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Adaptations of an emergency care unit in front of the COVID-19 pandemic: experience report

Adaptaciones de una unidad de atención de emergencias frente a la pandemia covid-19: informe de experiencia

Adaptações de uma unidade de pronto atendimento frente a pandemia do COVID-19: relato de experiência

ABSTRACT

Objective: to report the main experiences lived by professionals who worked in the front line in a UPA in the municipality of Parnamirim-RN. **Method:** This is an experience report about the adaptations suffered in an emergency care unit during the COVID-19 pandemic. The period in question of the study reflects the daily life of the institution between March and December 2020. The report was prepared and based on the experiences of the professionals who worked on the front lines within the institution. **Results:** Several adaptations were necessary during the pandemic, the physical structure of the institution, new protocols needed to be followed, health education for the use of personal protective equipment and adaptations for the new reality. **Conclusion:** It was evident that there were significant changes during the pandemic, whether in the approach of individual and team work, operational protocols, structural changes and the flow of care that reflected the established scenario.

DESCRIPTORS: Urgency; Emergency; Pandemic; Coronavirus Infections.

RESUMEN

Objetivo: reportar las principales experiencias vividas por los profesionales que trabajaron en primera línea en una UPA en el municipio de Parnamirim-RN. **Método:** Se trata de un relato de experiencia sobre las adaptaciones sufridas en una unidad de atención de emergencia durante la pandemia de COVID-19. El período en cuestión del estudio refleja la vida cotidiana de la institución entre marzo y diciembre de 2020. El informe fue elaborado y basado en las experiencias de los profesionales que trabajaron en primera línea dentro de la institución. **Resultados:** Fueron necesarias varias adaptaciones durante la pandemia, la estructura física de la institución, nuevos protocolos a seguir, educación en salud para el uso de equipos de protección personal y adaptaciones a la nueva realidad. **Conclusión:** Se evidenció que hubo cambios significativos durante la pandemia, ya sea en el enfoque del trabajo individual y en equipo, protocolos operativos, cambios estructurales y el flujo de atención que reflejó el escenario establecido.

DESCRIPTORES: Urgencia; Emergencia; Pandemia; Infecciones por coronavirus.

RESUMO

Objetivo: relatar as principais experiências vivenciadas por profissionais que atuaram na linha de frente em uma UPA no município de Parnamirim-RN. **Método:** Trata-se de um relato de experiência sobre as adaptações sofridas em uma unidade de pronto atendimento durante a pandemia do COVID-19. O período em questão do estudo repercute o cotidiano da instituição entre março e dezembro de 2020. O relato foi elaborado e baseado de acordo com vivências dos profissionais que atuaram na linha de frente dentro da instituição. **Resultados:** Diversas adaptações foram necessárias durante a pandemia, a estrutura física da instituição, novos protocolos precisaram ser seguidos, educação em saúde para o uso de equipamentos de proteção individual e adaptações para a nova realidade. **Conclusão:** Ficou evidente que houve modificações significativas durante a pandemia, seja na abordagem de trabalho individual e em equipe, protocolos operacionais, mudanças estruturais e de fluxo de atendimento que refletiram o cenário estabelecido.

DESCRITORES: Urgência; Emergência; Pandemia; Infecções por Coronavírus.

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INTRODUCTION

Since January 2020, the world population has been facing a pandemic caused by the emergence of the new coronavirus. SARS-Cov-2, which caused COVID-19. Discovered in Wuhan, China on December 1st, 2019, due to its high rate of transmissibility, it spread rapidly throughout the world, causing a serious global health crisis.¹

SARS-Cov-2 is a pathogen that affects the respiratory system, triggering clinical manifestations that vary from respiratory infections without symptoms, to a severe condition. According to the estimates of the World Health Organization (WHO), 80% of the patients affected by COVID-19 have mild symptoms, 15% require hospitalization with breathing difficulties and 5% of the patients evolve to a severe form of the disease requiring ventilatory support.^{2,3}

The transmission of the virus happens, mainly, through contaminated droplets of secretion from the oropharynx, through sneezing and saliva, from an infected person to another not contaminated. The incubation period is on average 5 days, and can vary from 1 to 14 days. The prolonged incubation time contributes to the high rate of spread, given that asymptomatic, pre-symptomatic and mild symptoms transmit the disease.⁴

In Brazil, from the first confirmed case on February 26th, 2020 to January 16th, 2021, the total number of confirmed cases of the disease now total 8.455.059, of which 209.296 people have died. A total of 2.026.763 and 49.672 cases, respectively, occurred in the Northeast. In Rio Grande do Norte (RN), 129.549 confirmed cases and 3.173 deaths were reported. In Parnamirim, 12.754 cases of these 228 people were reported to have already died.⁵

The emergence of the pandemic by COVID-19 brought numerous challenges for its confrontation with a great negative impact on the economy, medical assistance and mental health, taking into account the scarcity of scientific knowledge about the coronavirus, its high transmission capacity and high mortality potential in target audience, causing uncertainty about which measures are effective in combating them. In Brazil, the scenario becomes even more complex, considering the precarious conditions of housing and sanitation, in a situation of agglomeration and with access to a deficient water system.⁶

The pandemic scenario required adaptation and assistance and structural reorganization in institutions and services of all levels of complexity, such as the expansion of hospital beds, the hiring of trained professionals, the provision

of personal protective equipment (PPE) and sufficient inputs, in addition to the creation of isolation wards, organization of assistance flows, elaboration of protocols, relocation of professionals, development of training, among other actions necessary to serve the population.^{7,8}

In view of the context of service adaptations and the numerous challenges faced to combat COVID-19, the following question arose: what adaptations were necessary during the pandemic in an urgent and emergency institution? Thus, the present work aims to report these adaptations through experiences lived by professionals who worked on the front line in an Emergency Care Unit (UPA - Unidade de Pronto Atendimento) in the municipality of Parnamirim-RN.

METHOD

This is a descriptive study of the type of experience report that addresses the experiences of professionals in an Emergency Care Unit about the reorganization of their perception about the structural, organizational and management changes that took place at the beginning of the COVID-19 pandemic period, as well as its repercussions for operation and workflow.

The Maria Nazaré unit referenced in the present study was chosen because it is

the gateway for the treatment of patients affected by COVID-19 during the pandemic, located in the Northeast region, state of Rio Grande do Norte, specifically in the municipality of Parnamirim and classified as UPA level 3, with medium complexity care in urgency and emergency.

The institution offers services divided according to the color of the risk classification: blue, green, yellow or red. Assigned based on the severity of risk according to the Manchester Protocol. Thus, the unit offers care to patients exclusively through the Unified Health System (SUS).

The period reported in the study and the exemplified demands comprise the period from March to December 2020. The reported data were based on the experiences of the professionals who worked on the front line in coping with the disease of COVID-19 within the institution.

RESULTS

Service adaptations

The needs for numerous adaptations to the service have been necessary since the beginning of the pandemic. Thus, there was the reality that a number of professionals needed to leave, due to being classified as a risk group for COVID-19, others at some point were contaminated with the virus and were also removed. There was constantly a high flow of professionals entering the institution, due to the need for greater demand in face of the state of public calamity.

The physical structure of the institution needed modifications to better support both patients and employees. In addition, communication strategies were created, such as visual alerts (posters, signs, etc.) in the sectors of the unit through specific locations.

Alcohol dispensers have been redistributed to all service locations. Isolation spaces needed to be created, as for example the offices were transformed into isolation rooms adapted to receive suspected or confirmed patients from COVID-19. Thus, it was necessary to

adhere to a specific sector for isolation, in order to give exclusive support to cases of the disease.

Teams had to be specially assigned to attend these isolation beds, with the purpose of not spreading the virus contamination within the institution. New protocols emerged that began to be followed. Screening patients has gained a new approach. In the consultations, the main focus became the orientation of people about the disease, in order to avoid further contamination.

Health Education was paramount as a way of preventing disease, throughout the service approach. Basic hygiene care became the central theme in the consultations, emphasizing the importance of guiding patients to avoid exposure to risks.

Some procedures and treatments started to be suspended due to the risk of exposure to aerosols that increase the contamination of the disease. One of them was the non-use of nebulization, as well as the aspiration procedure of patients in open systems, it was also suspended to perform manual resuscitation in suspected or confirmed patients of COVID-19.

The processing of any and all professionals with direct care for these patients led to changes in their safety, which were reflected in the direct care to the risk of exposure to the disease. PPE has been modified: surgical masks in routine care have been replaced by the use of the N95 model, as well as the mandatory use of cloaks, face-shields, caps, and aprons.

Challenges experienced

Due to the high risk of contamination of COVID-19, companions are no longer allowed inside the institution, in order to avoid increasing contamination by the virus. The processing team itself within the sectors became restricted. Due to its high transmissibility rate, COVID-19 reached a large number of infected people quickly.

The lack of specific treatment for the disease, vaccine, medication, insuf-

ficient tests for the population, and so many uncertainties about the disease put the institution's professionals in an exhaustive workload. Uncomfortable PPE that hurt the skin, understaffed teams, flow of new professionals who arrived and needed to get the service routine, many inserted with no experience in the urgency and emergency.

Fear of contamination. The lack of more specific information about the disease. The fear of not being able to embrace loved ones, the stress of work, the lack of essential equipment, faithful information about the disease, medications, enough respiratory support for so much demand from hospitalized patients. The threat of the collapse of health services was present at all times. The disease quickly moved from community transmission to its exponential growth.

These were difficult days, a lot of pain, death, irreparable losses both for patients and for people on the team. However, the service started to be more adapted over the months. More specific tests started to be made available, a whole reference logistics started to exist. Professionals have become more qualified on the front line. New protocols were created, and despite many difficulties and uncertainties, the hope of better days began to be part of the work routine within the institution.

DISCUSSION

The various adaptations generated in the health service during the pandemic reflected major challenges in the institution's work routine. The turnover of professionals was a major challenge faced. WHO recommended relocating or removing workers belonging to the risk group since the beginning of the pandemic.⁵

Many were also dismissed due to contamination with the virus. Several needed to be recruited to support the new demand. Professionals were inserted in the service without any experience, all without knowing for sure what they were really facing. Missing teams, and

too much demand from infected patients puts a strain on the service.

Communication strategies have proved to be important allies for raising the population's awareness of the risks of the disease. Regarding the adaptations in the institution's space, according to the recommendations of the Pan American Health Organization - PAHO, the increase in the physical space to accommodate these patients was extremely important to improve the support of care.¹⁰

The approach of observing the occurrence of signs of the disease such as fever or respiratory symptoms (dry cough, sore throat and shortness of breath) that could become warning signs for the severity of the disease³ and the suspension of some procedures were and are necessary to reduce the risks of infection with the virus.¹¹

The control of the circulation of people was fundamental as a measure to prevent new contamination, they were and

are essential to prevent the spread of this virus in health establishments.¹¹ As well as the new PPE that became the routine of the institution's professionals, since the protection and safety of workers are very important barriers to the exposure of COVID-19.¹²

The lack of adequate support directly affected the care offered, generating immeasurable consequences for the health of workers and patients.¹³ From the point of view of their health, one of the worst scenarios in history was experienced.¹¹ The pandemic led to the important perception that the guarantee of care for patients and professionals must be maintained regardless of the situation experienced.¹⁴

CONCLUSION

In view of the above, it is evident that the institution has undergone seve-

ral modifications and challenges in the face of the pandemic caused by the COVID-19 disease. The changes in the work approach reflect on the chaotic scenario faced by the health unit at the beginning of SARS-Cov-2 infections. In addition to structural adaptations, the institution underwent a range of assistance modifications to better adapt to the new scenario experienced.

Strategic planning in the face of the new reality proved to be paramount during this period. Thus, the challenges encountered in the assistance path are evident, but new adaptations have nevertheless become essential. Thus, it is clear that the commitment to care in exposing health risks to patients and frontline workers needs to follow updates, in order to keep up with the demands necessary to the reality that permeates the current context of the pandemic caused by the disease of COVID-19. ■

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