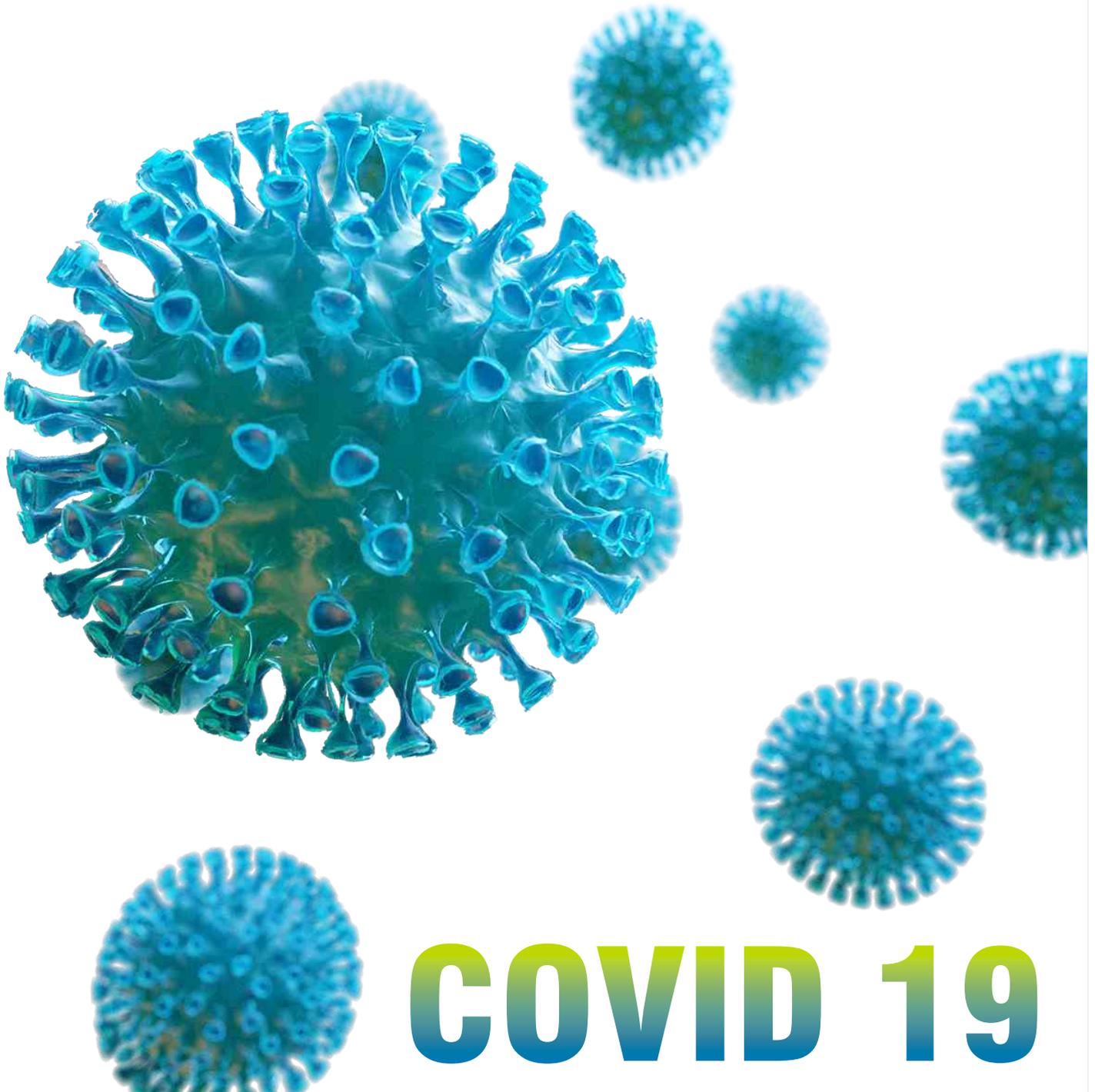




Volume - 02 | May 2020 | Issue - 01



THE ASSOCIATIONS OF SURGEONS OF INDIA TAMILNADU CHAPTER



COVID 19

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Editorial



I'm deeply privileged to write to you all at this time, the world is going through something that it has not been seen for the past 100 years, the Covid-19 Pandemic or otherwise most commonly known as the Corona Virus.

A microbial enemy that has brought the world to a stand still.

The world countries have scrambled their entire efforts and recourses into protecting its citizens and finding a curie for this deadly virus. The virus has brought back the focus to Healthcare institutes and Doctors. Doctors are the front line protectors against this threat. We have already seen the lengths doctors have to go to safe lives, Count less doctors have lied down their life in this fight against Covid-19.

I am really proud regarding our association President, Dr.P.Raghu Ram, Padma Shri awardee - discussion with our honorable Prime Minister Mr. Narendra Modi by online and he briefed our status and responsibilities during this Covid-19 era. He also generously donated personal protection equipment from the national ASI to our state association. The same we effectively distributed by our committee to all the 17 state members.

At this junction as Doctors we are the front line defense against this virus and we should not forget about the necessary precautions and protocol modifications to ensure our own safety. We being Surgeons, more stress should be given to training fellow OT staff in regard to infectious disease control, planning a surgery in accordance to infectious disease control protocol, disinfecting and personal protective equipment which are in par with international standard. Special disinfection protocols for air filtration should also be designed in the Operation Theatre. Our role for the society during this crisis is going to be an vital one and I hope each on of us are prepared not only physically but also mentally to face the uphill task that we are currently facing This experience will make our association strong, it will strive us to be close to our association motto of sharing and learning. It will help us adapt to any circumstance that is to follow. Together we are strong and we will come out of this victoriously.

S. G. Balamurugan

Dr. S.G. Balamurugan
Secretary, ASI TN Chapter

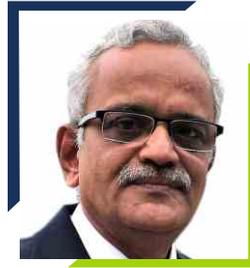




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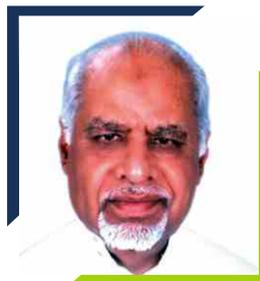
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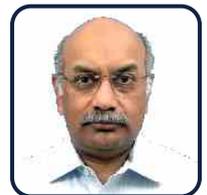
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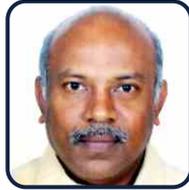
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National President Message

Dr. P. Raghu Ram

President, National ASI



ASI stands united in the fight against COVID 19

I am delighted that the Tamil Nadu Chapter of ASI is bringing out this most timely, appropriate and detailed Bulletin that aims to empower and inform the membership about COVID 19. I commend the Chapter Executive Committee very ably led by Dr. Ebenesh Bensam & Dr. Rajasekar – the dynamic Chairman & Chairman elect respectively, Dr. Maruthu Pandian - the visionary Immediate Past Chairman and Dr. Balamurugan - the ever energetic Secretary for spearheading this landmark initiative.

For the very first time in the history of our Association, we have raised well over Rs 1 crore in a record time during the month of April 2020 to procure the much needed PPEs, which has now been distributed to our surgical colleagues & healthcare workers across the length and breadth of our Country. ASI has championed yet another pan India charitable initiative this month. In partnership with AMWAY India, ASI is providing 12,000 hand sanitizers FREE OF COST for use of Healthcare workers at COVID designated Government Hospitals in 16 Cities across the Country. This exercise would be completed before end of May 2020.

Very soon, "ASI Guidelines during post Lockdown era" would be sent out to Members - which would be broad directives and advice to the membership at large during these troubled times.

Pleased to report that the COVID 19 awareness message that I was invited to convey by UNICEF featured on UNICEF India's social media pages. Within a week of this message being posted, there have been over 45,000 views, 540 shares and 2,300 likes. This speaks volumes of the social impact ASI has made during recent times. All along, I have been voicing my concerns forcefully on behalf of the Association on a regular basis. Enclose a LINK to all the awareness initiatives/campaigns/debates/opinions in mainstream media during the COVID crisis...

LINK : <http://asiindia.org/category/covid-19/>

BE SAFE...KEEP YOUR FAMILY SAFE

Right now, nothing IS MORE important...

Warm personal regards.
Yours in service of ASI,

Dr. P. Raghu Ram

President, National ASI





TN Chapter Chairman Message



Dr. J.W. Ebenesh Bensam

Chairman, ASI TN Chapter

Dear most Esteemed Brethren of TNASI,

Heartfelt Greetings from TNASI.

At the beginning, let me thank each and everyone of you for the support and guidance given to us.

The World is reeling under the worst pandemic of the century, the dreadful COVID19. Many people have been infected by the Coronavirus and some of our Brethren have been infected and we lost one of our own Dr Simon in Chennai. The loss of a Doctor is a huge loss to the community at large and the family of the deceased suffers to the maximum. Even the Doctor is also not being allowed to have a proper burial by the public and I must thank all our members and IMA leadership who stood rock solid to get the new regulations implemented.

PPES are very essential to the HCWS and I thank our National President Dr P Raghuram for the wonderful leadership provided during this hour of crisis and providing PPES across the country. I must wholeheartedly congratulate our dynamic Secretary Dr S G Balamurugan who has single handed prepared this bulletin on Covid19 which will be of immense benefit to each and every member. Hats off to you...Bala.

Finally I urge each and everyone of you, my Brethren to follow the protocols of Covid prevention and protection Sincerely. The life of each and everyone one of us is very, very important to the Family and community at large.

Be careful and let us unitedly come across this pandemic. Let us trust that this will soon pass on. Yours always in ASI Service, Dr.J.W.Ebenesh Bensam Chairman, TNASI.

Dr.J.W.Ebenesh Bensam,

Chairman, ASI TN Chapter





TN Chapter Chairman Elect Message

Dr.A.Rajasekar

Chairman Elect, ASI TN Chapter



Dear Friends,

In the midst of a massive global pandemic like this, the first of its kind, that at least our generation witnesses, the 'New Normal' has to set up in as quickly as it can. I am positive this initiative does exactly the same. It's going to help us mend our daily practice regimes for the best.

Amidst zillions of forwards on Do's and Don'ts, this authentic booklet, is sure to come handy as an 'One Stop Reference' to clear all kind of doubts to slowly resume back our routine. I truly appreciate the effort of our Secretary Dr.S.G.Balamurugan, and believe our fellow surgeons would do as well.

The motto is to protect ourselves as much as we want to give the best to our patients and to the community at large.

Up until covid tests are easily accessible, let's treat all patients assuming they are 'Covid Positive'.

Stay safe.

Dr. A. Rajasekar

Chairman Elect, ASI TN Chapter





TN Chapter Past Chairman Message

Dr. D. Maruthu Pandian

Immediate Past Chairman, ASI TN Chapter



I am happy to note that our state chapter is going to come out with a bulletin during this draconian war with covid19 throughout the globe. This pandemic swallowed many lives in other countries like USA, Italy etc.

In India the incidence and the mortality are very less. Thanks to the central and state governments for their effective role to contain this disease. Though no treatment and no vaccine for this dreaded virus, Hand washing, Social distancing and wearing masks are the only available tools to keep away this disease from us.

This bulletin with good detailing about Covid 19 and the various guidelines set by the centre and the state will be useful an adjunct to our fellow members. As the Nodal Officer of Covid 19 Madurai District I congratulate the core team of Tamilnadu chapter of ASI, for their excellent work to bring out this much needed topic at the correct time

Dr. D. Maruthu Pandian

Immediate Past Chairman, ASI TN Chapter





SURGEONS

Responsibilities

Corona viruses are a group of viruses belonging to the family of Corona viridae, which infect both animals and humans. Human corona viruses can cause mild disease similar to a common cold, while others cause more severe disease (SARS – Severe Acute Respiratory Syndrome). A new corona virus that previously has not been identified in humans emerged in Wuhan, China in December 2019.

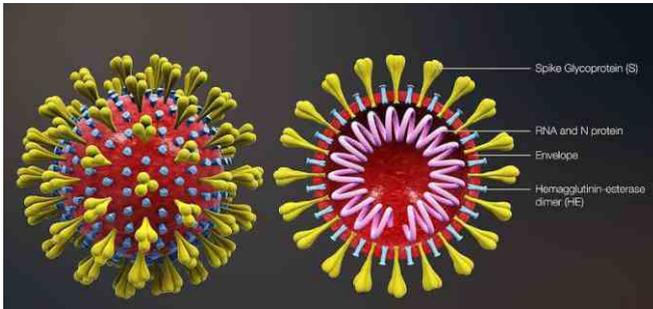
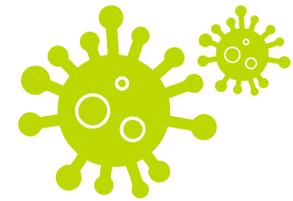
Signs and symptoms include respiratory symptoms and include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and sometimes death. Standard recommendations to prevent the spread of COVID-19 include frequent cleaning of hands using alcohol-based hand rub or soap and water; covering the nose and mouth with a flexed elbow or disposable tissue when coughing and sneezing; and avoiding close contact with anyone that has a fever and cough.

Health care worker responsibilities

- Assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety
- Provide information, instruction and training on occupational safety and health, including;
o Refresher training on infection prevention and control (IPC)
- Use, putting on, taking off and disposal of personal protective equipment (PPE);
- Familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test and treat patients and to share infection prevention and control information with patients and the public;
- Maintain appropriate working hours with breaks



Know about CORONA?



Family : Coronaviridae.
Subfamily : Orthocoronavirinae,

It is an enveloped virus.

The viral envelope contains

- lipid bilayer with membrane,
- envelope and
- spike protein anchored.

NUCLEIC ACID

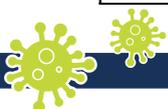
- Positive sense
- Single stranded
- RNA genome and
- Nucleocapsid of helical symmetry
- Genome size of approximately 27 to 34 kilobases.

Whose incubation period ranges from 1-14 days, with an average of about 5 days and the symptoms being mild constitutional ones with a gradual onset. Elderly people and those with co-morbidities like DM, HT and immune compromised states more likely to develop a life threatening illness. As the spread of virus is through the droplets from nose, mouth and eyes through fomites, the disease warrants a strict social distancing of about 3 feet or more than a meter

Corona virus disease (COVID-19) is an infectious disease caused by a newly discovered Severely Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) that cause illness ranging from common cold to more severe diseases leading to death . The mode of spread of these viruses are by respiratory droplets and contact (Direct / Indirect). Though SARS-CoV-2 remained viable in aerosols under experimental conditions for at least three hours. It's not confirmed to be airborne transmission as of now.

CATEGORY OF CORONA PATIENT

CAT – A	CAT – B	CAT – C
RESPIRATORY SYMPTOMS ONLY	RESPIRATORY SYMPTOMS WITH CO MORBIDITIES	RESPIRATORY SYMPTOMS WITH RESPIRATORY DISTRESS
NO CO MORBIDITIES	WITHOUT ANY RESPIRATORY DISTRESS	WITH OR WITH OUT CO MORBIDITIES
NO SIGNS OF RESPIRATORY DISTRESS	PR < 100/MIN, SPO2 >94%, BP > 90/60, RR < 24.	PR > 100/MIN, SPO2 < 94%, BP < 90/60, RR > 24.





Difference between Covid-19 vs. Flu vs. Cold

	COVID-19	Flu	Cold
 Incubation period	1–14 days	1–4 days	1–3 days
 Symptom onset	Gradual	Abrupt	Gradual
 Fever	Common	Common	Rare
 Cough	Common	Common	Mild to moderate
 Fatigue	Common	Common	Sometimes
 Runny nose	Sometimes	Sometimes	Common
 Nasal congestion	Sometimes	Sometimes	Common
 Diarrhea	Sometimes	Sometimes	Rare
 Body aches	Sometimes	Common	Slight
 Sore throat	Sometimes	Sometimes	Common
 Headache	Sometimes	Common	Rare
 Loss of appetite	Sometimes	Common	Sometimes
 Shortness of breath	Common	Sometimes	Mild
 Respiratory issues	Common	Sometimes	Sometimes



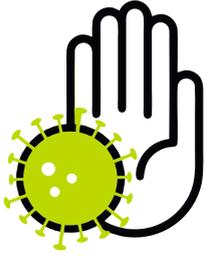


COMMANDMENTS

for Doctors to Approach Corona Patients

- 1** COVID-19 is a notifiable disease if not notified is punishable.
- 2** Notify the patients with the suspected following symptoms: Fever with any one of these signs like running nose, sore throat, dry cough, breathlessness and Diarrhea.
- 3** Provide the full contact details of patients with above symptoms/ travel history of the patient whether they come from the COVID19 affected areas to JDHS/DDHS/ HI of your area or region.
- 4** Wherever possible have a separate fever clinic / Give appointments to the patients to avoid crowding in the OP.
- 5** Frequently clean doors, chairs, handles, cots & staircase railings, tabletops, etc., with disinfectants.
- 6** Provide Washing point with enough soap and water for incoming patients.
- 7** Keep disinfectant/ Hand rub in the front desk or OP for patients and attenders.
- 8** Have mask in the front desk or OP and give the mask to any patient with the above symptoms and attend to him immediately to avoid waiting in the OP.
- 9** Advice the Paramedic People and Health Care Professionals to wear surgical mask, to follow Hand Hygiene and Personal Protective Measures.
- 10** Only one attender with the inpatient is allowed and no visitors are allowed to visit the inpatient.





How to PROTECT YOURSELF

HAND HYGIENE (HH)

- Effective Hand washing / Hand hygiene is the Most Important measure during direct patient care.
- Choose either alcohol based Hand rub (20-30 sec) or Hand wash with Soap & water (40-60 secs).
- Avoid touching possibly contaminated areas / objects.

WHEN TO HANDWASH

WHO's My 5 Moments for Hand Hygiene:

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



How to HANDWASH?



Rub palm to palm



Rub the back of both hands



Rub palm to palm interlacing the fingers



Rub the backs of fingers by interlocking the hands



Rub the thumbs



Rub palms with fingertips



N-95 MASK

An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

What is FFI in N-95 Mask?

This stands for 'filtering facepiece'. They can be classified as FFP 1, FFP 2 or FFP 3. The higher the number, the better the protection. When you do a task that involves toxic substances, it is best to choose the highest protection. A face mask with code FFP1 protects against large, solid particles.

FFP1	FFP2	FFP3
0.3 Microns ≥ 80%	0.3 Microns ≥ 94%	0.3 Microns ≥ 99%

Standard Operating Procedure For Reuse Of N-95 Mask Purpose of the Document:

During this pandemic most important weapon is PPE to protect ourselves from Covid. To maintain balance between supply and demand of PPE we need to devise new strategies for repurposing of PPE particularly N 95 mask.

Since the mask soiling would be minimal or no viral contamination due to usage of face shield. Also coronaviruses loses their viability significantly after 72 hours. CDC suggests that masks can be reused up to 5 times with the following strategy:

1. Each procedural staff (OT, Cath lab, Endoscopy, Bronchoscopy) would be provided with 4 N 95 mask with small paper cover numbered as 1, 2, 3 and 4 along with a larger paper bag. 5th N 95 mask will be issued as a reserve if one of the mask is visibly soiled with blood, body fluids or loses its fit.
2. Place each mask in each paper cover and mark them individually as 1,2,3,4.

Note :

- a. Make sure the masks do not touch each other.
- b. Do not share your respirator with other people.
- c. Practice fastidious donning/doffing to avoid contamination of the inside or outside of the mask at all times

Putting On The Respirator



Position the respirator in your hands with the nose piece at your fingertips.



Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.



The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.





PERSONAL PROTECTIVE EQUIPMENTS

What is Personal Protective Equipment:

- N-95 respirator/FFP-2 mask including gloves, long-sleeved non-permeable gown, eye protection/ face shield

When to use Personal Protective Equipment:

- while collecting samples for COVID testing & performing aerosol generating procedures, Such as -
 - Tracheal intubation
 - Non-invasive ventilation
 - Tracheotomy
 - Cardiopulmonary resuscitation
 - Manual ventilation before intubation
 - Bronchoscopy
 - Medical masks can be worn for 4-6 hours and N-95 respirator for 6-8hrs.
- Extended use of N-95 respirator while caring for multiple patients. should be carefully handled and ideally discarded in yellow bin after use.
- Wear PPE before patient contact and remove after coming out of patient care area.
- Do not touch your face while wearing a PPE.
- Do not re-use disposable PPE as it is associated with risk of infection .
- Provide Medical mask to patients with respiratory symptoms.
 - sense of security that can lead to the neglect of other essential preventive measures.

Donning And Doffing

DONNING SEQUENCE

Hand wash
↓
Cap
↓
Shoe cover
↓
Hand rub
↓
Inner glove
↓
Cover all/ Gown
↓
Mask (surgical or N95)
↓
Goggles
↓
Hood
↓
Outer gloves

DOFFING SEQUENCE

Outer gloves
↓
Hood
↓
Coverall / Gown
↓
Shoe cover
↓
Hand rub(gloved hand)
↓
Goggles
↓
Mask (surgical or N95)
↓
Cap
↓
Inner glove
↓
Hand wash

Before donning-remove all external wearing such as watches, jewellery, ear rings, bangles, pen, ID card etc.

Mask should be removed only outside patient room.





HOSPITAL GUIDELINES During COVID

OUTPATIENT DEPARTMENT

- Since more than 80% of the reported cases are asymptomatic and since not everyone are tested in our nation it is advised to consider all patients walking into the OPD as Covid-19 positive patients and provide all patients with face mask and sanitize the patients hands before allowing into the OPD.
- Do not allow attenders until or unless required to enter beyond the waiting room of the Hospital. strictly follow social distancing rule in the waiting area.
- Routine visits avoided.
- Patients placement 1 meter apart in the waiting area.
- Separate patients with flu like symptoms and those with other chronic diseases / ailments.
- Doctor and assisting HCWs should wear three layered medical mask.
- Organize the area with Minimal equipment for easy decontamination with alcohol / 1% sodium hypochlorite depending upon the material.
- Clean High touch points once every 3-4 hours.

SAMPLE COLLECTION

Optimum sample collection timing:-

- Before day 3 of symptoms and not later than day 7.
- Preferably prior to initiation of antimicrobial chemoprophylaxis or therapy.
- Following Bio-safety precautions & donning appropriate PPE (N-95 Respirator) - collect samples and send it to designated laboratories in standard triple packing along with specimen referral form.

MEDICAL WASTE HANDLING

- All masks, gowns, head & foot covers are discarded in yellow bucket with double bag / liner for COVID patients.
- Sharps in White Puncture proof container handed over to CWTF.
- Separate trolley and dedicated personnel with appropriate PPE to transport COVID-19 waste.
- Separate storage in the common storage area in the hospital and also separate documentation for COVID-19 waste.





CLEANING PROCEDURE

During COVID

Environmental Surface Cleaning & Disinfection:

- Maintain 1 meter (2 arms) distance between patients / HCWs / Visitors – including OP waiting and IP beds.
- Clean environmental surfaces with detergent and water and disinfect using 70% alcohol (Metallic) & 1% sodium hypochlorite (Non-metallic) or 5% Lysol solution – contact time -30 mins.
- 5% Lysol sprays can be used for disinfecting surfaces.
- Potential for aerosol generation therefore caution required while spraying in known / suspected contaminated settings.- then mopping is preferred
- 1% sodium Hypochlorite should be freshly prepared every day and used.
- Floor & railing cleaning by Three buckets system,
 - one with plain water
 - one with detergent solution
 - one bucket for 1% sodium hypochlorite

- First mop the area with the water and detergent solution After mopping clean the mop in plain water and squeeze it Mop area again using sodium
- hypochlorite 1% after drying the area.Mop area again using sodium hypochlorite 1% after drying the area, Mop the floor starting at the far corner of the room and work towards the door
- Cleaning staff should be attired in suitable PPE.

MEDICAL EQUIPMENT CLEANING

- Use dedicated non critical medical equipment for patients - Example Stethoscope , BP cuff , Thermometer etc
- Avoid sharing of equipment. if unavoidable clean & disinfect between patients. Based on the equipment –
- 70% alcohol (Metallic) &
- 1% sodium hypochlorite (Non-metallic)
- follow manufacturer's instruction

CLEANING THE EQUIPEMENTS		
AREA / ITEM	PROCESS FOR DISINFECTION	METHOD
Stethoscope	Alcohol based rub/ Spirit Swab	Should be wiped with alcohol based rub /spirit swab before each patient contact
BP Cuffs & Covers	Alcohol based disinfectant	
Thermometer	Wipe with alcohol rub in- between each patient use	Preferably one thermometer for each patient
Injection & Dressing Trolley	Detergent & 70% Alcohol	<ul style="list-style-type: none"> • Clean Daily with detergent & water • After each use, should be disinfected with 70% alcohol based reagent
Equipment (Equipment need to be disinfected after every contact with suspected patient)	<ul style="list-style-type: none"> • All Areas & Surfaces of Equipment: 1% Sodium Hypochlorite • Sensitive Probes of Equipment: 70% Alcohol – example Ventilator monitors, CT/MR like machines etc, (As per manufacturer's Instructions) 	<ul style="list-style-type: none"> • Whenever possible, portable radiographic equipment should be used to limit transportation of patients





PROTOCOLS for Surgery

- Non elective surgeries postpone – atleast 4 weeks
- All emergency & invasive procedures – consider all as COVID positive and test (CT chest , CBC , LDH, AST/ALT) if well within normal proceed with routine OT precautions and perform surgery .
- If COVID positive and surgery can be postponed if possible and manage with conservative line.

In past 14 days	
History of contact with a proven COVID patient	
History of sick contact at home or in workplace	
History of travel (international/domestic)	
History of presence in a crowded place – social gatherings, religious gatherings, functions, etc.	

PRE PROCEDURAL COVID CHECK LIST

Symptoms	Yes	No	Duration
Fever >38C			
Sore throat			
Cough			
Breathlessness			
Running nose			
Headache			
Myalgia			
Diarrhoea			
Nausea / Vomiting			
Loss of taste/ Smell			

1. ESSENTIAL SURGERY

- Fill COVID check list.
- If COVID check list is one or more positive, defer surgery for 2 weeks and refer to physician / fever clinic.
- If COVID check list is negative, do pre-op COVID RT-PCR testing as out-patient or in-patient and operate after receipt of negative report.
- DMS office to be intimated 24Hrs prior to procedure for final approval.

2. EMERGENCY /URGENT SURGERY

- Fill COVID check list.
- Do COVID RT-PCR either pre-op or post op depending upon the time of surgery.
- Proceed with surgery without waiting for COVID report, with full COVID precautions in OT.
- If symptom checklist is positive, shift to COVID ward/ isolation room post op, and involve physician on call or ID physician.



BEFORE SURGERY

- High cleaning of the entire OT by Cleaning / Housekeeping staff wearing N-95 respirator, goggles, gown, heavy duty gloves, boots and hood.
- During surgery all participants should wear PPE including face mask, face shield and eye goggles to prevent accidental touch to face.
- More invasive procedures such as orthopaedic surgeries which involve special tools which cause lot of splash in blood extra precaution should be taken during disinfection routine.

DURING SURGERY

- The operation trolley should be prepared and kept covered.
- Once the preparations are done, only then should the patient be brought inside the theater.
- Sufficient quantities of all types of suture materials, drugs etc. and any other operative requirement should be there within the OT.
- During intubation, minimum personnel should be there within the OT. The surgical team should wait outside till intubation has been done.
- The electrocautery should be used at the lowest power setting and charring of tissues should be avoided to minimize the creation of smoke.
- Prevention and management of aerosol dispersal: During operations, whether laparoscopic or via laparotomy, instruments should be kept clean of blood and other body fluids.

AFTER SURGERY

- Only the anesthesia team should remain in the OT during extubation. Remaining members should exit the OT and but NOT remove their PPEs in case their assistance for some complication is required inside the OT.
- Proper removal of the PPE and its safe disposal should be done.
- The OT and instruments should be considered as potentially infected and adequate cleaning and sterilization of the same should be done before posting another case in the OT.
- The OT personnel in charge of cleaning and sterilizing the OT should be the last to exit the OT and the last to remove their PPEs Patient transport should have the utmost level of care and personnel should wear personal protective equipment (PPE)
- Entire team who was involved in above said patient care at any level must be appropriately quarantined as per institutional and logistic level.
- Regular postoperative ward cleaning and disinfection should be done as per the instructions ven by the Govt of India guidelines.
- If in case you come to know the patient operated is COVID 19 serology positive at a later date, please inform the appropriate authority, please self-isolate yourself and your team, close the OT for appropriate period of time.
- Since it is proven that the virus can stay active for 72hrs in plastic and metal surfaces thorough disinfection routine should be carried out or surgeries should be planned in 3 day intervals.
- The HEPA filter/ ventilation system can be hot beds to transmit high amount of viral load, proper disinfection routine should be followed for same.

Personal Protective Equipment for the Surgical team

Type of anesthesia	Risk of exposure	Cap	Triple layered mask	N 95 mask	Glove	Gown	Face shield/ Goggles
General anesthesia	High	Yes	No	Yes	Yes	Surgi gown	Yes
Regional anesthesia	Low	Yes	Yes	No	Yes	Surgi gown	As per standard precautions



Disposal Of DEAD BODY

HANDLING DEAD BODIES OF COVID-19 POSITIVE:

- Staff attending to the dead body should perform hand hygiene and wear appropriate PPE (water resistant apron, goggles, N95 respirator, gloves).
- All tubes, drains and catheters on the dead body should be removed.
- Any puncture holes or wounds should be disinfected with 1% hypochlorite and dressed with impermeable material.
- Plug Oral, nasal orifices of the dead body to prevent leakage of body fluids.
- Place the dead body in a leak-proof plastic body bag. The exterior of the body bag can be decontaminated with 1% hypochlorite.
- The body bag can be wrapped with a mortuary sheet or sheet provided by the family members.
- The body will be either handed over to the relatives or taken to mortuary

CORONA VIRUS CRISIS



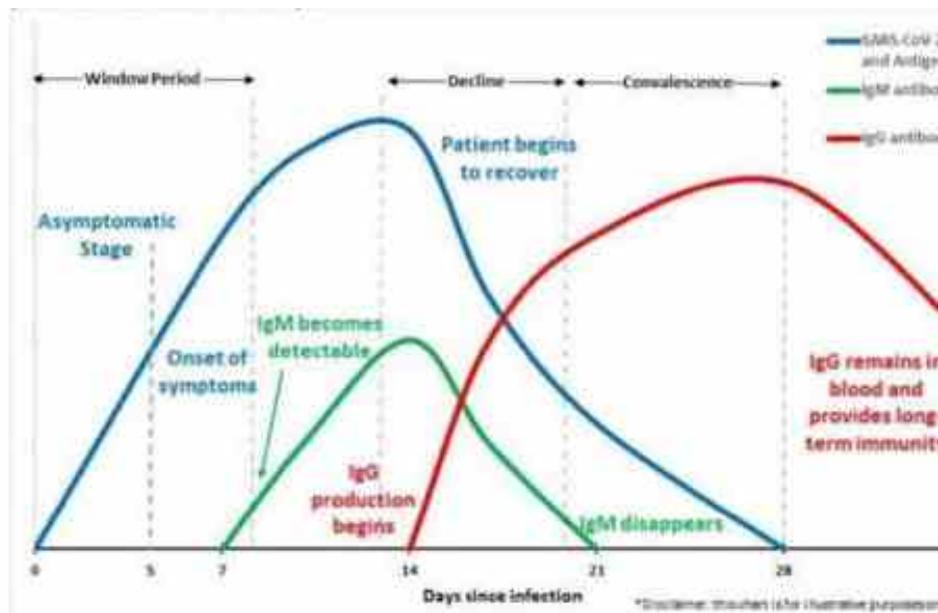
Video conference with our honourable Prime Minister by our President Dr. P. Raghu Ram on 24th march, 2020.





Know about CORONA ANTIBODY

Therefore, this COVID-19 Rapid Test should not be used until symptoms have present for at least 3 days.



Time Line of COVID19 (lab wise); a very useful must know for all docs

Day 0	:	infected
Upto Day 5	:	Onset of symptoms
Day 7	:	IgM positive (D7- D 21)
Day 14	:	IgG positive
Days 1-28	:	SARS CoV2 RNA & Antigens will be positive
Day 21	:	IgM disappears
Day 28	:	SARS CoV2 RNA & Antigens disappear
D0 - D5	:	ASYPMTOMATIC PHASE
D0 -D7	:	WINDOW PERIOD (ONLY PCR IS POSITIVE IN THIS PHASE)
D 14- D21	:	DECLINE PHASE (STILL INFECTIVE)
D 21- D28	:	CONVALESCENCE PHASE (STILL INFECTIVE)





Frequently ASKED QUESTIONS

1. What are allowed? Only consultation or elective procedures also?

Ans: Take up only emergency cases for at least next two months. Elective procedures are best postponed or taken up after RT PCR and special Covid consent

2. Only OP also IP?

Ans: i) OP patients are treated following protocols for social distancing, hand hygiene etc. Patients to be scanned for fever before registering. Fever cases to be referred to Covid centres

ii) IP : You can have non febrile inpatients. If you want to treat fever inpatients then you may have a separate Covid ward with all protocols followed with permission from local authorities with proper notification

3. They say Don't ask for Covid status.....how do we know

Ans: i) You can and you must ask for Covid status. You have to get consent for Covid testing and if patient refuses you may refuse treatment/surgery. Covid test along with HIV and Hbs Ag should become mandatory pre op investigations.

ii) It's difficult to identify asymptomatic carriers.

4. What happens to doctors/ hospital staff...see Covid patients without our knowledge?

Ans: i) Clear protocols have been given in GO number 7784/CEA/1/2020(refer our state website and NHB website). Still if you have trouble with local authorities you can approach IMA.

ii) Hospitals are closed for a maximum of five days and then opened after proper sanitisation. Doctors and staff exposed to the Covid positive will go for Home Quarantine and others may resume duty.

5. If we become positive where do they provide treatment, GH or private?

Ans: Government Covid centres are always willing to treat the positive cases. They have achieved reasonable success also. It's up to the individual to choose between government and private.

6. Who's responsible for medical personnel' s infection? Who should take responsibility for our treatment?

Ans: Same answer as before. Many doctors have been treated at govt centres successfully. We can avail the same.

7. If a staff gets Covid and dies... compensate their family?

Ans: State government has promised Rs.50 lakhs to all Covid warriors whether government or private. Central government also has similar scheme.

8. If we become critically ill what to do? Do they allow us to cross state borders?

Ans: i) There are designated Corona centres in each district both government and private. You need not cross state borders.

ii) Government gives free treatment. Private hospitals we have to bear the expenses.





9. If our paramedical staff become sick where do you treat them? Who would bear the expenses?

Ans: Once someone tests positive the government takes over immediately and Tamil Nadu government hospitals give some of the best treatment. Going to private hospitals is our choice and such expenses are borne by us

10. What would be the fate of our hospital? Seized? What about media giving bad publicity?

Ans: i) As quoted earlier clear protocols have been laid out. Media has been told to report correctly regarding the closure of hospital for sanitisation purpose .

ii) If your hospital has a reputation people will always come back

11. LIC is asking for a declaration that we are Covid negative. Do they accept our policies?

Ans: We may have to check with insurance agencies

12. Who would take care of our loans, family etc?

Ans: The compensation given by the government may help to a certain extent. Life is always full of uncertainties

13. What about medico legal issues suppose we missed the diagnosis?

Ans: Fever cases have to be referred to the designated centres and we are not supposed to investigate or treat as such during the epidemic. So the issue doesn't arise. The Epidemic Act gives you additional protection from medico legal problems to an extent .

14. What about optimal PPE? Where to get the same? Need so many for everyday OP?

Ans: i) You can approach your IMA branch for help in procurement. NHB is also willing to help.

ii) Staff also need PPE

iii) You can make bulk purchase. IMA will help you

iv) The staff exposed to patients directly will need maximum protection (coveralls) Others to be provided atleast masks gloves and hand sanitizer

15. What about charges? Who would bear the PPE cost? Or pass it on to the patient?

Ans: We have to bear the cost. We may have to charge the patient little more. Charity hospitals can look around for sponsors.

16. And after some time Official/ media/ politician would say that doctors are charging more...

Ans: IMA will protect you from unnecessary harassment.

Besides in your billing itself you can clearly mention the cost of PPE separately.

17. Very difficult times for doctors.....

Ans: Yes. These are difficult times. But only until a vaccine is found. This also will pass.

Let's face it collectively as a professional organization. Make every doctor join IMA and every hospital join NHB. We will tackle problems as they come in a collective manner and show the world we are united in our fight for our rights.





POST LOCKDOWN Practice

COVID 19 has changed the way hospitals and clinics function. Both the art and science of medicine is being redefined. IMA is confident that the medical profession will overcome this challenge keeping its values and traditions intact. IMA deems it fit to issue the following status report and guidelines.

- IMA has taken the principled stand that no clinic or hospital should be closed during the period of the epidemic. However the number of open and functioning clinical establishments averaged 30 to 80% in various states. At least a portion of these clinics and hospitals are victims of different policies being followed by different states and strangely different district authorities implementing different regulations within the same state..
- All non Covid services deserve to be resumed. The resumption should be graded and with appropriate and adequate PPEs, infection control measures and administrative protocols like triaging.
- It has to be factored in that COVID 19 will be an issue to reckon with at least for the next few years. Lockdown has helped to slow down the epidemic. Delayed peaking and a second peak have not been ruled out. Obviously Lock down is not the answer.
 - a) Handwashing
 - b) Physical distancing
 - c) PPEs are here to stay.

Clinics and hospitals need to work with

- 1) Appointments schedule
- 2) Triaging
- 3) Dedicated space for cases of fever, cough and breathlessness
- 4) Critical care casualties with possibilities of aerosol generation to be attended separately from regular casualty. Standard precautions are protective. In the 01/05/2020 present scenario, it is safer to treat every patient as Covid-19 till proven otherwise.
- 5) Dynamic batch posting of staff. Long working hours and resultant fatigue should be avoided. Cohorting of staff prevents mingling of those in high risk areas with others.
- 6) Provision of appropriate PPE depending on the nature of job and posting.
- 7) Infection control precautions.
- 8) Awareness of the fact that perfectly asymptomatic persons can spread the disease.
- 9) Housekeeping, laundry and biomedical waste disposal play a major role. Diluted household bleach solution (1% Sodium hypochlorite) is effective for most non-metallic, non-fabric surfaces. It is economical and easily made by mixing two tablespoons of bleaching powder in one litre water.
- 10) Limiting conversations in closed spaces, asking all patients to wear a mask are easy to practise.
- 11) Take lesser number of appointments.
- 12) There is a strong case for off label chemo prophylaxis of all doctors, nurses and other staff should be taken: The HCQ 400 mg bd on day(1) and 400 mg once a week for 7 weeks with adequate precautions.



QT interval prolongation and retinal involvement need special attention. The drug is not advised below 15 years. HCQ should be prescribed and supervised by a Registered Medical Practitioner only.

- 13) All elective surgeries should be conducted preferably after COVID 19 testing only. In the absence of testing, universal precautions presuming that the patient is +ve has to be adopted. A proper consent stating the fact that COVID 19 testing was not possible should be executed. The same precautions apply for expectant mothers presenting in labour and emergency surgeries.
- 14) All paediatric vaccinations should resume following triaging and limiting appointments per hour.
- 15) Avoid closed spaces and air conditioned spaces. IMA A/C guidelines will be issued separately. Have exhaust fans in rooms and bathroom. Keep windows open.
- 16) Stethoscopes, otoscopes and probes to be sanitised after every use. Non contact thermometer to be used.
- 17) Avoid nebulisation. Weighing scales, door knobs, Lift buttons have to be sanitised as often as possible.
- 18) Make a single entry point to the clinic/ hospital with screening of the patient and bystanders. A self declaration form may be given to the patients. The staff manning this area can use a three layer mask and gloves.
 - Ensure strict physical distancing in the various areas especially waiting areas of the clinic/hospitals. The waiting areas may be kept outside with chairs at more than one metre distance. Spaced appointments may be given to avoid crowding.
 - Provide hand washing facility outside the single entry point to the clinic/ hospital.
 - Provide hand sanitizers outside the consultation rooms.
 - Ask the patient to cover nose and mouth using towel / cloth or mask before entering.
 - Keep the patient seated at a distance of 1 1/2 metres.

- If the patient has to be examined, use three layer mask and disposable gloves (non sterile is sufficient).
- Avoid examining nose , mouth or throat
- Clean the seat and table with sodium hypochlorite solution (1%). Any material discarded by the patient also may be disinfected with hypochlorite. j) As far as possible don't allow any accompanying persons inside.
- Better avoid air conditioned rooms and try to keep windows open.
- Use non contact thermometer.
- Floors and furnitures to be periodically cleaned by hypochlorite solution.
- Periodic cleaning of mobile, Stethoscope, etc. with spirit.
- All your hospital- dress, shoes etc. should be kept outside the residence before entering.
- Never touch your nose, mouth, eyes & face during or after examining the patient.
- Telephonic consultations can be offered for routine follow up and triaging.
- Acrylic visors are protective and should be preferred in OTs.

- 19) Pay regular salary to staff. Accordingly calibrate the charges.
- 20) Avoid General Anaesthesia.
- 21) IMA does not subscribe to the practice of quarantining hospitals. Best practices adopted in certain countries like Singapore have allowed clinical institutions to restart functioning after deep cleaning and decontamination.
- 22) If proper PPEs had been used by a doctor or a Healthcare worker there is no further requirement of quarantining the person.
- 23) If a Doctor, Nurse or Healthcare worker has to be quarantined it will be in fitness of things to allow home/ self quarantine.
- 25) All suspected Covid 19 cases may be referred to Government approved Covid

Courtesy: IMA headquarters, New Delhi





What **GOVERNMENT** says regarding closer of the hospital after corona positive cases

Ref.No.7784/CEA/1/2020

Office of the State Appropriate Authority
Clinical Establishment Act /
Director of Medical and Rural Health
Services, Chennai 600 006
Dated: .04.2020

Sub: COVID 19 – Containment and Management of COVID 19 – Disinfection procedures and general guidelines to private hospitals – Regarding.

Ref: G.O.Ms.No.176 Health and Family Welfare (P1) Department Dated: 05.04.2020

To combat COVID 19 pandemic, various guidelines has been issued by Government of India and Government of TamilNadu.

It is brought to the notice that many health facilities are being closed down for the purpose of disinfection and fumigation in the event of unforeseen / accidental COVID 19 positivity for the health care providers or the patients. The following general guidelines are issued in the above matter.

1. All patients and attenders has to be provided with facial mask as a precaution.
2. Persons with fever, cough and breathlessness should be directed to separate OPD within the premises for treatment with adequate protective gears.
3. Patients from containment area or with contact history or symptomatic, necessary precautions lie COVID 19 testing with nasal and throat swab test be done.
4. In case of emergencies like surgery/ Labour the suspects to be treated in a separate Labour Room or Operation Theatre with all Personal Protective Equipments for COVID 19.
5. After treating such patients, proper surface disinfection and fumigation of Labour/ Operation Theatre Rooms to be performed without fail.The above measures will prevent closure of whole facility for disinfection and fumigation.





In case of accidental contamination to prevent further spread the facilities may contact Deputy Director of Health Services or Joint Director of Health Services for necessary guidance regarding disinfection.

The contaminated surfaces are to be disinfected with 5% Lysol OR 1% Hypochloride solution as given in the Government order 176, Health and Family Welfare Department Dated 05.04.2020.

The disinfection of whole premises using mechanical sprayers to be carried out in day 1 and to be repeated on 3rd day. On day 4 after thorough cleaning and washing of the hospital premises, followed by fumigation with standard solutions either formaldehyde or glutaraldehyde to be done and allowed for respective contact timings. On the next day, the whole facility has to be washed and prepared for provision of health services.

The list of health care professionals and probable contacts to be provided to district health officials for arranging necessary screening tests at Government health facility. All such tested persons should undergo home quarantine for prescribed period.

The facility managers should co-operate with health officials during the period of closure for disinfection in the larger interest of the society. The closure period should not be adversely publicized in the press or social media.

In general the health care professionals should be administered prophylactic drugs as per ICMR guidelines. Further for health staff, the facility should take responsibility of Personal Protective equipments, Food, stay and transport.

In case of hospitals with Inpatients, necessary arrangements should be done by concerned district health officials to shift the stranded patients to the nearest Government health facility with Isolation wards.

The private practitioners and Indian Medical Association to be encouraged by the district health officials for COVID 19 and non COVID 19 related health services following the protocols of the Government.

State Appropriate Authority, Clinical Establishment Act and
Director of Medical and Rural Health Services





Other Government Guidelines

NATIONAL GUIDANCE TO BLOOD TRANSFUSION SERVICES IN LIGHT OF COVID-19 PANDEMIC RECOMMENDATIONS

Ref: NBTC / MOH&FW GOI Guidelines dtd 25.03.2020E

- xclusion of at-risk donors to maintain safety: Travel history, contact history to be elicited and confirmed cases avoided until full viral clearance
- Management of blood collection to ensure adequacy of safety: All protocols for Covid like social distancing PPE, hand hygiene to be maintained. Sterilisation of equipment ensured
- Recommendations for Blood collection: Crowding and camps avoided. Collection done in a staggered manner that too from non infected zones
- Donor Education and Communication Donor educated regarding safe practices hand hygiene and social distancing Post Donor Care

HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms).No.196

COVID DEATH AUDIT

ORDER:

The government of Tamil Nadu has declared the formation of a death audit committee to ascertain the medical cause of death in Covid victims. Committees are formed at both state and district levels. IMA will allowed one representative in both.

COVID TEST MANDATORY FOR EXPECTING MOTHERS

R.No. 028679/MCH3/A2/2020

In a separate communication DPHC has issued an official order, quoting ICMR guidelines that. All pregnant women expecting to deliver within the next five days should be tested for Covid even if asymptomatic.

The order clearly sets out procedure of collection of samples and despatch with all protection to the nearest Covid test centres. All maternity hospitals have been instructed to register with the JDHS of the district.

TAMIL NADU ORDINANCE 1 OF 2020- AMENDMENT TO THE TAMILNADU PUBLIC HEALTH ACT 1939

Regd. No. TN/CCN/467/2012-14

On 25/04/20 the government of Tamil Nadu issued an ordinance for amendment to the state public health Act.

"Any person obstructing or preventing the burial of a dead person died of a notified disease shall be subjected to imprisonment ranging from one year to three years with fine"





THE EPIDEMIC DISEASES (AMENDMENT)

ORDINANCE, 2020

NO. 5 OF 2020

Promulgated by the President.

Any person engaged in 1. "an act of violence" including harassment, injury or intimidation and threat to life of a health care worker within the working premises

2. Damage to property or documents of the health care provider.

The offence will be cognisable and non bailable. Shall be enquired by an official not less than the rank of an inspector of police expeditiously within a period of thirty days of filing of FIR and trial concluded within a year.

The complaint once proved will draw a punishment of three months to five years and a fine of fifty thousand to Two lakhs.

In the case of grievous hurt the punishment will range from six months to seven years of imprisonment with a fine of one lakh to five lakhs. The compensation may be more if the court decides so. In the case of damage to property the compensation will be twice the amount of loss incurred. This ordinance is promulgated for the period of Covid prevalence

IMMUNIZATION CIRCULAR

R.No. 91298/Immnr/S1/2020

Office of the Director of Public Health
and Preventive Medicine, Chennai -6

Dated: 26.04.2020

- Government has categorised the districts in to
 - Containment/Buffer zones-Hotspot- red
 - Beyond buffer zone- non hotspot- Orange
 - Non infected- Green Zones
- Immunization- Birth immunization to proceed across all zones. All necessary precautions to ensure protection and social distancing
- Containment/ Buffer zones- not to conduct immunization sessions as a routine
- Covid centres will not take up immunization
- Non infected zones should continue to do birth dose , facility based and outreach.
- Universal prevention and control principles for COVID-19 to be followed





TN POLLUTION CONTROL BOARD ORDER

NO. TNPCB/PD/2020

Date : 01.04.2020

Consequent upon the outbreak of Corona Virus (COVID-19), country wide lockdown with effect from 25-03-2020 has been imposed as a preventive measure to contain its spread. However, many critical and essential activities have to be operated uninterruptedly, so that all essential goods and services are made available to the people. Similarly health care facilities and waste management facilities are also to be operated continuously to maintain hygiene of the community

In view of the extraordinary circumstances, the Tamil Nadu Pollution Control Board by virtue of powers under section 25 of the Water (Prevention & Control of Pollution) Act, 1974 and section 21 of the Air (Prevention & Control of Pollution) Act, 1981 extends the validity of Consent to Operate for all the units, who have valid consent to operate upto 31st March, 2020 for a period of three months upto 30 June, 2020

Similarly the units/facilities, which are authorized by the Board under:

- i. Hazardous and Other Waste (Management & Transboundary Movement) Rules, 2016
- ii. Bio-Medical Waste Management Rules, 2016
- iii. Solid Waste Management Rules, 2016

and where the authorization is valid upto 31.03.2020, the authorizations granted under the above Rules are extended upto 30.06.2020. This extension of validity is subject to same terms and conditions stipulated in the previous Consent to Operate Orders / Authorizations issued by the Board





Contacts

TELEPHONE / FAX / MOBILE NUMBERS OF DEPUTY DIRECTORS OF HEALTH SERVICES

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2	Ariyalur	Dr.V.C.Hemachand Gandhi	0431-228007	0431-228134	7639496586
3	Cheyyar	Dr.K.M.Ajitha i/c	04182-222334	04182-222334	9677472669
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11	Kancheepuram	Dr V.K.Palani	044-27222019	044-27231041 / 27235244	9442309909
12	Karur	Dr.K.Poonkodi * Dr.R.Selvakumar i/c	04324-255340	04324-255340	9965558850
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16	Nagapattinam	Dr.V.Shanmugasundaram	04365-253036	04365- 253036	9488249977
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21	Paramakudi	Dr.P.Indira i/c	04564-226916	04564-226916	9944328531





22	Perambalur	Dr. M.Geetharani	89031 24553	04328 - 224553	8300073249 8678925767
23	Pudukottai	Dr. K.V.Arjunker	04322-221733	04322-222723	9442217186
24	Ramnad	Dr.Kumaragurubaran * Dr. B.Kalaivani i/c	04567-220508	04567-220508	9486195002 9788855481
25	Chengalpattu	Dr. T.Senthilkumar	044-27423092	044-27423092	9444212544 9362222280
26	Salem	Dr. J.Nirmalson	0427-2450023	0427-24504980	9965558850 9894610125
27	Sankarankoil	Dr.M.Varadarajan i/c	04636-222312	04636-225326	9842461869
28	Sivaganga	Dr.V.Yasodhamani	04575-240524	04575-240524	7339493001
29	Sivakasi	Dr.S.Ram Ganesh	04562-255623	04562-255623	9865680120
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32	Tiruchirapalli	Dr.A.Subramani	0431-2333112	0431-2333112	9791146511
33	Tirunelveli	Dr.M.Varadharajan	0462-2573129	0462-2573129	9842461869
34	Tirupathur	Dr.K.S.T.Suresh	04179-222290	04179-222291	8903750445
35	Tiruppur	Dr.K.Jagadeeshkumar	0421-2478500	0421-2478500	9443495948
36	Tiruvallur	Dr.K.R.Jawaharlal	044-27661562	044-27666273	9442534652
37	T.v.malai	Dr.R. Meera	04175-232474	04175- 250918	9865056718
38	Tiruvarur	Dr.P.Vijayakumar i/c	04366-241895	04366-241895	7299041310
39	Thoothukudi	Dr.G. Krishnaleela	0461-2334526 0461-2334282	0461-2334526	9443238801
40	Vellore	Dr.T.Manivannan i/c	0416-2252025	0416-2257025	9444174899
41	Villupuram	Dr.S.Senthilkumar	04146-2923612	04146-220189	9894989705
42	Virudhunagar	Dr. A Palanichamy	04562-252388	04562- 252388	9443193862
43	IVC,Hosur	Dr.K.C.Cheran	04344-276225	04344-276225	9344678317





JOINT DIRECTORS OF HEALTH SERVICES

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3	Cuddalore	Dr.P.N. Ramesh Babu,MBB., DCH	9444982662
4	Dharmapuri	Dr.A. Sakaya Stephenraj, MS.(Ortho)	9444982663
5	Dindigul	Dr. G. Poongothai,MBBS (i/c)	9444982664
6	Erode	Dr. G.S. Gomathi, MBBS., DGO.	9444982665
7	Kancheepuram	Dr.E.Jeeva, MBBS., DGO.,	9444982667
8	Kanyakumari @ Nagarkoil	Dr.J. John Britto, MD., DCH., (i/c)	9442288316
9	Karur	Dr. Shantha Devi, DGO	9444982669
10	Krishnagiri	Dr. P. Paramasivan, MS (i/c)	9444982670
11	Madurai @ Usilampatti	Dr. R. Sivakumar, MD. (GM)	9444982671
12	Nagapattinam	Dr.Mahendran (i/c)	9444982672
13	Namakkal	Dr. M. Shanthi,	9444982673
14	Perambalur	Dr. G. Thirumal MS., MCh.,(i/c)	9444982674
15	Pudukottai	Dr.M.Chandrasekaran,MBBS., D.Ortho.	9444982675
16	Ramanathapuram	Dr. Vekatachalam	9444982676
17	Salem	Dr. R. Malarvizhi Vallal, MBBS.DGO.	9444982677
18	Sivagangai	Dr. R. Ilango Maheswaran, DCH	9444982678
19	Thanjavur @ Kumbakonam	Dr. Rani , D.G. O	9444982679
20	The Nilgiris @ Ooty	Dr. S. Palanisamy, MD, DA	9444982680
21	Theni @ Periakulam	Dr. Ashokan	9444982681
22	Thoothukudi	Dr.M.Fareeda Shirin, MBBS.,	9444982682
23	Tiruchirapalli	Dr. G.S. Gopinath, MS (i/c)	9444982687
24	Tirunelveli @ Tenkasi	Dr.G.Krishnan, MBBS, DMRD (i/c)	9444982683
25	Tiruppur	Dr. G. Shanthi, MBBS, DGO (i/c)	9444982661
26	Tiruvallur	Dr.M.A.Elangovan (i/c)	9444982684
27	Tiruvannamalai	Dr.P. Pandiyan, MD, (GM) (i/c)	9444982685
28	Tiruvarur	Dr.J.Rajamoorthi	9444982686
29	Vellore	Dr. I. Yasmin, MBBS., DGO.,	9444982688
30	Villupuram	Dr. A. Shanmughakani,MBB, DCH	9444982689
31	Virudhunagar	Dr.M.Pragalathan, MS.,	9444982690





Photo Gallery



ASI - The Associations of Surgeons of India - Thoothukudi city branch was inaugurated on 07-09-2019. The inauguration ceremony was held at Hotel DSF Grand plaza



ASI Tamilnadu chapter new Branch Inauguration and installation of krishnagiri-hosur ASI chapter held at Hotel Claresta. The Hosur-Krishnagiri City Branch of ASI was inaugurated as the Sixteenth City Branch of ASI on the 29 th September 2019 at Hosur.





ASI Tamilnadu chapter new Branch Inauguration and installation of Chettinadu ASI chapter held at Amaravathi Hall, Karaikudi. The Chettinadu City Branch of ASI was inaugurated as the Seventeenth City Branch of ASI Tamilnadu on the 18th October 2019.



ASI TN CHAPTER, has received **BEST STATE CHAPTER AWARD 2019** at the national conference, ASICON- 2019 held @ Bhubhaneshwar. Our heartfelt thanks to all the Brethren of ASI Tamilnadu who have helped us to achieve this. Sincere thanks to all the Past Chairmen, all the hardworking officers and EC members of TNASI and office bearers of all the 17 City Branches.

If undelivered please return to

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