Expansion of nurses’ roles, in the context of the SARS-CoV-2 pandemic, in primary and secondary schools

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Health systems’ response capacity involves facing several challenges, such as socioeconomic and political changes, changes in the epidemiological profile, disease outbreaks and climate change. In this regard, health policies that address health needs and problems and achieve universal access to health and universal health coverage require a new and more comprehensive approach to essential public health functions(1).

Essential public health functions include surveillance, risk control and management, knowledge management, policy development, social participation and mobilization, human resources, allocation of medicines and other health technologies, health financing, and access to services comprehensive and quality, with an approach focused on social determinants(1).

Human resources for health have a fundamental role in health systems and services. Services are expected to have professionals trained in the care model, with appropriate skills and distributed in order to meet the population’s needs. However, investment limitations and health workforce inequalities in access, availability, distribution and quality are the current reality(1).

The Pan American Health Organization (PAHO/WHO) has, since 2013, promoted discussions to promote the education, regulation and implementation of Advanced Practice Registered Nurses (APRN) as a strategy to increase the population’s access to a professional of more qualified and autonomous nursing. PAHO/WHO considers an APRN to be a professional with graduate training who, integrated with an interprofessional team of primary health care services, contributes to managing patient/user care with mild acute illnesses and chronic disorders, diagnosed according to the protocol guidelines or clinical guides. Professional practice is expanded and differentiated from that performed by primary care nurses due to the degree of autonomy in decision-making and in diagnosis and treatment of patients’ needs(2).

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The basis of performance is in the formal education of nurses, in professional master’s programs with specialized knowledge, complex skills and expanded clinical competencies for nursing practice(2-3). Autonomy in decision-making and the possibility of prescribing drugs is a differential when compared to generalist nurses.

In the current context of the SARS-CoV-2 pandemic, the health system has been heavily affected, as have the productive, economic and education sectors, highlighting the challenges in addressing poverty, inequality and social protection systems(4-5).

The pandemic highlighted gaps in health systems, mainly lack of investments, deficit of professionals, and working conditions, which are not always adequate. Vulnerabilities were accentuated in certain population groups, such as the population living in settlements or in remote rural areas, indigenous people, people deprived of their liberty, informal workers or essential low-income workers, migrants, women, children and adolescents living in situations of violence, homeless people, people with disabilities and older adults(6).

Education is a sector that has been severely affected. It is estimated that, since March 2020, more than 1.5 billion students worldwide have faced significant disruptions due to the closure of schools and universities(8).
Remote education was the option found and education was transformed from classroom to virtual in weeks and months. Although remote education seeks to reduce the learning deficit, it results in the loss of cognitive and social skills and the digital divide, affecting young people and their families.

Confined measures reduced the possibility of physical activity and the use of recreational facilities, altered access to food and eating patterns and increased consumption of alcohol, tobacco and drugs. In addition to these factors are psychosocial risk with tension and stress.

Children and young people are being affected, which requires changes in the educational system, with programs that support the development of cognitive, behavioral, sexual and reproductive rights, nutrition and mental health skills. Health and education are two-way concepts: good quality education is an investment for health and health is essential for effective learning. Under this logic, health promoting schools are an important mechanism to expand the relationship between health education and to value students, teachers and families, in alignment with Sustainable Development Goals.

In this context, nurses can be key professionals in primary and secondary schools, as they have the capacity to act in health prevention and promotion, in disease care and treatment. The current situation of schools and the SARS-CoV-2 pandemic are an opportunity for APRN to act.

Este profissional, em diversos países, tem forte atuação nos serviços de saúde escolar. In the United States, for instance, for more than 20 years, these professionals have worked in the care of chronic and acute conditions, mental health, vaccination, coordination of care, monitoring children and adolescents with the family, accessing services health, education and health promotion and preparation for coping with emergency situations.

APRN working in schools will apply their evidence-based decisions to seek partnerships and support the work of epidemiologists, infectologists and other professionals, in addition to health promotion actions, disease prevention and guidance on care in SARS-CoV-2 prevention, such as wearing masks, the importance and proper hand washing, measures to prevent the spread and spread of the disease, the importance of vaccinating schoolchildren and their families, measures for detecting and isolating cases, exams and diagnosis of the disease and other actions aimed at students and their families as well as the school community itself.

Implementing partnerships and collaborative efforts between the health and education sectors demonstrate important potential for fighting the pandemic; thus, APRN with training in school health and/or public health can, in addition to the actions presented, assist in the reopening of schools and in the safety of students, teachers, staff, and family members.

It is known that nurses are in the health services, at the forefront of this pandemic; however, they can act on other devices if they have opportunities. Broadening their performance in health services and other spaces can improve the general population’s health outcomes.

Investing in APRN education and implementation will impact the economic sector, the safe reopening of schools, the education of future generations and health promotion, with a consequent reduction in disease rates and health costs. However, it is essential and urgent the mobilization and performance of civil society, schools, professionals and their societies and regulatory organizations with decision makers.

REFERENCES