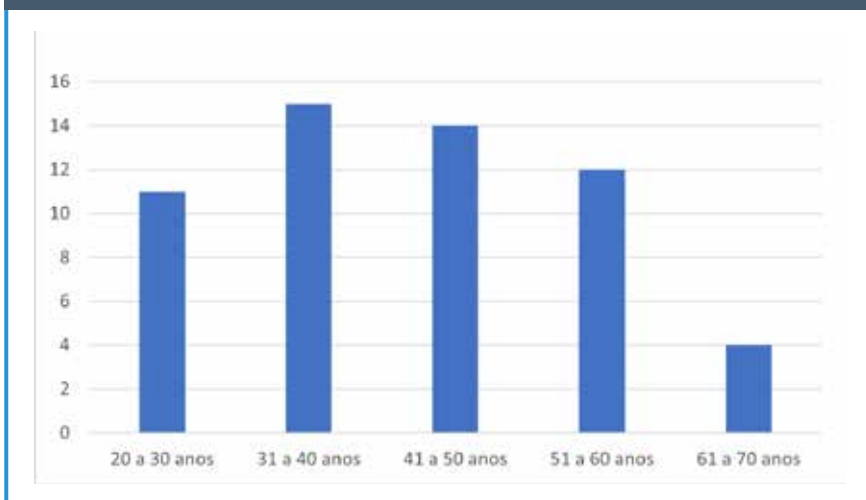
A concern that was also highlighted and questioned before the workers returned was in relation to pregnant women. In this sense, women were asked about the possibility of pregnancy. And all (100%) the collaborators answered that they did not.

DISCUSSION

The importance of education is indisputable, not only for children and young people, but for the whole of society. The Law of Directives and Bases of Education (Law 9.394/1996)⁸, in its Art. 1, defines that education encompasses the formative processes that develop in family life, in human coexistence, at work, in teaching and research institutions, in social movements and civil society organizations and cultural events.

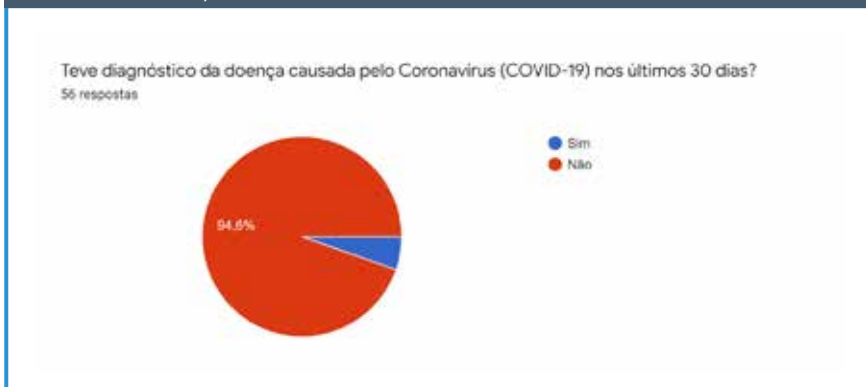
Concern and repercussions on educational issues remain in most countries, in different regions of the world. The education systems closed the schools with respect to the principle of sanitary precaution in the face of the sanitary emergency that affects humanity. In Brazil, approximately 44

Graph 1. Age distribution of employees at a University Center in the State of Rio de Janeiro. Brazil, 2020.



Source: Research data.

Graph 2 - Distribution of employees who were diagnosed by COVID-19 before returning to work activities at a University Center in the State of Rio de Janeiro. Brazil, 2020.



Source: Research data.

million students were left without face-to-face classes ⁹, and in each education system it was necessary to rethink teaching and learning practices to guarantee, even remotely, the 200 school days. This reality makes up the context of higher education education.

Global health severity is based on the understanding that the disease is spread by respiratory transmission and is highly transmissible. In this sense, the different nations continue to debate the possibilities of how to deal with this threat, for which, so far, there are no specific therapies that stop the multiplication of the virus, once the infection has occurred, or vaccines that prevent the infection. occurrence of new infections.

Adding to this, and considering that the specifics of the natural history of the disease are not yet known, it is essential to continuously monitor the publications of Organs official bodies to adapt the precautionary recommendations, in the face of new discoveries about the disease's behavior. ¹⁰

Among the preventive and combat actions against COVID-19, protection

for the elderly is a priority strategy, considering that they are the group with the highest risk of complications and death by COVID-19. People over 60 years of age, as they are the most vulnerable, should stay at home whenever possible, restrict their travel to carry out strictly necessary activities, avoid the use of public transportation, and not frequent places with crowds. ¹¹

In the first week of return, there were face-to-face orientations in each sector of the employees and a dialogue with guidance on distance conduct, hand hygiene, correct use of masks, as well as correct cleaning and handling. Employees were also invited to a nursing consultation at the school clinic, and the calendar with the influenza and measles immunization campaigns was presented with an invitation to participate in these activities as well. A rapid test was offered for surveillance against the exposure of employees who showed signs and symptoms or had contact with people diagnosed by COVID-19. Among the 10 employees who took the rapid test in the nursing office, all had a negative result.

Before the employees come in daily, the body temperature is checked and alcohol gel 70% is made available, as well as guidance for better efficiency of the result on spreading the product over the entire surface of the hands and rubbing for 20 seconds.

CONCLUSION

The actions of health surveillance and education provided an opportunity to identify problems and risk factors, as well as to articulate scientific knowledge for better care practice. It is possible to articulate teaching and theory, contributing to the expansion of professional qualification and the safety of professionals involved in fighting the pandemic.

In this report, the authors who make up this study contributed to the assessment of the Institutional scenario for planning the return of face-to-face activities, in the participation of the orientation step with employees and survey on health conditions, in the writing and critical review of this manuscript. ■

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