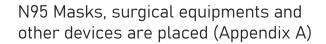
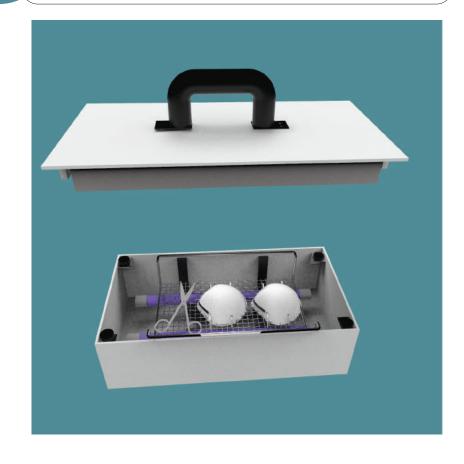


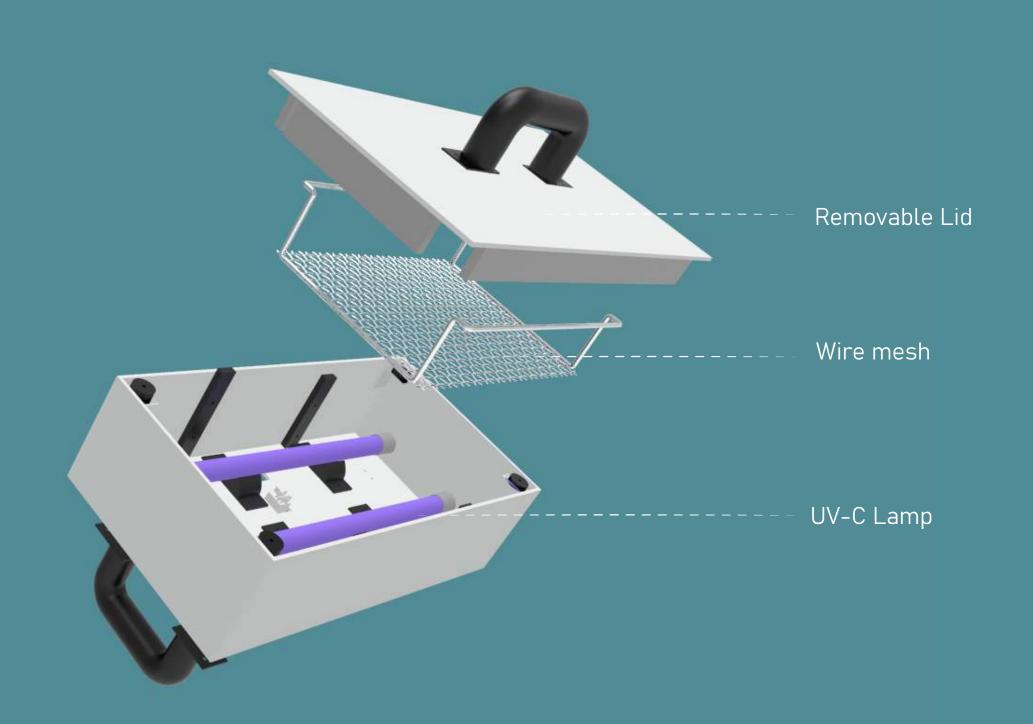


The enclosure lid is either opened or placed onto the device needed











## APPENDIX A

## Helps sterilise the following categories of objects

Oximeters: In isolation wards, these are commonly used for saturated blood pressure monitoring of patients coming under the high risk category of COVID-19

Thermometers: At present, most of the hospitals avoid contactless thermometers because of its inaccuracy, and still rely on normal thermometers which might have more chances of being exposed to a viral load owing to it coming to contact with the COVID-19 patients.

N95 Masks: Flow rates drop 1.2 percent every time it is sterilised. However, when there is a shortage of N95 masks, it could be recommended to use the N95 masks after sterilisation. However the life cycle of the N95 masks have to be taken into consideration. (Currently in the hospitals, the doctors go through 6 hour shifts four times a day i.e after every six hour shift, they would need to either reuse the N95 mask or get a new one)

Door handles, plugs, sockets (which normally dont fit into an autoclave)

Surgical equipments such as scissors, clamps, tongs etc

Buttons of commonly used control units such as portable X-ray machines, breathing unit controls, echo-machine control for cardiac patients and so on.

## References

Moore, G., Ali, S., Cloutman-Green, E. A., Bradley, C. R., Wilkinson, M. A., Hartley, J. C., ... & Wilson, A. P. R. (2012). Use of UV-C radiation to disinfect non-critical patient care items: a laboratory assessment of the Nanoclave Cabinet. BMC infectious diseases, 12(1), 174.

Lindblad, M., Tano, E., Lindahl, C., & Huss, F. (2019). Ultraviolet–C decontamination of a hospital room: Amount of UV light needed. Burns.