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Nursing planning in front of COVID-19 in a family health strategy: experience report

Planificación de enfermería frente al COVID-19 en una estrategia de salud familiar: informe de experiencia

Planejamento da enfermagem frente à COVID-19 numa estratégia de saúde da família: relato de experiência

ABSTRACT

Objective: To delineate an experience of organizational planning in nursing with his team from the Family Health Strategy VII, facing the pandemic of COVID-19. **Method:** Descriptive study of an experience report, which portrays the organizational strategies built for care in the Family Health Units, which make up the referred Strategy, located in the rural area of the municipality of Igreja Nova, AL, Brazil. **Results:** Three strategies for dealing with suspected cases of the new Coronavirus were elaborated, in the following axes: "Community orientation on the problem with awareness for prevention and health promotion actions", "Permanent Health Education in the FHS team" and "Organization the supply of health services provided by the USF in the face of the pandemic ". However, efforts were made to maintain attendance to special programs, already developed in these health units, to avoid damage to the community. **Conclusion:** The strategies implemented were indispensable, due to the role that Primary Health Care plays within the Unified Health System, because it instrumentalized the professionals to provide care, defined roles and aligned the discourse of the health protagonists to the guidelines with the community.

DESCRIPTORS: Nursing; Primary Health Care; Coronavirus; SARS Virus.

RESUMEN

Objetivo: Delinear una experiencia de planificación organizacional en enfermería con su equipo a partir de la Estrategia de Salud Familiar VII, frente a la pandemia COVID-19. **Método:** Estudio descriptivo de un informe de experiencia, que retrata las estrategias organizacionales creadas para la atención en las Unidades de Salud de la Familia, que conforman la referida Estrategia, ubicada en el área rural del municipio de Igreja Nova, AL, Brasil. **Resultados:** se elaboraron tres estrategias para tratar casos sospechosos del nuevo Coronavirus, en los siguientes ejes: "Orientación comunitaria sobre el problema con conciencia para acciones de prevención y promoción de la salud", "Educación permanente en salud en el equipo de FHS" y "Organización el suministro de servicios de salud proporcionados por la USF ante la pandemia ". Sin embargo, se hicieron esfuerzos para mantener la asistencia a programas especiales, ya desarrollados en estas unidades de salud, para evitar daños a la comunidad. **Conclusión:** Las estrategias implementadas fueron indispensables, debido al papel que desempeña la Atención Primaria de Salud dentro del Sistema Único de Salud, ya que instrumentalizó a los profesionales para brindar atención, definió roles y alineó el discurso de los protagonistas de salud con las pautas con la comunidad.

DESCRIPTORES: Enfermería; Atención Primaria de Salud; Coronavirus; Virus del SARS.

RESUMO

Objetivo: Delinear uma experiência de planejamento organizacional da enfermagem junto à sua equipe da Estratégia de Saúde da Família VII, frente à pandemia da COVID-19. **Método:** Estudo descritivo de relato de experiência, que retrata as estratégias organizacionais construídas para atendimento nas Unidades de Saúde da Família, que compõem a referida Estratégia, localizada na zona rural do município de Igreja Nova, AL, Brasil. **Resultados:** Foram elaboradas três estratégias de atendimento dos casos suspeitos do novo Coronavírus, nos eixos: "Orientação da comunidade sobre o problema com sensibilização para ações de prevenção e promoção da saúde", "Educação Permanente em Saúde na equipe da ESF" e "Organização da oferta dos serviços de saúde prestados pela USF frente a pandemia". Entretanto, procurou-se manter o atendimento aos programas especiais, já desenvolvidos nestas unidades de saúde, para evitar danos à comunidade. **Conclusão:** As estratégias implementadas foram indispensáveis, pela função que a Atenção Primária em Saúde desempenha dentro do Sistema Único de Saúde, porque instrumentalizou os profissionais para o atendimento, definiu papéis e alinhou o discurso dos protagonistas da saúde para as orientações junto à comunidade.

DESCRIPTORIOS: Enfermagem; Atenção Primária à Saúde; Coronavírus; Vírus da SARS.

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INTRODUCTION

In the fourth quarter of 2019, the world was faced with a new pathogen that is easy to spread, quickly infecting large numbers of people. The new virus has attracted the attention of the scientific community in order to combine efforts to combat a disease that is still writing its natural history in man⁽¹⁾. Coronavirus is a family of viruses that causes respiratory infections and its discovery in humans began in 1965, with the identification of the presence of this virus in the respiratory tract of adults with a common cold. The electron microscopy of this showed an image similar to a crown, being described as Coronavirus, due to this profile in the microscopic⁽²⁾.

A study with the new etiologic agent of severe respiratory syndrome registered in China found that the 2019-nCoV genome has 89% nucleotide identity with bat-type SARS-CoVZXC21 and 82% with that of human SARS-CoV. These findings point to the origin and evolution of this new be-

ta coronavirus strain⁽³⁾. The SARS-CoV-2 is capable of causing the disease classified as COVID-19, has high transmissibility and causes an acute respiratory syndrome that varies around 80% for mild cases and between 5% and 10% of cases progress to severe respiratory failure⁽⁴⁾.

Faced with the Chinese epidemic that was spreading rapidly with severity and great difficulty to control, the World Health Organization (WHO) declared, on March 11, 2020, that it was a pandemic. Thus, it calls on countries to make efforts to contain the outbreak and try to reduce global lethality. In Brazil, on January 22, 2020, the Public Health Emergency Operations Center was activated for the new Coronavirus (COE COVID-19), a strategy foreseen in the Ministry of Health's National Public Health Emergency Response Plan⁽⁴⁾.

In the pandemic scenario, the Family Health Strategy (FHS) stands out as the gateway to the Unified Health System (SUS), with a fundamental role in the global response to the disease in question,

for offering care to the population and subsidizing the evaluation community health. In view of the unknown scenario of the COVID-19 pandemic, it is necessary to structure the health service so that the user can find a welcoming service in the Family Health Unit (FHU) of reference that strengthens the relationship between him and the health professional, thus fulfilling the National Humanization Policy⁽⁵⁾.

Thus, it is necessary to think, among so many strategies, ways of accessing basic health units that guarantee security to people, in addition to the demand organization to avoid cross contamination between those already established and the new ones. In this panorama, nursing is at the forefront of the service to COVID-19, with the role of performing techniques and strategies for prevention and health promotion, with the assisted community, to combat the pandemic^(6,7).

It is believed that bringing the work developed by nursing to the knowledge of the community is to contribute with other

professionals who face the same realities and challenges and encourage them to increase the battle against the virus. Thus, this report aimed to outline an experience of planning organizational nursing intervention with your FHS team in the face of the COVID-19 pandemic.

METHODOLOGY

Descriptive study of an experience report that depicts an organizational intervention with the FHS VII, located in the rural area of the municipality of Igreja Nova, Alagoas, Brazil. This FHS concentrates eight villages (Capim grosso, Sítio novo, Fazenda nova, Cotovelo, Olho d'Água do taboado, Lagoa do gado bravo, Jenipapo and Santiago) in its assigned area, serving 2,478 registered people. Said FHS has three USF. Its team consists of: seven community health workers, three

nursing technicians, a nurse, a dentist, a doctor, an oral health assistant, three general service assistants, an administrative assistant and a driver. It is worth mentioning that the USF allocate mid-level professionals in a fixed manner, evenly, while higher-level professionals, the driver and the oral health assistant work on a rotating basis, according to the schedule of the Municipal Health Secretariat of that municipality.

The approach to educational interventions occurred through prior planning to meet the needs of this target audience, in the face of the care that must be given to health professionals and the community in the face of the COVID-19 pandemic. In possession of the detected needs, the interventionist action was divided into two phases. The first took place from March 16 to 18, 2020, with a total of five hours of training, in each USF, aimed at middle-le-

vel professionals, as a way of aligning the proposed actions within the territory of FHS VII. In the second, it took place from March 19 to April 10, 2020, making a total of 32 hours of lectures, distributed in the eight villages that make up this FHS, which represented two meetings per village. To this end, educational strategies were adopted that involved health professionals and communities, with a methodological approach, to break the chain of transmissibility of the virus.

EXPERIENCE REPORT

Community guidance on the problem with awareness of prevention and health promotion actions

The confinement of patients due to infectious diseases is an old strategy, however, globalization has facilitated the dispersion of pathogens that lead to pandemics, which makes the containment of infections complex, as was the case with Zika and H1N1, among other diseases. The current pandemic has restricted the citizen to the handshake, the warm embrace and the simple kiss, and agglomerations, at this moment, are not allowed. These measures were reinforced by decrees issued by states and municipalities, in order to prevent the spread of COVID-19⁽⁸⁾.

The first measure adopted was the orientation and clarification to the community about the problem that was affecting other parts of the world and in Brazil. Initially, it was necessary to instruct that people, when presenting flu-like symptoms accompanied by fever, look for the health post. Therefore, the USF should be well organized and its professionals well informed. Thus, some measures were taken with respect and adequacy to the local reality and the recommendations of the Ministry of Health Manual so that the community had access to information in the face of the pandemic (Chart 1).

For the actions to have positive impacts on the community, it was necessary to develop and execute strategies for the promotion and prevention actions presented in the Chart 2.

Chart 1. One-off actions Igreja Nova, AL, Brazil. 2020.

AÇÕES PONTUAIS DE PROMOÇÃO E PREVENÇÃO
1. Solicitação do isolamento social
2. Lavagem das mãos com água e sabão
3. Evitar locais aglomerados
4. Evitar tocar olhos, boca e nariz
5. Não usar medicamentos por conta própria
6. Evitar contatos com pessoas que estejam com sintomas de gripe
7. Comunicar ao receber visita de pessoas oriundas de locais com casos notificados

Chart 2. Strategies for actions. Igreja Nova, AL, Brazil. 2020.

ESTRATÉGIAS PARA AS AÇÕES DE PROMOÇÃO E PREVENÇÃO
1. Demonstração prática de como higienizar as mãos
2. Orientação sobre o uso da água sanitária e do hipoclorito de sódio
3. Orientação sobre o uso do álcool a 70%
4. Demonstração prática do uso da máscara
5. Orientação sobre a confecção de máscara de tecido e o seu uso
6. Disponibilização de uma comunicação telefônica para esclarecimento de dúvidas da comunidade sobre o Coronavírus
7. Circulação de carro de som alertando as pessoas sobre o risco da doença e informando da importância do isolamento social
8. Distribuição de panfletos de linguagem acessível e lúdica para a comunidade sobre a COVID-19 e a forma de proteção
9. Comunicar ao receber visita de pessoas oriundas de locais com casos notificados

Permanent Health Education in the FHS team

To consolidate teamwork in the health area, it was necessary to establish well-defined objectives and goals common to the group of professionals, for individual and group growth, to contribute to the development of care centered on the user and his community⁽⁹⁾. Thus, it was necessary to mobilize the team for a reflective view of health work in the face of COVID-19. In this sense, a permanent education in health was carried out, as proposed by the Ministry of Health, taking as reference the Consolidation Ordinance No. 02, of September 28, 2017, to guide the training and qualification of FHS professionals VII, with a view to improving their professional practices and the organization of work based on the needs and difficulties of SUS⁽¹⁰⁾.

Were sought to train high school professionals through active teaching-learning methodologies, such as: conversation circles, interactive lectures and recreational activities. The training was conducted by the Nurse and the FHS Doctor, having the professional's own FHU as the locus. To guarantee their effective participation, priority was given to carrying out these activities in the morning. In addition, the aspect of agglomeration and the necessary distance between team members was also taken into account.

The activities in each FHU started with a round of conversation with the professionals to understand their perceptions and previous knowledge about the theme. Following, a retrospective video was presented on the main pandemics that happened in the world, thus bringing to light the COVID-19 pandemic. During the training, we sought to guide professionals in the identification and timely management of suspected cases of human infection by the virus, signs and symptoms of the disease, recommendations to special groups, social isolation, object disinfection, team safety, among other matters ai-

Each location has a model of routines and services based on the previous epidemiological survey carried out before the implementation of the FHU, for this purpose, the basic health care models of the Ministry of Health are followed. Within this health team, the collective health nurse practices in several areas, among them, is the technical-administrative, developing activities of management of the FHS⁽¹¹⁾.

med at reduction of transmission risks, within the USF and in the community.

The training consisted of guiding the role that each professional, within their attributions, should develop in the face of this pandemic. The concept of welcoming was presented, its importance and the necessary skills for it to be done properly. In addition, the training included two practical activities, which were: dressing and removing the Personal Protective Equipment (PPE), as well as behaving in the presence of the suspected respiratory symptom of COVID-19 that sought the health unit. At the end of each training session, a moment was set aside for questions and clarifications of the participants' doubts.

Organization of the provision of health services provided by the USF in the face of the pandemic

Each location has a model of routines and services based on the previous epidemiological survey carried out before the implementation of the FHU, for this purpose, the basic health care models of the Ministry of Health are followed. Within this health team, the collective health nurse practices in several areas, among them, is the technical-administrative, developing activities of management of the FHS⁽¹¹⁾.

In view of the situation experienced, it was necessary to restructure the offer of health services in the midst of the pandemic, without forgetting the principles of integrality, equity and universality that govern SUS. Thus, information disseminated by health authorities was used as a basis for these actions. It is known that the virus is transmitted mainly through droplets generated when an infected person coughs, sneezes or speaks. These droplets are too heavy to stay in the air. They fall quickly on floors or surfaces. Thus, a person can be infected by breathing the virus if he is less than a meter from a person who has COVID-19 or by touching a contaminated surface and then

his eyes, nose or mouth before washing his hands⁽¹²⁾.

Given this form of transmission, the first thing to be defined was the location where the suspicious cases would be treated. Therefore, an exclusive observation room was defined in each FHU that had good ventilation to assist people with clinical symptoms of respiratory symptoms for evaluation. This room was equipped with: a stretcher, a serum support, some emergency medications, a thermometer, a sphygmomanometer, a stethoscope, a digital oximeter, some supplies such as syringes, cotton, gel alcohol among others, PPE and a torpedo. oxygen. For greater security, the room was identified with a sign on the door to signal as a reserved room.

The next step consisted of organizing the care provided by the Programs served by the FHS such as hyperdia (care for hypertensive and diabetic patients), family planning, childcare (growth and development), prenatal care, vaccination, Pap smear, among other procedures and services offered. To this end, the service offer was res-

structured to guide team professionals and users according to their searches. When thinking about the group at risk for COVID-19 infection, he called attention to greater care for patients with hypertension, those with cardiovascular diseases, as well as other chronic diseases, such as diabetes, as there is a high prevalence of patients registered in the coverage area with these pathologies, which are factors that worsen the clinical condition if that person is infected by the virus.

When thinking about this target audience registered in the hyperdia program (hypertensive and diabetic), the distribution of medicines during the quarantine period was adequate to ensure continuity of treatment. Thus, it was restricted to appointments at the USFs with prior scheduling, cases in which the blood pressure and glycemic level values were decompensated at the last consultation. For family planning, the distribution of contraceptives and male condoms was not interrupted. The maintenance of the basic vaccination schedule of the newborn until the age of four was preserved, using vacci-

nation at home with previous scheduling, to avoid crowding in the USF and exposing people to the virus. Vaccines were administered according to the recommended conservation standards and administration technique.

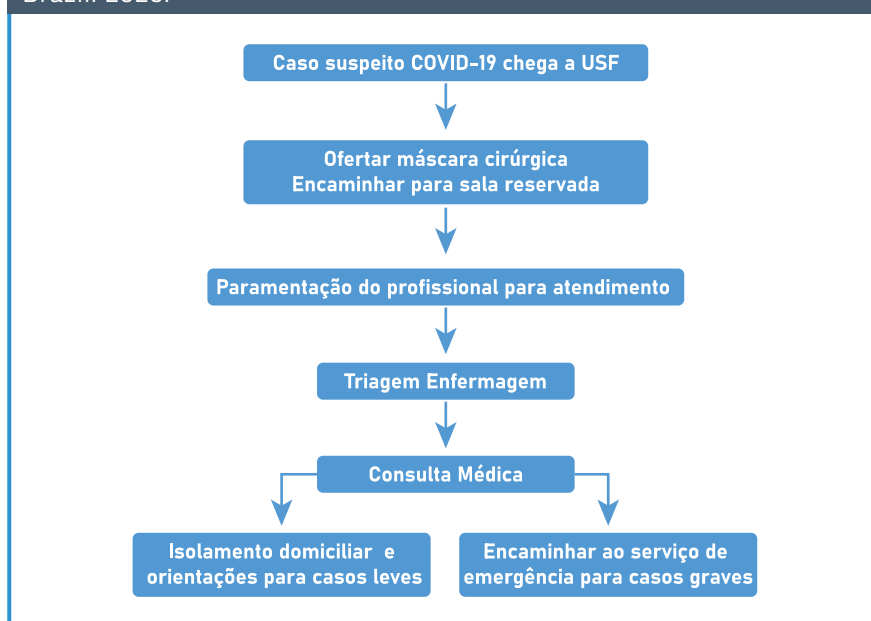
For structuring care in the Prenatal Program for pregnant women, regardless of gestational age, their care was preserved at the health unit, however, these consultations were scheduled at individual times. It is worth mentioning that according to scientific studies conducted in China, there is not much information on the impact of the disease on pregnant women and newborns. However, in China, nothing was observed similar to the impact that Zika caused in Brazil in 2015, with regard to the mother-child binomial. However, a baby born to a mother with COVID-19 must be kept in quarantine^(13,14).

For the puerperium, the routine was preserved since the mother and newborn's home visit is carried out to provide and guide necessary care, such as guidance on breastfeeding, baby hygiene, surgical wound care, rest, testing baby's foot, among others, to ensure the health of both at this early stage.

Following the attribution and prerogative of the National Emergency Care Policy, the reception and care of low severity/complexity will be carried out at the USF and cases deemed more serious will be referred to referral hospitals. In situations that do not fit in the previous ones, the option of telephone communication between the community and the health team was made available, to clarify symptoms about COVID-19, as well as other situations involving the health-disease process.

Community health agents were instructed during their field work to follow the recommendations for adapting the actions against Coronavirus, contained in the Ministry of Health publication, where one of the competencies is to continue carrying out home visits, mainly in the active search for suspected cases. , but the visit is li-

Figure 1. Flowchart of care for flu-like symptoms. Igreja Nova, AL, Brazil. 2020.



mitted in the peri-home area in places with good ventilation.

The USF assistance to suspected cases of COVID-19

As PHC is the gateway, a strategy was developed to assist cases with suspected infection by COVID-19, based on the Standard Operating Procedure of the Ministry of Health, whose objectives were: to standardize actions for the early detection of people suspected of infection the new coronavirus (2019-nCoV); perform initial management; trigger transport and forward suspected cases to the referral unit in a timely and safe manner; record clinical information, international travel history or contact with a suspected or confirmed case; investigate and record data from nearby contacts; perform immediate notification; adopt measures to prevent serious cases and deaths;

and guide the population on preventive measures⁽⁵⁾.

It was determined that, upon arriving at the FHU, this patient, considered a suspected case, would be referred to the reserved room adapted for this type of care, and the nursing consultation would be carried out. For this purpose, a consultation instrument was used to enable an expanded look at the patient's health-disease process in order to facilitate the identification of problems and the decisions to be made. Then, the patient would undergo a medical evaluation, following the flowchart recommended by the Ministry of Health (Figure 1).

Depending on the symptoms, the patient would be referred to home isolation and would continue to be monitored or would be referred to an emergency service in case of worsening symptoms. To attend to suspected cases, professionals

must be fully dressed (long sleeve cloak or apron, hat, propes, glasses, masks, face shield and gloves) according to the Ministry of Health document for recommendations for protection of service workers health care for COVID-19 and other flu-like syndromes. For the other services that are not considered suspicious for the coronavirus, it was instituted to keep a distance of at least one meter and use a surgical mask.

CONCLUSION

The organizational strategies implemented in times of pandemic were indispensable, due to the role that PHC plays within SUS, because it instrumentalized the professionals for the assistance, defined roles and aligned the discourse of the health protagonists to the guidelines with the community of the FHS VII. ■

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