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During  **COVID-19**
For Gynaecologists

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SURAKSHA MODULE – 3

Instrumentation Handling – Best practices during Covid 19 pandemic

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Background

- Global coronavirus pandemic has become the dominant issue throughout the world whilst the governments, nations and health services are trying to deal with its impact. Many countries are in either complete or partial lockdown to reduce the speed of transmission and save lives.
- In our country with low resources, we are easily susceptible to contract Covid 19 infection during our practice unless we take proper precautions to prevent the transmission.
- Various organisations both govt and others have set few protocols to prevent health care workers from getting infected from covid infection.
- Elective consultations & elective surgeries should be avoided during this period. Most of our OPD consultations can be replaced by **Tele-consultations** if possible.
- These are few guidelines to be followed in our hospital practice during this covid-19 Pandemic

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IN OPD

1. Ensure proper cleaning & disinfection of OPD premises- (floor & all surfaces where contact is possible) using low level disinfectants
2. Give prior telephonic appointments to patients.
3. Provide no touch waste containers with disposable liners in all reception, waiting areas.
4. The instruments to be disinfected with 70% alcohol are stethoscopes, blood pressure cuff, thermometer etc.
5. Pts/ visitors attending OPDS should be thoroughly screened at the entrance for fever, history of respiratory infections, travel history, occupation , contact & cluster (TOCC). All pts with respiratory symptoms/ fever should be sent to **fever clinic**.



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IN OPD

6. Limit the number of visitors/ relatives accompanying with the pt to minimum, in order to avoid the transmission.
7. Pts should be encouraged to use masks.
8. Rather Use of surgical gowns, face shield, face mask & gloves is must for health care workers
9. Hand hygiene with use of sanitizer & soap & water remains very important to avoid the transmission of infection.
10. Reorganize waiting area to keep minimum 6 feet distance between patients
11. Prohibit use of toys, magazines, pens, display boards, phones, etc. in waiting area



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USG ROOM

- Ultrasound remains to be an important tool at hands of gynaecologists for diagnosis of obstetrical & gynaecological emergencies in our day to day practice. But it exposes both sonologist & patient to extra risk of contracting Covid 19 during this pandemic.
- Survival of severe acute respiratory syndrome (SARS)-associated viruses incl. SARS- CoV-2 on dry inanimate surfaces such as ultrasound systems is between 48 to 96 hrs.



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Recommendations

1. It is necessary to clean the ultrasound room every morning and all contents should be wiped with a compatible low-level disinfectant (LLD), including the ultrasound monitor, computer keyboard and mouse, stretcher rails, transducer holder, gel container, door handles, cabinet knobs, light switches, chairs, and countertops.
2. All the unnecessary accessories in the USG room should be removed and stored in cabinets if possible.
3. Minimum number of transducers should be attached to the machine, rest should be kept in clean close cabinet.
4. Fabric covered chairs should be replaced with hard surface chairs that can be wiped on regular basis with disinfectants.
5. All towels & washable linens should be replaced by disposable ones, so new ones can be used for new pts.
6. Clean USG probes and wires after every scan.
7. Use of gloves, mask & face shield is must while doing any USG.
8. At the end of day, all soiled linen should be handled with double gloves and disposed properly

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Protecting The Patient And Healthcare Workers During USG

1. Screen all patients-based on travel history, occupation, contact and cluster (TOCC)
2. Ultrasound providers with specific health problems should be excluded from performing USG.
3. Schedule appointments to avoid crowding and strictly follow social distancing.
4. No visitors should be allowed in USG room.
5. Proper PPE should be donned by health worker.
6. Perform hand hygiene before and after each patient.
7. Disposable glove should be used during USG and changed after each patient.
8. Single use gel packs are recommended.
9. No detailed explanation of report be given during USG.
10. The duration of examination should be shortened.

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Preparation of transducer involves 2 steps

1. Cleaning of ultrasound Transducer

Following steps should be undertaken to clean ultrasound transducer after wearing disposable gloves.

1. Disconnect the transducer.
2. Clean the transducer with a soft brush and non-abrasive detergent.
3. Rinse the transducer with tap water.
4. Clean the transducer cable with a LLD wipe (Low Level Disinfectant umipes)
5. Dry the transducer with a cloth or towel.



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2. Disinfection

- High level disinfectants include ethanol 80- 95% (Exposure time- 30s), 2-propanol 75-100% (Exposure time- 30 s), 2.4-3.2% Glutaraldehyde products (like CIDEX), 7.5 % hydrogen peroxide solution or **0.21% sodium hypochlorite solution** should only be used as disinfectant only after reading USG company guidelines .
- Household bleaching powder(5.25% sodium hypochlorite) 10 ml diluted in 1 litre of tap water though effective is not advocated by ultrasound manufacturers as it may cause damage to metal & plastic parts.
- **Intra cavitory USG should be avoided during this time as risk of spreading infection is more with TVS than Trans abdominal scan.**



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Laparoscopy Set up

- Laparoscopic surgery for gynaecological emergencies & cancer would be beneficial for the health system & patients by reducing hospital stay compared to open surgery. However this should be weighed against possible disadvantages of laparoscopic surgery during this COVID 19 outbreak.
- Laparoscopy appears to be aerosol generating procedure (AGP) so the risk of spread is considered more than open surgery. Plus additional risk of intubation for GA in Laparoscopy also is another factor.
- Aerosol exposure occurs during intentional or unintentional release of CO₂ from Pneumoperitoneum during & at the end of procedure.



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All Laparoscopic Surgeries Should Be Considered High Risk As Asymptomatic Pts May Carry The Virus

Precautions during Laparoscopy

ESGE has issued few recommendations for emergency laparoscopic surgeries

- Preoperative Covid testing should be preferably done if possible before procedure.
- Spinal anaesthesia instead of GA may reduce the chances of aerosol generation during the intubation.
- All proper protective gear should be used by all personnel involved in the procedure.

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All Laparoscopic Surgeries Should Be Considered High Risk As Asymptomatic Pts May Carry The Virus

- All the taps of ports should be closed before insertion to avoid escape of CO₂.
- Minimise introduction & removal of instruments through the ports as much as possible.
- During the specimen retrieval during procedure, abdomen should be deflated with suction device.
- Minimise use of surgical diathermy & Ultrasonic instruments to reduce the smoke.
- Proper disinfection of all instruments involved in procedure with high level disinfectants like CIDEX is recommended

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Disinfectants To Be Used During Covid-19 Pandemic

- 1% freshly prepared sodium Hypochlorite can be used as disinfectant.
- The solution should be prepared fresh.
- Leaving the solution for contact time 10 min is recommended.
- Alcohol (70% isopropyl or 70% ethyl alcohol) can be used on metal surfaces.
- Automated high-level disinfection can be done by UV radiation type C, codex and matricide solutions.
- High touch surfaces like doorknobs, telephone, call bells, bedrails, stair rails, light switches, should be cleaned every 3 - 4 hrs.
- Low touch surfaces like walls, mirror, should be mopped daily once.



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MODULE 3

Biomedical Waste Management In COVID Times

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Background

- We all know that we are going through a lockdown & difficult times due the pandemic of Covid 19. So in this Covid era we, the practising Doctors have to follow the guide lines in the hospital for handling & disposal of waste generated during treatment or quarantine of Covid 19 patients in our hospitals.
- As we all know in order to deal with COVID-19 pandemic, state & central govt. have initiated various steps, which include setting up of quarantine centres, isolation wards, sample collection centres & laboratories.
- Bringing you specific guidelines of management of waste generated during diagnostic & treatment processes of Covid-19 suspects or confirmed patients which are required to be followed by all the stakeholders like isolation wards, quarantine centres, sample collection centres, labs and common biomedical waste treatment & disposal facilities in addition to existing practise under BMW management rules, 2016.
- These guidelines are based on current knowledge on COVID-19 & existing practices in management of infections waste generated in hospitals while treating viral & other diseases like HIV, H1N1.

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Guidelines for COVID-19 Isolation wards & quarantines centres.

- Keep separate **colour coded bins/ bags/ containers** in wards & maintain proper segregation of waste as per BMWM(Bio Medical Waste Management) rules 2016 as amended by CPCB(Central Pollution Control Board).



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Guidelines for COVID-19 Isolation wards & quarantines centres.

- A precaution **double layered bags** (use 2 bags) should be used for collection of waste from COVID-19 isolation wards so as to insure no leaks and adequate strength.



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Guidelines for COVID-19 Isolation wards & quarantines centres.

- Collect & store COVID-19 biomedical waste separately prior to handing over the same to CBWTF (Common Biomedical Waste Treatment Facility). A **dedicated collection bin** labelled as COVID-19 to store these waste should be used & kept separated in temporary storage room prior to handing over to authorized staff of CBWTF. Such biomedical waste can also be shifted directly from isolation wards into CBWTF collection van.
- It is mandatory to **label bags or containers** for collecting biomedical waste from COVID-19 wards as **“COVID-19 WASTE”**. This marking would help CBWTFs to identify the waste easily for priority treatment & disposal immediately when received.
- A **separate record** of waste generated from COVID-19 wards should be maintained. Separate dedicated trolleys & collection lines in COVID-19 isolation wards should be used with label of “COVID-19 WASTE” pasted on these items.
- The inner & outer surfaced of such containers/ bags/ trolleys used for storage of COVID-19 waste should be **disinfected with 1% sodium hypochlorite** solution.

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Guidelines for COVID-19 Isolation wards & quarantines centres.

- Depute **dedicated sanitation workers** separately for BMW & general solid waste so that waste can be collected & transferred timely to temporary storage area. Best practices for protecting the health of workers at sanitation treatment facilities should be followed. Workers should wear appropriate personal protective equipment (PPE), which includes protective outerwear, gloves, boots, goggles or a face shield, and a mask, they should avoid touching eyes, nose and mouth with unwashed hands.
- WHO also had developed certain guidelines to summarize the proper disposal of human waste and also sanitization i.e. **WASH** (Water, Sanitation & Hygiene) in health care setting. Consideration should be given to safely managing human excreta throughout the entire sanitation chain, starting with ensuring access to regularly cleaned, accessible, and functioning toilets or latrines and to the safe containment, conveyance, treatment and eventual disposal of sewage.



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Guidelines for sample collection centres & laboratories For COVID-19 suspected patient.

- Information of opening & operation of COVID-19 sample collection centres & laboratories to the concerned SPCB is mandatory. The guide lines for sample collection centres & laboratories is the same as for quarantine centres & isolation wards



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Duties of Common Biomedical Waste Treatment Facility(CBWTF):

- Use dedicated vehicle to collect COVID-19 ward waste. It is not necessary to place separate labels on such vehicles.
- Vehicles should be sanitized with sodium hypochlorite or any appropriate chemical disinfectant after every trip.



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Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/Quarantine of COVID-19 Patients.

- COVID-19 waste should be disposed off immediately upon receipt at facility.
- In case it is required to treat and dispose more quantity of bio molecules waste generated from COVID-19 treatment, CBWTF may operate their facilities for extra hours , by giving information to SPCBs/PCCs
- Operator of CBWTF shall maintain separate record for collection, treatment and disposal of COVID-19 waste
- Do not allow any worker showing symptoms of illness to work at the facility. May provide adequate leave to such workers and protecting their salary.

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Duties of SPCBs / PCCs

- Shall maintain records of COVID-19 treatments wards / quarantine centres / quarantine homes in respective states.
- Ensure proper collection and disposal of biomedical waste as per BMW rules, 2016 and SoPS given in this guidance document;
- Allow CBWTFs to operate for extra hours as per requirement;
- May not insist on authorisation of quarantine camps as such facilities does not qualify as health facilities. However, may allow CBWTFs to collect biomedical waste as and when required.

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SURAKSHA MODULE – 3

TELEMEDICINE AND MEDICO LEGAL ISSUES.

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Background

- Gone are the days when most of the doctors would avoid talking to patient on phone. Now cell phones have become integral part of everyone`s life and we can`t now escape patient consulting us on various platforms either audio, video or plain text.
- Telemedicine has gained tremendous importance in current scenario where in-person consultation has become difficult due to looming Covid threat.
- Though initially telemedicine was considered more useful to reach patients in remote areas fast and effectively, today Telemedicine is important part of future medicine and it is here to stay with Covid or without.
- Hence, we all need to update ourselves regarding legal perspectives of telemedicine and how can we use it efficiently for better outcome and better doctor-patient relationship yet taking care of doctor`s interests against litigations.

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LEGAL IMPLICATIONS OF TELEMEDICINE

- There are no concrete laws governing telemedicine in India, but on 25th March 2020. The Board of Governors (BoG) published an amendment to the Indian Medical Council (professional conduct, etiquette and ethics) Regulations, 20002.This gives statutory support and basis for the practice of telemedicine in India.
- There are many details in the guidelines but what important points our doctors should know are enumerated below. -



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Salient features of these regulations important for doctors.

- Telemedicine can be practiced by any Registered medical practitioner (RMP) in any part of India.
- Doctor can choose medium of teleconsultation- mobile, land line phones, chat platforms like WhatsApp, Facebook messenger or any other app.
- Before proceeding doctor should exercise professional judgement to decide whether teleconsultation is in fact appropriate and is in best interest of the patient.

e.g.

- Patient with AUB can be treated with E+P in case of emergency and heavy bleeding on teleconsultation but she will need detailed clinical examination and imaging after tiding over the crisis.
- Patient with severe pain in abdomen may not be good candidate for teleconsultation.

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Salient features of these regulations important for doctors.

- Doctor has to maintain same standard of care during teleconsultation as during in-person consultation.
- Patient is responsible for the accuracy of information
- Care giver is deemed to be authorized on behalf of minor and incapacitated patient.
- Doctor can charge appropriate fees for teleconsultation. A receipt or invoice should be given to the patient against the fees.

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Important Precautions Doctor Should Take Before Teleconsultation

- Patient`s identification is mandatory in first consultation
- Doctor should display his/her registration number at every touch point with patient and identify herself/himself before start of every teleconsultation.
- All teleconsultation records must be properly maintained, and privacy of patient should be protected.
- There is limitation on prescribing drugs in tele -consultation.
- OTC drugs can be prescribed whenever indicated. Also, a doctor can prescribe a ‘refill’ medication for chronic illnesses like hypertension, diabetes, asthma.

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NON-VIDEO CONSULTATION

Chart will help to understand it better.

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Prior in-person consultation	Scope and limitation of prescription	List of drugs that may be prescribed
No prior in-person consultation	<p>+ Can prescribe only O.T.C. medication e.g. Paracetamol, Oral Rehydration Solution (O.R.S.) packets, Antacids</p> <p>- Cannot prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc.</p> <p>- Cannot prescribe 'add-on' medication which are used to optimize an existing condition</p> <p>- Cannot prescribe 'refill' medications for chronic diseases such as Diabetes, Hypertension, Asthma etc.</p> <p>- Cannot prescribe habit forming, narcotic or psychotropic drug</p>	As provided in List O, Appendix V of Code of Conduct
Prior in-person consultation for same health condition in last six months	<p>+ Can prescribe O.T.C. medication e.g. Paracetamol, Oral Rehydration Solution (O.R.S.) packets, Antacids</p> <p>+ Can prescribe 'add-on' medications which are used to optimize an existing condition – e.g. if the patient is already on Atenolol for hypertension and the blood pressure is not controlled, an A.C.E. inhibitor such as Enalapril may be prescribed as an add-on.</p> <p>- Cannot prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc.</p> <p>- Cannot prescribe 'refill' medications for chronic diseases such as Diabetes, Hypertension, Asthma etc</p> <p>- Cannot prescribe habit forming, narcotic or psychotropic drug</p>	As provided in List O & List B of Appendix V of Code of Conduct



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TYPE 2- VIDEO CONSULTATION

Chart will help to understand it better.

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Prior in-person consultation	Scope and limitation of prescription	List of drugs that may be prescribed
No prior in-person consultation	<p>+ Can prescribe O.T.C. medication e.g. Paracetamol, Oral Rehydration Solution (O.R.S.) packets, Antacids</p> <p>+ Can prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc.</p> <p>- Cannot prescribe 'add-on' medication which are used to optimize an existing condition</p> <p>- Cannot prescribe 'refill' medications for chronic diseases such as Diabetes, Hypertension, Asthma etc - Cannot prescribe habit forming, narcotic or psychotropic drug</p>	As provided in List O & List A of Code of Conduct
Prior in-person consultation for same health condition in last six months	<p>+ Can prescribe O.T.C. medication e.g. Paracetamol, Oral Rehydration Solution (O.R.S.) packets, Antacids</p> <p>+ Can prescribe 'add-on' medications which are used to optimize an existing condition - e.g. if the patient is already on Atenolol for hypertension and the blood pressure is not controlled, an A.C.E. inhibitor such as Enalapril may be prescribed as an add-on.</p> <p>+ Can prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc.</p> <p>+ Can prescribe 'refill' medications for chronic diseases such as Diabetes, Hypertension, Asthma etc</p> <p>- Cannot prescribe habit forming, narcotic or psychotropic drug</p>	As provided in List O, List A & List B of Appendix V of Code of Conduct



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ANNEXURE 1 - MEDICINE LISTS .

List 0

➤ Common over-the counter medications such as

- Antipyretics: Paracetamol
- Cough Supplements: Lozenges,
- Cough/ Common-cold medications (such as combinations of Acetylcysteine, Ammonium Chloride, Guaifensen, Ambroxol, Bromhexene, Dextromethorphan)
- ORS Packets
- Syrup Zinc
- Supplements: Iron & Folic Acid tablets, Vitamin D, Calcium supplements Etc.

Medications notified by Government of India in case from time to time on an Emergency basis such as Chloroquine for Malaria control for a specific endemic region, when notified by Government

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ANNEXURE 1 - MEDICINE LISTS .

List A

- First Consult Medications (Diagnosis done on video mode of consultation) such as
- Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzoate Lotion etc
 - Local Ophthalmological drops such as: Ciprofloxacin for Conjunctivitis, etc
 - Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc.

Follow-up consult for above medications

Follow-up medications for chronic illnesses for 're-fill' (on any mode of consultation) such as medications for

- Hypertension: Enalapril, Atenolol etc
- Diabetes: Metformin, Glibenclamide etc
- Asthma: Salbutamol inhaler etc

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ANNEXURE 1 - MEDICINE LISTS .

List B

On follow-up, medications prescribed as 'Add-on' to ongoing chronic medications to optimize management such as for hypertension: Eg, add-on of Thiazide diuretic with Atenolol

- Diabetes: Addition of Sitagliptin to Metformin
- Etc

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HOW TO CHOOSE AN IDEAL PRIVATE PLATFORM PROVIDER

Do we need their services?

- The first question to address is do we really need a private platform provider for telemedicine? Can we not, as we were doing traditionally for so many years, use our telephones, WhatsApp, face-book email etc for such a consultation?
- They create Payment gateway to monetise us for our tele-consultation. The embarrassment of raising a bill for the consultation is transferred to the platform provider
- Prescriptions are created in readymade templates as per the requirements of MCI
- Data storage facility on server or cloud is provided
- Privacy maintenance is assured as we are not using leakage prone social media platform like face-book or WhatsApp

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What does the board of Governors expect from the private platform service providers?

- **5.1 & 5.2** *Ensure that the name, qualification (IMC act 1956) and registration number, contact details of RMP are mentioned on the platform*
- **5.3** *Reports to BoG in case non-compliance by RMP*
- **5.4** *Avoid artificial Intelligence facility to counsel the patients is not allowed.*
- **5.6** *Ensure mechanism for redressal of grievances of customer.*

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What should we insist from the private platform service providers?

- Android and i-phone based mobile App with a website support
- No use of social media
- It should support for audio, video, chats and document (health record) exchange.
- It should not soliciting practice for us
- It should have encrypted data storage which is accessible for decoding to only to the RMP and the patient protected with non-disclosure agreement by private platform provider
- Platform should confirm the doctors photo id and registration number and also Patients photo id.
- Space on cloud for storage of patient's health related details.
- Medico-legal safety for doctors with clear disclaimers & consents on first login (by patient) itself.

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What should we insist from the private platform service providers?

- Prescriptions should be available with readymade template with provision for the doctor signature and stamp on the android or i-phone.
- Medicolegal advice by experts on click of a button on the App
- Technological support to send patient information documents about different procedures and surgeries to the patient prior to the date of surgery
- Provision to take e-consent of the surgery or procedure
- Easy access to guidelines drafted by different societies
- Practice management solutions for managing in-person OPD too
- Secure payment gateway to monetise the doctors

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Why is it necessary to get monetised for telemedicine?

- 60% times our ODD is follow-up. We call patients for adjustments of drug doses, adding some more medicines for minor complaints, reading and interpreting reports or giving appointments for procedure or surgery etc. history taking and examination is already done in the recent past
- 10-20% times we do this follow up on telephone or WA (FREE OF CHARGE)
- Loss of income due to free follow - up on telephone or WA is to the tune of 10-15% of my OPD income
- While the guidelines allow us to charge for tele-medicine, why should we lose this 10-15% cash flow?

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CONCLUSION-

- These guidelines mark the dawn of a new era in the practice of modern medicine. These guidelines enable doctors to confidently provide teleconsultation via any medium, at the same time help patient by providing prompt and easily accessible treatment.
- Doctors should choose the service providing media and platform wisely. A platform which will enable Doctor to keep all the records, ensure collection of fees and safeguard doctor`s interest medico legally.

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During  **COVID-19**
For Gynaecologists

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SURAKSHA MODULE – 3

Keeping PPE kits in UV Rays - Myths vs Reality

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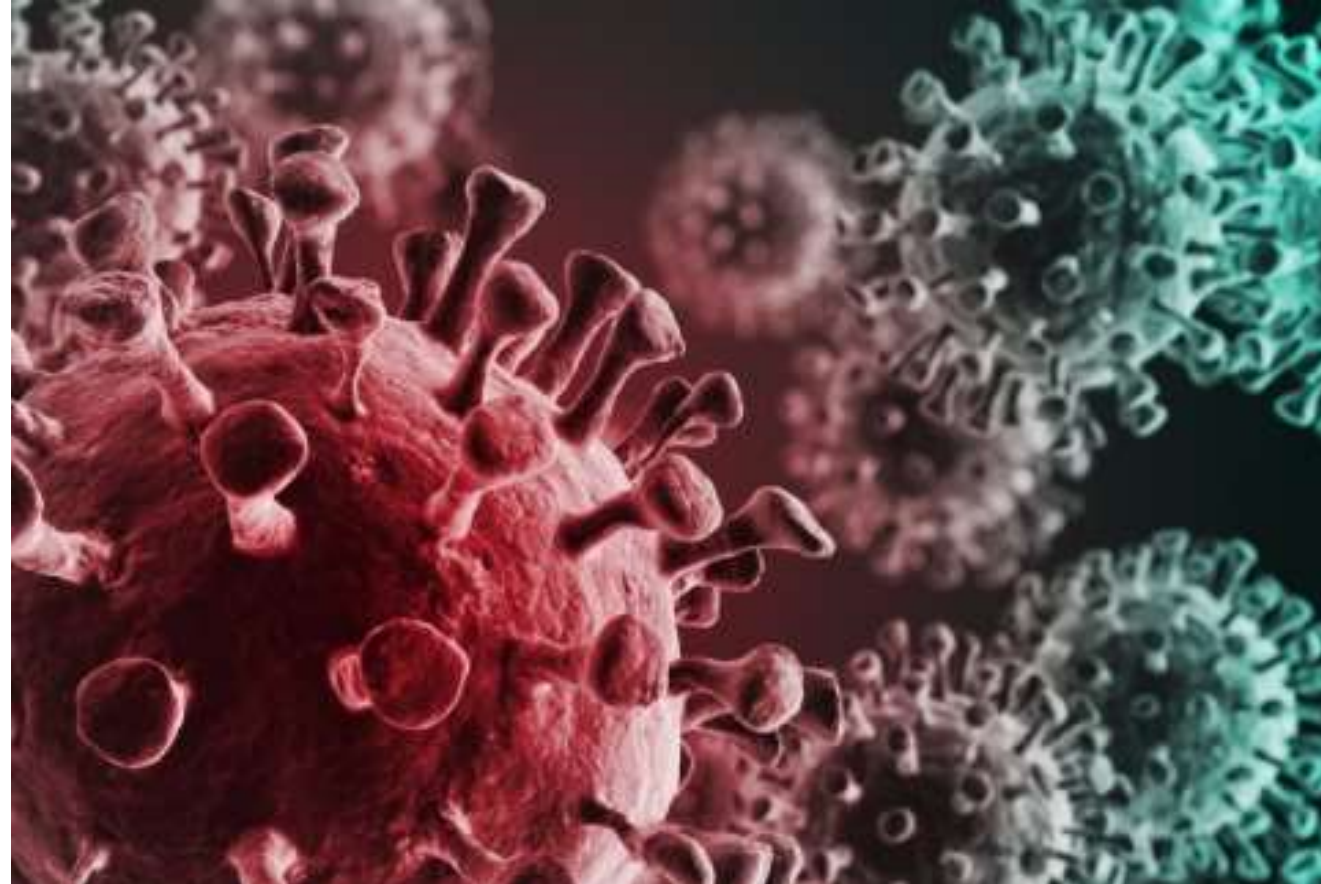


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Background

- As the novel coronavirus infection (COVID-19) continues to spread worldwide, so does the misinformation surrounding it. Misinformation during a pandemic can be dangerous and life threatening. Here are some myths surrounding COVID-19 and the expert opinions on the reality.¹



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1. Myth: Ultraviolet (UV) lamps may help disinfect hands or other areas of skin.

- **Reality:** Ultraviolet (UV) lamps are not helpful in disinfecting hands and other skin areas. The radiation can lead to skin irritation and damage eyes. The most effective ways to prevent the virus is to clean hands with an alcohol-based hand rub or wash them with soap and water.²

UV radiation can cause skin irritation and damage your eyes.

Cleaning your hands with alcohol-based hand rub or washing your hands with soap and water are the most effective ways to remove the virus.

FACT:
Ultra-violet (UV) lamps should not be used to disinfect hands or other areas of your skin.



#Coronavirus

#COVID19

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2. Myth: Disposable filtering facepiece respirators like N95 can be reused.

- **Reality:** Disposable filtering facepiece respirators (FFRs) are not approved for routine decontamination due to conventional standards of care. Decontamination and subsequent reuse of FFRs should only be practiced during times of shortage to ensure continued availability.³

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3. Myth: Disinfectants can be used to decontaminate filtering facepiece respirators.

- **Reality:** Any normal disinfectant cannot be used to decontaminate FFRs. Only the respirator manufacturers can provide guidance about decontamination of their specific models of FFRs. Decontamination can cause changes in the fit, filtration efficacy and breathability of disposable FFRs. Thus, they should be used only when FFRs shortage exists.³

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4. Myth: Autoclave, dry heat, isopropyl alcohol, soap, and dry microwave irradiation can be used to disinfect FFRs.

- **Reality:** Decontamination with the use of an autoclave, 160 °C dry heat, 70% isopropyl alcohol, microwave irradiation and soap and water causes filter degradation and is not effective in disinfecting FFRs.³

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5. Myth: Any type of personal protective equipment (PPE) will prevent exposure to COVID-19.

- **Reality:** It is important to understand the hazards and risk of exposure while selecting the use of appropriate protective clothing. Factors like the source, mode of transmission, pressures, and type of contact, and duration and type of tasks to be performed should be considered.⁴

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6. Myth: Personal protective equipment can be reused.

- **Reality:** Extended use of PPE is preferred over reuse to decrease the risk of self-contamination due to repeated donning and doffing of the same equipment.⁵

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7. Myth: Facemasks can be reused after contact with patients with suspected or confirmed COVID-19.

- **Reality:** Facemasks should be considered contaminated when in contact with patients with suspected or confirmed COVID-19. Currently, there are no recommended decontamination procedures for between use marks. They should be doffed properly ensuring that the outside surface is inwards and stored in a clean place.⁵

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8. Myth: Antibiotics are effective in preventing and treating COVID-19.

- **Reality:** Antibiotics work against bacteria and not viruses. The novel COVID-19 is caused by a virus and thus antibiotics cannot help prevent or treat it. If hospitalized, antibiotics may be prescribed as bacterial co-infection is possible.²

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9. Myth: Pregnant women are at a higher risk of COVID-19.

- **Reality:** Currently there is no evidence that states, pregnant women to be at a higher risk of getting infected by COVID-19. However, they are at a higher risk of some infections due to the changes in their bodies.⁶

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10. Myth: Pregnancy increases the need for critical care in the setting of COVID-19 infection.

- **Reality:** Current evidence does not indicate that pregnant women are at a higher risk of infection or severe morbidity. Pregnant women with comorbidities may be at an increased risk for severe illness. If pregnancy is complicated by severe illness, the woman should be shifted to a critical care unit. However, COVID-19 status alone should not be the reason to transfer noncritical pregnant women with suspected or confirmed COVID-19 to a critical care unit. Adequate location planning should be done based on the levels of maternal and neonatal care.⁷

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11. Myth: Operative vaginal delivery is indicated in patients with suspected or confirmed COVID-19.

- **Reality:** Operative vaginal delivery is not indicated in patients with suspected or confirmed COVID-19. Clinical indications should be followed for operative vaginal delivery in the setting of appropriate personal protective equipment.⁷

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12. Myth: Mother-to-infant transmission is possible during pregnancy.

- **Reality:** It is unlikely that the virus will spread from mother to infant during pregnancy; however, after birth the newborn is susceptible to infection on exposure to an infected person, including the mother or other caregivers. Little evidence has shown newborn babies to be COVID-19 positive but the route of transmission is still unknown. ⁶

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13. Myth: Mothers with COVID-19 can spread the virus to newborn through breast feeding.

- **Reality:** The Centers for Disease Control and Prevention (CDC) states that breast milk provides protection against many illnesses. It is the best source of nutrition for infants. From the available information it is unlikely that mothers with COVID-19 can spread the virus in their breast milk.⁶

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