THE OXFORD MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE

Institution Planning & Guidelines for Reopening Post COVID-19 Lockdown

Table of Contents

Abbreviation

AYUSH	Ayurveda, Yoga, Unani, Siddha, Homoeopathy
BBMP	Bruhat Bengaluru MahanagaraPalike
CBWTF	Common Biomedical Waste Treatment Facility
CCC	Covid Care Center
COVID-19	Coronavirus disease 2019
DCI	Dental Council of India
DMET	Disasters and Medical Emergency (Preparedness and Management) Team
F2F	Face-2-Face
GOI	Government of India
GOK	Government of Karnataka
HCQS	Hydroxychloroquine
ID number	Identification number
IEC	Information, Education and Communication
ILU	Influenza like illness
LMS	Learning Management System
MCI	Medical Council of India
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
NMDA	National Disaster Management Authority
PG	Post Graduate
PPE	Personal Protective Equipment
PwD	Persons with Disability
RGUHS	Rajiv Gandhi University of Health Sciences
SARI	Severe Acute Respiratory Syndrome
SOP	Standard Operating Procedure
WHO	World Health Organisation

Introduction

Health care professional courses which are offered by our medical institution have vital role in the disease prevention, health protection, health promotion and also ensure safe and healthy environment at all the establishments.

The guidelines issued by the University Grant commission, Ministry of Education, Government of India, Department of Higher Education, Government of Karnataka to be read along with this advisory for better understanding and practices.

World is debating on how to open and restart academical activities at schools, colleges and conduct examinations amid a pandemic, COVID-19 is claiming the lives of the rarest knowledge bearers.

COVID-19 is Public health emergency and involvement of the public for public health care delivery is very crucial. Public helps in understanding the principles of disease causation with particular emphasis on modifiable environmental factors including environmentally determined behaviors.

The core purpose is to prepare members of the health-related professionals for the need for health services to address all the aspects of the health of the population and to ensure that health resources are used to the best possible effect and to encourage good clinical practices to reduce further complications and mortality in the community.

Corona Virus Disease is the disease spread initially at the urban population. Eventually it extended into the rural areas. Currently the morbidity and mortality are evident in the tribal population of Great Andamanese, Port Blair, even tribes of Amazon are hit by this virus. The tragedy is, the world isn't

nurturing indigenous population. These indigenous people are fighting back by wearing masks, isolation but they are vulnerable. Most of them don't have the immunity against infectious diseases.

The indigenous people coming out of their ecosystem, elderly population, people with co-morbidity exposing at work place and health care settings exacerbating their vulnerability. As we continue to fight the corona virus disease, we must acknowledge all the vulnerable groups.

During the existing Pandemic The Oxford Medical College, Hospital & Research Centre, Karnataka, Bengaluru, has prepared this guidance based on the evidence currently available about Corona Virus Disease 2019 (COVID-19) to ensure that educational institution can protect the health of respective staff/faculty, students and community at large. This consultative compendium may facilitate as tool for preparedness in context to COVID-19 crisis and related issues .

- Physical distancing of at least 6 feet to be followed as far as feasible.

- Use of face covers/masks to be made mandatory.

- Frequent hand washing with soap (for at least 40-60 seconds) even when hands are not visibly dirty. Use of alcohol-based hand sanitizers (for at least 20 seconds) can be done wherever feasible.
- iv. Respiratory etiquettes to be strictly followed. This involves strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and disposing of used tissues properly.

- Self-monitoring of health by all and reporting any illness at the earliest.

- Spitting shall be strictly prohibited.

- Installation & use of AarogyaSetu App shall be advised wherever feasible.

Re-opening the campus

Keeping in view the uncertainties of future due to COVID-19 pandemic and its impact on the functioning of colleges, we have plan to reopen our campuses in a phased manner, ensuring safety, health and well-being of all students and staff. They should be flexible in their plan and should be ready to handle any eventuality arising due to COVID-19.

It may be difficult to comprehend all the challenges/ circumstances which the institutions may be required to handle while they plan to reopen. However, some of the issues which they may be required to handle instantly are given in this advisory.

Pre-requisites

- All the staff and student community shall undergo RTPCR COVID-19 test in authorized ICMR approved state government laboratories and obtain reports at least minimum three days prior to rejoining their respective colleges. (i,e, the rest should be conducted between 28-30th of November if classes commence from 1st of December 2020)
- Once the students rejoin the institution, self manitoring for COVID-19 is mandatory and retest is must if the develop the symptoms.
- Students must get consent letters form their respective parents before joining the college
- Before reopening of any campus, the Central or the concerned State Government must have declared the area safe for reopening of educational institutions. The directions, instructions, guidelines and orders issued by the Central and State Government concerned regarding safety and health in view of COVID-19 must be fully abided by the higher education institutions.

- However, they may develop stricter provisions and guidelines, if they feel it necessary. The universities and colleges have to make adequate arrangements to ensure the safety and health of students, faculty and staff.

- Further, students and staff living in containment zones will not be allowed to attend the colleges. Students and staff shall also be advised not to visit areas falling within containment zones.

- The faculty, staff and students of the college should be encouraged to download 'AarogyaSetu App'.

Chapter - I

Emergency Preparedness and Management

1.1. Our institution has Disasters and Medical Emergency (Preparedness and Management) Team (DMET). This team constitutes Public Health specialist, Microbiologist, Psychologist, Medical Social Worker and counselor. This team should be updated periodically on medical emergencies and disasters.

1.2. The members of Disasters and Medical Emergency Team need to be trained and certified by National Disaster Management Authority (NMDA) or NMDA nodal training Centre on disaster and emergencies management.

1.3. The DMET should be competent enough in identification, preparedness, prevention, protection, and mitigation activities; responses to emergencies, disasters and also recovery operations wherever necessary.

1.4. Institution has allocated one office area dedicated to emergency preparedness for DMET with adequate infrastructure, communication facilities to connect with government authorities or nodal agencies. This area is spacious enough to accommodate 20 members for training from time to time.

1.5. Institutions has prepared a Disaster and Medical Emergency Policy and Emergency Operations Plan.

    1.5.1. The Disaster and Medical Emergency Policy shall address identification, preparedness, prevention, protection and mitigation activities to all types of probable disasters including epidemic, pandemics and other medical emergencies.

    1.5.2. The Emergency Operations Plan shall address the life safety concerns, preparedness, prevention, protection and mitigation activities to all types of probable disasters including epidemic, pandemics and other medical emergencies.

1.6. The DMET team shall address life-safety and work performance concerns during emergencies;

    1.6.1. Contacting emergency responders or authorities to escalate additional assistance.

    1.6.2. Follow basic medical emergencies and procedures.

    1.6.3. Preparing strategies and mechanism for sustainable work performance.

    1.6.4. Disseminate instructions for personal protective actions such as evacuating and sheltering-in-place,

    1.6.5. Conducting theory/practical classes, clinical posting with convenient modes without distress.

1.7. The DMET need to maintain the complete human resource data of the institution. This data must reflect the health profile and co-morbid condition of each staff and student community.

1.8. Information, Education and Communication (IEC) should be displaced at the notice boards whenever required to create awareness among each person to prevent disease and promote health.

1.9. DMET should foresee the threats and prepare framework with adequate

technology to overcome the potential burden.

1.10. Most importantly, during epidemics and pandemics, the DMET should follow the recent advisory of Govt. of India/Govt. of Karnataka/RGUHS to follow the screening procedure to detect, quarantine and isolation of the faculty, staff and student community and maintain the data for contact tracing and other etiquettes to contain the COVID-19/other pandemics. The health/medical record should reflect the health profile of every individual of the institution with unique ID number.

1.11. DMET should conduct orientation sessions for faculty/staff and students on the current COVID-19 and similar situation in future, SOPs at work place, hostel, library and other protocols / limitations / restrictions accordingly.

1.12. The DMET should document all the listed activities and update the report on its official institutional websit

Chapter 2

Post lockdown activities of the institutions.

2.1   Our Institution shall follow the SOPs or guidelines which are periodically released by Government of India, Government of Karnataka and also adopt the updated advisories released by respective apex bodies of Medical, Dental, Nursing and Pharmacy.

2.2   Our Institution shall continue patient centered care and also academic activities cautiously with all the possible preventive measures to ensure the safety of all the employees and student community.

2.3   Institutions shall focus on sanitization and disinfecting procedures at our infrastructure periodically with suitable and appropriate techniques under the guidance of the DMET.

2.4   Administrators or DMET shall supervise and document the infection prevention and control measures on regular basis (facility-specific check list should be displayed) and also develop Standard Operating Procedure (SOP) for the safety.

2.5   Heads of the institution shall ensure adequate health care facilities at their own institution or to have MoU with the existing facilities for quarantine, isolation and treatment pertaining to COVID-19 as and when required for the clinical care of their students and staff.

2.6   Debrief/orient students and staff about the current COVID-19 situation, conduct counseling sessions and update on behavioral changes. Related IEC materials have been hosted on the institutional website for awareness and appropriate action.

2.7   Avoid or postpone social gatherings such as Conferences, Seminars, Workshops, Interviews, cultural, sports etc., till the pandemic ceases. However, online activities may be continued /encouraged.

2.7.1   Online games, debates, elocution, music and other recreational activities where physical distancing shall be maintained

2.8   Ensure compulsory practice of COVID-19 prevention measures such as Social/Physical Distancing, Hand Washing/ Sanitization, Use of Mask on regular basis.

2.9   **Display IEC materials prominently in Colleges, Hospitals, Hostels and Canteen premises.**

2.10   All employees who are at higher risk, i.e., older employees, pregnant employees and employees who have underlying medical conditions to take extra precautions. They should preferably not be exposed to any front-line work requiring   direct   contact   with   the   students.

Chapter 3

Travel Restrictions / Arrangements

3.1 The institution will be watchful about the students and employees who all have travelled from severely COVID-19 affected Districts, States or Countries. The travelers must strictly follow the travel guidelines and practice quarantine protocol.

3.2 Students must take all the precautionary measures (Wear Mask, Hand Sanitization and maintain physical distance) to avoid contamination while traveling in any mode of transportation

3.3 The college bus will allow only one student per seat. Each Bus should allow only 1/3rd of its capacity; this will help to reduce overcrowd and also to maintain physical distance. Bus will be fitted with hand sanitizer/dispensers so passengers could sanitize hands during entry and exit.

3.4 Restrict/avoid movement of the students within and outside campus.

3.5 Bike ride and Car drive should follow the instructions issued periodically by the Government of Karnataka.

3.6 Create Information desk and provide details to staff / students to help even those who are unable to travel due to sickness.

Chapter 4

Conducting Classes: Theory / Practical / Postings

Conducting Theory Classes

4.1   Our Institution has made necessary arrangement for virtual / online theory classes. We will be continuing our online theory classes with proper technology for the benefit of those who have travel restrictions.

4.2   Theory class rooms are well ventilated with all the hygiene facilities. Sanitization and disinfection procedures will be carried out on regular basis. Seating arrangement should make in accordance with standard social / physical distance norms.

4.3   Students should be advised to maintain hand hygiene, respiratory hygiene and strict social distance.

4.4   The respective faculties should create the link with teaching-learning materials and provide it to the students. Faculties should discuss with students to resolve the doubts that arises during teaching-learning sessions and also facilitate counseling as and when situation demands.

4.5   Avoid too many assignments which may demand frequent travel outside the campus.

4.6   Classes should be divided into different batches if class strength is more than expected and engage accordingly. Subdivision of batches should be 50% or less.

4.7   In-person Classes can be conducted for only 1/3rd of its capacity in different batches. Extend the classes for the same batch in the classrooms to avoid probabilities for cross infection

4.8   **Disinfection of the class rooms to be done compulsorily at the end of the day.**

Conducting Practical Classes / Postings

4.9   It is mandated to maintain the standards as suggested in theory classes, additionally; we shall provide appropriate practical training with necessary precautions like PPE and hand hygiene protections.

4.10   As the personal trainings are reduced due to pandemic, the preference shall be given to final year students of the respective courses.

4.11   Departments providing clinical care should operate extra cautiously during the pandemics. All the professional graduate and post graduate students should be educated about the disease and its preventive and curative procedures. Additional training should be conducted to orient students to enhance the competency among them. These additionally trained students should be equipped with appropriate PPE at COVID Designated centers and COVID Hospitals. Post graduates, Interns must be deputed for clinical services or clinical care on priority followed by final year students. Junior students of the graduate courses should be given low priority and deliberately restricted to work at high risk areas.

4.12 Students with lower immunity/or any systemic disease/respiratory disease/co-morbidities/immune compromised /pregnancy should avoid posting in high risk areas / hospitals.

4.13 On completion of daily posting/duty, students/professionals shall use disinfectant solution to wash hands and feet before leaving the premises and also standard procedures.

Other academic issues

Attendance: Since the lockdown is initiated, the routine theory classes,

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practical/clinical postings has been hampered. Institutions have conducted online sessions to compensate the academics via Medwhiz, Zoom, Cisco and other platforms. . As per the university norms, 80% of the attendance is mandatory which is considered at every six months/Annually as per the faculty. all the institution shall update attendance report accordingly.

Clinical/practical/training/ Postings: Every discipline has the varied posting of the under graduate students, interns, postgraduates, fellowships and doctoral fellowship programs respectively. Some of them have performed their duties at dedicated COVID hospitals, general and or specialty hospitals and other allotted places during lockdown and post lockdown period. Our Institution shall have the statistics of placements of their students and consider respective attendance based on the letters/guidelines issued by the University for consideration

Chapter 5

Students and Staff Health Services

5.1 Complete health profile of them should be maintained with periodical health screening. The health documents help in preparing the team of frontline warriors for effective and efficient campus-wide response to contagion and disruption in the epidemic or pandemic situations. All the human resources in the campus may use Arogya-SetuApp.

5.2 Establishd a COVID-19 Student and Staff Health Services, Policies, Planning and Response Committee under DMET as per WHO/GOI/ GOK/RGUHS guidelines regarding the assessment of potential COVID-19 patients

5.3 Documentation should be maintained periodically for disease specific health screening.

5.4 Effective triage and isolation of potentially infectious student/staff is essential to prevent unnecessary exposures to other person in the campus.

5.5 Health care staff should be trained on respiratory hygiene, hand hygiene and proper use of PPE including Bio-Medical waste management and infection prevention and control measures.

5.6 **Effective usage of Information, Education and communication materials as public awareness and prevention of COVID 19. Institutions should prepare the IEC materials and erect appropriate number of hoardings in & around the campus**.

5.7 As per the guidelines of Government of India, Ministry of AYUSH, staff and students can consume prescribed immune booster recommended by AYUSH ministry.

5.8   Practice yoga and Pranayama exercise for better or positive health.

5.9   Students and staff health care and welfare services should be documented.

Counselling & Guidance for Mental Health

In order to reassure the students' community to avoid any kind of stress or panic in the prevailing situation vis-a-vis their studies, health and related issues, our college will take the following measures for the mental health, psychological aspects and well-being of the students:

i.   All the faculty members, students and staff should be made aware of the Web page named "Manodarpan" - created on the Ministry of Education website to provide psychosocial support for Mental Health & Well-being during the COVID - 19 outbreak and beyond. The web page contains advisory, practical tips, posters, videos, do's and don'ts for Psychosocial support, FAQ and online query system. Also, a National Toll-Free Helpline (8445440632) for country wide outreach to students from schools, colleges and universities has also been set up which will provide tele-counselling to address their mental health and psychosocial issues.

ii.   Set up helplines for mental health, psychological concerns and well-being of students in Universities/ Colleges which need to be regularly monitored by Counsellors and another identified faculty.

iii.   Regular mentoring of students through interactions, and appeals/letters by the Universities/ Colleges to remain calm and stress-free. This can be achieved through telephones, e-mails, digital and social media platforms.

iv.   Form COVID-19 help groups of students headed by hostel wardens / senior faculty who can identify friends/ classmates in need of help and provide the immediate necessary help.

v.   Share the following video links of Ministry of Health & Family Welfare https://www.mohfw.gov.in/on the University/ College website and with students and faculty via e-mail, through social media like Facebook, WhatsApp and twitter etc. Practical tips to take care of your Mental Health during the Stay In https://www.youtube.com/watch?v=uHB3WJsLJ8s&feature=youtu.be Minding our minds during the COVID-19

https: / /www.mohfw.gov.in/pdf / MindingourmindsduringCoronaeditedat.pdf Various Health Experts on how to manage Mental health & Well Being during COVID-19 outbreak

https: //www.youtube.com/watch?v=iuKhtSehp24&feature=youtu.be Behavioural Health: Psycho-Social toll-free helpline - 0804611007

Chapter 6

Hostel accommodation

6.1   Hostels are potential sources for cross infections. All the hostel establishments have adequate light and good ventilation system. Fumigation/Disinfection/Sanitization will be carried out in the hostel regularly. These activities need to be documented on the house keeping checklist.

6.2   All the students should be screened for ILI / SARI/ COVID 19 before entering the hostel. Suspected should undergo clinical evaluation.

6.3   Students travelled from international destinations need to be enrolled on (http:/ / sevasindhu. karantaka.gov. in / Sevasindhu / English)

6.4   Hostel establishments should provide clean and hot drinking water and also strictly maintain distance standards by placing cots at 6 feet distance, providing almost 6-square meters/person (maximum two students per room) and must avoid bunker cots and also dormitory arrangements.

6.5   Constitute a student committee to monitor signs and symptoms of students which may help in disease control.

6.6   Separate restroom should be provided exclusively for students to fresh-up as soon as they return from hospital, with facilities to dip cloth in disinfection solutions.

6.7   Although there is no evidence as of now that COVID-19 is transmitted by air, but from transmission of droplet infection, it is suggested to avoid air conditioning in hostel premises and in dining area if available.

6.8.1   Quarantine refers to separation of individuals who are not yet ill but have been exposed to COVID-19 patients as primary contact who may become potentially ill.

6.8.2   Students /Staff should follow quarantine norms as per the guidelines released by Ministry of health and family welfare.

6.8.3   Institution has facilitated well-ventilated single-room preferably with an attached / separate toilet for isolation

6.8.4   Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people.

6.8.5   Wear a surgical mask at all the time. The mask should be changed every 6-8 hours and disposed-off as per Solid Waste Management 2016 guidelines.

6.8.6   Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.

6.8.7   If symptoms appear (cough/fever/difficulty in breathing etc), he/she should immediately inform our fever clinic and shifted to COVID ward. Only trained person should be assigned to assist such persons.

6.8.8   In case the person being quarantined becomes symptomatic, all his close contacts will be home quarantined for 7 days and followed up for an additional 7 days or till the report of such case turns out negative on lab testing. These guidelines may be dynamic and updated as per the ministry health and family welfare

6.8.9   Isolation refers to separation of individuals who are ill and strongly suspected (Primary contact with confirmed case) or confirmed of COVID-

19. All suspect cases detected (till a diagnosis is made), will be hospitalized and kept in isolation in a designated facility till they

are tested negative. Persons tested positive for COVID-19 will remain to be home quarantined or under the supervision of health care facility. Those patients can be discharged after subsequent two negative test reports or as per MoHFW's discharge policy.

6.8.10   Special attention should be given towards the safety of the people with co morbidities and or immune compromised or elderly

6.8.11   Institutions should document the mental health status of human resources and provide a psychologist or trained medical social worker to conduct counseling sessions. This helps in preventing disease related fear or phobia or mood swings or self-destruction decisions.

6.8.12   SOP if a confirmed case of COVID 19

6.8.12.1   Immediately shift the patient to isolation or observation at CCC.

6.8.12.2   Clean and disinfect the entire area.

6.8.12.3   Quarantine all the individuals who had primary contact.

Chapter 7

Canteen/ Dining/ Kitchen area

7.1   Though there is no evidence that people can contact COVID 19 from food, it is imperative to reinforce precaution, personal hygiene and sanitation measures in canteen/kitchen/dining area.

7.2   Formal Education for the staff working at canteen/dining/kitchen area regarding COVID 19 pandemic is mandatory and institutionwill keep the documents relevant to the same.

7.3   Ensure to place soap/disinfectant solution/hand sanitizers dispensers at various places in Canteen/Dining/Kitchen area and maintain the stock book.

7.4   Avoid dining in common area. If there is no option, then restrict the number of students dining at a given point of time.

7.5   The timings of the mess shall be staggered to ensure physical distancing and prevent crowding

7.6   Hostel accommodating a larger number of residents should avoid over crowd and maintain social/physical distance in food serving area/dining hall.

7.7   The entire dining hall should be sanitized including door handles, surface of the chairs and tables. Adequate number of soaps/disinfectant solution/hand sanitizers must be provided at any given point of time.

7.8   As a result of lockdown due COVID-19 pandemic, many institutions had closed their Hostel/canteen. It is advised for detailed cleaning and

Disinfecting the infrastructure before resuming functioning of the kitchen / canteen.

7.9 Staff at the kitchen area should have periodical health checkup and maintain medical records. They should wear gloves while cooking and as well as while serving food.

7.10 Staff's (cooking & supplying staff, cleaning, support staff and others) in working hostels shall be screened daily for Influenza like illness symptoms (ILI). If ILI symptoms are present the person/s shall be sent to fever clinic/hospital

7.11 The Coffee /Soda vending machines of the hostel premises should be disinfected frequently. The vendor should serve beverages with all stringent hygiene measures.

7.12 Disinfect the utensils/glass ware on regular basis

Chapter 8

Library

8.1. Library should be sanitized or disinfected or fumigated once it starts functioning.

8.2. Prescribed social/physical distance should be maintained at reading area. Avoid gathering or overcrowding in library.

8.3. Encourage students and faculty to borrow books and go back to their respective residence/class room for reading.

8.4. Clean all the surfaces and shelves with disinfection solution.

8.5. Encourage to use digital library and Helinet provided by RGUHS.

Chapter 9

Housekeeping

9.1 Health Education on COVID-19 for entire Housekeeping staff is mandatory at all the facilities like in the College, Hostels and Hospital.

9.2 Special attention must be given in cleaning measures using disinfectant in common areas such as restrooms, halls, corridors, elevator buttons, handrails, switchboards. Regular cleaning needs to be documented in the checklist.

9.3 Housekeeping staff should be provided with basic PPE such as face mask, face shield, hand gloves, apron/gown and protective shoes. If doing procedures that generate splashes (e.g. while washing surfaces), use protection with a face shield and impermeable aprons.

9.4 Prioritize and procure appropriate chemical agents for cleaning that can protect from viral agents in consultation with the infection prevention and control committee / experts.

9.5 Any surfaces that become soiled with respiratory secretions or other body fluids of the sick person(s), e.g. toilet, hand washing basins, these areas should be cleaned with disinfectant solution containing 0.1% sodium hypochlorite (that is, equivalent to 1000 ppm) or with water after 10 minutes with chlorine contact period.

9.6 Textiles, linens, and clothes and waste should be segregated in specially marked laundry/ waste bags and handled carefully after use to mitigate the risk of potential transmission as per Solid Waste Management Rules 2016

9.7 Provision for proper disposal of used personal protection items and general waste should be followed in accordance with CPCB guidelines

(available at: https://cpcb.nic.in/uploads/Projects/Bio- Medical-Waste/BMW-GUIDELINESCOVID_1.pdf).

Guidelines for Conducting Examinations

Examinations are the most crucial event of academic institutions. Our Heads of the institutionsshall adhere to the SOPs to prevent disease and promote health during this academic event and ensure the following:

Chapter 10

10.1 We have ensured return of students if any, by following guidelines passed reopening (Unlock-3) No: RD/158/TNR/2020. There shall be no restrictions on interstate and intra state movement of persons. No separate approval will be required for such movements. However, people coming to Karnataka from other state shall strictly adhere to the prevailing guidelines / SOPs of Govt. of Karnataka.

10.2 A nodal officer shall be designated to monitor the students and staff and ensure compliance to all guidelines of COVID-19 periodically issued by Government of Karnataka/ Local administration.

10.3 Arrangements for disinfection of premises of the students, provision of automated/foot operated sanitizer dispenser at required places and to enforce wearing of facemask, physical distancing of 2 metres (6 feet) in hostel and common areas and to be monitored by concerned authorities/nodal officer.

10.4 Students and staff should be advised to dispose of used face covers / masks in covered bins available at the center. The waste thus generated may be disposed of in accordance with the hazardous waste disposal guidelines.

10.5.1   College authorities shall prepare a micro-plan regarding the number of students, classrooms, teachers, staffs, seating arrangements for students, vehicles, movement plan of students, marking of boxes on the floor outside examination hall, etc.

10.5.2   Training shall be held before the examination to sensitize the invigilators and staff.

10.5.3   Examination hall shall have adequate natural ventilation; Air- conditioned hall shall be avoided. The hall shall have separate entry and exit.

10.5.4   Students should be instructed to report at least one hour prior to scheduled time.

10.5.5   At the entry, crowding of students shall be avoided and strict physical distancing of two meters (6 feet) between students to be maintained.

10.5.6   Ensure foot operated hand sanitizer dispenser, thermal scanning and screening for ILI/COVID-19 at the entry of examination hall.

10.5.7   Before and after each examination session, all the rooms /halls, chairs, tables etc. shall be disinfected with 1% sodium hypochlorite solution (Annexure1).

10.5.8   Display posters on preventive measure of COVID-19 in prominent areas of campus and examination hall.

10.5.9   The following arrangements of seating shall be made in different halls for the following categories:
    10.5.9.1   Candidates with ILI symptoms
    10.5.9.2   Candidates from containment zones

      10.5.9.3 COVID-19 positive candidates

      10.5.9.4 **All other candidates**

10.5.10 Ensure physical distancing of 2 metres between the candidates for categories 10.6.8.1 to 10.6.8.3 and 1 metre for category 10.6.8.4 Students shall wear medical facemask and allowed to carry their own water bottle.

10.5.11 For Covid-19 positive candidates, the examination shall be conducted as per guidelines provided in annexure-2.

10.5.12 Exam functionary and examinees may also submit self-declaration about health status at the time of entrance to the examination center. Such self-declaration form may be circulated at the time of issue of admit tickets.

10.5.13 A simple do's and don'ts/ Advisory may also be circulated to candidates at the time of issue of admit tickets

10.5.14 The examination center should have a designated isolation room for isolating any person who is found symptomatic at the time of screening or during examination, till such time medical advice may be sough

10.5.15 Specific markings may be made with sufficient distance to manage the queue and ensure social distancing in the premises.

10.5.16 Proper crowd management in the examination center as well as outside premises like parking lots, waiting areas – duly following physical distancing norms shall be ensured.

10.5.17 Provision of wheelchairs, if warranted, should be ensured and these should be disinfected regularly.

10.5.18 In case of PwD candidate availing a scribe, both the candidate and scribe must wear the masks and be made to sit with adequate physical distancing.

10.5.19 Frisking of examinees, if needed, shall be undertaken after thermal screening. Personnel involved in frisking shall wear triple layer medical mask in addition to gloves. Proper hand hygiene shall be maintained by such personnel every time they change their gloves.

10.6 Exam Hall Staff:

10.6.1 Exam hall staff shall be provided with medical facemask, hand gloves and hand sanitizer.

10.6.2 Candidates should be asked to vacate the hall only after the verification process is completed by invigilators and follow the instructions provided in the face page of the respective answer scripts

10.6.3 All staff that is at high risk (older employees, pregnant employees and employees who have underlying medical conditions) shall not be deployed for invigilation/conduct of examination. Such staff should preferably be deployed in tasks not requiring direct contact with the students

10.6.4 Use of spit/saliva for counting/distributing sheets shall not be allowed

10.6.5 For pen & paper-based tests, the invigilator will sanitize his hands prior to distribution of question papers/answer sheets. The examinees will also sanitize their hands before receiving such papers and handing them back to invigilators. The collection and packing of the answer sheets, at every stage will involve sanitization of the hands.

10.7 Toilets:

10.7.1   Disinfection of toilets shall be done before and after each session.

10.7.2   Elbow/foot operated sanitizers, wash basin with elbow operated taps and liquid soap should be made available in toilets.

10.7.3   Only one student shall be allowed inside toilet at a time.

10.8 Exit:

10.8.1   Physical distancing should be strictly followed during exit.

10.8.2   Disinfect the area between sessions allowing 30 minutes of contact time

Note: All other existing guidelines of RGUHS/Apex bodies in lieu of Undergraduate examinations are continued as before

Chapter 11

Standard guidelines to conduct online classes

11.1 The onslaught of COVID-19 Pandemic ushered in, a disruptive trend in the world of academics, and the University geared up to respond to this unforeseen academic calamity by providing inputs on how to transition into the online environment, and how to enable the students to find their 'comfort zones' in the new normal.

11.2 Teaching online has become a necessity since the onslaught of COVID-19 Pandemic, and is likely to get entrenched as an integral part of teaching in the health professionals' education. In a study that was conducted to map the extent of 'online teaching' post the COVID rise.

11.3 It is therefore of importance to understand the nature of online learning, and how teachers can successfully adapt to the online environment of not only 'teaching', but also engaging learners gainfully into learning, and creating meaningful ways of assessing the learners.

11.4 It has to be accepted at the outset that teaching in the online environment needs approach, and methods that are not the same as those for conventional contexts. Therefore, it's important that teachers adapt or develop their skills to the online learning environment, by (a) understanding the principles of shifting to online environment, (b) understanding how students engage in their online learning spaces, and (c) the support students have to be provided in stages to stabilise the them to be comfortable to learn online.

11.5 Once these scaffolding principles are understood, the teachers must get familiar and comfortable with the approaches to teaching online and the comparable online tools for the conventional teaching strategies. It must be also remembered that there need not be a dyadic twin for the conventional context in the online context; however, when the teacher is transiting into online teaching, and is in the

Substitution phase of SAMR framework, it would be reassuring to relate some online tools as substitute for certain conventional contexts. Once the teacher has transformed as an 'expert' in online environment, these dyads may lose much of their significance.

11.6 Reuben Puentedura suggested a model for transitioning for a graded alignment to online teaching in the form of SAMR model. This is a simple framework that illustrates how the teachers can sequentially move towards a comprehensive integration of technology for their online teaching. This framework has four stages - Substitution, Augmentation, Modification, and Redefinition.

11.7 Along with the awareness of the phases through which he / she can develop competency, the teacher must also be mindful of the influence that different learning processes will have on the students in online environment. Collin and McNaught have explained this on the variables of learner engagement and interactivity of the learning resources. The foundation of this axis has students watching the online presentation, and making notes; the interactivity obviously is quite low. This approach would not make a big impact on their learning.

11.8 The third dimension for teacher awareness of Five Stage Model (Salmon, 2002), which provides a framework for the 'hand holding' of the students to get familiar and comfortable for learning online. There are five stages in this Model and each stage has two dimensions - a technology dimension, and a student-support dimension. The reason why understanding this

model is important for the teachers is that they can not only plan for a teaching program that is responsive to the learning needs and styles of students, but also bring about the much needed 'behavior change' for adapting to online learning.

11.9 According to Smith (2016), some of the supportive roles the teacher has to play in making the students adapt to online include a clarity on how their performance after online learning will be graded and what will be its relevance to the course as a whole. Another important commitment from the teacher is the timelines for submission of assessment by students, and its feedback by the teacher, and once these are agreed to, these should be respected by both teachers and students.

11.10 Keep monitoring with the students to check how things are going, and this can be done by way of formal or informal surveys to assess attitudes, workload and challenges. It is possible that there will be some technology glitches, accessibility problems, or issues with comprehension; support the students not to lose heart and try to get on track. You can create a humane environment by sharing how you also faced similar problems and how you overcame them; it is said that admission of vulnerability is a very strong binding emotion.

11.11 Once you have passed through these initial planning and stabilising phases, look for the tools that are appropriate to deliver online teaching and assessment. We will deal with the online tools for assessment in the next Session; and in this Session let us see what are the tools for online teaching.

11.12 The approaches to online teaching are synchronous, and asynchronous. The major difference between these two approaches lies in their temporality, i.e., whether the time that participants access the 'teaching' is the same time for all, which would be 'synchronous', and it is always online; or different time depending on their convenience. In the
Synchronous approach, which would be 'asynchronous', and this could be offline also. Synchronous approach is the one which is closer to the traditional form of 'teaching'.

11.13 Synchronous approaches could be in the form of streaming a lecture through a webcasting tool such as WebEx or Zoom, and the same tool can also be used for Web-conferencing that is like a Group Discussion in the traditional format (when the number of participants is small). It would also be in the form of Chat or Instant Messaging, which is an added feature for either web-streaming or web-conferencing. It is also possible to discuss such as a brainstorming by using a Whiteboard, which is like the board that is used in classroom; this can be shared among all participants to share their inputs or feedback - this however works effectively in smaller and homogenous groups.

11.14 Asynchronous approach is far more flexible not only for pacing the time, but also for the range of tools. It also calls for more understanding of technology and deeper learner engagement, thus, the outcomes of learning are more profound. The tools could include Discussion Boards to enable threads of discussion and feedback over a longer period of time. Blogs could be used for reflections, and Email serves for a detailed and personalised feedback; while mails can also be in the form of group mails. Learning Management System (LMS) is a more evolved tool or platform for asynchronous learning. However, LMS can also include synchronous discussions.

11.15 There are some online methods which seem analogous to their conventional counterparts, for example, Lecture can be done as a streamed video or even a podcast, Team teaching could be in the form of a moderated session with two teachers being co-hosts and making streaming video, Symposium could done be as a series of online presentations, Panel discussion could also be transformed as online discussion with a panel of experts.

11.16 Regarding the small group methods, Group Discussion, and Journal Club could be conducted as web-conference with virtual whiteboard, Brainstorming can be done on applications such as Lino or Dotstorming, Projects can be done on application such as PebblePad. For the individual contexts, Telephone can be used as an alternative to Conference, and Library resources are available in digital form.

11.17 The tools for online learning can be classified as those that are required for - communication / discussion, presentation of text or images, collaboration as a synchronous or paced activity, discussion using a common text / image sharing canvas, sharing the static or editable text files, enabling the students to maintain and organise learning contents, sharing files on the cloud or sending large files by mail, recording and editing of the audio and video presentations.

11.18 There are quite many brands of applications that are appropriate for the said functions. A suggestive list of the most commonly used applications is provided below for reference, details of which may be obtained from reliable sources:

Table - I - Application for online teaching

Purpose	Tools
Communication / discussion	WebEx, Zoom, Google Meet, Jio Meet, Skype
Presentation	PowerPoint, Keynotes, Google Slides, Powtoon, Nearpod, Prezi
Group Collaborations	Trello, Flipgrid, Padlet
Virtual Whiteboard	Miro, Stormboard, Google Jamboard
Document sharing and editing	Google Docs, Etherpad, MS Office 365
Note taking	One Note, Google Keep
File sharing	Dropbox, Google Drive
Screen recording and editing	Camtasia, Freecam, Loom, Flashback
Blogging sites	Blogger, Medium
Classrooms	WizIQ, Google Classroom, BrainCert
CMS	Wordpress, Wix
LMS	Edmodo, Moodel, Talent LMS, Schoology

11.19 There are multiple tools that are useful to conduct online assessment; much of the experience in online assessments has been in the formative approach. Therefore, the tools that are presented here are more appropriate for formative assessment.

11.19.1 Google Forms: These are the most extensively used tools to obtain end- of-the-class feedback, and also for conducting 'quiz'. The advantage of Google Forms is that these allow for creating forms with hyperlinks, images, and videos for conducting survey or quiz.

11.19.2 Plickers: It is a common practice for teachers to make an exit check at the end of class to assess how many students have understood the lesson. In the conventional class, this is conducted by asking questions to a random sample of students. Plickers can improve this quality by getting the feedback from every student, without the need for all students to have a 'clicker' device. Plickers uses the scanning approach of cards that are uniquely designed, and can identify individual students to check who is giving the correct answer to the

MCQs. Though this is classified as online assessment tool, only the teacher requires an electronic device to conduct it.

11.19.3 Poll Everywhere: This facilitates the monitoring and assessment of learning as a real-time approach, with the students can voting on the teacher generated polls through SMS, smart phone, or web browser.

11.19.4 Nearpod: This is an integrated facility with slide presentations that can embed questions within the slideshow. The questions can be customised questions as open ended questions also. It can be useful for continuous assessment, which can also be used as an approach to keep the students are engaged into their learning on a continuous basis.

11.19.5 Padlet: There is a misconception that online teaching is a one-way communication that does not facilitate collaborative learning among students, as would happen in conventional classes. Padlet provides a collaborative platform for teachers and their students to create and design collaborative projects, which can also include brainstorming. There are many options for collecting and sharing text, images, videos, and files. It is one of the very effective platforms for sharing reflective learning.

11.19.6 Kahoot: It is a game-based classroom response system where teachers can create quizzes using internet content, with MCQs or sequencing questions for formative assessment. This also makes it possible for the students to score high depending on the time taken to answer, i.e., there is option to allot higher score for those who answer first, or who answer within a short time.

11.19.7 Lino: This is a virtual corkboard that lets the users to post their answers and comments on sticky notes. It can be used both for purely online class, as also for the conventional classes. Another advantage of this application is that each student can give his / her individual answer, without the others knowing it, and therefore, can also be used as exit tickets. Exit tickets are the answers that the students write on

a piece of paper and submit to the teacher before going out of the class, and provide to the teachers, an overview of the extent of their learning.

11.19.8 Peergrade: Rubrics are the comprehensive assessment benchmarks that are finding an increasing acceptance in various forms of assessment. Rubrics are an advancement over the checklists and rating scales, and provide a clarity for scoring to the teachers, and a clarity of expected performance to the learners. Peergrade provides option and facility for teachers to create assignments and rubrics. These can be used for both formative and summative assessments.

11.19.9 Audionote: There are theories of learning that emphasise the importance of students' articulating their learning. It is also an effective medium to express their learning, which is assessed as Viva voce in the conventional contexts. The challenge of conducting viva or oral assessment can be met by the use of Audionote. This application has a combination of both voice recording and written explanation.

11.19.10 Flipgrid: It is a website where teachers can create 'grids' to facilitate video - based discussion. Each grid is like a message board where teachers pose questions, called 'topics'. Students can post their video recorded responses, which range from 15 seconds to five minutes. There can be peer-response also to the students have made. It also has a library of resources based on various topics, which are developed from across the world. It facilitates learners to reflect upon, discuss and showcase what they are learning, making, reading, solving, and experiencing.

11.19.11 Dotstorming: Brainstorming is a creative and collaborative learning approach, which is used for generating out-of-the-box options to find solutions. It works quite well in the conventional context, and can in fact be populated in the online learning approach. Dotstorming is a whiteboard application that allows participants to collaborate on a topic and come to decisions as a group. The participants can post sticky notes to register their ideas, and also vote. This can also be used for completing group assignments.

11.19.12 Formative: Also called as Go Formative, it is a monitoring application to

continuously track the learner progress real-time. The teacher can assign activities to students within the learning activity so that the teachers see their students' work as it happens and give immediate feedback to either make rectification, or reinforcement to learning.

11.19.13 EDpuzzle: It is an application that lets the teacher to crop a video and customise it with voice-over, or audio comments, and also embedded assessment questions. Teachers can view students' scores and progress over time as well as the length of time students took to complete an assignment. It also has the facility to suggest videos from sites such as YouTube, Khan Academy, TED Talks, and Vimeo to for relevant resources. The advantage of this application is that the students are not passively watching the video, but interacting by completing the assignments, so that the teacher can monitor the students' learning on a continuous basis.

11.19.14 Socrative: It is a cloud-based student response system that allows teachers to create simple quizzes that students can take quickly on laptops or, on their own smartphones. There is option to use the true / false, multiple choice, graded short answer or short open questions as part of the assignment. It can be customised for student-paced, or for teacher-paced assessments. Teacher-paced is where the questions are answered as part of an ongoing lesson, while learner-paced is where the students submit the exit ticket to conform that they have completed a particular part of the course. It also has a large repository of quizzes covering various topics.

11.19.15 PebblePad: It is a versatile online assessment tool that supports not only the traditional assessment methods such as written essays, but also multimedia based assessment. It is flexible to allow for creation of a structured assignment by the teachers, or even for a self-directed assessment by a student. This is an effective way of assessing through Workbooks or Portfolio.

Chapter 12

Information Education and Communication

12.1. Accurate and timely communication is necessary to ensure informed decision-making, effective collaboration and cooperation.

12.2. Establish mechanisms of communication through DMET to streamline the sharing of information between the administrators, faculty, staff and students.

12.3. Brief the faculty/staff and students on their responsibilities and precautionary measures and restrictions during pandemics.

12.4. Draft and design key messages, addressing variety of COVID-19-related scenarios, information, prevention and control.

The health care personals who could contribute additionally as volunteers, warriors should be identified, appreciated and honored.

Annexure

Annexure - I

Guidelines for Preparation and use* of 1% sodium hypochlorite solution

Product	Available chlorine	lpercent
Sodium hypochlorite - liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite - liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro-isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) - tablets	60%	11 tablets to 1 litre water
Chloramine - powder	25%	80 g to 1 litre water
Bleaching powder	70%	70 g to 1 litre water
Lysol for disinfection Lysol IP (50% Cresol and 50% Liquid soap)		2.5% Lysol (1 litre of Lysol in 19 litres of water)
Use*- All touch surfaces like tables, door hanc switches, lift buttons, Computer systems, Key board; cloth dipped in 1 **%** sodium hypochlorite solution or minimum 1 hour before exams		les, telephone, table bell, s shall be wiped with clean 7% Lysol and air dried for

The following guidelines shall be followed for conducting examinations for COVID Positives (candidates who are in COVID hospital/institution):

In view of ongoing COVID -19 pandemic, no candidate/s who is/are COVID positive shall be denied opportunity to appear in the theory examinations. The following guidelines shall be implemented in coordination with the local health authorities (District health officer, District surveillance officer, Chief health officer-BBMP).

Theory examination:

A medical team with 108 Ambulance (ALS) shall be stationed at the examination centre.

Centre of examination:

- There shall be a separate examination centre/room for **COVID Positive** candidate /s as per availability.
- The room shall have natural ventilation.
- Hand sanitizer shall be made available at entry point and appropriate places.
- Disposable glasses for drinking water shall be made available.
- Strict physical distancing of 2 metres (6 feet) is to be maintained at all times. Seating arrangement shall be such that at least 2 metres (6 feet) distance is maintained between the candidates.
- Liquid soap for hand washing shall be provided in all toilets.
- After the examination is over, all the rooms /halls, chairs, tables, etc. shall be disinfected with 1% sodium hypochlorite solution.
- General solid waste can be disposed as any general waste.
- Waste generated (used mask, goggles, cap, gown etc.) shall be disposed in a separate cover preferably yellow and hand it over to common biomedical waste treatment facility (CBWTF).

Candidate:

- Candidate shall inform regarding COVID- 19 status to the examination authorities well in advance to make necessary special arrangements.
- Candidate shall produce medical certificate from their treating physician certifying that they are fit to write the examinations
- The candidate shall provide "risk consent" for taking up the examination.
- Candidate shall be transported between the hospital and the examination centre by designated 108 ambulance
- Candidate shall wear N-95 face mask & Hand gloves compulsorily at all times during examination
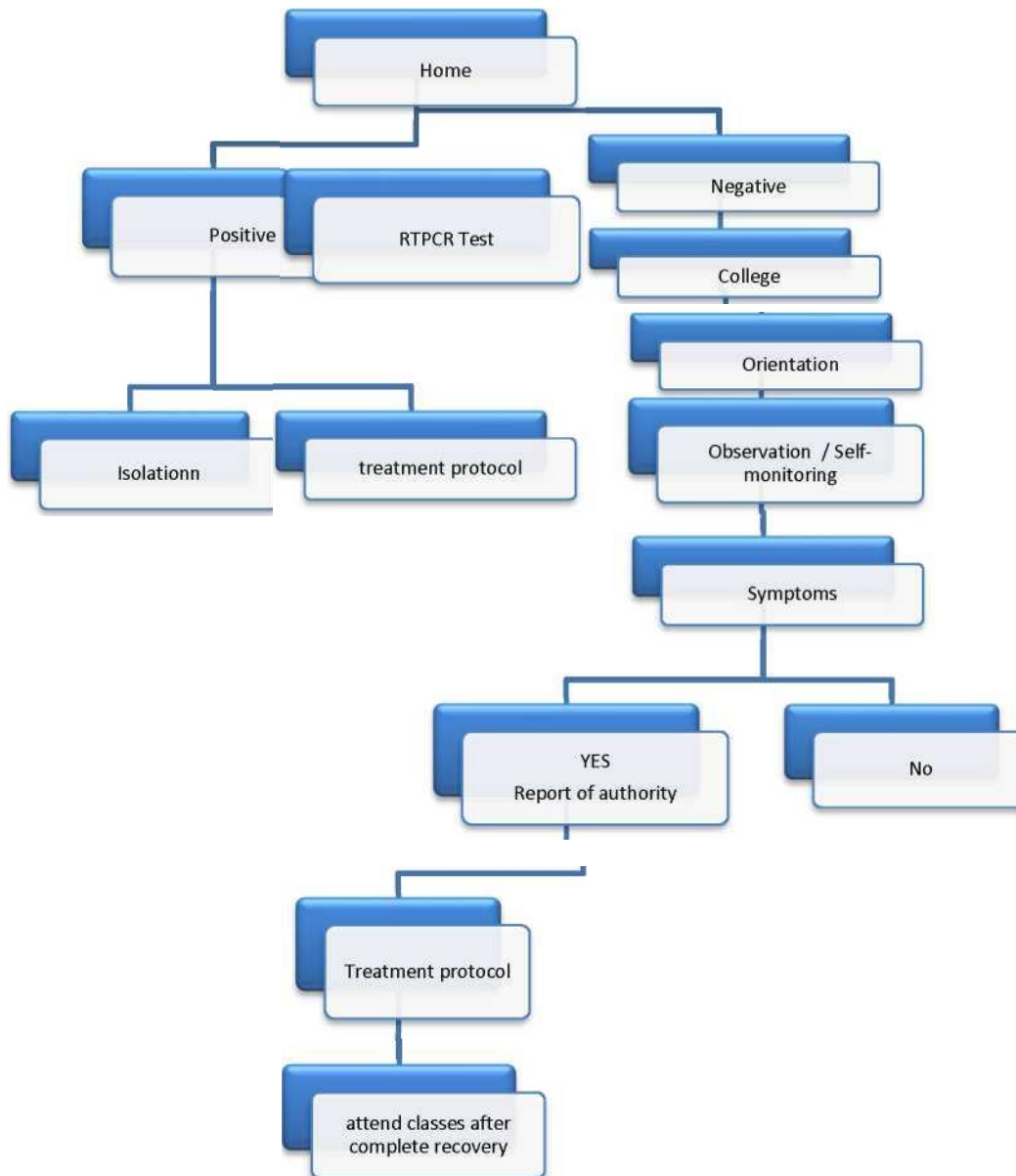- Candidate shall use hand sanitizer whenever required.

Examiner/Invigilators/Expert assistant/Support staff/Room superintendent:

- He/she shall wear N-95 masks, hand gloves, etc.
- Strict physical distancing of 3 feet is to be maintained at all times.
- Invigilator and the room superintendent shall be preferably those who are on HCQS prophylaxis
- Designated table shall be earmarked for keeping the attendance/invigilator dairy for candidates to affix signature.
- Admission tickets shall be signed by the invigilator maintaining physical distancing and using sanitizer
- At the end of exam, the invigilator shall let go candidates out of exam centres following physical distancing
- Avoid frequent conversation with the student.

Note: The practical examination shall be conducted as per the guidelines/SOP issued by apex regulatory bodies like MCI/DCI/others.

Candidate:

Flow Chart for Teachers and Students

Home

Positive

RTPCR Test

Negative

College

Orientation

Observation / Self-monitoring

Symptoms

Isolationn

treatment protocol

YES
Report of authority

No

Treatment protocol

attend classes after complete recovery

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