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ROLE OF THE FAMILY HEALTH STRATEGY DENTIST IN COPING WITH THE COVID-19 PANDEMIC

PAPEL DO CIRURGIÃO-DENTISTA DA ESTRATÉGIA SAÚDE DA FAMÍLIA NO ENFRENTAMENTO DA PANDEMIA PELO COVID-19

ROL DEL DENTISTA DE LA ESTRATEGIA DE SALUD FAMILIAR EN LA LUCHA CONTRA LA PANDEMIA DE COVID-19

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ABSTRACT
To present the experience of a dental surgeon (CD) resident of an integrated health residency program in facing the covid-19 pandemic. Three experiences were reported in the municipality of Guaiúba between April and December 2020. The data for preparing this work were collected from participant observation by the author. These activities were developed in a multi-professional manner and consisted of: health barriers, health education in local businesses and worker health. It is necessary to reflect on the new roles that the CD can develop within the Family Health Strategy (ESF), since we may have pandemic moments similar to what we have experienced, requiring us to be better prepared.
Keywords: *Dental Surgeon; Covid-19; Public Health Policies; Family Health Strategy; Dentistry*.

RESUMO
Apresentar a experiência de um cirurgião-dentista (CD) residente de um programa de residência integrada em saúde no enfrentamento da pandemia de covid-19. Foram relatadas três vivências no município de Guaiúba, entre abril e dezembro de 2020. Os dados para elaboração deste trabalho foram coletados a partir de uma observação participante do autor. Essas atividades foram desenvolvidas de forma multiprofissional e se constituíram de: barreira sanitária, educação em saúde nos comércios locais e saúde do trabalhador. É preciso refletir sobre os novos papéis que o CD pode desenvolver dentro da Estratégia Saúde da Família (ESF), visto que poderemos ter momentos pandêmicos similares ao que vivenciamos, sendo necessário que estejamos melhor preparados.
Descritores: *Cirurgião-dentista; Covid-19; Políticas Públicas de Saúde; Estratégia Saúde da Família; Odontologia*.

RESUMEN
Presentar la experiencia de un cirujano dentista (CD) residente de un programa integrado de residencia en salud ante la pandemia del covid-19. Se relataron tres experiencias en el municipio de Guaiúba entre abril y diciembre de 2020. Los datos para la elaboración de este trabajo fueron recolectados a partir de la observación participante del autor. Estas actividades se desarrollaron de manera multiprofesional y consistieron en: barreras sanitarias, educación sanitaria en empresas locales y salud de los trabajadores. Es necesario reflexionar sobre los nuevos roles que la DC puede desarrollar dentro de la Estrategia de Salud de la Familia (ESF), ya que podemos tener momentos pandémicos similares a los que hemos vivido, lo que nos exige estar mejor preparados.
Descriptores: *Cirujano Dentista; COVID-19; Políticas de Salud Pública; Estrategia de Salud de la Familia; Odontología.*

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INTRODUÇÃO

Recently, the world experienced a pandemic caused by a virus of the *Coronovidaes* family, in which the disease manifested became known worldwide as covid-19. It was a state of public health emergency, as this virus spread extremely quickly and led the whole world to modify work practices, alter established protocols, and reinvent itself as a way of coping with and adapting to its spread[1,2].

The professions that, in their clinical practice, on an outpatient basis, performed procedures in the head and neck region were greatly affected by the state of pandemic caused by the virus, as they suffered a series of restriction measures in their performance. In dentistry, these measures were based on the risk of contagion due to the proximity of the professional, the risk of generating aerosols in their clinical procedures, and also on the initial difficulty in acquiring personal protective equipment, at that time when there was great demand, to keep the biosafety chain intact[3].

In this pandemic context, Primary Health Care (PHC) played an important role in coping with the virus. She was responsible for a large part of the identification and monitoring of suspected and confirmed cases, as well as responsible for directing them to emergency services, in addition to ensuring the comprehensiveness of care for users[4]. It was, therefore, an important gateway for covid-19 cases.

In PHC, the performance of the HC is governed by the National Primary Care Policy (PNAB) and the National Oral Health Policy (PNSB) and has specific characteristics of action. Currently, the DC is part of an oral health team (EQSB) that is linked to a family health team (EQSF) and has the following attributions: to act in the sanitary, epidemiological and management surveillance of the sector; perform clinical care in the office, through listening, welcoming and clinical assessments; participate in team meetings; conduct health education groups; make home visits; individual and collective guidance; and to work in an articulated manner with the educational institutions in the area covered, through the School Health Program (PSE)[5].

Therefore, for the DC that works in PHC, it was necessary to rethink its conventional attributions, in a creative way, to overcome the barriers that were imposed by the pandemic and also led it to develop its little-worked attributions that are contained in the PNAB and PNSB. All of this is aimed at ensuring the comprehensiveness of care for the user and supporting the coping with the pandemic as a comprehensive health professional. It can be reflected that, in the dimension of professional performance, the HC of the FHS worked on skills and competencies that are often forgotten or not recognized as possible.

This whole set of variety of actions and activities contributed to coping with the virus and evidenced HC as a comprehensive health professional. The pandemic, by forcing HCWs to leave the routine of outpatient care, led them to contribute directly to the EQSF in a more integrated way, implementing various health practices, for example, testing activities, reception of suspected patients, health education, and intersectoral activities through sanitary barriers[5].

In view of the above, it is necessary to reflect on the performance of the HC inserted in the FHS, based on its technical competences, skills and with its real possibility of expanding the field of action, bringing a new look at its role in PHC, especially in the

FHS.

The objective of this article is to present the experience of a resident dentist in an integrated health residency program in coping with the covid-19 pandemic.

METHODS

This is an experience report of the activities developed by the dentists of the Family Health Strategy in the municipality of Guaiúba, together with the resident dentists of the School of Public Health and community health endemic agents in the fight against the pandemic caused by covid-19, in the period from April to December 2020. Data were collected from a participant observation of the author of the study.

The production of knowledge in the form of an experience report consists of the description of an intervention in the context of academic and/or professional experience that also has a theoretical and reflective foundation[6]. As a theoretical foundation, a narrative review of the literature was carried out, using the descriptors dental surgeon, covid-19, public health policies, family health strategy and dentistry, as well as the analysis of the bibliographic references of the articles found as a complementary search strategy.

In the present study, experiences of three activities are described: sanitary barriers, health education in local businesses and an activity of care for the worker's health. These activities were attended by the three resident dentists of the municipality, the oral health technician, the preceptor of the dentistry nucleus, linked to the training institution, and community/endemic health agents. All these activities followed the health recommendations of the World Health Organization (WHO) and the state legislation in force at the time.

SANITARY BARRIER

The sanitary barrier action consisted of a multidisciplinary action of dentists, oral health technicians and community endemic agents. An activity in partnership with the Sanitary Surveillance of the municipality of Guaiuba-CE, where sanitary barriers were instituted on the access road to the city in the morning and afternoon periods with the greatest flow of vehicles. The vehicles stopped at a barrier of cones and were disinfected with a chlorinated solution by the technical team of the sanitary surveillance. Soon after, the drivers were approached with informative material and a speech clarifying the moment of the pandemic experienced. If there was no doubt, the drivers were allowed to move on. All professionals were using the recommended personal protective equipment.

HEALTH EDUCATION

The health education action in the city's businesses consisted of an educational and health promotion activity, in which dentists, oral health technicians and community health agents went out to educate the merchants and customers who were at that time. In addition to the delivery of the informative material, the moment was built on a conversation about the main doubts of the moment we are experiencing and specifically the precautions to be adopted so that merchants could protect themselves and their customers.

The main objectives of this activity were to verify compliance with current state decrees, verify the use of masks by all those present in the commercial area, information

on distancing, verify the presence of posters and how the establishments were being cleaned.

OCCUPATIONAL HEALTH

The worker's health activity was a moment of resignification of the dental chair by the user and a moment of comprehensive care for those individuals. With a more holistic orientation of health care, a relaxation activity was developed for the patients, followed by a dental evaluation. The patients spent 10 minutes lying in the dental chair, alone in the room, to the sound of meditation and incense previously authorized by the users. After this period, the patients underwent a dental evaluation.

RESULTS

Figure 1. Sanitary barriers.

Source: own authorship.

In the actions of the sanitary barriers, it was possible to observe that the drivers, for the most part, were unaware of the seriousness for public health of the pandemic moment. Few drivers wore masks and the greater interest was in following their own path instead of taking advantage of the information offered. There was a clear need for educational actions such as the sanitary barrier to raise awareness among the population about the prevention measures that needed to be adopted at that time.

At the same time, this activity, in addition to being educational, obtained immediate material results with the disinfection of vehicles that, when transiting through contaminated territories, could carry the virus.

In the end, we had an unexpected and challenging result. The HC, in an activity totally outside the daily clinical routine, realized its transformative role with health education. In a powerful action that went beyond the care of the dental surgeon only with oral health, it was possible to follow the path of being a sanitary dental surgeon.

Figure 2. Health education.

Source: own authorship.

In the educational actions carried out in the stores, health actions were carried out to prevent the spread of covid-19. It was found that very few establishments were in compliance with the state legislation in force at the time and did not provide hand sanitizer to consumers and users, nor did they have demarcation on the floor for social distancing, as well as posted information on measures to prevent contamination by the virus. It was found that establishments that were not supposed to be operating, according to the current sanitary measures, were "half open" as a way to circumvent inspections.

It was also observed that the merchants were unaware of the guidelines for the prevention of contagion. Many, at most, had only basic notions of hygiene (hand sanitizer and mask) and, mainly, were unaware of the state legislation in force through the decrees that could be working or not. Several establishments were detected operating without the alcohol gel being exposed.

Figure 3. Occupational health.

Source: own authorship.

In the occupational health action, it was possible to welcome, in an unusual environment, mental health demands of the workers of the basic health unit. Thinking about the subject in a fragmented way, that is, in addition to oral health, the dental office was used for a moment of relaxation followed by a dental evaluation. In this environment,

the workers felt free to express emotions and reports of psychological distress emerged, which were welcomed and properly referred to appropriate support. A patient was identified who was experiencing mild to moderate psychological distress and who, after being admitted to mental health, was guided and directed to the psychologist of the so-called Family Health Support Center (NASF) for appropriate treatment.

It was interesting to note that patients who had not been to the dental office for a long time felt more comfortable going through the oral evaluation after the moment of relaxation.

DISCUSSION

The Brazilian Ministry of Health registered its first case of COVID-19 in February 2020. In March of the same year, there were the first records of community transmission of the virus and, in May 2023, the WHO declared the end of the public health emergency[7,8]. During this period, in moments of greater severity, the performance of the DC through clinical procedures was compromised several times.

As an alternative, the DC, in this context, acted in vaccination campaigns, in the telemonitoring of patients affected by covid-19, collaborated with the planning of health management, collaborated by performing the RT-PCR diagnostic test, since they have anatomical knowledge and technical expertise to apply the tests, as long as they are trained. It also contributed to the diagnosis of flu-like syndromes by listening to and welcoming suspected patients in primary health care units, as well as monitoring patients with gustatory disorders[5]. It was, therefore, a very rich moment in innovation and incursion into new fields of activity.

In this report, we highlight three experiences among many others that corroborate this moment as one of strong effervescence in terms of new health practices on the part of the HC of the FHS.

The first of these is the sanitary barrier. In times of rapid spread of the virus, it was necessary to use sanitary barriers, since this measure reduced the movement of people and vehicles between municipalities. The DC was part of this activity, helping to increase the contingent of professionals in the fight against the pandemic and can also play an educational role about the moment of the pandemic and how each citizen could collaborate.

Another point that is worth mentioning from this experience was the interprofessional work performed. With the partnership of the endemic community agents, all of us, as SUS workers, went to the field to carry out the activity. It was possible to identify that in this action many co-workers saw the DC outside the walls of the office. At this point, the reflection remains: how many actions and activities of the DC, in addition to the School Health Program (PSE), make the HC of the FHS leave the office environment?

The second important experience of this moment was the educational actions in local businesses. Health education contributes to the formation of a critical state of awareness of the population regarding the disease. In other words, based on episodes of the local reality, it is possible to educate people with preventive and health-promoting practices[9]. These health education actions have to follow a specific methodology. That is,

they need them to hold people's attention and direct their awareness to the topic being addressed. It is possible to use questionnaires, booklets, posters, among others[10].

An educational action was carried out in local businesses with the use of educational booklets, as well as reports on the legislation (decrees and ordinances) in force. Although we identified several failures, from businesses that should not be open to failures in hygiene care, the interest with which people received the educational booklets was unanimous. In this action, we found, through the following actions, that some businesses had adopted the measures recommended and observed by us at the previous time.

The third experience reported is related to workers' health. In the midst of all that has been experienced, it is important to think about workers' health and develop specific care actions for this public. Healthcare workers are a risk group for COVID-19. That is, they are directly exposed to infected patients and are also subjected to severe situations of stress and often inadequate working conditions[11].

The work overload of health workers, as well as inadequate working conditions, were not exclusive to the covid-19 pandemic. Several studies show that, in past outbreaks and epidemics, psychosocial effects become as relevant as biological risks[12].

Thus, in view of the reality of professionals who faced an exhausting workload, in addition to having to deal with the lack of infrastructure and equipment, most of the time, health care actions were developed as recommended by the National Occupational Health Policy[13].

In a set of individual and collective actions of health care with workers, dentistry redefined the role of the dental chair. Seen as an environment that was often traumatic or aroused by anxieties, a moment of relaxation was experienced. Followed by a dental evaluation. It is interesting to note how this activity made the dental evaluation lighter and brought dentistry closer to a comprehensive view of the subject's health and not separated from the field of exclusively oral health. Oral health and mental health were worked on in a true holistic view of the subject. It must be stated that the dentist also listens and welcomes.

Thus, based on the three experiences reported, we reinforce the essential function of the SUS as one of the social protection systems[14]. The SUS, through its workers, goes beyond mere clinical performance and guarantees support to the population in the field as true health agents, as was experienced in this time of health crisis caused by covid-19.

CONCLUSION

Faced with the possibility of new scenarios of global health emergencies, it is necessary to reflect on the role of the dental surgeon inserted in the Family Health Strategy. Primary Health Care was an important gateway and territory for coping with COVID-19. Rethinking actions and activities that further qualify the provision of health care in these sectors is fundamental for a strong health system. It is increasingly important for the dental surgeon who works at this level of health care to have a broader view of dentistry, so that he or she can develop actions beyond the dental clinic. A social, sanitary dentistry and not a market dentistry, since the field of action is that of public health.

It is also necessary to reflect on oral health care in periods similar to what was experienced. Is it possible to stop screening and monitoring oral lesions, many of which

have a high chance of malignancy? Can students be stopped monitoring through the School Health Program? Can we stop caring for cancer patients (pre-chemotherapy or pre-radiotherapy) or pre-transplant patients or those with chronic diseases that require urgent care? It is necessary to reflect on the period that has been experienced and ensure that, in similar moments, dentistry will be able to adapt and guarantee the comprehensiveness of care with greater safety and brevity.

Finally, we emphasize as a limitation of this work the need to deepen the understanding of this period through other methods of knowledge production, so that we can guarantee the investigative density necessary to understand what was experienced.

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