

ATITUDES DOS DOCENTES DE EDUCAÇÃO INFANTIL EM SITUAÇÃO DE ACIDENTE ESCOLAR

ATTITUDES OF TEACHERS OF CHILD EDUCATION IN SCHOOL ACCIDENT SITUATION

ACTITUDES DE LOS MAESTROS DE LA EDUCACIÓN INFANTIL EN LA SITUACIÓN DE ACCIDENTES ESCOLARES

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RESUMO:

Objetivo: este estudo teve como objetivo investigar as atitudes dos docentes de uma escola de educação infantil perante um acidente escolar. **Método:** trata-se de estudo descritivo e exploratório, com abordagem qualitativa, desenvolvido em uma escola privada, situada no interior do estado de São Paulo, com dez professores de ensino fundamental I (1º ao 4º ano). **Resultados:** todos estes têm conceito amplo sobre acidente escolar, seis declaram ter em sua formação instruções de atuação em primeiros socorros e todos revelaram que a instituição na qual trabalham não forneceu preparo ou capacitação para atuação em acidentes escolares. Quatro informaram atuação direta nas situações de acidentes, sendo que os principais acidentes vivenciados foram: convulsões, cortes profundos, fraturas de membros superiores e inferiores expostas ou não, entorses, cortes extensos com muito sangramento, quedas e engasgamentos. **Conclusão:** faz-se necessária uma atuação intersetorial, criando parcerias com a Estratégia de Saúde da Família local para implementar ações que visem capacitar, promover e assistir os estudantes e os docentes no âmbito do Programa de Saúde na Escola, pois "Quando se trabalha com criança o risco é permanente".

Descritores: Docentes; Saúde escolar; Prevenção de acidentes; Emergências.

ABSTRACT:

Objective: This study aimed to investigate the attitudes of teachers of a kindergarten school in the face of a school accident. **Method:** This is a descriptive and exploratory study, with a qualitative approach, developed in a private school, located in the interior of the State of São Paulo, Brazil, with ten elementary school teachers I (1st to 4th year). **Results:** All of these have a broad concept of school accidents, six of them state that they have first-aid instructions in their training, and all of them reveal that the institution in which they work did not provide preparation or training for school accidents. Four reported direct action in the accident situations, and the main accidents experienced were: convulsions, deep cuts, fractures of upper and lower limbs exposed or not, sprains, extensive cuts with much bleeding, falls and choking. **Conclusion:** it is necessary an intersectoral action, creating partnerships with the local Family Health Strategy, to implement actions aimed at enabling, promoting and assisting students and teachers in the scope of the School Health Program, since "When working with children The risk is permanent".

Descriptors: Faculty; School health; Accident prevention; Emergencies.

RESUMEN:

Objetivo: Este estudio tuvo como objetivo investigar las actitudes de los maestros de educación infantil de un frente de un accidente escolar. **Método:** Se trata de un estudio descriptivo y exploratorio con enfoque cualitativo, desarrollado en una escuela privada, situada en el estado de Sao Paulo, Brasil, con diez maestros de escuela elemental I (1º a 4º año). **Resultados:** Todos estos factores tienen un amplio concepto de accidente de la escuela de seis pretensión de tener en sus instrucciones de entrenamiento de actuación en primeros auxilios y toda reveló que la institución en la que trabajan, no proporcionó la preparación o formación para trabajar en accidentes en la escuela. Cuatro informaron de la participación directa en caso de accidente, y los principales accidentes experimentados fueron: convulsiones, cortes profundos, fracturas del Alto y Bajo expuestos o no, esguinces, extensos cortes con mucho sangrado, caídas y asfixia. **Conclusión:** Se necesita una acción intersectorial, la creación de asociaciones con la salud de la Estrategia de la familia local para implementar acciones dirigidas a potenciar, promover y ayudar a los estudiantes y profesores en el Programa de Salud en la Escuela, por "Cuando se trabaja con niños el riesgo es permanente".

Descritores: Docentes; Salud escolar; Prevención de accidentes; Urgencias médicas.

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INTRODUCTION

Accidents within the school environment are likely to happen at any time. Most of these accidents are more frequent during sports and recreational practices, on the breaks between classes or during lunch break, free time in which students enjoy to run and play⁽¹⁾. But the classroom is not free of these events. This is usually due to the very physical structure of the rooms. So, it is worth considering that many accidents that occurred within the school environment can leave irreversible consequences, if they do not have the immediate and appropriate care⁽²⁾. Training, updating and first aid should not only be restricted to health professionals or university centers. It can be carried out by people who are present at the place of the injury, and who are not healthcare professionals, until the victim has access to the specialized assistance⁽³⁾.

One of the goals of the National Education Plan in Brazil was the introduction of full-time student stay in the school, so that public schools must offer full-time education, with a minimum stay of seven hours per day⁽⁴⁾. In 2013, the number of children enrolled in early childhood education and elementary school in Brazil totaled about 35 million⁽⁵⁾. In this context, the school becomes a space of relevant contribution in the attendance in cases of accidents⁽¹⁾.

Safety in the school area, especially in relation to the physical, social and psychological environment, should be the object of constant concern of the responsible ones, the teachers and the school direction⁽⁶⁾. The restlessness and imprecision inherent in childhood make the child susceptible to risks and, at times, the educator does not know how to deal with these adversities. Children have characteristics that predispose to the occurrence of school-related injuries, such as varying levels of cognitive and motor development, curiosity to explore unfamiliar situations for which they do not have physical training, aggressiveness and intensity of recreational activities, exposure to behavior and attitudes of challenges to institutional rules⁽⁶⁻⁷⁾.

Studies have shown that accidents involving the infantile public usually affect their head, face and limbs, and are associated with falls, cuts and fractures⁽⁸⁻¹⁰⁾. A study carried out in France, with the participation of 2,396 children

and adolescents who suffered accidents at school and were attended in the school ward, showed that 52.8% of the injuries occurred during activities related to sports practice and 12.7% during the practice of recreational activities. The analysis of the results allowed observing that, according to the injured students, the personal carelessness was responsible for 26% of all accidents and lack of stability was responsible for 17.5% of them. Hospitalizations occurred in 2.7% of the cases and the withdrawal from school, without hospitalization, occurred in 11.4% of the cases⁽¹¹⁾.

The National Curricular parameters for basic education recommend that the school should offer opportunities for the student to be able to know and avoid the risk factors for the incidence of domestic accidents in school or in other public places⁽¹²⁾. Educational actions for the prevention of children's accidents should be frequent in the school context, as they encourage the adoption of safe actions by the children themselves. And through the acquired learning, the children could be multiplying information, extending to parents and other colleagues the knowledge acquired during the period in which they remain in the educational unit⁽¹³⁻¹⁴⁾. The Ministry of Health emphasizes that activities and actions for the prevention of accidents must occur in the school environment, but in situations where prevention fails, it is necessary for teachers and other professionals to know how to give first aid to the injured one⁽¹⁵⁻¹⁶⁾.

From this perspective, it is believed that educational interventions that address the issue of first aid should be carried out with teachers. The training of health education professionals corroborates with the Health at School Program, a result of the integration of the Ministry of Health and the Ministry of Education, which seeks to promote the expansion of health actions in the school environment whose activities are the responsibility of the Family Health Strategy (ESF) covering the school location area⁽¹⁵⁻¹⁸⁾.

In view of the above, it is observed that the issue of children's accidents is of social and public health relevance, with attention being paid to emergency situations and pediatric emergencies associated with the school environment and to health education actions that contemplate not only prevention, but also action. With the aim of

contributing to this perspective, the objective of this study was to investigate the attitudes of teachers of a kindergarten school in the face of a school accident.

METHOD

This is a descriptive and exploratory study with a qualitative approach, developed in a private school, located within the State of São Paulo in Brazil.

The selection of the school institution was for convenience, taking into account the ease of access and disposition of the school management, concentration of teachers in a single period, operational facility for the collection of data and time of action of the institution. The study population was composed of ten elementary school teachers I (1st to 4th year), excluding those who were out of school in the period of data collection for holidays and/or licenses.

As ethical and legal aspects, the study was submitted to the Research Ethics Committee (CEP) and approved as opinion n. 578,082/2014. Thus, data were collected through semi-structured individual interviews, between the months of March and May 2014, in the school environment itself, after presentation of the project, acceptance of the teachers and prior scheduling. Participants received information on the study and objectives, ensuring that the contents collected would be used only with the permission and signature of Informed Consent Form.

An instrument for tracing the professional profile (gender, professional qualification, age, training time and time in the school institution) was elaborated by the authors, and the semi-structured interview script consisted of the following questions: What is a school accident for you? Have you seen any accident situation in school? In your training, did you get thematic content on first aid in the school environment? Have you ever been involved or have you acted in any school accident situation? Does the institution you work in offer (or have already offered) any training to prevent school accidents?

The anonymity was maintained, being given a code name by the initials Suj., followed by numbering, according to the order of realization of interviews, being Suj. 1, Suj. 2, Suj. 3, successively.

Interviews were recorded in MP4. For data analysis, we used the thematic analysis⁽¹⁹⁾ from

the objective proposed. In the first moment of the analysis, the full transcription of the interviews and the previous reading of the interviews occurred, identifying the key elements. We followed the extended reading of the statements, deep analysis and grouping of the key elements, defining the categories of analysis by the researchers responsible for the project and, finally, the composition of a descriptive structure that formed each of the two categories listed below.

RESULTS AND DISCUSSION

The analysis allowed identifying three categories related to school accidents: Knowledge about school accidents; Perception of situations that may lead to the occurrence of accidents; and Experiences and action in situations of school accident.

According to the characteristics of the professional profile of the ten teachers who accepted to participate in the study, there was a greater predominance of female professionals, 8 (80%), and 2 (20%) male professionals, with varying ages, being 03 (30%) between 31 and 40 years old, 01 (10%) between 41 and 50 years old and 06 (60%) over 51 years old. Of these professionals, all had undergraduate degrees, 10 (100%), 9 (90%) had postgraduates (*lato sensu*) degrees diversified in several areas; as to postgraduate, (*strictu sensu*) 1 (10%) has master's degree, 1 (10%) had a doctorate degree and 01 (10%) postdoctoral level. Regarding the time of teacher training, it was observed that 04 (40%) have from 1 to 10 years, 03 (30%) from 11 to 20 years and 01 (10%) above 21 years.

Knowledge of school accident

In this category, there are the reports of teachers related to knowledge about school accidents, training and capacity building during the academic period about the subject and institutional training for emergency situations.

“School accident was understood by the teachers as”...

“School accident for me is something that will hurt our students and also us teachers, if we get cut, fall and hit face, legs, arms coming to form bruises and cuts with bleeding and cracking.” (Suj.1)

“Any act of injury or discomfort that occurs with the child within the school.” (Suj.7)

"It is when children or any employee get hurt in the school environment." (Suj.8)

The result showed that all teachers have a broad concept on the subject. School Accident is defined as "any event occurring at the place and time of school activity, which causes the student injury, illness or death. It includes all the accidents that occur during the home-school course and conversely and in activities organized by the school, even those that occurring outside of its physical space"⁽²⁰⁾. A study to verify the reports of directors and teachers about accidents in schools found that such education professionals are aware of the existence of accidents of various levels of gravity in the school environment⁽²¹⁾. It is of the utmost importance that teachers ask their doubts about emergencies to take care of the students who are under their responsibility in the school because they are the ones who, given such situations, offer the first care⁽²²⁾. They should also have adequate knowledge about the correct application of the techniques of first aid in order to provide its students better conditions, until a specialized aid arrives⁽²¹⁾.

In relation to the accident action, providing first aid, only six of the professors state that they have had first-aid instruction in their training. It is important that the teachers have a first aid qualification so that, in an emergency with students, they are able to save lives and prevent sequelae⁽²³⁾. All teachers revealed that the institution in which they work did not provide preparation or training to act in school accidents. It is essential that there are trained people in schools, since people do not have specific information about what to do in an accident case, which involves simple attitudes related to the first aid practice and also the injuries that it can cause⁽²⁴⁾.

Experiences and action in school accident situations

Teachers reported that the main accidents experienced in their school environment were convulsions, deep cuts, fractures exposed or not of upper and lower limbs, sprains, extensive cuts with lots of bleeding, falls and choking. These findings corroborate a study carried out in the city of Anápolis-Goiás, which also found limb fracture, dislocation, convulsive crisis, hemorrhage, burns, wounds, nasal bleeding, and the occurrence of cardiac arrest, airway

obstruction and fainting within the school environment⁽²²⁾.

"The student, after the sports activities, jumped and got unbalanced coming to fall, hitting the head and forming a bruise." (Suj. 4)

"My student crashed head-on with another student, fell and hit his head ... I was nervous but I did not stop helping." (Suj. 9)

Four teachers reported direct action in accident situations. A study that dealt with accidents at school evidenced that teachers recognize the existence of minor and/or severe accidents at school, with the assistance usually provided by those who are closest to the accident, so that there is no systematization for serious situations⁽²¹⁾. Another study on the performance of teachers in the case of accidents observed that these professionals do not adopt correct behaviors in the first aid⁽²⁵⁾.

The educator, or even the student, can be guided and should take initiatives in face of extremity fractures, dislocation, airway obstruction, convulsive crisis, hemorrhage and bleeding, burns, injuries, epistaxis, cardiorespiratory arrest, syncope and fainting, which are the most frequent cases of accidents in the school environment⁽²²⁾. However, the evidence is unanimous in stating that, only in the face of training, these professionals report being able to face emergency situations within the school environment^(21-23,25).

"My student ran to the closet, stumbled and cut off his ear, I helped him ... I took him to the direction department." (Suj.5)

"I have already witnessed and acted on various situations. One of them was when my student pressed his finger on the door. I myself helped him and then I took him to the direction department." (Suj.6)

"I tried to calm mainly the children who panic more and I checked what I could do immediately: local cleaning, help him breathing, calming down and I asked for help from the competent agencies." (Suj.10)

Perception of situations that may lead to the occurrence of accidents

All teachers were able to identify factors and sites that pose risks to their students. Safety in the school area, especially in relation to the physical, social and psychological environment, should be the object of constant concern of the responsible ones, the teachers and the school direction⁽⁶⁾.

"Here at school, we have no relevant factor. But we have a playground, stage, sports court. So we are aware of it." (Suj.1)

"Yes, stage without protective grid, playground..." (Suj.2)

"Yes, in the desks, tables, when the floor is wet, pedagogical toys, patio ramp." (Suj.4)

"Yes, environment under construction for easy access to students." (Suj.6)

"Yes, ramp without anti-slip floor." (Suj.7)

The school environment is conducive to the occurrence of accidents because it is the place where a large number of children interact, develop the most diverse activities, eager to explore the world, and it is also a privileged and empowering environment. A safe school environment means an investment in health, preventing accidents in school space instilling in the entire educational community a safety culture and making the school a safe and healthy place⁽²⁰⁾.

Intersectoral and interdisciplinary actions could and can be triggered as a strategy to achieve childhood accident prevention objectives⁽²⁶⁾. In Brazil, the Presidential Decree n. 6,286, of 5 December 2007, established the Health at School Program (PSE), which gives concreteness to an intersectoral policy between the Ministry of Health (MS) and the Ministry of Education (MEC), covering federated entities at the three levels of government (federal, state and municipal)⁽¹⁶⁾. The Health at School Program (PSE) establishes a partnership between the health professionals of the Family Health Strategy and the schools to develop activities that make them responsible for their health condition and enable them to make assertive decisions regarding their health and the health of the community in which they work⁽¹⁶⁻¹⁷⁾.

Within this scope of promotion, prevention and health education, the outstanding role is configured in the nurses' performance. At the school level, the nurse performs the role of caregiver, health educator, consultant and counselor. The school nurse collaborates with students, parents, administrators and other health and social work professionals regarding the health problems of a student and the institution itself. It is also a consultant on health education for teachers, as well as providing information on health practices, giving health classes and participating in the development of the health education curriculum⁽¹⁸⁾.

FINAL CONSIDERATIONS

The findings point to the importance of disseminating knowledge about first aid to the infant teachers' class. In the course of this work, it was observed that the educators studied showed to be laymen in relation to the initial attendance of school accidents, but they were very interested in learning, corroborating with the suggestion of compulsory practical classes during their working day.

This study showed the main health problems presented by educators in the school environment: convulsions, deep cuts, fractures exposed or not of upper and lower limbs, sprains, extensive cuts with lots of bleeding, falls and choking. And some of these aggravations, if not addressed immediately and effectively, present risk of life because of their impact on the safety and maintenance of these students.

The school environment is a privileged place for health education to receive individuals in the formation stage and it is a scenario of many health problems occurring, no less serious because they affect children and adolescents.

Prevention is the most effective way to reduce high accident rates in childhood, especially at school. To that end, it is necessary to develop educational programs at all levels and partnerships, together with health professionals, to develop and implement educational strategies and actions in the context of accidents in schools.

Finally, we understand the relevance of addressing the issue so that everyone can contribute to the preservation of the health of our children, who are in the midst of growth and development. We also suggest new, continuous and extensive studies covering several schools aiming to score with better quality on the profile of the accidents that occur in school environment, so it can contribute to improve the quality of life of the child population. Because, as a teacher interviewed declares: "When we work with children, risk is permanent" (Suj.7).

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