Theme:
“Industry Response to COVID-19 Pandemic with New Workplace Occupational Health & Safety Norms”
Day 1 Sub Theme:
“Managing Non COVID Morbidities During COVID-19 Pandemic”

DAY 1 ESTEEMED SPEAKERS

Dr. (Col.) Vijay Langer
Management of Burns & Trauma Injuries

Dr. Meet Kumar
Changing Outcomes in Severe Aplastic Anemia

Dr. A P Dubey
Approaches to Blood Disorder

Dr. Prof. G C Khilnani
Understand IPF & SSC-ILD and Care in COVID -19

Dr. Praveen Chandra
Stroke Prevention Therapies

Dr. Rajneesh Malhotra
Incidence & Treatment Options for Degenerative Aortic Valve Disease
Dr. Rajiv Kumar Jain
3rd Delhi Branch Oration
Looking Back at a Year that Changed the World

Dr. Ashish Vijay Jain
3rd GAIL Oration
Managing Psychological & Mental Health of the Workforce during COVID 19 Pandemic

Dr. Shriniket Mishra
2nd NTPC Oration
Industry Response to Mitigate COVID 19

Dr. Puneet Chandna
3rd Indian Oil Oration
COVID 19 Vaccination Drive in India

Dr. Kamla Fartyal
1st Oil India Oration
NHPC Response to Mitigate COVID 19

Dr. Sandeep Sharma
2nd ONGC Oration
Post COVID Syndrome

Dr. Pawan Kumar Gupta
2nd NHPC Oration
Working with New Workplace Norms in Post Pandemic World
Inauguration Ceremony of OCCUCLAVE 2021

Inaugurated by the **Chief Guest Padma Shri Dr. Chandrakant S Pandav**
Former HOD, CCM, AIIMS, New Delhi

Inaugurated by the **Guest of Honour Dr. Vijay Kumar,**
Principal Executive Director/ Health Ministry of Railways (Railway Board), New Delhi

Release of Souvenir During the Inauguration Ceremony
COVID 19 crisis has compelled people to do Multitasking, however Sequential decision-making will give way to a dexterous approach. Corona did not respect any country, any colour, any cast, any gender, any age. So, the concept of it taught us, that the world is a family.

The principal conventional framework for addressing corona is that there must be external resilience and internal resilience. The external resilience has three components the mask, hand washing, and safe distance and mental health is all about your internal resilience. We need to be very grateful for what we have & we need to manage the current crisis & be ready to succeed in this new world. This pandemic is just like a flowing river & people behaviour is just like rain which determines the flow in the river. Every one of us must wire the 3 GOD’s repeatedly i.e. mask, distance & hygiene. Dropping your guards is very risky.

Many of us are feeling anxious right now about the evolving situation of COVID 19 Pandemic. COVID 19 pandemic is still not over. We may have unlocked ourselves, but we are still not out of the pandemic.

Multiple waves of this infection are seen across the globe.

In India although we are seeing reduction in number of COVID 19 cases, but we might see “multiple peaks” if we are not taking due precautions and become complacent about the whole situation, during this festive season & approaching winter.
Avoid visiting crowded places or situations in which there is possibility of close contact with people, as it is the most serious source of infection.

Don’t take COVID lightly, every one of us is vulnerable to catch this infection. COVID 19 is just not a respiratory illness. SARS COV2 is a highly contagious virus.

If your immunity is low, if you smoke, if you are obese, if you are an elderly & if you are suffering from co-morbid conditions like diabetes, hypertension, heart disease or high cholesterol levels, you are at a higher risk of getting infection & having a delayed course of illness.

COVID 19 infection, down regulates our immune system. It can cause sudden rise in inflammatory markers leading to COVID Pneumonia, thrombosis & clotting of blood vessels resulting in organ damage.

Post COVID Syndrome could be the next crisis in this pandemic due to the aftereffects of this illness, which may persist due to rise in levels of inflammatory markers for weeks & months thereby increasing the morbidity even after recovery from COVID 19 infection. Hence it is better advisable to practice & propagate COVID appropriate norms. Prevention from infection & early detection is the key for smooth recovery from this illness.

Have a positive & proactive approach to mitigate the whole COVID situation Remain calm & take care of both anxiety & depression due to psychological effects of COVID 19.

Self-monitor your health and do not delay the symptoms of common cold & flu during this season. Seek for medical advice if symptoms are not relieved & get yourself tested for COVID 19.

Early RTPCR testing & identification of SARS COV2 virus can help in suppressing transmission of virus by isolation, early initiation of medical management, Home Isolation Protocol or Hospitalization if it is required & early smooth recovery from the illness.

Early detection, right medical management at right time can prevent lots of COVID 19 complications & unfortunate deaths.

This is very crucial for maintaining the productivity of our workforce & maintaining smooth Business Continuity.

Let us all Practice & Propagate these Few Measures Unitedly in the Interest of HUMANITY!!!!

Let us all Stay Safe & Healthy!!!!
Good afternoon everybody. COVID 19 has made us think about the definitions of occupational and health and safety measures in industries. This has been brought in limelight by industries, which started to overthink the standards of occupational health and safety. COVID 19 has once again reiterated the importance of personal protection in the form of masks, sanitization & physical distancing.

"Crisis is a terrible thing to waste", "We must convert the challenges into opportunities. Keep the workforce engaged & motivated. Ensure that their energy levels must not go down.

Developing potential is all about preparing people for the unknown. Now, this is clearer than ever. Organisations need agility. We need to align the goals of individuals with that of the organisation. Workforce management has become critical as companies need every competitive edge they can, to navigate this storm and prepare for success in the post-outbreak era.

The learnings that we pick up in these tough times must stay with us even beyond the pandemic". I wish all the best for the success of OCCUCLAVE 2021
The COVID-19 pandemic is the greatest crisis of our time, claiming more than 2 million lives and causing the biggest shock to the global economy since World War II. The social and economic restrictions that have been implemented in many countries to control the virus have exposed and exacerbated inequalities. Progress towards the Sustainable Development Goals has stalled, and in some cases may have reversed. Up to 100 million people have slipped into extreme poverty, the first rise in global poverty in more than two decades. Despite all these challenges, there are reasons for hope. We must guard against complacency; but we should also look ahead with a renewed sense of optimism.

Over the last one year, the world has been facing an unprecedented public health crisis in the form of COVID-19. India has adopted a proactive and graded response for fighting COVID which includes imposing a timely lockdown, gearing up the health system, boosting the production of necessary medical supplies as well as catalyzing large-scale behavior change by making citizens conscious about personal and public hygiene. In the pre-covid era, India produced virtually no Personal Protective Equipment (PPE) kits domestically; however, we are now able to manufacture 450,000 PPE kits per day. Production of ventilators and N-95 masks has also been
ramped up to an extent that India has not only become self-sufficient in this regard but can also export to other countries. In addition, around 92,000 civil society organizations have been mobilized to assist District Administrations across the country in the fight against COVID. 

States and Union Territories have been equal partners of the Central Government in managing the COVID-19 outbreak in the country. Based on the broad protocols and guidelines put in place by the Centre, States and UTs have implemented several practices to enhance the effectiveness of COVID prevention and management initiatives in their local context. For instance, Kerala prepared comprehensive route maps for contact tracing and Gujarat operationalized mobile vans for testing and providing essential health services to the doorsteps of people. Technology has been leveraged extensively by several States and UTs in the fight against COVID-19. In Tamil Nadu, a hospital developed a six-layered protection model based on Artificial Intelligence and Robotics for detecting COVID symptoms while in Jharkhand, ‘Co-Bots’ have been deployed for delivering food, water, and medicines to patients.

Further, the efforts of States and UTs have been greatly amplified through partnerships with the private sector and civil society. A host of innovations have been driven by start-ups such as robots for sanitization of hospitals and public places as well as applications for delivering telemedicine services. Civil society organizations too have worked closely with State Governments and District Administrations to set up control rooms for COVID, enable the delivery of door-to-door food supplies, and mobilize Self-Help Groups for making masks and sanitizers.

There is now a once-in-a-generation chance to harness political will to forge a new global compact on health security, and to translate efforts to control COVID-19 into a legacy of lasting change in the way we prepare for, prevent and respond to pandemics, as part of wider mission to promote health, keep the world safe and serve the vulnerable. We can’t predict with certainty what and where the next potential pandemic might be, but we can say with absolute certainty that it is never further away than just around the corner. We must not only be willing, but hungry to learn and apply the lessons of COVID-19.

Our health security depends on recognizing the intrinsic links between emergency preparedness and response, universal health coverage, and the intimate connections between the health of humans, animals and the planet.
Mental health is a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community (WHO). Mental health includes our emotional, psychological, and social wellbeing. Work can have a huge impact on mental health.

It can promote wellbeing or alternatively it can trigger problems. Data suggests significant costs associated with mental wellbeing issues. It is estimated that in UK, 91 million-man days are lost due to mental health issues.

Economic times report in India suggests that 36% of Indian employees are facing mental health issues since the starting of the pandemic. The key feedbacks revolve around coping issues, loneliness, unable to maintain a work life balance, home parenting and prioritization issues.

Understanding the mental health continuum is key to developing solution, where healthy employees are at the left end of the spectrum & the ill are at the right end. Hence solutions can focus on self-care & social support for the healthy & reactive group, whereas focus on professional care for the individuals with illness.

The positive mechanisms which can enhance mental wellbeing include – meditation, yoga & pranayama, physical exercise, time and efforts prioritization, setting boundaries and connecting with family & friends.
At workplaces - individuals, managers & leaders all have a role to play. Managers can lead by example, ensure that they are able to be sensitive, have the right conversations and be able to identify the early symptoms of stress.

There are several examples of how organizations have successfully navigated the COVID mental health & wellbeing landscape. Interventions such as Happiness workshops organized by Indian Oil Corporation, Yes Heroes by Hero Moto Corp, TCS Cares by TCS, Samaritans by Infosys, Healthy Life & Mindfulness programs by GSK has been well appreciated by the employees.

The success of effective mental health & wellbeing programs lies on 3 pillars – deep organizational focus, open culture and the ability to imbibe employee feedback on the subject, thus leading to continuous improvement. Organizations which build a healthy, resilient culture are the ones who can go on to excel in the future.
NHPC Response to Mitigate COVID 19

Delivered By Dr. Kamla Fartyal
Chief General Manager, Medical Services, NHPC Limited

Key Facts Deliberated

Covid 19 caused a huge loss to the Global economy at one hand and at the same time it taught us that how we can live without many things which we were used to thinking that these services were indispensable in our day to day lives. It is the NHPC’s journey towards how we learned and managed the spread of COVID 19, a severe acute respiratory disease outbreak in the organization after it took a pandemic form in the whole world.

NHPC started by observing sanitizing, frequent hand washing, social distancing and other preventive measures.

Provisions of thermal scanner and sanitizers has been made at each entry exit and common places in office complexes. Intensive disinfection drive is being carried out time to time.

- NHPC employees at all projects/power stations/Regional Offices and Corporate Office were continuously being educated/apprised about importance of wearing of masks, hand washing, use of sanitizers, physical (social) distancing etc. through posters, cut outs as well as through webinars and e-lectures

- During Lockdown only bare minimum manpower were allowed to come to office and that too in staggered timings while All the day to day working of offices was being
conducted through contactless e-office and departmental meetings were conducted through virtual platform.

- NHPC followed all the guidelines issued by MHA, MoHFW and MoP from time to time.
- 24X7 medical helpline was provided for employees, ex-employees and their dependents to provide help and guidance in case of any health related issues.
- NHPC has exclusively given approval for an amount of Rs 15000/ for the purchase of equipment like Pulse Oximeter, Digital Thermometer, Sanitizers, masks and gloves etc, for serving employees as well as retired employees, necessary for prevention, protection and home management of COVID 19.
- All the contacts history of the patient are still being traced and monitored regularly for any symptoms. They are advised for tests and quarantine for 14 days. Patients on home quarantine are given list to follow for their well being and proper care at home and are monitored by NHPC doctors. We successfully airlifted 2 seriously ill COVID-19 patients from remote location of Jammu and Kashmir and Leh till date.
- NHPC is informing district and state authorities about occurrences of any COVID 19 positive cases in our office/ projects power stations at regular interval.
- All the Covid-19 recovered patients are being encouraged to donate plasma, for the needy patients.
- Helped in arrangement of Cold Chain Equipments for Three states, namely, Jammu & Kashmir, Himachal Pradesh & Arunchal Pradesh, as per instructions of D.P.E., Govt. of India.
- COVID-19 IgG Antibody Screening and Contact Tracing Camp was organised for detection of COVID-19 cases among employees.
- Post COVID-19 Camps were organized in association with Apollo Hospital for COVID-19 recovered employees, retired employees and their dependents, where Cardiologist, Pulmonologist, Physiotherapist and Dietician saw the Post COVID recovered employees and gave their valuable opinion.
- Webinars were arranged for NHPC doctors and paramedical staff through Zoom meetings periodically to update management protocol of COVID-19 patients.
What an unexpected year 2020 has been as the whole world is facing the biggest pandemic in the last 100 years. Our lives and lifestyle have been deeply impacted by COVID19 situation and is having a very high adverse impact on public health and the economies throughout the world. During these testing times Indian Industries have demonstrated tremendous resilience to bounce back in business after the lockdown period.

When the COVID19 was declared as pandemic by WHO on 11 March 2020, there was very limited knowledge about the virus, treatment options, protocols etc. Many industries proactively shut down its operations in view of health and safety of employees before lockdown by government on 25 March 2020. Hero MotoCorp was the first automobile company to suspend its operations proactively in interest of health and wellbeing of employees.

The major challenges before Industrial organisations was to engage, motivate, support (Physical, mental, psychosocial, emotional, financial etc) their employees and their families during lockdown and then prepare for the new normal and restarting business after the lockdown is lifted.

Keeping employees engaged with new initiatives and online meeting, trainings, learning sessions. Motivating and boosting morale of employees by senior management for
restarting workplaces. Assuring employees about safety at workplaces after return to work. Supporting other stakeholders- vendors, suppliers, contractors etc. Making Policies and procedures for Working from Home.

Restart of operations was done after ensuring all health and safety measures at the workplace. For ensuring the safest and healthy workplace we created a Business continuity planning manual having several policies, procedures, guidelines, protocols and SOP for ensuring COVID prevention, social distancing, top level hygiene and regulatory compliances. Many innovations have been done at the workplace for contactless hand sanitization, attendance monitoring, hand washing etc. along with redesigning the workplace for COVID prevention.

There was a continuous uncertainty to business continuity due to threats of closure of workplace/ Industry by government authorities if COVID positive cases are detected at workplace.

Industries also helped the community and government organisations by contributing through CSR activities. Hero MotoCorp CSR team made contributions to society by ensuring food packet supply, distribution of Sanitizers, masks, PPE Kits, First responder vehicles etc.

Industrial Medical Officers/CMO's are having major role in prevention of COVID19 and ensuring business continuity of organizations. Organizations are now much more appreciating and recognizing role of medical departments in productivity, safety and continuity of business.

When COVID19 pandemic started that time situation was very challenging for Medical teams in Industries. Top management of organizations has been continuously seeking advice from their Medical services teams/ CMO for all the information, guidelines and protocols for ensuring safety of employees and compliances of MOH & MHA guidelines. Healthcare workers of industries has been supporting the employees and family members through their 24x7 support.
Unstoppable.

The entire world came to a standstill because of the outbreak. But ONGCians refused to bow down and continued relentlessly on their quest for energy across assets throughout the nation. And why not, after all, it's about keeping India on the move.
Due to the COVID-19 Pandemic, the year 2020 was an inflection point for humanity, industries, businesses & the global economy. But the pandemic did not deter us in India. We rose & stood as one, with a proactive & pre-emptive approach to mitigate the pandemic, strengthening our health care infrastructure and thereby successfully responding to this unprecedented crisis.

India has been able to contain the spread of the disease owing to a resolute leadership which brought every sector together in a collaborative mode. An early lockdown and subsequent phased unlocking, quick identification through testing & tracing, as also adoption of COVID appropriate behaviour by the public, helped in keeping the case overload relatively low as compared to some other countries which did not act with a pre-emptive plan.

COVID-19 Pandemic situation in India is gradually improving, as we have been able to control the pandemic. COVID-19 active cases in India continue to decline in a steady manner since mid-sept. 2020, except for recent surge in last few weeks

The effect of the ongoing pandemic has rippled through the whole healthcare ecosystem. Those who have been critically ill, and those who were treated for prolonged periods in intensive care units may need a few more months to recover fully, despite their completing treatment for Covid-19.
There is significant evidence that some people with relatively mild symptoms, who were treated at home, may also have a prolonged sickness, even after beating the infection.

COVID-19 is more than an Acute disease. As per the scientific data available, around 10% of COVID-19 cases remain unwell beyond three weeks and a smaller proportion for months. Even non hospitalized patients reported a worsened quality of life in 44.1% of cases including symptoms of: Persistent Fatigue-53.1%, Breathlessness-43.4%, Joint pain-27.3% & Chest pain—21.7%.

Clinical Definitions as per NICE Guidelines (National Institute for Health Care Excellence)

1. **Acute COVID-19**: Signs and symptoms of COVID-19 for up to 4 weeks.
3. **Post COVID-19 Syndrome**: Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis.
4. **Long COVID**: In addition to the clinical case definitions, 'long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 and post-COVID-19 syndrome.

“For diagnosis of Post COVID-19 Syndrome COVID-19 Positive test is not required”

Why some people are affected?

1. Persistent Viremia due to high viral load or weak immune response
2. Relapse or reinfection
3. Inflammatory & other immune reactions
4. Mental factors such as post-traumatic stress
5. Poor nutrition
6. Co-morbidities
7. General deconditioning due to lack of physical activity leading to rapid deterioration of the muscles, bones, and even the mind, especially in patients who are confined to bed rest.

Who are at Risk for Long COVID?

1. Age—particularly those aged over 50
2. Sex—being a woman (in younger age group). (While men are at increased risk of severe infection, that women seem to be more affected by long COVID may reflect their different or changing hormone status. The ACE-2 receptors that SARS-CoV-2 uses to infect the body is present not only on the surface of respiratory cells, but also on the cells of many organs that produce hormones, including the thyroid, adrenal gland and ovaries.)
3. Obesity
4. Asthma
5. Having more than 5 symptoms in the first week of COVID-19 infection e.g. Cough, Fatigue, Headache, Diarrhoea, Loss of sense of smell

Symptoms of Long COVID

1. Extreme Fatigue
2. Long Lasting cough
3. Shortness of breath
4. Chest pains
5. Palpitations
6. Muscle weakness
7. Low grade fever or intermittent fever
8. Headaches
9. Joint pain
10. Needle prick pains in arms & legs
11. Loss of taste & smell
12. Sore throat & difficulty to swallow
13. Skin rash
14. Brain Fog i.e. inability to concentrate
15. Memory lapses
16. Mood swings
17. Sleep difficulties
18. New onset of diabetes & hypertension

Assessment of Long COVID

1. Complete history from symptom onset
2. Current symptoms
3. Thorough Clinical Examination including Temperature, Heart rate, Blood pressure, Respiratory system, Functional status, SpO2
4. Assess comorbidities and organ dysfunction if any
5. Nutritional history assessment and adequacy of caloric & protein diet
6. Assess social & financial status
7. Psychological assessment

**Laboratory Investigations**
1. Anaemia should be excluded in the breathless patient
2. Lymphopenia is a feature of severe, acute COVID-19
3. White blood Counts (infection or inflammatory response)
4. Elevated biomarkers may include C Reactive Proteins
5. Procalcitonin to rule out bacterial infection
6. Natriuretic peptides (Heart Failure)
7. Ferritin (Inflammation & continuing prothrombotic state)
8. Troponin (Acute Coronary syndrome or Myocarditis)
9. D-dimer (Thromboembolic disease)

**Complications**
1. Cardiovascular Complications
2. Ventricular Dysfunction
3. Thrombosis
4. Neurological Sequelae

**Multisystem Management Approach for Long COVID**
1. Treatment of comorbidities: DM, HT, IHD, Thyroid, CKD, etc
2. Treatment related to COVID: Steroid, anticoagulation, antifibrotic, any other treatment
3. Symptomatic treatment
4. Psychological support
5. Nutritional guidance
6. Pulmonary rehabilitation
7. Self-monitoring of sugar, oxygen levels & functional status

**Management of Symptoms**
1. **Fatigue**: Proper nutrition, graded exercise & reconditioning program
2. **Fever**: Paracetamol or NSAID
3. **Cough**: Symptomatic, breathing control technique, PPI, steroid inhaler / nebulizer
4. **Hypoxia**: Home oxygen therapy
5. **Joint Pain**: Symptomatic
6. **Breathlessness**: Breathing exercise & pulmonary rehabilitation

**Management of Psychological Symptoms**
1. Mental Health & wellbeing are enhanced by: Increased social solidarity, Social connection, Peer support, Informal Social support, Mutual aids
2. For Psychological Symptoms like anxiety, fear, depression, post-traumatic stress disorders, Use of anxiolytic, Antidepressant or Other drugs as per assessment
3. Cognitive issues can recover with the help of a Neuropsychologist

**Establish Clinics for Long COVID**
1. A Physical Assessment: Which will include diagnostic testing, to identify any potential chronic health issues
2. A Cognitive Assessment: To assess any potential memory, attention & concentration problems
3. A Psychological Assessment: To see if someone is suffering potentially from depression, anxiety, post-traumatic stress disorders or other mental health conditions
4. Patients could also then be referred from designated clinics into: Specialist lung disease services, Sleep clinics, Cardiac Services, Rehabilitation services & Mental Health services

**Indian Perspective**
There would be a large burden of such patients in India who may require Post COVID care & rehabilitation. Major issue in India is that this problem is less recognized by clinicians in India. This may result in higher morbidity & mortality due to post COVID illness
Planning for the Post-COVID Syndrome

1. After recovery, patients remain at risk for lung disease, heart disease, frailty, and mental health disorders.

2. There may also be long-term sequelae of adverse events that develop in the course of COVID-19 and its treatment.

3. These complications are likely to place additional medical, psychological, and economic burdens on all patients, with lower-income individuals, the uninsured and underinsured, and individuals experiencing homelessness being most vulnerable.

4. Thus, there needs to be a comprehensive plan for preventing and managing post-COVID-19 complications to quell their clinical, economic, and public health consequences and to support patients experiencing delayed morbidity and disability as a result.

5. The fight against COVID-19 will extend beyond the immediate infectious period and efforts to screen for and manage acute disease.

6. People will experience some degree of long-term disability and morbidity as a result of their infection.

7. This will result in substantial burdens to the healthcare system not just now but in the future.

8. We have responded to the need to resolve short-term health policy issues, including affordability and accessibility of COVID-19 testing and treatment, but there is yet to be any serious discussion devoted to the burden of its long-term complications.

9. Vulnerable patients who develop post-COVID syndromes could place additional burdens on health care system during a time when we are already stretched thin and recovering from the adversities being faced during the pandemic.

10. The disability and morbidity associated with COVID-19 complications, particularly if not treated, can lead to decreased productivity, disability, and leaving the workforce for the long-term and may affect the Business Continuity of many Organizations.

11. More research and education are needed to better understand, characterize, and recognize the post-COVID syndrome in diverse settings and populations.

12. This includes developing screening guidelines and continuing medical education courses that would raise awareness among Industrial Physicians and promote evidence-based management strategies.

13. Industrial Physicians and public health professionals should make patients aware of the potential long-term complications of COVID-19, including suspected and asymptomatic cases, and encourage them to seek medical and mental health care for any conditions they may develop.

14. There needs to be a comprehensive plan for preventing and managing post-COVID-19 complications and supporting employees and their families experiencing delayed morbidity and disability as a result of Long COVID.
COVID-19 Vaccination Drive in India

Delivered By Dr. Puneet Chandna
Clinician, Scientist, Academicaian, Entrepreneur in Healthcare

Key Facts Deliberated

Year 2020 has been characterised by a single nightmare around the world, called “CORONA”. Initial breaking news caught up with a collection of frightening pictures being captured from China, then from Italy, followed by other countries. Projections of how many deaths might take place were coupled with images of panic buying and empty supermarket shelves.

The media in daily life had been driven by Corona, morning, noon and night for weeks to come. Restrictive quarantine measures were established around the world. When you stepped out, you found yourself in a bizarre world – not a soul to be seen, but empty streets, empty cities, and emptiness everywhere. As never before since the end of World War II, civil rights have been limited and the freedom curbed by democracies themselves. The breakdown of economic and social life was widely regarded as inevitable. Have these measures been justified by the nation under pressure of a terrible danger?

Were the possible benefits of these steps sufficiently balanced against the future collateral harm that could also be expected? Is there a practical and scientifically sound strategy to implement a global immunisation programme? Questions remain! In Wuhan, a city with approximately 10 million inhabitants, numerous respiratory conditions were reported...
in December 2019. A new coronavirus, which was later called SARS-CoV-2, was found to infect the patients. COVID-19 was designated as the respiratory condition caused by SARS-CoV-2. In China, the outbreak in January 2020 has become an epidemic, spreading quickly all over the world. Coronaviruses engage with humans and animals globally, and undergo genetic mutation in order to produce countless variants.

"Standard" coronaviruses are accountable for 10-20 percent of respiratory infections and cause symptoms of common cold. Many infected individuals still are asymptomatic. Other individuals experience minor symptoms such as a lack of productive coughing, but a few additionally experience fever and joint pain. Severe illness mostly affects elderly people and can quickly take a deadly course, particularly in patients with pre-existing conditions, like heart and lung diseases. Although "harmless" coronaviruses may only cause a 2% fatality rate when they gain entry to nursing homes, even these viruses can be linked to an 8% death rate. Despite the fact that the median age of deceased individuals is over 80 in Germany and other countries, age per se is not the most important factor.

Those who have no pre-existing medical conditions need not fear the virus more than those who are young. We know from studies that SARS-CoV-2 is almost always the last straw that is necessary in order to break the camel's back. While this is a great loss for the family and loved ones, it has nothing to do with the virus itself. Respiratory tract infections are one of the leading causes of death worldwide each year, and bacterial and viral infections each play a part in causing these deaths.

This is of crucial importance because one must not forget that the true cause of a death is the disease or condition that triggers the fatal series of events. Even in the event of death due to severe emphysema or advanced cancer, the primary cause of death is still emphysema or cancer. Our familiar environments are interrupted by emergencies. Many of us would not have learned these skills if it had not been for the previous six months. In our daily usage, nouns like ‘Teams’ and verbs like ‘Zoom’ have completely new meanings for everyone. Let me conclude with a consideration of what the University has learned from the pandemic and what we can take forward to enhance our work in the future.

A complete return to normalcy was not possible until we had a vaccine. From what was seen early in the Vaccine Development phase, Professor Gilbert and his team had a vaccine candidate within 100 days of the COVID-19 genetic sequence, which allowed professor Andy Pollard and his Oxford Vaccine Group team to begin the clinical studies.

Soon after the Phase 1 and 2 tests had passed successfully and results of mid-July indicated that the vaccine is safe and effective to develop Antibodies and T cells are immune responses. T the time of going to the press, at least seven different vaccines have been rolled out across three platforms in countries. The highest vaccination priority does seem to be indeed vulnerable populations in all countries. More than 200 additional vaccine candidates are currently in development, with over 60 of them currently in clinical trials.

It is not an easy thing for any government to navigate a nation's ship through this storm. Every time they turn around, they're facing expectations of economic growth while simultaneously dealing with environmental concerns that keep growing.

Concentrating an increasing number of diverse populations closer together is inevitable, but the diversity found within these populations presents new practical considerations. Increasing demographic diversity has created new issues with regards to income and expectations. Some nations, such as the US and the UK, have already started vaccinating priorities and the public. Just a handful of countries in Asia have reached this stage, with China and India serving as major vaccine production hubs.

Until the vaccine candidates are cleared by the country's regulators, everyone else in the world is still waiting on their local governments to green light their inoculation programmes.
All the while, everyone else is racing to sign a deal with pharmaceutical companies to buy the scarce doses early.

Almost 60% of all vaccines distributed around the world are made in India. In a manufacturing hub like India, developed vaccines either by Western pharmaceutical companies or locally can be produced more quickly and at a lower cost than in other countries.

However, an emergency-use approval does come with some restrictions on distribution. The Indian government has allowed SII to produce the Oxford-AstraZeneca vaccine for use within India, but the export of the vaccine has been prohibited until at least March or April, and thus other countries will have to find other vaccine production sites to produce their Oxford-AstraZeneca doses.

Meanwhile, Russia has agreements with four Indian manufacturers for the production of 300 million doses of the Russian-developed Sputnik V vaccine, state media reports state. On January 3, India, behind the United States, approved two vaccines for use in the event of an emergency.

From the United States to Norway, vociferous debate on the effectiveness and safety of Covid-19 vaccines has affected pharmaceutical giants such as Pfizer Inc. and AstraZeneca Plc. However, experts say that India has never recorded significant inoculation resistance until now. The stakes are particularly high because the country of South Asia has been fighting for the second highest number of infections and inoculates 1.3 billion people across villages and crowded slums.

India has started massively with the vaccination of COVID-19, which has been vaccinated so far by 90 lakh frontline workers. But that is slightly below the targeted number of the government.

The emergency usage authorisation granted to one of the vaccines used has also been debated. Experts point to the hesitation of the vaccine, because the number of patients expected was not met.

If vaccines block transmission—and remain effective against newer variants of the virus—the virus may be eliminated in regions where enough people are vaccinated to protect those who do not contribute to herd immunity!
2nd NHPC Oration

Working with New Workplace Norms in Post Pandemic World

Delivered By Dr. Pawan Kumar Gupta
Head Insitutional Business, HemoCue India

Key Facts Deliberated

We all would agree that below mentioned 12 lines are the most heard ones lately.

1. The New Normal
2. SMS – Social Distancing, Mask & Sanitizer.
3. Work from Home (WFH).
4. You are on mute!
5. Please unmute!
6. You are not audible!
7. Am I audible?
8. Can you see my screen?
9. I have some network challenge.
10. Your voice is breaking, we can’t hear you.
11. The Next Normal
12. Work life and Mental Health

This signifies our adaptation to ever evolving COVID 19 Pandemic situation during last one year. Lately, our workplaces have seen drastic changes primarily because of two reasons, need of the hour and follow mandatory guideline/s from authorities, these have contributed to overall safety net.

With our evolving knowledge, we are redefining social & behavioural aspects and way of working at workplaces. As of Feb 13, 2021, Ministry of Health & Family Welfare, Government of India,
published SOP on preventive measures to contain spread of COVID-19 in offices.1 Hope, all of us are aware that apart from “2 gaj ki doori” guidance, in the SOP, Ministry has mentioned to practice frequent hand washing with soap (for at least 40-60 seconds) even when hands are not visibly dirty. So, from 20 seconds to 40-60 seconds of hand washing now.

**Welcome to Post Pandemic World!**

The SOP further elaborates, “the office space won’t have to be shut or sealed after the case has been detected”, sigh of relief! The ministry further said that these measures need to be observed by all employees and visitors at all times. These include maintaining a minimum distance of 6 feet in common places, use of face covers or masks at all time and practicing frequent hand wash. Pandemic and post pandemic situations have evolved at such a pace that at times it was hard to match pace of dissemination of information. Kudos to all the efforts!

Came across an article related to “New Normal: Touchless Offices In The Post-Pandemic World”, which reflects on “changing attitudes on the role of the office”. According to McKinsey research, 80 percent of people questioned report that they enjoy working from home. 41 percent say that they are more productive than they had been before and 28 percent that they are as productive. Many employees liberated from long commutes and travel have found more productive ways to spend that time, enjoyed greater flexibility in balancing their personal and professional lives, and decided that they prefer to work from home rather than

the office. Many organizations think they can access new pools of talent with fewer locational constraints, adopt innovative processes to boost productivity, create an even stronger culture, and significantly reduce real-estate costs

**Four steps to reimagine work and workplaces** 2, 3

1. Reconstruct how work is done
2. Decide ‘people to work’ or ‘work to people’
3. Redesign the workplace to support organizational priorities
4. Resize the footprint creatively

Then we have World Economic Forum pitching in on Jan 13, 2021, mentioned “businesses should treat wellbeing as a tangible skill, a critical business input and a measurable outcome”. Wellbeing is a skill that we can all learn and model. Wellbeing as a skill is a daily intention that can be enhanced by elements
including meditation, sleep, exercise, nutrition, community belonging, a spiritual connection and more. Forward-thinking companies will embrace wellbeing not as a vague concept, but as an index of learnable actions and daily behaviour.

The perspective of “Society and future of work”, reflected in The Davos agenda 2021 as well.


1. Augmented reality workstations
2. The socially distanced office
3. Simple solutions - How to keep desks clean? As well as obvious additions such as more hand sanitizer, some deceptively simple changes could help.
4. Closed plan - Office fashion for decades has included open-plan working. But could COVID-19 reverse this mega-trend, leading to a closed-plan future?
5. More signs
6. Contactless technology
7. Rebuild
8. Fresh air

9. Co-working - “But, after this, are companies really going to want to put their entire team in one place, where they’re closely mingling with other businesses?”

Greetings: We’ve already glimpsed the future, as many organizations implemented greetings policy changes before office staff were sent home. Handshakes are out, and look likely to remain so for some time to come. But new greetings have emerged.

Earlier this year, billboards in Beijing promoted clasping one’s own hands. The UAE and Qatar asked citizens to avoid nose-to-nose greetings, and the French government frowned on greetings with a kiss. Expect more safe-distance greetings to evolve in an office near you soon.

Further, Center for Disease Control and Prevention (CDC), International Labour Organization (ILO), World Health Organization (WHO) and many other organizations working in the domain of Public & Occupational health have provided guidelines, suggestions and SOPs related to new workplace norms and how we have to work keeping ourselves safe and secure.

Human beings adapt, evolve and survive. We are hopeful, this too shall pass!
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About Indian Railways

Indian Railways is a governmental entity under the Ministry of Railways that operates India's national railway system. It is run by the government as a public good and manages the fourth-largest railway network in the world by size, with a route length of 68,155 km as of March 2019. 40,576 km or 64% of all the broad-gauge routes are electrified with 25 kV 50 Hz AC electric traction as of August 2020.

In the fiscal year ending March 2019, IR carried 844 crore passengers and transported 123 crore tonnes of freight. Indian Railways runs 13,523 passenger trains daily, on both long-distance and suburban routes, covering 7,321 stations across India.

In the freight segment, Indian Railways runs more than 9,146 trains daily. Indian Railways had 1.3 million employees as of March 2019, making it the world's eighth-largest employer.

The government has committed to electrifying India's entire rail network by 2023–24, and become a "net-zero (carbon emissions) railway" by 2030.
GlaxoSmithKline (GSK) is a British multinational pharmaceutical company headquartered in London, England. Established in 2000 by a merger of Glaxo Wellcome and SmithKline Beecham, GSK was the world's sixth largest pharmaceutical company according to Forbes as of 2019, after Pfizer, Novartis, Roche, Sanofi, and Merck & Co. GSK is the 10th largest pharmaceutical company and #296 on the 2019 Fortune 500, ranked behind other pharmaceutical companies including China Resources, Johnson & Johnson, Roche, Sinopharm, Pfizer, Novartis, Bayer, Merck, and Sanofi.

The company has a primary listing on the London Stock Exchange and is a constituent of the FTSE 100 Index. As of August 2016, it had a market capitalisation of £81 billion (about US$107 billion), the fourth largest on the London Stock Exchange.[6] It has a secondary listing on the New York Stock Exchange. The company developed the first malaria vaccine, which it said in 2014 it would make available for five percent above cost. GSK include several listed in the World Health Organization's List of Essential Medicines.
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