


CHALLENGES FOR REORGANIZING THE DRESSING ROOM AND EMERGENCY CART OF THE BASIC HEALTH UNIT: AN EXPERIENCE REPORT

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ABSTRACT

Introduction: The definition of Primary Care was established by Ordinance No. 2,436 as a set of health actions that involve the individual and the collective, to promote, prevent, and protect the population, contributing to collective health. **Objective:** To describe the development of tools to improve the functioning of dressing rooms and emergency carts. **Methods:** This work is an experience report regarding an extension project of the discipline Practice in Public Health II, developed in a Basic Health Unit (UBS). Ten medical students from FCMMG of both sexes, aged between 19 and 21 years, participated in the group. Tools such as spreadsheets and Standard Operating Procedures (SOPs) were developed. In total, six SOPs were described on Oxygen Therapy, Disinfection, Dressings, Wound Coverage, Emergency Cart Check and AED Check, and 2 spreadsheets for checking materials from the dressing room and emergency cart. The intervention took place between March and June 2023. **Results:** During the four months, the academics were able to monitor the professionals' daily routines, which contributed to the observation of the main organizational problems. Thus, the preparation of the documents was well accepted by the

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workers and the academic's presence was evaluated as positive since it was possible to help improve the work and the flow of care. These results were analyzed through feedback collected from professionals and users of the UBS. Conclusion: It is concluded that the objective of the work was achieved since the spaces of the dressing room and the emergency cart were restructured. With this, the positive role of extension actions and academics in the UBS environment was observed, contributing to more humanized and efficient care.

Keywords: Basic Health Unit. Protocols. Community Extension. Training Activities.

INTRODUCTION

Primary Care is a set of individual, family, and collective health actions that involve promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care, and health surveillance (1). These services are composed of integrated care practices and qualified management and are provided by a multidisciplinary team that is directed to the population in a defined territory (3).

Therefore, several health establishments participate in these actions, with the Basic Health Unit (UBS) being the beginning of the primary public health care activity in Brazil. Thus, in the UBS, several standardized procedures are carried out, such as administering vaccines, applying dressings, and, in extraordinary cases, emergency assistance, which is duly referred to specialized services, with this intervention being provided for by Ordinance No. 2,436.

Therefore, given the broad scope covered by health centers, the presence of quality infrastructure and training of the professionals hired is crucial to meet the needs of the population. This follows the guidelines required by the Ministry of Health (3,4,5), especially about the existence of specialized rooms for procedures and patient care.

The existence of specific rooms for more complex types of care, such as an emergency or dressing room, is provided for in Ordinance No. 2,226, as a way of prioritizing the triage of patients in emergencies, providing them with a suitable and prepared place to stabilize them until they can be transferred to a specialized center (7). In addition, this vectorization provides universal measures for local biosafety, preventing contamination of materials, patients, and professional staff. All procedures performed within health facilities carry a risk of infection, which must be minimized as much as possible.

To maintain this good structure, it is necessary to have a guideline to be followed by UBS professionals. This standardization is done through protocols provided by the city of Belo Horizonte, the Ministry of Health, and Anvisa, which must be implemented by the team to include the organization of the operation of the rooms in the routine (2,3,4,5). These measures are intended to maintain the efficiency of the flow and triage of patients at the UBS, in addition to ensuring the correct quantity, quality of execution, validity, and sterilization of materials needed for each specialized room, especially the dressing and emergency cart rooms (7). In addition, this standard reveals the obligation and co-responsibility of the local multidisciplinary team to check all the materials needed at the

UBS, replacing them when necessary and keeping official records of withdrawal, replacement, and disposal (2,5).

Therefore, developing interventions in these sectors is considered essential for the proper functioning of the UBS, the adaptation of the proposals aims to streamline and improve the quality of consultations and procedures to guarantee excellence (2,5). In cases of emergency care, for example, good management focused on organizing the structure of the cart and the emergency room helps professionals in the effectiveness and speed of care. In addition, organizing materials through spreadsheets proposes increased dynamism and effectiveness in health services in all sectors of the post, especially in the dressing rooms, which traditionally have greater demand in these institutions. (2,3,4,5)

Finally, the adoption of Standard Operating Procedure (SOP) documents is extremely important, as they play a fundamental role in the organization and efficiency of health services (2). These normative instruments are responsible for clearly and objectively defining care flows, ensuring that all stages of the procedures are performed in a uniform and standardized manner. Such standardization not only facilitates the work of the teams involved but also guarantees greater patient safety, by reducing variability in the practices performed. In addition, SOPs contribute to increasing the quality of care by minimizing the risk of errors and failures, which could compromise the patient's integrity and the reliability of the services offered (2). Therefore, the adoption and correct implementation of SOPs become essential to achieve consistent results, ensure better clinical outcomes, and consolidate a culture of excellence in health care.

Finally, the discipline of Practices in Public Health II offered and monitored by the Faculty of Medical Sciences of Minas Gerais (FCMMG), proposes the development of extension actions aimed at the elaboration of health interventions by academics, intended for implementation in the UBS to which they were assigned. The primary objective of this discipline is to promote improvements in the quality of life and services offered in these institutions, as well as to foster the well-being of professionals and users of the basic health network in which the students are inserted.

Therefore, this study aims to report the performance of ten medical students in a UBS in Belo Horizonte, Minas Gerais, in the restructuring plan of the emergency cart and the dressing room, taking into account the implementation of health protocols made available by the Brazilian Public Agencies and the training of the entire team of nurses, nursing technicians and other health professionals and managers. The proposal seeks to

improve workflows, ensure greater safety in care, and consolidate good practices in the scope of health care.

METHODOLOGY

This study presents an experience report with a reflective approach, outlining the experience of ten medical students who integrated and contributed significantly to the work routine of health professionals in a Basic Health Unit (UBS) located in the south-central region of Belo Horizonte, during the period from March to June 2023.

This project took place within the scope of the curricular discipline of Practices in Public Health II, of the Medicine course at the Faculty of Medical Sciences of Minas Gerais, to improve and facilitate the quality of care for professionals who work at the UBS where the students were assigned to intern. It is an interventionist study, whose participants are doctors, nurses, and employees who work at the location. The path to revealing the data, in the context of the health center, was through an online form with 15 questions, to evaluate the dressing and emergency care rooms. The questionnaire was answered anonymously and sent to the health center professionals, containing questions about the availability of materials, the cleanliness of the rooms, the physical space for care, the organization, and personal experience. Each aspect presented was evaluated with a score from 0 to 5, with 0 being completely disagree and 5 being completely agree. The form also contained a space for suggestions and opinions.

Based on the results and statistical analysis of the applied form, the strategy chosen to address the identified flaws, including those directly observed by the students during the internship, was the preparation of descriptive documents called Standard Operating Procedures (SOP). These documents detail all the steps of each procedure, covering complete information about the necessary materials, checklists, objectives, and instructions for the execution of specific processes. The purpose of SOPs is to provide clear and targeted guidance to the professionals responsible for the execution, ensuring greater productivity, organization, and standardization of the actions carried out in the work environment (5,9).

The SOPs created were directed to several sectors, such as the dressing room, helping to monitor the necessary stock and the main activities performed; for wound coverage, including the different types, materials and change times; for disinfection of arsenal, guiding sterilization and disinfection of materials; for the emergency room, one for

checking the Cardiopulmonary Arrest cart; for checking the Automatic External Defibrillator (AED); for administering oxygen therapy and for administering venous access.

RESULT

JOINT WORK OF PROFESSIONALS FROM THE UBS AND STUDENTS

During the 4 (four) months of intervention, the students maintained a good relationship with the professionals of the nursing team and with other employees. Thus, many of these workers participated in the action with suggestions, which showed that there was a greater demand for possible organization and restructuring. Furthermore, a large part of the nursing team, especially the coordinators, considered the presence of the students to be positive and enriching for the UBS work environment.

The observation of the students, together with the support of the nursing team, showed that the areas that needed the most organization were the dressing room and the emergency cart. It was noted that there was no protocol for the use of these spaces, which justified the need to create a document that structured the flow of care, taking into account the materials used and the care provided.


With this, the SOPs documents and the material inventory count spreadsheet were prepared. These documents were written based on the research, as already mentioned, and on the aspects highlighted by the UBS health team. The preparation of the spreadsheet aimed to organize the dressing rooms and the emergency cart. Emergency, by monitoring the quantity of materials used, so that there is no loss of materials or unnecessary use and greater ease in accounting for stock to the District. The SOPs were prepared to standardize each procedure performed. Each document describes in detail the instructions for each activity, avoiding errors and variations that could harm the patient.

Image 1: Characterization of part of the material checking spreadsheet prepared by the academics present at the intervention. Belo Horizonte (BH), 2023.

CÓDIGO	CATÁLOGO	PADRÃO	QUANTIDADE	UTILIZADO: lote e validade	REPOSIÇÃO: lote e validade	TOTAL NO FINAL DO DIA	RESPONSÁVEL PELA CONFERÊNCIA
	CARRINHO DE PARADA						
	Ácido acetil salicílico, 100 mg comprimido	1 cartela	1 cartela				
	Agua b-destilada, ampola 10ml	5 amp	4 amp				
	Atropina, 0.25mg/ml ampola 1ml	2 amp	4 amp				
	Diazepam, 5mg/ml ampola 2ml	2 amp	4 amp				
	Epinefrina 1mg/ml ampola 1ml	10 amp	20 amp				
	Fenitoina 50mg/ml ampola 5ml	5 amp	6 amp				
	Fentanila 50mg/ml ampola 5ml	1 frasco	2 frascos				
	Glicose, 50% hipertônica ampola 10 ml	3 amp	6 amp				
	Furosemida, 10mg/ml ampola 2ml	3 amp	EM FALTA				
	Haloperidol, 5mg/ml ampola 1ml	2 amp	2 amp				
	Hidrocortisona succinato, 100mg/ml frasco + diluente 5ml	2 frascos	1 frasco				
	Hidrocortisona succinato, 500mg/ml frasco + diluente 5ml	2 frascos	1 frasco				
	Isoascorbato sublingual, 6mg comprimido sublingual	1 cartela	1 cartela				
	Midazolam, 15mg/3ml ampola 3ml	2 amp	2 amp				
	Morfina, 10mg/ml ampola 1ml	2 amp	2 amp				
	Prometazina, 25mg/ml ampola 2ml	2 amp	EM FALTA				
	Suametilina, 100mg pó liofilizado frasco	1 frasco	2 frascos				
	10 anos adulto	2 kit	2 kit				
	Fios guies adulto	2 fio	2 fio				
	Tubos número 5	2 tubos	2 tubos				
	Tubos número 6	2 tubos	2 tubos				
	Mascara adulto com reservatório	1 masc	1 masc				

Source: Data generated by the researcher.

Image 2: Example of SOPs, Emergency Cart Conference. Belo Horizonte (BH), 2023.

	PROCEDIMENTO OPERACIONAL PADRÃO - POP	Centro de Saúde Padre Tarcísio
Versão nº 01	ATIVIDADE: CONFERÊNCIA DE CARRINHO DE EMERGÊNCIA	Data de emissão Maio/2023
Definição: Trata-se da conferência da localização correta de todos os materiais e das quantidades padronizadas de cada material no carrinho de parada.		
Objetivo: Evitar a falta de recursos quando necessário usufruir do carrinho de emergência para atender um paciente.		
Materiais: Impresso checklist e caneta.		

Materiais:

O carrinho de emergência deverá ser um armário móvel com gavetas suficientes para guardar medicamentos, materiais e equipamentos a serem utilizados em situações de emergência e de urgência. Deve ser seguida a seguinte sequência:

Topo:

- Desfibrilador
- Caixa com os laringoscópios
- Caixa com materiais de intubação (facultativo)
- Impressos de controles

Lateral:

- Tábua de compressão
- Suporte de sono
- Cilindro de oxigênio

Gaveta 1 (a mais superior)

- Medicamentos (medicações) - Tarja vermelha

Gaveta 2

- Materiais para o acesso intravascular (Circulação) - Tarja amarela

Gaveta 3

- Materiais para suporte ventilatório (Vias Aéreas) - Tarja verde

Gaveta 4


- Materiais de cateterismo vesical/gástrico (Complementares) e outros - Tarja azul

Gaveta 5

- Soluções - Tarja azul

Source: Data generated by the researcher.

Image 3: Example of SOPs, Emergency Cart Conference. Belo Horizonte (BH), 2023.

	PROCEDIMENTO OPERACIONAL PADRÃO - POP	Centro de Saúde Padre Tarcísio
Versão nº 01	COBERTURA DE FERIDAS	Data de emissão Maio/2023
Definição: Informações sobre os principais tipos de cobertura para feridas		

INTRODUÇÃO

Este material contém informações e recomendações sobre os principais tipos de coberturas para feridas, detalhando suas composições, ações, indicações e período necessário de troca. É de suma importância a seleção correta da cobertura para o curativo, uma vez que ela determina um melhor curso para o tratamento da ferida.

OBJETIVOS

- Padronizar cuidados com ferimentos de pele e anexos
- Informar sobre as coberturas de feridas e suas finalidades
- Auxiliar na indicação de produtos padronizados de acordo com o tipo de ferida
- Sistematizar a assistência e o tratamento de feridas

INDICAÇÕES

Prevenção e tratamento de feridas simples ou complexas.

PROFISSIONAIS QUE IRÃO REALIZAR

Técnicos de enfermagem ou enfermeiros.

MATERIAIS NECESSÁRIOS

- EPIs (jaleco, avental descartável luvas de procedimento/estéril, máscara, óculos);
- Soro fisiológico 0,9%

Source: Data generated by the researcher.

In total, 6 SOPs were developed (Oxygen Therapy, Disinfection, Dressings, Wound Coverage, Emergency Cart Check, and AED Check). Based on the students' observations, the implementation of these protocols was well received. It is not possible to assess the degree of long-term adherence of the professionals due to the short intervention period. However, with the training and the creation of a Google Form, it was possible to observe a high level of participation of these employees in the initial phase of the intervention.

Finally, it is possible to see that the extension work, together with the UBS staff team, was recorded as positive, due to the good student-professional relationship and active listening, which makes the professional the protagonist of the change and gives him/her a voice so that he/she can play an important role in improving the work environment. Thus, it was possible to achieve the objectives of the intervention, such as improving the service and the quality of work, both in the professionalizing part and in structuring an organized environment.

DIFFICULTIES IN IMPLEMENTING THE EXTENSION PROJECT

Although the project was approved, its implementation faced some challenges. Initially, there was resistance from the UBS management regarding changes in the operation of the unit. However, the academics involved in the project managed to overcome this obstacle by presenting scientific articles that demonstrated the benefits of

using material checklists and standardized procedure protocols. As a result, the management became more receptive to the proposed changes.

In addition, the fact that the UBS is an open space, without adequate security to ensure that certain areas are only accessed by professionals, created a situation of insecurity regarding the need to allow access to materials in the emergency and dressing rooms, as stated in the Ministry of Health guidelines. Even so, the academics managed to reinforce the importance of access to materials, and this problem was resolved internally by the nursing professionals.

Due to the high demand from the regional population served by the UBS, the unit's professionals were extremely busy, making it difficult to communicate effectively with everyone about the training project in the community. Therefore, the academics created a questionnaire adapted exclusively for the employees, containing questions about each of their opinions on the project and allowing them to present other demands and suggestions. It is important to emphasize that the entire process was carried out anonymously, thus not compromising the identity of the local professionals. The intervention time also proved to be a problem, since the academics were under contract for 4 (four) months, which made it difficult to implement the intervention project and conduct a prospective analysis of its continuity and effectiveness.

3.3 CONTRIBUTION TO STUDENTS' PROFESSIONAL TRAINING

The experience the students had proved to be extremely enriching for their professional training since it required them to acquire knowledge about how the Basic Health Unit (UBS) works and the legislative requirements related to the requirements of operational space in public health. In this context, the students developed important skills, such as researching legislation and protocols for the operation of the basic health network, a task that required attention and precision in the search for official documents from reliable sources, such as the websites of the Ministry of Health and the City of Belo Horizonte. In addition, the students had the opportunity to learn how to develop health protocols, with the guidance of the supervising professor and the support of professionals from the UBS, thus strengthening their technical and practical capacity in the area.

Finally, the students were exposed to situations in which they had to develop communication techniques and creativity to solve problems. Active listening was important to overcome the obstacles to implementing the extension action and to maintain a good relationship between participants, professionals, and users of the UBS. Considering all the

difficulties faced, the skills acquired were important for the training of professionals. This is due to the need for a medical career to require flexibility, technical content, and creativity to help each patient or to solve day-to-day problems in health facilities, such as lack of materials and lack of organization.

DISCUSSION

The work developed by the students in the discipline of Public Health Practices II reflects the alignment with the government proposal established by the Ministry of Education (MEC), which aims to integrate higher education institutions with communities, promoting academic training that is more committed to social demands and s collective needs of the country (6). This guideline, based on public policies that articulate education and health, encourages the adoption of pedagogical practices that go beyond the confines of the classroom, promoting direct interaction between students and the reality of public services, especially in the area of Primary Health Care.

By experiencing the daily routine of a Basic Health Unit (UBS), students had the opportunity to apply their theoretical knowledge in practical contexts, facing real challenges and actively contributing to improving the services provided to the population. This integration not only enriches students' learning but also demonstrates the relevance of educational institutions as agents of transformation in communities, enhancing positive impacts on the organization and quality of care. The MEC's proposal, by encouraging this type of initiative, reinforces the social role of universities in reducing inequalities and strengthening public policies, especially in the Unified Health System (SUS).

In this context, the student's experience is not limited to the acquisition of technical and scientific skills. It also encompasses the development of fundamental skills, such as teamwork, effective communication, and sensitivity to understanding the complexities of health care. Thus, this work highlights how educational policies aimed at university-community integration contribute not only to the training of better-prepared and aware professionals but also to the construction of a more equitable society with more efficient and humanized public services.

In addition, the role played by the academics in this study proved to be extremely important for local public health management, serving as a valuable example for future similar initiatives. The students' work not only brought practical contributions to improving processes and organization at the Basic Health Unit (UBS) but also demonstrated how

integration between higher education and the community can be a powerful tool for overcoming structural and operational challenges faced by the public health system.

By identifying flaws, proposing evidence-based solutions, and implementing measures such as the development of Standard Operating Procedures (SOP), the students contributed in a concrete way to improving care, benefiting both professionals and users of the UBS. This experience highlights the transformative potential of academics, who acted as agents of change, providing local management with technical and methodological resources that can be replicated in other contexts of the basic health network.

In addition, this initiative represents an effective strategy for dealing with recurring challenges, such as the scarcity of resources, lack of organization, and the difficulty in maintaining quality standards in health services. The experience acquired by the students and the solutions proposed show that the interaction between the university and public services can strengthen local management capacity, creating a solid foundation for continued improvements.

The positive impact of this work goes beyond the immediate results, by inspiring other educational institutions and health units to adopt similar practices. In this way, the study carried out not only helps to solve specific problems but also contributes to the development of an integrated and sustainable operating model, which can be replicated as a reference for overcoming structural challenges and promoting significant advances in Brazilian public health.

CONCLUSION

The four-month internship at the health center provided an innovative and positive experience of personal and professional growth, in practical and observational learning for medical students, in addition to enabling the visualization of impasses that until then had gone unnoticed or without a resolution project in the establishment. The protocols for systematizing assistance in the dressing room at basic health units show the importance of the daily routine of the UBS, especially for the employees there, the organization of the sectors, and the safety of the patients (9,10).

However, it was not possible to carry out long-term observations after the interventions were implemented. Thus, it is expected that the health center will benefit from the materials developed, in addition to contributing to the optimization of Primary Health

Care in different areas. The improvement in organization and productivity makes the service more complete and efficient for its users.

It is also worth highlighting the development of characteristics such as dedication, proactivity, and critical eye by the group of students, who, even before the complete collection of data, were able to draw preliminary conclusions about negative points. From the field, which facilitated the development of the interventionist action.

Finally, the experience contributed to practical and theoretical learning about the daily routine of a health center and also to the construction of empathy. This occurred due to the opportunity that the students had to carry out positive interventions in a UBS that broadened the worldview about a reality that until then was not very common in the daily lives of students.

DECLARATION OF INTERESTS

We, the authors, declare that we have no conflicts of interest. We also confirm that the material is original, unpublished, and submitted exclusively to this journal.

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