

Pediatric oncological care in front of the COVID-19: actions by the multiprofessional team

O cuidado oncológico pediátrico frente à pandemia da COVID-19: ações da equipe multiprofissional

Atención pediátrica oncológica frente a la pandemia COVID-19: acciones del equipo multiprofesional

Mariana Moitinho Freire Queiroz da Silva¹, Luciana Nunes Silva², Maria Carolina Ortiz Whitaker³, Luciana Nascimento Costa⁴,
Mariana de Oliveira Lima Caldas⁵, Geanine Naiara Clementino Rodrigues⁶

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REVISA

1. Federal Univeristy of Bahia. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0001-8348-2495>

2. Martagão Gesteira Hospital. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0001-6058-2979>

3. Federal Univeristy of Bahia. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0003-0253-3831>

4. Martagão Gesteira Hospital. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0003-1598-3292>

5. Martagão Gesteira Hospital. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0003-3689-8070>

6. Martagão Gesteira Hospital. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0001-7143-711X>

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RESUMO

Objetivo: relatar intervenções organizacionais vivenciadas pela equipe multiprofissional para a adaptação e manutenção de um serviço de oncologia pediátrica frente à pandemia do novo coronavírus. **Método:** Trata-se de um estudo descritivo exploratório junto a profissionais de saúde da oncologia pediátrica em parceria com enfermeiras do Serviço de Controle de Infecção Hospitalar e Educação Permanente em Saúde. **Resultados:** As adaptações e intervenções realizadas foram fundamentadas no Planejamento Comunicativo e organizado em três pilares: espaço físico; fluxo de atendimento; acolhimento e capacitação da equipe. **Conclusão:** As ações organizacionais para a adaptação e manutenção do serviço de oncologia pediátrica frente à pandemia, possibilitaram que os fluxos de atendimentos fossem mantidos com respeito às normas socio-sanitárias e com direcionamento, que proporcionou assistência de qualidade às crianças e adolescentes.

Descritores: Infecções por coronavírus; Neoplasias; Criança; Adolescente; Cuidado da criança.

ABSTRACT

Objective: to report organizational interventions experienced by the multidisciplinary team for the adaptation and maintenance of a pediatric oncology service in the face of the new coronavirus pandemic. **Method:** This is an exploratory and descriptive study conducted with pediatric oncology health professionals in partnership with nurses from the Hospital Infection Control and Continuing Health Education Service. **Results:** The adaptations and interventions performed were based on Communicative Planning and organized into three pillars: physical space; service flow; reception and training of the team. **Conclusion:** The organizational actions for the adaptation and maintenance of the pediatric oncology service in the face of the pandemic allowed the flow of care to be maintained with respect to social and health standards and with guidance that provided quality care to children and adolescents.

Descriptors: Coronavirus infections; Neoplasms; Kid; Adolescent; Child Care.

RESUMEN

Objetivo: informar de las intervenciones organizativas vividas por el equipo multidisciplinar para la adecuación y mantenimiento de un servicio de oncología pediátrica ante la nueva pandemia de coronavirus. **Método:** Este es un estudio descriptivo y exploratorio con los profesionales de la salud en oncología pediátrica en asociación con enfermeras del Servicio de Control de Infecciones Hospitalarias y Educación Continua en Salud. **Resultados:** Las adaptaciones e intervenciones realizadas se basaron en la Planificación Comunicativa y se organizaron en tres pilares: espacio físico; flujo de servicio; recepción y formación del equipo. **Conclusión:** Las acciones organizativas para la adecuación y mantenimiento del servicio de oncología pediátrica ante la pandemia permitieron mantener el flujo de atención con respecto a los estándares socio-sanitarios y con orientaciones que brinden una atención de calidad a la niñez y adolescencia.

Descriptores: Infecciones por coronavirus; Neoplasias; Niño; Adolescente; Cuidado de los niños.

ORIGINAL

Introduction

On January 30, 2020, the World Health Organization declared the public health emergency of international importance (ESPII) caused by SARS-CoV-2.¹ The pandemic by COVID-19 generated the need for organizational changes in health facilities in order to ensure the maintenance and continuity of care.² In this scenario, we highlight pediatric oncology services that abruptly needed to adapt their routines so as not to interrupt the care of children and adolescents diagnosed with cancer.

The pandemic has unseemingly created the need to guarantee and maintain cancer treatment for children and adolescents through the adaptation of diagnostic and treatment protocols during the pandemic, as well as the establishment of strategies for the containment of COVID-19.³ Based on this assumption, it is understood that the interruption of cancer treatment, added to the possible complications of COVID-19, can negatively contribute to the chances of cure of children and morbidity and mortality rates.

As in Brazil, which estimates 8,460 new cases of neoplasms in children and adolescents (triennium 2020-2022)⁴, studies show that pediatric oncology teams in countries such as Italy, China and the United Kingdom also experienced challenges for organizing services whose main focus was on maintaining cancer treatment, avoiding delays and implementing strategies for covid-19 protection.⁵ There are reports of services that delayed or discontinued cancer health care due to COVID-19, through a reduction in the number of surgeries and rescheduling outpatient consultations, for example. These data reveal the various weaknesses and challenges of health systems, due to the little knowledge about the new virus and the urgent need to implement new operating guidelines.⁶

Pediatric oncology services had to reorganize themselves to ensure the right of access to health for children and adolescents. The establishment of new flows for outpatient care, maintenance of consultations and administration of chemotherapy, reorganization of wards for hospitalization, division of intensive care beds, personnel dimensioning, logistics of material and drug inputs are among the challenges faced by services.⁷

In this sense, the objective was to report organizational interventions experienced by the multidisciplinary team for the adaptation and maintenance of a pediatric oncology service in the face of the COVID-19 pandemic.

Method

This is a descriptive exploratory study referring to the organizational adaptations experienced by the multidisciplinary team, using Communicative Planning, a model that is based on the theory of communicative action in a horizontal way through the analysis of scenarios, definition of goals and actions that will allow to achieve tactical and operational results in a dialogical, cooperative and constructive way.⁸ The activities took place in a pediatric oncology service of a philanthropic hospital in Salvador, Bahia, characterized as a High Complexity Care Unit (UNACON). The initial interventions took place from March to December 2020, resulting from the experience of the multidisciplinary team of the pediatric oncology service, in partnership with the

Hospital Infection Control and Continuing Health Education Service that are part of the co-workers' team at COVID-19. The present report respected the ethical aspects approved by the ethics and research committee of the Federal University of Bahia – Maternidade Climério de Oliveira, in 22 of 2020, under opinion no. 4,043,353.

Results and Discussion

The adaptations made in the pediatric oncology service were based on protocols guided by the National Health Surveillance Agency⁹ and were elaborated in three pillars: physical space; service flows; welcoming and training of the team (Chart 1).

Table 1 - Strategies implemented for the maintenance of the pediatric oncology service. Salvador, Bahia, Brazil. 2020.

Physical Space
Installation of sinks at the entrance of the hospital
Space for dispensing Personal Protective Equipment (PPE) located at reception
Blocking of one of the access routes to the pediatric oncology outpatient clinic, remaining active only the entrance through immediate nursing screening
Installation of electronic doorman in the oncology ward
In the pediatric oncology outpatient clinic: Respiratory isolation or Contact isolation for referral of children suspected to COVID-19
Floor signs for in/out flows and social distancing
Availability of gel alcohol dispensers through the corridors and in each room
Adequacy of spaces for Respiratory isolation and Contact isolation
Prohibition of the use of the toy library and readjustment of space to attend symptomatic cases
Suspension of follow-up of school teachers, as well as trainees and volunteers
Service flows
The Covid-19 Coping Committee was established
Telephone confirmation of the scheduling of your appointment, chemotherapy or procedure
Implementation of the pilot project of telemedicine care
Suspension of visits and restriction for only one companion per child
Temporary suspension of long chemotherapy and medical consultations of children in the maintenance phase
Immediate screening of nursing to identify children suspected or confirmed for COVID-19
Monitoring the use of the mask by children and companions and hand hygiene
Request for the exchange of companions, if the latter presented suspicious signs and symptoms for COVID-19
Implementation of video calls between children, family members and health team
Body temperature measurement in children, companions and multidisciplinary team
Welcoming and team training
Preparation of E-book: "Taking care of those who care"
Psychological reception to employees

"Invisible Heroes" campaign thanking you for your commitment and recognizing the importance of each professional category
Creation and discussion of the Handbook of Good Practices in Coping with COVID-19
Training of professionals involved in immediate screening
Training of employees in the face of new processes and protocols - Contingency Plan
Training of professionals for the management of COVID-19
Training on the importance of proper paramentation and deparamentation
Training of the Hand Hygiene Protocol
Implementation of clinical sessions and remote training
Production and availability of video classes with contingency plan guidelines (e.g.: paramentation and disparamentation/ Hand hygiene protocol)

It is important to implement hospital committees for planning and management of actions during the pandemic¹⁰ because they allow organization and planning in emergency situations. Actions such as reorganization of physical space, implementation of teleservice, screening and monitoring of suspected cases have been effective actions described in some studies, such as India for example.¹¹ The reception, valorization and listening to professionals was an assertive measure, evidenced, also in studies conducted in China, which provided psychological support to frontline health professionals, as well as children from COVID-19 and their families.⁷ Such actions can contribute to minimize risks and damages not only to the health professional, but also to the child, reflecting in the improvement of the quality of care provided.¹²

Following the perspective of the implemented actions, it is worth noting that during this period, all structural dynamics and care in the pediatric oncology service was reorganized, prioritizing care for new cases, children in the initial phase of treatment (induction) and those who were undergoing chemotherapy. The care of children in maintenance and out of therapy was initially rescheduled by teleservice, followed later in the face-to-face modality. As in other countries, it was challenging to perform such measures, but it is highlighted that it was the main point for success in the implementation of relevant changes and maintenance of safe and quality care to children oncologic.⁵

It is important to highlight that from this report, the study will serve as a support in the establishment and/or updating of care flows and protocols, focusing on the adaptation and maintenance of the pediatric oncology service in pandemic time based on a dialogical and communicative process among the team.

Conclusion

During the confrontation of COVID-19, overcoming difficulties requires special attention from health professionals involved in the services. Organizational strategies aimed at adapting and maintaining care in the pediatric oncology service were effective because they allowed the maintenance of care and treatment of children. It is noteworthy that currently the SARS-CoV-2 has presented variants and this may arise in need of new strategies to cope with transmission according to changes in viral behavior.

The organizational actions for the adaptation and maintenance of the pediatric oncology service during the COVID-19 pandemic revealed that organizational strategies were planned and developed with favorable results, especially considering that the conduct of care practices guaranteed care.

It is important to highlight that from this report, the study will serve as a support in the establishment and/or updating of care flows and protocols, focusing on the adaptation and maintenance of the pediatric oncology service in pandemic time based on a dialogical and communicative process among the team. Regarding limitations, it presented as a challenge the lack of consolidation of clinical evidence that supported the team in the implementation of actions, since it is a new event in need of constant changes of regulatory bodies, obeying international guidelines.

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Correspondent Author

Mariana Moitinho Freire Queiroz da Silva
Universidade Federal da Bahia
241 Basílio da Gama St. ZIP: 40231-300, Canela.
Salvador, Bahia, Brazil.
maianaqueiroz@ufba.br