



# Guideline to the Hotel Re-opening

March 2020

# Contents

- Introduction
- Standard Elements of IP for Re-opening
- IP Concerns for Hospitality
- Outbreak Prevention Facility Audit
- Self examination of staff
- Assessment of staff health
- Re-opening Cleaning and disinfection Checklist
- High Touch Surfaces Indication
- Standard and Enhanced Practice
- Proper Use of Disinfectants and Standardization
- Hygiene Laundry Linen Guidelines
- BBF Cleaning Procedures
- Core Area





# Introduction

Diversey considers it to be best practices to have detailed room cleaning instructions, and shared with the hotels at the beginning of the outbreak.

With the improvement of the epidemic situation, the hotels has begun to resume work. Based on this, we provide some general professional recommendations which involve of the standard elements of infection control, standard operation of hotel cleaning, and self-examination of hotel staff, and also focus on the cleaning and disinfection for the key areas of the hotel.

The recommendations for task frequency are based on Diversey's best practice recommendations. A facility may choose to increase or decrease the frequency based on their tolerance for risk, which would impact their risk assessment







# Standard Elements of an Infection Prevention Program for Re-opening

Shown below is a list of elements to be included in an Infection Prevention program. This list was developed with non-Healthcare facilities in mind and would apply broadly to Hospitality facilities.

## A. Preparation/Risk Assessment.

The best Infection Prevention programs are developed before a time of crisis. Having a team that meets regularly and is empowered to make decisions for the facility is critical in identifying potential gaps in how the facility would respond to specific challenges, such as an outbreak of Influenza, Ebola, or MERS. After a facility risk assessment, the team should make recommendations, which may include modifications to facilities, such as adding handwashing stations or additional storage for Infection Prevention supplies which may be needed. These modifications take time, thus the need to plan before an outbreak. These modifications take time, thus the need to plan before an outbreak. The recommendations may also include having an extra supply of materials to be used for outbreaks.

## B. Communication Materials

If a Hospitality facility wants their customers/guests to perform certain behaviors, such as using alcohol hand rubs, having prepared signs and other communication materials are helpful in gaining compliance and having a professional appearance to the materials. When outbreaks occur, additional materials may be displayed telling guests and staff what Infection Prevention behaviors are desired.

## C. Stock Supplies

Diversey recommends supply levels should be set to provide 2-4 weeks of inventory of needed materials for routine use and 6-8 weeks of supply during outbreaks. When an outbreak occurs or there is a new pathogen of concern, knowing in advance what supplies will be needed and what the lead time is will help the facility be prepared. This can include cleaners, disinfectants, hand hygiene products, disposable wipers, paper towels, trash bags, toilet paper, extra garbage pickups, bottled water, gloves, gowns, masks, etc. The planning process should identify what is expected to be needed and how much additional to order.

## D. Hand Hygiene

The simplest most cost effective way to prevent the spread of pathogens is by frequent hand hygiene. Studies done in Healthcare demonstrate that access to hand hygiene is the best predictor of whether people will perform it frequently. The risk assessment should identify opportunities for staff and guests to perform hand hygiene and the materials needed to make hand hygiene convenient for them to perform.





# Standard Elements of an Infection Prevention Program for Re-opening

## E. Surface Cleaners/Disinfectants.

Since clean hands that touch dirty surfaces negates the value of hand hygiene, having and using regularly a proper range of cleaners, disinfectants, and cleaning tools (cleaning cloths, spray bottles, etc.) is an important part of daily operation and preparation for an outbreak. While it may be necessary to change cleaning/disinfection products or increase the amount of cleaning being performed in the event of an outbreak or a new pathogen of concern, the preference is to not require changes during outbreaks to minimize confusion for staff.

## F. Cleaning Practices, Standards and Schedules.

All Hospitality facilities should have standard cleaning practices. These practices should detail the materials needed, the methods to use in cleaning, and the surfaces or equipment to be cleaned/disinfected. In the event of outbreaks or a new pathogen of concern, the planning process should identify how much the frequency will be increased or otherwise modified if this is desired to appropriately manage risk. Checklists and other work management tools should clearly identify what is expected of staff. Cleaning should include standard recommendations such as:

- a. Maintain a constant flow in a room to avoid contamination of cleaned surfaces.
- b. Perform hand hygiene before and after cleaning a room and when moving in/out of certain high risk areas, such as the bathroom.
- c. Use PPE both to protect the worker from the chemicals (if appropriate) and to protect the worker from pathogens in the environment.

## G. Personal Protective Equipment (PPE).

Workers may need gloves, gowns, masks, and eye protection depending on the pathogens of concern. As with other elements of the facility plan, this should be considered in advance so that there are no questions around the use of the PPE when performing routine cleaning or for blood and body fluid cleanup. Workers will need training in how to use the PPE including correctly donning and taking off the PPE and doing hand hygiene before and after use of the PPE.

## H. Vaccinations.

Where possible, providing and/or requiring employee vaccinations helps protect the staff and prevent transmission of pathogens to guests/customers. Healthcare facilities in many countries are moving in the direction of requiring their employees to have annual Influenza vaccinations. We encourage this in other sectors as well where practical.

## I. Compliance Monitoring.

Many Healthcare facilities have programs to monitor hand hygiene, surface cleaning, and PPE usage compliance. In this way, they hold themselves accountable not just for having the policies, but for following them as well. Hospitality facilities should consider the use of compliance monitoring to ensure staff are performing as expected.



# Environmental Infection Prevention Concerns for Hospitality

We can visualize Infection Prevention requirements for public facilities on a continuum, with any specific facility moving up or down the continuum as they respond to the expectations of their customers, their management, the general public, their regulatory authorities, and the impact of the media. Reasons why Hospitality facilities have higher needs than other public facilities include:

- 1. Time spent in the facility.**  
Guests in a hotel will spend 8-12 hours per day in the facility, most of it in the same areas (guest room, restaurant, bar, lobby, and fitness center) versus other public facilities (bar, restaurant, gas station, or government building) where the public visits briefly. Many Hospitality guests spend several days at the same property, creating more opportunities for infection to occur and transmission to other guests.
- 2. Guests come from a broad geographic area.**  
Many hotels in large cities have international guests, increasing the risk of a wider range of pathogens coming into the facility to be addressed. Past outbreaks, including SARS in 2003 in Hong Kong and Canada, started in a hotel with a visitor from outside the country, which then caused the pathogen to spread outside the hotel to other areas in that country.
- 3. Lack of hand hygiene.**  
Few Hospitality properties have hand hygiene facilities broadly available to the guests and staff, making it more likely for guests and staff to contaminate their hands and cross-contaminate other people or surfaces.
- 4. Frequent contact with surfaces capable of transmitting pathogens.**  
The use of high touch surfaces, such as door knobs, light switches, TV remotes, chair arms, table tops, telephones, sink handles, toilet seats and flush handles, and shower controls all receive multiple touches from guests in the course of their time in a hotel. These touches may repeat on a daily basis for the duration of the guest's stay.







# Outbreak Prevention Facility Audit

## Introduction

The risk of pathogens infecting the general public is an ever present and serious risk for all public facilities and preventing the transmission of disease is an ongoing part of a facility's risk management practice. In the event of an outbreak/epidemic, Healthcare facilities are well prepared to deal with the disease and do not generally have to change their practices. Even in a pandemic outbreak, Healthcare will have the policies in place to deal with the increase illness. However, for non-healthcare facilities, since Infection Prevention isn't as strong a concern on a consistent basis, they may lack the knowledge and resources to determine the implications for their facility in the event of an outbreak/epidemic, pandemic, or new pathogen of concern.

This document was developed to provide a simple tool to assist non-healthcare public facilities in assessing their environmental infection prevention preparedness for an outbreak. While it does not cover all elements of an outbreak plan that could potentially be relevant, such as interruption of power, drinking water, food, sewer, and trash pickup, or labor issues, such as not having enough healthy staff to operate, these considerations may prevent the facility from operating, whereas the recommendations in this guide are designed to look specifically at environmental infection issues assuming the facility can otherwise be operational.

## How to use this tool

The back of this document contains a list of areas that should be considered in performing an audit of outbreak preparedness. After completing the self-audit, total the score to compare to the ranges provided.





# Checklist

		CIRCLE ONE		
<b>1. Risk Assessment Planning</b>		0	1	2
<ul style="list-style-type: none"> <li><b>Low functioning:</b> No outbreak preparation team, no written plans for the facility.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>Moderate functioning:</b> Outbreak preparation team identified, but does not include all relevant departments, does not meet regularly, or not empowered to make changes to the facility that would require capital. If a plan exists, it does not identify anticipated supplies for an outbreak.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>High functioning:</b> Outbreak team includes all relevant departments, can make changes to the facility, and is empowered to drive change within the facility. Outbreak plan has detailed list of supplies and quantities expected to be required for outbreak response.</li> </ul>		0	1	2
<b>2. Environmental Hygiene Plan</b>		0	1	2
<ul style="list-style-type: none"> <li><b>Low preparedness.</b> Current facility hygiene plan contains little documentation, is not updated regularly, provides no formal training for employees, and plans for outbreak do not specify any changes needed to hygiene plan.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>Medium preparedness.</b> Current facility hygiene plan has some documentation, but gaps exist in the plan, its training, and requirements for an outbreak.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>High preparedness.</b> Current facility plan is updated regularly, is highly detailed, and is part of employee training. Documentation of employee training exists. Changes required for outbreaks already identified by pathogen or syndrome (acquired through shedding, respiratory, gastrointestinal, etc).</li> </ul>		0	1	2
<b>3. Stock Extra Supplies</b>		0	1	2
<ul style="list-style-type: none"> <li><b>Low preparedness.</b> No clear direction for supplies that may be needed in an outbreak.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>Medium preparedness.</b> List of supplies needed exists, but gaps identified in quantities or relationship to pathogen syndrome.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>High preparedness.</b> Detailed list of required supplies identified with quantities and variations related to pathogen syndrome also clearly identified.</li> </ul>		0	1	2
<b>4. Training for Staff</b>		0	1	2
<ul style="list-style-type: none"> <li><b>Low preparedness.</b> Lack of training and/or documentation of training for proper cleaning process, use of personal protective equipment, blood and body fluid cleanup. Minimal or no training materials available for staff.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>Medium preparedness.</b> Some training materials available or some formal training conducted, but gaps identified that could contribute to performance issues.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>High preparedness.</b> Written training materials in place for proper cleaning process, use of personal protective equipment, and blood and body fluid cleanup. Staff have personal copies of training and documentation that they have been trained in all practices.</li> </ul>		0	1	2
<b>5. Visitor/Guest Communication Materials</b>		0	1	2
<ul style="list-style-type: none"> <li><b>Low preparedness.</b> No visitor or guest materials about hand hygiene, respiratory hygiene, vaccination, or other reminders in the event of an outbreak.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>Medium preparedness.</b> Limited materials available, but clear gaps in placement or topics that would prevent an appropriate education.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>High preparedness.</b> Range of materials available for visitors/guests across all relevant educational areas and in a variety of communication formats.</li> </ul>		0	1	2
<b>6. Hand Hygiene</b>		0	1	2
<ul style="list-style-type: none"> <li><b>Low preparedness.</b> There are few hand wash stations, and no located outside the toilet. Alcoholic hand sanitizers are rarely or not used.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>Medium preparedness.</b> There have hand washing station outside the toilets in public areas, but the use of hand sanitizers and hand gel disinfectants has a problem of insufficient maintenance.</li> </ul>		0	1	2
<ul style="list-style-type: none"> <li><b>High preparedness.</b> All public areas have hand wash stations. Hand gel disinfectants are easily available for use in the public places.</li> </ul>		0	1	2
<b>TOTAL SCORE</b>				





# Checklist

<b>7. Blood and Body Fluid (BBF) Cleanup</b>	0	1	2
• <b>Low preparedness.</b> Handwashing stations located infrequently, not outside restrooms, and little to no use of alcohol hand gel.			
• <b>Medium preparedness.</b> Handwashing stations in some public areas outside of restrooms, but gaps identified where hand- washing or hand gel cannot easily be performed in public areas.	0	1	2
• <b>High preparedness.</b> Handwashing stations available in all public areas. Hand gel available frequently in public areas.	0	1	2
<b>8. Respiratory Hygiene</b>	0	1	2
• <b>Low preparedness.</b> No signage of proper respiratory hygiene. Tissues and trash cans not generally available in public areas.			
• <b>Medium preparedness.</b> Some signage and access to tissues/trash in public areas, but gaps identified in which areas have signage and access and which do not.	0	1	2
• <b>High preparedness.</b> Widespread use of communication materials, especially during cold and flu season. Tissues and trash available broadly through all public areas.	0	1	2
<b>9. Staff Personal Hygiene</b>	0	1	2
• <b>Low preparedness.</b> Little attention paid to coaching staff on bathing, uniform cleanliness, hand hygiene, vaccinations, and other hygienic behaviors. No willingness to hold employees accountable for significant breaches in behavior.			
• <b>Medium preparedness.</b> Some attention paid to these topics, but clear gaps identified. Some willingness to hold employees accountable for personal hygiene behaviors.	0	1	2
• <b>High preparedness.</b> Part of the employee's training and HR policies is an adherence to specific personal hygiene behaviors required. Willingness to hold employees accountable for significant breaches in behavior.	0	1	2
<b>10. Vaccinations</b>	0	1	2
• <b>Low preparedness.</b> No attention paid to vaccinations and annual influenza vaccination. Facility does not provide free influenza vaccinations each year for staff.			
• <b>Medium preparedness.</b> Some attention paid, but gaps identified in accountability to maintain current vaccinations. Facility may provide access to low cost influenza vaccinations, but are not required or are not free for employee.	0	1	2
• <b>High preparedness.</b> Employees are required to keep an identified list of vaccinations current and free influenza vaccinations are provided to all employees (unless valid objection exists).	0	1	2
<b>11. Personal Protective Equipment (PPE)</b>	0	1	2
• <b>Low preparedness.</b> Little documentation and required training on when to use PPE and how it changes by situation.			
• <b>Medium preparedness.</b> Some documentation exists, but gaps identified in which PPE to use, when to use it, or training and documentation. Little to no proof of competence used.	0	1	2
• <b>High preparedness.</b> Clear documentation and training on PPE to use and when to use it. Proof of competence required as part of training. Auditing of use performed.	0	1	2
<b>12. Compliance Monitoring and Auditing</b>	0	1	2
• <b>Low preparedness.</b> No formal auditing program of compliance in cleaning practices, PPE usage, hand hygiene, etc.			
• <b>Medium preparedness.</b> Some formal auditing, but gaps identified, such as infrequency of audits, only using visual audits for cleaning compliance, etc.	0	1	2
• <b>High preparedness.</b> Formal auditing on a specified schedule that include measurements of cleaning, multiple auditors, variation in method of determining compliance, etc.	0	1	2
<b>TOTAL SCORE</b>			

GRAND TOTAL

After completing the self-rating above, add your score and compare to the scale below.

- 0-9 points. Weak preparedness. Outbreaks will be highly disruptive to the facility. Significant opportunities to improve.
- 10-14 points. Low preparedness. Outbreaks will be disruptive to the facility. Significant opportunities to improve.

- 15-19 points. Medium preparedness. Outbreaks will cause some disruption. Some opportunities to improve.
- 20-24 points. High preparedness. Outbreaks will cause minimal disruption. Limited areas to improve.

Please see your local Diversey representative for support in improving your outbreak prevention preparedness and call Diversey's Customer Service with any questions.

# Self examination of staff

## Feeling sick? Should you be at work today?



It is up to you to protect our guests, and each other, from infectious diseases. Is it safe for you to start work today?

Before reporting for work, talk with your supervisor if you have ANY of these symptoms.

**You may have a gastrointestinal illness or stomach bug (and should not work) if you have**

- Unexpected vomiting (in prior 24 hours)
- Diarrhea (2 or more episodes of runny or liquid stool (poop) in prior 24 hours)
- Jaundice (yellowing) of the eyes or skin

Foodborne illness is common. If you think you may have been exposed to someone infected with the big 5 foodborne pathogens (Shigella, E. coli, Salmonella, Hepatitis A, or Norovirus) or may be getting any of these symptoms, talk with your supervisor before reporting to work.

Skin infections usually begin with a cut or puncture to the skin. Tenderness/pain, swelling, redness of skin, and the skin being hot to the touch are typical symptoms. If the skin infection can be covered and the fluid leakage contained by bandages, and you have no fever (temperature), it may be safe to work. Check with your supervisor.

The main cold and flu season is from October to March. You have a much higher risk of being exposed to people with colds and flu during this period and should talk with your supervisor before work if you think you are getting a respiratory illness.

**You may have a respiratory illness or bad cold (and should not work) if you have**

- Sore throat with Fever over 99.1° F (37.3°C)
- Coughing, sneezing, or wheezing with runny nose

**You may have another communicable (spreadable) illness if you have**

- Unusual tiredness (malaise) which may include body aches and/or headaches
- Dizziness and/or headache or body aches
- Fever or temperature over 99.1° F (37.3°C)
- Pink eye or goopy discharge from eye
- Fluid drainage from a cut in the skin which may be yellow/green and foul smelling
- Infected sores (often yellow/green color with swollen, red, itchy skin)





# Should you be at work today?

A cartoon illustration of a man with brown hair, wearing a grey suit, white shirt, and blue tie. He has a distressed expression with closed eyes and a frown. His forehead is covered in a grey bandage with three vertical lines, and sweat droplets are visible on his face. He is holding his hands clasped in front of him. To the left of his hands are three orange lightning bolt symbols, indicating a headache or stress. The word 'Health' is partially visible in blue text at the top left.

- 1: The employee vomited once last night, but has not vomited this morning and shows no other symptoms of being sick.
- 2: The employee's eyes appear to have developed a yellow color over the weekend. They feel a bit tired, but otherwise do not appear to be sick.
- 3: The employee's eyes are puffy and their nose is runny, but they do not have a fever or sore throat.
- 4: The employee has a sore throat and fever of 99.1°F (37.3°C) , but is not coughing or sneezing.
- 5: The employee had diarrhea last night and in the morning before reporting to work, but otherwise does not have symptoms.
- 6: The employee has a cut on their hand that can be covered with a bandage, but there is liquid from the cut saturating the bandage. The area around the cut is red and swollen and the area inside the cut is yellow and crusty. The skin is hot to the touch.
- 7: The employee felt fine when they reported for work, but had to leave their station for the bathroom and when they return, they state that they vomited and had diarrhea while in the bathroom.
- 8: The employee has coughed several times since the start of their shift, but is not coughing phlegm, does not have a fever or sore throat, and otherwise feels normal.
- 9: The employee was out drinking the night before and complains of a dry scratchy sore throat. They have coughed several times, but are otherwise not showing signs of being sick.
- 10: The employee says their spouse is sick with the flu, but the employee is not showing any symptoms of having the flu themselves.

[illegible]



## Answers:

	SICK	NOT SICK
<b>1: Not sick.</b> This employee may have vomited for a number of reasons that have little to do with foodborne illness and as long as they do not show other symptoms and do not vomit again, they should be allowed to work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2: Sick.</b> Yellow eyes or skin are a sign of Hepatitis A infection and the employee should not be allowed to work until they have been evaluated by a physician.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3: Not sick.</b> Not sick, but more questionable. A runny nose can signal a respiratory infection, but a lack of fever or sore throat likely means they have allergies or a type of allergic reaction. They can be allowed to work, but should be monitored to ensure they do not transfer respiratory secretions and should be expected to follow good respiratory hygiene practices (use of a tissue to blow their nose, scrupulous hand washing after blowing their nose, covering their nose/mouth with their elbow when coughing or sneezing). Consider restricting the employee from food preparation until their symptoms resolve.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4: Sick.</b> Fever over 99.1°F (37.3°C) and sore throat indicates the start of a cold or flu or what could be some other infection. Any employee with a high fever should see a physician and stay away from work for at least 24 hours after the fever stops (without needing medicine to control the body temp).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5: Sick.</b> While the employee may not feel very sick, more than one instance of diarrhea in a 24 hour period indicates a gastrointestinal infection (stomach bug) and they should not be allowed to work for at least 24 hours after the diarrhea stops.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6: Sick.</b> The cut is likely infected and they need to see a physician to determine if they need antibiotics. Even if the bandage can contain the drainage, the bandage is likely to become saturated and start to drip at some point during the day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7: Sick.</b> Foodborne illness can have a sudden onset and this worker should be sent home. Also the bathroom they used (stall, sink, and other touch surfaces) and the station they were working at should be immediately cleaned with disinfectant to ensure they don't infect someone else. Some foodborne illnesses are highly contagious, so monitor other employees to see if they develop symptoms of illness as well.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8: Not sick.</b> Coughing is a common reaction to many things. As long as they are using good respiratory hygiene, and are using hand sanitizer/soap and water and tissues as needed, they can be allowed to work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9: Not sick.</b> The employee most likely is dehydrated and should drink several glasses of water. If they start to feel sick, develop a fever or start coughing up phlegm, they should be reassessed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10: Not sick.</b> If the employee does not have symptoms, they can be allowed to work. However they should be monitored to see if they develop symptoms of illness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## How did you do?

**1-3 correct** New to the role. You will want training on how to determine when workers are too sick to work.

**4-6 correct** Needs additional training. You will want refresher training on how to determine when workers are too sick to work.

**7-9 correct** Excellent. You may want to review the questions you got wrong, but otherwise you are highly knowledgeable.

**10 correct** Superstar. You are ready to be a trainer.





# Re-opening Cleaning Checklist

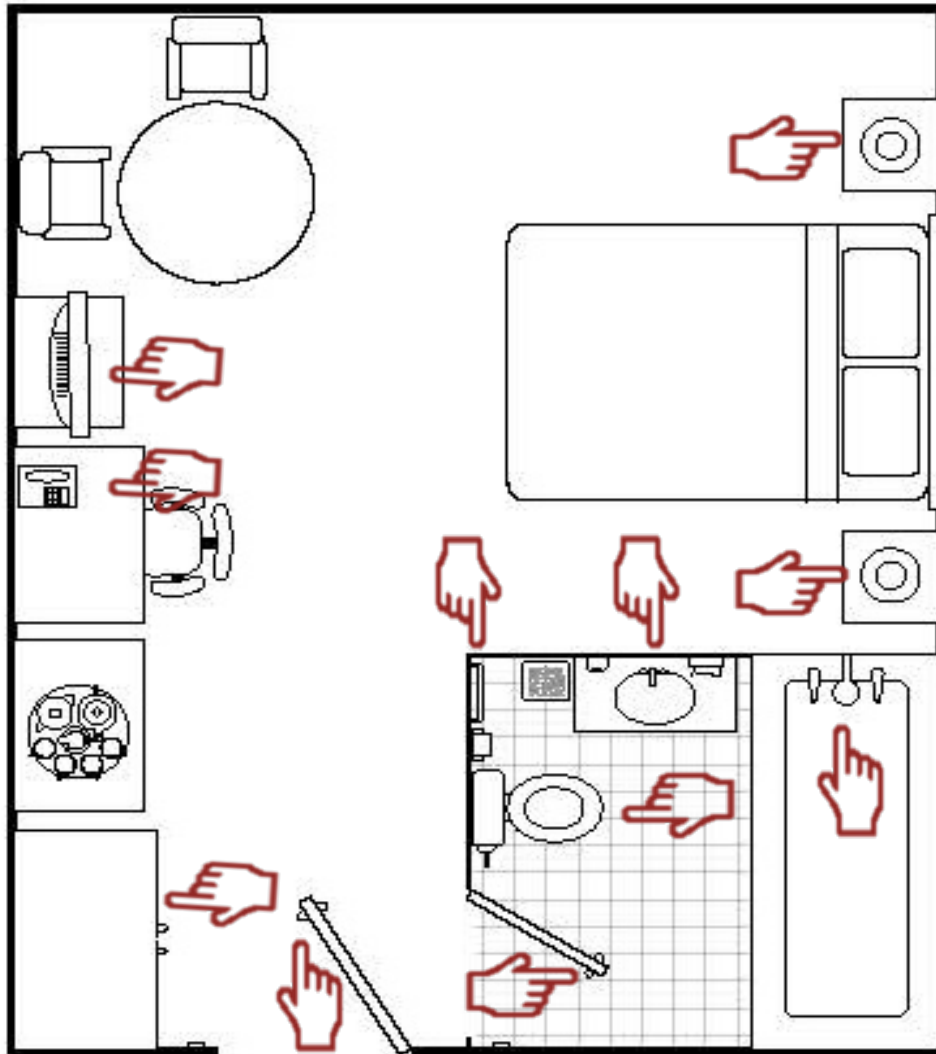
Steps	Elements	YES	NO	N/A
1: Prepare for cleaning	Gather all needed supplies			
	Perform hand hygiene			
	Note Precautions signs; put on appropriate Personal Protective Equipment			
	Put cleaning notice sign near room entrance			
2: Remove	Empty waste receptacles			
	Contain and remove any soiled linen, being careful not to agitate.			
3: Dust	Dust surfaces			
4: Visible Soil Removal	Clean and remove all visibly/heavy soil, carefully containing/disposing of cloths			
5: Guest Room: Disinfect Contaminated and all High Touch Surfaces (HTS) in the bed area and room entrance. Make note of Norovirus dwell time on the disinfectant and plan accordingly	Room door knob/handle and push plates (inside and out) and door surfaces			
	Room light switch			
	Call box/button and cords			
	Bedside cabinet, other furniture and countertops/window sills			
	Telephone, TV remote control, entertainment system			
	Chairs			
	Wall mounted hand soap/sanitizer dispensers A/C controls etc (if present)			
	Remove gloves, perform hand hygiene, and re-glove before cleaning the bathroom			
6: Bathroom: Disinfect contaminated and all of the HTS in the restroom, doing the toilet last. Make note of dwell time for Norovirus	cleaning other surfaces			
	Bathroom door knob/handle			
	Bathroom light switch			
	Bathroom sink, faucet and faucet handles, mirror, vanity, and exposed plumbing			
	Dispensers for towels, soap, sanitizer, etc.			
	Shower/tub (if present)			
	Hand rails near toilet			
	Bathroom pull cord			
	Wall area behind toilet, toilet base and floor near toilet			
	Toilet flush handle			
	Toilet bedpan cleaner			
	Toilet seat and bowl			
	Remove gloves, perform hand hygiene and re-glove			
7: Replace as Needed	Refill disposables (paper towels, hand soap/sanitizer, toilet tissue) and reline trash			
	Soiled curtains and any contaminated disposables in the room			
	Pillows, mattresses, pillow covers, mattress covers			
8: Make Bed	Make bed with fresh linens, ensuring the mattress is dry			
9: Inspect	Ensure room is properly cleaned and disinfected, and no areas were missed			
	Furniture properly arranged			
	Report anything that is not working properly			
10: Clean Floor	Mop/vacuum the floor in guest room, finish at the door			
Prepare to Exit	Remove PPE before exit. Dispose/contain properly to avoid cross-contamination			
	Discard all linens and cloths to contain until they can be properly laundered.			
	Perform hand hygiene			



# High Touch Surfaces Indication

## Cleaning and Disinfecting

### Disinfection Guide



High Touch  
Surfaces

1. Door knob
2. Toilet flush/handle
3. Toilet grab bar
4. Sink & faucets
5. Shower faucets
6. Soap dispenser (above the shower faucets)

7. Bathroom door
8. Phone
9. Lamp toggle switch
10. Closet/drawer pull handles
11. TV remotes & keyboards.



# Standard Practice and Enhanced Practice

As the table shows, a significant number of pathogens of common concern can have transmission interrupted by standard precautions. This demonstrates the need for Hospitality facilities to incorporate a number of standard precautions into their facility hygiene plans. Practices of safe injection and patient placement do not apply to non-Healthcare facilities, but the following standard precautions should be included in Hospitality facility hygiene plans.

- Hand hygiene
- PPE/barriers
- Environmental surface cleaning and disinfection
- Respiratory hygiene/cough etiquette
- Fabric handling

Since common environmental surfaces may or may not be contaminated with pathogens that can be transmitted by contact, it is better to err on the side of caution and teach workers to perform hand hygiene regularly, to use gloves during cleaning, and to treat any spill of liquid that could be a body fluid (urine, feces, vomit) as potentially infectious and to decontaminate/disinfect the spill during cleanup.

During outbreaks/epidemics/pandemics or time of unusual concern for a specific pathogen, facilities should have the ability to increase their hygiene practices to incorporate a higher level of infection prevention if desired. However, it should be noted that the risk of transmission of many pathogens in non-Healthcare facilities is supported by minimal evidence (formal clinical studies), so the development and implementation of enhanced hygiene practices in non-Healthcare facilities is based more on experience and judgment than published studies. Even with enhanced cleaning practices, this does not drive the risk of infection to zero, so enhanced cleaning practices are designed to provide an additional margin of error in ensuring established practices are being observed.

The table below shows several examples of how a facility hygiene plan might change in a hotel setting. The list below is not intended to be exhaustive, or to have any specific impact if taken in isolation. Selection of any specific enhanced hygiene procedures as part of a bundle should be a result of a risk assessment for the facility and a decision on how the enhanced practice is likely to lower risk for the facility when used within the bundle.

Facility Area/Activity	Standard Practice	Enhanced Practice (contact transmission concerns)
Front desk	Staff perform hand hygiene as needed	Staff perform hand hygiene every 60 min or after assisting guest that appears to be sick
Front desk	Front desk disinfected daily	Front desk disinfected every 4 hours
Front desk	No hand hygiene dispenser for visitors	Alcohol hand gel dispensers placed near front desk
Lobby	Tables and chairs cleaned daily	Tables and chairs disinfected hourly for certain times of day
Lobby	Front door hand contact surfaces cleaned daily	Front door hand contact surfaces disinfected hourly for certain times of day
Guest room cleaning	Staff wear reusable gloves	Staff wear disposable gloves that are changed for each room
Public Restrooms	Restroom disinfected every 4 hours	Restroom disinfected hourly for certain times of the day
Laundry	Laundry collected and put in open carts	Laundry bagged in room and bags laundered or disposable
Laundry	Blanket and comforter laundered quarterly	Blanket and comforter laundered between guests
Staff arrival	Staff body temp not checked during day	Staff checked at shift start and if visibly sick or temps over 101F are sent home
Facility Area/Activity	Standard Practice	Enhanced Practice (droplet transmission concerns)
Front desk	Staff do not wear masks when dealing with the public	Staff wear masks during shift or put on masks if guest appears to be sick
Front desk	Masks not available for guests	PPE station placed near desk for guests to get disposable masks and/or gloves
Front desk	Tissues not readily available	Tissues available within 2 steps, trash cans have liners and emptied every 4 hours
Staff areas	Staff do not wear masks when working in groups	Staff wear masks when less than 1M apart for more than 15 min
Staff arrival	Staff body temp not checked during day	Staff checked at shift start and if visibly sick or temps over 101F are sent home
Facility Area/Activity	Standard Practice	Enhanced Practice (airborne transmission concerns)
Facility-wide	Air exchanges kept at standard limit	Air exchanges significantly increased to reduce risk of airborne contamination
Front desk	Staff do not publicly address guest health	Staff notify management whenever a visibly sick guest is present and management decides whether to ask guest to leave facility
Front desk	Staff do not wear masks or offer masks to guests	Staff wear masks during shift and offer masks to guests



# Proper Use of Disinfectants and Standardization

## Using Disinfectants

Prior to any cleaning or disinfecting task, it is important to have all of the necessary tools, equipment, and chemicals required. This section includes some specific recommendations for use of disinfectants.

### A. Use only registered products

In each country, the government will have an approval process to register disinfectants. Using governmental approved disinfectants ensures performance of the product.

### B. One Step Cleaner Disinfectants

Some disinfectants were tested in the presence of organic soil to ensure that they will perform as expected even when organic soil is present. While gross soils always require a pre-cleaning step, most surfaces will have minimal soil when cleaning/disinfection is being done. Some disinfectants (2 step products) always require a cleaning step prior to disinfection, but the use of a one-step cleaner disinfectant ensures that workers can clean and disinfect in one pass.

### C. Label Directions

All disinfectants must be used in compliance with their label directions. It is a violation of federal law in many countries to do otherwise. This includes following the approved application methods, observing contact time, and using the correct dilution for concentrates.

### D. Use Dilution

For dilutable disinfectants, the label instructions for use will specify the acceptable use dilution to ensure the product is effective as a disinfectant. Changing the use dilution can make the product ineffective and increase health and safety risks associated with using the disinfectant.

### E. Contact Time

The product label will specify the wet contact time needed to ensure the disinfectant is effective. If the surface dries prior to the wet contact time, there's no guarantee that the product has killed the pathogens claimed on the label.

### F. Health and Safety Considerations

The product label and SDS provide the relevant health and safety information on how to use disinfectants. Both the label and SDS should be read prior to using a product. The use of PPE may be required. If required, it would be listed on the SDS and possibly the product label as well. Always use appropriate PPE if required to avoid the risk of personal injury.

## Formalized Cleaning Practices

Diversey considers it to be best practice to have detailed room cleaning instructions that include:

- The specific surfaces to be cleaned in a room
- The order in which the surfaces are to be cleaned
- When hand hygiene should be performed
- Whether glove use is required
- Cleaning/disinfection products to use
- Tools to use

An example of the training materials used with staff for cleaning a lobby following this approach is shown on the following page. Diversey recommends having these materials for all major areas of a facility.

## Summary

In summary, determining the correct practices for Infection Prevention for non-Healthcare facilities is a challenging task requiring significant amounts of work in performing a risk assessment for the various areas of a facility. Enhanced hygiene practices can be implemented as a bundle to provide risk reduction of pathogen transmission for a facility based on an understanding of modes of transmission and the bundle needed to effect a change in risk of transmission.





# Hygiene Laundry Linen Guidelines

These hygienic linen guidelines are developed for hospitality and commercial laundry to ensure maximum hygiene during the washing process and to minimize risk of contamination with a pathogen via linen. Following these procedures reduces the risk of contamination with disease-causing pathogens.

1. Do not leave linen on the floor or dirty surfaces.
2. All trolley / bags handling linen must be washed and cleaned daily.
  - ✓ Trolley / bags for dirty linen should only be used for dirty linen.
  - ✓ Trolley / bags for clean linen should only be used for clean linen to avoid cross contamination.
3. Housekeeping and Laundry staff must wear gloves to sort dirty linen.
  - ✓ After handling soiled linen, staff must wash their hands immediately before handling clean linen to avoid cross contamination.
  - ✓ Clean hands regularly and when removing gloves or moving from the dirty to the clean area.
  - ✓ Ensure a hand washing station is available in the laundry with hand soap and sanitizer.
4. All linen must go through a full washing & drying process to ensure complete soil removal and to remove pathogens from linen.
  - ✓ Follow standard washing programs.
  - ✓ Select the correct programs on the washing machine for each classification. Washing temperature should be 75 °C ≥30 minutes or 80 °C ≥10 minutes (according to WS / T 508-2016), or follow the calculation result of Diversey Netherlands NTO formula (use oxygen ≥250ppm, use chlorine ≥180ppm)
  - ✓ Load the machine as recommended to achieve effective soil removal and proper hygiene.
  - ✓ Avoid overloading machines.
  - ✓ No shortcuts are allowed during washing processes because this may leave soil, pathogens or chemicals in the linen.
  - ✓ Replace empty chemical canisters quickly.
5. Do not use starch on linen.



# Hygiene Laundry Linen Guidelines

6. Ensure clear separation between clean and soiled linen during the entire laundry process to avoid cross contamination.
  - ✓ Clean linen cannot be in contact with soiled linen at any time.
  - ✓ When dirty linen is brought on trolleys, do not place clean linen on the same trolley to avoid cross contamination, unless the trolley that has been cleaned and sanitized.
  - ✓ When clean linen contacts dirty linen, it becomes dirty linen. Assume that cross contamination has taken place. This linen must go through another full wash and drying process before use.
7. Ensure linen is completely dried and aired before leaving the laundry.
  - ✓ Linen must be dried or ironed within two hours of washing to avoid bacterial / mildew growth that is accelerated by dampness.
8. Ensure ironing temperature is between 105 °C and 110 °C right after pressing.
  - ✓ Measure temperature with an infrared temperature gun.
  - ✓ Make sure linen is dry to prevent mildew.
  - ✓ If the temperature is too low, adjust the speed down.
  - ✓ If the temperature is too high, adjust speed higher.
9. Linen storage rooms must have ventilation with low humidity.
10. Practice FIFO policy for linen storage.
  - ✓ FIFO = First In – First Out
  - ✓ Items that are stored first must be taken out first to ensure that all linens are circulated. This avoids items being kept in the storage room for too long.
11. Keep the laundry floor, walls, and equipment clean with a cleaner/sanitizer.
12. Ensure sufficient stock of chemicals for cleaning linen.
  - ✓ Keep a minimum buffer stock at all times according to local conditions.
13. Good maintenance of washing and drying machines is essential to meet hygiene standards.
  - ✓ Water levels in washing machines need to reach the programmed levels to ensure effectively cleaning.
  - ✓ Maintain a sufficient supply of water and required water pressure for washing machines.
14. Ensure water quality is up to standard.



# Blood and Body Fluid Cleaning Procedures

Different governmental and global health organizations all provide guidance in performing decontamination of blood and body fluid (BBF) spills in commercial facilities on hard non-porous surfaces. While some of the guidance is intended primarily for a Healthcare audience, the governmental guidance usually applies to any commercial facility. As the disinfectants used to decontaminate these surfaces are required to be registered with the country government, their requirements for product labeling of disinfectants for hard surface decontamination are also relevant to this discussion.

For public facilities, including Healthcare facilities, body fluid spills such as blood, feces and vomit on hard non-porous environmental surfaces must be decontaminated to protect public health. The procedure must also protect the worker during decontamination.

While the procedure for BBF cleanup is largely the same regardless of the spill size, there is more risk associated with large spill BBF cleanup, so there are some additional steps recommended as shown.

## Recommended Procedures:

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 blood-borne pathogen exposure during decontamination, including disposable latex, vinyl, or nitrile gloves, fluid resistant gowns, face masks and eye covering (goggles or face shield). 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.
3. Perform one of the following procedures for Small Spill or Large Spill surface decontamination.
4. Remove PPE, dispose of PPE appropriately, and perform hand hygiene.

## Small spills

1. Wipe up a small BBF 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 BBF residues. Cleaning cloths used in BBF decontamination should be treated as contaminated and laundered or disposed of appropriately.
3. Disinfect the surface with a registered disinfectant that contains a blood-borne 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 BBF 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 BBF 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 BBF residues. Cleaning cloths used in BBF decontamination should be treated as contaminated and laundered or disposed of appropriately.
3. Disinfect the surface with a registered disinfectant that contains a blood-borne 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 BBF 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.



# Blood and Body Fluid Cleaning Procedures

In labs, research areas, and other higher risk areas, with a large spill, use these steps:

Perform hand hygiene and put on appropriate Personal Protective Equipment (PPE) to prevent blood-borne pathogen exposure during decontamination, including disposable latex, vinyl, or nitrile gloves, fluid resistant gowns, face masks and eye covering (goggles or face shield). 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.

1. Confine the contaminated area using absorbent or barriers.
2. Flood the contaminated area using an intermediate level disinfectant or 5,000+ ppm of sodium hypochlorite and allow to stand for the contact time of the disinfectant. Wipe up using paper towels or other absorbent materials. Discard in red bag (bio-hazard) trash.
3. Clean the surface using an appropriate cleaner or cleaner/disinfectant to remove all of the gross soil and any BBF residues. Cleaning cloths used in BBF decontamination should be treated as contaminated and laundered or disposed of appropriately.
4. Disinfect the surface with a registered disinfectant that contains a blood-borne 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 BBF decontamination should be treated as contaminated and laundered or disposed of appropriately.
5. Once the contact time of the disinfectant has lapsed and the surface has air dried and, the surface can be returned to normal use.
6. Remove PPE, dispose of PPE appropriately, and perform hand hygiene.

Additional precautions: the following precautions apply to all BBF cleanup procedures:

1. Broken glassware and other sharp objects which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a tongs, forceps, or scraper and dust pan. Discard in red bag (bio-hazard) trash.
2. Sharps which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a tongs, forceps, or scraper and dust pan and placed in an appropriate sharps receptacle.
3. Reusable materials, such as cleaning tools, scrapers, dust pans, etc. (i.e. materials that cannot be laundered) and all reusable PPE must be manually disinfected after cleaning up a BBF spill before they can be reused.
4. Disposal of Infectious Material: Blood and other body fluids should be disposed of according to Federal, State, and local regulations for infectious waste disposal.

If you have any questions, please contact Diversey Customer Technical Support on your local number.

The process discussed is based on the following recommendations:

1. EPA label requirements as found in the EPA Label Review Manual
2. OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030.
3. CDC Guideline for Environmental Infection Control in Health-Care Facilities, 2003.
4. CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.





# Cleaning and disinfection recommendations for Core Area

## **Clean and Disinfect High Touch Surfaces in Guest Rooms, Public Areas.**

Commonly touched surfaces (door handles, light switches, elevator buttons, faucet handles, TV remotes, phones, keyboards, gym/fitness equipment etc.) should be disinfected regularly or when visibly soiled using a disinfectant that is effective against norovirus.

## **Cleaning Best Practices**

Increase cleaning frequency during an outbreak. Gloves, masks and other personal protective equipment should be worn. The level of cleaning should be based upon the extent of any outbreak:

Be mindful to disinfect all high-touch surfaces in guest rooms, bathrooms and also in public areas.

Make disinfectant wipes, sanitisers, and masks available at points of entry to the lobby and in public areas. Clean and disinfect public areas frequently (no less than every 2 hours)

Make ready to use disinfectants or disinfectant wipes available for employees.

- Clean from high to low.
- Clean from the cleanest to dirtiest.
- Clean from dry to wet.
- Maintain a constant flow such as working in a clockwise direction around the room so no areas are missed.

# Cleaning Frequency Table

		Target Frequency by Risk Level	
Area	Activity	Normal Risk	Outbreak Risk
Front Desk	Disinfect hand contact surfaces	Daily	Every 4 hours
	Staff hand hygiene	Twice/shift	Between guests
	Guest hand hygiene	N/A	Request per contact
Property Entrance	Hand contact surface disinfection	Disinfected daily	Every 4 hours during day
	Outside Seating	Disinfected daily	Every 4 hours during day
Public Restrooms	Disinfect hand contact surfaces	Daily	Every 4 hours during day
	Staff hand hygiene	Twice per bathroom	Four times/bathroom
Breakfast Area	Disinfect hand contact surfaces	Daily	Every hour during service
	Staff hand hygiene	Twice/shift	Every hour during service
	Guest hand hygiene	N/A	Upon seating
Restaurant and Bar/Lounge	Guest tables	Sanitized daily	Sanitized between guests
	Staff hand hygiene	Twice/shift	Every hour during service
	Guest hand hygiene	N/A	Upon seating
Fitness Center/Health Club	Equipment disinfection	Disinfected daily	Every hour during service
	Towel handling	Hand hygiene twice	Hand hygiene twice and laundry bagged
	Staff hand hygiene	Twice/shift	Every hour during service
	Guest hand hygiene	N/A	Upon entering/leaving
Pool/Whirlpool	Table/chair disinfection	Disinfected daily	Every 4 hours during day
	Towel handling	Hand hygiene twice	Hand hygiene twice and laundry bagged
	Staff hand hygiene	Twice/shift	Every hour during service
	Guest hand hygiene	N/A	Upon entering/leaving

		Target Frequency by Risk Level	
Area	Activity	Normal Risk	Outbreak Risk
Guest Room	Disinfect hand contact surfaces	Daily	Daily
	Bathroom floor	Daily cleaning	Daily disinfection
	Staff hand hygiene	Twice per room	Four times/room
	Fabric handling	Normal practice	Bagged in room, PPE used
Business Center/Offices	Hand contact surface disinfection	Disinfected daily	Every 4 hours during day
	Staff hand hygiene	Twice/shift	Every hour during service
	Guest hand hygiene	N/A	Upon entering/leaving
Elevators	Hand contact surface disinfection	Disinfected daily	Every hour during service
Vending Area	Disinfect hand contact surfaces	Disinfected daily	Every 4 hours during day
Laundry	Fabric handling	Normal practice	Employees wear PPE
	Laundry carts and work surfaces	Disinfected daily	Disinfected every 4 hours
Shuttle Bus	Vehicle interior	Disinfected daily	Every hour during service
	Staff hand hygiene	Twice per shift	Twice per trip
	Guest hand hygiene	N/A	Upon seating
Special Cleaning	Blood/body fluid cleanup	Hand hygiene/PPE + special waste handling	Hand hygiene/PPE + special waste handling



# 公共区域 Public Area

区域 Facility Area	应用类别 Application	产品组合 Portfolio	场景 Scenarios
公共区域 高频接触点 PA High Touch Area	硬表面清洁消毒 Hard Surface Cleaning & disinfection	<p><b>全新一代AHP®消毒技术, 1分钟杀灭病毒和细菌, 降低交叉感染风险</b>  <b>AHP® technology, kills viruses and bacteria in 1 minute, reduces the risk of cross infection</b></p> <p>奥维牌表面消毒湿巾 Oxivir Tb wipes            奥维表面消毒液 Oxivir Tb Disinfectant Liquid</p>	
前台 Front desk	手部卫生 Hand Hygiene	<p><b>免接触手部消毒站, 宾客安心安全, 提升品牌形象</b>  <b>Touchless Hand disinfection solution, Good guest experience and safety, improve brand image</b></p> <p>丝洁牌免过水洗手消毒液 SoftCare MED H5 Hand Sanitizer            智护混动皂液盒 IntelliCare Hybrid Dispenser            智护皂液盒内胆 IntelliCare Handsoap Refill Bottle            智护混动皂液盒站立式支架 IntelliCare Floor Stand</p>	
公共卫生间 Public Restrooms	手部卫生 Hand Hygiene + 地面&硬表面清洁消毒 Floor & Hard surface Cleaning & Disinfection	<p><b>高风险区域的全方位清洁消毒</b>  <b>Complete cleaning and disinfection in high risk area</b></p> <p>丝洁牌免过水洗手消毒液 Soft Care Med H5 Hand Sanitizer            特洁牌清洁消毒剂 (R型)            Taski R2 Plus Hard Surface Disinfectant Cleaner</p>	
电梯厢 Elevators	手部卫生 Hand Hygiene	<p><b>免接触手部消毒方案, 降低交叉感染风险, 宾客安心安全</b>  <b>Touchless Hand disinfection solution, reduces the risk of cross infection, Good guest experience and safety</b></p> <p>丝洁牌免过水洗手消毒液 SoftCare MED H5 Hand Sanitizer            智护混动皂液盒 IntelliCare Hybrid Dispenser            智护皂液盒内胆 IntelliCare Handsoap Refill Bottle</p>	
硬地面 Hard Floor	清洁消毒 Cleaning & disinfection	<p><b>地面清洁消毒一次完成</b>  <b>Auto scrubber cleaning combined with disinfection</b></p> <p>快活®清洁消毒液            Forward Disinfectant Cleaner</p>	



## 客房 Guest Room

区域 Facility Area	应用类别 Application	产品组合 Portfolio	场景 Scenarios
热水壶 Kettle	除垢除菌 Descaling and Anti-bac	<p><b>高效除垢除菌，增强客户体验，饮水安全</b> Efficient descaling and killing bacteria to enhance customer experience and drinking water safety</p> <p>苏马水壶除菌型除垢剂 Suma Kettle Anti-bac Delimer</p> <p>苏马水壶除菌型除垢剂分配套装 Dispenser set</p>	
硬表面 Hard Surface	硬表面清洁消毒 Hard Surface Cleaning & disinfection	<p><b>客房清洁消毒一站式解决方案</b> One-stop solution for guest room cleaning and disinfection</p> <p>特洁牌清洁消毒剂 (R型) Taski R2 Plus Hard Surface Disinfectant Cleaner</p> <p>R1 plus马桶清洁剂、R3 plus玻璃清洁剂、R5 plus空气清新剂</p>	

## 健身中心 SPA & Gym

区域 Facility Area	应用类别 Application	产品组合 Portfolio	场景 Scenarios
硬表面 Hard Surface	硬表面清洁消毒 Hard Surface Cleaning & disinfection	<p><b>高风险区域的清洁消毒，降低交叉感染风险，宾客安心安全</b> Disinfection in the high risk area, reduces the risk of cross infection, Good guest experience and safety</p> <p>奥维牌表面消毒湿巾 Oxivir Tb Wipes</p> <p>奥维表面消毒液 Oxivir Tb Disinfectant Liquid</p>	
入口 Entrance	手部卫生 Hand Hygiene	<p><b>免接触手部消毒站，宾客安心安全</b> Touchless Hand disinfection solution, Good guest experience and safety</p> <p>丝洁牌免过水洗手消毒液 SoftCare MED H5 Hand Sanitizer</p> <p>智护混动皂液盒 IntelliCare Hybrid Dispenser</p> <p>智护皂液盒内胆 IntelliCare Handsoap Refill Bottle</p> <p>智护混动皂液盒站式支架 IntelliCare Floor Stand</p>	





# 厨房&餐厅 Kitchen & Restaurant

区域 Facility Area	应用类别 Application	产品组合 Portfolio	场景 Scenarios
餐厅入口 Entrance	手部卫生 Hand Hygiene	<b>免接触手部消毒站，顾客安心安全，提升品牌形象</b> <b>Touchless Hand disinfection solution, Good guest experience and safety, improve brand image</b> 丝洁牌免过水洗手消毒液 SoftCare MED H5 Hand Sanitizer 智护混动皂液盒 IntelliCare Hybrid Dispenser 智护皂液盒内胆 IntelliCare Handsoap Refill Bottle 智护混动皂液盒站立式支架 IntelliCare Floor Stand	
桌面、吧台、椅子等 前厅硬表面 Hard Surface (desk, bar, chair)	餐厅硬表面清洁消毒 Hard Surface Cleaning & disinfection	<b>清洁消毒一步完成，快速准备和放心环境</b> <b>One step cleaning and disinfection, quick response and environment safety</b> 苏马®D10型清洁消毒剂 Suma Bac D10 Disinfectant Cleaner 泰华脉S分配器-D10 DIVERMITE S APAC DISPENSER-D10 D10 750mL 喷壶 D10 750mL Sprayer	
食品加工设备、器具 及工作区域 Food processing equipment, tools and work areas	厨房消毒 Kitchen disinfection	<b>高效消毒剂，提高食品卫生安全水平</b> <b>Efficient disinfectant to improve food hygiene and safety</b> J-512®季铵盐消毒液 Suma J-512 D4 Final Step Sanitizer 泰华脉S分配器-D4 DIVERMITE S APAC DISPENSER-D4 D4 750mL 喷壶 D4 750mL Sprayer	
餐饮具&果蔬 Tableware & Fruits & Vegetables	厨房消毒 Kitchen disinfection	<b>从源头杀灭多种致病细菌及病毒，拒绝病从口入</b> <b>Kill a variety of pathogenic bacteria and viruses from the source to refuse the disease from the mouth</b> 泰华施牌含氯消毒粉 Diversey Chlorine Powder Disinfectant	



# 洗衣房 Laundry

区域 Facility Area	应用类别 Application	产品组合 Portfolio	场景 Scenarios
入口 Entrance	手部卫生 Hand Hygiene	<b>免接触手部消毒站，宾客安心安全</b> <b>Touchless Hand disinfection solution, Good guest experience and safety</b>  丝洁牌免过水洗手消毒液 SoftCare MED H5 Hand Sanitizer 智护混动皂液盒 IntelliCare Hybrid Dispenser 智护皂液盒内胆 IntelliCare Handsoap Refill Bottle 智护混动皂液盒站立式支架 IntelliCare Floor Stand	
硬地面 Hard Floor	清洁消毒 Cleaning & disinfection	<b>地面清洁消毒一次完成</b> <b>Auto scrubber cleaning combined with disinfection</b>  快活®清洁消毒液 Forward Disinfectant Cleaner	