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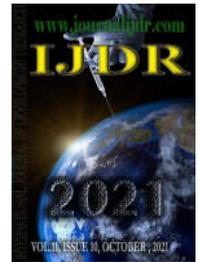
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RESEARCH ARTICLE

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STRATEGIES FOR COPING WITH THE SARS-COV-2 PANDEMIC IN A HOME CARE SERVICE

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ABSTRACT

Objective: To report the experience of adapting assistance to patients in Home Care during the pandemic in a private company in Salvador, Bahia. **Methods:** Descriptive study, type of experience report, prepared in the context of the SARS-CoV-2 Pandemic, during the period from April to August 2020, based on the interventions carried out by the institution. The study was carried out according to the experience of professionals who work in Home Care in the pandemic period by COVID-19. **Results:** A contingency plan was prepared for patients and professionals and prioritized risk groups for telemonitoring. The contingency Plan included guidance on individual control measures, strategies for identifying suspected cases (measuring employees' temperature, guidelines and booklets on signs and symptoms, determining isolation and preventing them from attending the company's headquarters if compatible symptoms and seeking for medical assistance). 1,605 patients were followed up, 47 of whom were identified with respiratory symptoms, 10 confirmed cases of SARS-CoV-2 infection. **Conclusion:** It is concluded that Teleconsultations were a viable alternative to maintain the monitoring of patients.

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INTRODUCTION

The origin of SARS-CoV-2 infection was first reported in people exposed to a seafood market in the city of Wuhan, China, in December 2019. The virus has spread rapidly around the world, causing a tremendous impact on the human health and the global economy (HELMY *et al.*, 2020). The World Health Organization (WHO) declared that SARS-CoV-2 was a public health emergency of international importance on 30 January and a pandemic on 11 March (WHO, 2020a). SARS-CoV-2 is transmitted by inhalation or direct contact with droplets from infected people and has an incubation period ranging from 2 to 14 days (SHARMA A, *et al.*, 2020). Although SARS-Cov-2 arrived in Latin America after Europe, the number of cases increased rapidly and steadily in this region. The first case of SARS-CoV-2 infection in Brazil and Latin America was in a patient returning from Lombardy, Italy, reported in São Paulo on February 25, 2020.

The virus has spread in the country, reaching the Southeast (São Paulo), Paulo and Rio de Janeiro), North (Amazonas and Pará), Northeast (Pernambuco and Ceará), with the highest Sars-Cov-2 transmission rate in the country (WHO, 2020b). Bahia, the most populous state in the Northeast and fourth in Brazil, reported the first case of infection by SARS-CoV-2, imported from Italy on March 6th. The establishment of procedures for social distancing (closing establishments and cancellation of events with great service to the public), isolation and quarantine are essential to slow down the spread of the epidemic (flattening the transmission curve), protecting those at higher risk of cases from infection and reducing the peak demand for medical care in hospitals and intensive care units (ICUs) (CAETANO *et al.*, 2020). Most people are susceptible to the coronavirus, but the elderly and patients with comorbidities such as diabetes, hypertension, cardiovascular disease and cerebrovascular disease are at higher risk (GUAN WJ *et al.*, 2020). Elderly people are at greater risk of evolving to severe forms and higher mortality (HUANG C, *et al.*, 2020). Home Care is a type of health service provided to an

individual who is at home (such as someone convalescing, disabled or terminally ill). The purpose of Home Care comprises access to services for patients with comorbidities, including chronic-degenerative diseases, reduced hospitalizations and care for a dignified death (SILVA KL, *et al.*, 2005; BRASIL, 2013; LACERDA MR, *et al.*, 2007). As they are risk groups for infection by Covid-19, the elderly and patients with comorbidities such as diabetes, hypertension and other cardiovascular diseases demanded special attention in health care. (NEGRINI F, *et al.*, 2020). The growing number of SARS-CoV-2 in Brazil has brought many problems to the fore, including an increased risk of infection in risk groups such as elderly individuals. In an attempt to provide integrated and multidisciplinary care to Home Care patients, a contingency plan was developed to maintain care, containing the risk of transmission of SARS-CoV-2 to patients and health professionals. Given the above, the study aims to report the experience of adapting care to patients in Home Care during the pandemic caused by SARS-CoV-2 in a private company in Salvador, Bahia.

MATERIALS AND METHODS

This is a descriptive study, experience report type, developed in the context of the Pandemic by SARS-CoV-2, during the period from April to August 2020. The study was conducted according to the experience of professionals working in the Home care during the pandemic period by COVID-19. It is a private company that provides integrated and multidisciplinary care to people with comorbidities and chronic degenerative diseases. Health care is provided in accordance with a partnership between health care providers and Home Care so that care is continued in the patients' homes. With the advent of the SARS-CoV-2 epidemic and the Brazilian government's guidelines for social distancing, the company prepared a contingency plan adapting it to the care of patients already in care and for those who would be admitted later. Given the pandemic experienced by Covid 19, it is possible to promote changes or create solutions that promote the psychological well-being of administrative and care workers, promoting the performance of their activities in a way that everyone feels welcomed. This will be reflected in the process of improving the quality of work and the company's growth (ZUCCOLI, *et al.*, 2006). Regarding the nature of the research, this study articulated the qualitative perspective, as it provides knowledge of the social reality through the meanings of the subjects participating in the research, thus enabling a deeper understanding of social phenomena, and the capture of non-research data. easily articulated, such as: attitudes, behaviors and motives (ZANELLA, 2006). According to Godoy and Schmidt A (1995), it is through the qualitative perspective that "a phenomenon can be better understood in the context in which it occurs and of which it is an integrated part, allowing us to capture the phenomenon under study, from the perspectives of the people involved in it".

Table 1. Distribution of suspected SARS-CoV-2 cases per month

Month	Number of suspected cases	RT-PCR			Deaths	Hospital transfer
		Positive	Negative	Not realized		
April	6	1	0	5	0	0
May	12	5	4	3	1	4
June	21	3	10	8	1	10
July	7	1	2	4	0	2
August	1	0	1	0	0	0

Legend: RT-PCR: Polymerase Chain Reaction for SARS-CoV-2. Source: Monique et al., 2021

STRATEGIES ADOPTED FOR PATIENTS IN HOME CARE: The contingency plan included guidance on individual control measures (adoption of a home-office for professionals at risk and for others when possible; use of masks in the company and visits to patients, determinations to work in airy environments, keeping a safe distance; hand and surface hygiene), strategies for identifying suspicious cases (temperature measurement of employees, guidelines and booklets on signs and symptoms, determining isolation and impediment to attend the company's headquarters if symptoms are compatible, and seeking medical care). In addition, issues related to

collective control measures were addressed (guiding the participation in online meetings or in open places; avoiding crowds; ostensible cleaning of contact points), as well as measures to restrict travel, transport and displacement (do not mark new trips, seeking to postpone already scheduled trips; avoid public transport at peak times) were adopted. According to the strategies developed for this period, the systematization of health care also underwent changes in accordance with the new protocols implemented to deal with COVID-19. (SOUZA JJ, *et al.*, 2020). Some routine adjustments were made due to contingency. The use of a mask has become mandatory for all professionals. As for complete attire for patients suspected or confirmed for Covid, a PFF 2 mask, cap, glasses, face shield, waterproof cover and gloves were made available. The delivery of materials went through a conference between the dispatched person and the nursing technician or family member at home, item by item did not occur to avoid prolonged personal contact. For correct and safe clothing and disassembly guidelines, a video was produced with the demonstration, as well as a step-by-step educational slide to place inside and outside the patient's room, as well as training through Distance Education on care such as hand washing was implemented, respiratory etiquette, signs and symptoms and attire. The care team of patients with suspected or confirmed COVID, visits by the multidisciplinary team were reduced to the minimum possible, keeping what was necessary for patient safety. Nursing technicians were kept on a scale of 24 x 48 hours during the patient's isolation period (PORTUGAL JKA, *et al.*, 2020). Whenever isolation was instituted, communication was carried out by the central by message for all care professionals to contact the base before the visit. The base team read the guidelines for the nursing technicians, always confirming the understanding of the transmitted message. The Home Infection Control Commission, the next day, carried out monitoring to reinforce guidance and care.

RESULTS

At the beginning of the pandemic in Brazil, the company had a total of 1,725 patients, who were regularly attended to at least once a month by doctors, nurses, physiotherapists and nutritionists or received daily assistance from a nursing technician. During the period, 2,867 nursing visits, 334 medical visits and 3,753 physiotherapy sessions were carried out. Regarding the profile of patients, the mean age was 70.3 years (SD± 22.3 years), with 42.1% being 80 years old or more and 34.5% between 60 and 79 years old. As for comorbidities, 46.8% had SAH, 27.1% DM and 48.5% had neurological diseases, the most common causes being stroke, Parkinson's and Alzheimer's. In particular, in patient care, teleconsultations were indicated for people with comorbidities who could have more severe forms of SARS-CoV-2, such as patients with systemic arterial hypertension, diabetes mellitus, heart disease, asthma, chronic obstructive pulmonary disease and disease chronic

renal failure and age over 60 years. In response to the impact of the epidemic on patients' access to healthcare, teleconsultations were promptly authorized and standardized by several professional councils in Brazil. The Federal Council of Medicine, through Resolution No. 56 of April 1, 2020, validated pre-clinical care, care support, consultation, monitoring and diagnoses, with a guarantee of integrity, security and confidentiality of information. The purpose of these measures is to reduce the spread of covid-19 and protect people, preventing the medical abandonment of patients who need different care, either because they have chronic diseases or because they need

to start some treatment or diagnostic investigation (GARRIDO RG, GARRIDO FSRG, 2020). The Home Care contingency plan was implemented in accordance with the resolutions established by the Brazilian professional councils. Teleconsultations were scheduled with doctors, nurses, physiotherapists, nutritionists and psychologists. Physical therapy and speech therapy in-person consultations were reduced to the minimum necessary and carried out by professionals with personal protective equipment (disposable apron, gloves, N95 or PFF2 mask, cap, goggles and visors). Health professionals contacted patients by phone call.

All patients consented verbally, with the proper record of this confirmation in the medical record, in addition to being informed of the temporary nature of the teleconsultation. During the medical consultation, the patient's clinical history, the established diagnosis and the guidelines and care plans elaborated according to the needs of each individual were taken. All patients were asked about the presence of respiratory symptoms and instructed about measures to prevent SARS-CoV-2 infection. In addition, they were encouraged to continue the treatment of comorbidities (LIMA SO, *et al.*, 2020).

Patients were also instructed to be vaccinated against Influenza. A total of 1,605 patients were followed from April 1st to August 31st, 2020. After telephone contact with healthcare professionals, 47 were identified with respiratory symptoms (2.9%). The Real Time Polymerase Chain Reaction (RT-PCR) Sars-Cov2 was performed in 27 patients, with 10 positive cases. Six patients needed to be transferred to hospitals due to clinical deterioration of the respiratory condition. Two patients undergoing palliative measures died at home, with the consent of their relatives. The distribution of cases by month is shown in Table 1. Patients were also followed up for their comorbidities. Face-to-face consultation was performed if the patient had decompensated comorbidities or an ongoing infection. When face-to-face evaluation by a health professional was required, personal protective equipment was provided. In addition, 38 patients who had contact with individuals positive for Sars-Cov2 had telephone monitoring. The majority (89.5%) remained asymptomatic 7 days after the last contact. Aiming at maintaining the care and safety of professionals, awareness campaigns were also carried out by the teams in the immediate communication of any symptoms and immediate removal (PRADO AD, *et al.*, 2020). For nursing technicians, the cooperative carried out monitoring by applying research through a survey form and awareness campaigns. In the base contacts, we always asked the families if there was anyone with flu-like symptoms at home, whether a professional or not.

CONCLUSION

It was possible to establish teleconsultations as a way to keep track of patients regularly seen in Home Care. Teleconsultation is an essential strategy to increase the ability to fight SARS-CoV-2 and, at the same time, keep patients and professionals safer. This strategy can also be an effective alternative to face-to-face consultations for patients with other health needs, helping to safeguard services for those most in need of care. The immediate use and successful application of teleconsultation to address this global public health challenge is likely to increase public and governmental acceptance of such technologies for other areas of health in the future, including chronic non-communicable diseases, both in Brazil and elsewhere. parts of the world. In the post-pandemic period, teleconsultations can be useful in monitoring patients who live in remote areas or who have physical and/or financial limitations to travel to major centers. However, teleconsultations are not recommended as the preferred form of care for all patients, especially in the first consultation. In addition, with campaigns, training and distribution of PPE, we managed to maintain patient care, keeping professionals safe.

During the period, there were no cases of transmission of Covid-19 to visiting professionals or cases of transmission among employees within the company. Educational campaigns and measures implemented such as improved hand hygiene, cough etiquette, importance of vaccination and proper use of PPE may be useful in maintaining post-pandemic care.

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