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OPD Reopens as Lockdown Eases

NIMHANS has restarted OPD consultation, from 1st June 2020, exclusively by appointment through interactive voice response system (IVRS). The OPD had remained closed from 24th March 2020 as lockdown was instituted across the country to contain the spread of the COVID-19. All other allied outpatient services will also resume functioning.

In order to seek OPD consultation services, new patients and those who have previously consulted with NIMHANS can call the dedicated telephone number (080-26991699) between 9 am and 3 pm



Over 30000 samples tested at NIMHANS

About 30000 samples have been tested for COVID-19 at the NIMHANS laboratory so far. Out of the total samples received from various districts of the state, 584 were found positive for the virus. About 2500 samples are being processed by the lab every day.

The testing capacity has increased in the country through 462 Government laboratories and 200 private laboratories. Karnataka too has ramped up its testing facilities with 60 labs. Cumulatively, 38,37,207 tests have been carried out so far for COVID-19.

A total of 86,983 people have been cured so far, taking the total recovery rate to 47.76%. The fatality rate due to Covid-19 is 2.86%. It is among the lowest in the world, according to the Ministry of Health & Family Welfare.

for registration on all working days through IVRS. Once the registration process is done, new patients will receive a call from the respective department for tele-consultation.

After the tele-consultation, an SMS for in-person consultation will be sent to new patients for whom the doctor considers that a personal visit to the hospital is required. It is mandatory for old patients also to have a prior appointment for consultation. On arrival, the patient will be verified for confirmation of their appointment at the main gate of the hospital. Only one attendant will be allowed to accompany the patient. These measures are necessary to ensure physical distancing and prevent overcrowding.

NIMHANS is working cohesively within departments and the hospital

COVID-19 Cases	Confirmed	Deaths
India	190535	5394
Karnataka	3221	51

* as on 01 June 2020 (8.00 am)

administration to implement strategies to minimize the risk of COVID-19 transmission and deliver the best patient care services. Standard operating procedures (SOPs) and protocols have been framed to handle the anticipated inflow of patients. All possible infection control measures to protect patients and healthcare workers (HCW) have been initiated in compliance with the up-to-date guidelines issued by the Union Ministry of Health & Family Welfare. Nursing staff and HCWs have been adequately trained in proper use of personal protective equipment (PPE) and protocols for screening patients and attenders for COVID-19 risk.

Isolation areas have been set up at the Casualty & Emergency Block (Priority-2) for all suspected patients. All recommended measures for isolation, emergency triage and management have been implemented. A dedicated operation theatre for COVID-19 patients has also been identified and kept ready.

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Guidelines for Tele-Psychiatric Social Work Practice

Guidelines for Tele-Psychiatric Social Work Practice formulated by the Department of Psychiatric Social Work, NIMHANS was released on 30th May 2020. The guidelines provide a framework for providing ethical and safe tele-psychiatric social work services to the clients.

India's digital health policy advocates use of digital tools for improving the efficiency and outcome of the healthcare system and lays significant focus on the use of telemedicine services. The guidelines will help realize the full potential of the advancements in technology for delivery of psychiatric social work services.

The guidelines also provide comprehensive information on various aspects of telemedicine including information on technology platforms and tools available to psychiatric social work practitioners.

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Tele-consultation services, which were started in the month of April to allow a greater number of patients to seek medical advice from the safety of their homes, will continue to function concomitantly. Patients who need medical care for different health conditions do not have to visit hospitals at this critical time.

Emergency services have been functioning 24/7 without interruption. Over 2000 patients have received emergency treatment at NIMHANS for various psychiatry, neurology and neurosurgical disorders during the lockdown.

The Ministry of Health & Family Welfare has reiterated that all precautions must be taken while living with the new normal of COVID-19. It is imperative that all guidelines on physical distancing are followed at workplaces; hand

Message from the Director

It has been over two months since COVID-19 started to change the contours of academic life. The pandemic has thrown up innumerable challenges, which we have never faced before. We appreciate the patience and trust of the academic community as we respond to the complexities and challenges of the unprecedented crisis. It takes time to adapt to change, envision the implications, and to put the solutions into practice. There will be continued uncertainty as we adapt to the new realities of a conspicuously changed system: a change that we all hope is only short-term.

Currently, we are trying to amplify academic opportunities through digital engagement. We are closely monitoring all the developments

and working on ways to integrate new virtual communication practices along with physical communities. These steps are being initiated with thoughtful consideration and the best interests of our students and faculty. Students can be assured that our Institute is striving hard to minimise the impact of the COVID-19 outbreak on the academic processes and procedures as much as possible.

Now, as we enter the exam period, I would like to take a moment to wish our students all the best. For those who are on the verge of completing the course, I wish them a successful conclusion and a bright career ahead.

Dr. B.N. Gangadhar
Sr. Professor of Psychiatry



hygiene including frequent hand washing and respiratory hygiene is maintained; mask or face covers are used in public places; and coughing/respiratory etiquettes are followed. It is highlighted that the management of COVID-19 is only possible when all the due care is taken by everyone without being complacent about the situation.

For all authentic and updated information on COVID-19 related technical issues, guidelines and advisories visit: <https://www.mohfw.gov.in/> and @MoHFW_INDIA. Technical queries related to COVID-19 may be sent to technicalquery.covid19@gov.in and other queries on ncov2019@gov.in and @CovidIndiaSeva. ■

Communicating when wearing a face mask

Communication, a bi-directional act, helps people exchange information, ideas, share feelings and thoughts. Communication may be verbal (e.g. speech), non-verbal (e.g. text messages, facial expressions, gestures, signs, pictures, emojis) or often a combination of both.

In view of the current COVID-19 pandemic, it is recommended that all healthcare providers and patients wear face masks. Using masks may interfere with communication in the following ways: (1) masks attenuate speech signals produced by the speaker thus making the speech sound soft (decreased loudness) and muffled (unclear production) (2) masks may render the voice of a person unnatural (3) masks can 'mask'

a large part of our facial expressions which is an important mode of non-verbal communication. These issues are likely to lead to a communication breakdown, particularly in patients with neuropsychiatric disorders who may be cognitively impaired e.g. patients with schizophrenia. Hence, healthcare providers can adopt simple strategies to enhance their communication and reduce communication breakdowns when interacting with patients.

Additional things to remember:

1. Wear a photo ID card - viewing your photograph can help reassure patients that they are talking to a real person behind the mask.

2. Start your conversation with the patient and caregivers by saying things like
 - "this situation of using masks and maintaining distance may make it difficult for us to understand each other, so please be patient"
 - "please ask for repetitions"
 - "please ask for clarifications if you do not understand"
3. Healthcare providers are likely to go through some difficulties in communication, in addition to all other things that they have to manage.
 - But try to be warm
 - Go an extra mile to reassure

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Tips for healthcare providers to enhance communication with their patients when wearing a mask

A. SPEECH MODIFICATION STRATEGIES

CLEAR PRONUNCIATION
TALK LOUDER
EXAGGERATE INTONATION (*vary tone*)
STRESS ON IMPORTANT WORDS

B. COGNITIVE LINGUISTIC STRATEGIES

ACTIVE LISTENING (*concentrate when talking, maintain eye contact, nod and respond when necessary*)
SUMMARIZING AND CHUNKING (*highlight main points several times, break information into small and simple chunks*)
CHECKING/FEEDBACK (*frequently check if the patient can understand*)
REPETITIONS/PARAPHRASING (*repeat key phrases, reiterate patient's speech, use simpler words, rearrange sentences for better understanding*)

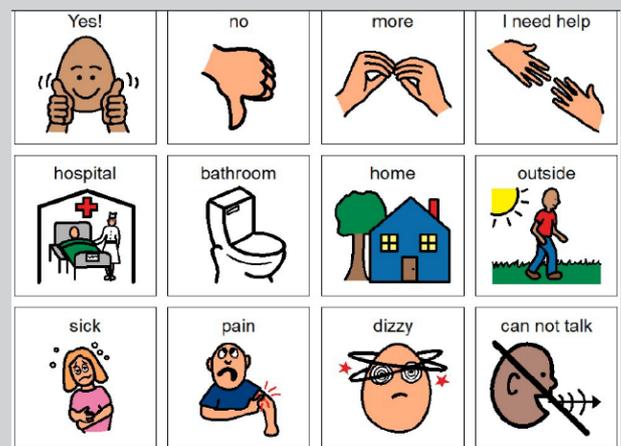
C. ALTERNATIVE MODES OF COMMUNICATION

COMMUNICATION SIGNS AND GESTURES (*Non-verbal encouragement, use hand gestures and body language*)
PICTURE BASED COMMUNICATION (*communication cards, topic-based communication boards, mood/emotion charts, AAC-applications*)
WRITTEN COMMUNICATION (*portable white board, written cards, text to speech conversion using apps such as Google Translate*)

D. ENVIRONMENTAL MODIFICATIONS

ENSURE SPEAKER VISIBILITY
REDUCE BACKGROUND NOISE (*e.g. close doors that open into a busy hall way, turn off noisy fans*)

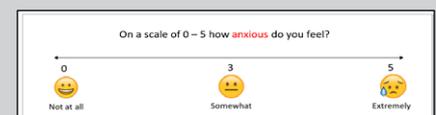
Communication board



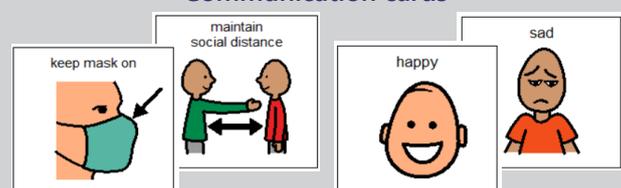
Signs



Mood chart



Communication cards



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families that you have understood their concerns

- Reassurance and patience may not be conveyed as easily as irritation and impatience—so the tone of your voice is important
4. You can seek specific training from a speech-language pathologist in order to modify your voice better.

5. Talking loudly and clearly to ensure smooth communication can lead to vocal fatigue. Health care providers must take care of their voice - ensure frequent hydration and adequate voice rest whenever possible.

Although one can use many of these strategies with children, there are more specific and creative techniques that may be helpful in communicating

with children. This article does not cover these aspects.

Detailed information and video link is available on <https://ssm-lab.org/> others

Prathiksha Vaidyanathan, & Nikita Dadlani, JRFs
Dr. S.S. Meera, Asst. Professor, Dept. of Speech Pathology & Audiology,
Dr. Prabha Chandra, Professor, Dept. of Psychiatry, NIMHANS

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Voices from the ground: Banking services

The COVID-19 has exacted a huge toll on social and economic order. Daily lives have changed drastically and economies slipped into recession. Almost all the sectors have been affected by the pandemic, and banking is no exception.

Banks have remained functional—even throughout the lockdown—as part of essential services to ensure that people do not face any hassles in their financial transactions. Banking officials and staff have been on the frontline making critical contribution to the resilience of the nation at this most challenging time.

“Core banking services have continued unhindered. However, working hours were trimmed and staff strength reduced to maintain social distancing and adequate spacing at the counters, during the initial phases of the lockdown. Now, for the last couple of weeks after the lockdown curbs were eased, we have been operating at full strength and as per normal working hours,” says Mr. Nidhish G.N., Manager, SBI NIMHANS Branch.

In the wake of COVID-19 crisis the digital landscape has witnessed a massive surge. There has been a sharp rise in digital transactions across



the country, according to banking sources. “We have been encouraging our customers to use digital banking facilities as far as possible. There is considerable increase in digital transactions and the use of YONO app of SBI,” he says.

Marginal cost of funds based lending rate has been slashed and moratorium on term loan EMIs has been extended the by another three months, in line with Reserve Bank of India’s (RBI) guidelines. “We have simplified the process for customers opting to defer the EMIs. Communication through SMS has been sent to eligible borrowers asking for their consent to stop EMIs. They just have to reply with YES to a designated virtual mobile number (VMN) mentioned in the SMS sent by the bank within the prescribed

time, if they wish to defer the EMIs,” Mr. Nidhish explains.

“A pre-approved personal loan offering through YONO has also been introduced to provide relief to the salaried customers who are facing cash-flow woes due to the recent developments,” he says.

The bank has implemented all safety measures to safeguard their customers and staff. “Our premises are sanitized and disinfected frequently. Access to alcohol-based hand sanitizers at key points has been provided. We also have laid stress on frequent cleaning of the usual convenience areas such as door handles, chairs and tables. But still, we request our valued customers to exercise precaution at all times, and stay safe and healthy,” he says. ■



Measures & Activities

- IVRS-based tele outpatient services have been launched from 6th May 2020 for registered patients. The patients who have consulted previously with NIMHANS can dial 080-26991699 on working days, between 9 am and 12 pm, to avail follow-up and allied services. If prescription is needed, it will be sent as a web link to the registered mobile number. About 1700 patients from have utilized this service so far.
- The national 24/7 helpline (080-46110007) launched by NIMHANS on 29th March, has so far provided counselling on mental health and psychosocial issues to about 2,00,000 callers, in collaboration with various institutes across the country.
- Teleconsultation for follow-up patients initiated by various clinical departments has evoked overwhelming response and garnered positive feedback. The patients are being contacted through their registered phone numbers and enquired regarding their present condition.
- Over 150 video consultations have been carried out for the registered patients as part of the Tele Aftercare Services so far.
- The Department of Clinical Psychology continued to offer brief tele-psychotherapy sessions as per the need to pre-registered patients. During the last week, 345 such patients were contacted and tele-sessions were conducted for 312 of them by Clinical Psychology teams across various units.
- The Department of Speech Pathology and Audiology continued to extend various teleservices to the registered patients. In the last two weeks, 83 tele-contacts were established; and 57 intervention sessions, four fresh evaluations, two detailed follow-up assessments and 20 follow-up consultations were provided.
- Infection Control Team, Hospital Infection Surveillance System, Dept. of Neuromicrobiology has initiated various new IPC measures. Various source control points have been identified in the hospital and administrative block. Security personnel have been trained to check surface body temperature and peripheral oxygen saturation.
- Environmental disinfection protocol of the Institute has been formulated and about 1100 healthcare workers have been trained in IPC practices so far. Work flow chart for the entry and exit of HCW/ patients in Sub Speciality Block and other facilities has been developed. Various posters and IEC materials have also been brought out.
- NIMHANS in collaboration with Karnataka State Police and Rajiv Gandhi University of Health Sciences has successfully conducted various online programmes to promote mental well-being of police personnel during the lockdown.
- Transfusion Medicine Centre, NIMHANS conducted voluntary blood donation drive (from faculty and staff) to maintain sufficient stocks of blood during crisis from 4th to 28th May. Blood was collected according to the National Blood Transfusion Council Guidelines by taking adequate precautionary measures.

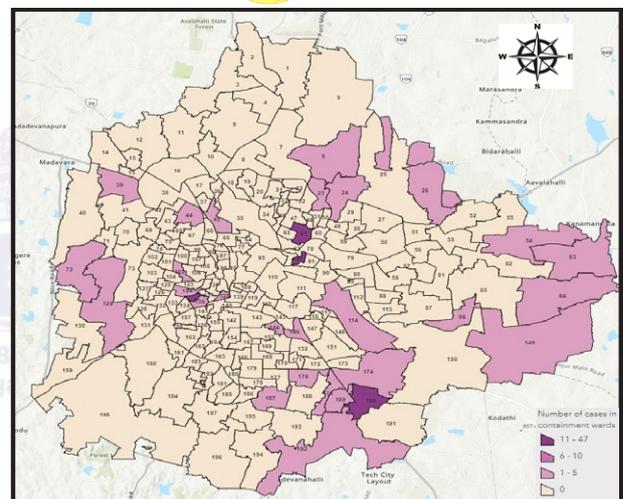
- A talk on 'Cortical and subcortical lesions' was delivered by Dr. Aravind Kumar R., Associate Professor of Speech Pathology and Audiology in the NeuroAudCaRe: II webinar organised by BISHA, on 17th May.
- Online training sessions for social workers on Psychosocial interventions during COVID-19 was conducted by Dr. R. Dhasekara Pandian, Professor & Head, Department of Psychiatric Social Work in collaboration with Bengaluru Central University from 18th to 21st May. A total of 180 Social Work students from different Bangalore University campuses and affiliated colleges participated.
- Panel Discussion on COVID-19: Minds United for Mental Health organized by War Child organisation on 20th May; panel included Dr. E. Aravind Raj, Associate Professor of Psychiatric Social Work. A total of 75 mental health professionals from across the globe took part.
- Online session on Extending Psycho-Social Support to Children during COVID-19 Pandemic and Lockdown by Dr. E. Aravind Raj, Associate Professor of Psychiatric Social Work, organized by Tamil Nadu Child Rights Watch on 22nd May; 75 members associated with the organisation participated.
- An online survey on 'Psychological preparedness for pandemic (COVID-19) management: Perception of nurses & nursing students in India' has been initiated by the Department of Nursing. A total of 550 nurses/nursing students have been roped in for the study so far.
- Online guided yoga practice sessions for stress management during COVID-19 have been started by the Department of Integrative Medicine, NIMHANS. From 26th to 30th May, a total of 130 persons took part in the training.
- As part of the Online Continuing Education (CE) series for Clinical Psychologists, a session was organized on the 26th May, by the Dept. of Clinical Psychology, in collaboration with Centre for Telemedicine on the theme "Assessing Client suitability for Tele-psychotherapy Services". About 177 clinical psychologists from across the country participated in the session.
- Online Orientation of CHILDLINE of frontline functionaries on Psychosocial Support to Children by Dr. Shekhar Seshadri, Sr. Professor of Child & Adolescent Psychiatry (topics: Introduction to Community based MHPSS programme and Self-care for CHILDLINE functionaries). A total of 177 and 348 members participated in the Hindi (26th May) and English (27th May) sessions respectively.
- Orientation session on COVID-19 Infection Prevention and Control (IPC) practices were conducted by Infection Control Team, Hospital Infection Surveillance System, Dept. of Neuromicrobiology for Neurosurgery Residents on 28th May.
- Session on Mental health and psychosocial support for vulnerable population during COVID -19 pandemic by Dr. E. Aravind Raj, Associate Professor of Psychiatric Social Work on 28th May; 38 staff members of International Justice Mission took part in the online event.
- Webinar on the release of Tele Psychiatric Social Work Guidelines by the Department of Psychiatric Social Work on 30th May.

List of Wards with Active Containment Zones in BBMP
31st May 2020

SN	Name Of BBMP Zone	No. Of Wards	Name Of Wards Along with Ward Number
1	Bommanahalli	6	189-Hongasandra, 190-Mangammanapalya, 192-Begur, 187-Puttenahalli, 175-Bommanahalli, 174-HSR Layout
2	Mahadevapura	6	54-Hoodi, 84-Hagadur, 149-Varthur, 26-Ramamurthy Nagar, 86-Marathalli, 83-Kadugodi
3	East	6	23-Nagavara, 24-HBR Layout, 92-Shivajinagar, 115-Vammarpet, 61-S.K. Garden, 114-Agaram
4	South	4	176-BTM Layout, 146-Lakkasandra, 144-Siddapura, 124-Hosahalli
5	West	5	45-Malleswaram, 135-Padarayanapura, 136-Jagajeevanram Nagar, 44-Marappana Palya, 105-Agrahara Dasarahalli
6	Yelahanka	1	06-Thanisandra
7	Rajarajeshwari Nagar	2	72-Herohalli, 129-Jnanabharathinagar
8	Darasahalli	1	39-Chokkasandra



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Bruhat Bengaluru Mahanagara Palike



Map Showing Intensity of Active Cases within the Wards where Active Containment Zones are identified in BBMP

COVID 19 and Radiation Safety - Similarities and Myths

	COVID 19 Safety	Radiation Safety
Myths and Fears	<ol style="list-style-type: none"> I do understand how COVID 19 spreads?? Really??? Yes aerosols???. But we have seen a paradigm shift in CDC and WHO guidelines in last 6 months and it's a dynamic process adapting to the pandemic has evolved. Is virus visible? and so I can control the damage it will do to me? Yes its visible only under a microscope. The tests to detect them has its own sensitivities and specificities still undergoing improvisations. Are we confident on controlling the damage. It's a pandemic and hit the world economy big time. It has devastated the entire world in just a matter of 6 months. COVID 19 will or will not kill me?? This depends on many factors and we have realised over time that it can affect both young and old. The disease pathogenesis and manifestations depends on the virulence and load of the organism and our immunity to fight it. But are there any beneficial effects of COVID 19??? 	<ol style="list-style-type: none"> I don't understand how radiation works?? IAEA, ICRP, NCRP and AERB websites have defined effects of radiation. Radiation is invisible and so you can't control the damage it will do to me. Radiation is invisible: it's also painless, odourless and silent, other than the sounds of the machinery used to deliver it. And there are certainly dangers to radiation if placed in the wrong or inexperienced hands. But radiation measuring instruments are so sensitive and evolved to detect the least possible contamination and aid immediate precautionary measures to be implemented. Radiation Will Kill Me? Really?? Yes it does only when you are exposed to very high doses which usually occurs in reactor accidents or nuclear bombs. Not in diagnostic centre or radiotherapy centres. A myth and fear which needs to be busted. Have you heard of radiation hormesis???. This emphasises on the fact of beneficial effect of radiation, where small doses of exposure can boost immunity. And not to forget how radiation is used for food, blood products irradiation and generation of electric power!!! Did we forget that???
SOP'S and Disaster Management Plan	<p>The flowchart for COVID 19 Safety SOPs consists of five phases:</p> <ul style="list-style-type: none"> Prevention & preparedness phase: No infectious diseases emergency; Conduct annual Mock drill. Standby phase: Global Outbreak potential to reach your country; Review released Advisory & Propose an action plan. Initial action phase: Pandemic declared by WHO; HICS activated Screening / Triage Cohorting; IPCs measures strengthened. Targeted action phase: Pandemic declared by WHO Wide spread community outbreak; HICS activated; Develop communication to empower & engage with the stakeholders including community; Strengthen & implement surge management strategy. Stand down phase: Infectious disease emergency has abated; Health services return to normal activities; Discontinue heightened surveillance activities that are no longer required; Monitor for second wave and / or resistance to antibiotics/ antiviral; Transition to routine infectious disease control or interim arrangements. 	<p>The flowchart for Radiation Safety SOPs consists of five phases:</p> <ul style="list-style-type: none"> Prevention and Preparedness Phase: No Radiation related events/emergencies; Regular Mock drills and Awareness programme-Training for all staff members to ensure maximum compliance and vigilance. Standby By Phase: Radiation Emergency/ Spillage; Develop clear escalation pathway to ensure cases are identified in a timely manner for radioactive emergencies. Appropriate measures implemented as per Advisory. Initial Action Phase: Leakage or Spillage; Communications measures such as briefings at meetings and information on radiation safety. Initial Action Plan- co horting of staff and public. Targeted Action Phase: Declared as a National Disaster; Develop a contingency and continuity PLAN, for both immediate and long term control and prevention of radiation induced damage. Emergency response team in ACTION. Stand Down Phase: Emergency situation is controlled and safe; Plan for safe use of radioactive and protection to all. Strengthen the implementation group and learn from mistakes. Plan for long term human studies and continue surveillance of radiation induced damage.
EMERGENCY CODE	<p>CODE GREEN FOR COVID 19 CRISIS AND EMERGENCY EVACUATION OF THE PATH FOR SHIFT /MOVEMENT OF COVID 19 positive patient-emergency activation through hospital addressal system.</p>	<p>WHY NOT CODE MAGENTA FOR RADIATION??? Radiation emergency activation through hospital addressal system.</p>
Personal Protective Equipment		

ARE 'NT WE SIMILAR – LIKE IDENTICAL TWINS

When we can all work for COVID 19 knowing the fact that we can get infected and killed anytime why is there a fear in working in Radiation Facilities knowing the fact that risk of radiation effects would may or may not manifest probably even 20-40 years later???

Let's be aware than being Ignorant and work for patient care!

COVID 19 IS PRESENT BUT RADIATION IS PAST, PRESENT, AND FUTURE

On behalf of the Editorial Team...

The Government of India declared COVID 19 as a 'notified disaster' across the country on 14th March 2020. Gearing up to face the evolving public health challenge, NIMHANS took up several 'actions' and 'measures' to mitigate spread and reduce transmission. Recognizing the need to maintain a common communication link, NIMHANS Bulletin was started w.e.f. 23rd March 2020. It was an endeavour to not just list out the measures taken, but also serve as a platform for discussion and sharing of information. Hence, the bulletin included sections like 'In conversation', 'voices from the ground', 'notable achievements' etc., In addition, we attempted to provide a broad theme for each issue: testing strategies, vulnerable groups, hospital preparedness, infection control, focused clinical services (deaddiction, psycho-social care, neurology, neurosurgery, anaesthesia, radiology, nursing, public health), safety and security, dietary services, NABH, etc., Every issue had a message from an authority at NIMHANS; in all its 11 issues till date, NIMHANS Bulletin successfully captured snapshots of the multifarious activities within the campus. We even have had creative contributions from

departments and students. The editorial team acknowledges, appreciates and expresses its gratitude for the support and co-operation from all the faculty, staff and students. Your formal and informal feedback, comments and suggestions were very helpful.

With the lockdown being eased, we aim to transition the weekly bulletin into a monthly activity. We continue to seek your support and cooperation for the future issues also.

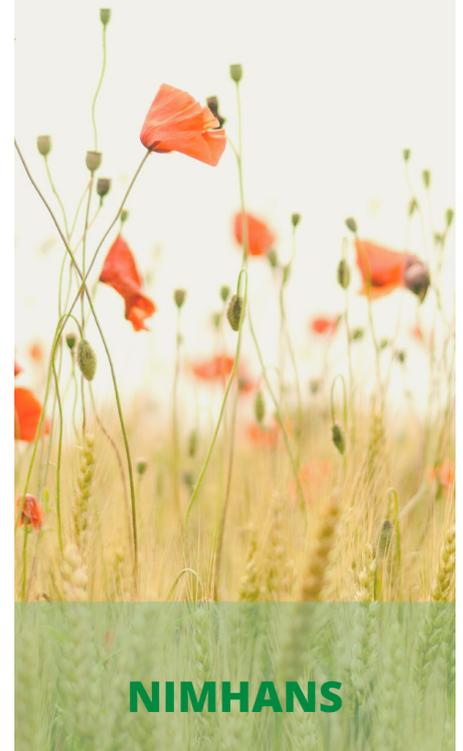
A special word of acknowledgement is to Dr. Prabhu Dev, Assistant Editor and team, who ably shouldered the additional responsibility and ensured that the bulletin is released on-time and every-time. Our thanks are also due to Mr. Mohan Kumar of Aditi Prints for designing and bringing alive the goodies.

Continue to write and contribute to the NIMHANS Bulletin; your feedback and suggestions are always welcome.

Dr. Girish N. Rao

*Professor & Head, Department of
Epidemiology*

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APART
TO
STAND
TOGETHER!**



Together we can fight Coronavirus

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