PHYSICAL AND INFRASTRUCTURE CONDITIONS OF DRESSING ROOMS
CONDICIONES FÍSICAS E INFRAESTRUTURAIS DE SALAS DE CURATIVOS
CONDICIONES FÍSICAS Y DE INFRAESTRUCTURA DE VESTUARIOS

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ABSTRACT
Objective: to evaluate the physical and infrastructure conditions of dressing rooms. Method: exploratory, descriptive, observational, cross-sectional study, with a quantitative approach, performed in 17 dressing rooms of Basic Health Units. For collecting data, an adapted supervisory instrument of the Ministry of Health Ordinance was used. Later, a database was built in the software Statistical Package for Social Sciences (SPSS version 18.0 for Windows), and then the results were consolidated by descriptive statistics (mean and frequency), presented in tables. Results: 21.5% (3) of the dressing rooms were considered regular and 78.5% (14) were classified as bad. Conclusion: according to the study, there is a growing need for improvements in the physical structure of the analyzed dressing rooms. Descriptors: Health Services Evaluation; Infrastructure; Dressings.

RESUMO
Objetivo: avaliar as condições físicas e infraestruturais de salas de curativos. Método: estudo exploratório-descritivo, observacional, transversal, com abordagem quantitativa, realizado em 17 salas de curativos de Unidades Básicas de Saúde. Para a coleta de dados, utilizou-se instrumento de supervisão adaptado de Portaria do Ministério da Saúde. Posteriormente, construiu-se um banco de dados no software Statistical Package for the Social Sciences (SPSS versão 18.0 for Windows), e então os resultados foram consolidados pela estatística descritiva (média e frequência), apresentados em tabelas. Resultados: 21,5% (3) das salas de curativos foram consideradas regulares e 78,5% (14) foram classificadas como ruins. Conclusão: de acordo com o estudo, percebeu-se que existe uma necessidade crescente de melhorias na estrutura física das salas de curativos analisadas. Descriptores: Avaliação de Serviços de Saúde; Infraestrutura; Curativos.

RESUMEN
Objetivo: evaluar las condiciones físicas y de infraestructura de las salas de curativos. Método: estudio exploratorio-descriptivo, observacional y transversal, con un enfoque cuantitativo, realizado en 17 salas de curativos de Unidades Básicas de Salud. Para recopilar los datos, se utilizó un instrumento de supervisión adaptado de la Ordenanza del Ministerio de Salud. Más adelante, se construyó un banco de datos en el software Statistical Package for the Social Sciences (SPSS versión 18.0 para Windows), y, entonces, los resultados fueron consolidados por la estadística descriptiva (media y frecuencia), presentada en tablas. Resultados: 21,5% (3) de los vestuarios fueron considerados regulares y 78,5% (14) fueron clasificados como malos. Conclusión: de acuerdo con el estudio, se observó que existe una necesidad creciente de mejoras en la estructura física de los vestuarios analizados. Descriptores: Evaluación de Servicios de Salud; Infraestructura; Curativos.

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INTRODUCTION

A set of low-density technology actions, including, in Brazil, public health activities characterizes the Primary Health Care, offered in health facilities. Those units are considered the first contact area with the patients assisted by the system, where it is possible to solve most of their health problems.1

Therefore, Ordinance 2488, 2011, of the Ministry of Health, establishes that, for the proper functioning of the basic health units, they must have a minimum physical structure: doctor/nurse’s office, dental office and offices with bathroom, multi-professional room to host spontaneous demand, administration and management room and group activities room for professionals in the Primary Care.2

In the Basic Health Units, numerous interdisciplinary and team actions are performed to the enrolled population, focusing on health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health. Among the actions conducted in these units, there is the service for wounded users, through the completion of dressing, which is a procedure for cleaning and applying the material on a wound, for its protection, absorption and drainage and, consequently, improvement of the wound conditions and the prevention of infections.3

Comprehensiveness requires the provision of a set of services that meet the most common needs of the enrolled population, along with accountability for the provision of services in other parts of health care and the recognition appropriate to the biological, psychological and social problems that cause disease. Finally, coordination implies the ability to ensure continuity of care, in an integrated and organized manner, which, in turn, requires the recognition of the problems that require constant monitoring.4

Thus, one of the health services available in the basic health units are the dressings, and, for them to occur, a room is necessary and must have a minimum apparatus, so that the provided services are safe, resolute and good quality. For this, the Basic Health Units must have in its structure dressing rooms respecting the norms of the Ministry of health.5

The people’s needs guide the primary care, which must provide a variety of services focused on those needs and achieve a high level of performance in the recognition of existing needs in the population.5-6

As all the physical and functional environment of a basic health unit can compromise the quality of health care, it is appropriate to conduct this investigation, since there are minimum quality standards for the structuring of a basic health unit. Therefore, the study aimed to evaluate the physical and infrastructure conditions of dressing rooms.

METHOD

Exploratory, descriptive, observational, cross-sectional study, with quantitative approach, conducted from May to August 2014 in the city of Caxias, in inner Maranhão, northeastern Brazil. The city has 32 basic health units, 11 in rural zone, and 21, in urban zone, and 50 family health teams, covering about 92.0% of the total area of the city.

According to the population census performed in 2010 by the Brazilian Institute of Geography and Statistics, the city of Caxias/MA, which is part of the eastern region of Maranhão, had an estimative of 155,129 inhabitants and Human Development Index of 0.614.

For collecting the data, a checklist based on the Ministerial Decree 2,488/2011 was used, dealing with issues relating to physical and infrastructure conditions of dressing rooms. This instrument had 15 items, divided into three categories, which evaluated the ease of access to the public, ventilation/lighting, washable walls/floors, sink with faucet and countertop for material prep, materials and supplies used when performing dressings and specific bandages availability for each type of wound.

For the study, non-probabilistic sampling was used, from which the Basic Health Units in the countryside were excluded. Of the 21 basic units in the urban area, four did not participate in the survey for reasons of structural reform, leaving 17 units for the study. Therefore, the criteria for recruitment of health facilities that would make up the sample were the distance of the basic health units from the county seat, since only health units in the urban area participated in the investigation.

The physical and infrastructure rating of the dressing rooms based on an overall assessment of the criteria established in the checklist evaluation, which attributed a score to each evaluated room: from 80 to 100 points, the room is considered good; with 70 points was considered regular; 0-60 points, bad. The overall index for each point was calculated as the average score of all the rooms. The Microsoft Excel 2013 application

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was used for systematization of data and construction of tables.

For collecting the data, the researchers visited and evaluated each health facility in person by direct observation and application of the checklist. Later, a database in the software Statistical Package for Social Sciences (version 18.0 for Windows) was built, and then the results were consolidated by descriptive statistics (mean and frequency), presented in tables.

Since the study did not involve direct or indirect collection with professionals from units, it was not necessary to subject the project to ethical consideration with humans.

Table 1 shows the results when assessing the infrastructure of dressing rooms analyzed according to essential items for maintaining the environment free of contaminants and the ease of access to the public.

Table 1. Analysis of the dressing rooms according to access to the public, ventilation/lighting, washable walls/floors, sink with faucet and countertop for material prep, 2014.

<table>
<thead>
<tr>
<th>Items</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper ventilation and lighting</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Washable walls/floors</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Sink with faucet</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Countertop for material prep</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Room easily accessible to the public</td>
<td>17</td>
<td>--</td>
</tr>
</tbody>
</table>

Table 2 shows data relating to items essential to the organization and maintenance of dressing rooms with minimum standards of functionality, according to Decree 2,488/2011.

Table 2. Evaluation of dressing rooms according to availability of steel trays, cabinets, bins, 70% alcohol, liquid soap and paper towels, 2014.

<table>
<thead>
<tr>
<th>Items</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steel trays of various sizes</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Cabinets for materials storage</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Trashcan with a pedal-activated lid</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>70% alcohol</td>
<td>17</td>
<td>--</td>
</tr>
<tr>
<td>Liquid soap</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Paper towel</td>
<td>13</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 3 shows the data related to the evaluation of the dressing rooms according to availability of materials and supplies used when performing the dressing.

Table 3. Evaluation of dressing rooms according to the availability of materials and supplies necessary to perform the dressings, 2014.

<table>
<thead>
<tr>
<th>Items</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dressing instrumental package</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Sterile gauze</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>0,9% saline solution</td>
<td>17</td>
<td>--</td>
</tr>
<tr>
<td>Needle 25x8, for puncturing the saline solution</td>
<td>17</td>
<td>--</td>
</tr>
<tr>
<td>Cotton</td>
<td>17</td>
<td>--</td>
</tr>
<tr>
<td>Procedure gloves</td>
<td>17</td>
<td>--</td>
</tr>
<tr>
<td>Disposable masks</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Sticking plaster or microporous adhesive tape</td>
<td>17</td>
<td>--</td>
</tr>
<tr>
<td>Bandages</td>
<td>17</td>
<td>--</td>
</tr>
<tr>
<td>Ointments and/or creams for wounds</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Special covers for wounds</td>
<td>--</td>
<td>17</td>
</tr>
</tbody>
</table>

Regarding the overall size of the evaluated dressing rooms, 82.3% (14) of the rooms had 9m² or more, and 17.7% (3) had between 6m and 8m². The overall index for the evaluation of dressing rooms of BHU Caxias/MA obtained the following results: 21.5% (3) of the dressing rooms were considered REGULAR, the other (78.5%) were classified as BAD. None of the analyzed dressing rooms was classified as GOOD.

The practice in primary care requires, among other conditions, assurance of appropriate infrastructure, with availability of...
adequate equipment, qualified human resources and enough materials and supplies for the provided assistance. 7

In Brazil, the wounds are a serious public health problem due to the large number of patients with changes in the skin integrity of the skin, although there are few records of such visits. Many of these patients seek primary care as a gateway or, at it, are followed up after a high-complexity care, which gives this level of care greater span and responsibility to care for patients with skin lesions. 8

The treatment of wounds refers to injuries protection against the action of physical, mechanical or biological external agents, aiming to reduce, prevent and/or minimize the risk of complications. Before selecting and applying a bandage, the wound requires a full assessment, as well as its degree of contamination, way of production, local and systemic factors and the presence of exudate as a way to speed up the healing process and protect the wound. 9 Therefore, minimum infrastructure conditions are necessary in order to provide an adequate health service to the patient. Thus, the basic health units must have a minimum width of environment doors with patient access, including bathroom, of 0.8 m. The corridors for the patients' circulation should have a minimum width of 120 cm. The ramps, mandatory items for disabled people, in accordance with the Brazilian law, must follow the Standard 9050 of the Brazilian Association of Technical Standards. 7,9

The organization of the dressing room and the management of the used material, which will be sterilized, are significant actions in the practice of dressing. Thus, the nurse must be concerned to ascertain the development of dressing technique by nursing staff under his/her responsibility, aiming to ease the cultivation and dissemination of infections and to contribute to the achievement of quality care. 10

The guarantee of the principle of comprehensiveness implies endowing the system of conditions related to the various stages of health care to the health professional relationship with patients. Individuals and communities must have a diverse, organized and human service, with a structured environment that offers them security. This, therefore, does not exclude any possibilities to promote, prevent, restore health and rehabilitate individuals. 5,11

A basic health unit can be classified, according to the risk of transmission of infections, in semi-critical area. For those areas, for floor, wall and ceiling coverings, materials resistant to washing and the use of disinfectants are recommended. The surfaces must be smooth, monolithic and have the smallest possible number of openings or slots. In ceilings, removable liners can be used provided they are resistant to cleaning processes, decontamination and disinfection. 2

On walls, removable painting or partitions may be used, provided they are washable. Floors should contain the smallest possible number of joints and cracks, since they, in addition to accumulating dirt, do not have the same strength of the main used material. 7

Insufficient environments in basic health units' dressing rooms cause disorders in care as a whole and, given the prioritization of primary health care, basic health units should be improved. 10

Availability of cotton, procedure gloves, disposable masks, sticking plaster and dressings packages are factors that directly contribute for infection control in the dressing rooms. According to a recent study, nurses are largely responsible for this control, acting directly on the assistance or supervision of the care provided by technicians. Thus, the diversity of infrastructure conditions of health facilities directly contributes for preventing infections. 12

The dressing room must have a suitable apparatus, so that the provided services are safe, resolute and good quality. Despite the importance of biosecurity actions for health workers, as well as users, they are often not respected at all, due to several factors, related to the management, operational or even professional process. 2,13

One of the principles of interventions in health recovery is the participation of people at all stages of planning, development and implementation of programs. Thus, it is essential that people fully see the true effectiveness of primary care, and all factors will contribute to this, from the 70% alcohol of the dressing room to the accessibility ramp for the disabled. 14,15

In this study, there was reduced use of special coverage at the BHU. Conversely, there is use of large amounts of antiseptics, which is a controversial issue, since there are few researches revealing their effects on wounds, though there is concern about its toxicity. The results presented in this study have shown that such products are used in large quantities by the basic health units in Caxias, in its two forms (topical and degemeraning agents). 12,16-17
A study conducted in Recife/PE highlighted the deficiency of specific covers for each type of bandage performed in the Family Health Strategy, which visualized that the most commonly used materials are: serum, gauze, physiological surgical dressing, crepe bandage and adhesive tape. A study in Caxias/MA for evaluation of the physical structure of basic health units showed the infrastructure deficit of the evaluated units (18), a fact that directly affects the quality of the organization of dressing rooms, give those areas of basic health units are all interconnected.

**CONCLUSION**

There is a need for improvement in relation to physical and infrastructural conditions of the dressing rooms in the city of Caxias/MA, given that the majority was classified as bad and none as good as, based on the Ministerial Ordinance. Thus, it is necessary to fit the physical structure of the basic health units, since no improvement can lead to losses in the provision of health care dispensed by primary care, such as: reduced access to basic health units, absence in continuity of care, decrease in solving the offered treatment and the consequent failure to comply with the principles of the Unified Health System.

The lack of structure can result in improvisations during the procedures and reduced number of attendances, so it is necessary to adopt measures already standardized by the Ministry of Health to improve the infrastructure of these rooms, so that basic health units can provide a better resolution in the service offered to their customers.

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