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SOCIAL SERVICE ACTING IN THE HOSPITAL AREA IN PUBLIC CALAMITY SITUATIONS

Fernanda Guadagnin

Pontifícia Universidade Católica do Rio
Grande do Sul

Porto Alegre/ Rio Grande do Sul

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Abstract: The ``Hospital de Clínicas de Porto Alegre`` (HCPA) is a highly complex hospital that predominantly serves people through the Unified Health System (SUS). HCPA is located in the capital of Rio Grande do Sul, a state where at the beginning of May 2024 it suffered a major flood, leaving many people and animals homeless. Several emergency shelters were established and boats were made available for rescue. Faced with the serious public calamity situation, HCPA suffered due to the lack of water in the city, which directly impacts patient care. The Social Service working in hospitalization in the hospital area was faced with the challenge of guaranteeing safe hospital discharges. There are several patients who were clinically ready to be discharged, but were very homeless due to the heavy rains that continued in the region.

INTRODUCTION

The ``Hospital de Clínicas de Porto Alegre`` (HCPA) is a highly complex hospital that predominantly serves people through the Unified Health System (SUS). HCPA is located in the capital of Rio Grande do Sul, a state where at the beginning of May 2024 it suffered a major flood, leaving many people and animals homeless.

Population density related to poverty also influences the impact of disasters. The growth of cities has been accompanied by a disproportionate increase in poverty. And the most impoverished populations are almost always located in ecologically vulnerable areas, such as flood plains, steep slopes and housing with precarious infrastructure (Aysan, 1999).

And in the case of an environmental disaster of great magnitude, which hit the State of Rio Grande do Sul, people who were admitted to a High Complexity hospital would be "safe", but the severity increased from the moment the running water was about to end, meaning there would no longer be water for

urgent surgical procedures and basic hygiene care that is essential to prevent the spread of multi-resistant bacteria and germs.

Being an extremely serious situation, HCPA faced it and mobilized to guarantee assistance to critically ill patients. It was decided to cancel outpatient consultations and elective surgeries, placing emphasis on organizing hospital discharges for patients who were clinically fit. One of the challenges in this scenario for Social Service professionals was to plan with each patient/and family is discharged, where many would not be able to return to their home, either due to inaccessibility on the roads or because they had lost their home. In this context we see the great awareness of everyone involved in each situation, through broad case discussions between multidisciplinary teams (social worker, nurses, doctors, psychologists, pharmacists...) with a humanized look at the difficulties encountered in this never-before-experienced scenario.

Some outcomes during this period: some patients were able to go to the home of acquaintances/relatives who welcomed them. Patients went to temporary shelters that were maintained with the collaboration of numerous volunteers throughout the State of Rio Grande do Sul. There were cases of patients and companions in which the National Air Force transported them by air to other States, the HCPA is a reference for various treatments through SUS and serves people from all over the country, in these cases Out-of-Home Treatment (TFD) is articulated. And there were patients who chose to remain hospitalized, even in clinical conditions for discharge, as it was understood that in the current scenario it would be negligent to release them for discharge in temporary shelters, many of them with mattresses on the floor, shared bathrooms and other issues that were not would be in line with the ideal for

certain patients, post-transplant, for example.

Finally, it is worth highlighting the importance of multidisciplinary and humanized work in the hospital area. In situations of public calamity, we saw a sad and serious scenario, where it became a priority to guarantee the

preservation of life, both through rescues and by guaranteeing public health assistance and social services with an eye on each situation, aiming to clarify patients about their problems, rights and forms of access to safe places (shelters, for example).

REFERENCES

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