

NURSING AND COPING WITH COVID-19 IN PRIMARY HEALTH CARE: AN EXPERIENCE REPORT

A ENFERMAGEM NO ENFRENTAMENTO À COVID-19 NA ATENÇÃO PRIMÁRIA À SAÚDE: RELATO DE EXPERIÊNCIA

ENFERMERÍA EN EL ENFRENTAMIENTO A LA COVID-19 EN LA ATENCIÓN PRIMARIA DE SALUD: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report the role of nurses in coping with COVID-19 in primary health care. **Method:** This is an experience report regarding the role of the resident nurse in the face of the COVID-19 pandemic in a Primary Health Care Unit located in Secretariat Regional V, in the city of Fortaleza, Ceará, with the described experience occurring during the period from March to June 2020. **Results:** With the reorganization of the flow to face the coronavirus, in addition to the activities previously carried out at the unit, actions in health education were incorporated to test for COVID-19, hold consultations for nurses with respiratory symptoms, campaign for H1N1 vaccination, implement integrative and complementary practices, and prevent COVID-19. **Conclusion:** Nurses play an important role in the fight against COVID-19, performing uniprofessional actions, as part of a multiprofessional team focused on health education practices, reducing the spread of fake news and offering routine care service (reception of spontaneous demand, consultations, rapid tests) for respiratory symptomatic patients. Furthermore, this experience helped improve the training and qualification processes.

Descriptors: Coronavirus; Primary health care; Nursing care.

RESUMO

Objetivo: relatar a atuação do enfermeiro no enfrentamento à COVID-19, na atenção primária à saúde. **Método:** Trata-se de um relato de experiência referente a atuação do enfermeiro residente, no enfrentamento à pandemia de COVID-19, em uma Unidade de Atenção Primária à Saúde localizada na Secretaria Regional V, no município de Fortaleza, Ceará, com o período de descrição da experiência de março a junho de 2020. **Resultados:** Com a reorganização do fluxo para o enfrentamento ao coronavírus, além das atividades previamente realizadas na unidade, foram incorporadas ações em educação em saúde para prevenção da COVID-19, testagens, consultas de enfermagem a sintomáticos respiratórios, campanhas de vacinação H1N1 e implementação de práticas integrativas e complementares. **Conclusão:** O enfermeiro

tem um importante papel no combate à COVID-19, realizando ações uniprofissionais, como parte de uma equipe multiprofissional, voltadas para as práticas de educação em saúde, reduzindo a propagação de notícias falsas e ofertando serviço assistencial de rotina (acolhimento de demanda espontânea, consultas, realização de testes rápidos) aos pacientes sintomáticos respiratórios. Ademais, tal experiência trouxe aprimoramento nos processos de formação e qualificação.

Descritores: Coronavírus; Atenção primária à saúde; Cuidados de enfermagem.

RESUMEN

Objetivo: relatar el papel de los enfermeros en el enfrentamiento a la COVID-19, en la atención primaria de salud. **Método:** Se trata de un relato de experiencia sobre la actuación del enfermero residente, frente a la pandemia de la COVID-19, en una Unidad de Atención Primaria a la Salud ubicada en la Secretaría Regional V, en el municipio de Fortaleza, Ceará, con el período de descripción de la experiencia de marzo a junio de 2020. **Resultados:** Con la reorganización del flujo para enfrentar el coronavirus, además de las actividades realizadas anteriormente en la unidad, acciones en educación en salud para la prevención del COVID-19, testeo, consultas de enfermería con síntomas respiratorios, vacunación H1N1 Se incorporaron campañas e implementación de prácticas integradoras y complementarias. **Conclusión:** Los enfermeros juegan un papel importante en la lucha contra el COVID-19, realizando acciones uniprofesionales, como parte de un equipo multiprofesional, enfocadas en prácticas de educación en salud, reduciendo la difusión de noticias falsas y ofreciendo atención de rutina (recepción de demanda espontánea, consultas, pruebas rápidas) a pacientes sintomáticos respiratorios. Además, esta experiencia trajo mejoras en los procesos de formación y calificación.

Descriptores: Coronavirus; Primeros auxilios; Cuidado de enfermera.

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INTRODUCTION

Primary Health Care (PHC) is the organizer of the Unified Health System (SUS) and involves a high level of problem solving, as it meets individual, family and collective needs, related to health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health monitoring actions.¹ Thus, PHC assumes a prominent role in strategic actions that consider the reality of its own territory, including cases of health emergencies, such as the pandemic caused by the coronavirus disease (COVID-19).

In Brazil, family health is an important strategy for the health network, and it is essential to discuss its place in the face of the pandemic, as well as the process of the (re)organization of health units when confronting the challenges imposed by the pandemic, as a part of the population who develop mild and moderate symptoms seek guidance and care in PHC. Accordingly, the front line of PHC has been used in the fight against COVID-19, in order to provide quick and easy access, as well as information and health care for the community.²

Coronaviruses are RNA viruses that were given this name because they have superficial radial projections, like a crown. The coronavirus is related to the clinical manifestation of Severe Acute Respiratory Syndrome (SARS) and has a high infection rate in diverse species, including humans, and can cause serious respiratory problems, such as Acute Respiratory Distress Syndrome (ARDS).³

The clinical picture of COVID-19 infection can range from a simple cold to severe pneumonia. The most common symptoms are fever, cough, myalgia, fatigue and upper respiratory symptoms. Most cases in which death occurred were in elderly patients and/or patients with a pre-existing risk condition, such as: diabetes, cardiovascular disease, chronic respiratory disease, hypertension and cancer.⁴

In ten months, from December 2019 to October 2020, around 43 million people were infected worldwide, of these, more than one million died.⁵ In Brazil, during the same period, more than five million people were infected and there were approximately 157,000 deaths.⁶

In the context of the experience of this report, there was no specific treatment for COVID-19, but only medications to relieve symptoms and immunization, which had been initiated in the country in phases, prioritizing more vulnerable groups. Thus, the most effective strategies for controlling the disease are preventive measures, such as hygiene measures, social distancing, isolation and monitoring of suspected and confirmed cases, with the aim of reducing contagion.⁷

Thus, it is believed that the guidelines and actions of education and health promotion, carried out in PHC, are important to sensitize the population about social isolation measures to reduce the spread of COVID-19. In this context, as PHC enables the reduction of health inequalities, it must be strengthened and structured as one of the main responses to the pandemic, given its reach to a significant portion of the population most exposed to risks.⁸

Health promotion measures can be encouraged by all team professionals, especially by Community Health Agents (CHA), endemic disease agents, and nurses, among others.⁹ Such measures have been a catalyst for changes in practices of health care in the Unified Health System, with a model centered on comprehensive care, intervention against risk factors, disease prevention and encouragement of self-care.¹⁰

In this context, the nurse is inserted and carries out activities of health promotion and disease prevention at an individual and collective level. The nurse, an effective member of the minimum team that composes the Family Health Strategy (FHS), is one of the main individuals responsible for the front line in PHC in the fight against COVID-19. They have the fundamental role of detecting and evaluating suspected cases; carrying out notification and examination; follow-up of the prescribed treatment; monitoring of the health framework; prescribing of nursing care; and maintaining records and management of care for people and resources, among others, thus providing comprehensive and qualified care for patients. As one of the largest categories of health professionals, the nurse has a broad role as a member of the team in the context of the FHS and in the fight against COVID-19, being, therefore, a contributory element to minimize the spread of the problem in the community.¹¹

Given this and considering the scarce knowledge about the new coronavirus, its rapid spread and contagion, serious associated complications and high lethality, COVID-19 imposed a new work dynamic for health service teams. This dynamic included new flows of access, changes in care conduct, preventive health measures and education as a tool for health promotion in community spaces, in addition to the use of synchronous technologies, with the formation of app-based groups divided into micro-areas, and asynchronous technologies, using e-mail to ensure the confidentiality of test results.¹⁰⁻¹¹ Consequently, the objective of this study is to report the role of nurses in coping with COVID-19 in primary health care.

METHOD

This is an experience report using a descriptive-reflective approach, referring to the role of nurses in facing the COVID-19 pandemic in a Primary Health Care Unit (PHCU) located in the Secretariat Regional V, in the city of Fortaleza, Ceará, with the described experience occurring during the period from March to June 2020.

Secretariat Regional V is located in the south of Fortaleza and, according to the Institute of Research and Economic Strategy of Ceará (IPECE), borders the municipalities of Maracanaú and Caucaia and is composed of 18 neighborhoods, in addition to having the lowest Human Development index (HDI) of the municipality.¹²

This report is part of the actions developed during the multiprofessional residency in Family and Community Health at the Ceará School of Public Health (SPH), in the city of Fortaleza, which included professionals working for SUS in the fight against COVID-19, through interventions in expanded clinic, matrix support, health education, reception with risk classification, rapid testing, therapeutic plans, among others. The residency is formed of professionals from the following categories: nursing, physiotherapy, dentistry, social work and psychology.

The report describes the actions established in the team's work plan and carried out by the nursing residents, who were involved in activities both of a multiprofessional - together with the residency team and with the multiprofessional team linked to the family health team - and of a uniprofessional nature, such as nursing care for suspected and confirmed cases of COVID-19.

The work plan strategies included: weekly team meetings (in person or not) for planning, evaluating actions, preparing and approving informative material for the prevention of contagion, and the flow of care after infection; sending virtual educational material to groups in each

micro-area of the territory; reception and screening with risk classification; provision of masks and personal protective equipment; communication to the epidemiological center with notification, mapping of symptoms, effective home isolation and testing; monitoring of treatment and adverse situations, such as worsening symptoms and need for hospital admission, period of disappearance of symptoms and discharge from isolation.

The Integrated Health Residency (IHR) of SPH contributed with uni- and multi-professional actions in the fight against COVID-19, carrying out expanded clinical activities, strengthening matrix support, building unique therapeutic projects to add to the management of care and enhancing the results, helping the unit's workforce and acting in a collaborative way, together with the FHS team. Considering that, due to the pandemic, there were many departures, the help of IHR was essential to carry out such actions, preventing important actions from being interrupted or postponed. In addition, family and community health residents are professionals prepared to work in the SUS and handle the main inequities present in public health but be able to transform territories, considering the person as an object of care. With this, it is believed that such contributions brought many benefits to the population of the territory, in addition to strengthening the SUS.

The health promotion actions considered the context of this region of health and the primary care services offered to the community in the peripheral zone. To carry out the health education activities, information from the protocol for the clinical management of the coronavirus in primary health care, as well as the guidelines for diagnosis and treatment of COVID-19 (summary of recommendations) from the Ministry of Health were used. Distancing and health safety measures were applied in a large and well-ventilated waiting room. The individual guidelines were directed to each family context, within the PHCU territory.

In addition, the information reported also represented how the PHCU reacted in the face of the changes imposed by the coronavirus. In the care of suspected cases of COVID-19, the early assessment score (Table 1) was used to define the severity of the case. Subsequent to this assessment, the case was directed according to the scoring scale of rules for early referral (Table 2). The early assessment score is based on physiological parameters used to facilitate early recognition of severe cases, and the score is a modified version of the National Early Warning Score (NEWS).¹³

The literature used to discuss the results was collected in the database of the virtual health library (VHL) and in the National Library of Medicine database (PUBMED/Medline), using the following health descriptors: coronavirus infection, pandemic, primary care and nursing, with the Boolean operator AND.

As it is an experience report, this study did not require submission to an Ethics Committee in Research with Human Beings. However, it followed all the principles recommended by Resolution nº 466/2012, of the National Health Council.

RESULTS AND DISCUSSION

“Reorganization of the flow of the PHCU to face the Coronavirus”

The first case of coronavirus in Brazil was confirmed in January 2020 and in March of the same year the first case was recorded in Ceará.¹⁴⁻¹⁵ In view of this, the Government of the State of Ceará published a decree, effective from the March 20, 2020, determining tougher measures to contain the spread of the pandemic in the state.¹⁶

The city hall of Fortaleza quickly released the municipal contingency plan and care protocols to guide actions at all levels of care. Initially, a meeting was held to present the flow of care for suspected cases of COVID-19 at the PHCU and the organization of the service, following the contingency plan of the municipality.

The PHCU routine was quickly adapted to the new demands that the scenario demanded and, considering the need to reduce agglomerations, the Municipal Health Secretary (MHS) provided guidelines regarding care in the units. Of these services, 70% were intended for spontaneous demand and 30% for elective services.

The spontaneous demand consultations were divided into two modalities: one for respiratory symptoms and another for non-symptomatic patients. In this sense, a scale of attendance was organized, with the purpose of guaranteeing attendance for the two demands, which included professionals from the reference team, including the resident nurses.

In the demand for suspected cases of COVID-19, patients were welcomed at the front door by professionals from the multiprofessional residency or from the FHS, who acted as a guide in the health unit for patients, in which every individual with respiratory symptoms was referred to the room of care for suspected cases of COVID-19, with the aim of reducing the risk of transmission to other patients. After a nursing technician checked the vital signs, the user underwent a new clinical evaluation, by a nurse and/or doctor, to define the actions according to the severity of the patient's case. In addition, all suspected or confirmed cases of flu syndrome were reported by the nurse or doctor in the e-SUS electronic form.

Thirty percent of the consultations were intended for elective consultations. All health promotion groups, home visits and consultations from the programs of Growth and Development (GD), *"Hiperdia"* (hypertension and diabetes) and Women's Health were suspended, maintaining only emergency consultations. The prenatal, mental health, tuberculosis and leprosy consultations were maintained normally, but there was a large absenteeism of the patients from these consultations.

Prescriptions for continuous use medications for the treatment of chronic diseases were now valid for up to 12 months and specially controlled prescriptions for continuous use or treatment periods longer than 30 days were now valid for 6 months.

Regarding the procedures, dressings and rapid tests were maintained to identify sexually transmitted infections in pregnant women, as well as laboratory tests for pregnant women, individuals with respiratory symptoms suggestive of COVID-19, and severe chronic patients. In addition, neonatal screening (Guthrie test) was maintained.

"Actions taken during the pandemic period"

Social isolation was one of the most effective measures to contain the spread of COVID-19 and PHC plays an important role in this regard through health education. Health education is a strategy that should be prioritized in PHC, as fake news about the disease was perceived.

In addition, it is a powerful tool in fighting the disease, promoting the empowerment of the population in the prevention and control of COVID-19.¹⁷⁻¹⁸

PHC is essential in the promotion of health education, as it makes an important contribution in the context of COVID-19 and for being a tool that provides knowledge of the territory, it is the access and the link between user and health team, as well as monitoring suspected and mild cases, all being fundamental strategies for the control of the pandemic.¹⁹⁻²⁰

Residents were encouraged to engage in health education activities related to COVID-19. Thus, intense health education activities began at the unit, with the development of posters and pamphlets with guidelines and adequate information about the disease. The material developed was distributed among the sectors and presented during the service, reinforcing the importance of delivery at the entrance door and during consultations.

Another activity performed by the resident nurse was the performance of rapid tests. The tests were performed by scheduling patients in the risk groups (diabetics, hypertensives, obese individuals, pregnant women and elderly people over 60 years), with symptoms for more than 7 days. The tests performed in the unit were the Biotech 2019-nCoV IgG/ IgM test.

A possible bias in the application of the tests was the fact that, if the population tested presented antibodies below the cut-off range (a range below which the test cannot detect antibodies), the result could be false-negative.⁽²¹⁾ Faced with a false-negative result, people tend to be unconcerned about safety measures to contain COVID-19, which could transmit the disease to other people.²²

Participation in the influenza vaccination campaign was another activity experienced during the pandemic period. This activity involved the participation of the entire residency team. Resident nurses were responsible for both registration and application of vaccines, and resident professionals from other areas helped with registration and safety measures to combat COVID-19. As a strategy to avoid agglomeration, a partnership with the neighborhood church was developed, with the church being a point of administration of vaccines. Vaccination of elderly people over 80 years of age and bedridden people was carried out at home, representing another safety measure.

In addition, activities of Integrative and Complementary Practices (ICPS) were carried out with the workers; auriculotherapy, massage therapy and music therapy practices were offered, all stimulated by the resident professionals and in partnership with the *Cirandas da Vida* project. Care was an essential activity to promote the physical and mental well-being of workers, who in the face of the pandemic scenario became very fragile.

Scientific evidence has shown that professionals directly linked to infected patients or involved in the diagnosis, treatment and care in general of these patients, showed high rates of psychic suffering, presenting symptoms such as insomnia, fear, anxiety, depression and other symptoms related to the disease and risk of exposure to the virus, highlighting the importance of mental health care for these professionals.²³⁻²⁴

It was possible to address the main activities performed by the resident nurses and the importance of their work with the multidisciplinary team who were able to perform PHC actions. The presence of nurses in PHC proves to be essential for the (re)organization of the model proposed by the FHS, contributing with many qualities, assuming both care and management activities.^{17,25}

CONCLUSION

It is evident, through this report, that the resident nurse plays an important role in the fight against the pandemic, performing uniprofessional actions and acting as part of a multiprofessional team, being responsible for responding to health education practices, disseminating proven scientific data and reducing the propagation of fake news, as well as providing an assistance service (reception of spontaneous demand, consultations, carrying out rapid tests) to respiratory symptomatic patients, there was also the maintenance of the elective care programs that could not be paused, such as prenatal care for example, among other activities.

In addition, this experience presented improvements in the training and qualification processes, enriching the training process of the resident professional, expanding their vision about care, in addition to identifying the importance of different professional categories and the relevance of working in a multiprofessional way by understanding that the different types of knowledge complement each other in order to provide comprehensive care to the health service user.

The wide dissemination of other reports with the same theme would be of fundamental importance to know what were the different ways of coping developed by other teams in the country, especially the successful experiences that can be used as a basis for the planning of actions, considering that we are still facing health systems overload, due to the fluctuation in the number of COVID-19 cases.

CONTRIBUTIONS

Lima RCRO, conception and design, data interpretation and active participation in the discussion of results, article writing, relevant critical review of the intellectual content, review and final approval of the version to be published; Lima AKS, conception and design, data collection and interpretation; Galvão MTG, Interpretation of data, active participation in the discussion of results, critical review of relevant intellectual content, review and final approval of the version to be published.

CONFLICT OF INTERESTS

Nada a declarar.

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