Diversey

Safe Schools Program

Coronavirus disease 2019 (COVID-19), caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

Safe schools, healthy people

Your staff and students may be confronted with Coronavirus disease 2019 (COVID-19), caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), and there is a need to ensure a learning environment which is safe.

Cleaning and disinfection are essential building blocks to infection prevention and outbreak control. In all areas that you clean, sanitize, or disinfect pay attention to standard operating procedures, using recommended products only.

Specific attention should be paid to hand hygiene and frequently-touched hard surfaces to avoid cross-contamination.

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About coronaviruses and the enveloped Coronavirus disease 2019 (COVID-19), caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

What is a coronavirus?

Coronaviruses (CoV) are a broad family of viruses named after the crown-like spikes on their surface. They typically cause mild to moderate upper respiratory tract disease in humans, but can also cause more severe infections such as pneumonia and other lower respiratory tract infections. There are some coronaviruses that can be transmitted from animals to people. And there is strong evidence of secondary transmission from person to person with this novel coroavirus as well.

How do the origins of COVID-19, caused by SARS-CoV-2, compare?

In Dec 2019 the novel coronavirus was identified in several hundred people in Wuhan China, most of whom had contact with the same seafood market in Wuhan.

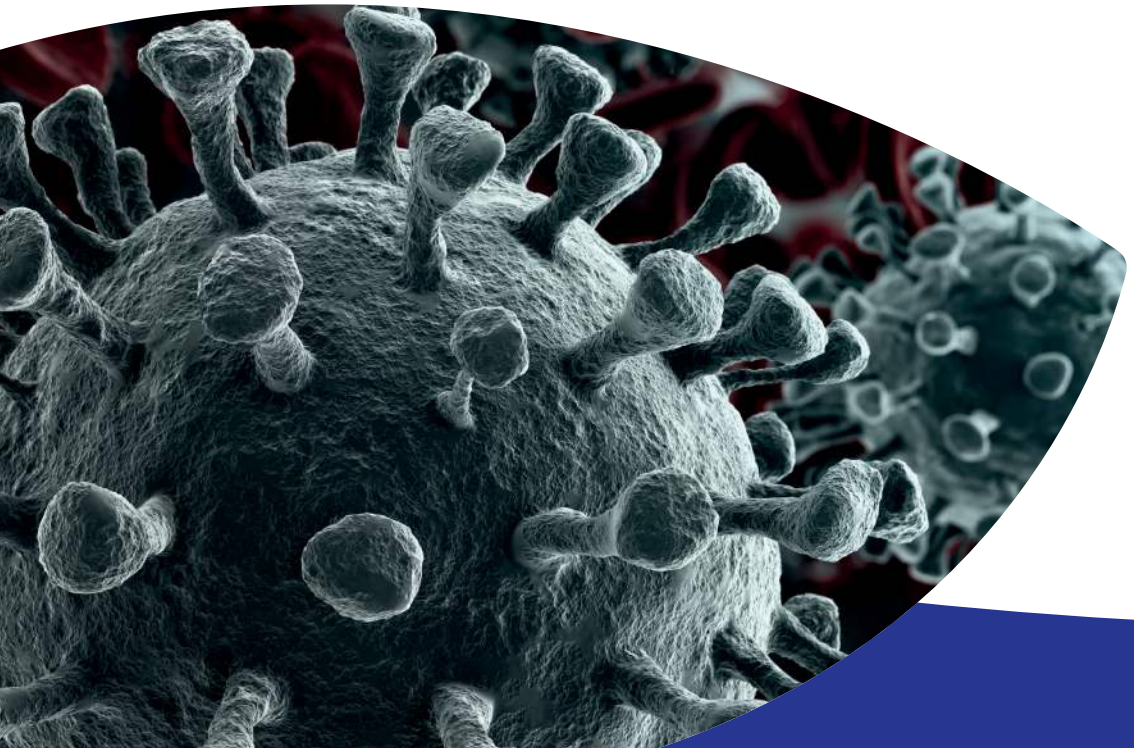
Some of the people infected have had pneumonia, but most have only had mild symptoms with a lower percentage of deaths than other coronavirus infections, with 10-20% of those infected requiring hospitalization for more severe forms of the disease.

For comparison, the prior SARS-CoV had a mortality rate of 9.6% (9.6% of those people infected died from the disease) and MERS-CoV has a mortality rate of 34.5%.

⚠ The incubation period is 1-14 days, but can be longer in rare cases. People are most contagious when showing symptoms.

SYMPTOMS

- High fever (over 101F or 38.3C)
- Cough
- Breathing difficulties



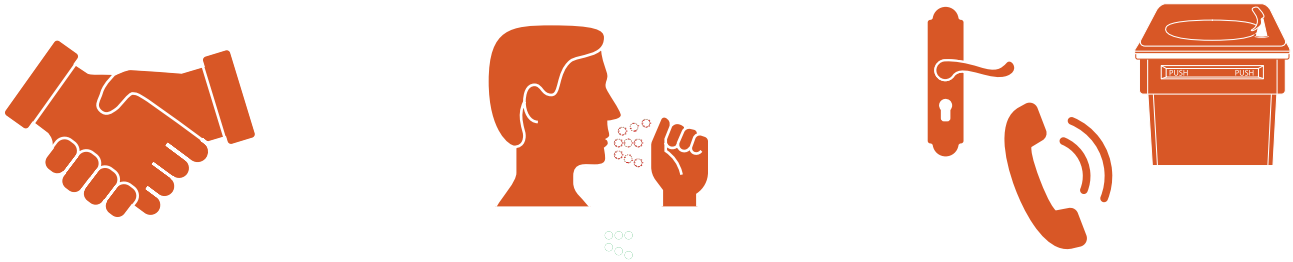
How the SARS-CoV-2 (Coronavirus) spread from animals to people

Bats and game animals

Visiting seafood market, contact with live or dead animals

People handling the animals or exposed to their secretions

How the SARS-CoV-2 (Coronavirus) spreads from person to person



Person to person transmission

By droplets

Made when infected people cough, sneeze or talk

Touching

Contaminated objects or surfaces

For the most recent information on this outbreak please visit:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

About outbreak prevention

It is difficult to predict instances of illness or outbreak, especially when large numbers of people gather in close proximity to one another. The important factor is to be prepared.

Precautionary measures and ensuring you have the right resources to handle a speedy response can be the difference between a few isolated instances and a full blown outbreak. Ultimately outbreaks are more difficult to control and costly to business. This is why prevention is better than cure.

What is an infection?

Infections are caused by pathogens ('bugs') such as bacteria, viruses, yeasts or fungi that enter into the body. It can take some time before the microbes multiply enough to trigger the symptoms of an illness, which means an infected person may unwittingly spread the disease during this incubation period. But for most infectious diseases, person to person transmission is most likely when the infected person is symptomatic.

Instances of transmission can rapidly escalate into larger scale outbreaks which are often difficult to control and extremely damaging to health and business alike.

It is the responsibility of employers to provide a safe workplace for their staff, students and their visitors alike, which includes the provision of adequate infection control procedures.

There are however precautions you can take to reduce the risk of an outbreak and increase your ability to control an outbreak when it does occur.

How are infections transmitted?

Pathogens can spread in a variety of ways and understanding these different modes of transmission will help your staff to adopt good infection control practices.

Coronaviruses are present in respiratory secretions in droplets that travel up to 2 meters, meaning transfers can happen through contact and droplet transmissions.

If infected people sneeze or cough they can spread germs through tiny airborne droplets. These droplets can land on surfaces. Hands and surfaces soiled with nasal and throat discharges can then aid the spread of the disease.

Some of the infections that are spread in this way include:

- The common cold
- Influenza
- Coronaviruses

Contaminated objects, humans or food: Cross-contamination carries pathogens from one contaminated place to another. If a person is unwell they could carry viruses, bacteria or parasites. Also, a person does not have to seem unwell to be carrying a pathogen. When ensuring pathogens are not transmitted, special attention should be paid to hand and surface hygiene.

Key touchpoints for schools:

- Athletic Equipment
- Copier / Printer
- Desk & Table Tops
- Door Handle / Light Switch
- Hard Surface Benches / Chairs
- Keyboard / Mouse
- Locker Exterior
- Pencil Sharpener
- Railings
- Telephone
- Sink / Toilet Flush Handle

How to prevent spreading a virus during an outbreak

How can you control infections?

Infections can be prevented or controlled by reducing the opportunities for infection transmission. This can be achieved by adopting basic infection control practices.

Basic infection control practice

Good infection control begins with assuming everyone is potentially infectious and following proper procedures at all times.

The following provides guidelines to reducing transmission of infection:

Hand hygiene

Effective hand hygiene is the greatest single measure that you can take to prevent the spread of pathogens.

When below situations occur please perform approved methods to ensure excellent hand hygiene when you:

- Can see your hands are dirty
- Have just used the toilet
- Are about to prepare food
- Have just completed a daily task (such as emptying the bins)
- Sneezed in your hands
- Have had contact with high touch surfaces

Methods for correct hand hygiene for hand washing and hand rubbing can be viewed at the end of this document.

Special situations

Wound dressing: Broken skin wounds provide an opportunity for pathogens to penetrate the body. Individuals with cuts, burns, sores or other forms of open wounds must have the wounds covered using waterproof dressings.

Blood and bodily fluid spillages: Please use caution when cleaning up blood or bodily fluid. For public facilities bodily fluid spillages must be decontaminated to protect public health. The procedure must also protect the worker during decontamination.

Respiratory Hygiene: When a person coughs or sneezes, they should cover their mouth with a disposable tissue or use their elbow. They should dispose of used tissues and perform hand hygiene after used tissue disposal.

Recommendations for laundry in case of an outbreak

For handling and sorting of linen, follow the CDC guidelines*

For the laundry process itself, the preferred option is to apply thermal disinfection in line with local regulations. These differ by country, but the safest recommendations are:

- Thermal process 1: 85°C for 15 minutes
- Thermal process 2: 90°C for 10 minutes
- Thermal process 3: 70°C for 25 minutes**

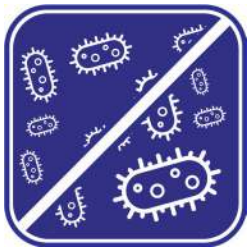
Alternatively,

- Follow the CDC recommended process*
- Use a locally authorized disinfectant/sanitizer and follow the required chemo-thermal wash process.

* Recommendations from CDC (Center for Disease Control and Prevention). CDC is the leading national public health institute of the United States

** Recommendations from WHO (World Health Organisation)

Cleaning frequently-touched surfaces to reduce risk



Cleaning and disinfection will reduce the risk of an outbreak.

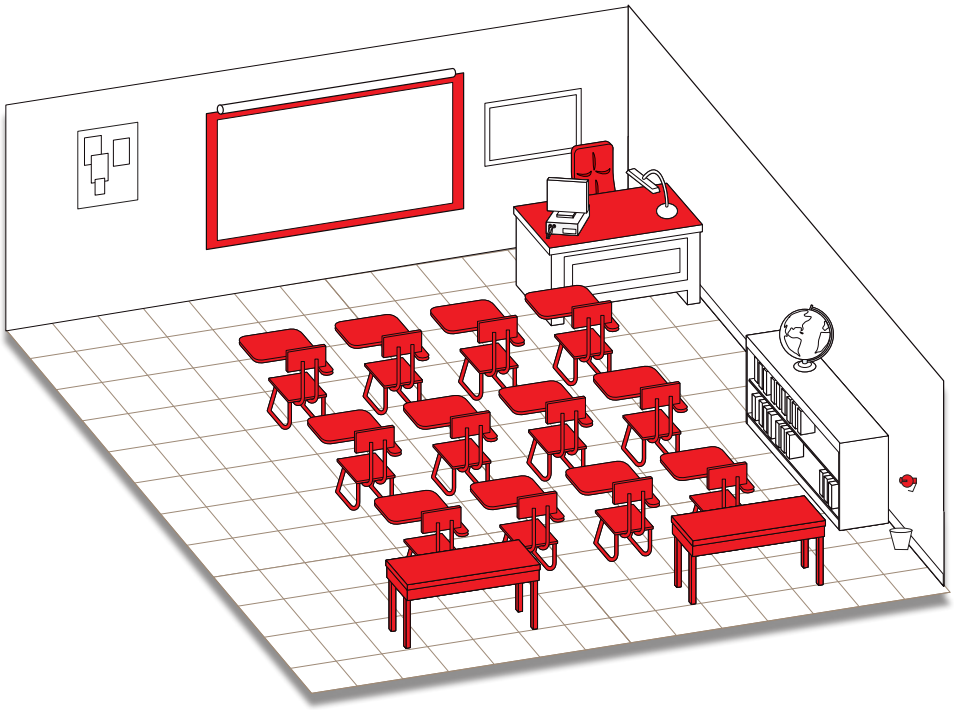
Clean all areas frequently as to your standard operating procedure. During times of an outbreak, assess your facility and surfaces to increase frequency to every one to four hours.

1. Maintain excellent hand hygiene
2. Use a disinfectant for targeted disinfection of frequently touched surfaces
3. Deal with blood or other bodily fluid spillages immediately

High risk areas

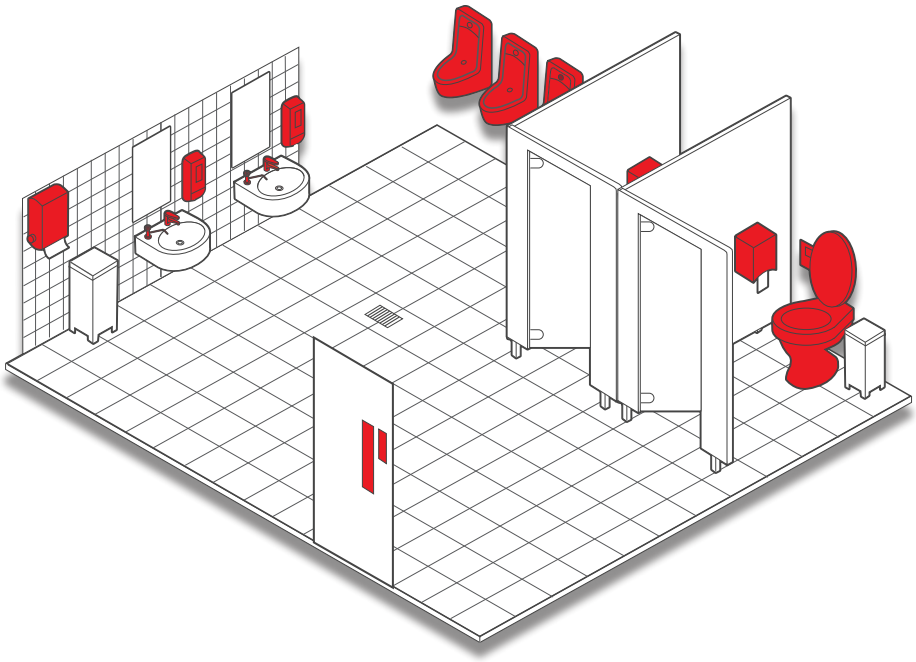
High risk infection areas need to be cleaned on a regular basis to create protection against pathogen spread. Certain conditions allow pathogens to spread easier from one individual to another. These include areas where traffic is high, bodily spills are frequent or where there is general low level of hygiene.

Key touchpoints:



Classrooms:

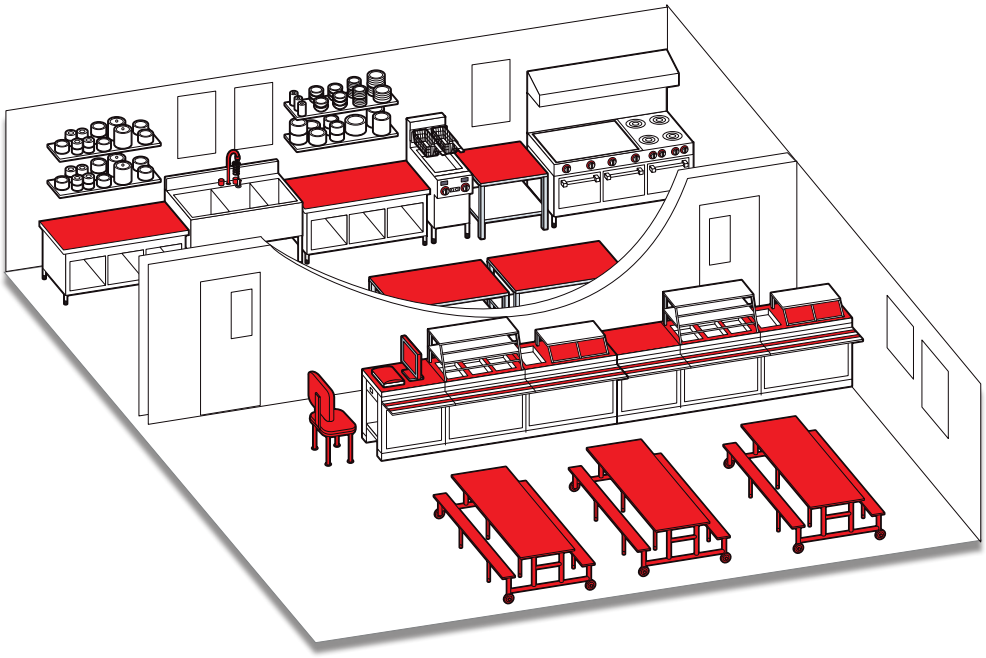
- telephones / computers / electronics
- desks / tables
- switches
- door handles
- chairs
- pencil sharpener/ metal surfaces



Restrooms:

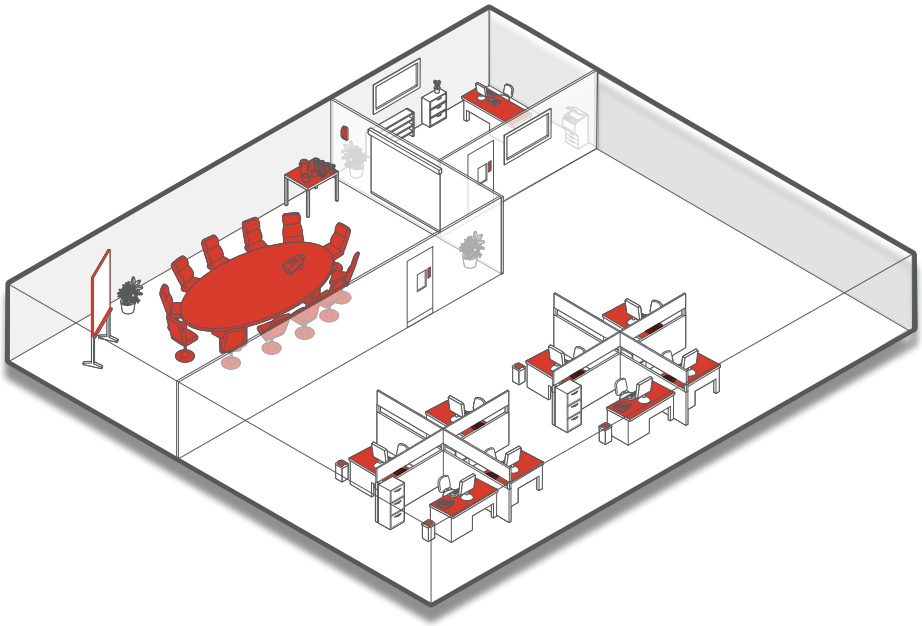
- door handles
- switches
- dispensers, paper towel holders
- bathroom handles, toilet flush, shower control, taps
- toilet seats, splash walls

Key touchpoints:



Kitchen / Cafeteria

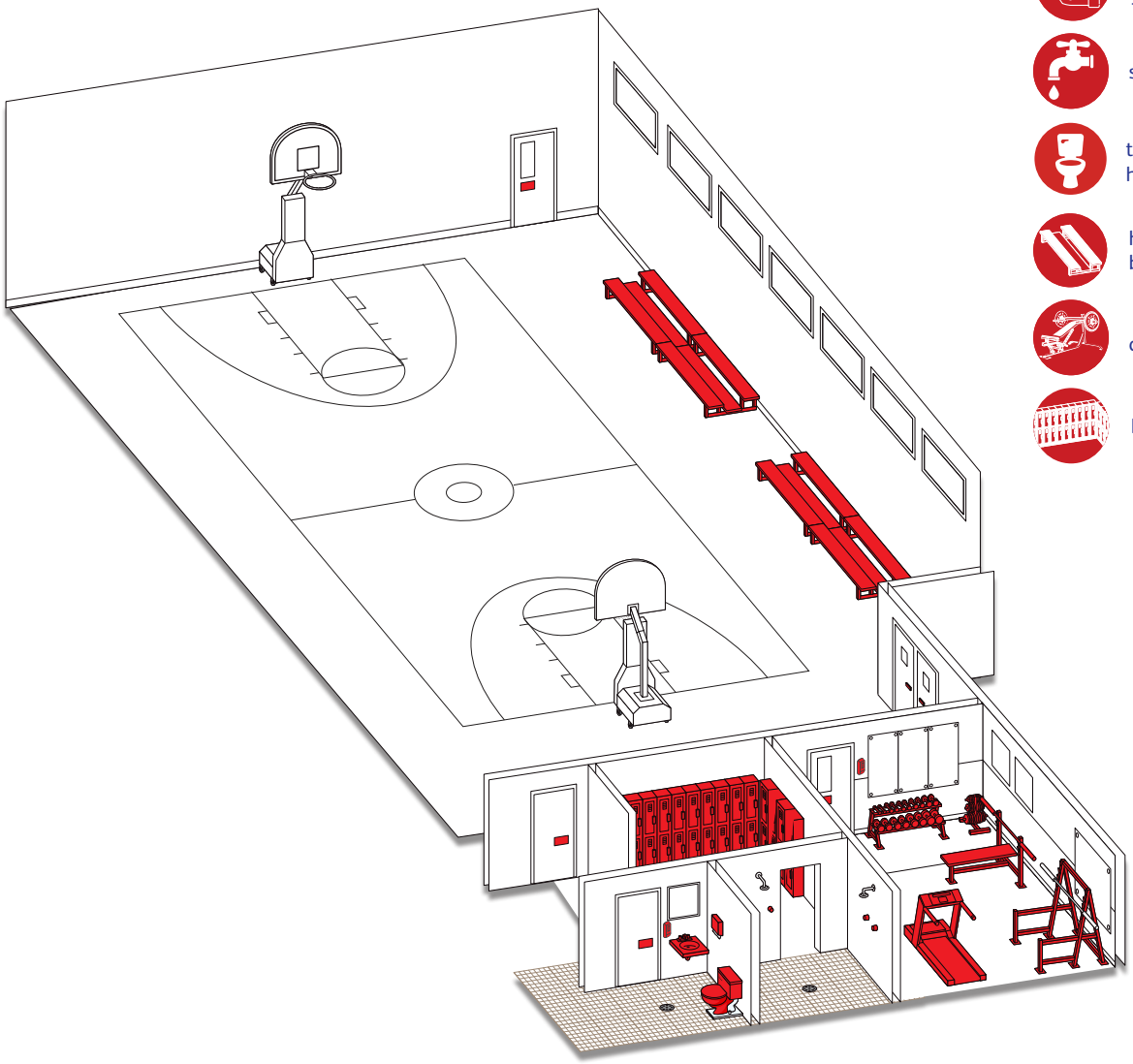
- door handles
- switches
- dispensers
- food contact surfaces
- hand contact areas
- taps
- utensils
- chairs
- table tops
- sneeze guards



Offices / Conference Areas:

- telephones / computers / printers
- desks
- switches
- door handles
- metal surfaces

Key touchpoints:



Athletic Facilities

- door handles
- switches
- dispensers
- food contact surfaces
- sinks, shower handles
- toilet seats and flush handles, splash walls
- hard surface benches / chairs
- athletic equipment
- locker exterior

Essential areas to focus on during an outbreak

1. Apply correct hand hygiene methods

Hand washing: To wash your hands effectively, wet them, apply soap, lather it fully and rub your hands together for at least 20 seconds. Then rinse all the soap off and dry them fully with a paper towel. To make sure you have washed every part of your hands we recommend you follow this illustration.

Hand rubbing: To sanitize your hands apply 3 mL of approved hand rub (minimally 60% alcohol) and rub them for 30 seconds. Do not rinse or dry the hands, the hand rub will evaporate.

These charts can be found at the website link below, under "Recommended Practices for Hand Hygiene":

https://diversey.com/en/solutions/infection-prevention/outbreak-prevention/sars-cov-2-coronavirus-and-covid-19-disease

2. Cleaning and disinfection of hard surfaces during outbreaks

Please use your standard procedures, otherwise follow these generic guidelines.

Use approved products with the correct dosing for disinfection of hard surfaces!

1. Pre-soak a disposable cloth with cleaner or disinfectant and remove gross soil (if necessary), then place in plastic bag for disposal.
2. Clean surface with a disposable cloth pre-soaked with a cleaner or disinfectant, then dispose in a plastic bag.
3. Spray the disinfectant liberally onto surface and spread with a disposable cloth making entire surface wet with the cleaner or disinfectant. Dispose of cloth into plastic bag.
4. Allow the disinfectant to act for the necessary surface contact time. Rinse if required.
5. All soiled materials and protective clothing must be deposited into a clinical waste bag and disposed as contaminated material.
6. Wash hands thoroughly for at least 20 seconds using hand soap.

Speak to your Diversey representatives for materials.

3. Cleaning up blood and other body spillages

Please use standard operating procedures. If absent use this general advice instead.

When exposed to blood or other body fluids, please use below general guidelines:

1. Assess the size of the spill and determine whether to treat as a large spill or a small spill.
2. Perform hand hygiene and put on appropriate Personal Protective Equipment (PPE) to prevent bloodborne pathogen exposure during decontamination, including disposable latex, vinyl, or nitrile gloves, fluid resistant gowns with sleeves, face masks and eye covering (goggles or face shield).
3. Note that for certain disinfectants or if there is a risk of splashing during the cleanup, additional PPE may be required. Refer to the SDS for the disinfectant for additional information.
4. Perform one of the following procedures for small spill or large spill surface decontamination.
5. Remove PPE, dispose of PPE appropriately, and perform hand hygiene.

Small spills

1. Wipe up a small blood or body fluids spill with paper towel or similar disposable absorbent material. Discard in red bag (bio-hazard) trash.
2. Clean the surface using an appropriate cleaner or cleaner/disinfectant to remove all of the gross soil and any blood or body fluids residues. Cleaning cloths used in blood or body fluids decontamination should be treated as contaminated and laundered or disposed of appropriately.

3. Disinfect the surface with a registered disinfectant that contains a bloodborne pathogen claim and apply according to the directions on the label. Ensure surfaces stay wet for the contact time of the disinfectant, reapplying the disinfectant if needed to keep the surface wet for the full contact time. Cleaning cloths used in blood or body fluid decontamination should be treated as contaminated and laundered or disposed of appropriately.

4. Once the contact time of the disinfectant has lapsed and the surface has air dried, the surface can be returned to normal use.

Large spills

1. Absorb and/or wipe up blood or body fluids or other organic material with paper towels, absorbent granules, or similar material. Discard in red bag (bio-hazard) trash.
2. Clean the surface using an appropriate cleaner or cleaner/disinfectant to remove all of the gross soil and any blood or body fluids residues. Cleaning cloths used in blood or body fluids decontamination should be treated as contaminated and laundered or disposed of appropriately.

3. Disinfect the surface with a registered disinfectant that contains a bloodborne pathogen claim and apply according to the directions on the label. Ensure surfaces stay wet for the contact time of the disinfectant, reapplying the disinfectant if needed to keep the surface wet for the full contact time. Cleaning cloths used in blood or body fluid decontamination should be treated as contaminated and laundered or disposed of appropriately.

4. Once the contact time of the disinfectant has lapsed and the surface has air dried, the surface can be returned to normal use.

Diversey has been, and always will be, a pioneer and facilitator for life. We constantly deliver revolutionary cleaning and hygiene technologies that provide total confidence to our customers across all of our global sectors.

Diversey is headquartered in Fort Mill, SC, USA. For more information, visit www.diversey.com or follow us on social media.

www.diversey.com