TRAINING AND QUALIFICATION OF NURSING PROFESSIONALS IN THE OPERATING ROOM TO CARE FOR PATIENTS INFECTED WITH SARS-CoV-2 IN EXTERNAL AREAS

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We are used to hearing that health professionals save lives, but today, amid the COVID-19 pandemic, we hear stories in which characters also get sick and lose their lives. There are an estimated 20,000 deaths of these professionals worldwide.[1] According to the nursing observatory of the Brazilian Federal Council of Nursing (*Conselho Federal de Enfermagem* - Cofen), Brazil is the world leader in the number of nursing professionals who died from COVID-19, totaling 454 by the first week of November.[2]

According to the International Council of Nurses,[3] these numbers alert us to the inadequate conditions and performance structures for these professionals, as well as the lack of personal protective equipment (PPE), in addition to warning about a second wave of the pandemic being even more terrible without the presence of nursing professionals to care for patients.

In Brazil, a crisis management committee from Cofen[4] and the Brazilian Medical Association[5] are constantly observing the lack of PPE to ensure the safety of health professionals in the care of patients infected with SARS-CoV-2.

In this scenario of sustained uncertainty, we understand the need for nurses and nursing technicians working in the Surgery Center (SC) as an important workforce for the care of critical patients in the intensive care unit (ICU), considering their potential knowledge in monitoring, hemodynamics, and patient positioning.

In the pandemic period, surgical practice was directly affected by the suspension of elective procedures and the prioritization of urgent and emergency surgeries, aiming at reserving beds for patients in the ICU.

The roles of many team members have changed because of the lack of elective procedures. In many countries, perioperative professionals were relocated to contribute and do whatever was needed, such as temporary transfer to a different unit, assistance to colleagues in positioning the patient, and in wearing and taking off PPE.[6]

In Brazil, as well as in the world, the high demand for patients and care, in both public or private institutions, required the support of perioperative nursing for patients in need of critical care.

In catastrophe situations, a crisis management plan must be established. For COVID-19, besides allocating beds, equipment, and material resources, providing professionals to avoid the burden of care is a strategy of this crisis plan. According to the World Health Organization,[7] personnel shortage, due to the combination of absence of professionals and the increased demand for services, must be anticipated and requires a plan to deal with it, such as reallocating or securing additional personnel.

As an SC manager, identifying the staff that had a profile / interest or previous experience in critical units was the first step to be taken. After that, the obligation of carrying out training, in partnership with continuing education, reviewing procedures / routines in the ICU – given the demand of the crisis, only one day could be made available – and, later, inserting these professionals in practice with follow-up by another professional in the field in the first days is required, until the moment that the perioperative nursing team had the same look at the critically ill patient as the intensive nursing team had.

In private hospitals, the migration of nursing technicians who were taking an undergraduate nursing course and showed interest because of the need to develop care skills for direct care to the patient was seen, as well as post-anesthesia care unit (PACU) nurses, with greater ability to assist patients and greater ease in the development of intensive care, and nurses in the room adequately supporting in surgical positioning.

At that time, the most important role was preparing professionals in case we had to, in contingency, use the AR room as an ICU. And our team should be prepared for this challenge.

As perioperative nurses, we have been experiencing a mixture of feelings, afflictions about the pandemic, fear of the

unknown, possibility of becoming infected or of contaminating some family member when returning home, need to help as a mission of their profession, absence of patients in their sector, and uncertainty of the time it would all take. In addition, we were entering a new sector, a new routine, a new team, new assignments, and developing another perspective of the critically ill patient.

The experiences of this new perspective increased the skills of perioperative nurses to recognize the need for intraoperative interventions for better postoperative care, such as injury prevention, accommodation in the bed prepared for the patient's needs, the importance of family contact, analgesic comfort, correct positioning, support of vasoactive drugs and their concentrations, recognition of hemodynamic instability, and involvement in the multidisciplinary team as part of comprehensive care.

The qualities that made perioperative nurses so essential for healthcare, innovation, such as communication, flexibility, and adaptability were expanded during the response to COVID-19.[6]

Gradually, according to the demand and approval of elective surgeries, the team returned to the SC. The pandemic is still in force, and new learning and protocols related to the flow management of patients contaminated with coronavirus in the surgical environment are required. However, in November, after eight months of COVID-19 pandemic, a situation of greater control of the need for beds seems to be established, and the last members of the team return to the perioperative area full of histories, bonds, and skills.

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REFERENCES

1. International Council of Nurses (INC). El CIE confirma el fallecimiento de 1500 enfermeras por COVID 19 en 44 países y estima que lasmuertes de trabajadores sanitarios por esta enfermedad podrían superar las 20000 en todo el mundo. [Internet]. International Council of Nurses; 2020 [accessed on Oct 30, 2020]. Available at: www.icn.ch/es/noticias/el-cie-confirma-el-fallecimiento-de-1-500-enfermeras-por-covid-19-en-44-paises-y-estima
2. Conselho Federal de Enfermagem (COFEn). Dashboard profissionais infectados com COVID-19 informado pelo serviço de saúde. Observatório da Enfermagem [Internet]. Brasil: Conselho Federal de Enfermagem; 2020 [accessed on Nov 2, 2020]. Available at: http://observatoriodaenfermagem.cofen.gov.br
3. International Council of Nurses (INC). ICN calls on WHO member states for health worker COVID-19 data [Internet]. International Council of Nurses; 2020 [accessed on Oct 25, 2020]. Available at: www.2020yearofthenurse.org/story/icn-calls-on-who-member-states-for-health-worker-covid-19-data
4. Santos VC, Persegona MFM, Souza EF, Almeida WC, Filete M, Silva MCN. Comitê Gestor de Crise do Coronavirus no âmbito do COFEn. Enferm Foco. 2020;11(2):6-10. https://doi.org/10.21675/2357-707X.2020.v11.n2.4213
5. Associação Médica Brasileira (AMB). Faltam EPIs em todo o país. [Internet]. Associação Médica Brasileira; 2020 [accessed on Oct 10, 2020]. Available at: https://amb.org.br/epi
6. Retzlaff KJ. Staffing and orientation during the COVID-19 Pandemic. AORN J. 2020;112(3):206-11. http://doi.org/10.1002/aorn.13148
7. World Health Organization (WHO). Hospital preparedness for epidemics. [Internet] Suíça: World Health Organization; 2014. 76 p [accessed on Nov 2, 2020]. Available at: https://www.who.int/publications-detail/hospital-preparedness-for-epidemics