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RESEARCH

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KNOWLEDGE OF COMMUNITY HEALTH AGENTS ON EXTREMITIES TRAUMA

Conhecimento dos agentes comunitários de saúde sobre trauma de extremidades

Conocimiento de agentes de salud comunitarios en trauma de extremidades

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ABSTRACT

Objective: to characterize the knowledge of community health agents about trauma to the extremities. **Method:** this is a quantitative, descriptive study, carried out from the research database titled “knowledge of community health agents on pre-hospital care in basic life support-impact of extension actions”. data were collected through a questionnaire. the sample consisted of 15 community health agents from a integrated family health unit in João Pessoa, Paraíba, Brazil. data were analyzed using descriptive statistics and the results were presented in tables. **Results:** it was observed that the average of post-test hits in knowledge of extremity trauma was 69.3%. **Conclusion:** it was evidenced that the knowledge of community health agents on trauma of the extremities, had a significant increase after the educational interventions.

DESCRIPTORS: Public health; Education, Nursing, Continuing; Emergency nursing; First aid; Wounds and injuries.

RESUMO

Objetivo: caracterizar o conhecimento dos agentes comunitários de saúde sobre trauma de extremidades. **Método:** trata-se de um estudo quantitativo, descritivo, realizado a partir do banco de dados da pesquisa intitulada “conhecimento de agentes comunitários de saúde sobre atendimento pré-hospitalar no suporte básico de vida - impacto das ações de extensão”. os dados foram coletados por meio de questionário. a amostra foi composta por 15 agentes comunitários de saúde de uma unidade de saúde da família integrada em João Pessoa, Paraíba, Brasil. analisaram-se os dados por meio de estatística descritiva e foram apresentados os resultados em tabelas. **Resultados:** observa-se que a média de acertos no pós-teste sobre conhecimento no trauma de extremidades foi de 69,3%. **Conclusão:** evidenciou-se que o conhecimento dos

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agentes comunitários de saúde sobre traumas de extremidades, teve um aumento significativo após as intervenções educativas.

DESCRITORES: Saúde pública; Educação continuada em enfermagem; Enfermagem de emergência; Primeiros socorros; Ferimentos e lesões.

RESUMEN

Objetivo: caracterizar el conocimiento de los agentes de salud de la comunidad sobre trauma en las extremidades. **Método:** se trata de un estudio cuantitativo y descriptivo, realizado a partir de la base de datos de investigación titulada “conocimiento de los agentes sanitarios comunitarios sobre la atención prehospitalaria en las acciones básicas de apoyo a la vida-impacto de las acciones de extensión.” los datos se recopilaron a través de un cuestionario. la muestra consistió en 15 agentes de salud comunitarios de una unidad integrada de salud familiar en joao pessoa, paraiba, brasil. los datos se analizaron utilizando estadísticas descriptivas y los resultados se presentaron en tablas. **Resultados:** se observó que el promedio de aciertos posteriores a la prueba en el conocimiento del trauma en las extremidades fue del 69,3%. **Conclusión:** se evidenció que el conocimiento de los agentes de salud comunitarios sobre trauma de las extremidades, tuvo un aumento significativo después de las intervenciones educativas.

DESCRIPTORES: Salud pública; Educación continua en enfermería; Enfermería de urgencia; Primeros auxilios; Heridas y traumatismos.

INTRODUCTION

Emergency is defined as a health problem that represents an imminent threat to the individual's life, requiring immediate and resolving medical care. The urgencies are characterized as the occurrence of considerable damage to the health of the individual, with or without potential risk of death, requiring prompt assistance and in the shortest possible time.¹

In this sense, the area of Urgency and Emergency is an important component of health care. The growing demand for services in this area in recent years, due to the growth in the number of accidents and urban violence and the insufficient structuring of the network are factors that contribute decisively to the overload of Urgency and Emergency services available to serve the population. This makes this area one of the most problematic in the Health System.²

In view of these occurrences, Emergency Pre-Hospital Care (APH) is implemented in Mobile and Fixed. The mobile emergency PHC plays an important role in public health, since urgent and emergency situations are observed on a daily basis in the general population, whether related to cardiovascular, neoplastic or traumatic clinical diseases. We can define it as care outside the hospital scope, made available to the victim in the initial minutes in which he / she suffered an injury to his / her health, which can lead to physical disability or death, and it is essential that this person can have quality care and transportation to a suitable gateway.¹

From the institution of the Emergency Care Network, the concept of health is expanded, requiring multiprofessional participation in care according to the Health Care Network of the Unified Health System (SUS), aiming, therefore, to maintaining life and minimizing sequelae.¹

Mobile pre-hospital care networks, on the other hand, consist of the Mobile Emergency Care Service (SAMU-192) and the associated rescue and rescue services (193), which together with the Emergency Care Units (UPAS), are part of the intermediate level of emergency care. With this, SAMU-192 and UPAs establish an important link between the levels of health care, as they provide an adequate reorganization and reorientation of users. With regard to the fixed pre-hospital component, it is fundamental in the structuring and organization of the SUS urgency and emergency network, since it acts as the gateway for users.³

The growing number of trauma victims brings an assistance field full of impossibilities that demand constant learning. In this context, trauma can occur from intentional and unintentional causes, and it is essential that these diagnoses are widely discussed with all social actors involved in the promotion, prevention, care and recovery from health problems, such as health managers, service providers, health councils, health workers, education, social security, users, class councils, social promotion, transportation and others.²

In the context of traumatic urgencies and emergencies, musculoskeletal traumas are injuries caused in regions involving ligaments, muscles and bones. They are, therefore, quite frequent injuries that can bring irreversible consequences, since they can easily progress to hemorrhagic shock due to large hypovolemic losses.⁴

Among the most common trauma to the extremities, fractures stand out, which are characterized by loss of bone continuity solution. It may be a consequence of a fall, violent movement or greater impact than the bone can withstand.⁴

In this context, the evaluation of the patient affected by trauma to the extremities includes simultaneous intervention in relation to the respiratory and circulatory parts, and the physical examination should compare the contralateral extremities, observing possible injury. The pulse is always analyzed, as this allows to observe if there was vascular injury associated with the trauma.⁴

In view of this scenario, the CHAs' knowledge to act in the first aid in case of extremity trauma stands out, since the CHAs' continuing education process is present in the current Brazilian reality. As the country moves forward with the FHS, the education of those who are intimately inserted in the community - the ACS - must also evolve, aiming to qualify the assistance provided directly to the population.⁵

Permanent education of health workers is an area that requires efforts to improve educational methods that effectively reach the multiprofessional team. To promote the development of the work process, it is necessary to create education strategies that encourage the participation of health workers and thus enable professional training.⁴

The present work becomes relevant due to the high rate of musculoskeletal traumas, which is a constant problem in our daily lives and that often the assistance to these victims is done in the wrong way. Therefore, there is a need to provide society with training (PHC - Pre Hospital Care) the correct way of providing assistance to these victims.

Therefore, the present study aims to characterize the knowledge of Community Health Agents about trauma to extremities.

METHOD

This is a study with a quantitative and descriptive approach, part of the research entitled “Knowledge of community health agents on pre-hospital care in basic life support - impact of extension actions”. The referred study, which aims to assess the prior and subsequent knowledge of Community Health Agents who participate in training on first aid for victims in situations of traumatic urgency through educational actions carried out with the project “Training multipliers of actions in first aid for the training of nursing students and Community Health Agents”.

The population was composed of 40 CHA who work at the Integrated FHU in the Mangabeira neighborhood in the city of João Pessoa - PB, Brazil, which are the inclusion criteria in the research. According to the inclusion criteria, the sample resulted in 15 CHAs.

This research was carried out over a period of 11 consecutive months starting in November 2018 to September 2019. Data collection was performed using an instrument composed of questions of sociodemographic characterization and trauma of extremities.

Data collection was carried out in two stages: Stage I - questionnaire-type instrument applied 15 minutes before the theoretical and practical exposition on trauma (carrying out the intervention or educational action), this stage was called pre-assessment. Stage II - questionnaire applied immediately after the exposure (performance of the intervention or educational action) stage called post-evaluation. The variable that is sought to explain is the performance of the CHA and the main hypothesis of the study is that after the intervention, this performance increases compared to that observed before the educational intervention. As seen, we seek to point out a consistent explanation for a possible gain of knowledge after the intervention.

Data analysis consisted of descriptive statistics (mean, mode, standard deviation, frequency, coefficient of variation) and hypothesis test for mean. In this case, it is sought to verify if the average of correct answers of the ACS increases after the instruction and teaching. It is important to highlight that this analysis consists of studying the same sample in two periods in time. This procedure can be performed using the T-Student Test, allowing to test the hypothesis of differences in means between the two periods. Considering the situation in which the result of the T-Student Test suggests an increase in knowledge of CHWs after training.

The study was submitted to the Research Ethics Committee of the Federal University of Paraíba and approved under number CAAE 13653119.7.0000.5188 and the study participants signed the Informed Consent Form - TCL being informed about the right to withdraw from participating at any time. moment in accordance with Resolution 466 of December 12, 2012, which regulates research involving human beings.⁶ Participants were informed that the data and information

obtained will be used only for scientific purposes and that the material will be stored with the researcher.

RESULTS

Table 1 - Sociodemographic and economic characterization of the study participants. João Pessoa - PB, Brazil 2019.

Variable	n	%
Sex		
Male	2	13,3%
Female	13	86,7%
Age		
35 - 40 years old	8	53,4%
40 - 45 years old	3	20,0%
45 - 50 years old	2	13,3%
50 years old or more	2	13,3%
Time working as CHA		
Less than 10 years	5	33,3%
10 - 15 years	4	26,7%
15 - 20 years	6	40,0%
Education		
Incomplete high school	1	6,7%
High School	7	46,6%
Incomplete college	1	6,7%
College graduation	6	40,0%
Marital status		
Single	5	33,3%
Married	8	53,4%
Widowed	2	13,3%
Income		
Up to R \$ 1,006	1	6,7%
From R \$ 1,200 to R \$ 3,000	13	86,7%
More than R \$ 3.00	1	6,7%

Source: Data research, 2019.

According to table 1, it can be seen that the majority of participants are female, aged between 35 and 40 years, have worked as ACS for over 15 years, have completed high school, are married and have estimated income between R\$1,200 and R\$3,000.

Table 2 - Characterization on the level of experience in First Aid. João Pessoa, PB, Brazil 2019

Variable	n	%
Training prior to actions		
Yes	4	26,7%
No	10	66,7%
No answer	1	6,7%
Witnessed a traumatic emergency situation		
Yes	2	13,3%
No	13	86,7%

Source: Data research, 2019.

Regarding the characteristics related to the experience in First Aid, it is clear that only four (26.7%) said they had taken training courses in PHC or in First Aid. Of the 15 individuals included in the survey, only two (13.3%) witnessed any situation where there was a need for the First Aid service.

Table 3 - Distribution of the number of correct answers about characteristics and behaviors in extremity trauma. João Pessoa, PB, Brazil 2019

ITEMS	Pre-test		Post test	
	n	%	n	%
Disengage of the bony end of its joint cavity	0	0,0	0	0,0
Exposed fracture	13	86,7	13	86,7
First aid in trauma of extremities	13	86,7	14	93,3
Complication in fractures of extremities that can generate risk of death	13	86,7	15	100,0
Immediate care in caring for a fracture victim	5	33,3	10	66,7

Source: Data research, 2019.

Regarding the approach related to the extremities, it can be observed that there was an increase in the number of correct answers in three of the five items investigated after educational actions. The items First aid in extremity trauma, Complication in extremity fractures that can generate risk of death and Immediate care in the care of a fracture victim, who stood out for obtaining a difference of five (33.4%) hits between the pre and post tests.

In addition to the descriptive evaluation, a hypothesis test was used to verify whether the proportion of correct answers in the post-test was higher than the proportion of correct answers in the pre-test for the approach used.

Table 4 - Comparative distribution between the average of correct answers after the educational actions of knowledge about trauma of extremities.

	Proportion of correct answers		
	Pre test	Post test	p value
Knowledge about extremities trauma	58,7%	69,3%	0,2338

Source: Data research, 2019

The average of correct answers in the post-test increased by 10.6% in comparison to the pre-test after the educational extension actions (95% confidence interval; $p = 0.2338$).

DISCUSSION

Regarding the profile of the CHA, a predominance of women was found. This hegemony is present in another study.⁷ When analyzing the working time as CHA, there was a predominance of age between 15 and 20 years, in the total of six (40%) individuals, indicating low turnover of this worker in the activity similar to study.⁸

With regard to the formation of ACSs, the predominant education level was complete high school, seven (46.6%)

completed higher education, six (40.0%), corroborating with the result of another study, and in accordance with the Law 11,350 from the Ministry of Health, which established complete high school and passed a basic qualification with program content prepared by the Ministry of Health as a condition for the exercise of the CHA function. In this perspective, there is no need for the CHA to have prior knowledge in health to perform the function.^{7,9}

Although there has been an increase in the education of Brazilians in recent years, it is important to note that, with the implementation of the Family Health Program, the role of CHWs was expanded, with the demand for new skills in the social and political field, which requires a more complex and comprehensive level of education.¹⁰

It is also noteworthy the concern of CHWs in relation to the qualification element, as the need for professionalization is recognized as unanimous in such a study. It is emphasized that the professionalization and qualification of the CHA is an important factor in the constitution of his daily work, but they warn that the difficulty in creating a legitimate identity at work can lead him to seek knowledge that matches the knowledge of other professionals in the team.¹⁰

The implementation of a pre-hospital care service (PHC) allows to qualify the emergency care and, in turn, positively impact the quality of life of the patient attended, since actions taken in a timely manner result not only in improving the prognosis of the victim, but also in the reduction of hospitalization and even in rehabilitation, positively interfering in morbidity and mortality.¹¹ In this context, table 2 shows two occurrences of CHA who witnessed some situation involving first aid, of which the CHA themselves provided first aid training, until the Mobile Emergency Service arrived to provide assistance.

The Mobile Emergency Care Service – SAMU is a mobile pre-hospital emergency service, in which the user, through the free telephone access through the number 192, requests emergency care. SAMU has a regulatory component (the Regulation Center) and an assistance component (the ambulance team).¹² Mobile pre-hospital care is configured as a form of assistance that aims to reach the victim early and provide care or adequate transport for a health service integrated with the Unified Health System and, thus, reduce or avoid suffering and sequelae. It can also be defined as any and all assistance provided outside the hospital by teams of basic or advanced life support, in which multiple means and methods are used in order to maintain life and minimize damage.¹²

As for the previous training of CHWs for first aid, it was identified that four (26.7%) have already participated in some training for professionals in the basic network similar to the study.⁸ With regard to the item first aid in extremity trauma, it appears that there were 14 (93.3%) correct answers in the post-test. This result certifies the positive impact of interventionist actions in expanding the sample's knowledge. It is known that trauma to the extremities can result in some problems that require immediate treatment in the pre-hospital, among which we can highlight bleeding, which can lead to hypovolemic shock if it is not reversed in a

timely manner and hemodynamic and bone-joint instability, resulting from fractures and dislocations.¹³ It is emphasized in pre-hospital care in trauma situations, that the entire protocol should be used so that there are no further injuries to the victims. After a suspected limb fracture, immobilization should occur immediately, preventing the patient from being moved unnecessarily.¹³

In the item Complication in fractures of extremities that can generate risk of death, it is observed in a study, that some traumas can lead to amputation of the limb, compartment syndrome, where the increase in pressure in the limb causes impairment in blood support, offering risk of loss of the same and crushing syndrome, in which due to severe muscle injury there is kidney failure and death.¹³

In the item Immediate care in the care of a fracture victim, it was observed that the CHA had 10 (66.7%) correct answers in the post-test. Corroborating with a study that shows that trauma to the extremities can result in some problems that require immediate treatment in the pre-hospital, such as hemorrhage, which can lead to hypovolemic shock if it is not reversed in a timely manner and instability, resulting from fractures and dislocations.¹³ It is known that population training in first aid and a risk assessment in emergency cases, can significantly help to reduce injuries and mortality of victims.¹⁴

The frequency with which laypeople need to provide assistance to victims is between 10.7 and 65.0%, where about 83.7% are performed incorrectly.¹⁵

In view of the relevance that accidents represent in Brazilian morbidity and mortality, teaching first aid to the lay public proved to be efficient and relevant for the 15 CHA.¹⁴

It is proven that the implementation of basic life support measures by the lay public reduces the rate of morbidity and mortality dramatically, thus reinforcing the need for training the lay population in first aid, in order to decrease mortality rates in emergency situations in the scenario out-of-hospital.¹⁶

CONCLUSION

It was evident in the present study the increase in the average of correct answers in the post-test in relation to the knowledge of the ACSs about trauma of extremities when compared to the number of correct answers in the pre-test, which indicated a significant gain in learning for the Community Health Agents after the educational action, favoring the apprehension of knowledge, understanding and self-assessment on the performance of the first aid that must be performed to a trauma victim. Corroborating with a study, the conduct that the individual takes in any emergency situation usually determines how the victim's recovery will be and, in some cases, can mean the difference between life and death.¹⁷ It can be inferred that the extension actions about BLS carried out by CHWs provided the expansion of knowledge, acting as a space of knowledge and an environment for reflection on actions in emergency situations, stimulating participants to clinical reasoning and decision making in order to minimize complications resulting from inappropriate measures.

The study's contribution focused on mobilizing new knowledge, given the multiplicity of factors surrounding the process of conducting first aid in the context of urgent and extra-hospital emergencies, through the multiplication of knowledge with CHWs, through extension action.

REFERENCES

1. Dias JMC, Lima MSM, Dantas RAN, Costa KF, Leite JEL, Dantas DV. Perfil de atendimento do serviço pré-hospitalar móvel de urgência estadual. *Cogitare Enferm* [Internet]. 2016 [Citado em: 14 nov 2018]; 21(1):01-09. Disponível em: <<https://revistas.ufpr.br/cogitare/article/view/42470>>.
2. Brasil. Portaria 2.048, de 5 de novembro 2002. Ministério da saúde. Gabinete do Ministro. Comissão Intergestores Tripartite. Aprova, na forma do Anexo desta Portaria, o Regulamento Técnico dos Sistemas Estaduais de Urgência e Emergência [Internet]. 2002 [Citado em: 16 nov 2018]. Disponível em: <https://www.ufsj.edu.br/portal2-repositorio/File/fauf/concursos_2010/SAMU-centrosul/portaria_2048_2002.pdf>.
3. Silva DS, Bernardes A, Gabriel CS, Rocha FLR, Caldana GA. liderança do enfermeiro no contexto dos serviços de urgência e emergência. *Rev Eletrônica Enferm*. [Internet]. 2014 [Citado em: 15 nov 2018]; 16(1):211-9. Disponível em: <<https://www.revistas.ufg.br/fen/article/download/19615/16460>>.
4. Santa Catarina. Secretaria de Estado de Saúde. Superintendência de Planejamento e Gestão. Diretoria de Educação Permanente. Escola de Formação em Saúde. Primeiros socorros [Internet]. São José, SC: Escola de Formação em Saúde. 2017 [Citado em 14 nov 2018]. 43 p. Disponível em: <https://repositorio.observatoriodocuidado.org/bitstream/handle/handle/1504/ItSab_MatDid_EFOS-SC_PrimeirosSocorros_FinalRepositorio.pdf?sequence=1&isAllowed=y>.
5. Guerra HS, Melo Júnior CAC, Frota RS. Educação continuada para agentes comunitários de saúde: uma visão acadêmica. *Extensio: R Eletr de Extensão* [Internet]. 2018 [Citado em 17 nov 2018]; 15(28):101-107. ISSN 1807-0221. Disponível em: <<https://doi.org/10.5007/1807-0221.2018v15n28p101>>.
6. Brasil. Conselho Nacional de Saúde. Resolução n. 466, de 12 de dezembro de 2012. Brasília, 2012. [citado em: 04 dez 2019]. Disponível em: <<https://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>>.
7. Melo MB, Quintão AF, Carmo RF. O Programa de Qualificação e Desenvolvimento do Agente Comunitário de Saúde na perspectiva dos diversos sujeitos na atenção primária em saúde. *Saúde soc*. [Internet]. 2015 [Citado em 26 ago 2019]; 24(1):86-99. Disponível em: <<https://www.scielo.org/article/sausoc/2015.v24n1/86-99/pt>>.
8. Coelho JG, Vascelos LCF, Dias EC. A formação de agentes comunitários de saúde: construção a partir do encontro dos sujeitos. *Trab Educ Saúde* [Internet]. 2018 [Citado em: 29 Ago 2019]; 16(2):583-604. Disponível em: <<http://dx.doi.org/10.1590/1981-7746-sol00113>>.
9. Brasil. Lei Nº 11.350, De 5 de Outubro de 2006. Presidência da República, Casa Civil Subchefia para Assuntos Jurídicos. Regulamenta o § 5º do art. 198 da Constituição, dispõe sobre o aproveitamento de pessoal amparado pelo parágrafo único do art. 2º da Emenda Constitucional nº 51, de 14 de fevereiro de 2006, e dá outras providências [Internet]. 2006 [Citado em: 16 set 2019]. Disponível em: <http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11350.htm>.
10. Garcia ACP, Lima RCD, Galavote HS, Coelho APS, Vieira ECL, Silva RC, et al. Agente Comunitário de Saúde no Espírito Santo: do perfil às atividades desenvolvidas. *Trab educ Saúde*. [Internet]. 2017 [Citado em 19 ago 2019]; 15(1):283-300. Disponível em: <<http://www.scielo.org/pdf/tes/v15n1/1678-1007-tes-1981-7746-sol00039.pdf>>.
11. Alves AA. Avaliação dos atendimentos realizados pelo serviço móvel de urgência (SAMU) de Bauru [Internet]. [Dissertação de Mestrado], UNESP. 2018 [Citado em: 15 jan 2019]. Disponível em: <<http://hdl.handle.net/11449/155871>>.
12. Prates VS. Atendimentos de urgência e emergência na atenção primária em saúde: a organização de um projeto de educação permanente. Instituto de comunicação e informação científica e tecnológica em saúde - ICIT [Internet]. 2016 [Citado em: 30 ago 2019]. Disponível em: <<http://docs.bvsalud.org/biblioref/coleccion-sus/2016/35999/35999-1362.pdf>>.

13. Chaves FS, Silva SOP, Lima CB. Atendimento pré-hospitalar à vítima de trauma com fratura de membros: uma análise da atuação do enfermeiro. *Temas em saúde* [Internet]. 2017 [Citado em: 06 mar 2019]; 17(3):78-88. Disponível em: <<https://temasemsaude.com/wp-content/uploads/2017/10/17306.pdf>>.
14. Aranha ALB, Barsotti GM, Silva MP, Oliveira NM, Pereira TQ. Revisão integrativa: importância da orientação de técnicas de primeiros socorros para leigos. *Revista Científica Multidisciplinar Núcleo do Conhecimento* [Internet]. 2019 [Citado em: 05 set 2019]; 6(5):218-242. Disponível em: <<https://www.nucleodoconhecimento.com.br/saude/primeiros-socorros>>.
15. Viana Neto H, Santos JJS dos, Sarmiento SDG, Dantas RAN, Dantas DV. Estratégias de ensino de primeiros socorros a leigos: revisão integrativa. *Rev Saúde UNG* [Internet]. 2017 [Citado em 12 set 2019]; 11(3-4):75-85. Disponível em: <<http://revistas.ung.br/index.php/saude/article/view/2678/2397>>.
16. Dixe MACR, Gomes JCR. Conhecimento da população portuguesa sobre suporte básico de vida e disponibilidade para realizar formação. *Rev Esc Enferm USP* [Internet]. 2015 [Citado em: 05 Set 2019.]; 49(4):640-649. Disponível em: <http://www.scielo.br/pdf/reeusp/v49n4/pt_0080-6234-reeusp-49-04-0640.pdf>.
17. Pereira KC, Paulino JR, Saltarelli RME, Carvalho AMP, Santos RB, Silveira TVL, et al. A construção de conhecimentos sobre prevenção de acidentes e primeiros socorros por parte do público leigo. *Rev enferm Cent-Oeste Min.* [Internet]. 2015 [Citado em: 05 set 2019]; 5(11):1478-1485. Disponível em: <<http://www.seer.ufsj.edu.br/index.php/recom/article/view/456/837>> 05/09/2019>. Acesso em: 05 set 2019.

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