

Pandemic Plan of Otto von Guericke University Magdeburg (OVGU) –without MED–

Contents

2. Phase system of the Pandemic Plan at the OVGU (Phase 0 – 5)	3
3. Responsibilities in the event of a pandemic	8
3.1 Formation of a crisis unit	8
3.1.1 Appointment of a head of the crisis unit.....	8
3.2 Crisis unit	8
3.3. Management of the faculties and central services/operating units	9
4. Organizational measures	9
4.1 Core functions	9
4.1.1 Cutting back tasks.....	9
4.1.2 Cutting back personnel.....	9
4.1.3 Third-party services.....	9
4.1.5 Setup of a communication service.....	10
4.2 Obtaining external information	10
4.3.1 Identification of needs.....	10
4.4.1 Ending the pandemic phase.....	11
Appendices	13
Appendix 1	13
Service providers/partners needed to secure operations	13
1. Technical building services.....	13
2. Communication service.....	13
3. Procurement of resources.....	13
4. Food and drink supply.....	13
6. Admission service/security.....	14
7. Caretaker Service/Cleaning.....	14
Appendix 2	15
Hygiene plan	15
Introduction	15
Surface treatment	15
Disinfection in sanitary rooms and tea kitchens	16
Disinfection in offices	16

1. Guidelines for pandemic planning at Otto von Guericke University Magdeburg (OVGU)

The possibility of a pandemic generally poses a serious risk. A pandemic is a worldwide epidemic. In the case of an influenza pandemic, this is caused, for instance, by a novel (non-seasonal) virus. The population has no or limited immunity to such a human pathogenic virus which is also easily transmitted from one person to the next.

The outbreak of infectious diseases with the potential to develop into a pandemic therefore calls for certain structures and measures to protect employees at an early stage. These measures result in a proactive approach in the case of a pandemic which is officially declared by WHO.

Examples of previous outbreaks of such infectious diseases include the 2009 influenza (H1N1) pandemic, the 2011 EHEC outbreak and other respiratory pathogens (e.g. RSV, hMPV, MERS-CoV, SARS-CoV). The current case involves the pathogen SARS-CoV-2, which stands for Severe Acute Respiratory Syndrome. The name indicates its close relationship to the SARS virus, which triggered an epidemic in 2002/2003. The lung disease that can be triggered by SARS-CoV-2 is called COVID-19 (Corona Virus Disease 2019).

The President's office of the OVGU has adopted the following Pandemic Plan to protect employees and students. It is intended to help implement and regulate concrete measures that will also prevent the further spread of the pathogen. In addition to protecting employees, the Plan aims to maintain operation of the OVGU – at least with regard to its core functions.

The Pandemic Plan also provides guidelines for crisis management within the OVGU. The OVGU has therefore established a 6-stage pandemic system, which is partly based on the phases of WHO. The Pandemic Plan is a contingency plan, i.e. a plan for an event for which assumptions can only be made regarding its occurrence and scope.

The President's office continuously monitors developments. It decides on when the Pandemic Plan is to be enacted and convenes the crisis unit. The employees of the OVGU will be informed of this. This Plan must also be used in the event of an epidemic (localized outbreak). The phase system is applied analogously.

More detailed information is provided below:

- [Robert Koch Institute: Pandemic Planning](https://www.rki.de/DE/Content/InfAZ/I/Influenza/Pandemieplanung/Pandemieplanung_Node.html)
(https://www.rki.de/DE/Content/InfAZ/I/Influenza/Pandemieplanung/Pandemieplanung_Node.html)
- [WHO: Pandemic Influenza Risk Management](https://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/)
(https://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/)

The following documents must be observed in conjunction with the OVGU Pandemic Plan:

- Recommendations for the implementation of the National Influenza Pandemic Plan in Saxony-Anhalt (Pandemic Framework Plan), Cabinet decision of 21 March 2006, updated on 05 March 2020
- Decision of the federal-state government on the scheme for crisis management at federal-state level (Ministerial Gazette LSA No. 23/ 2009)

2. Phase system of the Pandemic Plan at the OVGU (Phase 0 – 5)

The Pandemic Plan is divided into different pandemic phases. Each phase is triggered by a specific criterion of the pandemic. These criteria, in turn, entail specific risks for employees and can have a significant impact on the processes and modes of operation within the OVGU. Depending on the current situation and development, deviations are possible (individual phases can also be skipped).

The following presentation provides an overview of the phases of the OVGU Pandemic Plan. In line with the pandemic phases issued by WHO, the distribution and execution of tasks at the OVGU can be structured as follows:

Phase 0

Phase 0 Normal operations:	
- Triggering criterion:	- No signs of a pandemic
- Risk to employees:	- None -
- Risks for the OVGU:	- None -
<u>Recommendations for action, measures to be implemented:</u>	
- The departments in charge (K43/Health Management) continuously collect current health-related information and compile it in order to be able to take further steps (Phase 1) in good time ('permanent vigilance')	

Phase 1

<p>Phase 1 International health emergency</p>	
<ul style="list-style-type: none"> - Triggering criterion: - Risk to employees: - Risks for the OVGU: 	<ul style="list-style-type: none"> - There are indications of (new) pathogen types that are increasing at regional level - A supra-regional spread cannot be ruled out, Schengen area not yet at risk - Risk of infection only when travelling to affected regions - No direct risks
<p style="text-align: center;"><u>Recommendations for action, measures to be implemented:</u></p> <ul style="list-style-type: none"> - The specialist departments (K2, K3, K43, university doctor) provide information/recommendations for action to the university management - A coordinator is appointed (speaker in the President's office) - The 'core team' of the crisis unit consults on the situation, e.g. establishing a hotline, websites of the OVGU, hygiene measures/regulations, risk of infection during business trips to risk areas, measures are taken for those returning from risk areas, necessary travel bans/instructions for action are issued by the university management/coordinator - Employees are informed - K43 maintains close contact with the Public Health Department - Procurement of disinfectants, face masks, gloves, etc. by the specialist department (K43) - Awareness is raised among service providers regarding their pandemic plans 	

Phase 2

<p>Phase 2 Pre-pandemic phase – <i>Escalation stage 1</i></p>	
<ul style="list-style-type: none"> - Triggering criterion: - Risk to employees: - Risks for the OVGU 	<ul style="list-style-type: none"> - Data/specifications by WHO, RKI, the Ministry of Health - Germany and the Schengen area are affected - Increased risk of infection, especially when travelling to affected regions and with guests from affected regions - Possible loss of personnel in the case of people returning from affected regions/risk areas (business trips, private trips)
<p style="text-align: center;"><u>Recommendations for action, measures to be implemented:</u></p> <ul style="list-style-type: none"> - Updating of hygiene measures on the basis of information from Robert Koch Institute and WHO - The core team advises on dealing with people returning from business trips and holidaymakers from risk areas (working from home/leave of absence, quarantine measures); examining the possibilities for this - If necessary, examination/collection of critical processes in work procedures at faculties, central institutions and the central administration, in order to make provisions for the best possible safeguarding of operations in research and teaching - Clarification of legal bases for safeguarding the university (study matters, possible cancellation of major events, conferences, symposia, information days), with close contact to ministries 	

Phase 3

<p>Phase 3 Pre-pandemic phase – <i>Escalation stage 2</i></p>	
<ul style="list-style-type: none"> - Triggering criterion: - Risk to employees: - Risks for the OVGU 	<ul style="list-style-type: none"> - Worldwide spread of regional and supraregional epidemics - Data/specifications by the WHO, RKI, Ministry of Health - Growing and persistent person-to-person transmission in the regional environment - General risk of infection - Loss of employees due to illness and/or care or supervision of relatives - Impairment of research and teaching operations, possibly cancellation of events
<p style="text-align: center;"><u>Recommendations for action, measures to be implemented:</u></p> <ul style="list-style-type: none"> - Targeted provision of resources - Instructing employees to assume responsibility and clean work surfaces - Concrete instructions for employees are issued by the university management/the coordinator (the current resolutions apply) - Generating greater awareness of the Pandemic Plan at management level of the faculties, the central facilities and the central operating units, the Student Council, Student Union - Minimum staffing levels for the infrastructure (computer center, library supply, etc.) must be clarified - Checking the cancellation of major events, conferences, symposia, information days 	

Phase 4

<p>Phase 4 Outbreak of the pandemic</p>	
<ul style="list-style-type: none"> - Triggering criterion: - Risk to employees: - Risks for the OVGU 	<ul style="list-style-type: none"> - Declaration of the pandemic by WHO - Immediate risk of infection - High loss of employees due to illness and/or care or supervision of relatives - Loss of services from external providers (infrastructure, supply and disposal, deliveries) - Serious disruption of operations, cancellation of events - Increased security risk (e.g. theft, vandalism) - Restriction of critical processes, e.g.: <ul style="list-style-type: none"> o Computer center o Library supply o Animal house (animal care, etc.) - Supervision and control of permanent experimental setups no longer possible, limited handling of experiments in the laboratory
<p style="text-align: center;"><u>Recommendations for action, measures to be implemented:</u></p> <ul style="list-style-type: none"> - Convening of the crisis unit - Ensuring adequate information on infrastructure constraints - In extreme cases, reduction up to the cessation of operations in consultation with the responsible public authorities, while maintaining emergency operations (analogous to shutdown) - Examination and initiation of increased security measures (theft, vandalism) by building management 	

Phase 5

<p>Phase 5 After the pandemic</p>	
<ul style="list-style-type: none"> - Triggering criterion: - Risk to employees: 	<ul style="list-style-type: none"> - The end of the pandemic has been officially declared by the public authorities - None - Situation equal to Phase 0
<p style="text-align: center;"><u>Recommendations for action, measures to be implemented:</u></p> <ul style="list-style-type: none"> - Announcement of the end of the pandemic by the university management - Termination of pandemic measures - Final report/evaluation of the measures 	

Detailed explanations are listed below:

3. Responsibilities in the event of a pandemic

3.1 Formation of a crisis unit

3.1.1 Appointment of a head of the crisis unit

The crisis unit will be headed by a member of the university management who, in the event of emergencies and disasters, takes decisions after consulting the crisis unit. A deputy head will be appointed. It is appropriate to involve the deputy head in all preparations from the outset in order to avoid any information deficits.

3.1.2 Appointment of a coordinator

A pandemic calls for extensive coordinating and bundling measures. A coordinator will be appointed to support the crisis unit leaders. He/she will support the implementation and execution of the Pandemic Plan, ensure the flow of information and coordinate the implementation of the agreed measures (especially in Phases 1 to 3). The Pandemic Plan is updated annually (2nd April) by the coordinator in consultation with K43.

3.2 Crisis unit

The crisis unit is made up of persons who are responsible for certain functions at the OVGU; some of them belong to the so-called 'core' team, which is already active from Phase 1:

- Representative of the university management: Chancellor, President, at least one additional Vice President (core team)
- Coordinator of the Pandemic Plan (core team)
- Department of Human Resources (K2) (core team)
- Department of Academic Affairs (K3) (core team)
- Department of Occupational Safety and Environmental Protection (K43) (core team)
- Operational health management (core team)
- University doctor (core team)
- Operating Technology Department (K42)
- Central Services (K5)
- University Computer Centre (URZ)
- University Library (UB)
- University Staff Council (PR OvG-UNI)
- Student Union
- Representative of the Student Council
- Medical representative from the FME
- MKM Department
- Head of Central Animal Laboratory

The core team of the crisis unit will have already met in Phase 1 to discuss the current situation, pool information and derive recommendations for action and take the necessary measures. On the basis of the

measures taken prior to this, the members of the crisis team will coordinate further action during the pandemic phase.

3.3. Management of the faculties and central services/operating units

The contact persons at the faculties and central services are the deans or heads of the institutions or the persons appointed by them. They are the essential interface in communication with the coordinator and ensure that defined measures are implemented at the respective institutions.

4. Organizational measures

4.1 Core functions

The availability of personnel is an essential factor. If the absence rate exceeds certain limits, it is no longer possible to maintain normal procedures. Operations must be limited to important core functions. The personnel then still available must be deployed to the core areas. The precise instructions and recommendations for action are taken from the current draft resolution.

4.1.1 Cutting back tasks

In the event of a pandemic, tasks to be performed within the OVGU must be limited to the necessary extent.

4.1.2 Cutting back personnel

The risk of infection increases with the number of contacts with other people. The number of people present at the OVGU should therefore be limited to what is necessary to maintain the required internal processes. The relevant persons must be informed of their functions at an early stage. Internal precautionary and protective measures must be taken.

The concrete rules and instructions are taken from current information provided by the university management. The university management informs employees about this.

4.1.3 Third-party services

It must be defined which external services are indispensable for the OVGU (e.g. information and security services, cleaning services, etc.). In the event of a pandemic, these services must continue to be guaranteed. To this end, talks with the service providers must be held at an early stage.

4.1.4 Maintenance of building services

In the event of a crisis, technical building services must maintain 'minimum operations' to protect the facility.

4.1.5 Setup of a communication service

A communication service must be used to inform both the remaining employees within the OVGU and the employees on leave at home.

The most important tasks here are:

- Informing employees when they are to stay away from work or return to work. The current instructions apply in each case.
- Information on changes at the OVGU (closure or resumption of structural units).

4.2 Obtaining external information

4.2.1 Obtaining management reports

Knowledge of the current situation is the basis for decisions by the crisis unit. In the event of a pandemic, information will be pooled at federal-state level in the crisis center of the public authorities responsible for higher education. Close cooperation with the crisis center is required.

4.3 Procurement of resources

4.3.1 Identification of needs

Resources are all capital goods and consumables that need to be procured and stocked in addition to the existing basic equipment in order to implement the planned internal measures in the event of a pandemic.

Medical resources

Medical resources include gloves, paper towels as well as cleaning and disinfecting agents.

Personal protective equipment

Personal protective equipment includes, for instance, respiratory masks and goggles.

Vaccinations

It must be clarified whether a vaccine is available for any necessary vaccinations. This must be offered to employees via the university doctor.

4.4 Return to normality/post-pandemic phase

4.4.1 Ending the pandemic phase

After the end of the pandemic, operations must return to normal. Individual steps and decision criteria must be defined for this purpose.

The President's office decides on the return to normality after consultation with the members of the crisis unit. The return to normality is part of the Pandemic Plan (Phase 0).

Information for senior staff

The deans, department heads and heads of central institutions are informed of the end of the pandemic phase and the return to normality.

Information for employees

All employees are informed about the return to normality using the established information system. Employees who are on leave of absence and/or working from home will be informed of the date when work is to resume.

Information for service providers working at the OVGU

Service providers will be informed that the university is returning to normality. For some service providers, the pandemic may have developed at different times, so that further fine-tuning may be necessary.

4.5 Final report/evaluation of the Pandemic Plan

The Pandemic Plan was drawn up to minimize the impact on business operations and to protect employees from infection as far as possible. It is therefore essential that the Pandemic Plan and the organization of processes during the pandemic be critically reviewed:

- Did the Pandemic Plan prove to be practical or did the Plan fail to take reality into account?
- Was the Pandemic Plan adhered to? If not, what are the reasons for this (it was not observed due to a lack of knowledge; ignorance; spontaneous solutions proved to be more appropriate to the situation).
- Were there any problems that were not considered in the Pandemic Plan?
- Were there any measures that were not applied and that are not necessary?
- Were the material resources realistically calculated?
- Were there shortcomings in cooperation with service providers?
- Was information forwarded and provided in a sufficient and prompt manner?
- Were the preventive measures sufficient and did they have the desired effect?
- Was cooperation with the crisis unit of the Ministry responsible for higher education as good as it can be? If not, what shortcomings were found and how can they be avoided in the future?

The experience and analysis results will be incorporated into an optimized Pandemic Plan.

Magdeburg, 13 March 2020

Appendices

Appendix 1

Service providers/partners needed to secure operations

1. Technical building services

Department of Technology and Construction Planning (K4)
Detlef Göthe
G43-105
Phone: 56099

2. Communication service

Operating Technology Department (K42)
Communications technology
Ines Nimz
G05-123
Phone: 58717

University Computer Centre (URZ)
Dr.rer.nat. Gregor Zimmermann
G26.1-022
Phone: 58553

3. Procurement of resources

Department of Occupational Safety and Environmental Protection (K43)
Ulrich Stresow
G43-001
Phone: 56082

ias Aktiengesellschaft (ias AG)
Specialist for occupational medicine, Ms Alma Bitro
Breiter Weg 180
39104 Magdeburg
Phone: +49 (0) 391 / 59803810

4. Food and drink supply

Studentenwerk Magdeburg A.ö.R.
Department of University Catering
Mensa, Hohepfortestr. 25
Marcus Wild
G27-338
Phone: 52393

6. Admission service/security

Central Services (K5)

Jan Wilhelm

G05-113

Phone: 58689

Security Services and Open Space Management Department (K52)

Thomas Reske

G18-266

Phone: 52279

Security service and locking systems (K52.6)

Detlef Heinrichs

G09 Information

Phone: 58330

7. Caretaker Service/Cleaning

Building Services Department (K51)

Marco Vehe

G05-270

Phone: 58391

Appendix 2

Hygiene plan

Introduction

Viruses transmitted by droplet infection can survive for a long time in so-called droplet nuclei, which float in the air as small-caliber aerosols and sediment on surfaces in the environment. Survivability depends on their specific structures and on environmental conditions, such as humidity and room temperature. Enveloped influenza viruses can remain infectious for several hours to days at room temperature and can be transmitted from the affected surfaces via secondary contacts and cross-contamination on hands or through mobilized dust through the air.

Surface treatment

Surfaces should only be treated using a damp cloth, as dry dusting will whirl up the pathogenic particles and distribute them in the air, thus increasing the risk of infection. To prevent infection, cleaning and wiping disinfection methods should be used as these reduce the germ load of a surface by more than two to three times the power of ten compared to when surfaces are wiped with only a damp cloth and surfactant. In principle, disinfectants listed in the VAH-DGHM list, under section 3 'Surface disinfection', or disinfectants listed in the RKI list or recommended by DVV for wipe disinfection are suitable for this purpose.

The prerequisite is an effective spectrum with at least 'limited virucidal activity' or an effective range of B or AB, which guarantees the inactivation of the viruses. The preparations are used in the dilution listed (not below the one-hour value) and are re-prepared at the intervals specified depending on the active substance. Spraying on the disinfectant is only useful for small, unclear surfaces, cracks, etc. Otherwise, spray disinfection is not used, as too much active ingredient is used, the air is deflagrated, the respiratory tract is polluted and the surfaces to be treated may not be sufficiently wetted.

Disinfection must include all hand contact surfaces and, if necessary, other surfaces at risk of contamination. These must be treated across the entire width and the liquid should dry by itself. Rinsing the applied disinfectant with water interrupts the exposure time and is therefore not permitted. The treated surfaces can be used again also when the one-hour value is applied, as long as the agent has dried and without having to wait for the entire exposure time to pass.

Wiping is carried out either using disposable cleaning cloths, which are disposed of immediately after use in a moisture-proof container, or reusable cloths, which are then themselves washed in a disinfection process at a minimum of 60°C or with the addition of a disinfectant agent (oxygen releaser). Cellulose cloths can only be washed in lukewarm water and are therefore not suitable for this purpose. During disinfection, protective gloves are worn if possible, and after they are taken off, the hands are also disinfected.

Disinfection in the access area

In principle, all direct hand contact surfaces, such as door handles, door knobs, door latches and light switches must be disinfected two to three times a day. To reduce the risk of infection, all side entrances will remain closed during the pandemic.

Disinfection in sanitary rooms and tea kitchens

Toilet seats, lids, flush handles, washbasins and the surrounding area (splash surfaces), fittings, the outside of soap dispensers and door handles will be disinfected twice a day.

The floor is only disinfected in the event of visible contamination with saliva, blood or similar matter; otherwise daily cleaning with all-purpose cleaner is sufficient.

It must be ensured that sufficient detergents and disinfectants are available in case of a pandemic.

Only disposable paper towels are used. The towels should be easily removed from the dispenser without contaminating the remaining towels in the dispenser.

Disinfection in offices

Work surfaces in offices only need to be disinfected if they have been contaminated with material suspected of being contaminated (used tissues, etc.).

If workplaces are to be treated where users have been infected with influenza, door handles, work surfaces, storage baskets, PC and telephone keyboards, telephone receivers, handles on cabinet doors and drawers, plastic-covered seats and chair backs, coat hooks and hangers and the edges of waste baskets are disinfected by wiping.

Appendix 3

Infektionen vorbeugen (German)	Preventing infection (English)
Die 10 wichtigsten Hygienetipps	The 10 most important hygiene tips
Im Alltag begegnen wir vielen Erregern wie Viren und Bakterien. Einfache Hygienemaßnahmen tragen dazu bei, sich und andere vor ansteckenden Infektionskrankheiten zu schützen.	We encounter many pathogens, such as viruses and bacteria, in day-to-day life. Simple hygiene measures help to protect us and others from contagious infectious diseases.
<p>1. Regelmäßig Hände waschen</p> <ul style="list-style-type: none"> - wenn sie nach Hause kommen - vor und während der Zubereitung von Speisen - vor den Mahlzeiten - nach dem Naseputzen, Husten oder Niesen - vor und nach dem Kontakt mit Erkrankten - nach dem Kontakt mit Tieren 	<p>1. Wash your hands regularly</p> <ul style="list-style-type: none"> - When you come home - Before and while preparing meals - Before eating - After blowing your nose, coughing or sneezing - Before and after contact with sick people - After contact with animals
<p>2. Hände gründlich waschen</p> <ul style="list-style-type: none"> - Hände unter fließendes Wasser halten - von allen Seiten mit Seife einreiben - dabei 20 bis 30 Sekunden Zeit lassen - unter fließendem Wasser abwaschen - mit einem sauberen Tuch trocken 	<p>2. Wash your hands thoroughly</p> <ul style="list-style-type: none"> - Hold your hands under running water - Apply enough soap to cover your hands - Spend between 20 and 30 seconds washing your hands - Rinse your hands under running water - Dry your hands with a clean cloth
<p>3. Hände aus dem Gesicht fernhalten</p> <ul style="list-style-type: none"> - Fassen Sie mit ungewaschenen Händen nicht an Mund, Augen oder Nase 	<p>3. Keep your hands away from your face</p> <ul style="list-style-type: none"> - Do not touch your mouth, eyes or nose with unwashed hands
<p>4. Richtig husten und niesen</p> <ul style="list-style-type: none"> - Halten sie beim Husten und Niesen Abstand von anderen und drehen sich weg - Benutzen Sie ein Taschentuch oder halten die Armbeuge vor Mund und Nase 	<p>4. Cough and sneeze properly</p> <ul style="list-style-type: none"> - Keep your distance from others when coughing and sneezing and turn away - Use a tissue or cough and sneeze into your elbow
<p>5. Im Krankheitsfall Abstand halten</p> <ul style="list-style-type: none"> - Kurieren Sie sich zu Hause aus - Verzicht auf enge Körperkontakte, solange Sie ansteckend sind 	<p>5. If you are sick, keep your distance from others</p> <ul style="list-style-type: none"> - Stay at home to recover - Avoid close physical contact as long as you are infectious

<ul style="list-style-type: none"> - Halten Sie sich in einem separaten Raum auf und benutzen Sie wenn möglich eine getrennte Toilette - Benutzen Sie Essgeschirr oder Handtücher nicht mit anderen gemeinsam 	<ul style="list-style-type: none"> - Stay in a separate room and use a separate toilet if possible - Do not share dinnerware or towels with others
<p>6. Wunden schützen</p> <ul style="list-style-type: none"> - Decken Sie Wunden mit einem Pflaster oder Verband ab 	<p>6. Protect wounds</p> <ul style="list-style-type: none"> - Cover wounds with a plaster or bandage
<p>7. Auf ein sauberes Zuhause achten</p> <ul style="list-style-type: none"> - Reinigen Sie insbesondere Küche und Bad regelmäßig mit üblichen Haushaltsreinigern - Lassen Sie Putzlappen nach Gebrauch gut trocknen und wechseln sie häufig aus 	<p>7. Make sure your home is clean</p> <ul style="list-style-type: none"> - In particular, clean your kitchen and bathroom regularly with standard household cleaners - Allow cleaning cloths to dry well after use and replace them frequently
<p>8. Lebensmittel hygienisch behandeln</p> <ul style="list-style-type: none"> - Bewahren Sie empfindliche Nahrungsmittel stets gut gekühlt auf - Vermeiden Sie den Kontakt mit rohen Tierprodukten mit roh verzehrten Lebensmitteln - Erhitzen Sie Fleische auf mindestens 70°C - Waschen Sie Gemüse und Obst gründlich 	<p>8. Handle food hygienically</p> <ul style="list-style-type: none"> - Always keep sensitive foods well chilled - Avoid contact with raw animal products with food consumed raw - Heat meat to at least 70°C - Wash vegetables and fruit thoroughly
<p>9. Geschirr und Wäsche heiß waschen</p> <ul style="list-style-type: none"> - Reinigen Sie Ess- und Küchenutensilien mit warmem Wasser und Spülmittel oder in der Spülmaschine - Waschen Sie Spüllappen und Putztücher sowie Handtücher, Waschlappen, Bettwäsche und Unterwäsche bei mindestens 60°C 	<p>9. Wash dishes and laundry in hot water</p> <ul style="list-style-type: none"> - Wash cutlery and kitchen utensils with hot water and detergent or in a dishwasher - Wash dishcloths and cleaning cloths as well as towels, washcloths, bed linen and underwear at a minimum of 60°C
<p>10. Regelmäßig lüften</p> <p>Lüften Sie geschlossene Räume mehrmals täglich für einige Minuten</p>	<p>10. Ventilate regularly</p> <ul style="list-style-type: none"> - Air closed rooms several times a day for a few minutes
<p>Quelle: Bundeszentrale für gesundheitliche Aufklärung (BZgA) Stand: 2016</p>	<p>Source: Federal Centre for Health Education (BZgA) Status: 2016</p>



Infektionen vorbeugen:

Die 10 wichtigsten Hygienetipps

Im Alltag begegnen wir vielen Erregern wie Viren und Bakterien. Einfache Hygienemaßnahmen tragen dazu bei, sich und andere vor ansteckenden Infektionskrankheiten zu schützen.

1. Regelmäßig Hände waschen

- ▶ wenn Sie nach Hause kommen,
- ▶ vor und während der Zubereitung von Speisen,
- ▶ vor den Mahlzeiten,
- ▶ nach dem Besuch der Toilette,
- ▶ nach dem Naseputzen, Husten oder Niesen,
- ▶ vor und nach dem Kontakt mit Erkrankten,
- ▶ nach dem Kontakt mit Tieren.



2. Hände gründlich waschen

- ▶ Hände unter fließendes Wasser halten,
- ▶ von allen Seiten mit Seife einreiben,
- ▶ dabei 20 bis 30 Sekunden Zeit lassen,
- ▶ unter fließendem Wasser abwaschen,
- ▶ mit einem sauberen Tuch trocknen.

3. Hände aus dem Gesicht fernhalten

- ▶ Fassen Sie mit ungewaschenen Händen nicht an Mund, Augen oder Nase.



4. Richtig husten und niesen

- ▶ Halten Sie beim Husten und Niesen Abstand von anderen und drehen sich weg.
- ▶ Benutzen Sie ein Taschentuch oder halten die Armbeuge vor Mund und Nase.

5. Im Krankheitsfall Abstand halten

- ▶ Kurieren Sie sich zu Hause aus.
- ▶ Verzichten Sie auf enge Körperkontakte, solange Sie ansteckend sind.
- ▶ Halten Sie sich in einem separaten Raum auf und benutzen Sie wenn möglich eine getrennte Toilette.
- ▶ Benutzen Sie Essgeschirr oder Handtücher nicht mit anderen gemeinsam.



6. Wunden schützen

- ▶ Decken Sie Wunden mit einem Pflaster oder Verband ab.

7. Auf ein sauberes Zuhause achten

- ▶ Reinigen Sie insbesondere Küche und Bad regelmäßig mit üblichen Haushaltsreinigern.
- ▶ Lassen Sie Putzlappen nach Gebrauch gut trocknen und wechseln sie häufig aus.



8. Lebensmittel hygienisch behandeln

- ▶ Bewahren Sie empfindliche Nahrungsmittel stets gut gekühlt auf.
- ▶ Vermeiden Sie den Kontakt von rohen Tierprodukten mit roh verzehrten Lebensmitteln.
- ▶ Erhitzen Sie Fleisch auf mindestens 70 °C.
- ▶ Waschen Sie Gemüse und Obst gründlich.

9. Geschirr und Wäsche heiß waschen

- ▶ Reinigen Sie Ess- und Küchenutensilien mit warmem Wasser und Spülmittel oder in der Spülmaschine.
- ▶ Waschen Sie Spüllappen und Putztücher sowie Handtücher, Waschlappen, Bettwäsche und Unterwäsche bei mindestens 60 °C.



10. Regelmäßig lüften

- ▶ Lüften Sie geschlossene Räume mehrmals täglich für einige Minuten.



Quelle: Bundeszentrale für gesundheitliche Aufklärung (BZgA) Stand: 2016

Preventing infections: The 10 most important hygiene tips (Source: <https://www.infektionsschutz.de/mediathek/infografiken.html>; accessed on 17 February 2020)