

COVID-19 POST-PANDEMIC LIFE SAVING AID: ANIOT-BASED SYSTEMF OR AUTOMATED HEALTH MONITORING AND TRACKING SYSTEM

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Abstract- In the early months of the COVID-19 pandemic with no designated cure or vaccine, the only way to break the infection chain is self-isolation and maintaining the physical distancing. In this system, we present a potential application of the Internet of Things (IoT) in healthcare and physical distancing monitoring for pandemic situations. The proposed framework consists of two parts: a lightweight and low-cost IoT node, a smartphone application (app). The IoT node tracks health parameters, including heart rate, PPG (photoplethysmogram) and GPS location, then updates the smartphone app to display the user health conditions.

Index Terms: COVID-19, Early identification or prediction, Internet of Things, Real-time monitoring

I. INTRODUCTION

The Coronavirus Disease 2019 (COVID-19) first recognized in December 2019 in Wuhan, China, is the latest respiratory disease pandemic currently plaguing global health. It has been

shown to be caused by a novel coronavirus, severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), that is structurally related to the virus that causes SARS. Li et al. defined a suspected COVID-19 case as pneumonia that matched the following four criteria: (1) fever, with or without a recorded temperature; (2) radiographic evidence of pneumonia; (3) low or normal white-cell count or low lymphocyte count; and no reduction in symptoms after antimicrobial treatment for 3 days (1). As its name suggests, the leading cause of fatality from COVID-19 is hypoxic respiratory failure (2–4). COVID-19 has posed significant challenges for the medical and civilian communities analogous to what was experienced in two preceding instances of the SARS-CoV virus outbreak in 2002 and 2003 and the Middle East Respiratory Syndrome (MERS) in 2012 (1, 5, 6). Importantly, Li et al. studied 425 patients with confirmed COVID-19 in Wuhan and estimated that the basic reproduction number (R_0) for SARS-CoV-2, at the time, to be

2.2 (1). This suggests that each infected person, on average, can spread the infection to an average of 2.2 other people. The virus will likely continue to spread unless this number falls below 1.0 (5). Moreover, timely and effective containment strategies have been a cornerstone of managing the COVID-19 outbreak and reducing viral transmission. Return to Daily Living Post-COVID-19: From Testing to Digital Health Implementation. Most plans for recovery and the return to "normal," every-day life are centered on testing—namely determining those who currently have an infection and those who have developed antibodies against the virus, indicating a possible recovery. With any test, there may be false positive or false negative results (7). Of note, an antibody test, while useful in quantifying the number of cases that have occurred in a population, is typically not suitable for early disease detection and its association with immunity to the virus has been put into question (8). Additionally, there is considerable cross-reactivity between SARS-CoV-2 and four other coronaviruses, including those associated with the common cold (9). Polymerase chain reaction (PCR)-based tests are highly sensitive and specific in the laboratory setting; however, high costs and limited availability make these tests difficult to suit population health needs. In the face of a pandemic, time is

of the essence and researchers must think of new ways to improve disease diagnosis and monitoring of disease progression.

II. LITERATURE REVIEW

There is considerable work in the literature regarding the use of the Internet of Things (IoT) to deliver health services. Usak et al. conducted a systematic literature review of the use of IoT in healthcare systems. That work also included a discussion of the main challenges of using IoT to deliver health services, and a classification of the reviewed work in the literature [8]. Wu et al. proposed a hybrid IoT safety and health monitoring system. The goal was to improve outdoor safety. The system consists of two layers: one is used to collect user data, and the other to aggregate the collected data over the Internet. Wearable devices were used to collect safety indicators from the surrounding environment, and health signs from the user [9]. Hamidi studied authentication of IoT smart health data to ensure privacy and security of health information. The work proposed a biometric-based authentication technology [10]. Rath and Patnayak proposed a smart healthcare hospital in urban areas using IoT devices, inspired by the literature. Issues such as safety, security and timely treatment of patients in VANET zones were discussed.

Evaluation of the proposed system was conducted using simulators such as NS2 and NetSim[11]. Darwishes et al. proposed a CloudIoT-Health paradigm, which integrates cloud computing with IoT in the health area, based on the relevant literature. The paper presented the challenges of integration, as well as new trends in CloudIoT-Health.

These challenges are classified at three levels: technology, communication and networking, and intelligence [12]. Zhong and Li studied the monitoring of college students during their physical activities. The paper focused on a Physical Activity Recognition and Monitoring (PARM) model, which involves data preprocessing.

Several classifiers, such as decision tree, neural networks, and SVM, were tested and discussed [13]. Dianand Paul proposed an IoT-based smart health monitoring and management architecture. The architecture is composed of three layers: (1) data generation from battery-operated medical sensors and processing, (2) Hadoop processing, and (3) application layers. Because of the limited capacity of batteries to power the sensors, the work employed energy-harvesting approach using piezoelectric devices attached to the human body [14]. Otoometal developed an IoT-based prototype for real-time blood sugar control. ARIMA and Markov-based statistical models were used to determine the

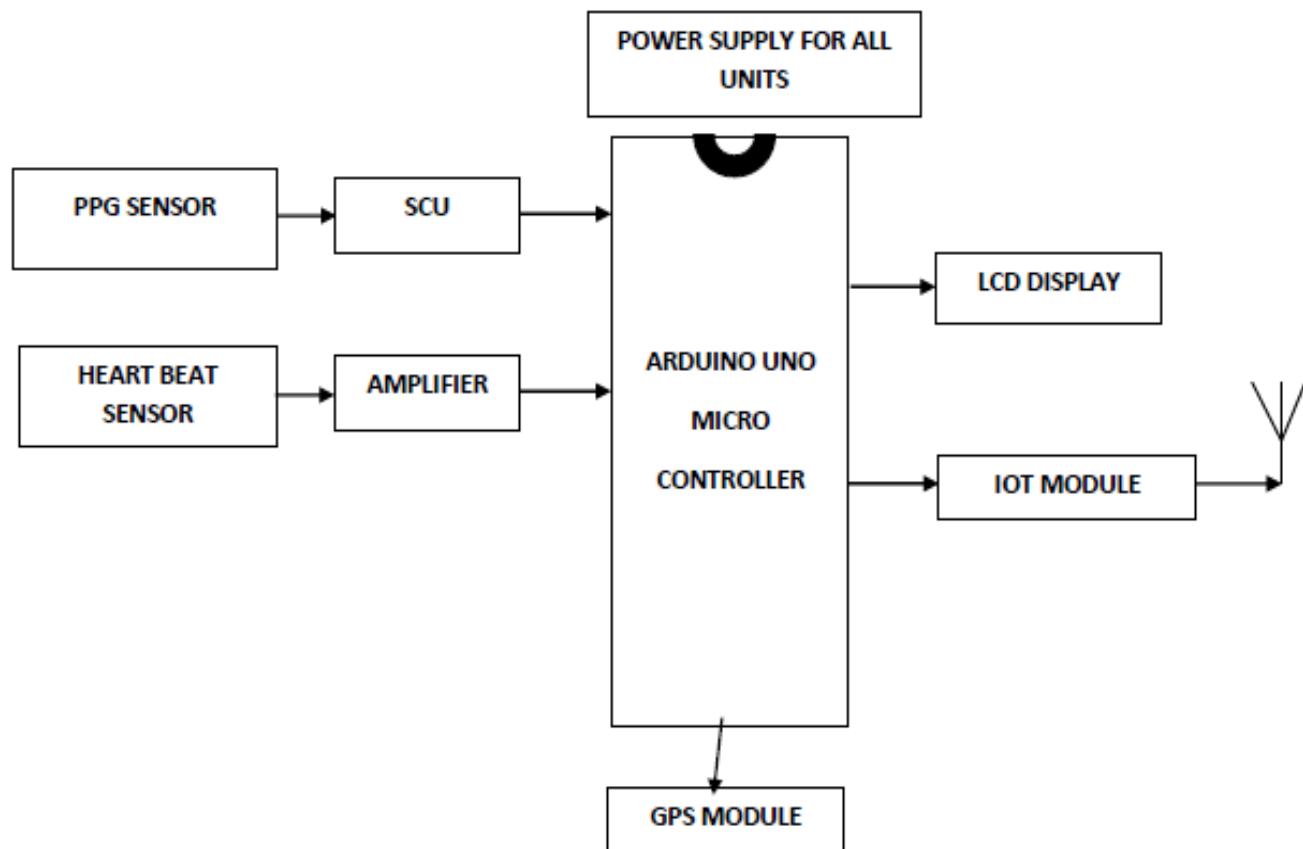
appropriate insulin dose [21]. Alshraideh et al. proposed an IoT-based system for Cardiovascular Disease detection. Several machine learning algorithms were used for CVD detection [22]. Ngu yen presented a survey of Artificial Intelligence (AI) methods being used in the research of COVID-19. This work classified these methods into several categories, including the use of IoT [15]. Maghdid proposed the use of sensors available on smartphones to collect health data, such as temperature [16]. Rao and Vazquez proposed the use of machine learning algorithms to identify possible COVID-19 cases. The learning is done on collected data from the user through web survey accessed from smartphones [17]. Allam and Jones discussed the need to develop standard protocols to share information between smart cities in pandemics, motivated by the outbreak of COVID-19. For instance, AI methods can be applied to data collected from thermal cameras installed in smart cities, to identify possible COVID-19 cases [18]. Fatima et al. proposed an IoT-based approach to identify coronavirus cases. The approach is based on a fuzzy inference system [19]. Peeri et al. conducted a comparison between MERS, SARS, and COVID-19, using the available literature. They suggested th

euseofIoTinmappingthespreadoftheinfection [20]. To our knowledge, no one has developed a complete framework for using IoT technology for the identification and monitoring of COVID-19.

III. PROPOSED SYSTEM

In our system various sensors are used namely PPG sensor, spo2 We are using arduino controller. It is used for controlling and monitoring the entire unit. It is supplied by 5v DC supply. LCD is used to display the required parameters of covid patients and buzzer is used for alert if the situation is abnormal. All the information will be updated through IoT. So that we can monitor the patients by 24*7 period of time.

sensor. The heartbeatsensor is used to measure the heart beat of the covid patient. The respiration sensor is used to measure the respiration level if it is abnormal it will turn on the nebulizer pump for oxygen supply. Temperature sensor is used to measure the body temperature. Spo2 sensor is used to measure the oxygen content in the blood and if the oxygen content is less it will turn on the relay drive circuit for oxygen supply.



IV. RESULT



INITIALIZINGPULSEOXIMETER



CHECK YOURHEART BEATANDSPO2 LEVEL



YOURHBISBELOW80 UARENORMAL



YOURHEARTBEATISABOVE80 YOUAREABNORMAL



IF YOU ARE ABNORMAL YOUR LOCATION SHOULD BE TAKING BY
GPS



YOUR LOCATION'S LATITUDE AND LONGITUDE VALUESENTTO HEALTHCAREDEPARTMENTTHROUGHCAYENNEAPPLICATION

ationofthisdisease. Withproperimplementationoft
histechnology, researcher, doctors, government, ac
ademicianscancreateabetter environment to fight
with thisdisease.

V. CONCLUSION

IoTimplementationimpactsonreducing
healthcare cost and
improvetreatmentoutcomeoftheinfectedpatient.
Therefore, this present
studybasedresearchisattemptedtoexplore, discuss
,andhighlighttheoverallapplicationsofthewell-
provenIoTphilosophy by offering a
perspectiveroadmaptotackletheCOVID-
19pandemic. IoT provides an
extensiveintegratednetworkforhealthcaretofight
with COVID-19pandemic.All medical devices
are connected
totheinternet, andduringanycriticalsituation,
itautomatically conveysamessage to the medical
staff.
Infectedcasescanbehandledappropriatelyinarem
otelocationwithwell-connectedtele-
devices.Ihandlesallcasessmartlytoprovideultima
telystrengthened service to the patient
andhealthcare.IoTseemstobeanexcellent way to
screen the infectedpatient. In healthcare, this
technologyishelpfultomaintainqualitysupervisio
n with real-timeinformation.By using a
statistical-based
method,IoTgetshelpfultopredictanupcomingsitu

REFERENCES

- [1] HaleemA.,JavaidM.,KhanI.H.Internet of things (IoT) applications inorthopaedics. J. Clin. Orthop.Trauma.2019doi:10.1016/j.jcot.2019.07.003. In press.
- [2] BaiL.,YangD.,WangX.,TongL.,ZhuX.,BaiC. Chinesexperts'consensus on the Internet of Things-
aidediagnosisandtreatmentofcoronavirus
disease 2019.
ClinicaleHealth.2020Mar17Inpress
- [3] Wang Y, Hu M, Li Q, Zhang XP,Zhai G, Yao N. Abnormal respiratorypatternsclassifiermaycontributetola
rge-
scalescreeningofpeopleinfectedwithCOVID-
19inanaccurateandunobtrusivemanner2020Fe
b12.
- [4] Haleem A., Javaid M., Vaishya R.,DeshmukhS.G.Areasofacademicresearchw
iththeimpactofCOVID-19. AJEM(Am
JEmergMed)
2020doi:10.1016/j.ajem.2020.04.022
- [5] MohammedM.N.,SyamsudinH.,Al-
ZubaidiS.,AKS,RamliR.,YusufE.NovelCOVI
D-
19detectionanddiagnosissystemusingIOTbase
dsmarthelmet.

- IntJPyschosocRehabil.2020;24(7)
- [6] Vaishya R., Javaid M., Khan I.H., Haleem A. Diabetes&metabolic syndrome. ClinicalResearch&Reviews; 2020. Artificial Intelligence(AI)applicationsforCOVID-19pandemic
- [7] JavaidM., VaishyaR., BahlS., SumanR., VaishA . Diabetes&metabolic syndrome. ClinicalResearch&Reviews;2020. Industry4.0 technologies and their applicationsinfightingCOVID-19 pandemic.
- [8] AllamZ., JonesD.S. On thecoronavirus(COVID -19)outbreak and the smart city network: universal datasharingstandardscoupledwithartificial intelligence(AI)to benefiturbanhealthmonitoring andmanagement. Healthcare. 2020Mar8; (No.1):46. MultidisciplinaryDigitalPublishing Institute.
- [9] DeweyC., HingleS., GoelzE., LinzerM. Supportingcliniciansduringthe COVID-19 pandemic. Ann InternMed.2020Mar 20
- [10] StoesslA.J., BhatiaK.P., MerelloM. MovementdisordersintheworldofCOVID-19. Mov.Disord.Clin.Pract.
- [11] GuptaM, AbdelsalamM, MittalS. Enabling andforcing social distancing measures using smart cityanditsinfrastructures:aCOVID-19 2020 Apr13.
- [12] InnT.L. WorldHealth;2020Jan9. Smartcityt echnologiestakeonCOVID-19
- [13] HannaT.P., EvansG.A., BoothC.M. Cancer, COVID-19 and theprecautionaryprinciple:prioritising treatmentduring a globalpandemic. Nat Rev ClinOncol. 2020Apr2:1–3
- [14] RoyD., TripathyS., KarS.K., Sharma N., Verma S.K., Kaushal V. Study of knowledge, 1–212.
- attitude, anxiety& perceived mental healthcare need in Indian population during COVID-19pandemic. AsianJournalofPsychiatry.2020Apr8
- [15] WongT.Y., BandelloF. Academicophthalm ologyduring and after theCOVID19pandemic. Ophthalmology.2020doi:10.1016/j.ophtha.20 20.04.029.
- [16] Wang C.J., Ng C.Y., Brook R.H. Response to COVID-19 in Taiwan: bigdataanalytics, newtechnology, andproactive testing. J Am MedAssoc.2020;323(14):1341–1342
- [17] Zheng S.Q., Yang L., Zhou P.X., Li H.B., Liu F., Zhao R.S. Research in social and administrative pharmacy, 2020 Mar 26, Recommendations and guidance for providing pharmaceutical care services during COVID-19 pandemic: a China perspective.
- [18] Yang T., Gentile M., Shen C.F., Cheng C.M. Combining point-of-care diagnostics and internet of medical things(Io MT) to combat theCOVID-19pandemic. Diagnostics. 2020doi:10.3390/diagnostics10040224.
- [19] Gupta R., Misra A. Contentious issues and evolving concepts in clinical presentation and management of patients with COVID-19 infection with reference to use of therapeutic and other drugs used in Co-morbid diseases (hypertension, diabetes etc.). Diabetes & metabolic syndrome. ClinRes Rev.2020;14(3):251–254.
- [20] Gupta R., Ghosh A., Singh A.K., MisraA. Clinical considerations for patient with diabetes in times of COVID-19epidemic. Diabetes&Metabolic Syndrome. ClinResRev.2020;14(3):21