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INTEGRATIVE REVIEW ARTICLE

WORK ACCIDENTS AND THEIR INTERFACES IN THE CONTEXT OF PRIMARY HEALTH CARE

ACIDENTES DE TRABALHO E SUAS INTERFACES NO CONTEXTO DA ATENÇÃO PRIMÁRIA À SAÚDE

ACCIDENTES DE TRABAJO Y SUS INTERFACES EN EL CONTEXTO DE LA ATENCIÓN PRIMARIA A LA SALUD

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ABSTRACT

Objective: to analyze the evidence, in the national and international literature, related to work accidents in Primary Health Care. **Method:** integrative review guided by the question << What scientific evidence available in the Latin American literature on work accidents in the field of primary health care? " The search was performed in the databases LILACS, MEDLINE, BDNF, REPIDISCA and IBICS during the months of December 2015 and January 2016. The level of evidence was adopted, according to Stetler, for the analysis of the studies. **Results:** from the analysis of the scientific publications, three thematic categories emerged: main factors related to the occurrence of work accidents in primary health care; impact of work accidents on workers' health and the role of primary health care in the field of worker health. **Conclusion:** the implementation of occupational health policies is urgent, in accordance with the worker safety guidelines. **Descriptors:** Work Accidents; Primary Health Care; Worker's Health.

RESUMO

Objetivo: analisar as evidências, na literatura nacional e internacional, relacionadas aos acidentes de trabalho na Atenção Primária à Saúde. **Método:** revisão integrativa norteada pela questão <<Quais as evidências científicas disponíveis na literatura latino-americana sobre os acidentes de trabalho no âmbito da atenção primária à saúde?>>. A busca foi realizada nas bases de dados LILACS, MEDLINE, BDNF, REPIDISCA e IBICS, durante os meses de dezembro de 2015 e janeiro de 2016. Adotou-se o nível de evidências, segundo Stetler, para a análise dos estudos. **Resultados:** Da análise das publicações científicas, emergiram três categorias temáticas: principais fatores relacionados à ocorrência de acidente de trabalho na atenção primária à saúde; impacto dos acidentes de trabalho sobre a saúde do trabalhador e papel da atenção primária à saúde no campo da saúde do trabalhador. **Conclusão:** Faz-se premente a implementação de políticas de saúde no trabalho, em conformidade com as diretrizes de segurança do trabalhador. **Descritores:** Acidentes de Trabalho; Atenção Primária à Saúde; Saúde do Trabalhador.

RESUMEN

Objetivo: analizar las evidencias, en la literatura nacional e internacional, relacionada a los accidentes de trabajo en la Atención Primaria a la Salud. **Método:** revisión integrativa orientada por la cuestión << ¿Cuáles son las evidencias científicas disponibles en la literatura latinoamericana sobre los accidentes de trabajo en el ámbito de la atención primaria ¿la salud? >>. La búsqueda se realizó en las bases de datos LILACS, MEDLINE, BDNF, REPIDISCA e IBICS, durante los meses de diciembre de 2015 y enero de 2016. Se adoptó el nivel de evidencias, según Stetler, para el análisis de los estudios. **Resultados:** del análisis de las publicaciones científicas, surgieron tres categorías temáticas: principales factores relacionados con la ocurrencia de accidentes de trabajo en la atención primaria a la salud; el impacto de los accidentes de trabajo bajo la salud del trabajador y el papel de la atención primaria a la salud en el campo de la salud del trabajador. **Conclusión:** se hace urgente la implementación de políticas de salud en el trabajo, de conformidad con las directrices de seguridad del trabajador. **Descriptores:** Accidentes de Trabajo; Atención Primaria a la Salud; Salud del Trabajador.

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INTRODUCTION

Work accidents (WA) are a problem of a world order that go back to the most primitive activities carried out by the human being. In its conception, it can be understood as the harmful effect to the person, ascertained by the exercise of the work. That is, whatever, by this exercise, determines, directly or indirectly, bodily injury, functional disorder or disease.¹

Considered as an important public health problem, WA is one of the reflexes of the current model of production of societies, which emerged with the advent of capitalism, which brought to the surface new processes of work, marked by a competitive environment, demanding a high dynamism, great physical and psychological effort that often exceeds the limit of the worker's capacity.²

As a consequence of this new model of production, there is a significant increase in the morbidity and mortality of the population. According to the International Labor Organization (ILO),³ 321 thousand people die each year as a result of these events, which means that every 15 seconds a worker dies of accidents and work-related diseases. In Brazil, WA is the most serious and has a high incidence, accounting for approximately 25% of injuries due to external causes treated in emergency services, impacted by more than 70% of the benefits claimed by workers from Social Security.⁴

In the area of health, occupational risks may arise from different practice scenarios, at any level of complexity, including Primary Health Care (PHC).⁵ Considered the gateway for users to the Unified Health System (UHS), the PHC is the first element of an ongoing process of care. It is characterized by the development of a set of actions, in the individual and collective scope, which covers the promotion and protection of health, prevention of diseases, diagnosis, treatment, rehabilitation, harm reduction and health maintenance.⁶

It can be seen that, from the activities carried out by professionals working in these spaces, there are numerous occupational hazards that contribute to a succession of accidents and work-related illnesses. Among the factors that favor the occurrence of such injuries are: the lack of adequate physical structure of the units; the shortage of human and material resources; the need for daily commuting for home care; work overload; the intense demand; the high clientele and the way of insertion in the community. The vulnerability of these professionals is also

associated with physical violence and emotional exhaustion.⁷⁻⁹

It should be added that the fact that professionals dealing with patients' health, directly or indirectly, are too preoccupied with user care, prioritizing their comfort and well-being. They pay little attention to the risk inherent to the execution of their activities and / or do not recognize them most of the time, a fact that is a potential factor for the occurrence of WA.¹⁰⁻¹

In view of the problems presented and considering that there are few studies that deal with occupational accidents occurring in Primary Health Care services, there has been an interest in investigating evidence on this reality. The relevance of this study is emphasized, since it will allow the understanding of occupational accidents that curtail the work practice of these professionals, which will allow the improvement of the knowledge on this subject, as well as unveiling measures of promotion and protection based on under the aegis of worker's health and directed to this population.

OBJECTIVE

- To analyze the evidence, in the national and international literature, related to work accidents in primary health care.

METHOD

An integrative review of the literature, carried out during the months of December 2015 and January 2016.

This type of study has the purpose of gathering and synthesising research results on a delimited topic or issue, in a systematic and orderly manner, contributing to the deepening of the knowledge of the investigated subject.¹² Integrative review is considered as one of the research methods used in the Evidence Based Practice (EBP) that allow the incorporation of evidence into clinical practice.¹³

The elaboration of an integrative review runs through phases that present a methodological rigor in search of evidence on a certain subject. These phases led to the realization of this study and included the following steps: identification of the theme and selection of the hypothesis or research question; search or sampling in the literature; data collect; critical analysis of included studies; discussion of the results and presentation of the integrative review.¹⁴

Thus, it was defined as a guiding question: What scientific evidence, available in the

Latin American literature, on work accidents in primary health care? Next, the terms "Primary Health Care", "Occupational Accidents" and "Worker's Health" were defined as descriptors, which were combined through the use of the logical operator "AND" .

The bibliographic survey was carried out in the following databases: LILACS (Latin American and Caribbean Literature in Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), BDENF (Nursing Database), REPIDISCA American Institute of Information and Documentation in Sanitary Engineering and Environmental Sciences) and IBECS (Spanish Bibliographical Index of Health Sciences). The inclusion criteria for selection of the sample were: studies that addressed the issue of occupational accidents in primary health care, which were available in full, published in the Portuguese, English or Spanish languages, between 1984 and 2014. Publications concerning theses and monographs were excluded. The search was performed concomitantly in the five databases.

For data collection and summarization of information, an instrument proposed by Ursi,¹⁵ adapted to the reality of this research was used, which included the following items: identification of the original article, methodological characteristics of the study, evaluation of methodological rigor, of the interventions measured and the results found.

The categorization and analysis of the studies followed the level of evidence, based on the hierarchy system proposed by Stetler.¹⁶ The results were presented in a descriptive way in three stages. In the first one, synoptic tables were used to summarize the studies, containing the following information: title of the publication, name of the journal, year of publication, authors, professional training,

country and language, as well as categorization of articles regarding its objectives and main results. For better framing and organization, each study was identified by a number.

Then, each study was evaluated in relation to the methodological process and the level of evidence, according to Stetler's propositions.¹⁶ Finally, in the third stage, the characteristics of occupational accidents were described, based on the publications published. For this, three categories were adopted that emerged after analyzing, interpreting and grouping the data, namely: main factors related to the occurrence of work-related accidents in primary health care; impact of work accidents on worker health and the role of primary health care in the field of worker health.

RESULTS AND DISCUSSION

♦ Characterization of the studies

In the first stage of the study, after combining the previously selected descriptors, 47 scientific publications were found, which were restricted in 17 after applying the inclusion and exclusion criteria predicted. The titles and abstracts were then read and, for the analysis of the studies, at this stage, the framework was considered in the thematic presented and the adherence to the proposed objective. It was verified that three publications were duplicated and four had no association with the central theme.

Therefore, ten publications were selected, which comprised the final sample of the study (Figure 1).

Figure 1. Flowchart of selection of articles for the integrative review. Goiânia (GO), Brazil, 2016.

Of the ten selected studies, three (30%) were indexed in the LILACS database; three (30%) in MEDLINE; three (30%) in the BDENF and one (10%) in the REPEDISCA. The productions included in this integrative review

are summarized in the Figure below, which identifies the title, journal name, year, country and language of publication (Figure 1).

Nº	Title	Journal	Year of publ.	Country and language of publ.
01 45	Incorporation of occupational health into the primary health networkPreventing Occupational Illness and Injury: Nurse Practitioners as Primary Care Providers	Publ. Health Jour.	1984	Brazil
02 21	Accidentability with biological products in primary health care professionals in Guadalajara	American Journal of Public Health	1994	USA
03 42	The attention to the health of the worker in the basic health units of the UHS: a case study in Campinas, São Paulo	Environ. Health Journal	2001	Mexico
04 38	Sociodemographic profile and prevalence of accidents in workers of a municipal public works company	Braz. Journ.Occup.Health	2011	Brazil
05 43	Evidence-based work-related fatality prevention: a systematic approach	Nurs. Journal Midwest. Mineiro	2012	Brazil
06 44	Risk and vulnerability in the practices of health professionals	Arch Prev Riesgos Labor	2012	Spain
07 7	The demands of the rural man: information for assistance in basic health services	Gaúcha Nurs Journ	2012	Brazil
08 46	Perception of nursing on working conditions in family health units in Paraíba - Brazil	Min Nurs Journ	2013	Brazil
09 10	Road safety in commuting to primary care professionals	Nur. Eletr. Nur.	2013	Brazil
10 24	Incorporation of occupational health into the primary health networkPreventing Occupational Illness and Injury: Nurse Practitioners as Primary Care Providers	Semergen	2013	Spain

Figure 1. Categorization of the studies (n = 10) regarding the title, journal name, year, country and language of publication. Goiânia (GO), Brazil, 2016.

Most of the studies, four (40%), were carried out by multiprofessional teams; two (20%) by nurses; one (10%) per doctor and in three (30%) it was not possible to identify the authors' training.

With regard to the year of publication, we highlighted 2012 and 2013, with three (30%) studies each, followed by 2011, 2001, 1994 and 1984, as one (10%) study each. In spite of the country and language, it was verified that there was a predominance of Brazil, with six (60%) publications in Portuguese, followed by Spain, with two (20%) publications in Spanish and the United States and Mexico, 10%) publication each, in English and Spanish, respectively.

The objectives and main results of the studies are described in Figures 2 and 3, respectively.

Nº	Objectives
01 45	Provide examples of special programs to protect workers' health to be carried out by the general health network, especially by Health Centers, when they exist.
02 21	To evaluate the recognition of nursing professionals regarding work diseases and case management..
03 42	To know the magnitude and distribution of work accidents with biological products among primary care professionals in Guadalajara and the magnitude of the transmission of HIV, HCV and HBV infection over a period of seven years.
04 38	To evaluate the implementation process of health worker surveillance actions at UHS Basic Health Units (UHS) in Campinas, SP.
05 43	To describe the sociodemographic profile and to verify the prevalence of accidents in workers of the Municipal Company of Public Works of Divinópolis, Minas Gerais, in 2009.
06 44	To develop a systematic proposal of preventive measures aimed at personal and work factors associated to the occurrence of fatal accidents at work (TMJ) of a traumatic nature and to evaluate the usefulness of this procedure
07 7	To analyze the scientific production of the area of health and nursing about risk factors and vulnerability in the practices of health professionals, through an integrative review.
08 46	To present the profile of the health-disease demand of the farmers men assisted by the Family Health Strategies (FHS) of the rural zone of a municipality of the South of Brazil.
09 10	To describe and characterize the perceptions of Nursing professionals about the accidents and working conditions of the Family Health Units of João Pessoa-PB.
10 24	Identify risk behaviors in the road safety of primary care professionals. To quantify the incidence of traffic accidents in the displacement of work.

Figure 2. Categorization of the studies (n = 10) according to the objectives. Goiânia (GO), Brazil, 2016.

Nº	Main results
01 45	It is imperative that Brazil adopt, as a matter of urgency, measures aimed at incorporating occupational health activities into the health services network.
02 21	Primary care nurses are on the "front line" to identify and potentially prevent occupational diseases and injuries.
03 42	There was a growing increase in the number of occupational accidents recorded in the period. 71.25% of primary care workers have the HBV vaccine, but this percentage in physicians was only 52.9%. 45% of workers were wearing protective gear when they crashed. There was no infection in a worker during the study period.
04 38	The decentralization of worker health surveillance for primary health care was partially carried out in Campinas.
05 43	Only 35.1% of the interviewees had a vaccination card and 51.5% reported that in the case of illness in the family and with themselves, they seek the Primary Health Care Unit (PHC). The prevalence of occupational accidents was 30.7%. Accidents with sharps (11.9%) were the most common, followed by falls (7.5%) and abrasions (3.5%).
06 44	The use and adaptation of the Haddon matrix, based on the results of previous ATM research, allows the identification of systematic preventive measures for the relevant risk factors, which can help to prioritize and select the most appropriate preventive actions.
07 7	In primary health care, risks and vulnerabilities are related to the lack of resources for work, physical violence and emotional exhaustion.
08 46	Men seek health services when there are injuries caused by accidents or when they have limitations to work. It is also evident the need for the implementation of protective and preventive actions to rural workers in primary care services.
09 10	There is an adequate perception of the professionals on the subject, even if they are subjected to unhealthy working conditions, with work overload and lack of infrastructure and protective equipment.
10 24	Primary care professionals are a group that perceives and has a significant risk of traffic accidents.

Figure 3. Distribution of articles (n = 10) regarding the main results. Goiânia (GO), Brazil, 2016.

As far as the methodological design is concerned, half of the studies, five (50%), are descriptive, with a quantitative approach; one (10%) is descriptive, of a qualitative nature; one (10%) is descriptive, with a quantitative approach and one (10%) is descriptive-exploratory, all with levels of evidence 4. One (10%) was opinion article, level of evidence 6, and one (10%) was an integrative review, with no level of evidence (Figure 4).

Nº	Methodological design	Level of evidence
01 ⁴⁵	Opinion article	6
02 ²¹	Quantitative, descriptive, non-experimental, cross-sectional study	4
03 ⁴²	Quantitative, descriptive, non-experimental, cross-sectional, retrospective study	4
04 ³⁸	Quantitative, descriptive, non-experimental, cross-sectional, retrospective study	4
05 ⁴³	Quantitative, descriptive, non-experimental, cross-sectional study	4
06 ⁴⁴	Exploratory, descriptive, non-experimental study	4
07 ⁷	Integrative Review	-
08 ⁴⁶	A quantitative, descriptive, non-experimental, cross-sectional, retrospective study	4
09 ¹⁰	Qualitative, descriptive, non-experimental, cross-sectional, prospective study	4
10 ²⁴	Quantitative, descriptive, non-experimental, cross-sectional study	4

Figure 4. Description of the studies (n = 10) according to the methodological design and level of evidence. Goiânia (GO), Brazil, 2016.

To better understand and explore the discussion, the studies were analyzed in the light of three categories: main factors related to the occurrence of work accidents in primary health care; impact of work accidents on worker health and the role of primary health care in the field of worker health.

♦ Main factors related to the occurrence of work-related accidents in primary health care

Work Accidents (WA) constitute an important public health problem and can be defined as:

Sudden event occurred in the exercise of work activity, regardless of the employment and social security situation of the injured worker, which causes potential or immediate damage to health, causing bodily injury or functional disturbance that directly or indirectly causes death, loss or reduction, permanent or temporary, ability to work. Also included is the accident occurring in any situation where the employee is representing the interests of the company or acting in defense of his or her assets, as well as that occurred on the way from the residence to work or vice versa.^{17:11}

It can therefore be inferred that there are different forms of WA, which involve a large number of workers and are responsible, according to the severity, for causing temporary or permanent sequelae and even death.¹⁸ From this perspective, it is pointed out that innumerable risks inherent to the professional activities are recognized as factors that increase the occurrence of such accidents. When it comes to Primary Health Care (PHC), the evidence indicates that a large part of the WA is due to two main causes: personal attitudes and working conditions.¹⁰

Regarding personal attitudes, there are factors such as: carelessness, lack of knowledge and professional awareness or

negligence. Studies 02, 03, 07 and 09^{21,41,7,10} depict this reality by pointing out that, among the factors that allow the occurrence of WA, are: lack of knowledge, especially related to non-compliance with standard precautionary measures and improper use of personal protective equipment (PPE). Added to this are tiredness, repetitive tasks, double working hours, emotional disturbances, excessive self-confidence, inadequate professional qualifications, lack of service organization, emotional imbalance in emergencies, negligence of others, burden of tasks , besides the possible human failures that may occur during the execution of procedures.^{10,19}

They also corroborate, in order to increase the incidence of WA, the inadequate training of workers. Regarding this, study 077 emphasizes that the implementation of actions of permanent education in health (PEH) and / or training with professionals is one of the main strategies for the adoption of safe practices in health work. In this way, PHC is considered as a privileged space for the development of PEH, which seeks to propose "the transformation of professional practices based on critical reflection on the real practices of real professionals in action on the service networks".^{20: 10} It should be noted that the nurse is the professional who is in the "front line" to identify these needs and, therefore, should use this proposal for the transformation of professional practices and work organization.²¹

Among the strategies that make PEH effective, are the training programs, clinical meetings, lectures, courses and personal development. It is also emphasized that the need to raise awareness among workers is pressing in the face of the fact that the mechanization of labor attributes an alienating character to the process, which is developed in the labor sphere and thus contributes to the professionals, they often

find themselves fit for a particular service, performing it without taking adequate accident prevention measures, which shows that they do not recognize the occupational hazards to which they are exposed.²²

In view of the multi-causality of WA, labor conditions are also listed by the authors as factors that intervene in their occurrence. In spite of this, studies 09 10 and 07^{10,24,7} stress that the precariousness of working conditions and their overload, the reduction of attention to work and the physical and emotional imbalance due to the work process are factors that make workers vulnerable to the occurrence of WA. It also includes: high demand, repetition of actions, inadequate infrastructure and lack of PPE.^{18,23}

It is also emphasized that the need to travel to home care, a unique characteristic of PHC, and urban violence are two aspects listed by the authors as the cause of WA²⁴, which, in this case, constitute road accidents and which have a significant impact on the health of.

◆ Impact of work accidents on workers' health

The WA can be understood as an expression of social violence that generates considerable impacts on worker health.²⁵ In 2013, Brazil recorded 717,911 accidents and 2,797 deaths. According to the Brazilian Yearbook of 2015, the main damages related to these occurrences were: financial losses, with the granting of accidental benefits; reduction of productivity and lives early interrupted by poor health and safety conditions in the work environment.²⁶

Workers, who work in the health services, are constantly exposed to workloads that are determinant of the processes of attrition, that is, illness. These loads are classified as: biological, chemical, physical, mechanical, physiological and psychic.²⁷

In the context of PHC, the authors indicate that WAs involving exposure to biological material, through needle and puncture injury, are the ones that have the highest incidence.¹⁸ The main concern, which affects the worker in both the psychological and emotional spheres, is related to the expected results of serological tests and the possibility of seroconversion, given the potential characterization of this exposure for the transmission of human immunodeficiency virus (HIV), hepatitis B and hepatitis C. Among the main feelings emergence of this situation highlights fear, guilt and despair, potential triggers of psychic suffering.²⁸ However, in addition to infection, other consequences of

this exposure are: changes in sexual practices, side effects of prophylactic drugs and loss of employment. There is also evidence of changes in social, family, and work relationships.²⁹

The authors also point out that the accidents suffered by the worker in the workplace and in the hours of work resulting from an act of aggression, intentional physical offense or recklessness of third parties are equated with the WA.¹⁸ Violence can be understood by verbal aggression, insults, humiliations and threats, as well as physical aggressions that result in bodily, psychological or moral injury.³⁰ PHC professionals are seen to experience this situation in a unique way as they deal with a diverse and, is often composed of patients with psychic, demented, delinquent, drugged or intoxicated disorders.³¹

The consequences of working conditions and exposure to loads thus imply pathological modifications such as: bruises, arterial hypertension, allergies, epigastralgia, musculoskeletal problems, mental illness / suffering.³² Other effects resulting from this process include: ability to work, absenteeism, high cost of removals and death of workers.³³⁻⁴

◆ Role of primary health care in the field of worker health

Worker's Health Care (WH), begun in the 1980s, has been gradually implemented in the Brazilian public health system and, still today, faces major obstacles in relation to actions to promote, prevent and control risks, due to the misunderstanding that work is one of the determinants of the health-disease process and, therefore, that it is necessary to involve the whole health system to guarantee the integral care of the workers.³⁵

Added to this context are other particularities that, together or even in isolation, become obstacles to the implementation of the WH field, such as: the social context of capital-labor tension; the political obstacles in the municipal scope, mainly in relation to the actions of surveillance, which makes that many managers do not invest in this field; the lack of knowledge of many UHS managers about the conception and actions of workers' health and the lack of preparation of some health professionals to develop actions in this area, both in relation to technical capacity and the imaginary, when adopting the concept that the actions of WH are merely legal.³⁶

It is worth highlighting that one of the favorable scenarios for the development of WH actions is Primary Health Care (PHC). This

opportunity is based on the fact that PHC is considered to be a coordinator of the health care network and coordinator of integral care, that is, based on the territorialisation approach and the proposal of health care networks, it allows the development of differentiated care for workers.³⁷

The study 0438 emphasizes that the organization of the local health system in units with responsibility for an area of scope, as presupposed by the territorialization and therefore the PHC, allows the health team to know its indicators, through the identification of local problems and, with that, better plan their intervention actions, identifying and prioritizing more vulnerable groups, such as workers exposed to risks.³⁸

In this way, PHC plays a central role in the actions directed to WH. Among the attributes that favor health care for workers are: access, longitudinality and coordination of care. Under these axes, several conduits are structured whose main focus is the WH, such as: recognition of the workers users and mapping of the productive activities of the territory; notification of work-related injuries; issuance of an award; matrix and institutional support; intra and intersectoral articulation; characteristics of the work process and worker participation.³⁹

Also included in the scope of action of the PHC: observation of employment links, the unemployed and those who start work early; risk assessment for the health of workers, the population and the environment; planning and execution of surveillance actions in the workplace; development, together with the community and public institutions, of actions to solve the problems encountered; identification of work-related accidents and / or diseases, as well as the clinical management of cases of minor complications and referral of cases of greater complexity to specialized WH services and discussion with the worker about the causes of their illness.⁴⁰

However, what we see nowadays is that many WH actions are carried out in a timely or even inexistent way in team planning. Some of the assumptions evidenced for the difficulty in incorporating these actions in the PHC are: the precariousness of the physical network; the low level of connectivity and computerization of the Basic Health Units (BHU); the care model focused on care actions; the low degree of interaction between professionals; the great spontaneous demand; the lack of technical preparation and the high turnover of professionals; the lack of integration with the care network and the precariousness of work.⁴¹

Faced with this, it is necessary to reorientation and reorientation not only of the praxis of health professionals, but, mainly, of the hegemonized model of UHS in defense of WH and that, many times, is based on the conceptions and practices of the Occupational Health and Medicine. One of the great leaps to be made is the expansion of this debate for undergraduate courses in health and for the permanent education of health workers, in order to give visibility to these problems and, to the same extent, to enable them to understand the environmental problems generated by labor acts and how to intervene on them.^{35,41}

As regards the limitations of this review, we can mention: the restriction on English, Portuguese and Spanish languages, the selected databases and the availability of the studies in full, which allows some studies of interest to be ignored; Secondly, reading only the titles and abstracts of the publications may have eliminated some relevant study, once only abstracts that filled the inclusion criteria were read.

CONCLUSION

Occupational Accidents, whether in the Primary Health Care (PHC) or in any other context, are an important challenge to be faced by all those involved, given the nuances that limit their occurrence. The (re) knowledge of the causes, the determinants, as well as the impact caused to the workers are tools that help guide strategies aimed at promoting a healthy and safe working environment, in accordance with the principles of Worker's Health.

The results showed that the main factors related to WA in the field of PHC can be distributed under two main axes: personal attitudes and working conditions. In the first case, factors such as carelessness, lack of knowledge and professional awareness or negligence are elucidated. Already the working conditions include: the precariousness of health services; work overload; the reduction of attention to work and the physical and emotional imbalance due to the work process.

As for the impacts associated with the occurrence of work accidents in the context of primary care, the presence of feelings of fear, guilt and despair was a consensus among the studies as possible triggers of psychic suffering, due to accidents involving exposure to biological material. They also pointed out changes in social, family and work relations, as well as physical and emotional exhaustion due to physical aggression and verbal abuse,

common among workers working at low and medium complexity levels.

It was also highlighted the high potential of PHC as an opportune scenario for the development of actions directed at workers' health, in order to be considered as a coordinator of the health care network, which contributes to the dissemination of effective practices aimed at the workers.

It is concluded that the scientific evidence in the national and international literature on work accidents in primary health care contributed to the knowledge of the panorama and, therefore, of subsidies for decision-making in relation to the indicators identified. There is also an opportunity to design management tools to guarantee a healthy environment based on guidelines for the promotion and protection of workers' health.

The implementation of occupational health policies, together with a permanent education program, in accordance with the health worker's safety and, in particular, the low and medium complexity, are strongly recommended in order to strengthen efforts that leverage changes towards the construction of new paradigms in the field of Workers' Health.

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