

Uses of Wellness Robots in the COVID-19 Pandemic

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Abstract— Different watchful developments have been applied during COVID-19, which has transformed into a general prosperity emergency and conveyed immense hardships to the clinical structures all around the planet. SARS-CoV-2 for the most part incites considering close human joint endeavors and discolored surfaces, and appropriately, remaining mindful of social disengaging has changed into a normal preventive measure. This makes the need to treat patients with immaterial master patient affiliation. Presenting robots in the clinical thought area protects the cutting edge clinical advantages laborers from getting acquainted with the Covid as well as diminishes the need for clinical staff as robots can to some degree take order more than several clinical positions. The characteristic of this paper is to feature the arising position of robotized applications in the clinical advantages area and united locale. To this end, a useful survey was directed concerning the different robots that have been done commonly talking during the COVID-19 pandemic to weaken and contain the defilement. The outcomes acquired from this study uncover that the execution of mechanical development into the clinical thought field has a colossal impact in controlling the spread of SARS-CoV-2, as it blocks Covid instigating among patients and clinical advantages laborers, nearby different benefits like disinfection or cleaning.

Keywords— *Coronavirus; China; public mindfulness; substitution of people by robots.*

I. INTRODUCTION

An overall emergency (COVID-19) was articulated by the World Health Organization (WHO) due to the eruption of the clever Covid SARS-CoV-2 on January 30, 2020. The primary signs of this pandemic were at first saw in Wuhan city, China, in December 2019. Later on, the attested novel Covid cases extended multiple times in less than a month, from 100,000 in the essential multi day stretch of March to more than 1,000,000 on second April, while more than 52,000 passings have been represented across the world. The current situation has prodded various experts to encourage mechanical responses for clinical consideration personnel to serve patients really without getting polluted.

Clinical benefits workplaces accept a fundamental part in taking care of pandemics. Mechanical applications are of preeminent importance in such conditions as they repeat human exercises in unsafe circumstances, thusly restricting human-to-human contact. Most of the countries have proactively conveyed various robots

to help human staff taking into account the extreme development in passings among cutting edge workers. It is feasible to solidify robots in the clinical region, as mechanical machines were

used in various undertakings since the mid-2000s, making them expeditiously available for movements and use .

II. HEALTHCASE SPECTRUM DURING COVID-19

The surprising episode of COVID-19 has achieved a gigantic proportion of additional work of undertakings to the prosperity region and related fields. The useful works require different periods of agreeable assistance and the help degrees are moreover not limited to a single field. Perhaps the associated endeavors in the prosperity division can be apportioned into certain spectra and the methodology can work following the frightful units of groups. Perceiving the division of work concerning the different patient classes, the characteristic of organizations in clinical benefits workplaces can be disengaged into five spectra as shown in Fig. 2. These are analyzed immediately as follows:

(A) General thought (Primary balance and clinical consideration support): Primary aversion insinuates the means taken by the trained professionals or individuals including social eliminating, wearing facial covers, washing hands, introducing lockdown in metropolitan regions, etc. It induces the burden of extreme guidelines for checking social isolating, seeing people whether they are wearing cloak, inspecting the lockdown areas so everyone will without a doubt submit to them. Fundamental expectation measure also joins the recognizable proof of the frail locales with gigantic screening and speedy testing office which will give nuances to recognize risk using contact following information and in this manner anticipate the spread of ailment in different districts. Material support, for instance, cleansing and guarded equipment are moreover associated with fundamental expectation care.

(B) Ongoing thought (Acute and emergency care): This reach fuses the finding of the patients, evaluation of the assurance results, crisis them to the authentic level of care, sort out the fitting treatment procedures for the hospitalized patients,

essential thought and separation support, predict the earnestness of the patient from basic aftereffects to recognize high-risk and frail individuals and shift them to ICU or CCU for proper clinical thought of them and organize telemedicine open entryways for less outrageous patients.

(C) Non-COVID-19 present moment, home and long stretch consideration: Secondary expectation measures and long stretch affliction the leaders are associated with this reach. As the irresistible disorder has a disease transmission likelihood any place the polluted individual goes, there is no choice as opposed to cleaning the center locales. The prosperity rule upkeep's by the crisis facility workers is key for pursuing the treatment of non-COVID-19 transient patients.

(D) Medical guidance: This reach incorporates the activities expected for empowering the clinical benefits staff through dynamic planning on up-to-the-date treatment and advances for supporting the COVID19 patients. So accelerating clinical consideration planning and preparing for prosperity workers and decreasing the obligation of the clinical consideration workers with pattern it are consolidated here to set developments.

II. ROBOTS SERVING IN HEALTHCARE ENVIRONMENTS

Amidst the COVID-19 crisis, there was an extension in usage in mechanized applications in the clinical region. Various specialists are commonly pursuing the improvement of robots that work with the obligation of clinical consideration specialists. Significant movements in the field of cutting edge mechanics have been seen lately. Most tech beasts, as well as universities, have made it possible to complete robotized applications that work close by cutting edge clinical benefits workers to fight this pandemic.

III. CLASSIFICATION AND OPERATION OF MEDICAL ROBOTS

The execution of mechanical innovation in the field of clinical benefits presents multitudinous advantages isolated, and especially in the hour of the COVID-19 pandemic that has happened to us, we are given probably no more noteworthy choice than the associate of robots with tighten the issues related with this pandemic. We similarly give a short review on such clinical robots and their exercises and talk about the clinical tasks that can be fulfilled by these mechanical applications in this part.

A. Disinfecting/Spraying Robots.

The usage of helpful robots for cleaning and disinfecting objects is extending rapidly all around the planet. Cleaning and tidiness are basically huge for safe indoor/outdoors conditions because of irresistible ailments like COVID-19. Fundamental source contacts like doorway handles and lifts address the guideline focal points for the transmission of such contaminations through direct contact. In this manner, a motorized cleaning task ensures security as well as further

creates amplexness. This class proposes an AI-enabled structure for robotizing the cleaning framework through a Human Support Robot (HSR). The general cleaning process joins cleaning the premises, doorway handles, and control of the HSR, for fulfilling the necessities of the cleaning tries. The unmistakable verification part uses AI to see the space and give fitting headings to the robot.

Control between the showering and cleaning is made in the robotized working system. The control module utilizes the data obtained from the disclosure module to make an assignment/utilitarian space for the robot, close by reviewing what is happening to drive the controllers.

UVD-bot is one such outline of disinfection robot. It is a self-pushed germicidal robot which uses brilliant light (UVC-254nm). UVC light used in this robot is effective against the Covid as it upsets the DNA base coordinating, subsequently conveying the disease harmless. The result, of which it can play out the disinfection of a room in something like 10 minutes, is 100 percent free and staggeringly viable in sterilization. The robot is essentially used to finish disinfection of crisis center premises, in this way keeping the quick contact of individuals from the contaminated zones. What's more, its practical advantages join its ease of usage, so it will in general be worked by anyone with no improvement specific capacities.

Then, we have a robot called iMap9 (Milagrow iMap9) which involves a more standard procedure for sanitization. The iMap9 uses NaOCl (sodium hypochlorite) reply for disinfect the surface with COVID-19-conveying spores, paying attention to up to the direction by the ICMR. The display limits can be portrayed moreover with a working time of 60-130 minutes upon full charge. Its movement can be administered through an adaptable application. It can perform completely motorized disinfection of the floor. HEPA channel present inside the robot is used to take out 99.97% of all particulate matter more unassuming than 0.3 μm which is outstandingly convincing. An advantage of this bot is that it joins highprecision sensors on account of which live arranging is ensured so that no spot is left uncleaned, thusly staggeringly diminishing tainting rates. B. Neighborliness Robot.

The occupation of collaborator and nursing robots has been growing rapidly a direct result of the pandemic which has provoked an extension in setback rates among clinical benefits workers. The recently referenced positions are accomplished by three novel sorts of robots: (I) secretary robot, (ii) clinical server, and (iii) sustain robot. The control of a secretary robot is to amass information and help patients. The clinical server gets and stores the normal data about the patients on the clinical server and gives outlines of the saved data to human supervisors through a web interface. The essential components of specialist robot consolidate serving prescriptions and food to the patients. This would hinder the clinical center staff from contacting corrupted patients. Thusly, to restrict the contact between human clinical specialists and receptionists, various movement and noticing robots were sent during this pandemic.

Sona is a representation of convenience robot. It was arranged using insightful prevention repugnance advancement, it also joins a fantasy camera for face area, and it can pass a stack up on to 15 kg in view of which contactless movement is possible. Sona 2.5 was at first arranged as a diner organization robot, but its working was remade to enough resolve the issues during the COVID-19 pandemic. Accordingly, its ability also fuses managing the movement of

drugs and food to the affected patients, as well as checking their inner hotness level.

As indicated by an assessment paper by Malik et al., KARMI-Bot is a near multipurpose robot with a pile passing cutoff up on to 25 kg. The robot can in like manner have additional limits, for instance, self-chargin. Basically, it has the features to analyze and design the vacant ward and further perform endeavors, for instance, passing food and medications on schedule on to the particular patient, video conferencing with trained professionals, and auto self-purging. On the other hand, the fundamental objective of Co-bot (Corona Combat Robot) is to serve food and water to the COVID-19 patients and moreover bring back void plate or plates. It has a store conveying breaking point of 20 kilograms and can be used to serve a couple of gathering in one go.

Rail bot (R-Bot) serves the normal positions with the additional advantage that it can moreover be worked in complete murkiness due to its infrared limits and the presence of a night light with a battery span of around 6 hours. R-Bot is worked using a flexible application through Wi-Fi; it furthermore maintains two-way sound and video correspondence thusly supporting experts to effectively screen their patients. It is furnished with warm sensors that can design the temperature examining of an individual and alert the appropriate work force when someone with a temperature higher than the typical is perceived. The justification behind this robot is to convey clinical items and food from a safeguarded distance. R-Bot can pass a store of up on to 80 kg and move at a speed of 1 km/hr.

Wegree Robot as indicated by Podpora et al. assists the clinical consideration workers by diminishing their contact with potential COVID-19 carriers and aiding patients in fact. The robot trains visitors to perform tasks like cleaning their hands, taking temperature readings using a noncontact thermometer associated with the robot, and wearing a cautious facial covering. The robot furthermore shows people the various standards that they should stick to like using phone and email for irrelevant matters and urges people to stay at home. A little humanoid robot called Pepper is being used in a couple of fields during this pandemic. Pepper robot weighs 28 kg and has a battery span of up to 12 hours; it has the limit of giving in 15 one of a kind lingos. Pepper uses facial affirmation and ordinary language taking care of to connect with people and even get their sentiments; this limit has further use in distinctive accepting that the visitors are wearing covers and raising a mindfulness on its fundamental screen if not. The robot can similarly assist the experts in talking with their patients from a good ways, thusly helping clinical consideration workers to avoid contact for minor issues; it has been furthermore applied in eldercare homes in UK, retail outlets, and motels.

Starship Robot eliminates, a self-driving transport robot, is proposed for long transportation distances, since it can move items more than a 4-mile clear. This robot has completed more than 1 million transports more than 20000 miles, which further adds to its reputability. The things being sent are safely gotten in the deck of the robot, which remains exactly locked all through the outing and should be opened by the recipient through recently referenced application. It tends to a reasonable and energyproductive way for contactless movement of product, packs, food, and food that can be sent directly from organization centers. The robot moves at a reliable and slow speed and can safely investigate across deterrents and moving articles and likewise addresses no threats to onlookers. The transportation status can be actually taken a look at fairly through an application.

There is the PillPick robot which can package 1000 segments of prescription every hour, which would take an expert over 10 hours to wrap up. The robot assists the clinical facility with medicating stores to grow picking, packaging, and controlling adequacy. It is a pharmacy robotization structure which is prepared for unit-segment packaging, storing, and overseeing of prescriptions. It has high thickness accumulating and works close by a few distinct robots for garnish off endeavors. The potential gain of this robot is that it helps with discarding human contact, as well as human botch happening in light of wrong drugs given to patients, therefore extending patients' security.

An assessment focus on covers Mitra robot that uses the talk and facial affirmation estimation close by its electronic navigational limit and warm sensors to screen the clinical consideration staff and visitors to check for results of COVID-19 like high fever or cold. It plays out the screening task as a matter of fact. The robot does the task of screening each and every person in its space, including patients and visitors who are accessible in the clinical center. This allows the clinical consideration specialists and others to be cautious about potential COVID-19 carriers, while simultaneously allowing the affected people to get really essential clinical help, henceforth containing the spread of this overpowering sickness onto others.

One more robot called Sayabot is furnished with warm sensors through which it appraises the temperature readings of visitors and prompts those with a high temperature examining to direct subject matter experts and avoid any and all risks. This robot is basically being used to spread care about the risk of COVID-19. Sayabot urges people to perform genuine social eliminating and enlightens them about various principles with the help of a certain grandstand screen. The robot moreover gives cloak and sanitizer to visitors.

C. Teleoperation and Telepresence Systems

There is the PillPick robot which can bundle 1000 dosages of medication each hour, which would take a specialist more than 10 hours to finish. The robot helps the medical clinic drug stores to expand picking, bundling, and apportioning proficiency. It is a drug store robotization framework which is equipped for unit-portion bundling, stockpiling, and administering of meds. It has high thickness stockpiling and works alongside a couple of different robots for topping off undertakings. The benefit of this robot is that it assists with

killing human contact, as well as human blunder happening because of wrong meds given to patients, accordingly expanding patients' wellbeing.

An exploration concentrate on covers Mitra robot that utilizes the discourse and facial acknowledgment calculation alongside its computerized navigational capacity and warm sensors to screen the medical care faculty and guests to check for side effects of COVID-19 like high fever or cold. It plays out the screening task successfully. The robot completes the undertaking of screening every single individual in its area, including patients and guests who are available in the medical clinic. This permits the medical care experts and others to be careful about potential COVID-19 transporters, while at the same time permitting the impacted individuals to get genuinely necessary clinical assistance, consequently containing the spread of this irresistible illness onto othe. Teleoperation frameworks comprise of a movement detecting gadget and cooperative double arm robot (YuMi, IRB 14000), through which the information of upper appendage development of the administrator can be gotten and used to remotely control the robot's movement. A couple of gloves is utilized to screen the finger movements. Telepresence frameworks are like teleoperation, as they incorporate VoIP (voice over Internet convention) applications, permitting medical care laborers to screen patients through two-way varying media correspondence. Generally, such robots have a capacitive touch screen fixed to the forepart of the robot. Here, the cooperation of the patient and the medical services staff is accomplished through the sound/video gathering framework which depends on WebRTC (Web-Real-Time Communication). To restrict the contact between the patient and the specialist, the robot is furnished with voice acknowledgment to speak with the patient. Moreover, to screen the patient's enthusiastic express, a profound brain network is utilized. A little versatile robot gathered with a reasonable sensor can be an expected arrangement in such a case. The given robot is supposed to explore itself through the premises and gather information of protected and perilous conditions which medical services laborers can use for helping and finding tainted individuals. This course of 3D planning is completed by utilizing a lightweight and an exceptionally portable selfsustaining robot which can be outlined inside the nonexclusive climate and planning SLAM (Simultaneous Localization And Mapping) issue. In this, the robot is modified to move with six levels of opportunity in a threedimensional climate. This is additionally confounded because of the restrictions of the odometry data from the wheel encoders; the aftereffects of which can be inconsistent because of the idea of dangerous premises. Thusly, assuming the signs from relative areas are restricted, exact reach sensors, for example, shifting laser range locaters or different types of movement sensors, can be utilized with the goal that 3D planning can be produced assuming development between robots is restricted .rs.

Another robot called Sayabot is furnished with warm sensors through which it estimates the temperature readings of guests and exhorts those with a high temperature perusing to counsel specialists and play it safe. This robot is principally being utilized to spread mindfulness about the danger of COVID-19. Sayabot encourages individuals to perform legitimate social removing and illuminates them about different rules with the assistance of an inherent presentation screen. The robot additionally gives covers and sanitizer to guests.

Some telepresence robots that were carried out postpandemic are introduced underneath.

- NIGA-BOT: a versatile telepresence robot which can perform live video and sound telephone calls among patients and specialists. This assists with wiping out the requirement for continuous association and helps with remote observing. It is furnished with an intelligent showcase screen and speakers
- Maitri: the fundamental goal of this robot is to defend clinic staff and disinfection laborers from getting tainted with SARS-CoV-2. The robot remains at a tallness of 3.5 feet and has a fluid precious stone presentation (LCD) screen connected to it through which specialists and medical caretakers can communicate with patients from a distance. It is outfitted with Wi-Fi and can be worked utilizing a cell phone to a scope of up to 20 feet. It has excellent train capacities as it can move toward each path. The battery can support the robot for as long as eight hours in the wake of being charged. Maitri can likewise be utilized to administer food and water to the patients in view of its stockpiling capacities, accordingly limiting human contact
- Zorabot is a Belgian-based software company which developed the Cruzr robot. This robot was deployed in hospitals and elderly care facilities which were in a complete lockdown phase. The robot can communicate in 53 different languages and can identify if someone is properly wearing a mask and count the number of people in a room as a result of its mounted camera and image processing capabilities. Thermal cameras allow the robot to measure the body temperature of visitors and take action accordingly. Additionally, the robot can be controlled remotely which allows doctors and nurses to monitor patients and operate it for disinfection duties

D. Surgical Robots

Applying independence to medical procedure has been a nonstop exertion for architects and clinical specialists, since it guarantees different benefits like mechanical accuracy, strength, and the capacity to work in risky conditions . There are huge contrasts among surgeries, as a couple of them are far more straightforward to direct, while others are exceptionally intricate. For instance, independent cardiovascular removal of the throbbing heart requires the contribution of robots since this activity can't be finished really by the specialist without depending on a careful robot to present exact sores in the heart . Hence, during the pandemic, most careful robots offer gigantic benefits, as they can be conveyed to do complex medical procedures on COVID-19-impacted patients and furthermore decrease the extreme weight of the medical care experts.

E. Radiologist Robots

A radiologist is an individual who deciphers clinical imaging to analyze patients. A radiologist robot can really fill a similar role . This robot is outfitted with computational imaging capacities and utilizes man-made reasoning (AI) and profound figuring out how to make an analysis in light of every accessible datum . It can likewise be utilized to perform X-beams and MRIs . A radiologist robot is exceptionally invaluable, as it lessens the gamble of medical services experts by keeping them from interacting with the unsafe radiations discharged during the imaging cycles. At present, specialists are chipping away at an AI calculation which can identify the presence of SARS-CoV-2 and is attempted to recognize the Covid with up to 96% exactness .

F. Rehabilitation Robot.

Recovery robots, or recovery robots, effectively nurse harmed or debilitated patients back to their typical condition through assistive and helpful preparation. A commonplace case would help an individual to have the option to walk again after a mishap. Various sorts of recovery robots are designated to treat patients with different illnesses, similar to the individuals who are recuperating from stroke, cerebral paralysis, or other real wounds like knee, lower leg, upper and lower appendages, wrist, and elbow. The greater part of the robots in this class are planned such that the youngsters and old observe them engaging as they are planned with different AI works that treat the patients as well as keep them inspired; not many of the capacities incorporate capacity to comprehend facial feelings and capacity to mess around. During the COVID-19 pandemic, expanding utilization of telerehabilitation has been seen; specifically, recovery robots outfitted with cameras and speakers are utilized with the end goal of clinical assessment and checking from a far off area, subsequently further wiping out the need of risking the strength of the two patients and specialists.

V. OBSERVATION

there is a urgent requirement for development in medical care offices around the world, and as per that, there are a few critical examinations which give innumerable ways of updating the current robots and make them more conservative and solid. Medical services robots enjoying undertakings of helping kids and older patients should have settings that are basic and simple to use. Robot's ergonomic and novel plan ought to be reviewed, and its corresponding programming must be improved, to make it cost effective and solid for utilization. In this manner, an overall modularization approach is required for the execution of these mechanical gadgets. This would likewise decrease generally costs by normalizing the related PC frameworks and sensors, accordingly making them more homogeneous. This pandemic filled in as an impetus for the medical care area, the last option of which ought to go through a significant innovative progression to experience these unsure circumstances and furthermore work on its general quality and proficiency.

VI. CONCLUSIONS

In this review, we introduced an exhaustive outline of the different kinds of robots that are utilized in the clinical area to perform errands in SARS-CoV-2-defiled zones. The point of this study is to act as an educational asset for the momentum headways in the clinical area, which would demonstrate exceptionally gainful to battle profoundly irresistible sicknesses like COVID-19 on different very fronts. One impediment of this study is that while a work was made to cover whatever number medical care robot applications that have been utilized against COVID-19 as could be expected under the circumstances, it mostly centered around logical distributions, perhaps leaving out original modern applications. The universe of the medical care area, postpandemic, seems, by all accounts, to be more dependent on robots to forestall human-to-human transmission. There was a colossal interest for clinical robots in created markets because of their various benefits in usefulness and capacity to limit the spread of SARS-CoV-2. The beginning of purpose of advanced mechanics could increment at a more noteworthy rate on account of the continuous pandemic. In this way, numerous nations might expand their advantage in mechanical

progressions to acquire monetary and clinical solidness alongside better medical services, which would prompt an extraordinary expansion in the utilization of clinical robots.

REFERENCES

- [1] WHO, Report of the WHO-China joint mission on coronavirus disease 2019 (COVID-19), WHO, Geneva, Switzerland, 2020.
- [2] D. Fanelli and F. Piazza, "Analysis and forecast of COVID-19 spreading in China, Italy and France," *Chaos, Solitons & Fractals*, vol. 134, p. 109761, 2020.
- [3] K. Gostic, A. C. Gomez, R. O. Mummah, A. J. Kucharski, and J. O. Lloyd-Smith, "Estimated effectiveness of symptom and risk screening to prevent the spread of COVID-19," *eLife*, vol. 9, article e55570, 2020.
- [4] S. Kannan, P. S. S. Ali, A. Sheeza, and K. Hemalatha, "COVID19 (novel coronavirus 2019)-recent trends," *European Review for Medical and Pharmacological Sciences*, vol. 24, no. 4, pp. 2006–2011, 2020.
- [5] S. F. Mijares and P. Chan, "Ethical robots in healthcare?," *JOURNAL OF ACADEMY OF BUSINESS AND ECONOMIC SCIENCES™*, vol. 18, no. 3, pp. 5–16, 2018.
- [6] M. Alotaibi and M. Yamin, "March. Role of robots in healthcare management," in 2019 6th International Conference on Computing for Sustainable Global Development (INDIACom), pp. 1311–1314, IEEE, 2019.
- [7] J. Kim, G. M. Gu, and P. Heo, "Robotics for healthcare," in *Biomedical Engineering: Frontier Research and Converging Technologies*, pp. 489–509, Springer, Cham, 2016.
- [8] C. E. Coltart, B. Lindsey, I. Ghinai, A. M. Johnson, and D. L. Heymann, "The Ebola outbreak, 2013–2016: old lessons for new epidemics," *Philosophical Transactions of the Royal Society, B: Biological Sciences*, vol. 372, no. 1721, p. 20160297, 2017.
- [9] M. Tavakoli, J. Carriere, and A. Torabi, "Robotics, smart wearable technologies, and autonomous intelligent systems for healthcare during the COVID-19 pandemic: an analysis of the state of the art and future vision," *Advanced Intelligent Systems*, 2020.
- [10] M. Romero, L. M. Huerfano, and E. V. Melo, "PNS16 evaluation of the multicriteria methodology for the use in evaluation of health technologies. Advantages and disadvantages of the method," *Value in Health*, vol. 22, p. S290, 2019.
- [11] A. R. Patel, R. S. Patel, N. M. Singh, and F. S. Kazi, "Vitality of robotics in healthcare industry: an Internet of things (IoT) perspective," in *Internet of Things and Big Data Technologies for Next Generation Healthcare*, pp. 91–109, Springer, Cham, 2017.
- [12] M. Kanzawa, H. Spindler, A. Anglemyer, and G. W. Rutherford, "Will coronavirus disease 2019 become seasonal?," *The Journal of Infectious Diseases*, vol. 222, no. 5, pp. 719–721, 2020.
- [13] B. Chen, S. Marvin, and A. While, "Containing COVID-19 in China: AI and the robotic restructuring of future cities," *Dialogues in Human Geography*, vol. 10, no. 2, pp. 238–241, 2020.
- [14] A. Yoganandhan, G. R. Kanna, G. S. D. Subhash, and J. H. Jothi, "Aplicacion retrospectiva y prospectiva de robots e inteligencia artificial en pandemias y epidemias globales," *Vacunas (English Edition)*, vol. 22, no. 2, pp. 98–105, 2021.
- [15] Z. H. Khan, A. Siddique, and C. W. Lee, "Robotics utilization for healthcare digitization in global COVID-19 management," *International Journal of Environmental Research and Public Health*, vol. 17, no. 11, p. 3819, 2020.
- [16] S. Sahasranamam, "How coronavirus sparked a wave of innovation in India," *World Economic Forum*, 2020.

- [17] G. Seeja, O. Reddy, V. Korupalli, R. Kumar, and S. S. L. C. H. Mounika, "Internet of things and robotic applications in the industrial automation process," in *Innovations in the Industrial Internet of Things (IIoT) and Smart Factory*, pp. 50–64, IGI Global, 2021.
- [18] R. Farkh, H. Marouani, K. Al Jaloud, S. Alhuwaimel, M. T. Quasim, and Y. Fouad, "Intelligent autonomous-robot control for medical applications," *Computers, Materials & Continua*, vol. 68, no. 2, pp. 2189–2203, 2021.
- [19] N. Bajpai, J. Biberman, and M. Wadhwa, *ICT Initiatives in India to Combat COVID-19*, Columbia Academic Commons, 2020.
- [20] L. Aymerich-Franch and I. Ferrer, "The implementation of social robots during the COVID-19 pandemic," 2020, <https://arxiv.org/abs/2007.03941>.
- [21] R. Gharpure, C. M. Hunter, A. H. Schnall et al., "Knowledge and practices regarding safe household cleaning and disinfection for COVID-19 prevention—United States, May 2020," 2020.
- [22] B. Ramalingam, J. Yin, M. Rajesh Elara et al., "A human support robot for the cleaning and maintenance of door handles using a deep learning framework," *Sensors*, vol. 20, no. 12, p. 3543, 2020.
- [23] M. C. Romero, "Development of an AGV robot based on ROS for disinfection in clinical environments. RUBÆK, T., CIKOTIC, M., & FALDEN, S. (2016), Evaluation of the UV-Disinfection Robot, 2021.
- [24] E. Ackerman, "Autonomous robots are helping kill coronavirus in hospitals," *IEEE Spectrum*, vol. 11, 2020. [25] O. Puri, V. K. Rathaur, N. Pathania, and M. Pathania, "A new phase of healthcare: COVID-19 and medical advancements," *Journal of Clinical and Diagnostic Research*, vol. 14, no. 11, 2020.
- [26] M. Macalam and R. Locsin, "Humanoid nurse robots and compassion: dialogical conversation with Rozzano Locsin," *Journal of Health and Caring Sciences*, vol. 2, no. 1, pp. 71–77, 2020.
- [27] D. K. D. Kim, G. Kreps, and R. Ahmed, "Communicative development and diffusion of humanoid AI robots for the postpandemic health care system," *Human-Machine Communication*, vol. 3, no. 1, pp. 65–82, 2021.
- [28] I. Giorgi, C. Watson, C. Pratt, and G. L. Masala, "Designing robot verbal and nonverbal interactions in socially assistive domain for quality ageing in place," in *Human Centred Intelligent Systems*, pp. 255–265, Springer, Singapore, 2021.
- [29] F. A. Almalki and B. O. Soufiene, EPPDA: an efficient and privacy-preserving data aggregation scheme with authentication and authorization for IoT-based healthcare applications, *Wireless Communications and Mobile Computing*, 2021.
- [30] U. K. Mukherjee and K. K. Sinha, "Robot-assisted surgical care delivery at a hospital: policies for maximizing clinical outcome benefits and minimizing costs," *Journal of Operations Management*, vol. 66, no. 1-2, pp. 227–256, 2020.
- [31] L. S. Edelman, E. S. McConnell, S. M. Kennerly, J. Alderden, S. D. Horn, and T. L. Yap, "Mitigating the effects of a pandemic: facilitating improved nursing home care delivery through technology," *JMIR aging*, vol. 3, no. 1, article e20110, 2020.
- [32] A. Kaur, N. Mittal, P. K. Khosla, and M. Mittal, "Machine learning tools to predict the impact of quarantine," in *Predictive and Preventive Measures for Covid-19 Pandemic*, pp. 307–323, Springer, Singapore, 2021.
- [33] A. Chauhan, "Robotics and automation: the rescuers of COVID era," in *Artificial Intelligence for COVID-19*, pp. 119–151, Springer, Cham, 2021.
- [34] A. A. Malik, T. Masood, and R. Kousar, "Repurposing factories with robotics in the face of COVID-19," *Science robotics*, vol. 5, no. 43, 2020.
- [35] L. N. Mahdy, K. A. Ezzat, A. Darwish, and A. E. Hassanien, "The role of social robotics to combat COVID-19 pandemic," pp. 205–217, 2021.
- [36] J. Kaminski, "Informatics in the time of COVID-19," *Can J Nurs Inform*, vol. 15, no. 1, 2020.
- [37] M. Podpora, A. Gardecki, R. Beniak, B. Klin, J. L. Vicario, and A. Kawala-Sterniuk, "Human interaction smart subsystem—extending speech-based human-robot interaction systems with an implementation of external smart sensors," *Sensors*, vol. 20, p. 2376, 2020.
- [38] S. D. Sierra Marín, D. Gomez-Vargas, N. Céspedes et al., "Expectations and perceptions of healthcare professionals for robot deployment in hospital environments during the COVID-19 pandemic," *Frontiers in Robotics and AI*, vol. 8, p. 102, 2021.
- [39] R. R. Murphy, V. B. M. Gandudi, and J. Adams, "Applications of robots for COVID-19 response," 2020, <https://arxiv.org/abs/2008.06976>.
- [40] C. Chen, E. Demir, Y. Huang, and R. Qiu, "The adoption of self-driving delivery robots in last mile logistics," *Transportation Research Part E-Logistics & Transportation Review*, vol. 146, p. 102214, 2021.
- [41] S. Plischke, J. Machutova, P. Stasa, and J. Unucka, "May. Development of software interface for transfer of patient medication preparation from Czech DASTA standard to international HL7 standard," in *2020 IEEE 2nd Eurasia Conference on Biomedical Engineering, Healthcare and Sustainability (ECBIOS)*, pp. 76–80, IEEE, 2020.
- [42] R. Wolter, K. V. Hindriks, D. Samur, and C. M. Jonker, "October. A study on automated receptionists in a real-world scenario," in *International Conference on Practical Applications of Agents and Multi-Agent Systems*, pp. 340–352, Springer, Cham, 2020.
- [43] N. Dao, X. Hai, L. Huu, T. Nam, and N. T. Thinh, "July. Remote healthcare for the elderly, patients by tele-presence robot," in *2019 International Conference on System Science and Engineering (ICSSE)*, pp. 506–510, IEEE, 2019.
- [44] G. Yang, H. Lv, Z. Zhang et al., "Keep healthcare workers safe: application of teleoperated robot in isolation ward for COVID-19 prevention and control," *Chinese Journal of Mechanical Engineering*, vol. 33, no. 1, 2020.
- [45] R. Ye, X. Zhou, F. Shao et al., "Feasibility of a 5G-Based Robot-Assisted Remote Ultrasound System for Cardiopulmonary Assessment of Patients With Coronavirus Disease 2019," *Chest*, vol. 159, no. 1, pp. 270–281, 2021.
- [46] S. Wan, Z. Gu, and Q. Ni, "Cognitive computing and wireless communications on the edge for healthcare service robots," *Computer Communications*, vol. 149, pp. 99–106, 2020.
- [47] D. S. Shin, "A study on the tele-medicine robot system with face to face interaction," *Journal of IKEEE*, vol. 24, no. 1, pp. 293–301, 2020.
- [48] H. Su, W. Qi, C. Yang, J. Sandoval, G. Ferrigno, and E. D. Momi, "Deep neural network approach in robot tool dynamics identification for bilateral teleoperation," *IEEE Robotics and Automation Letters*, vol. 5, no. 2, pp. 2943–2949, 2020.
- [49] A. Locicero, A. Guillon, and L. Bodet-Contentin, "A telepresence robot in the room of a COVID-19 patient can provide virtual family presence," *Canadian Journal of Anesthesia/Journal canadien d'anesthésie*, vol. 68, no. 11, pp. 1705–1706, 2021. [50] M. Panzirsch, B. Weber, L. Rubio, S. Coloma, M. Ferre, and J. Artigas, "Telehealthcare with humanoid robots: a user study on the evaluation of force feedback effects," in *2017 IEEE World Haptics Conference (WHC)*, pp. 245–250, IEEE, 2017.
- [51] G. A. Khouri III, A. T. Blanton, and L. L. C. Medris, "Method and apparatus for improving subject treatment and navigation related to a medical transport telepresence system," U.S. Patent Application 16/102, 808, 2020.
- [52] D. H. Lee, "Priority-based teleoperation system for differential-drive mobile robots," *IEMEK Journal of Embedded Systems and Applications*, vol. 15, no. 2, pp. 95–101, 2020.
- [53] S. Gangopadhyay and A. Ukil, "Being resilient to deal with attrition of nurses in private COVID-19 hospitals: critical analysis with respect to the crisis in Kolkata, India," in *Healthcare Informatics for Fighting COVID-19 and Future Epidemics*, pp. 353–363, Springer, Cham, 2022.
- [54] E. Martinez-Martin and A. P. del Pobol, "Personal robot assistants for elderly care: an overview. Personal assistants, Emerging computational technologies," 2018.

- [55] J. E. Craig, C. A. Martin-Krajewski, J. M. Bledsoe et al., "Regional specialty surgical practice efficiencies gained as a result of COVID19," *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, vol. 5, no. 4, pp. 693–699, 2021. [56] K. H. Sheetz, J. Claflin, and J. B. Dimick, "Trends in the adoption of robotic surgery for common surgical procedures," *JAMA Network Open*, vol. 3, no. 1, pp. e1918911–e1918911, 2020.
- [57] J. M. Hemli and N. C. Patel, "Robotic cardiac surgery," *Surgical Clinics*, vol. 100, no. 2, pp. 219–236, 2020.
- [58] S. K. Shah, M. M. Felinski, T. D. Wilson, K. S. Bajwa, and E. B. Wilson, "Next-generation surgical robots," in *Digital Surgery*, pp. 401–405, Springer, Cham, 2020.
- [59] D. Sen, R. Chakrabarti, S. Chatterjee, D. S. Grewal, and K. Manrai, "Artificial intelligence and the radiologist: the future in the Armed Forces Medical Services," *BMJ Mil Health*, vol. 166, no. 4, pp. 254–256, 2020.
- [60] K. S. Mudgal and N. Das, "The ethical adoption of artificial intelligence in radiology," *BJR|Open*, vol. 2, no. 1, p. 20190020, 2020.
- [61] E. Neri, F. Coppola, V. Miele, C. Bibbolino, and R. Grassi, "Artificial intelligence: who is responsible for the diagnosis?," *La Radiologia Medica*, vol. 125, no. 6, pp. 517–521, 2020.
- [62] A. A. Levin, D. D. Klimov, A. A. Nechunaev et al., "The comparison of the process of manual and robotic positioning of the electrode performing radiofrequency ablation under the control of a surgical navigation system," *Scientific Reports*, vol. 10, no. 1, pp. 1–8, 2020.
- [63] M. Yamin, A. A. Abi Sen, Z. M. Al-Kubaisy, and R. Almarzouki, "A novel technique for early detection of COVID19," *Computers, Materials & Continua*, vol. 68, no. 2, pp. 2283–2298, 2021.
- [64] A. Majid, M. A. Khan, Y. Nam et al., "COVID19 classification using CT images via ensembles of deep learning models," *Computers, Materials and Continua*, 2021.
- [65] H. J. Asl, M. Yamashita, T. Narikiyo, and M. Kawanishi, "Fieldbased assist-as-needed control schemes for rehabilitation robots," *IEEE/ASME Transactions on Mechatronics*, 2020.
- [66] R. Feingold Polak and S. L. Tzedek, "March. Social robot for rehabilitation: expert clinicians and post-stroke patients' evaluation following a long-term intervention," *Proceedings of the 2020 ACM/IEEE International Conference on HumanRobot Interaction*, pp. 151–160, 2020.
- [67] J. Patel, "Virtual reality and robotic based training for the upper limb in the acute and early sub-acute periods post-stroke," *Doctoral dissertation Rutgers The State University of New Jersey, Rutgers School of Health Professions*.
- [68] P. Tanguay, N. Marquis, I. Gaboury et al., "Telerehabilitation for post-hospitalized COVID-19 patients: a proof-of-concept study during a pandemic," *International Journal of Telerehabilitation*, vol. 13, no. 1, p. e6383, 2021.
- [69] B. Isabet, M. Pino, M. Lewis, S. Benveniste, and A. S. Rigaud, "Social telepresence robots: a narrative review of experiments involving older adults before and during the COVID-19 pandemic," *International Journal of Environmental Research and Public Health*, vol. 18, no. 7, p. 3597, 2021.
- [70] "Grandview-research," <https://www.grandviewresearch.com/industry/medical-devices> (Accessed 7 August 2020).
- [71] A. P. Henkel, M. Čaić, M. Blaurock, and M. Okan, "Robotic transformative service research: deploying social robots for consumer well-being during COVID-19 and beyond," *Journal of Service Management*, vol. 31, no. 6, pp. 1131–1148, 2020.
- [72] H. Haider, "Barriers to the adoption of artificial intelligence in healthcare in India. M. Balaish, J.-W. Jung, I.-D. Kim, Y. EinEli," *Advanced Functional Materials*, vol. 2019, p. 201808303, 2020.