

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11iCOVIDp6983-6992>

Structuring a campaign hospital in pandemia COVID-19: experiencia report

Estructurando un hospital de campaña en pandemia COVID-19: informe de experiencia

Estruturação de um hospital de campanha na pandemia COVID-19: relato de experiência

ABSTRACT

Objective: To report the managerial work of the nurse in the structuring of the first Field Hospital in a micro-region in the south of Minas Gerais **Method:** This is an experience report, with a descriptive qualitative approach. **Results:** The standard operating procedures were designed to handle confirmed cases of COVID-19, based on the available scientific evidence. Initially the flow of care was outlined as well as the elaboration of protocols, later on, continuing education actions were carried out with all the professionals working and repeated continuously throughout the hospital's operating period. Throughout the process, the nurse acted in a significant way both for the elaboration of the attendance flows and protocols, as well as leading the continuing education actions. **Conclusion:** The role of nursing was observed in the planning, management, preparation and implementation of protocols and in the development of continuing education actions, based on evidence-based practice.

DESCRIPTORS: Coronavirus Infections; Hospitals; Nursing Services; Pandemics; Education, Continuing.

RESUMEN

Objetivo: Informar el trabajo gerencial de la enfermera en la estructuración del primer Hospital de Campaña en una microrregión del sur de Minas Gerais. **Método:** Se trata de un relato de experiencia, con enfoque descriptivo cualitativo. **Resultados:** Los procedimientos operativos estándar fueron diseñados para manejar casos confirmados de COVID-19, con base en la evidencia científica disponible. Inicialmente se trazó el flujo de atención así como la elaboración de protocolos, posteriormente se llevaron a cabo acciones de educación continua con todos los profesionales trabajando y repetidas de forma continua durante todo el período operativo del hospital. A lo largo del proceso, la enfermera actuó de manera significativa tanto en la elaboración de los flujos y protocolos de atención, como en la conducción de las acciones de educación continua. **Conclusión:** Se observó el papel de la enfermería en la planificación, gestión, elaboración e implementación de protocolos y en el desarrollo de acciones de educación continua, basadas en la práctica basada en la evidencia.

DESCRIPTORES: Infecciones por Coronavirus; Hospitales; Servicios de Enfermería; Pandemia; Educación Continúe.

RESUMO

Objetivo: Relatar o trabalho gerencial do enfermeiro na estruturação do primeiro Hospital de Campanha de uma microrregião do sul de Minas Gerais. **Método:** Trata-se de um relato de experiência, com abordagem qualitativa descritiva. **Resultados:** Os procedimentos operacionais padrão foram elaborados para o atendimento de casos confirmados de COVID-19, fundamentados nas evidências científicas disponíveis. Inicialmente foram organizados os fluxos de atendimento como também a elaboração de protocolos. Posteriormente, foram realizadas ações de educação continuada com todos os profissionais atuantes e repetidas continuamente durante todo o período de funcionamento do hospital. Durante todo o processo o enfermeiro atuou na execução e na elaboração dos fluxos de atendimentos e protocolos como também ministrou as ações de educação continuada. **Conclusão:** Foi notabilizado o protagonismo da enfermagem no planejamento, gestão, elaboração e implementação dos protocolos e no desenvolvimento de ações de educação continuada, tendo como base a prática baseada em evidências.

DESCRIPTORES: Infecções por Coronavírus; Hospitais; Serviços de Enfermagem; Pandemia; Educação Continuada.

RECEIVED ON: 01/28/2021 APPROVED ON: 03/04/2021

Alessandra Mara Oliveira Dzivielevski

Master's student of the Postgraduate Program in Nursing at the Federal University of Alfenas-MG (UNIFAL-MG).
ORCID: 0000-0003-2157-5631

Anelise de Melo Bernardes Costa

Master's student of the Postgraduate Program in Nursing at the Federal University of Alfenas-MG (UNIFAL-MG).
ORCID: 0000-0003-1744-3935

Camila Maria Silva Paraizo-Horvath

Master in Nursing from UNIFAL-MG, PhD student in Sciences from the School of Nursing of Ribeirão Preto, University of São Paulo (USP-RP).
ORCID: 0000-0002-3574-7361

Simone Albino da Silva

Professor at the School of Nursing at the Federal University of Alfenas-MG (UNIFAL-MG).
ORCID: 0000-0003-0546-8350

Roberta Seron Sanches

Professor at the School of Nursing at the Federal University of Alfenas-MG (UNIFAL-MG).
ORCID: 0000-0001-7557-5560

Zélia Marilda Rodrigues Resck

Professor at the School of Nursing at the Federal University of Alfenas-MG (UNIFAL-MG).
ORCID: 0000-0002-3752-8381

INTRODUCTION

At the end of 2019, an outbreak of a new respiratory disease was noticed in China, then as a cause of it a new type of coronavirus, called SARS-CoV-2, was identified and the disease caused by it was named COVID-19.⁽¹⁾

The disease quickly spread to several countries, and in view of this, on March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic.⁽²⁾ In Brazil, the first case identified occurred on February 26th, 2020 and today the disease is already widespread throughout the country. It was then declared a public health emergency of national importance, with the purpose of carrying out actions to face and minimize the increase in the number of cases, through the awareness of the population, in addition to the implementation of various preventive measures in order to contain and reduce the curve of new cases.⁽³⁻⁴⁾

It is known that COVID-19 can be transmitted from person to person through small droplets expelled through the nose or mouth and which spread mainly when a person with the disease coughs or sneezes. In addition, these droplets can also land on objects and

surfaces on which the virus remains alive for a few hours, and people, by touching these places and then bringing their hands to their eyes, nose and mouth, become contaminated.⁽¹⁾

There are several reported symptoms, but among the most common are fever, cough, dyspnea and bilateral pulmonary infiltrate, that is, symptoms very close to that of a common flu, thus making it more of a challenge for the care process.⁽⁴⁾ Due to this ease of transmission and the severity of the disease, the COVID-19 pandemic has proven to be one of the most overwhelming of recent times.⁽³⁾

The number of cases in Brazil has increased rapidly and most of those infected need hospital care. In this perspective, it is worth remembering that one in ten infected patients needs hospital care, and according to data from the Brazilian Federation of Hospitals⁽⁵⁾ Brazil has only 1,95 beds/1000 inhabitants, a number much lower than the world average of 3,2 beds/1000 inhabitants.

As a way to provide the necessary structure and assistance for this situation, the structuring of field hospitals began. They are of great importance, as they are health units that can offer assistance and provide temporary care

in emergency situations, as in the case of natural disasters, catastrophes and pandemics.⁽⁶⁾

For the construction of this type of infrastructure, the specifications are present in NBR 15873,⁽⁷⁾ however, in view of the situation experienced, the Ministry of Health (MH) launched ordinance 1514/2020,⁽⁸⁾ which provides definitions of criteria for the construction of field hospitals in the country. This ordinance informs that the construction of these hospitals should be a strategy of local managers with the objective of increasing the supply of beds, which are the responsibility of the states and municipalities. The MH recommends that these infrastructures be installed close to hospitals and in existing urban equipment, such as football stadiums and convention centers, in order to facilitate hospital management.⁽⁸⁾

In this context, Brazil began to install several field hospitals spread over its territory, which, according to the Ministry of Health document, should assist those patients with respiratory symptoms of low and medium complexity.⁽⁶⁾

The following question then arose: What is the nurse's contribution to the structuring of a field hospital in the context of the COVID-19 pandemic? In this perspective, this article aims to

report the experience of the managerial work of nurses in the structuring of the first Campaign Hospital in a micro-region in the south of Minas Gerais.

METHOD

This is an experience report, with a qualitative and descriptive approach, carried out at the first field hospital for the treatment of people with COVID-19 in a micro-region located in the south of the State of Minas Gerais, covering 50 municipalities.

The experience described here, carried out between the twenty-third of June and the first of August 2020, addresses the experience of a nurse while working at the hospital. As this is an experience report, considering the protocols to be followed by the team working in the field hospital, this study did not need approval by the Research Ethics Committee, since there was no collection of primary data with human beings.

EXPERIENCE REPORT

The field hospital was divided into a ward with 12 beds and an Intensive Care Unit (ICU) with 10 beds, where only patients with a positive result for COVID-19 were admitted, bringing with them the following tests: X-ray, laboratory tests, and tomography, where the latter received greater attention at the time of admission due to the fact that it is not possible to perform it on the spot. The team consisted of seven nursing technicians, three nurses, two doctors, two physiotherapists and an X-ray technician on each 12-hour shift.

The professionals were staggered on shifts of 12 hours of work and 36 hours of rest, an internal six-hour relay was carried out among the professionals in relation to all vestments that were required due to mental and physical wear, since once the employee was dressed, , so as not to be contaminated and to avoid excessive use of materials, you should

In relation to the Standard Operating Procedures (SOP), all were prepared according to the scientific evidence available with a focus on the care of confirmed cases of COVID-19 that required hospitalization. The service flows were outlined, and specific protocols were developed by a multiprofessional team, with the presence of nurses in this process being remarkable.

avoid going to the bathroom, as well as eating or hydrating. For this reason, the importance of a good diet and a good night's sleep was always reiterated. For the first six-hour shift, priority was given to professionals who were coming from their homes, as they were more rested, compared to those who were previously at another place of work.

In this six-hour rotation, while some professionals were in direct assistance to patients, the others were directed to administrative activities such as the elaboration of activity scales to be developed, during the period in which they remained in the alert corridors, promoting support for the teams.

In relation to the Standard Operating Procedures (SOP), all were prepared according to the scientific evidence available with a focus on the care of confirmed cases of COVID-19 that required hospitalization. The service flows were outlined, and specific protocols were developed by a multiprofessional team, with the presence of nurses in this process being remarkable.

Before starting the assistance offered at this field hospital, several continuing education actions were carried out, where all protocols and techniques were passed on, which were continually remembered on all work days. It is noteworthy that in different spaces and levels of health care, the role of the nurse is perceived in the coordination and management of teams and services.⁽³⁾ This experience was no different, as these professionals took over the training with all team members.

Nurses initially appropriated all the necessary knowledge through detailed studies of the standards prepared by the Health Surveillance Agency, trained all techniques and set up the entire qualification process for the other employees, both theoretically and practically. It is worth remembering that the entire team was composed by conducting a selection process.

It is also noteworthy that it is recommended to conduct in-service

training, preferably prior to the effective start of activities as a way to verify new needs for technical and scientific updates.⁽³⁾

According to the international literature, conducting clinical training with teams, especially with the use of active methodologies, is effective in increasing their safety and consequently reducing the anxiety of professionals in dealing with something new.⁽³⁾ Considering what was presented, the World Health Organization and the Ministry of Health have recommended carrying out on-site training as a basis for controlling the spread of the virus in health services, as well as for the protection of workers.⁽⁹⁻¹⁰⁾

It is known that the training of employees to properly use barriers to exposure, as well as referring to adjustments in the structure of the operational flows of services, is paramount. As well, ensuring health professionals access to PPE in sufficient quantity and quality assurance is essential, thus preventing their illness and acting as vectors of transmission.⁽¹¹⁾

Training for employees, reception, kitchen, cleaning, focused on hand and surface hygiene and the correct use of PPE.

For health professionals, the training covered the clinical treatment of the person with COVID-19, with an emphasis on ventilatory assistance, cardiorespiratory arrest, pronation and care for preparing the body after death. The necessary care for transferring patients between the ward and the ICU, transporting patients for exams outside the hospital, as well as transferring the body after death to the morgue were also addressed.

Regarding the techniques performed for prevention, the process of dressing and de-dressing is highlighted, where the steps with the professionals were reviewed every day, in addition, the whole process was carried out with double checking, where a colleague observed the other during the performance of the technique in order to assist and ensure that all steps were followed

correctly, thus reducing the risks of contamination.

Another technique that deserved attention was hand hygiene with both 70% gel alcohol and soap and water, which in addition to constant health education actions, soap and alcohol dispensers were made available throughout the hospital to encourage and enable greater adherence by professionals.

Still on the procedures and techniques, the institution also used visual resources as a teaching method, as, for example, in the places where the dressing was performed or there were signs with step-by-step guidelines to be followed. The same educational resource was used for hand hygiene, and posters were glued next to the sinks, containing the step by step of this technique.

It is known that documents with instructions to professionals working on the front line against COVID-19 must bring clear and objective communication, or otherwise they can cause feelings of insecurity in the professional, especially when dealing with extensive, superficial or different documents from world guidelines.⁽¹⁾

Considering the flow of care, measures based on scientific evidence were adopted, related to the clinical course of the disease, being reassessed daily. The transfer to the ICU followed some criteria that involved laboratory alterations, oxygen saturation below 90% in room air, hypotension or other clinical signs of hypoperfusion, respiratory rate greater than 30 incursions per minute, lowering the level of consciousness, X-ray with worsening of the visible picture, where the decision occurred through discussions between members of the multiprofessional team.

As a measure to avoid contamination, the order was adopted via computer related to medications, diets and exams, in order to avoid the circulation of paper between the contaminated area and the other sectors of the field hospital. Personal belongings of professionals, such as cell phones, were previously packed in

film paper and unpacked and sanitized at the end of the workday.

The food for the workers was supplied by a third party company, delivered in disposable packaging, which was distributed by the kitchen staff, who worked properly dressed (face mask, disposable apron, face shield and gloves). In the cafeteria, the professionals followed the protocol of social distancing when they sat at the tables to eat. The patients' diet was provided through a partnership with the local emergency department, which they forwarded according to the prescriptions.

Faced with this context of confronting the pandemic, it is essential to also look at professionals working in the assistance or management of the sectors.⁽¹¹⁾ In this perspective, a flowchart of care for professionals who came to present any of the symptoms of COVID-19 was established.

It is noticed that the structuring of actions as well as the involvement of nursing and the multidisciplinary team was of great assertiveness, providing greater adherence to the decisions taken, favoring an implementation with greater speed and agility.⁽¹³⁾

In this way, the organization of the work process in the field hospital was established, with important measures for the recovery of patients' health as well as strategies for the protection of workers. However, it is worth mentioning that the fear and anxiety were perceptible in the working professionals, related to the risk of infection and the fear of contaminating their family members, but it was not stronger than the desire to comply with their professional oath and the will to help the others.

It is worth remembering that the year 2020 was chosen for the worldwide campaign to strengthen Nursing - "Nursing Now", with the purpose of drawing the attention of the governments of the countries that are members of the United Nations (UN), for a greater appreciation of professionals of nursing. This occurred before the start of the current pandemic,

however the search for the valorization of nursing has been strengthening day after day during the pandemic.⁽¹⁴⁾

This is due to the fact that the pandemic has made even more evident the nursing workforce in the world as well as the existing gaps related to the profession. Creating reflections on the investment priorities needed to improve the performance, training and skills of these professionals, in education, employment and nursing leaders, in a way that will increasingly strengthen worldwide, which, consequently, will have impacts positives in the quality of care.⁽¹⁵⁾

CONCLUSION

It is observed in this experience

It is noteworthy that the field hospital was a measure adopted worldwide as a way to make up for the lack of hospital beds

the role of nursing in the COVID-19 pandemic, assuming an essential role in the assistance, in the planning, management, elaboration and implementation of protocols and in the development of continuing education actions, based on evidence-based practice.

It is noteworthy that the field hospital was a measure adopted worldwide as a way to make up for the lack of hospital beds, in the search to avoid the collapse of the health system. In these places, as well as in any other health institution in the care of people with COVID-19, bio-safety protocols have been considered of great importance to protect working professionals from being contaminated by SARS-CoV-2. ■

REFERENCES

1. Marinelli NP, Albuquerque LPA, Sousa IDB. Protocolo de manejo clínico do COVID-19: por que tantas mudanças?. *Rev. Cuidarte*. 2020;11(2):1-4.
2. Brasil. Ministério da Saúde. Plano de contingência da Fiocruz diante da pandemia da doença pelo SARS-CoV-2 (COVID-19). 2020. Disponível em: <https://portal.fiocruz.br/documento/plano-de-contingencia-da-fiocruz-para-pandemia-de-covid-19-versao-13>. Acesso em: 23 out. 2020.
3. Bitencourt JVOV, Meschial, WC, Frizon G., Biffi P, Souza JB, Maestri E. Protagonismo do enfermeiro na estruturação e gestão de uma unidade específica para COVID-19. *Texto contexto - enferm*. 2020; 29:e20200213.
4. Marins TVO, Crispim CG, Evangelista DS, Neves KC. Enfermeiro na linha de frente ao COVID-19: A experiência da realidade vivenciada. *Research Society and Development*. 2020;9(8):1-20.
5. Federação Brasileira de Hospitais. Cenário dos hospitais no Brasil. Brasília: DF. 2019. Disponível em: https://fbh.com.br/wp-content/uploads/2019/05/CenarioDosHospitaisNoBrasil2019_10maio2019_web.pdf. Acesso em: 23 out. 2020.
6. Aires, ROS. Hospital de campanha como solução emergencial para o atendimento hospitalar de pacientes infectados pela COVID-19. *Revista da FAESF*. 2020; 4(esp.):40-42.
7. Associação Brasileira de Normas Técnicas. NBR 15873: coordenação modular para edificações. Rio de Janeiro, 2010.
8. Brasil. Ministério da Saúde. Portaria nº 1514 de 15 de junho de 2020. Define os critérios técnicos para a implantação de Unidade de Saúde Temporária para assistência hospitalar - HOSPITAL DE CAMPANHA - voltadas para os atendimentos aos pacientes no âmbito da emergência pela pandemia da COVID-19. Brasília, 2020. Disponível em: <https://www.in.gov.br/web/dou/-/portaria-n-1.514-de-15-de-junho-de-2020-261697736>. Acesso em: 23 out. 2020.
9. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Recomendações de proteção aos trabalhadores dos serviços de saúde no atendimento de COVID-19 e outras síndromes gripais. Brasília: DF. 2020. Disponível em: <https://portalarquivos.saude.gov.br/images/pdf/2020/april/16/01-recomendacoes-de-protecao.pdf>. Acesso em: 23 out. 2020.
10. Organização Mundial da Saúde. Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19) (Interim guidance). 2020. Disponível em: https://apps.who.int/iris/bitstream/handle/10665/331215/who-2019-ncov-ip-cppe_use-2020.1-eng.pdf. Acesso em: 23 out. 2020.
11. Rodrigues NH, Silva LGA. Gestão da pandemia Coronavírus em um hospital: relato de experiência profissional. *J. nurs. health*. 2020;10(n.esp.):e20104004.
12. Nunes Neto GV, Silva JCB, Guerra MCGC, Oliveira DAL, Cavalcante RS, Araújo JFSB. Fluxos assistenciais e cuidados no controle da COVID-19 de uma instituição hospitalar. *Enferm. Bras*. 2020;19(4):6-12.
13. Laselva CR. Ações técnicas e gerenciais da enfermagem no hospital Israelita Albert Einstein para atender na pandemia da COVID-19. *Enferm. Foco* 2020; 11 (1): 185-191.
14. Domingues PHS, Faustino AM, Cruz KCT. A enfermagem em destaque na pandemia da COVID-19: uma análise em mídias sociais. *Enferm. Foco* 2020; 11: 97-102
15. World Health Organization (OMS). State of the world's nursing: investing in education, jobs and leadership. 2020 [cited 2021 fev. 02]. Available from: <https://apps.who.int/iris/rest/bitstreams/1274201/retrieve>.