Thanks to all the people who clapped for us!

It has given us more impetus to keep on with the battle against COVID-19.
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.
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
Your passion and dedication make people look up to you.
The country is counting on you to fight COVID-19.
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!

Fearlessly Against COVID19
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!
IMA encourages telephonic consultations where possible, especially for known patients.
Stay safe!

Fearlessly Against COVID19
When assessing patients
separate patients with symptoms
and signs suggestive of COVID-19,
and provide them masks
IMA urges health care facilities to continue delivering essential services

Provide emergency care

Provide telephonic and online consultations where possible

Fearlessly Against COVID19
Protecting yourselves and your staff

Use Personal Protective Equipment (PPE)
Clean often-touched surfaces
Sterilise all equipment
Wash hands and disinfect stethoscopes between consultations
IMA urges you to stay composed, confidant, informed and diligent while carrying out your duties.
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
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.
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

Fearlessly Against COVID19
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

Fearlessly Against COVID19
Nurses are on the frontline of the fight against COVID-19. Their sacrifices, diligence, and cheerfulness are an inspiration to all.
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
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.
IMA has issued guidelines for medical practitioners with private practices to prepare for the post-lockdown period, and for handling potential COVID-19 cases.

#FearlesslyAgainstCOVID19 #IMA
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.
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.

#FearlesslyAgainstCOVID19 #IMA
IMA advises that routine immunisations should continue with abundant caution during the COVID-19 pandemic. 

#FearlesslyAgainstCOVID19 #IMA
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.
#FearlesslyAgainstCOVID19 #IMA
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.
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.
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.
Transmissibility of coronavirus:

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


#FearlesslyAgainstCOVID19 #IMA
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.

#FearlesslyAgainstCOVID19 #IMA
COVID-19
Spectrum of illness

- 81% - Mild (no or mild pneumonia)
- 14% - Severe (RR ≥ 30, SpO2 ≤ 93%, PaO2/FiO2 ≤ 300 mm Hg, or 50% lung involvement in 24-48 hours)
- 5% - Critical (respiratory failure, shock or MOSF)
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.
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.
COVID-19
Spectrum of illness

- 81% - Mild (no or mild pneumonia)
- 14% - Severe (RR ≥ 30, SpO2 ≤ 93%, PaO2/FiO2 ≤ 300 mm Hg, or 50% lung involvement in 24-48 hours)
- 5% - Critical (respiratory failure, shock or MOSF)

Fearlessly
Against
COVID19

Indian Medical Association
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.
Possible complications of COVID-19:

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

#FearlesslyAgainstCOVID19 #IMA
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)

#FearlesslyAgainstCOVID19 #IMA
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/jW64uagga_s?t=1041

#FearlesslyAgainstCOVID19 #IMA
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/jW64uagga_s?t=1135

#FearlesslyAgainstCOVID19 #IMA
“No achievement is possible without persistent work.”
- Bertrand Russell

Happy Labour Day
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.
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.

#FearlesslyAgainstCOVID19 #IMA
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://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

#FearlesslyAgainstCOVID19 #IMA
Investigations for COVID-19: Lab abnormalities

- WBC: Leukopenia, lymphopenia, eosinopenia.
- Biochemistries: Elevated LDH, AST, ALT.
- Normal PCT.
- Elevated CRP.
Safe clinics for staff & patients:

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

Ensure distancing.
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.

https://youtu.be/jW64uagga_s?t=1838
#FearlesslyAgainstCOVID19 #IMA
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.

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#FearlesslyAgainstCOVID19 #IMA
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.
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 reduce risk of COVID-19, but do not replace physical evaluation.**
Busy or not, stay calm, stay focused, stay informed & follow best practices to be effective.