Safe at Work: COVID-19
Healthcare Toolkit
You, as healthcare professionals, are facing an unparalleled crisis with the COVID-19 outbreak. You are focused on providing quality care despite the shortage of personal protective equipment (PPE) along with the volume and severity of patients seeking treatment. Meanwhile, cleaners and environmental services (EVS) staff are also on the front lines helping stop the spread of this deadly infectious disease.

As the leading global professional hygiene brand, we’re here to help. We’re here to support you by providing essential information, tools and solutions that can help keep you and those in your care as safe as possible during this pandemic. We hope you find the information in this toolkit both relevant and useful.

Thank you for your efforts on the front lines of this crisis, and we hope that you and your colleagues stay safe throughout these challenging times.

Sincerely,

Tom Bergin
Marketing Director – Healthcare
Essity Professional Hygiene
As the number of COVID-19 patients continues to rise, healthcare systems around the world are under significant stress. Most people who develop COVID-19 recover after experiencing only mild symptoms. But as COVID-19 is a viral infection, patients with the disease are at risk of developing serious syndromes such as sepsis, which can lead to severe illness and even death.

Following proper hand hygiene protocols, routine cleaning and disinfecting procedures, and optimizing dispenser placement can help reduce the spread of the virus that causes COVID-19 in your healthcare facility and prevent sepsis. This toolkit provides the resources you need to help you reinforce those best practices in your healthcare facility during this outbreak and beyond.

Clinical syndromes associated with COVID-19

- **Mild illness**
  Non-specific symptoms such as fever, fatigue, cough, muscle pain, sore throat, dyspnea, nasal congestion or headache

- **Pneumonia**
  A form of acute respiratory infection that affects the lungs

- **Severe pneumonia**
  Severe cases of pneumonia often require hospitalization

- **Sepsis**
  Life-threatening organ dysfunction

- **Septic shock**
  Significant drop in blood pressure that can lead to respiratory or heart failure, stroke, failure of other organs and death

**Sepsis prevention**
For more information and resources about the importance of hand hygiene and wound care in reducing sepsis in your healthcare facility, visit our “Sepsis Prevention” resource page.

Learn more
Hand hygiene

As new and former healthcare workers are entering the workforce to meet increased demand, it's more important than ever to reinforce proper hand hygiene to control the spread of infectious diseases like COVID-19.

They should use hand sanitizers or wash their hands with soap and water according to the World Health Organization's "My 5 Moments for Hand Hygiene" approach. Some key moments to perform hand hygiene during the COVID-19 outbreak include:

• before and after all patient contact
• contact with potentially infectious materials
• before putting on and after removing personal protective equipment (PPE)

If their hands are visibly soiled, they should wash their hands with soap and water.

You should ensure that hand hygiene supplies are readily available to all personnel in every care location. Below are also some resources to reinforce proper hand hygiene techniques with new healthcare staff members.

Resources
### WHO’s 5 moments of hand hygiene for healthcare staff

1. **Before touching a patient**
   
   In order to reduce patient exposure to being colonized with healthcare-associated microorganisms, hand hygiene must take place before touching a patient or entering the patient zone. The patient zone contains the patient and his/her immediate surroundings, including surfaces touched by the patient (such as the bed rails, infusion tubing) and surfaces frequently touched by staff (such as monitors, knobs and buttons).

2. **Before a clean/septic procedure**
   
   Before performing a clean/septic procedure, hand hygiene is critical to preventing healthcare associated infections (HAI). Hand hygiene should take place between the last exposure to a surface and immediately before access to a critical site with infectious risk for the patient or a critical site with combined infectious risk.

3. **After body fluid exposure risk**
   
   After performing a task associated with a risk to exposing hands to body fluids, hand hygiene must take place instantly and before a new hand-to-surface exposure, even if you stay within the patient zone. This action reduces both your risk of being colonized or infected by infectious agents and the risk of transmitting microorganisms from a "colonized" to a "clean" body site within the same patient.

4. **After touching a patient**
   
   After touching the patient and before touching an object in the area outside of the patient, hand hygiene is important to minimize the risk of dissemination to the healthcare environment. This action also protects you by significantly reducing the contamination of your hands with flora from the patient.

5. **After touching patient surroundings**
   
   The final moment for hand hygiene occurs between hand exposure to a surface in the patient zone and a subsequent hand exposure to a surface in the area outside of the patient - but without touching the patient. Hand hygiene is required at this moment, since exposure to patient objects, even without physical contact with the patients, is associated with hand contamination.

Source: [World Health Organization, My 5 Moments of Hand Hygiene, 2009](https://www.who.int/infection-prevention-hand-hygiene/5-moments)
Routine cleaning and disinfecting procedures are appropriate for the virus that causes COVID-19, so ensure these procedures are followed consistently and correctly, especially for high-touch surfaces such as:

- Overbed tables
- Floors
- Hospital bed rails
- Bedside tables
- Chairs
- Door handles

Managing laundry, foodservice utensils and medical waste should also be performed following routine procedures. EVS personnel play an important role in helping to stop COVID-19 infections from spreading by working with colleagues, prioritizing areas of risk, and following guidelines for cleaning and disinfecting.

When caring for patients with known or suspected COVID-19, dedicated medical equipment should be used. Any non-dedicated, non-disposable medical equipment used should be cleaned and disinfected according to manufacturer instructions and facility policies.

Below are some tools and guidelines to help you ensure that your healthcare facility remains hygienic to reduce the spread of the COVID-19.

**Resources**

- CDC Environmental checklist for monitoring terminal cleaning
- Best practices for environmental cleaning in healthcare facilities
- Comprehensive hospital preparedness checklist

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Dispenser placement

As more temporary hospitals are either newly constructed or repurposed from existing buildings to treat COVID-19 patients, we have an opportunity to reinforce proper hand hygiene in these facilities through optimal dispenser placement. Studies show that optimizing dispenser placement can increase usage by more than 50%, and that merely increasing the number of dispensers has a smaller impact on usage than keeping the same number of dispensers but making them more prominently visible. Here are some guiding principles for areas commonly found in hospitals, based on both Tork-sponsored research and independent findings from independent academic studies.

Hospital entrance

Many visitors do not clean their hands when entering the hospital. Giving easy access to and info about hand hygiene could potentially have great benefit.

Traditional private patient room

1. Placing dispensers on “walking-routes” or at a site where care is frequently provided results in more usage.
2. Dispensers should not be out of the way, behind another object or out-of-sight

Semi-private patient room

1. This type of room requires more than one dispenser.
2. Familiar locations eliminate need to look for dispenser. In one observational study dispensers located near the sink and at the entrance to the room were used more frequently than dispensers at the rear of the room.
3. Perform a work-flow study to see where the “high-traffic” areas of the room are as well as where health care workers are standing when one of the 5 moments occurs.
4. In addition to high traffic, take extra care to see where healthcare workers moves between patients.

Nurse station

1. An observational study showed that dispensers located at the nursing station were used more frequently than dispensers placed on the wall behind patient beds.
2. Place dispensers in walking corridors for use on the go.