

PREVCOVID-BR NEWSLETTER!

APPLICATION - PREVCOVID-BR & COMM CARE

MONITORING OF HEALTHCARE WORKER

ARTICLE Barbara Jacqueline Peres Barbosa

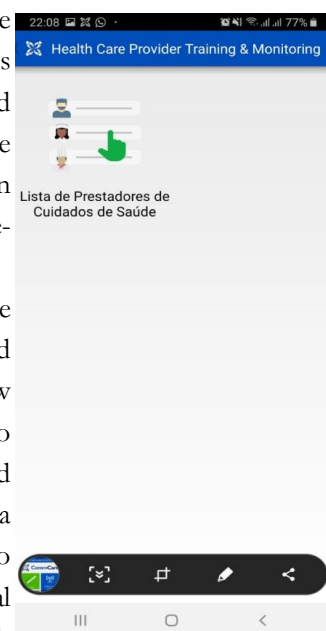
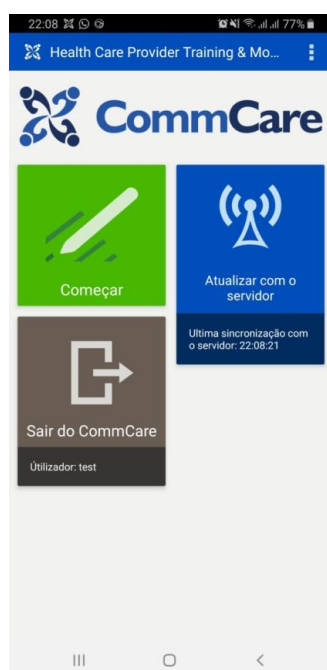
The healthcare workers are particularly susceptible to SARS-CoV-2 infection. Worldwide, it has been a challenge to identify and monitor its occurrence actively and early. The PREVCOVID-BR project, with support from the Centers for Disease Control and Prevention (CDC) and the company Digital Solutions for Impact (Dimagi) are in the process of launching the Commcare application to assist in the daily monitoring of possible signs and symptoms suggestive of infection. In the development of the application, we counted on the participation of technicians from Anvisa and the Epidemiological Surveillance Center of the São Paulo State Health Department.

The application obtains data on individual and collective conditions of workers in a given sector or unit of the hospital, and provides important information for the institutions' Hospital Infection Control Services, which will enable infection prevention actions. Another feature of the application is the periodic measurement of possible

worker exposure to transmission situations of the virus, which can promote the review of possible problems in internal processes and workflows. In addition, the application provides an overview of possible off-the-job exposures.

In developing the application, Dimagi and PREVCOVID-BR follow the precautions that seek to ensure the privacy and confidentiality of the data provided, so as not to expose the personal identification of any health worker.

The hospitals participating in PREVCOVID-BR will soon get to know the application and will be invited to use it!



IMPACTS OF PREVCOVID-BR

UNIVERSITY HOSPITAL OF THE UNIVERSITY OF SÃO PAULO (HU-USP) - improvement plan

ARTICLE Caroline Borges e Erika Silva

In early 2021, fellows **Caroline Borges** and **Erika Silva** began their activities at the **University Hospital of the University of São Paulo** (HU-USP), in the western part of the city. Due to the SARS-CoV-2 pandemic, the HU-USP received entire sectors of ophthalmology, otorhinolaryngology, and high-risk obstetrics (including respective newborns) from the Hospital das Clínicas, Latin America's largest hospital complex, which at the time was fully dedicated to caring for severe cases of COVID-19. The HU-USP, with its well organized and strong Hospital Infection Control Committee (HICC) team, welcomed the PREVCovid-BR project with open arms.

One of the first suggestions made by the fellows was to correct the demarcation of chairs in the hospital waiting rooms, in the outpatient clinic, in the triage waiting area, and in the area intended for patients with COVID-19 (gripário), in order to ensure adequate physical distance between users. The fellows collaborated in pasting notices on the chairs, didactic material prepared by the CCIH, which aims to provide information in a simple and quick way. Regarding the environment, the magazines in the patients' common areas were also removed, as they represent a source of contamination.

The fellows understand that "this continuous auditing of the chairs is something systematic and tiring for a team with many other tasks, that's why the project came to add to the efforts already made in the hospital". In addition, the fellows highlight that, "... the correct signage of the social distancing measures guides patients, companions and visitors and also reinforces a message transmitted in one of the HU-USP campaigns, that the COVID-19 pandemic, unfortunately, is not over yet and we must all continue to take care of ourselves".

Another activity developed concerns the improvement in the circulation of patients, visitors or companions with respiratory symptoms inside the hospital. For this activity, the fellows talked to security

guards and reception employees, and assessed the entrances and patient flows. From these observations, they verified that, although there was a defined flowchart and triage of spontaneous demand patients, there were gaps in the triage of patients with scheduled appointments, visitors and companions. It is worth explaining that the HU-USP has three entrance gates, known as Gate 1, 2, and 3. Gate 1 is responsible for triage of outpatients, companions, and visitors; Gate 2 (known as "Gripário") receives patients with severe respiratory symptoms referred by the municipal health network; and Gate 3 receives urgencies and emergencies brought by the Emergency Medical Services (SAMU) and by the Fire Department (COBOM). At Gate 1, the fellows identified that each team, security and reception, thought it was the other that had to ask about the presence of respiratory symptoms. As such, the failure of effective communication between the teams created a deficiency in triage. This simple investigation in partnership with the CCIH provided the knowledge that the effectiveness of a triage flowchart is complex, because in the daily practice there are always new things happening and changing. Therefore, it is necessary to frequently maintain audits with an active search for problems that arise in the implementation of flows and protocols.

