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| Due to Covid-19, FLIR has seen exponential global demand across a wide range of businesses and organizations for thermal cameras to screen people for elevated skin temperature.  While FLIR thermal cameras cannot diagnose a specific virus or other medical conditions, the ability to detect elevated skin temperature through infrared non-contact temperature measurementprovides one component of a frontline screening solution to help curb the spread of Covid-19.    FLIR cameras can have +/- 0.3 degree C accuracy stability and can read individual skin temperature nearly instantaneously while maintaining social distancing guidelines. The cameras include an on-camera screening mode (an algorithm) that allows operators to screen individuals for elevated skin temperature relative to the previous person screened.  As each individual is screened, the use of relative (or average) temperature of a group of people versus absolute temperature allows the camera to account for environmental conditions (humid/hot outdoor conditions etc) and removes error for false positive readings.    FLIR has found that the inner-canthus (or tear duct) most closely correlates to core body temperature from outside the body, and therefore critical to measure for the most accurate reading.  FLIR has been involved in demonstrations where exposure to the sun or exercise prior to screening has created an artificially elevated skin temperature, but the skin near the tear duct was not impacted and still read closest to core body temperature.  Excessive perspiration can also be wiped from the eye area prior to screening.   Here are two research papers that support the inner canthus is the best point to take an infrared non-contact temperature measurement, and that infrared radiometry is effective in detecting elevated skin temperature only when used as recommended for frontline screening, not as a medical device to detect a disease.  <https://www.tandfonline.com/loi/tqrt20>  <https://iopscience.iop.org/article/10.1088/1361-6579/ab2af6/meta> |