Revista ARACÊ
ISSN: 2358-2472

COPING WITH COVID-19 IN PRIMARY HEALTH CARE: THE ROLE OF THE DENTAL SURGEON IN THE EXECUTION OF RAPID TESTS

https://doi.org/10.56238/arev7n3-125

Submitted on: 02/11/2025 **Publication date:** 03/13/2025

Letícia Fernandes Dias[1] and Ayla Norma Ferreira Matos[2].

ABSTRACT

Introduction: The pandemic brought changes in the work process of Primary Health Care professionals, thus, in the municipality of eastern Minas Gerais, dentists contributed to the execution of rapid tests for COVID-19. **Objective:** To evaluate the performance of dental surgeons, members of the oral health team in the Family Health Strategy, in the execution of Rapid Tests for COVID-19, and the perception of these workers about the work developed during the pandemic. **Materials and methods:** This is an observational, descriptive, cross-sectional study that uses both quantitative and qualitative approaches. The secondary data of the quantitative research were collected from the municipal consolidated containing the total number of rapid tests for COVID-19, in the period from June to December 2020, and were analyzed and tabulated in an Excel spreadsheet. For qualitative research, data collection took place through a questionnaire via Google Forms, with 17 dental surgeons from Primary Health Care who worked in 2020 in Governador Valadares, for analysis, the Bardin technique (2015) was used. **Results:** The dental surgeon was responsible for performing the majority (67%) of the tests, followed by the nurse (32%) and physician (1%). The interviewees reported that they felt qualified to perform the tests (88.2%); feel that the work developed during the pandemic will change the work process of the oral health team (76.5%); the relationship between the Primary Health Care team improved to 82.4%. The participants demonstrated the ability to adapt to the scenario. **Conclusions:** It can be concluded that almost all dentists adhered to and performed the rapid tests. The participants expressed feelings that portray the presence of psychological impacts in their lives during the pandemic, but through training, posture and positive coping, they presented the resilience factor that helped them to face a new way of working with the team.

Keywords: COVID-19. Dentistry. Primary Health Care.

[1] Family Health Specialist
Dental Surgeon DSEI MG-ES
ORCID: https://orcid.org/0000-0003-2543-0915
Email: leticiafdias@yahoo.com
[2] Master's Degree in Dentistry/Public Health UFMG
Adjunct Professor at Vale do Rio Doce University. (UNIVALE)
Internship Coordinator of the Dentistry Course at UNIVALE
Responsible for the disciplines of Collective Health II and III
ORCID: https://orcid.org/0000-0002-5953-1151.

Revista ARACÊ
ISSN: 2358-2472

INTRODUCTION

The world was surprised at the end of 2019 with the discovery of a highly contagious virus of unknown etiology in the city of Wuhan, China. Due to its high mortality rate, it was necessary to issue an epidemiological alert launched by the local health authority (ZHOU et al., 2020). As a result of this fact, the World Health Organization (WHO) declared a public health emergency of international concern, as a result of the emergence of the new pathogen that triggered an unprecedented global outbreak of the new coronavirus – COVID-19, and stressed the importance of developing evidence-based emergency programs to prevent and contain its spread (WHO, 2020).

In Brazil, Primary Health Care (PHC) plays a fundamental role as a gateway to the Unified Health System (SUS), and during the COVID-19 pandemic, the strategic role was directed to problem-solving and responsible care, which was important for assessing the need for referrals to other levels of health care (BRASIL, 2020b).

In this context, the municipality of Governador Valadares (GV), located in the east of Minas Gerais, in March 2020 reorganized PHC services, temporarily suspending the elective activities carried out by the Oral Health Team (ESB) in the Family Health Strategy (ESF), and defining the use of strict biosafety protocols, following the guidelines recommended by the Federal Council of Dentistry (CFO, 2020) which recommended that dental procedures that do not meet the urgency and emergency criteria should be suspended in public establishments, and recommended strict biosafety criteria to the private sector. As a result, it began to prioritize emergency care and patient care with respiratory complaints, intensifying actions to combat the new coronavirus (BRASIL, 2020a; PMGV, 2020b). With this measure, there was a decrease in the number of referrals for dental care. As a result of this fact, the PHC Coordination and the Department of Health Care took the initiative to promote the qualification of dental professionals, where dentists began to contribute to the execution of rapid tests (RT) for COVID-19, together with the other professionals of the PHC team (PMGV, 2020b).

RT is understood as immunological tests, considered important tests as an auxiliary alternative for screening and laboratory diagnosis of COVID-19 (MORAES et al., 2020). The RTs for COVID-19 performed in GV were of the ONE STEP COVID-TEST® immunochromatographic assay, which uses samples of human whole blood, serum, or plasma for rapid and qualitative detection of IgG/IgM antibodies to severe acute respiratory syndrome caused by coronavirus (WONDFO, 2020).

Revista ARACÊ
ISSN: 2358-2472

In view of the above, the objective of this study is to evaluate the participation of the dental surgeon, a member of the OHT in the FHS, in the execution of RT for COVID-19, and the perception of these workers about the work developed during the pandemic.

MATERIALS AND METHODS

This is an observational, descriptive, cross-sectional study with an investigation with both quantitative and qualitative approaches.

This survey was carried out in a municipality in the east of Minas Gerais, which has a population of 281,046 inhabitants (IBGE, 2020), with a Human Development Index – HDI of 0.727 (IBGE, 2010).

Governador Valadares is a macro and micro-regional hub within the Master Plan for the Regionalization of MG – PDR (2020), outlined by the State Health Department, that is, 51 more municipalities refer secondary care to Governador Valadares. The local health system has 151 health establishments, 78 of which are private and 73 are municipal, including hospitals, emergency room, a Street Office team, 61 Family Health Units, 56 of them with OHT. Among the 56, 51 located both in the urban area and 5 in the rural area, modality I included in the CD and ACD, between contracted and competitive (PMGV, 2021).

Data collection occurred in two stages, the first was the collection of secondary data and the second of primary data, using a questionnaire.

To carry out the study, authorization was requested from the Teaching-Service Integration Center, aiming at access to secondary data from the consolidated "Registry of patients with flu-like syndrome and eligible for SARS-CoV-2 rapid tests", from the Coordination of the Department of Health Care of the Municipal Health Department-GV (DAS/SMS), containing data on the total number of RT for COVID-19 performed in the 46 locations within the urban and rural perimeter of the municipality. The collected data supported the elaboration of an Excel spreadsheet, which allowed a quantitative analysis of them, and also to identify which professionals performed the tests. The data were tabulated using percentages.

Regarding the collection of qualitative data, it had the participation of dental surgeons who are members of the ESF, of both sexes, with an employment relationship with the Municipality of Governador Valadares in 2020, competitive or contracted, who were trained to perform the RT for COVID-19. As an exclusion criterion, dental surgeons who were on

Revista ARACÊ
ISSN: 2358-2472

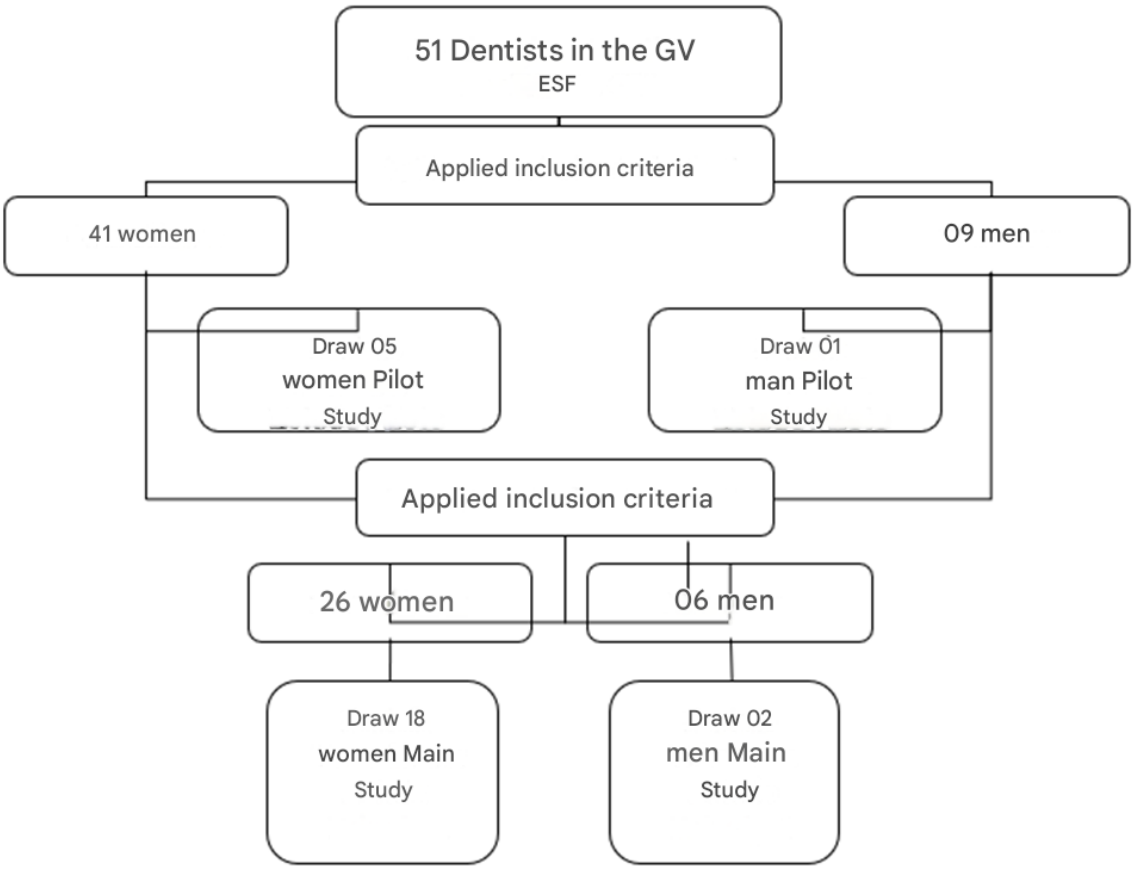
vacation or on any type of leave, as well as those who refused to participate, were excluded.

The selected professionals were invited to participate in an online survey by messaging and/or e-mail application, through telephone contact. Upon agreement, a self-administered questionnaire was shared via Google Forms, which contained the objective of the project and the Informed Consent Form, which was signed. A questionnaire with open and closed questions was used, containing four closed multiple-choice questions about the professional's profile, and subsequently, the participants who reported not having performed the RT for COVID-19 answered four more essay questions and five multiple-choice questions. Participants who stated that they had performed the RT were directed to seven more closed multiple-choice questions and three essay questions. Data collection was carried out from December 2021 to January 2022.

In order to test the questionnaire and ensure fidelity in data collection, a pilot project was carried out. Five women and one man participated in the following categories: However, these participants were not included in the main study. The pilot project allowed us to evaluate and adapt the questionnaire script developed specifically for this study. For the main study, 18 more women and two men were randomly drawn. In figure 1, presented below, there is a scheme on the selection of participants.

Revista ARACÊ
ISSN: 2358-2472

Figure 1 - Selection of research participants



Source: Survey data.

To determine the participants' discourses, the "Content Analysis" technique proposed by Bardin (2015) was used. This technique is a systematic process of message evaluation, which aims to describe the content and inference knowledge about the production and reception of these messages.

In order to ensure the anonymity of the participants, they were randomly identified by the letter "P", plus Arabic numerals. Anonymity was also safeguarded as to the Family Health Unit of the participants.

It is noteworthy that the present study was approved by the Research Ethics Committee of the Vale do Rio Doce University, under CAAE No. 53059021.70000.5157, opinion No. 5.162.185.

RESULTS AND DISCUSSION

Detection and tracing are part of strategic surveillance actions to restrict the spread of highly contagious diseases, such as COVID-19. Thus, the identification of the largest

Revista ARACÊ
ISSN: 2358-2472

number of infected people for the consequent design of control actions is important in order to avoid the emergence of new cases (TEIXEIRA et al., 2020). Among the measures that can be carried out to contain the spread of the disease, according to Li et al. (2020) is the execution of laboratory tests, since it is a reference for the care of patients with suspected COVID-19, providing practical evidence for the diagnosis and treatment of the disease.

In the context of the pandemic, according to Teixeira et al. (2020), PHC continued to be the front line in the management of patients suspected of being infected by the new coronavirus, through the evaluation of the suspected case, tracking of the new disease, monitoring of mild cases, and guidance to the population on the behavioral changes necessary to prevent the spread of the virus. As a result, the Ministry of Health (MH) recommended the articulation of the members of the oral health team with the other professionals of the PHC team, so that they could collaborate with the organization of services in the unit, and thus contribute to reducing the spread of the virus (BRASIL, 2020c). Given that the dental clinical environment has a high risk of cross-infection among patients, as well as the dental surgeon, due to the peculiar characteristics of the procedures, can generate a high number of droplets and aerosols, leading to the spread of COVID-19 (BRASIL, 2020a; MENG et al., 2020).

Following the recommendations of the Ministry of Health, several changes were made in the organization of PHC services in GV, in order to expand access and ensure compliance with the fundamental principles of the SUS, universality, integrality and equity. Among these changes, the SMS suspended the performance of clinical procedures that produced aerosols. In this case, the routine dental care performed by the dental surgeon was suspended, adopting measures and protocols where the ESB focused its performance on urgent and emergency care, fast-track, and performance of RT for COVID-19 (PMGV, 2020a).

In addition, the OHT continued to provide multiprofessional care during the pandemic, thus maintaining care for pregnant women, childcare consultations, care for the elderly population continued to take place, as well as matrix support and RT meetings for sexually transmitted infections (DIAS et al., 2021).

A movement similar to that which occurred in the municipality of GV was reported by other authors, when clinical dental care was suspended, emergency dental care was maintained (CARLETTO and SANTOS, 2020; PMDC, 2020; PMT, 2020). In the municipality of Teresina-PI, 317 dental surgeons were involved in the fight against COVID-19, who

Revista ARACÊ
ISSN: 2358-2472

worked in the management of services and coordination of Basic Health Units, in Zap Odonto, in the notifications and screening of symptomatic patients, in the reception and administrative reception of the population, in addition to performing RT for COVID-19 (PMT, 2020).

Also in this issue involving the professionals of the PHC team who performed the RT, the National Health Surveillance Agency stressed the need for them to be previously qualified and trained to perform this procedure, since they must comply with the guidelines of the health authorities, tracking, control and registration protocols (BRASIL, 2021). Thus, other attributions were developed by PHC dentists, including the execution of screening tests for COVID-19, as found in several studies in the literature (CARLETTO; SANTOS, 2020; PMDC, 2020; PMT, 2020; PMGV, 2020c). Thus, the Regional Council of Dentistry of Minas Gerais (CRO-MG), through Resolution 009/2020, regulated the performance of the dental surgeon in the execution of RT, reading and interpretation of results for the diagnosis of COVID-19 (CROMG, 2020).

It was possible to observe in the literature several studies that also evidenced the performance of dental surgeons in PHC, and their involvement in the front line of the pandemic, in several Brazilian cities, including Carletto and Santos (2020); PMDC (2020); PMT (2020); Schons et al. (2021) and Vale et al. (2020), corroborating this study. However, in the study by Schons et al. (2021), carried out in the city of Santa Rosa/RS, the performance of Dentistry was not so evident, as only 7.14% were dental surgeons, and 0.71% were oral health assistants (ASB).

In order to know the total number of RTs for COVID-19 that were performed, the consolidated data of the DAS/SMS spreadsheet were analyzed, where it was observed that in the study municipality the procedures for performing the aforementioned TR began in June 2020 and extended until December 2020, totaling 6433 TRs, with August being the month in which the most TRs were performed, a total of 1473 RTs, of which 1013 were performed by the dental surgeon, followed by nurses and physicians, respectively, as shown in Table 1. In the study carried out by Vale et al. (2020), the performance of other professional categories in the execution of RT for COVID-19 was shown, in addition to the professionals mentioned in this study, including nursing technicians, community health agents (CHA) and multiprofessional teams.

Table 1 - Rapid tests performed in PHC in the municipality of Governador Valadares-MG, from June to December 2020, by professional category

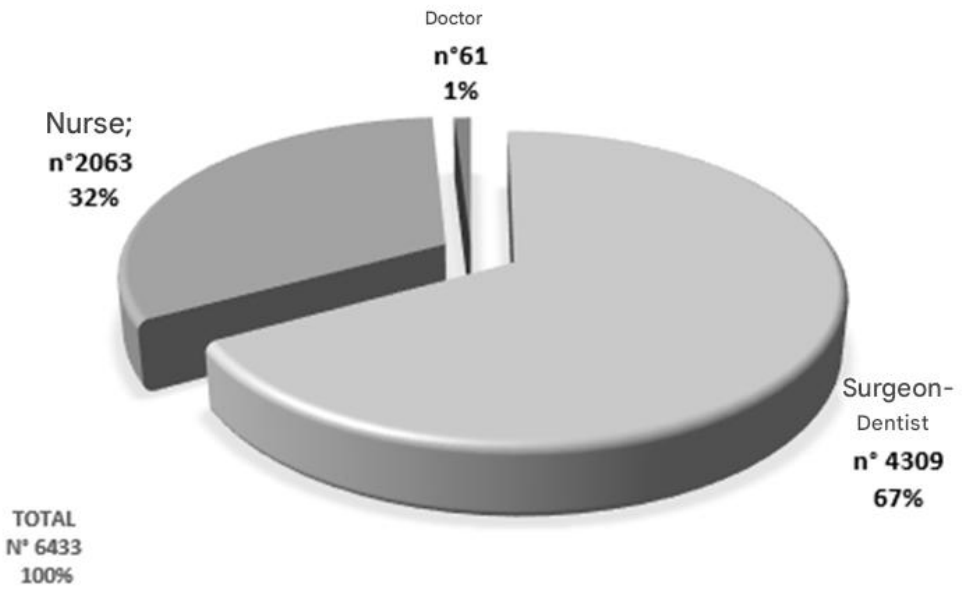
Revista ARACÊ
ISSN: 2358-2472

	Dental Surgeon	Nurse	Doctor	Total
June	8	2	1	11
July	736	513	22	1271
August	1013	451	9	1473
September	562	247	0	809
October	713	255	2	970
November	657	309	17	983
December	623	286	12	921
Total	4312	2063	61	6433

Source: Survey data.

As a result of the question mentioned above, the present study found that the dental surgeon was responsible for most of the RTs performed, totaling 67%, followed by the nurse with 32%, and finally the physician with 1%, as shown in Figure 2, below.

Figure 2 – Total rapid tests performed in PHC in the municipality of Governador Valadares-MG, by professional category



Source: Survey data.

CHARACTERIZATION OF THE PARTICIPANTS

Regarding the qualitative data, the researched group was formed by 17 dental surgeons who were members of the OHT and inserted in the FHS teams. To compose this sample, a random draw was made among the professionals who met the inclusion criteria, with 85% accepting to participate in the research, consisting of 94.1% women and only one (5.9%) being male.

Revista ARACÊ
ISSN: 2358-2472

With regard to the level of education, it is interesting to note that 82.4% of the participants have the highest qualification in the specialization course and 17.6% only the undergraduate course in Dentistry.

Regarding the length of professional experience, most (70.6%) of the participants have been working for more than 11 years. There are dental surgeons who work between 6 and 10 years (17.6%) and those who work right after completing higher education and with a maximum of five years since graduation, which was represented by 11.8% of the participants.

Regarding the time of work in the ESF, more than half of the participants are part of the ESF teams, 64.7%, are inserted between 6 and 10 years, and those who have been working for more than 11 years, and those who have been working for more than 11 years, and there are participants who entered soon after completing a higher education course in Dentistry or at most 5 years after graduation, which corresponded to 11.8%.

PERCEPTION OF DENTAL SURGEONS ABOUT THE PERFORMANCE IN PHC/ESF, IN FACING THE PANDEMIC

The adherence and involvement of dental surgeons in coping with the pandemic was well evidenced, because when asked if they performed the CT for COVID-19, almost all of them affirmed positively, 94.1% (n 16). Corroborating this finding, in the municipality of Teresina, 15 OHTs were trained and performed RT for COVID-19 in 2020 (PMT, 2020). Thus, in GV only one of them, 5.9% stated that they did not perform this procedure, and as justification reported that, "I was not asked by the Unit Coordination" (P11).

Another important aspect highlighted was the training/training provided by the DAS/SMS, preparing the group of Dental Surgeons for the execution of the RT for COVID-19. 88.2% of the participants indicated that they felt prepared to perform such a procedure and only 11.8% did not. In fact, the study carried out by Schons et al. (2021), corroborate the findings of this study regarding feeling ready to perform the procedure, although it was a lower percentage, 57.85%. The level of security to do so was considered high by 64.7%, medium for 29.4% and not applied in 5.9%.

The Brazilian government reinforced the importance of using PPE during the care of patients with suspected COVID-19, as a protective measure to avoid contagion in the ESF (BRASIL, 2020b). In this aspect, all the dental surgeons in GV reported having used some biosafety equipment during the performance of the RT. It is verified in the reports of the

Revista ARACÊ
ISSN: 2358-2472

dental surgeons of the city studied that the use of PPE guaranteed safety for almost all participants, corresponding to 93.75%. However, the studies by Fonseca et al., 2020 and Mendes et al., 2020, demonstrated that biosafety equipment does not always transmit safety for the performance of functions in the workplace. This fact was also highlighted by 6.3% of participants in the study conducted in SG. Including authors such as Barbosa et al. (2020); Fonseca et al. (2020) and Mendes et al. (2021) highlighted that even at the time of the pandemic, there was a shortage of these materials. In this sense, considering that protective equipment is inherent to the routine of dental surgeons, even before the pandemic, it is a worrying factor in the face of such a serious scenario, to identify that there are health professionals working on the front line of the pandemic without them.

When asked if the performance of Dentistry contributed to causing a change in the work process of the OHT, after the pandemic, it is clear from the reports that they contributed to resignify the way Dentistry works with the Family Health team, with statements from 76.5% of the interviewees, observed in the following statements:

> "Yes, we were included and contributed to the promotion of the health of users in its entirety, not just oral health" (P4).
>
> "I believe that in the FHS, this period came to put us alongside the team in the work processes, leaving the office to perform functions that are our responsibility, but are not specific to dentistry, so it expands and strengthens our line of action" (P6).
>
> "The dental surgeon had to re-signify his way of working with the team, leaving the dental office to develop work collaboratively with other health professionals" (P16).

Although one of the participants answered no, his comment indicates that he is aware and already works collaborating with the PHC team, fulfilling what is indicated in the PNAB. In other words, in addition to the specific attributions of the dental surgeon, there are the attributions common to all professionals who are part of the PHC team, thus fulfilling their role and commitment to the work of the multiprofessional team (BRASIL, 2017).

> "I don't think so, because, in addition to our work in the office, the dentist and patient relationship. We have always participated in other tasks in the ESF, where we help and share with the other professionals. During the pandemic, it was an extra task" (P9).

For other participants, 17.6% of them still believe that it will not bring changes in their work process, and as arguments they highlighted the return to clinical care activities, as reported below.

Revista ARACÊ
ISSN: 2358-2472

> "Due to a very large shortage in the dental area, I think we should focus more on our care and thus have more time for other functions" (P7).
>
> "Because we will resume our dental care, continue to follow the care protocols" (P15).

In a way, these statements of the professionals can be understood, because according to Nóbrega et al. (2021) the suspension of elective activities in Dentistry limited the population's access to dental services, so the impacts caused on oral health and quality of life of this population are incalculable.

When asked if there were changes in the relationship with the other professionals who were part of the PHC team, the majority was categorical in stating yes, which represented the opinion of 76.5% of the Dental Surgeons in the group surveyed, as shown below:

> "Coexistence improved a lot, the other professionals with higher education were very satisfied with this help, and thus, it did not burden anyone in this difficult moment" (P1);
>
> "It has improved a lot, not only because of the appreciation of the oral health team, but also created a bond that did not exist before [...]" (P6).
>
> "The relationship improved, because I was able to help and contribute to other tasks, not only performing rapid tests, but also in the necessary records and reports, not overloading colleagues, physicians and nurses" (P9).

However, for 23.5% there was no change. And when stating this, one of them highlighted that he felt overwhelmed with work: "[...] Because, from what I perceived, the other professionals did not worry about the test, as if the dentist was solely responsible" (P8). For Bezerra and Alves (2019), teamwork is still a challenge, when lack of planning can lead to human exhaustion in the work environment.

The fact that the participants recognize an improvement in the relationship between the OHT and the other professionals who are part of the PHC team, it can be seen based on the reports that it can contribute to promoting greater integration among professionals in the development of teamwork:

> "I worked together with the nurse at the unit. We carried out the tests together and had a good rapport" (P4).
>
> "There was a feeling of cooperation and support between us" (P5).
>
> "In the ESF where I work, we serve 4 districts, sometimes I traveled with an assistant to one district while a doctor and nurse in others. This required interaction and prior

Revista ARACÊ
ISSN: 2358-2472

> consultation of what activities would be carried out, what was the need and who would be available to carry it out" (P17).

In this context, the reports corroborate Bezerra and Alves (2019) when they state that teamwork is essential for the reorganization of the care model, as professionals recognize the work of others and act in unity. Carletto and Santos (2020), in a study with professionals from the public network in the state of Rio de Janeiro, went further and recognized that there was a collaborative performance of Dental Surgeons with the team, resulting from the pandemic.

These same authors, cited above, stated that there is an underuse of the dental class in PHC, in the fight against COVID-19, in view of its social responsibility and relevance in the pandemic. For them, it is necessary to reconsider and define a more outstanding performance, considering the technical capacity of this professional.

The present study showed that the participation of the Dental Surgeon in PHC is powerful, and we understand that their integration into multiprofessional work and the exercise of interprofessional practices can provide improvement in performance and interaction with teamwork. In fact, with their participation in facing the pandemic and the transformations arising from the work process of this professional, we corroborate with the authors Carletto and Santos (2020), that it should be rethought, aiming at a better use of Dentistry professionals in PHC, as they have skills that enable them to commit more to the work of the multiprofessional team, beyond the clinic and also to carry out a more collaborative work. In addition, Barbosa et al. (2020) added that interprofessionality makes professional recognition possible, respecting the particularities of the knowledge of each profession, and contributes to teamwork from the integration of two or more individuals who work in an integral way, sharing knowledge and enabling mutual learning.

Regarding the participants' feelings when working on the front line of the pandemic, Dantas (2021) pointed out that if the psychological impacts generated by epidemics and pandemics are intense in the population, in health professionals they are amplified, especially in those on the front line of care. In the participants' reports, feelings are perceived that portray the presence of psychological impacts in their lives and that culminate in the feeling of resilience, which Sousa and Araújo (2015) define as a specific way of adapting and coping with stress and adversity, resulting in overcoming, and increasing the protective factor on the part of the professional, through strategies and consequently coping with issues that impact their mental health.

Revista ARACÊ
ISSN: 2358-2472

> "To know that the dental professional has the ability to explore his area of expertise in the health unit, thus contributing more to the team" (P7).
>
> "That I should make available all the knowledge and workforce necessary to face the pandemic and improve the flow of care to the population, I should not restrict myself to my mouth, but to what was necessary and I felt trained and qualified to perform" (P17).
>
> "The feeling I had when working on the front line, in the fight against covid-19, at first was insecurity and fear of contracting a little-known disease and transmitting it to a family member, co-worker or anyone else. But as the days went by and the use of PPE in the correct way, it brought me a feeling of pride, because I was somehow helping the population of my city, my countrymen" (P13).
>
> "It was a mix of feelings. Fear, because there is not so much information about this new virus. But at the same time, it was a gratifying experience, to be able to be there helping" (P15).
>
> "At the same time as the feeling of motivation, willingness to contribute, seek knowledge, the exercise of interprofessional work by the health team, there was fear, anxiety, concern about contracting the virus and contaminating the family, in addition to facing the prejudice of the population" (P16).

Still exploring the feelings portrayed by the participants, some of them highlighted the presence of fear and insecurity, which is common initially. These findings were also described by Mendes et al. (2021) and Schons et al. (2021).

Thus, based on the studies of the authors consulted and the findings of this research, it seems evident to us that the performance of dental surgeons in facing the pandemic in PHC, in the municipality of Governador Valadares, was significant and relevant. In particular, because it evidences that both the other professionals of the PHC team and the population had the opportunity to (re)know and value even more the participation of the dental surgeon, as a member of the multiprofessional team.

Allied to this fact, through the reorganization of the work process in this scenario at such a serious and delicate moment, despite the adversities, it played an important role for society, enhancing the development of new skills, collaborating with the team, with competence for the performance not only of the specific attributions of the dental surgeon, but also for the common attributions, indicated for all professionals who work in SUS PHC.

CONCLUSIONS

Based on the results obtained, we can conclude that the Dental Surgeon needed to reorganize the work process developed in PHC, during the pandemic, in order to meet the demands of the population. With this, it became involved not only with the fulfillment of the

Revista ARACÊ
ISSN: 2358-2472

specific attributions of the PHC OHT, but also with the attributions common to all professionals who are part of the multiprofessional team.

It was possible to observe that the performance of the FHS dental surgeon in facing the pandemic was significant. Almost all professionals adhered to and performed the RT for COVID-19 in the municipality studied, demonstrating dedication, collaboration, adaptability, and commitment required by the health framework.

The professionals in this study expressed feelings that portray the presence of psychological impacts in their lives during the pandemic, but through training, posture and positive coping, they presented the resilience factor that helped them to face a new way of working with the team. New skills were developed in the face of their work process, even in the face of such a complex and dynamic scenario.

It is important to note that, despite the relevance of research on the performance of dental surgeons in coping with COVID-19, as a member of the multidisciplinary team in the FHS, few studies were observed on the performance of this professional in the pandemic.

Revista ARACÊ
ISSN: 2358-2472

REFERENCES

1. Barbosa, L. A. S., et al. (2020). Interprofessional CollaborACTION Project in the Pandemic: Reflections of professionals from the Unified Health System (SUS) on teamwork. Research, Society and Development, 9(10).

2. Bardin, L. (2015). Content analysis (1st ed.). Edições 70.

3. Bezerra, R. K. C., & Alves, A. M. C. V. (2019). The importance of the multiprofessional team's work in the family health strategy and its main challenges. Revista Expressão Católica Saúde, 4(2), 7-15.

4. Brasil. Ministério da Saúde. (2017, September 21). Ordinance No. 2.436, of September 21, 2017. National Primary Care Policy. Available at: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/MatrizesConsolidacao/comum/250693.html. Accessed on: December 21, 2020.

5. Brasil. Ministério da Saúde. (2020a). Technical Note No. 16/2020-CGSB/DESF/SAPS/MS. COVID-19 and dental care in the SUS.

6. Brasil. Ministério da Saúde. (2020b). Clinical Management Protocol for Coronavirus (COVID-19) in Primary Health Care (Version 9).

7. Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. (2020c). Subject – COVID-19 and dental care in the SUS. Technical Note No. 9/2020 - CGSB/DESF/SAPS/MS.

8. Brasil. Agência Nacional de Vigilância Sanitária. (2021). Technical Note No. 7/2021/SEI/GRECS/GGTES/DIRE1/ANVISA: Guidance for conducting rapid tests, immunochromatographic assays, for investigating SARS-CoV-2 infection.

9. Carletto, A. F., & Santos, F. F. (2020). The role of the family dentist during the COVID-19 pandemic: The scenario in Rio de Janeiro. Physis: Revista de Saúde Coletiva, 30.

10. CFO. Assessoria de Comunicação do Plano de Prevenção. (2020). CFO announces new measures to assist in containing the coronavirus. Available at: https://website.cfo.org.br/plano-de-prevencao-cfo-anuncia-novas-medidas-para-auxiliar-na-contencao-do-coronavirus/. Accessed on: December 5, 2020.

11. CROMG. (2020, July 7). Resolution CRO-MG No. 009/2020: Authorizes the performance and reading of COVID-19 diagnostic tests and the signing of reports by dentists registered with CRO-MG. Conselho Regional de Odontologia Minas Gerais. Available at: https://transparencia.cromg.org.br/baixar_documento/17890. Accessed on: December 21, 2020.

12. Dantas, E. S. O. (2021). Mental health of healthcare professionals in Brazil in the context of the COVID-19 pandemic. Interface-Comunicação, Saúde, Educação, 25.

Revista ARACÊ
ISSN: 2358-2472

13. Dias, L. F., et al. (2020). Interprofessional experiences of the multiprofessional residency in family health: Dentistry beyond the office. In Proceedings of the 2nd Mineiro Meeting of Administrators and Professionals of Public Dental Services (EMAPESPO).

14. Fonseca, T. G. N., et al. (2020). The Basic Health Unit (UBS) facing the new coronavirus pandemic: The user's behavior from the perspective of healthcare professionals. InterAmerican Journal of Medicine and Health, 3.

15. IBGE. Diretoria de Pesquisas, Coordenação de População e Indicadores Sociais. (2019). Territorial extension with reference date 2019. Available at: http://www.ibge.gov.br/cidadesat/link.php?uf=mg. Accessed on: April 28, 2021.

16. Li, C., et al. (2020). Asymptomatic and human-to-human transmission of SARS-CoV-2 in a 2-family cluster, Xuzhou, China. Emerging Infectious Diseases, 26(7), 1626.

17. Mendes, M., et al. (2021). Neither angels nor heroes: Nursing discourses during the coronavirus pandemic from a Foucauldian perspective. Revista Brasileira de Enfermagem, 75.

18. Meng, L., Hua, F., & Bian, Z. (2020). Coronavirus disease 2019 (COVID-19): Emerging and future challenges for dental and oral medicine. Journal of Dental Research, 99(5), 481-487.

19. Moraes, E. N. de, et al. (2020). COVID-19 in long-term care facilities for the elderly: Laboratory screening strategies and prevention of disease spread. Ciência & Saúde Coletiva, 25, 3445-3458.

20. Nóbrega, W. F. S., et al. (2021). Access to oral health services in primary care before and during the COVID-19 pandemic context. Archives of Health Investigation, 10(7), 1164–1166. Available at: https://archhealthinvestigation.emnuvens.com.br/ArcHI/article/view/5467. Accessed on: February 13, 2022.

21. Plano Diretor de Regionalização (PDR). Secretaria de Estado de Saúde de Minas Gerais. (2020). Master Plan for Regionalization. Belo Horizonte.

22. Prefeitura Municipal de Duque de Caxias (PMDC). (2020). Guidelines for addressing SARS-CoV-2 infection and organizing primary healthcare services in the municipality of Duque de Caxias. Departamento de Atenção Primária.

23. Prefeitura Municipal de Governador Valadares (PMGV). (2020a). Technical Note AB/DAS/SMS No. 006/2020. Guidelines on registration, home visits, elective and emergency care within Primary Health Care during the period of addressing the new coronavirus - COVID-19. Secretaria Municipal de Saúde, Departamento de Atenção à Saúde, Coordenação da Atenção Básica.

Revista ARACÊ
ISSN: 2358-2472

24. Prefeitura Municipal de Governador Valadares (PMGV). (2020b). Technical Note AB/DAS/SMS No. 002/2020. Subject: Guidelines on the operation of Primary Health Care Units during the period of measures to address the new coronavirus – COVID-19 in Governador Valadares/MG. Secretaria Municipal de Saúde.

25. Prefeitura Municipal de Governador Valadares (PMGV). (2020c). Joint Technical Note APS No. 011/2020. Guidelines for work in Primary Health Care during the red wave of the Minas Consciente Plan in the COVID-19 pandemic. Secretaria Municipal de Saúde, Departamento de Atenção à Saúde, Coordenação da Atenção Básica.

26. Prefeitura Municipal de Governador Valadares (PMGV). Secretaria Municipal de Saúde. (2021). Municipal Health Plan 2022-2025. Governador Valadares: SMS. Available at: www.valadares.mg.gov.br. Accessed on: September 2, 2021.

27. Prefeitura Municipal de Teresina (PMT). (2020). FMS dentists are trained and perform rapid tests on the population. Available at: https://pmt.pi.gov.br/2020/05/28/odontologos-da-fms-sao-treinados-e-realizam-testes-rapidos-na-populacao/. Accessed on: January 30, 2022.

28. Rosa, F. C., et al. (2020). The role of dentistry in a multiprofessional team in COVID-19 prevention actions at the borders of Paraná state. In II UFPR Collective Health Congress.

29. Sousa, V. F. S., & Araújo, T. C. C. F. (2015). Occupational stress and resilience among healthcare professionals. Psicologia: Ciência e Profissão, 35(3), 900-915.

30. Schons, A. K., et al. (2021). Feelings experienced by healthcare professionals on the frontline of COVID-19. In International Health Congress.

31. Teixeira, M. G., et al. (2020). Reorganization of primary healthcare for universal surveillance and containment of COVID-19. Epidemiologia e Serviços de Saúde, 29.

32. Vale, E. P., et al. (2020). Reorganization of the Healthcare Network to address COVID-19 in Canaã dos Carajás, Pará. APS em Revista, 2, 83-90.

33. WHO. (2020, March 11). WHO Director-General's statement on IHR Emergency Committee on novel coronavirus (2019-nCoV). Geneva: World Health Organization.

34. Zhou, P., et al. (2020). A pneumonia outbreak associated with a new coronavirus of probable bat origin. Nature, 579(7798), 270-273.