

MANAGEMENT OF THE SURGICAL BLOCK IN PANDEMIC TIMES: WHERE WE STARTED AND WHERE WE WANT TO BE

<https://doi.org/10.5327/Z1414-4425202000030001>

Since the beginning of the pandemic, the Brazilian Health Regulatory Agency (*Agência Nacional de Vigilância Sanitária* – ANVISA) recommends that all health services develop and implement a contingency plan with strategies and policies needed to tackle the SARS-CoV-2 pandemic, including the management of human and material resources¹.

This plan should define several practical actions necessary to confront this crisis in the service, including: surveillance and data management of infected patients and professionals; elaboration and implementation of clinical protocols and workflows (screening of suspected and infected patients and professionals, work leave and return for professionals who have tested positive for COVID-19, among others); internal communication involving all professionals in the facility; training and dissemination of protocols, flows, and proper use of personal protective equipment; monitoring of professionals regarding adherence to the actions implemented; daily control of pandemic-related supplies; mechanisms that promote awareness among the entire health team about actions that must be taken to face this pandemic¹.

The service must periodically monitor the implementation and adherence to the actions of the contingency plan in order to make the adjustments and improvements necessary. Monitoring the plan also contributes to detecting improvement points, such as the reinforcement of instructions for a specific group of professionals from the hospital, the readjustment of flows, and emergency actions in case of shortage of human and material resources¹.

Groups of professionals who work in the surgical block are among the most affected by the COVID-19 pandemic in recent months, initially by the suspension of elective procedures and the prioritization of urgency and emergency surgeries¹. Furthermore, in many hospitals, the surgical center became an intensive care unit ready to receive infected patients. Teams of nurses and

doctors were assigned to the care to these patients, optimizing the allocation of resources and space¹. If in conventional circumstances, managing the surgical block is a challenging mission, the situation becomes even complex when we rethink this scenario in times of greater uncertainties, changes, transitions, coupled with little time to assimilate, reorganize resources, and prepare the team for this new reality².

In the years we have worked as managers of the surgical block and participated in collaborative fronts to tackle the pandemic, we have understood that the situation requires leadership, quick thinking, prior knowledge, trust and ethics, visibility, communication and power of persuasion, flexibility, and resiliency. Many leaders are working remotely and supporting their families while dealing with issues of care and safety for the patient and the multidisciplinary team³.

In addition to these factors, the scope of the current leadership role for the surgical block includes redesigning models of care and professional training in real-time, developing intensive training in intensive therapy nursing, completely transforming the surgical environment into intensive care beds and returning them afterward for the resumption of surgeries, going back to the usual planning models³.

Some leadership behaviors have become essential in this crisis, such as:

- making quick and effective decisions, identifying the most important points to handle, and engaging the leaders;
- adapting with boldness, deciding what not to do, and adjusting to the new situation;
- reliably giving the shift report, unifying the team focus, and monitoring performance;
- becoming involved with the care of the team, motivating them, and clearly and fully communicating new goals and important information³.

Currently, we are experiencing a gradual recovery of surgical volume, amid concerted efforts to protect patients and staff, as well as allay fears about virus exposure. Some recommendations are crucial to ensure that the risks do not supersede individual needs. Any reopening must be approved by competent municipal and state health authorities and the public health system (*Sistema Único de Saúde – SUS*), and local decisions of private health insurance providers (Agência Nacional de Saúde – ANS) and health facilities must be evaluated^{1,4,5}.

In parallel to the return of elective surgeries, on June 19, 2020, the Ministry of Health published the Directive no. 1,565 in the Brazilian Official Gazette, providing general guidelines for the prevention, control, and mitigation of transmission of the novel coronavirus. The guidelines are also aimed at promoting the physical and mental health of the population. The goal is to support local strategies for the safe return to activities and social life, respecting the specificities and characteristics of each sector or line of business. Local authorities and local health bodies will be responsible for deciding the reopening process after evaluating the epidemiological scenario and the response capacity of the health care system.

In the face of the pandemic, overt precautions have been implemented for the return of elective surgeries. These precautions are being continuously monitored and will continue to be for an indefinite period. They include: monitoring of accesses, social distancing in hospital environments, use of specific protective equipment, decontamination routines and protocols, specific approach in procedures with the generation of aerosols, optimization and decrease in the number of people circulating in the operating room, safe flows without contact with infected patients, in addition to environmental control with negative/neutral pressure and air exchange for surgeries performed

in suspected or contaminated patients, and positive pressure in the operating room for elective surgeries in uncontaminated patients^{1,4,5}.

The current situation brought to light novel practices that should be considered the new normal for the hospital environment, especially in areas with extensive manipulation of airways and body fluids of patients. We must ensure that the health professionals who will provide this care have proper training on these precaution techniques. The use of new tools, such as telemedicine and meetings on online platforms, has become usual and necessary^{6,7}.

Leaders of the organization must maintain the critical infrastructure and, at the same time, provide support to team members and empathize with their needs. In the international year of nursing, it is up to us, professionals of this area, of this beautiful profession of almost 200 years, to be proud every day and honor the legacy left by Florence Nightingale, who represents strength, courage, and dedication, noble attitudes that make us unique in this mission of caring for others.

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