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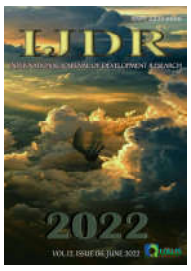

RESEARCH ARTICLE OPEN ACCESS

ANALYSIS OF ACTIONS TAKEN INTO THE FAMILY HEALTH STRATEGY DURING THE COVID-19 PANDEMIC

[1,*]Rosane Barbosa, [2]Cesar Augusto Kampff, [3]William Lindomar Barbosa dos Santos, [4]Camila de Oliveira, [5]Marliese Christine Simador Godoflite and [6]Geraldine Alves dos Santos

[1]Master's student in Cultural Diversity and Social Inclusion. Specialist in Geriatrics and Gerontology. Feevale University. Brazil
[2]Master's student in Pyschology. Feevale University. Brazil
[3]Body, Movement and Health Research Group. Feevale University. Brazil
[4]Master's student in Cultural Diversity and Social Inclusion. Feevale University. Brazil
[5]Body, Movement and Health Research Group. Feevale University. Brazil
[6]Doctor in Psychology. Full Professor at Feevale University. Post-graduate Program in Cultural Diversity and Social Inclusion

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****Corresponding author:***
Rosane Barbosa

ABSTRACT

Coronavirus is a family of viruses that cause respiratory infections. The New Coronavirus pandemic caused a significant impact worldwide because all countries had to articulate and change as a form of prevention, altering the routine. The main objective of this work was to report the arrangements of the actions taken by the nursing team in primary care in the city of Campo Bom, Brazil, in the context of the Covid-19 pandemic. It is a qualitative, observational, and cross-sectional study. The instrument was a field diary, and the content analysis was performed using the Bardin Method. The study highlighted the great challenge of relevant actions to the daily life of the ESF with the demand of the COVID-19 pandemic. Thus, it was necessary to reinvent work processes, establish new flows and strengthen support networks.

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INTRODUCTION

Coronaviruses (CoV) are a large family of viruses that cause various illnesses, from the common cold to more severe diseases such as Middle East Respiratory Syndrome - MERS and Severe Acute Respiratory Syndrome - SARS. A novel coronavirus is a new strain that has not been previously identified in humans. Person-to-person spread, which has occurred with MERS-CoV and SARS-CoV, is believed to have occurred primarily through respiratory droplets produced when an infected person coughs or sneezes. Similar to how influenza and other respiratory pathogens spread (WHO, 2020). According to OPAS (2020), symptoms of COVID-19 can range from a cold to an Influenza-GS Syndrome (presence of an acute respiratory condition, characterized by at least two of the following symptoms: a feverish sensation or fever associated with a sore throat, headache, cough, runny nose) to severe pneumonia. The most common symptoms are cough, fever, runny nose, sore throat, difficulty breathing, loss of smell (anosmia), altered taste (ageusia), gastrointestinal disturbances (nausea/vomiting/diarrhea), tiredness (asthenia), decreased appetite (hyporexia), shortness of breath (dyspnea). It is important to clarify for a better understanding of the risk associated with 2019-nCoV that the ease with which a virus spreads from person to person can vary. Some viruses are highly transmissible, while others are less transmissible (WHO, 2020). COVID-19 is a disease caused by the SARS-CoV-2 coronavirus, which has a clinical picture that ranges from asymptomatic infections to severe respiratory conditions. According to the World Health Organization (WHO), the majority of patients with COVID-19 (about

80%) may be asymptomatic, and about 20% of cases may require hospital care due to respiratory difficulties, when approximately 5% may need support for the treatment of respiratory failure (ventilatory support). All people are at risk of being contaminated, but notably, the elderly and people in the risk group are more prone to a higher mortality rate (Brasil, 2020). Coronavirus is a family of viruses that cause respiratory infections. The new coronavirus agent was discovered on December 31, 2019, after cases were reported in China. It causes a disease called coronavirus (COVID-19), which can be lethal because it is aggressive. The World Health Organization guides social distancing, so many people are isolated without assistance. The first human coronaviruses were isolated for the first time in 1937. However, in 1965, the virus was described as coronavirus due to the profile under microscopy, resembling a crown (WHO, 2020). The new coronavirus, SARS-CoV-2, was detected on December 31st, 2019, in Wuhan, China. On January 09th, 2020, the World Health Organization (WHO) confirmed the circulation of the new coronavirus and declared, on January 30th, 2020, that the outbreak of this disease constitutes a Public Health Emergency of International Concern, according to the International Sanitary Regulation. Due to the speed of its spread in global proportions, the World Health Organization (WHO) characterized it as a pandemic, on March 11th, 2020. Thus, 187 million cases of COVID-19 and 4.04 million deaths, on December 07th, 2021, were confirmed worldwide (WHO, 2020).

In Brazil, the first confirmed case took place on February 26th, 2020, in the city of São Paulo. Therefore, with the advance of COVID-19 in Brazil, the Ministry of Health created the Interministerial Working Group on Public Health Emergency of National and International Importance to monitor the situation and define action protocols for the vigilance of the SARS-CoV-2 (Lana et al., 2020). Community transmission was confirmed in Brazil on March 20th, 2020. Thus, isolation measures were adopted for mild cases and contacts and hospital care for the most severe patients. The precarious living conditions, especially on the suburbs of large urban centers, the worsening of mental health issues due to isolation, and the coexistence with other morbidities, such as arboviruses, AIDS, tuberculosis, and chronic diseases, have intensely increased the challenges, demanding behavior changes, collaborative attitudes of society and strengthening of the health system (Oliveira et al., 2020).
In this context, the pandemic created the most significant health and humanitarian crisis of the century, generating an overload in the health system of all countries, including Brazil. Despite the Unified Health System (Sistema Único de Saúde - SUS), being one of the largest universal health systems in the world, with an extensive network of Primary Health Care (Atenção Primária à Saúde - APS), its chronic problems of financing, management, provision of professionals, and structuring of services were exacerbated at this time of crisis. In addition to the health issue, this situation has a relationship with the political, social, and economic fields (PAHO, 2020).

Primary Health Care (PHC) is recognized as the basis of support for the Unified Health System (UHS) in Brazil. It is the gateway to the national health system and the first element of a continuous care process that aims to meet individual/family and collective needs to promote and protect the health, disease prevention, and diagnosis. Its purpose is focused on essential health care, based on technologies that bring health services as close as possible to people's places of life and work (Ribeiro et al., 2020). The Brazilian PHC model, with its family health teams, territorialization, and community focus, plays a fundamental role in the care network and can contribute to facing any epidemic (Brasil, 2020), even in the face of COVID-19. Given the above, this study is guided by the following questions: How can the relevant actions and the common PHC daily life be compatible with the demand arising from COVID-19? How can PHC maintain the common thread of its activities and reorganize a flow of care for those with respiratory symptoms? Thus, the main objective of this work was to report the arrangements of the actions taken by the nursing team in primary care at the Family Health Strategy (FHS) Santa Lúcia, in the city of Campo Bom, in the context of the COVID-19 pandemic.

MATERIALS AND METHODS

It is qualitative, observational, and cross-sectional study. The instrument was a field diary. The study takes place in the Santa Lucia Health Unit, in the municipality of Campo Bom, in the metropolitan region of Porto Alegre, Brazil. It consists of three Family Health teams designed to provide health care coverage to residents of the Jardim Do Sol, Morada Do Sol, Vila Velha, Santa Lúcia, Jardim das Flores neighborhoods. Like the other FHS units, Santa Lucia has the Family Health Strategy as the guiding axis of its actions. It daily develops prenatal care, childcare, preventive actions, home visits to postpartum and bedridden women, follow-up consultations for people with tuberculosis, chronic non-communicable diseases, and older people. It also takes immunization actions, reproductive health, monitors a group of pregnant women, dressings, preceptorship of students in public and private health courses. Above that, FHS Santa Lúcia also oversees the Community. The unit also develops several projects recognized by the community as important health promotion and prevention initiatives. The Hiperdia, Diabetics, pregnant women, smoking and music groups, and handicraft workshop stand out among them. The content analysis was carried out using the Bardin Method (2011).

RESULTS AND DISCUSSION

The controlled distancing model was adopted in the State of Rio Grande do Sul aiming at pandemic control measures, regulated through State Decree No. 55.240, of May 10, 2020. It is designed in the system of flags with yellow, orange, red, and black. Weekly, this system assesses the risk situation of each of the state's regions, analyzing the spread of the virus and the capacity that each area has to meet the demand of the cases. The first confirmed case of Covid-19 in RS was a 60-year-old man resident in Campo Bom, treated at FHS Santa Lucia, who had traveled to Milan (Rio Grande do Sul, 2020).
PHC professionals in Campo Bom were surprised by new demands and protocols, mainly from community transmission, in March 2020, due to the pandemic. The great challenge was to make the actions relevant to the daily life of PHC compatible with the demand arising from COVID-19. PHC and FHS are the gateway to the Unified Health System during outbreaks and epidemics in Brazil and have a fundamental role in response to the disease in question(1). Thus, there was an urgent need to reinvent work processes, establish new flows and strengthen support networks. In order to guarantee comprehensive and resolute assistance and prevent the spread of the coronavirus, it was necessary to develop strategies in the PHC services. Therefore, the services were reorganized in terms of how the assistance was being provided and the service dynamics in terms of training professionals. Changes in the way assistance was provided in dental, medical, and nursing consultations were necessary. The procedures considered as elective were temporarily canceled. However, the nursing and medical consultations were resumed because of the weekly reassessments, with the indicated care to avoid contamination. These precautions aimed to increase the time between consultations to prevent the crowding of users within the health unit. As for dental appointments, only those considered urgent were resumed. The 24-hour emergency service became a COVID-19 care center, so all calls without respiratory focus were transferred to FHS units, increasing the flow of calls. The monitoring of users with suspected and positive cases of COVID-19 was also created. The health professionals called these users daily, asking for signs and symptoms of those living in the same residence. All family members living in the same house should also be isolated for 14 days, and if they showed symptoms, they should be tested for COVID-19. The monitoring of users with suspected COVID-19 was carried out by telephone contact. Monitoring ranged from performing the diagnostic test to confirming the disease and improving symptoms. The same follow-up strategy was conducted with users with a confirmed diagnosis and mild symptoms. Users with COVID-19 who required hospitalization after discharge remained under follow-up at the unit. It is noteworthy that the PHC has, among its guidelines, the coordination and longitudinality of care, so it is the team's

responsibility to ensure the continuity of care (Brasil, 2017). In order to avoid agglomerations, collective activities, such as groups and festivities, were canceled. The validity of medical prescriptions for continuous use medicines available at the municipal pharmacy was extended. Another vital strategy developed, which avoided crowding, was the Influenza and COVID-19 Vaccination Campaign at all bedridden patients' homes. This action reduced the exposure of risk groups to COVID-19. Regarding the dynamics of the service and the physical structure, an organization was needed for care logistics. Thus, sortings of pacients were carried out at the door of the units, directing users with suspected COVID-19 to the city's COVID-19 reference center, as well as to a room for monitoring. Specific action strategies were developed to face the pandemic and the performance of trained health professionals to respond with quality to people's demands (Sarti et al., 2020). The training of health professionals proved to be essential to fight the pandemic. One of the main difficulties encountered by health professionals was the awareness of users who needed isolation. Those patients did not properly follow the guidelines given by the committee members. Currently, Campo Bom is the pioneer in complying with all immunization determinations.

CONCLUSION

The scenario caused by the pandemic led to intense changes and brought significant challenges for all PHC professionals, especially nursing professionals who began to express feelings related to anxiety, fear, and frustrations. PHC is essential in the protagonism of situations such as the COVID-19 pandemic due to its wide care in expressive portions of the population. It is necessary to value services in PHC and health professionals, especially Nursing. This group is the largest workforce among health professionals. There must be more significant investments for the safety and promotion of the quality of life of health professionals. “Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Maecenas porttitor congue pasta”.

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