



**Thanks to all  
the people who  
clapped for us!**

**It has given us  
more impetus to  
keep on with the  
battle against  
COVID-19.**

**Fearlessly  
Against  
COVID19**



Let's advise  
social  
distancing  
for a  
COVIDless  
life!

**Fearlessly  
Against  
COVID19**





Let's make our clinics  
**COVID-19 ready!**

Wipe surfaces and objects  
with disinfectants.

**Fearlessly  
Against  
COVID19**



We understand it's a difficult time, but the country is depending on you.

**Stay calm  
& energized**

**Fearlessly  
Against  
COVID19**





**Let's have  
Personal  
Protective  
Equipment (PPE)**  
handy in our clinics to  
stop COVID-19 in its  
tracks

N95 respirators/masks  
Gowns  
Goggles  
Gloves  
Hand Sanitizers/  
Soap & water

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**Your passion and dedication  
make people look up to you.**

**The country is  
counting on you to  
fight COVID-19.**

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Against  
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The Government announces an allocation of Rs 15,000 crores for

Boosting testing facilities

Personal Protective Equipment (PPE)

Isolation beds

Ventilators

**Help is at hand – keep up the good work!**

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**The best thing about a stethoscope  
is that you can tune out the noise  
and tune in to the truth!**

**Keep up the good work!**

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**IMA encourages  
telephonic  
consultations  
where possible,  
especially for  
known patients.  
Stay safe!**

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**When assessing patients**  
separate patients with symptoms  
and signs suggestive of **COVID-19**,  
and provide them masks

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## **IMA urges health care facilities to continue**

**delivering essential services**

**Provide emergency care**

**Provide telephonic and  
online consultations  
where possible**



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## **Protecting yourselves and your staff**

**Use Personal Protective Equipment (PPE)**

**Clean often-touched surfaces**

**Sterilise all equipment**

**Wash hands and disinfect stethoscopes  
between consultations**

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**IMA urges you to stay  
composed, confident,  
informed and  
diligent while  
carrying out  
your duties.**

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COVID19**



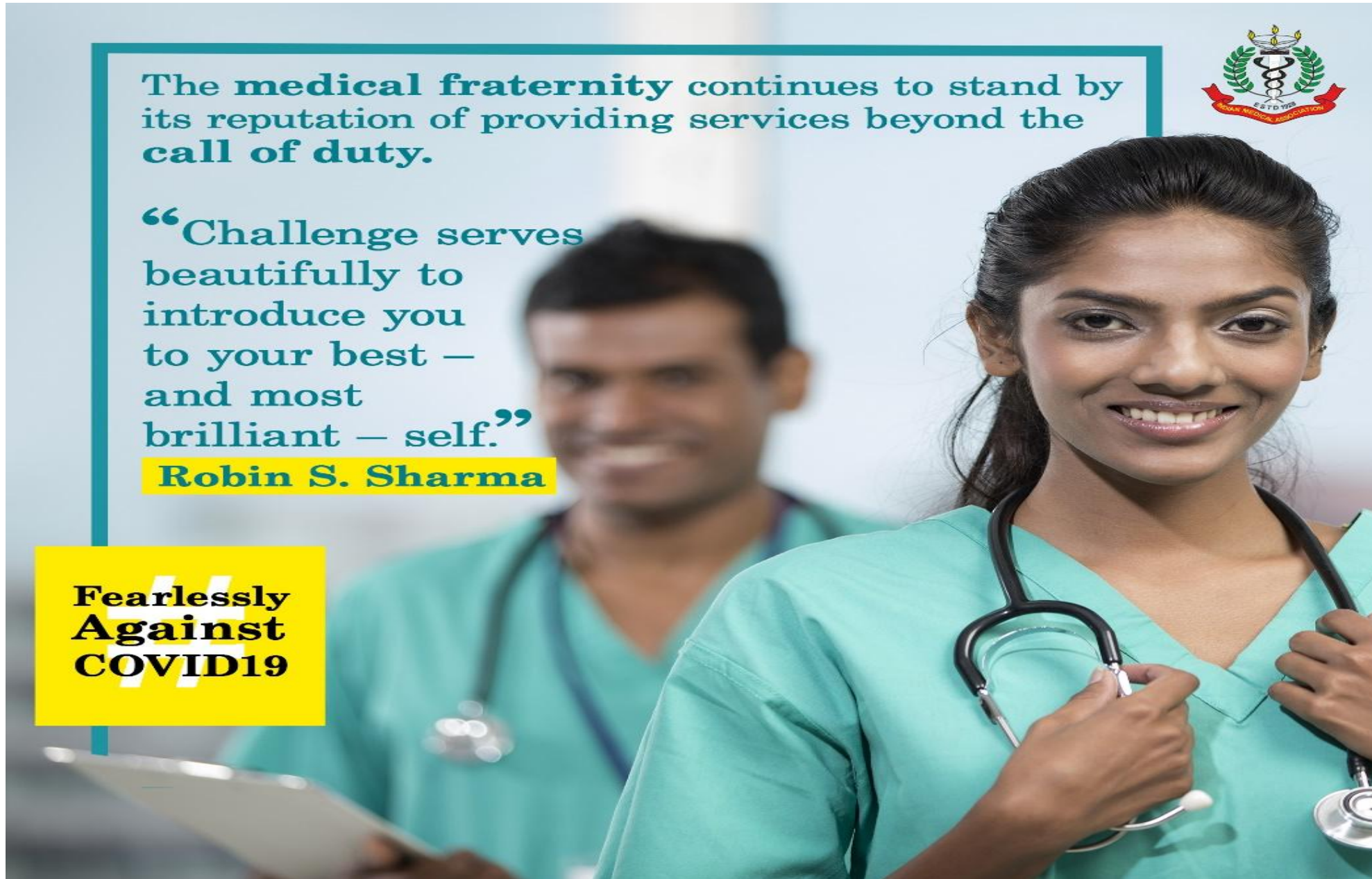


The **medical fraternity** continues to stand by its reputation of providing services beyond the **call of duty**.

“Challenge serves beautifully to introduce you to your best – and most brilliant – self.”

**Robin S. Sharma**

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## **Keep yourself and your staff protected at the frontlines of the COVID-19 battle.**

- **Use personal protective equipment (PPE) for yourself and all your staff.**
- **Train staff on the correct way to wash hands.**
- **Train staff on the proper ways to put on and take off PPE.**
- **Train staff on adhering to infection prevention practices.**
- **In isolation wards, damp dust and mop floors with disinfectants.**
- **Clean surfaces with sodium hypochlorite solution.**

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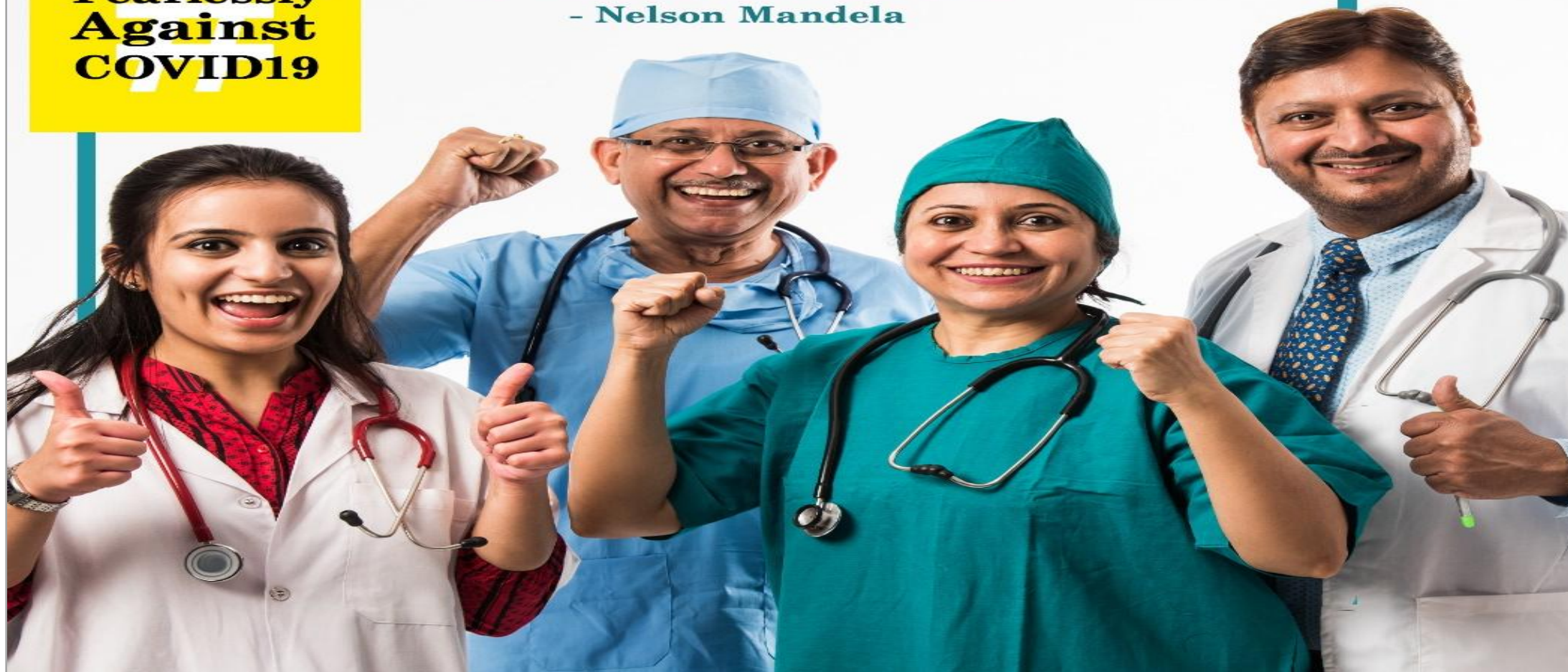


The Indian medical community continues its valiant,  
heroic and selfless fight.

**“ I learned that courage was not the absence of fear,  
but the triumph over it. The brave man is not  
he who does not feel afraid, but  
he who conquers that fear. ”**

**- Nelson Mandela**

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**Medical personnel around the world have been tireless in their efforts to combat the pandemic.**

**“ Courage isn't having the strength to go on - it is going on when you don't have strength. ”**

**- Napoleon**

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**Nurses are on the frontline  
of the fight against COVID-19.**

**Their sacrifices, diligence, and  
cheerfulness are an inspiration to all.**

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Against  
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The Indian medical community is courageous and heroic in its preparation and fight against COVID-19.

**“My strength lies solely in my tenacity.”**

**— Louis Pasteur**

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## Reusing N95 masks:

- The N95 mask can be reused.
- Give 3 masks to each person; use in rotation.
- Air dry masks after use, preferably in the sun.
- Train staff on the correct ways to don and doff masks.
- Do not touch the inside of the mask.
- Dispose the mask as per protocol.
- Discourage frequent touching of the face or mask.
- Check the integrity of masks before use.

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# 20-04-19-CVV01- Guide for Pvt Clinics

## **Post copy:**

IMA has issued guidelines for medical practitioners with private practices to prepare for the post-lockdown period, and for handling potential COVID-19 cases.

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**Essential  
post-lockdown  
preparations**  
for private health facilities

## **Advise caregivers of elderly patients to stay cautious, but connected:**

- Ensure hand and cough hygiene when interacting with senior citizens.
- Disinfect frequently touched objects like door handles, spectacles & phones.
- Sanitize canes, walkers, wheelchairs and other equipment.
- Take care of their physical, mental and emotional well-being.
- Do not keep them bed-bound or in isolation.

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## 20-04-20-CVV02- Advisory for online and telephonic consultations

Post copy:

In-person consultations have the advantage of having eye contact, being able to make minor observations, assessing body language, and benefiting from physical examination of the patient. Technology cannot replace clinical medicine and must be used with caution. It should be used only to identify the need of hospitalisation, and conduction of routine consults when a doctor is familiar with the patient's medical history.

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**Advisory for online and  
telephonic consultations**

# 20-04-21-CVV03- Advisory for routine immunisation

Post copy:

IMA advises that routine immunisations should continue with abundant caution during the COVID-19 pandemic.

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**Advisory for  
routine immunisation**  
during COVID-19 pandemic



# 20-04-22-CVV04- Advice for elderly patients

Post copy:

The elderly are especially susceptible to COVID-19 &, if infected, may have worse outcomes. Advise your elderly patients to stay home, stay safe & stay healthy.

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## Advice for elderly patients

## **WHO's My 5 Moments for Hand Hygiene:**

- Before touching a patient.
- Before clean or aseptic procedures.
- After body fluid exposure or risk.
- After touching a patient.
- After touching a patient's surroundings.

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## **Guidelines for taking oropharyngeal or nasopharyngeal swabs of suspected COVID-19 patients:**

- Swabs can be taken in a regular examination room.
- A negative-pressure room is not required.
- The health care worker must use full PPE.
- The room can be reused after a few minutes.



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## **COVID-19 patient placement:**

- Place confirmed patients in well-ventilated single rooms.
- Observe contact and droplet precautions.
- If short of rooms, cohort only confirmed patients together.
- Beds must be set at least 1 metre apart.

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## Transmissibility of coronavirus:

- Transmits easily and efficiently.
- Reproduction number ( $R_0$ ) is estimated at 5.7.
- Contagiousness is highest in the first 3 days of symptoms.
- Transmission is low, but possible, from asymptomatic patients.



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# 20-04-25-CVV05-The virology

Post copy:

The 'Novel Coronavirus', which causes COVID-19 (coronavirus disease 2019), has been thus named as it has not been previously identified. It is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. The International Committee on Taxonomy of Viruses announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" as the name of the new virus on 11 February 2020.

Source: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

Source: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Coronavirus-Disease-2019-Basics>

Source: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

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**Coronavirus**  
The virology

# 20-04-26-CVV06-Aerosol Generating Procedures

## Post copy:

The Clinical Infectious Diseases Society (CIDS) advises that the following procedures should be considered to be aerosol generating procedures (AGP):

- Open suctioning of airways.
- Sputum induction.
- Cardio-pulmonary resuscitation.
- Endotracheal intubation & extubation.
- Non-invasive ventilation (BiPAP, CPAP).
- Bronchoscopy.
- Manual ventilation.
- Nebulisation & high-flow oxygen delivery.

CIDS suggests that minimal aerosolization occurs during nebulisation & high-flow oxygen delivery but includes them in the list due to the proximity of health care workers (HCW) to the patients. Precautions to be taken if a COVID-19 patient is subject to AGP:

- Perform AGPs in well-ventilated rooms with airflow of 160 litres per second per patient or in negative-pressure rooms.
- 12 air changes per hour are recommended, with controlled direction of air flow when using mechanical ventilation.
- All HCWs should use appropriate PPE:
  - N95 masks are recommended, with a seal check performed before entering the room.
  - Eye protection (goggles or face shield).
  - Non-sterile long-sleeved gown.
  - Gloves.
  - Shoe covers & triple gloving are not recommended.

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**Aerosol  
generating  
procedures &  
necessary  
precautions**

# COVID-19

## Spectrum of illness

- 81% - Mild (no or mild pneumonia)
- 14% - Severe (RR  $\geq$  30, SpO<sub>2</sub>  $\leq$  93%, PaO<sub>2</sub>/FiO<sub>2</sub>  $\leq$  300 mm Hg, or 50% lung involvement in 24-48 hours)
- 5% - Critical (respiratory failure, shock or MOSF)



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# Coronavirus FAQ

Q: Is the coronavirus excreted in human faeces?

A: Yes.

Q: Is faeco-oral transmission of coronavirus a risk?

A: Not a serious risk.

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# Coronavirus: Incubation period

- 2 days to 2 weeks following exposure.
- Average between 5 & 6 days.
- 97.5% people develop symptoms within 11.5 days of infection

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# COVID-19

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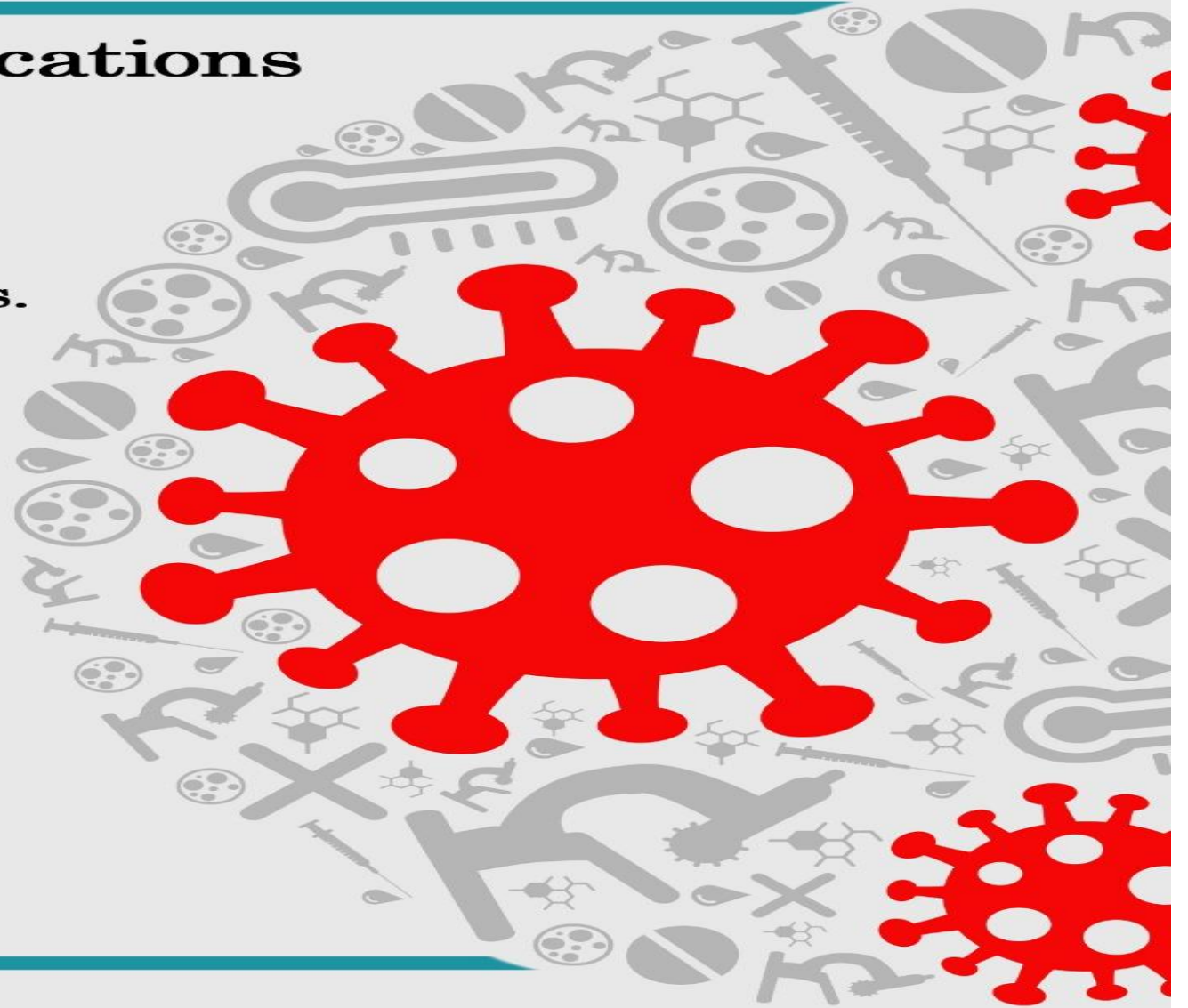
## Possible complications of COVID-19:

- ARDS.
- Myocarditis.
- Cardiac arrhythmias.
- Shock.
- MAS/sHLH (persistent fever, thrombo-cytopenia, elevated ferritin, D-dimer, pro-inflammatory cytokines).

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# Guidelines for environmental disinfection:

- **Rooms:** With detergents, followed by:
  - 0.05% sodium hypochlorite solution, or
  - 5% household bleach (1:100 dilution), or
  - Ethanol (at least 70%).
- **Toilets:**
  - 0.01% sodium hypochlorite solution, or
  - 5% household bleach (1:50 dilution).
- **Linens and mattresses:** 5% Lysol or phenol.
- **Floors & ambulances:** 1% hypochlorite solution.

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# 20-04-29-CVV07-PPE for COVID Patient Carers

## **Post copy:**

The Clinical Infectious Diseases Society (CIDS) outlines the difference in Personal Protection Equipment (PPE) for health workers involved in direct care of COVID-19 patients vs those performing aerosol generating procedures (AGP).

CIDS suggests that while gown, gloves & eye protection should be used by both groups of health workers, N95 masks or equivalent & aprons are required only for those health workers who perform AGP on COVID-19 patients.

Source: [https://youtu.be/jW64uagga\\_s?t=381](https://youtu.be/jW64uagga_s?t=381)

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## **PPE** **Requirements** when caring for **COVID-19 patients**

# 20-04-29-CVV08-PPE for Other Staff (those not involved in direct care)

## Post copy:

The Clinical Infectious Diseases Society (CIDS) suggests Personal Protection Equipment (PPE) required for staff other than health workers, patients & their visitors.

- For cleaners, in addition to mask, gown & gloves, eye protection & boots are required in case there is a risk of splashes of organic materials or chemicals.
- Lab technicians should also wear mask, gown & gloves, along with eye protection in case there is a risk of splashes.
- For health workers & staff present in wards or corridors when a patient is being shifted, PPE is not required as long as the patient is wearing a mask.
- In triage areas, staff involved in screening patients do not need PPE as long as there is a distance of at least 1 metre between staff & patients.
- Patients with respiratory symptoms must wear a mask & maintaining a spatial distance of at least 1 metre from them is recommended.
- Patients without respiratory symptoms do not require PPE.
- Any visitor entering the room of a COVID-19 patient should wear mask, gown & gloves.

Source: [https://youtu.be/jW64uagga\\_s?t=432](https://youtu.be/jW64uagga_s?t=432)

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**PPE for staff  
not involved in  
direct care  
of COVID-19 patients**



# 20-04-30-CVV09-PPE for OP Staff

## **Post copy:**

For medical facilities providing out-patient care to COVID-19 patients, the Clinical Infectious Diseases Society (CIDS) suggests Personal Protection Equipment (PPE) necessary for patients, health workers & other staff in each area of a clinic.

Source: [https://youtu.be/jW64uaqqa\\_s?t=1041](https://youtu.be/jW64uaqqa_s?t=1041)

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# PPE for out-patient staff

## 20-04-30-CVV010-COVID-19 PPE & Equipment

### **Post copy:**

The Clinical Infectious Diseases Society (CIDS) recommends a dedicated team of health workers who look after only COVID-19 patients. CIDS also lists Personal Protection Equipment (PPE) which is essential and that which is optional for these health workers. CIDS recommends post-care best practices & reiterates the importance of proper doffing & disposal of PPE followed by hand hygiene.

A new set of PPE is required before care is given to the next patient. If health workers care for multiple COVID-19 patients but are not in close proximity with them for a prolonged time, CIDS suggests it is acceptable to wear an apron over the gown & recommends changing apron & gloves for each patient. Equipment such as blood pressure apparatus, thermometers etc., should either be single-use or should be dedicated for use on only one patient. This equipment should not be used on other patients even after disinfection.

Source: [https://youtu.be/jW64uaqga\\_s?t=1135](https://youtu.be/jW64uaqga_s?t=1135)

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**Best practices for  
PPE & equipment**  
when examining  
COVID-19 patients

“No achievement is possible  
without persistent work.”  
- Bertrand Russell

**Happy Labour Day**

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## **Recommended best practices for extended mask usage**

- Discard soiled or damaged masks.
- Don't touch front or inside of mask.
- Clean hands if mask is touched or adjusted.
- Leave patient care area to remove mask.

# 20-05-02-CVV013-Exposure Risk Levels

## Post copy:

Clinical Infectious Diseases Society (CIDS) has explained the type of exposure health workers can experience when caring for COVID-19 patients & has classified them as high, medium & low risk.

## What is the definition of contact?

Providing direct care to a COVID-19 patient with or without PPE for over 15 mins.

Being in close proximity to a patient at home, work, school/college or at a gathering.

Traveling in close proximity to a patient within a period of 14 days from the onset of symptoms.

## High-risk exposure

Prolonged (over 15 mins) close contact (within 2m) with COVID-19 patients, when both the patient & health worker were not wearing a face mask; OR

Being present in a room where an aerosol generating procedure (AGP) was performed, with the nose, mouth or eyes of the health worker unprotected.

## Medium-risk exposure

Prolonged close contact with a COVID-19 patient who was wearing a mask, but where the health worker was without one; OR

Where the health worker wore a gown, glove & eye protection, but also wore a face mask instead of a respirator during an AGP.

## Low-risk exposure

Brief interactions with patients, without direct contact, e. g. at a triage desk or briefly entering a patient's room; OR

Prolonged close contact when both patient & health worker are wearing face masks; OR

Use of eye protection in addition to mask or respirator.

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**Exposure of  
health workers  
to a COVID-19 patient**

# 20-05-02-CVV014-PPE

## Reuse

### Post copy:

A Clinical Infectious Diseases Society (CIDS) webinar addresses the issue of standards for care.

In contingency capacity situations, practitioners balance engineering, logistics & patient care aspects, & may need to conserve usage of Personal Protection Equipment (PPE), cohort patients, & minimise elective procedures.

Since studies indicate that SARS-CoV-2 does not exist longer than 3 days on cloth, paper & cardboard, CDC suggests providing 4 N95 masks to each HCW. In case of shortage of PPE, health workers cycle through these, using a new mask each day so that the first mask comes into reuse on the fifth day. Used masks should be stored in a paper bag or box for 4 days before reuse.

Sources:

[https://youtu.be/jW64uagga\\_s?t=1135](https://youtu.be/jW64uagga_s?t=1135)

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

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## Crisis standards of care for COVID-19

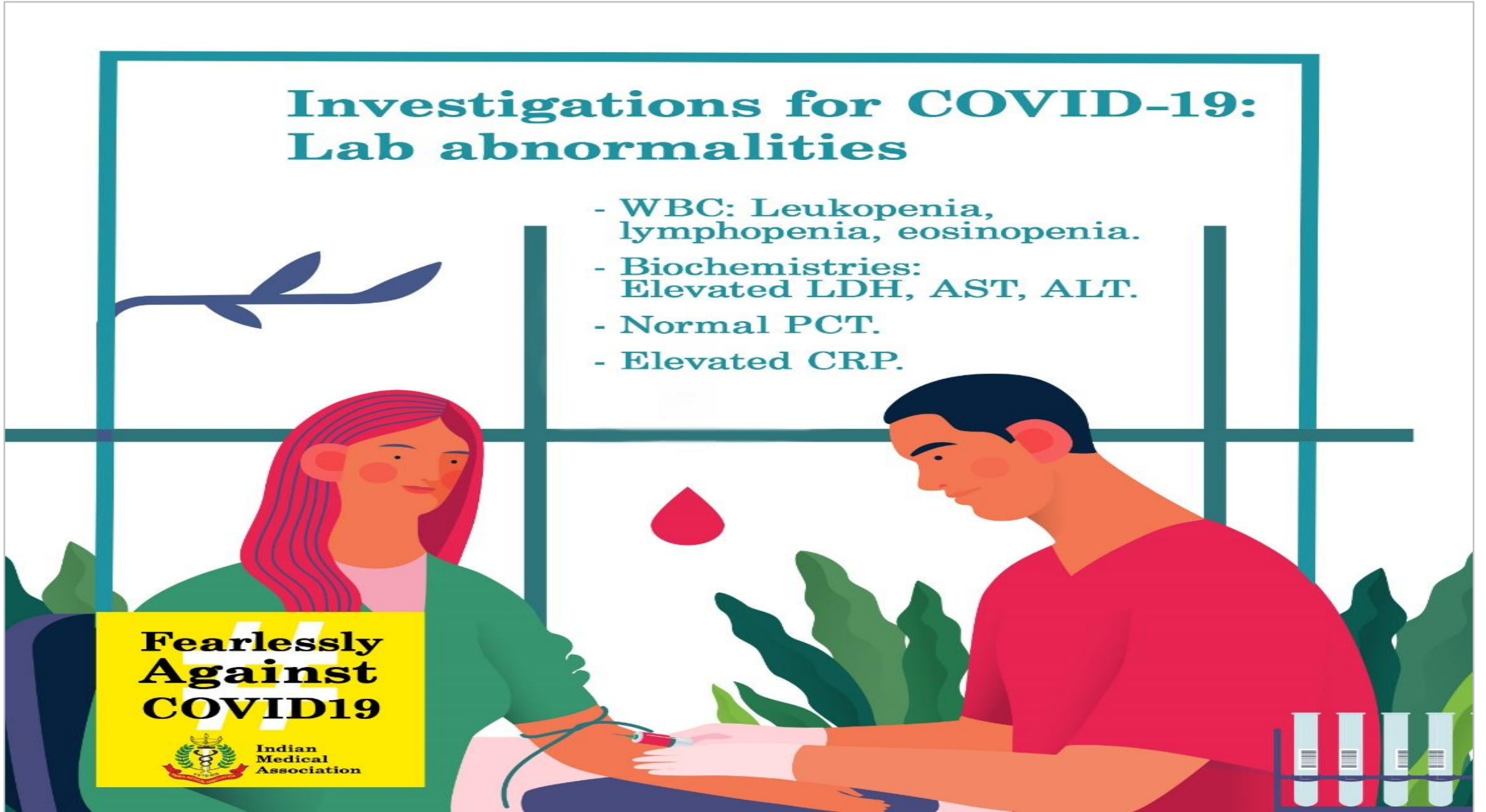
# Investigations for COVID-19: Lab abnormalities

- WBC: Leukopenia, lymphopenia, eosinopenia.
- Biochemistries: Elevated LDH, AST, ALT.
- Normal PCT.
- Elevated CRP.

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# Safe clinics for staff & patients:

- Provide telephonic consultations, if appropriate.
- Schedule appointments to prevent crowding.

## Ensure distancing.

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# 20-05-03-CVV015-Restrictions for at-risk health workers

## Post copy:

The Centres for Disease Control (CDC) have issued guidance for the risk assessment and the public health management of health workers who have potentially been exposed to COVID-19 patients.

# Prolonged close contact with a COVID-19 **patient wearing a face mask** puts exposed health workers at risk, depending on the PPE worn.

- Health worker PPE: None, or not wearing a facemask or respirator.
  - Exposure category: Medium.
  - Restrictions: Exclude from work for 14 days after last exposure.
  - Active monitoring & temperature checks twice a day at the hospital are required.
- Health worker PPE: Not wearing eye protection, or not wearing gown or gloves, or wearing all PPE but wearing a face mask instead of a respirator during an aerosol generating procedure (AGP).
  - Exposure category: Low
  - Restrictions: None. The health worker can come to work every day.
  - Self-monitoring & temperature checks twice a day with delegated supervision is sufficient.

# Prolonged close contact with a COVID-19 **patient not wearing a face mask**

- Health worker PPE: None, or not wearing a facemask or respirator.
  - Exposure category: High.
  - Restrictions: Exclude from work for 14 days after last exposure.
  - Active monitoring & temperature checks twice a day at the hospital are required.
- Health worker PPE: Not wearing eye protection.
  - Exposure category: Medium.
  - Restrictions: Exclude from work for 14 days after last exposure.
  - Active monitoring & temperature checks twice a day at the hospital are required.
- Health worker PPE: Not wearing gown or gloves, or wearing all PPE but wearing a face mask instead of a respirator during an AGP.
  - Exposure category: Low
  - Restrictions: None
  - Self-monitoring & temperature checks twice a day with delegated supervision is sufficient.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

[https://youtu.be/jW64uagga\\_s?t=1838](https://youtu.be/jW64uagga_s?t=1838)

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## 20-05-03-CVV016-Reusing N95 Masks

### Post copy:

A Clinical Infectious Diseases Society (CIDS) webinar addresses the issue of standards of care. In contingency capacity situations, practitioners balance engineering, logistics & patient care aspects & may need to conserve Personal Protection Equipment (PPE) usage, cohort patients, minimise elective procedures.

Since studies indicate that SARS-COV-2 does not exist longer than 3 days on cloth, paper & cardboard, CDC suggests providing 4 N95 masks to each HCW. In case of shortage of PPE, health workers cycle through these, using a new mask each day so that the first mask comes into reuse on the fifth day. Used masks should be stored in a paper bag or box for 4 days before reuse.

Sources:

[https://youtu.be/jW64uagga\\_s?t=1135](https://youtu.be/jW64uagga_s?t=1135)

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

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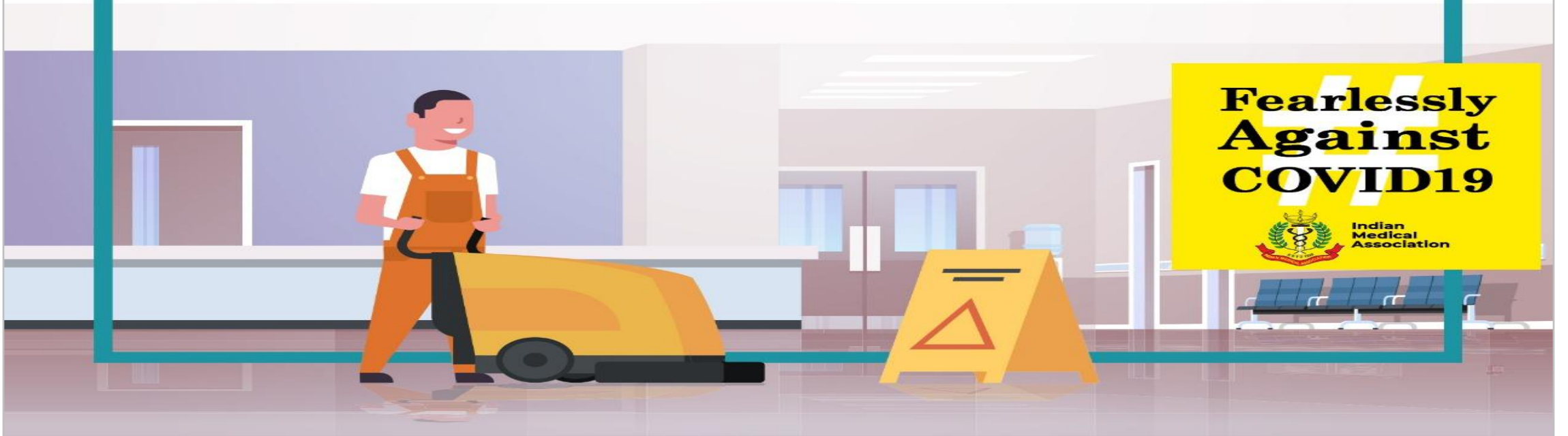


# Disinfection of N95 masks

# Safe clinics for staff & patients:

- Schedule frequent cleaning of surfaces & objects.
- Use a hygiene chart.
- Use cleaning agents of the right type & strength.

## Clean clinics prevent spread.



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## Safe clinics for staff & patients:

- Know what PPE to use & when.
- Ensure adequate stock & reuse when possible.

## The right PPE protects.



Restrict telephonic or video consultations for routine follow-up of regular patients.

Schedule appointments for new patients or new health problems.

**Virtual consultations reduces risk of COVID-19, but do not replace physical evaluation.**

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A female healthcare worker in blue scrubs is sitting in a meditative pose on a light-colored floor in a hospital hallway. She has a stethoscope around her neck and her hands are resting on her knees in a mudra. In the background, another person in blue scrubs is also meditating, slightly out of focus. The scene is framed by a teal border.

Busy or not, stay  
calm, stay focused,  
stay informed &  
follow best  
practices to be  
effective.

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