ACIDENTES DE TRABALHO COM EXPOSIÇÃO A MATERIAL BIOLÓGICO NA ENFERMAGEM EM UNIDADES DE PRONTO ATENDIMENTO

ACIDENTES DE TRABALHO CON EXPOSICIÓN A MATERIAL BIÓLOGICO EN LA ENFERMERÍA EN UNIDADES DE PRONTO SOCORRO

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RESUMO
Objetivo: analisar os acidentes de trabalho com exposição a materiais biológicos ocorridos com trabalhadores de enfermagem em Unidades de Pronto Atendimento (UPAs). Método: estudo exploratório e descritivo de abordagem qualitativa, com 10 trabalhadores de enfermagem que atuam em Unidades de Pronto Atendimento no município de Mossoró/RN. Os dados foram produzidos a partir de entrevistas semiestruturadas entre março e maio de 2011 e analisados segundo a Análise temática. O estudo teve aprovação do projeto pelo Comitê de Ética em Pesquisa, CAAE 0007.0.428.000-10. Resultados: evidenciaram-se quatro categorias temáticas: 1) Relação entre condições de trabalho da enfermagem e os acidentes; 2) Caracterização dos acidentes de trabalho; 3) Condutas após os acidentes; e 4) Sentimentos frente aos acidentes. Conclusão: as condições precárias e a existência de cargas de trabalho excessivas contribuíram para a ocorrência dos acidentes que ocorreram como resultado de um cenário caracterizado por questões estruturais que passam pela própria precarização do trabalho no SUS. Descritores: Saúde do Trabalhador; Enfermagem; Exposição a Agentes Biológicos; Riscos Ocupacionais; Condições de Trabalho.

ABSTRACT
Objective: to analyze work accidents with biological material occurred with exposure of workers in nursing units of Emergency Rooms (UPAs). Method: descriptive and exploratory study of qualitative approach, with 10 nursing workers who work in units of Emergency in the city of Mossoró/RN. The data were obtained from semi-structured interviews between March and May of 2011 and analyzed according to thematic analysis. The study had approval of the project by the Committee of Ethics in Research, CAAE 0007.0.428.000-10. Results: Four thematic categories were shown: 1) Relation between the nursing working conditions and accidents; 2) Characterization of the accidents at work; 3) Behavior after accidents; and 4) Feelings against the accidents. Conclusion: the precarious conditions and the existence of excessive workloads contributed to the occurrence of the accidents that occurred as a result of a scenario characterized by structural problems that go through own precarious work in the SUS. Descriptors: Workers’ Health; Nursing; Exposure to Biological Agents; Occupational Risks; Working Conditions.

RESUMEN
Objetivo: analizar los accidentes de trabajo con exposición a materiales biológicos ocurridos con trabajadores de enfermería en Unidades de Pronto Socorro (UPAs). Método: estudio exploratorio y descriptivo de enfoque cualitativo, con 10 trabajadores de enfermería que actúan en Unidades de Pronto Socorro en el municipio de Mossoró/RN. Los datos fueron producidos a partir de entrevistas semi-estructuradas entre marzo y mayo de 2011 y analizados según el Análisis temático. El estudio tuvo aprobación del proyecto por el Comité de Ética en Investigación, CAAE 0007.0.428.000-10. Resultados: se evidenció cuatro categorías temáticas: 1) Relación entre condiciones de trabajo de enfermería y los accidentes; 2) Caracterización de los accidentes de trabajo; 3) Conductas después de los accidentes; e 4) Sentimientos frente a los accidentes. Conclusión: las condiciones precarias y la existencia de cargas de trabajo excesivas contribuyeron para la ocurrencia de los accidentes que ocurrieron como resultado de un escenario caracterizado por problemas estructurales que pasan por la propia precarización del trabajo en el SUS. Descritores: Salud del Trabajador; Enfermería; Exposición a Agentes Biológicos; Riesgos Ocupacionales; Condiciones de Trabajo.

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INTRODUCTION

Accident at work is what happens when working, causing personal injury or functional disturbance that causes the death, loss, or reduction, permanent or temporary, of the capacity for work. This definition also includes the accident that happened off-site and working hours, such as the journey.¹

Accidents at work are inserted into contemporary capitalist society context, marked by a model of development that advances in globalization with productive restructuring in which neoliberalism brings changes for the world of work, such as insecurity, structural unemployment and the increase in the informal sector and services.²

These technological and organizational changes in the productive sphere are intensifying the work, the exploitation of workers and worker health wear, having as purpose the advancement of capital productivity.³

When we adopt the category reference work for nursing, we are taking it as a social practice, because we understand that Nursing establishes relations with other works, with the economic, cultural and social dimensions of the boards that make up the structure of a society.⁴ Accordingly, studies show that the conditions and the organization of work of nursing are providing a health-disease profile characteristic of this group of workers.⁵

That profile includes accidents at work with exposure to biological materials. These are defined as accidents involving blood and other organic fluids occurred with healthcare workers during the development of their work, which are exposed to potentially contaminate biological materials. The wounds made with needles and bladed cutting material in general are considered extremely dangerous because they are potentially capable of transmitting more than 20 types of different pathogens, being the human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV) infectious agents most commonly involved.⁶ Nurses, especially the auxiliaries and technicians have been singled out as the professional category most affected by this type of accident⁷ for being the most manipulating these materials, needles and scalps in drug delivery activities and sorotherapy.⁸

To analyze the Brazilian scientific production, it was observed that several surveys address the issue of work related to accidents with exposure to biological material in healthcare workers, with a focus on nursing staff and hospital sectors, and of urgent and emergency. In general, they are investigations that use quantitative approaches and attributed the occurrence of the accident to the worker's fault. In addition, it is indicated prevention measures, such as use of personal protective equipment and health education for workers' awareness about the Standard Protective Measures. In this sense, it is realized the importance of politicizing and give visibility to accidents, which requires special efforts to replace the practice of assigning blame. This seems to require the revision of the terms of regulatory rule NR-01 of the Ministry of Labor and Employment and the Brazilian Standard on Accidents at Work, among others, removing them references to the idea of "unsafe acts" as causes of accidents. The persistence of this concept contributes to the construction of the guilt of the victims and the inhibition of the prevention from a political point of view.⁹

This study anchors in Worker's Health theorist contribution seeking to identify the mediations between accidents at work with exposure to biological material and the constituent elements of the work process as object, technology and activity; and the organization and division of labor within the contemporary capitalist society.¹⁰

The justification of this study is due to this problem and statistics of the Reference Center on Worker's Health - CEREST - State of Rio Grande do Norte that shows that Nursing was the professional category that suffered accidents at work with more exposure to biological material. And that, in the municipality of Mossoro, the ER units are workplaces with the largest notification of these accidents.⁶ In this way, the objective of this study is to:

- To analyze work related to accidents with biological material occurred with exposure of workers in nursing units of the Emergency Room.

METHOD

This is an exploratory and descriptive study of qualitative approach undertaken in the municipality of Mossoró-RN in two units of the Emergency Room. Initially it was applied a questionnaire to 144 workers in nursing practice of the profession in the two ER's to identify those who have suffered accidents at work. The identification of the subjects was made through the questionnaire, the sample was composed of 10 nursing workers who responded they have suffered accidents at work with exposure to biological material: nine nursing technicians, three male and six female, and a nurse. None of the professionals...
who claimed to have suffered an accident at work refused to participate in the present study.

The subjects of the research were nursing workers. They were selected from the following inclusion criteria: being a nurse, technician or nursing assistant; working in one of the two UPAs; and have suffered an accident at work with exposure to biological material. The exclusion criterion was to be on leave, vacation or retirement during the interviews.

The production data were collected from March to May 2011. Semi-structured interviews were conducted with the ten nursing workers in workplaces in a reserved room, previously scheduled hours, recorded in mp4 device and then transcribed. It was used a guide consisting of questions that were talking about: the work being done in the UPA, the day of the accident, labor feelings involved in relation to the accident and procedures adopted after the accidents.

It is valid to point out that for the composition of the sample of the survey, it was anchored in the qualitative tradition in premises which gives relevance to the statistical representativeness of the sample, in order to target the generalization of the findings, but upon accumulation of subjective to the object unveiling, corresponding to what is known as a theoretical sample.11-2

It was used as a method the thematic analysis.13 Four analytical categories were extracted: relationship between nursing working conditions and the accidents, characterization of accidents at work, behavior after accidents and feelings before the accidents.

The research project was submitted to the Ethics and Research Committee (CEP) of the State University of Rio Grande do Norte (UERN), in response to the Resolution 196/96 of the National Health Council, and agreed with the opinion No. 043/2010 and no. 0007.0.428.000-10 CAAE. To ensure the confidentiality of the subject, these lines have been identified in the results and discussion by the letter “N” and by 1 to 10 numbers.

RESULTS

Relationship between nursing working conditions and the accidents

The work of nursing is inserted in the service sector, it is part of the collective work in health and shares features of the new world of work of contemporary capitalism. Based on the worker’s health, analysis of accidents at work with exposure to biological materials cannot be unlinked working conditions.

It was noted that the work of nursing in UPAs is fragmented and repetitive, similar to the principles of scientific management Taylorist/Fordist. Under these molds, the productivity has emerged as an important element for the exploitation at work. There is an increase in the pace of work assigned, in particular, the small amount of nursing workers in order to meet the large number of users who use this service of the SUS.

The intense pace of work, low paid, lack of material resources with the Individual Protection Equipment, management problems and the lack of Permanent Education in Health Policy have been reported the reasons for dissatisfaction with the work. It is the precarious work of nursing in UPAs, standing out the multi jobs as a strong constitutive element of this scenario. This is a reflection of its own precarious work in health in the current scenario of the SUS, within which is present the adoption of more flexible mechanisms at work. It constitutes a challenge for workers in the public health service, among which is the nursing, discuss the precarious work, build knowledge about this problem and seek partnerships and strategies of coping.14

These working conditions have a strong relationship with workloads. The category workloads is important to study the impact of the constituent elements of the work process on the health of the worker. It is regarded as mediations between the work’s processes and the worker’s wear psychobiology.10 Organic, chemical, physiological and psychic workloads are identified. However, the psychic loads predominated, consisting of elements of the work process that are above all a source of stress.10 Among the elements cited by the respondents as a source of stress were: the faster pace and the fragmentation of work; night journey; collection of users and management of the institution; violence in the path and in the workplace; hierarchical relationships and conflicting.

The reports on the day of the accident demonstrate the intense pace of shifts attributed to the large number of users and a few nursing workers to attend. This may have collaborated for the occurrence of accidents at work with exposure to biological materials:

That day of the accident at work was a tumultuous day, too much stress, patients calling us. While I'm doing the medication there are a lot calling you, and it takes the concentration of people. (N2)
It was full that day. There in the medication room is too full of records, people are calling to be attended. Then we get very tense. This system is very wrong! Why do people keep calling, like investigating us. The place is open, everyone is watching us and wanting to hurry, as if we didn't hurry to attend soon. (N4)

I was very busy the night shift, as usual. Busy as always. (N10)

These lines show that the psychic burdens arising from the working process of nursing technicians are also important for the existence of accidents. The faster pace as result of precarious work in SUS relates to physical and psychic suffering for the worker as the fatigue and stress.

The participation of the user at the time of nursing care also deserves greater reflection. They were significant the number of accidents with venous puncture in children, attributed to anxiety and the difficulty of doing the procedure. It was observed that parents of children exert psychological pressure on nursing workers. This pressure by attendance or in scheduling a procedure quickly happens not only in children, but also in adults and elderly. However, this is potentiated when the user is a child or elderly.

The child arrived with the father, I was punching her vein. Then she moved ... We already are apprehensive when a child, because parents think that if we stick more than once, we are mistreating them. (N1)

I prepared the medication, I called the patient to do and the medication room was full. The boy was accompanied by his father, then they called me to do and hit the vein. (N4)

The patient was elderly, with 80 or somethings, he came accompanied by family, against their will, he moved a lot, very uneasy. (N5)

Actually this accident occurred because he was a child, then the mother did not hold him well, the boy "bolted" and I don't know how it was, I just know that the boy knocked on the syringe and the needle hit my finger. (N9)

Nursing workers reported that users somehow make pressure for a quicker response, what is hampered due to insufficient professionals and high demand.

Under the circumstances of precarious work and psychological tension, they carry out assistance with a lower concentration and faster. This is the nursing worker exposure to psychological loads.

It is added to this panorama low wages that nursing workers generate the need for multi jobs and interfere with the rest of the worker who undergoes long journeys to work. In this sense, insufficient rest, whether by the institution or by the worker, appears in the context of accidents at work:

I was on duty of 24 hours here, I took a break of 12 and stayed more 12 hours, direct, non-stop. (N2)

On the other hand, even realizing that this scenario of precariousness and workloads in the UPAs is the backdrop for understanding the occurrence of these accidents, it was reported a case that expressed negligence and/or recklessness in the realization of nursing care, which also contributed to the occurrence of accidents with exposure to biological material. This was evident from the nurse:

I remember very well the day, and it was a Sunday, I had just received the call, I was checking the sector. It was pretty quiet the day nor I did not come from another shift, I had slept well. I came from house [...] the problem was one of the nursing techniques that caused the accident on me, because instead of picking up the material and discard in the box, she released the syringe. She did not release to pick on me. It was to get in the box, but I was near the box. It was a needle 25 x 7, an intra-deep muscle. She felt very normal, saying: 'who told you to be with your hand in there?'. (N8)

In short, the context in which the accidents at work occurred with exposure to biological material involving nursing workers in UPAs is pegged to precarious conditions of work such as multi jobs and intense rhythm, mental loads and to the fact that the user is a child. In smaller proportion, it is inserted any situation of negligence and/or recklessness nursing worker on completion of the work process.

Even before the unveiling of the context of the day of the accident, conversely, workers are encouraged to think about the process of determining the accident at work that were involved, put that this event was related to predestination, lack of warning or fault of another person.

The explanations for the occurrence of the event focused on:

I think when things have to happen in life happens. (N2)

It was lack of attention. The accident is very fast all of a sudden happens. Her companion was making me question, there I was looking at her and I had the accident. (N3)

It was lack of attention by me ... accident at work can not be explained, can't it? (N4)

I had an accident not because of me, but because of her (co-worker). (N8)

Under this perspective, it was a specific case event, related to individual behavior and
relational, but not a product of the organization and of the conditions of their working process. This contradiction is the result of a historical process whose unsafe act is considered in Brazil and in many countries, the most important cause of accidents at work. However, it must be understood that the unsafe act is not a sufficient and necessary cause. It includes elements of culpability of the worker to be distracted, tired or unhappy with the job and excludes, in this way, the organization and the current process of precarious work. It is an ideology propagated by employers, government institutions and media that assigns the occurrence of the accident the worker’s fault. This penetrates the understanding social imaginary and pervades the lines of respondents.

From an in-depth analysis based on the theoretical contribution of occupational health research it has been allowed to reveal that behind the lines of the interviewees, work related to accidents with biological material exposure in UPAs did not occur because of the nursing workers. It is as a result of a scenario characterized by structural problems that go through own precarious work in the SUS at national level, in addition to system management and problems of management of health services.

♦ Characterization of accidents at work

The characteristics of accidents investigated are related to the shift in which the accident occurred, use and type of PPE, type of exposure and biological material involved and the procedure performed.

About the shift in which the accident occurred, the results showed that the majority of nursing workers crashed on the day shift. In this, there is a greater flow of people and a more intense pace of work in the units of Ready Attendance during this period, where he realizes that it is carried out a greater quantity of procedures.

Concerning the use and the type of PPE at the time of the accident, only one nursing worker reported that I had no use of gloves, but everyone else said yes. Other EPI’s as a mask, hat and coat were also mentioned. Only one worker said that he was not wearing any personal protective equipment.

This demonstrates the determination of accident at work with exposure to biological materials does not relate directly with technical elements of the work process, such as the use or disuse of EPI’s, but the other determinants that are present in the organization and division of labor, for example, the insufficient amount of nursing workers to meet the demand.

Regarding the type of exposure, the vast majority of nursing workers of UPAs had accidents with sharp objects. Only one worker had his mucosa exposed to biological materials.

It is known that the biggest concern is not due to the fact of the accident have been through sharp bladed and material injury caused by him, but due to biological agents that may be present in these instruments such as HIV, hepatitis B and C and the possible contamination by the worker.

Regarding the type of material that has caused accidents in nursing workers, all respondents had exposure to blood. This high incidence of accidents at work resulting in the blood like organic fluid involved in the exhibition is explained due to the fact that “there is a major concern of the professional exposure to blood in register the accident than in cases that involved other types of body fluids, through fear of acquiring blood-borne diseases.”

With regard to the procedure nursing workers were performing at the time of the crash, other important respectively: venipuncture, withdrawal of serum users, intramuscular and intravenous medications administration, supervision of materials and execution of capillary blood glucose test (HGT).

♦ Behaviors after accidents

With the emergence and spread of infectious contagious diseases such as AIDS and hepatitis B and C, health workers and institutions generally began to adopt professional care protocols to accidents with biological material in order to establish initial service behaviors, guidance and follow-up of injured workers, using chemoprophylaxis and notification of cases, in order to diminish or eliminate the possibility of contamination by work-related diseases.

According to the recommendations, “the first behaviors and care after accidents with biological material is washing the place exposed with soap and water in cases of percutaneous exposure or Cuts”. With respect to this information, only 1 worker mentioned to have performed this action, demonstrating to meet the recommendations of the Protocol:

First I took the glove and washed it well with running water, soap and I squeezed it. (N10)

After washing the exposed site with soap and water, in case of exposure dermal and percutaneous, it is recommended that the
source patient is identified and communicated about what happened; performing rapid tests for HIV and hepatitis in the worker and the source patient, as well as notify the workplace accident.

These behaviors are shown on the lines of workers:

Despite the parents do not accept more punching the child's vein to collect the blood, the social worker and the doctor talked with them and left the choose. Then I and a colleague went to the Hospital Rafael Fernandes taking the material. (N7) I went to Rafael Fernandes, it was collected the patient's blood for testing, and I went to do the quick test and it was notified the industrial accident. (N6)

The nurse called the user that was just leaving and explained what had happened to me and if she'd accept to do the blood test again. And because she knows me, that facilitated it. Then I went well, it was done, it was negative. (N3)

While the referral hospital, Hospital Rafael Fernandes, establishes routines built from ministerial protocols, there are operational difficulties of these:

I asked to do my exam [...] I found the staff there [Hospital Rafael Fernandes], very unprepared, both on the part of guidance, as of procedure. Everything was done over 24 hours after, then I had the dishonor of having to take the cocktail. It's happened to other professionals also don't do the quick test. They do at that moment and receive just after. (N8)

On the day I went to the clinic, because it was very difficult to get the blood of the child. To not waste time, we went to the clinic, because the driver of the ER was going there. (N9)

The Ordinance GM/MS No. 104 of January 25, 2011 defines notifiable accidents at work with exposure to biological material. It is valid to point out that even in the face of underreporting of occupational diseases work related and work related to accidents, the notification represents an important instrument for workers' health surveillance, since it makes it possible to build data and information that subsidize the identification of epidemiological profiles of workers closer to reality as well as a more coherent intervention with the health problems raised.17

When we have the accident, we communicate the general team, epidemiology unit, we call the lab, to make the notification of the accident. (N2)

My accident was notified by the ER, but not by the Hospital Rafael Fernandes because the colleague didn't know how to notify it, according to her. I found the staff there very unprepared, both on the part of guidance, as of procedure. Everything was done over 24 hours later. (N8)

In a study on accidents at work with the nursing staff in the intensive care unit of the University Hospital, it has been found that these professionals do not have guidance on how to proceed to the notification of the accident and often unaware the sectors available for accomplishing it.18 The difficulties to notify occupational accidents in performing its examination and driving to another institution of the network of health services to do the quick test signals, among other things, that haven't built a resolutive network services in occupational health. It is strengthened and becomes even more troubling given the absence of the reference center in occupational health (CEREST) on the lines of the interviewees. The reference institution for occupational accidents with exposure to biological materials, in some cases, is not being viewed as the space of appropriate measures to respond to the real needs of workers. Therefore, it is still noticed how far it is from the construction of health intervention strategies that can transform the different ways of living and working of the subjects.

In relation to the result of the examination, nursing workers interviewed reported not having been infected with any diseases as well as stated that the test results were negative for HIV, hepatitis B and c.

Given the above, the routines established conduct and actions taken by the institutions and workers are grounded in compliance or not ministerial Protocol of attention to injured worker with biological materials. There are behaviors guided by concern to avoid and treat the possible workers contaminated by HIV and Hepatitis. To reduce the accident to disease, it strengthens the hegemonic model of health, bio-centric, in healing and individual assistance and therefore hidden uncritically the structure and working conditions.

There were not perceived behaviors and practices aimed at intervention in social determinants of workplace accident, as well as discussions on the social and economic developments that occurred can bring to the job and the worker. In this sense, they reflect on actions focused on the disease and on the immediacy of the event, centered on the model of occupational medicine and occupational health, health promotion practices by discarding workers. As much as these manuals and protocols are important in technical direction on an accident at work, it...
is understood here that they are insufficient to intervene in social determinants of workplace accident, in particular, with exposure to biological material.

♦ Feelings before the accidents

Nursing workers thinking about their workplace accident reported feelings like fear, worry and apprehension. The possibility of acquiring a disease an infectious and contagious disease like hepatitis and/or HIV refers to emotions that are similar to a great tragedy.

When you have an accident, you expose your life. The first thing that it is in our head: hepatitis and HIV. We're wondering: will I be another one? (N3)

When we put people at risk, who knows it is only us. Still there is much fear, taboo, a lot of prejudice. We will streak, it is hard. (N8)

I felt it was going to be the end of my life, because I didn't know who was that boy. (N5)

Conversely, E7 puts it:

It's interesting ... I stayed calm, I did all the procedures that should do it. ... I was in an accident with a little baby, huh? (N7)

The stillness felt is the reflection of a social construction from what is defined as normal subjects, safe and healthy. Children, the elderly, men and women are part of a so-called “group” of trusted subjects. This security was felt by other workers, as it realizes in the following lines:

He was accompanied by the father. I realized that at least he wasn’t a street boy, he seemed to be well taken care of, then I talked to his dad and it all worked out. I was more relaxed. (N5) But at the same time I started to talk to her, and she was then Evangelical haven't had much concern. (N2)

I was normal for the fact of being an old man. (N6)

I was in an accident with a pregnant woman, then I was quiet. (N10)

Emotions and feelings experienced are permeated by the initial fear and tranquility linked to stereotypes. They are constructed socially and culturally from the conceptions of world of concepts, preconceptions and values of the subject. However, this perception about the workplace accident highlights a problem to be faced, because we can't think there are, nowadays, groups that express fear/risk or trust/healthy. Any person, regardless of age, race, gender or religion is vulnerable to acquire a disease an infectious and contagious disease such as HIV, hepatitis, syphilis. (N4) helps to think about the question:

Until you do the test, you get worried. Because there is not writing that the patient has something, appearance doesn't say anything! Until the result, we are apprehensive. (N4)

The feelings such as fear, worry and apprehension were produced by the possibility of acquiring a disease an infectious and contagious disease. In this sense, emotions have reduced the occupational accident and disease to the individual risk and were not able to mobilize a critical and analytical reflection of the diverse meanings and social, economic, cultural determinations and affective involving its worker process. As much as the industrial accident with exposure to biological material makes it possible to acquire infectious-contagious diseases, we can't narrow it down to that.

CONCLUSION

The research of qualitative approach with the worker's health theorist contribution enables widen understanding about accidents at work to overcome the view that their occurrence is due to the fault of the employee negligence or recklessness to reinforce that these events have as background the context of the world of work.

The precarious work, with links and easing labor rights, low wages, multi jobs or structural unemployment, poor working conditions and the need for a worker increasingly versatile and productive are characteristic of contemporary capitalist society that fall within the health work, both in the SUS as in the private sector, reflecting on the occupational health nursing.

This study allowed to unveil that work related to accidents with exposure to biological material involving nursing workers in units of ERs are resulting from a set of mediations that are established between this structural setting, SUS, in particular, and the process of nursing work in the singular.

Reducing and/or preventing the occurrence of accidents at work is not limited only to the use of personal protective equipment. These are important, but insufficient in the face of the above problems. It requires rethinking politically accidents at work while reflection of working conditions to which workers are subjected and that opens an agenda of discussions for unions; employers; SUS, in particular the CERESTs; Ministries of Labor, health and Social Welfare.

Accidents at work require a State policy that discusses and intervenes on this issue with a view to improving working conditions, in order to ensure a healthy worker to
maintain productivity, but because promoting workers’ health means to intervene on social determinants of health-disease process, which relate to how production processes occur.

The expansion of that look on work related to accidents demand new interventions, knowledge and health practices. This is a challenge that, in a special way, draws attention to the academy to develop a production of knowledge and training in health that give visibility to this problematic anchored in premises of the worker’s health. However, it should be noted that this challenge involves conflicts of interest between various actors, which can be summed up in the conflict between the capital and the worker. Even so, it points out that joint actions between workers, unions, State and University covering the macro dimension have greater potential precedent.

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