



API

Prof Dr.S.Arulhraj
National President

The Association of Physicians of India

To

Shri. Narendra Modiji,
Honorable Prime Minister, India

Sub: API Policy Document on Healthcare Adaptation in Corona Pandemic & Beyond

Corona Medical Emergency , Social Emergency Economic Emergency

I During Corona Epidemic

AHEALTH INFRA ADAPTATION

1. **Building designs** should be Evidence based designs (EBD)and meticulous planning to incorporate green concepts, use of nature resources like lighting and ventilation, resilient and adoptable for expansion and contraction of services in time of crisis (need based) as make shift arrangement.

To cut down cost, in place of single rooms, Nightingale wards having large windows for lighting and ventilation, maintaining distance between beds minimum 1 meter and curtains for privacy common Hygienic toilets.

For this purpose provision to be made in parking areas, lobbies and other space within or near premise to raise modular structures in minimum time.

Use of auditoriums, conventions halls, sports auditorium etc., to turn them into temporary isolations/ quarantine/ triage facilities/ primary care/ monitoring areas like Wuhan erected 13 temporary hospitals in such places in hours to a weeks' time creating 18000 beds with zoning and ventilation. Minimum standards for quality and safety were Implemented in these make shift arrangements also

2. **To reduce over crowing in OPD's**
Provision for large area in OPD to maintain to maintain physical distance
Appointment system
Teleconsultation/ video consultation
3. **Triage/Screening area** for prioritization of patients, less than 3 minutes for screening to minimize chance of contract transmission.
4. **Separate walkway** for movement / transfer of infected patients from non-infected patients.
5. **2-4 patients per lift** and separate corridor and lift for Healthcare workers
6. **To reduced transmission by contact:** use of sensors for doors, washbasin taps, and flush systems in toilets / urinals.
7. **Use of copper alloy** (minimum 63%) cu as bacterial resistance material in doorknobs/handles/ railways etc.
8. **Sufficient facilities for hand wash/ sanitizers in clinical areas.**
9. **Sufficient facilities AIIR rooms** (isolation rooms) with negative pressure [CDC suggest 1.7] rooms per 10,000 population in mild epidemic; 6.56 rooms per 10,000 population in moderate epidemic severity and 61.5 rooms per 10,000 population in severe epidemic.

-1-

Sundaram Arulhraj Hospitals
145/5-B, Jeyaraj Road, Tuticorin – 628 002
drarulhraj@gmail.com , 9994580001

Turf Estate # 6 & 7,
Off Dr. E. Moses Road,
Opp. Shakti Mills Compound,
Near Mahalaxmi Station (West),
Mumbai 400 011.

Tel : (022) 6666 3224

(022) 2491 2218

Fax : (022) 2492 0263

e-mail : api_ho@vsnl.com /
api.hdn@gmail.com



API

Prof Dr.S.Arulrhaj
National President

The Association of Physicians of India

10. **Minimum Quality standards** should be made mandatory for all types of health facilities standards to include social distancing norms and infection prevention & control measures

B Community Surveillance

- There is a need to prepare for arrival of passengers from abroad (mostly from Gulf countries) and arrange for quarantine facilities in airport cities and not homes.
- There is an urgent need to train and equip the private health care providers in the event of community spread in India as majority of healthcare delivery is through the private sector.
- In addition to continued community surveillance, contact tracing and physical distancing; testing criteria has to be broadened and testing intensified in anticipation of community spread post-lockdown.
- When markets start functioning again, government agencies should regulate operations to prevent spread.
- Prioritize high risk groups and enlist them for better planning and preparedness for testing and hospital care if needed

C Public Transport

Decongestion at airports, stations and bus stops are need of the hour.

Sitting norms in airplanes, trains or buses shall change

Bicycle or two- wheelers use to be encouraged

D HEALTH CARE ADAPTATION :

1. **Support GOI.** Reaching to Members & Public
2. **Fever OP.** Triage in ED PPE Protocol. & Supply chain. Chemoprophylaxis. Corona Hospitals Protect HCP during and after lockdown
3. **More Testing.** Testing for all Doctors & HCP
4. **Increased Expenditure on Health care. Increased from 1.5 % of GDP to at least 7.5%**
5. **Increased focus on Infectious Diseases** – Human life & Financials wiped out.
6. **Increased focus on Prevention of NCD** – Need not spend huge money on High Tech Treatment Eg Heart Disease
7. **Adopting Telemedicine** – Healthcare Delivery. APP can be created & given to Doctors & HCP by GOI
8. **Teleconference is adopted instead of crowded Conferences** Time & Money of Industry resources are saved
9. **Increased self Reliance on Healthcare-Make in India** - Drugs, Vaccine , equipment etc make in India
10. **Relook at their careers by Doctors:** Reduction of CAD / Strokes - Avoiding “Rat Race” Early Retirement Or at least slow down.

-2-

Turf Estate # 6 & 7,
Off Dr. E. Moses Road,
Opp. Shakti Mills Compound,
Near Mahalaxmi Station (West),
Mumbai 400 011.

Tel : (022) 6666 3224
(022) 2491 2218
Fax : (022) 2492 0263

Sundaram Arulrhaj Hospitals
145/5-B, Jeyaraj Road, Tuticorin – 628 002
drarulrhaj@gmail.com , 9994580001

e-mail : api_ho@vsnl.com /
api.hdo@gmail.com



The Association of Physicians of India

API

11. Rapid Diagnostic Kit?
12. National Health Professionals & Clinical Establishment Protection Act 2020
Zero Tolerance to Healthcare Violence
13. Phased relaxation of locked in based on Zone Status – Red, Orange & Green with
Health as a priority & suitably aligning with Economy revival.

II Health care continuing with COVID

Prof Dr.S.Arulrhajj
National President

1. Restart, Reboot, Reset, Retune Health Care services.
2. Pandemics Preparedness – Support system - Global & Bigger work force.
3. Necessity is the mother of Invention.
4. Streamlining supply of Drugs, Masks PPE & Devices Adapting Mask, PPE & Disinfection Policies
5. Testing Testing Testing
6. Countering the Infra loss during Covid Period
7. Economic Packages for at least one year – Tax Relief, Incentives, Insurance etc.
Adequate Economic support is needed to revive & sustain Healthcare.
8. Vaccine schedule – Against virus – Early Anti Corona Vaccine is needed—either
Live attenuated, Killed Vaccine or Messenger RNA Vaccine.
9. Shielding the high risk Groups.
10. Continued Research into a) Causative Agents existing & upcoming Mutants.
b) Vaccine – should Conclude early
c) Antiviral Drugs
d) Parasitic Drugs } should Conclude early

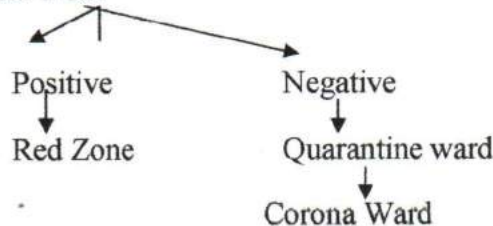
11. Health care Practice System

Triage In ED & Ward

- a) Suspects & Contacts

ILI & SARI – Separate Desks

RT PCR



- b) Non Fever cases - Regular OPD → wards
- c) Emergency Delivery & Surgery-

Corona Negative is must

Turf Estate # 6 & 7,
Off Dr. E. Moses Road,
Opp. Shakti Mills Compound,
Near Mahalaxmi Station (West),
Mumbai 400 011.

-3-

Tel : (022) 6666 3224
(022) 2491 2218
Fax : (022) 2492 0263

Sundaram Arulrhajj Hospitals
145/5-B, Jeyaraj Road, Tuticorin – 628 002
drarulrhaj@gmail.com , 9994580001

e-mail : api_ho@vsnl.com /



The Association of Physicians of India

API

Prof Dr.S.Arulrhaj
National President

12. Developing Public Health Policies together by all organizations;

- Public Health Policy Committee
- Political liaison Committee

13. Educating & Training GPs – First Responders

14. Healthcare Guidelines:

- OPD—Regular & Fever Clinic
- Inpatients Wards
- ICU Care
- Isolation Wards
- Surgeries & Procedures like Angiogram
- Mask & PPE wearing
- Hospital & environment sanitization- Inside & outside
- Certification of Corona Preparedness.

III “Choices for the New Normal”

Corona has tilted the normal . Hence post corona may emerge “ new normals”. Fate will not create the New Name: choices will.

- **Speed of learning** : Healthcare is geared up on a fast track towards new Diagnostics, antivirals and vaccines.
- **Value of standard** : Clinician in the “New Normal” may have lot of concern & on New Healthcare Practice norms. May fear their **Clinical Autonomy**.
- **Protecting the work force** : It will be a major task. Must address adequately the physical safety and emotional support of HCWF.
- **virtual care** : over coming the Hippocratic face to face care, Telemedicine has suggested and offered virtual care.
- **Preparedness for the threats**. Robust public Health system is needed with preparedness seriously. Will public Health finally gets is due?
- **Inequality** : Perhaps most notable wake-up call of all is inequality. COVID 19 has its footage in Developed and Under developed Nations both as Infection Rate and Mortality. Lessons learned should not wane . It is true for equity when the evidence of Global interconnectedness and the vulnerabilities of marginated people will catalyse at last The fair and compassionate redistribution of wealth, Security, food and personal opportunity from the fortunate few to unfortunate rest.

IV Serious Thoughts for Corona / Health Pandemic Act, 2020/ Stiff Amendments to Indian Epidemics Diseases Act 1897

Need – Current COVID 19 Pandemic taught us lessons which should not occur in future too.

Should Address:

Emergency preparedness Guidelines and keeping it ready.

-4-

Turf Estate # 6 & 7,
Off Dr. E. Moses Road,
Opp. Shakti Mills Compound,
Near Mahalaxmi Station (West),
Mumbai 400 011.

Tel : (022) 6666 3224

(022) 2491 2218

Fax : (022) 2492 0263

e-mail : api_ho@vsnl.com /
api.hdo@gmail.com

Sundaram Arulrhaj Hospitals
145/5-B, Jeyaraj Road, Tuticorin – 628 002
drarulrhaj@gmail.com , 9994580001



API

The Association of Physicians of India

- Health care spending
- Robust Health Infrastructure
- Investment on Health work force.
- Need for Vaccine / drug analysis facilities ongoing.
- Coordinating between Central and State Governments.
- Guidelines on Isolation, Diagnosis, OPD, IPD and Intensive care of Epidemic Diseases.
- Alignment of Public and Private Health Care system

Prof Dr.S.Arulraj
National President

Doctors & HCP must be legally assured to work safely in the Health care Environment irrespective of Pandemics.. The Health Service Personnel & Clinical Establishment Bill 2019 in back bench must be brought out as an Act.

VI India Medical Service, IMS should be in place for Doctors who are administering Healthcare Facilities. This will be effective to handle Doctor Patient Relations and Healthcare Violence, Effectively Manage Health Emergencies like Health Epidemics, adhering to Norms and Guidelines of Healthcare Facilities, etc

Will also result in fitting alignment of Government & Non Governmental Health care in Regular & Pandemic periods.

VII Building on the Positives of Corona war (Collateral Benefits)

- **Clean Air** - Poor Pollution – Reducing Public Congestion
- **Clean Water** – Clean Ganges & Tamirabarani in South TN- Promoting Hygiene
- **Reduced NCD** - Myocardial Infarction & Stroke
- **Reducing Stress & Crowding** To be maintained- forced rest
- **Reduced unhealthy food intake** –to be continued
- **Alcohol shop closed** -Liver disease, Traffic Accident street & Home violence reduced.
- With **reopening Alcohol selling** Corona and non Corona again will Jump out. Followup, Monitoring effective Control is needed.
- **Healthy habits** – Exercise, Yoga, Pranayama forced way of being Healthy – peace and Health improved. To continue.
- Committees to be formed & Strategies to be developed for long time achievement of these Health Benefits of Corona War.

Conclusions & Recommendations:

- Health must be declared a Fundamental Right of Indians by Constitution.
- Health care spending must be raised to at least to 7.5% from 1.5%.
- Robust Health system is very much needed for our Nation.
- Invest more in Healthcare Infra, Manpower, Equipment, Drugs and Devices.
- Government can provide Primary Care to all.

-5-

Turf Estate # 6 & 7,
Off Dr. E. Moses Road,
Opp. Shakti Mills Compound,
Near Mahalaxmi Station (West),
Mumbai 400 011.

Tel : (022) 6666 3224

(022) 2491 2218

Fax : (022) 2492 0263

e-mail : api_ho@vsnl.com /
api.hdn@gmail.com

Sundaram Arulraj Hospitals
145/5-B, Jeyaraj Road, Tuticorin – 628 002
drarulraj@gmail.com, 9994580001



API

Prof Dr.S.Arulhaj
National President

The Association of Physicians of India

- Secondary and Tertiary care can be purchased through schemes and Insurance.
- Alignment of Government , Non Government Healthcare in working must be done.
- Streamlining and standardizing Healthcare as Primary, Secondary and Tertiary Care system both in public and private Healthcare.
- Include Health in Concurrent subject .
- Health must become an Infrastructure category and to cost less to the Common man.
- Focus on Medical Education suiting to today's need and Health Research.
- Corona / Health Pandemic Act, 2020/ Amendments to Epidemics Diseases Act 1897.
- Health Service Personnel & Clinical Establishment Act 2020
- Indian Medical Services--IMS
- Living with COVID 19—Adaptation is the Key.

API is always supportive of Government Initiatives.

Prof. Dr. S. Arulhaj, MD; FRCP
National President
Association of Physicians of India
13th May 2020

Turf Estate # 6 & 7,
Off Dr. E. Moses Road,
Opp. Shakti Mills Compound,
Near Mahalaxmi Station (West),
Mumbai 400 011.

Tel : (022) 6666 3224
(022) 2491 2218
Fax : (022) 2492 0263

Sundaram Arulhaj Hospitals
145/5-B, Jeyaraj Road, Tuticorin – 628 002
drarulhaj@gmail.com , 9994580001

e-mail : api_ho@vsnl.com /
api.hdo@gmail.com