

# Internal action plan – Protective measures and workplace design

for working during the SARS-CoV-2 pandemic

## I. Basic principles

In accordance with the currently applicable legislation and the occupational safety and health standards defined by the Federal Ministry of Labour and Social Affairs and following consultation with the internal Occupational Safety and Health Specialists and the Staff Unit for Occupational Safety & Health and Environmental Protection, the University Board has defined the current overall conditions for work at the University of Duisburg-Essen in the form of this **action plan**, also taking technical, organisational and personal protective measures into consideration by order of priority.

As the overall conditions and legal provisions are currently subject to continuous change, it will be necessary to successively adapt and expand this action plan.

For specific issues (examinations involving physical presence, research activities and conducting practical courses), further regulations will be required.

Department-specific measures are to be defined and documented in the form of '**supplementary risk assessments**' on the basis of this action plan (see Section II.6).

### 1. Avoiding contact

First and foremost, the **1.5-metre rule** for social distancing applies.

In order to achieve this, **human density** must be **reduced**, e.g. by

- Adjusting working hours and reducing the number of staff present at the same time
- Dividing staff into separate teams or
- Separating workspaces, e.g. by installing transparent protective barriers

Furthermore, **mobile working** from home is allowed if tasks can be efficiently completed remotely.

### 2. Adhering to hygiene measures (see Attachment 3)

All members of our university can **personally** contribute to mutual protection by observing the hygiene rules.

**This includes compliance with the obligation to wear masks (see Section IV.2).**

### 3. Mutual responsibility

All members of staff who experience symptoms that could indicate a COVID-19 infection are requested to immediately contact a doctor or the medical on-call service provided by statutory health insurance physicians (helpline: 116117) by phone in order to discuss the next steps. You may not enter university buildings until your symptoms have been conclusively diagnosed and should inform your line manager and the Human Resources department immediately.

**These basic principles are to provide guidance for all arising questions.**

**Please find further details on individual matters in the sections below.**

**Numerous other regulations and FAQs are currently available on the [UDE website](#).**

## II. Working conditions/operations

### 1. Workplace design

As a rule, there are no issues regarding offices that are exclusively used by one member of staff. In shared offices, the workstations are to be arranged in such a way that a distance of 1.5 metres is ensured and that staff do not sit facing one another directly without protection. Small two-person offices may currently not be used by two persons at the same time if no additional protective measures are implemented. The distance rule must also be adhered to when entering or leaving the office.

In laboratories and workshops, the workplaces are only to be used to an extent that ensures the 1.5-metre distance rule is adhered to.

Agreed schedules or shifting to rooms that are currently not used for teaching can help reduce the intensity of use of individual spaces and better spread present staff. Other remedies include alternating between laboratory and office work or mobile working, at least on individual days. Proper ventilation of the rooms must be ensured. A particularly efficient way to do this is to air out the room with the windows wide open for a few minutes (see also the [FAQs regarding the internal action plan](#)). Forced ventilation has a positive effect on infection prevention and control.

Sufficiently sized handover areas are to be established for handing over files, documents, intermediate products, workpieces, deliveries, etc. These areas may then only be entered in turns.

If it is impossible to keep the minimum distance, priority is to be given to installing a barrier (e.g. plastic screens, plastic curtains, framed plastic film). This applies to consultation scenarios with changing interlocutors, visitor enquiries in the libraries or when operating machinery together, for example.

If such measures cannot be implemented due to the type of work or the circumstances, personal protective equipment is required. This means that all persons involved must wear surgical masks (see Section IV.2).

Teams or groups are to be formed in order to ensure that the same persons are present at the same times in units where this approach is suitable. Meetings between members of different teams should be avoided wherever possible (different break rooms or break times). The constellation of the teams is to remain unchanged.

### 2. Equipment

Devices, tools and work surfaces should be used exclusively by a single person wherever possible. Equipment that is jointly used (photocopiers, kitchenettes, machinery) is to be cleaned using a cleaning agent at least once every workday or before it is passed on, e.g. in the case of tools (see Section IV.4). Disinfection is not mandatory but may be helpful if a large number of people use the equipment or if it is frequently passed on.

### 3. Separate storage of work clothing and personal protective equipment

Work clothing and personal protective equipment (PPE) is to be stored separately from everyday clothes and for each individual person. Regular cleaning must be organised.

#### 4. Conferences/meetings/interaction with visitors:

Technology such as video and telephone conferencing systems are to be primarily used to conduct conferences and meetings and to interact with the public.

If physical presence is necessary, gatherings are to be organised in a way that enables compliance with the distancing and hygiene rules at all times. The number of available seats must be reduced to the number that may be used. Proper ventilation of the rooms must be ensured. A particularly efficient way to do this is to air out the room with the windows wide open for a few minutes. Depending on the number of participants, meetings may have to be held in classrooms that are currently not used for teaching.

By all means, it must be ensured that the participants and required contact information is recorded to allow trackability.

Try to prevent queues by arranging appointments and defining access regulations. If, in exceptional cases, this is not possible, waiting persons are to be guided by means of distance markings.

#### 5. Common rooms and shared spaces

Even in small common rooms, a 1.50-metre distance is to be kept to the nearest person.

A maximum of two persons may use a lift at the same time. If two persons are already using a lift, please wait for the next one or take the stairs. Please bear in mind that it is now more important than ever to give priority to persons with limited mobility.

Keep a distance from others in corridors, wait in a room or at intersections if this can help avoid close encounters. Turn away if you encounter other persons unexpectedly and cannot keep a safe distance.

In narrow staircases, encounters are to be avoided whenever possible. Wherever the building design allows, directions of movement will be defined and indicated by signs and markings for highly frequented stairways. Where this is not possible, please allow enough room to ensure a distance can be kept.

Most kitchenettes and copy rooms are so small that only one person may work there at a time.

Washrooms are usually not very spacious, and the washbasins are close to one another and the door. Units that are immediately next to one another without separation may not be used simultaneously. Please wait if the room is occupied.

Please note Section IV.2 (Obligation to wear masks).

#### 6. Risk assessment and instruction

The protective measures specified here are applicable to all areas in general use at UDE. Measures for individual organisational units are to be defined in the form of **supplementary risk assessments** (RA; based on the separate form in Attachment 1) by the responsible line manager.

In this context, factors of mental stress to staff resulting from the corona crisis, such as high intensity of work over a long period of time, blurred lines between working time and personal time, different communication channels, fear of infection, worry about family members who belong to a high-risk group, strain of family and care duties, are to be taken into account. Support for creating

supplementary risk assessments relating to mental stress can be requested from the Work Psychology Specialists.

Similar to current procedures, it may be useful to create different partial RAs depending on the job profiles. For office settings, one comprehensive supplementary RA will be sufficient in many cases. Moreover, the measures defined in existing RAs continue to apply.

The Occupational Safety and Health Specialists, the Work Psychology Unit and the university's Occupational Health Service are available for consultation on these matters.

Implementation of the action plan and the RAs is a prerequisite for work on campus to be resumed. If the scope of activities is to be extended, the measures must be revised.

Before operations can be resumed, staff must be instructed on the supplementary measures. Line managers are responsible for ensuring that instructions are provided. The line manager or another suitable person must present the instructions either face-to-face or in a video conference. Both the fact that the instructions have been provided and the attendants have to be documented. The supplementary risk assessment and a record of instruction are to be filed as additional documents alongside the existing documents (usually the red 'Arbeitsschutz' (occupational safety and health) binder; section 2, potentially with an additional 'Corona' divider). In addition, a digital version (e.g. completed file or scanned copy) is to be kept available (e.g. on a network drive) to allow random checks by university management, occupational safety and health staff or members of the Staff Council.

## **7. Preventive occupational health care/consultation by the university's medical officers**

UDE offers its staff preventive occupational health care. Consultation by the university's medical officers, in their function as trustworthy, neutral persons, can also help assess particular risks due to underlying conditions or your individual constitution. Please find the contact details here:

<https://www.uni-due.de/verwaltung/organisation/betriebsarzt.php>

## **8. Admission of external parties (e.g. contractors)**

Admission of external parties is to be restricted to a minimum.

Contact details of external persons, the times when they were present and their contacts at UDE must be documented by the person who awarded the contract. External parties are to be instructed on the infection control measures applicable at UDE with regard to SARS-CoV-2 before entering the building/taking up work. An information sheet will be made available for this purpose.

### III. Employment-related regulations

#### 1. Obligation to report infections

Staff are obliged to report any infection or suspected infection with COVID-19 due to contact with an infected person before taking up work. The relevant notification is to be sent to the responsible line manager and the Human Resources department ([personaldezernat@uni-due.de](mailto:personaldezernat@uni-due.de)).

Please find answers to further questions under [questions relating to employment law](#).

#### 2. Mobile working from home

The option to work from home and the relevant guidelines on recording working hours have been extended until 31 October 2020 for the time being. Therefore, line managers are to continue to allow mobile working, potentially alternating with work on campus, and develop a **staff schedule** for their area of responsibility.

Depending on further developments and work requirements, the time that staff is present on campus is to be successively increased, taking all protective and hygiene regulations into consideration (see Attachment 3). The objective is to carefully and gradually increase presence at UDE in a controlled manner as far as is justifiable.

#### 3. Work-related travel

With regard to work-related travel, restrictions are still in place for international (air) travel; entry restrictions, quarantine measures and restrictions to public life are still to be expected in many countries.

Essential work-related trips to countries or regions for which the Federal Foreign Office has not issued any travel warnings may be undertaken. For this purpose, the person requesting the trip must explain why it is essential in his or her request.

**Work-related travel to high-risk areas must not be undertaken under any circumstances.**

Line managers may approve work-related trips in accordance with the principles above. Decisions as to whether trips are essential are to be taken in the departments and should be documented. Strict criteria are to be applied when deciding on the necessity, also with regard to the timing (why does it have to be now?).

As the situation can change rapidly, it is essential to consult the [travel and safety information by the Federal Foreign Office](#) and the [regulations of the country to be visited](#) when approving work-related travel and once more immediately before starting the trip.

Travel-related services are to be booked shortly before the trip and with flexible conditions wherever possible in case new travel warnings or entry restrictions are put in place.

## 4. High-risk groups

Persons who are at a higher risk for a severe course of COVID-19 must be specifically protected. Please find detailed descriptions of and information on this group on the [website of the Robert Koch Institute \(RKI\)](#) and the [university website](#).

Since the start of the pandemic, the assignment criteria for high-risk group status have significantly changed. Age in itself, for example, is no longer a reason for a person to be categorised as a member of a high-risk group. Instead, an individual medical assessment is required.

**Written confirmation by the attending physician** documenting that an **individual** employee is a member of a high-risk group must be submitted to UDE as employer. In such cases, close consultation with the line managers and, if necessary, the university's medical officers and the Human Resources department is required.

UDE will only have staff with a high risk work in workplaces where infection prevention can be effectively ensured (this is the case in individually assigned offices or workspaces, in laboratories and workshops with separated workbenches or when working from home).

## IV. Protective equipment and its use

### 1. Barriers/protective screens

Protective screens that stop droplets serve to separate staff from visitors and divide workspaces if the minimum distance cannot be kept. The carpenter's workshop, which is part of the Technical Facility Management unit (Essen campus), is currently producing protective screens, which can now be ordered.

The barriers must shield the entire workspace up to above head level.

### 2. Obligation to wear masks

Face masks or surgical masks must be worn in general circulation areas (corridors, hallways, washrooms, lifts, etc.) and in the entrance areas in front of buildings (e.g. when waiting queues are formed). In addition, face masks (surgical masks) must also be worn in situations where it is to be expected that the distancing rules cannot be adhered to. Every individual is requested to carry a face mask (surgical mask) and put it on properly in accordance with the stipulations above. Face masks and surgical masks with exhalation valves are not suitable.

In work situations where the protective distance cannot be kept, all persons involved are also to wear surgical masks.

If, in exceptional cases, it is necessary for individuals to wear FFP2-quality respiratory protective masks without valves for their own protection (e.g. when working alongside one another on machinery, during assembly work, when verifying candidates' identities in examinations), further issues must be taken into consideration, in addition to recommended preventive occupational health care and wearing time restrictions, due to the strain involved. For instance, FFP masks are unsuitable for people with beards. Irrespective of the protection class, FFP masks with exhalation

valves may not be used. Please find explanations relating to the different masks in Attachment 2. In this context, it is crucial that all types of masks be worn properly to cover the mouth and nose.

Procurement: Disposable surgical masks and FFP2 respiratory protection masks can be ordered from the [central stock kept by the Technical Facility Management unit](#).

Use (see Attachment 2): Face masks/surgical masks and respiratory protection masks can be used multiple times during a day if they are put on and removed with clean hands or touching the ribbons only and it is ensured that they are stored without a risk of contamination (e.g. on a hook and not touching any surfaces). This way of storing also allows the masks to dry before the next use. However, they should not be used over a period of multiple days. Please use a suitable container for storing your dry face mask. Simple masks made of fabric may also be used. Fabric masks must be cleaned on a daily basis.

### **3. Hand hygiene/use of disinfectants**

Virologists generally deem regularly and thoroughly washing your hands with soap sufficient. Therefore, UDE will not provide hand sanitiser in all washrooms and at all entrances throughout the campuses. For work situations where staff would have to wash their hands too frequently or where it is not possible, e.g. during face-to-face examinations, in the library, in the context of transport or consultation services, disinfectants can be ordered via the [central stock kept by the Technical Facility Management unit](#).

In the case of written examinations, mobile disinfectant dispensers will be made centrally available. As presence on campus increases, further central locations (e.g. core access shafts) will successively be equipped with dispensers.

### **4. Cleaning/disinfecting surfaces**

Plans are to be made for frequently and generally used surfaces to be cleaned at least once per workday. Facility Management will centrally clean handrails in staircases, handles of entrance, corridor and washroom doors, and control panels of lifts and photocopiers. Moreover, Facility Management will also clean (but not disinfect) desktops and telephones more frequently. Cleaning of washrooms was already included in the central cleaning services, depending on the building and the frequency of use also multiple times per day.

If the staff schedule includes working in shifts, cleaning in between shifts is to be organised. This can also be coordinated with the Facility Management Department.

Cleaning of other shared equipment (devices, table surfaces, etc.) has to be organised within each department. Using soapy water or glass cleaner for cleaning will be sufficient. Surfaces should only be disinfected in exceptional cases.

Cleaning agents are also provided via the central stock kept by the Technical Facility Management unit.

## **5. Disposable gloves**

Gloves are primarily used for skin protection. The coronavirus does not cause infection through the skin of your hands. It has to be in contact with the mucous membranes to harm humans. Therefore and because the virus remains infectious for longer on gloves, thus rather increasing the risks, also for others, wearing gloves is not generally recommended. At best, they may be useful in specific areas (e.g. where frequent handover of objects is required). In such cases, gloves must be replaced frequently and used gloves must be properly disposed of.

Wearing gloves for long periods of time may result in health issues. If gloves are to be worn over long periods of time on a regular basis, an occupational health assessment regarding wet work is required.

## **6. Marking material/adhesive tape**

The Facility Management Department will centrally install signs at frequently used entrances and staircases. The Staff Unit for Occupational Safety & Health and Environmental Protection provides material for labelling that individual organisational units would like to install themselves (e.g. distance marking).



# Supplementary risk assessment regarding infection prevention and control



Unit	
Created by	
Head of unit	
Date, signature of the head of unit	

This risk assessment (RA) is a supplement to the existing risk assessments and must be filed alongside these existing documents, e.g. in the 'Arbeitsschutz' binder (occupational safety and health, 'red binder') This RA focuses on the additional risks resulting from the SARS-CoV-2 epidemic. Thus, the measures stipulated in the existing RAs continue to apply unless this RA explicitly states otherwise. When defining additional protective measures, the usual hierarchy of controls ('S-T-O-P' principle) is to be adhered to. Consequently, measures relating to contact avoidance and hygiene are to be given priority, with personal protective measures to follow after. The order in which the items are explained in this document serves to underline this approach.

An 'Internal action plan – Protective measures and workplace design for working during the SARS-CoV-2 epidemic' has been published for areas in general use at UDE. The protective measures specified in that document are applicable to all areas in general use at UDE. Measures for spaces that have been assigned to individual organisational units for independent management and use are to be defined in this supplementary RA. For office settings, one comprehensive supplementary RA will usually be sufficient. Similar to existing RAs, it may be useful or even required to define different partial RAs depending on the job profiles. A list of further documentation templates and support material including links is provided at the end of this document.

Implementation of the measures (for both UDE and the unit) is a prerequisite for work on campus to be resumed. Therefore, these measures must be implemented before taking up relevant activities. If the scope of activities is to be extended, the measures must be revised.

Fulfilled	Protective measure (examples/notes)
	<b>Avoiding contact</b>
<input type="checkbox"/>	<p>Presence on campus (including visitors) is limited as far as possible.  <u>Examples:</u> Using the option to work from home in an optimised way for analysis and documentation tasks, etc.; accepting and issuing documents in digital form or by post  <u>Note:</u> This is a basic requirement for allowing further measures for reducing contact to be realised.  <u>Description of the implementation:</u></p>
<input type="checkbox"/>	<p>Work is organised in such a way that only the same persons are present at the same time wherever possible, with individuals not being allowed to switch groups.  <u>Examples:</u> Forming teams/groups; no contact between teams working in parallel; different break times  <u>Note:</u> This serves to ensure that only one group will be unavailable if an infection is detected.  <u>Description of the implementation (including documentation of the composition of the groups):</u></p>

# Supplementary risk assessment regarding infection prevention and control



Fulfilled	Protective measure (examples/notes)
<input type="checkbox"/>	<p>One- and two-person offices are only used by one person at a time.  <u>Examples:</u> Alternating on a daily basis or after a certain number of hours  <i>Description of the implementation (plan for the use of the relevant rooms (potentially including a schedule), for example; reference to the staff schedule if applicable):</i></p>
<input type="checkbox"/>	<p>In offices for more than two persons, the workstations are only used to an extent that allows the minimum distance of 1.5 metres to be kept between all persons present <b>at all times</b>.  <u>Examples:</u> Arranging/assigning workstations diagonally across from one another; alternating staff on a daily basis or after a certain number of hours  <i>Description of the implementation (plan for the use of the relevant rooms (potentially including a schedule), for example; reference to the staff schedule if applicable):</i></p>
<input type="checkbox"/>	<p>In laboratories and workshops, the workplaces are only used to an extent that allows the minimum distance of 1.5 metres to be kept between all persons present <b>at all times</b>.  <u>Examples:</u> One person per laboratory aisle; establishing handover areas for substances/objects to be processed; distance markings  <i>Description of the implementation:</i></p>
<input type="checkbox"/>	<p>Shared spaces are used in such a way that the minimum distance of 1.5 metres is ensured <b>at all times</b>.  <u>Examples:</u> Copy rooms, kitchenettes, break rooms, meeting rooms; use by one person at a time; reducing the number of available seats  <i>Description of the implementation:</i></p>
<input type="checkbox"/>	<p>Work situations where contact between multiple persons (including visitors and contractors) is absolutely necessary are organised and carried out in such a way that the minimum distance of 1.5 metres is ensured <b>at all times</b>.  <u>Examples:</u> Reducing the number of seats available in meeting rooms; using larger seminar rooms for meetings; using video and telephone conferencing systems for meetings and consultation services; establishing handover areas for exchanging documents; assigning appointments; access regulations; distance markings where queues may form  <i>Description of the implementation (including how reasons for the necessity are to be documented):</i></p>

# Supplementary risk assessment regarding infection prevention and control



Fulfilled	Protective measure (examples/notes)
<input type="checkbox"/>	<p>If, in <b>exceptional cases</b>, the minimum distance of 1.5 metres cannot be kept, priority is to be given to installing barriers (sneeze guards).</p> <p><u>Examples:</u> Operating machinery or equipment together; contact with visitors</p> <p><i>Description of the implementation (including reasons for the exception):</i></p>
<b>Hygiene measures</b>	
<input type="checkbox"/>	<p>If, in <b>exceptional cases</b>, the minimum distance of 1.5 metres cannot be kept and barriers (sneeze guards) cannot be installed, personal protective equipment (PPE) must be worn.</p> <p><u>Examples:</u> Handling loads together; teamwork for assembling or disassembling equipment; invigilating exams; instructing staff from contractors</p> <p><u>Note:</u> In such cases, either all persons involved have to wear surgical masks or one person who is in contact with multiple persons successively must wear an FFP2 (or higher) category respiratory protection mask without a valve.</p> <p><i>Description of the implementation (including reasons for the exception and documentation of the persons working together):</i></p>
<input type="checkbox"/>	<p>Equipment, material and surfaces are to be used by a single person only wherever possible. If equipment, material or surfaces are shared between multiple persons, cleaning regulations must be put in place.</p> <p><u>Examples:</u> Devices, tools, telephones, keyboards, mice, tableware; providing cleaning agents</p> <p><u>Note:</u> Disinfection is not mandatory but may be helpful if a large number of people use the equipment or if it is frequently passed on.</p> <p><i>Description of the implementation:</i></p>
<input type="checkbox"/>	<p>Cleaning of changing rooms, showers and washing facilities that are required due to the nature of work activities will be coordinated with the Facility Management Department.</p> <p><u>Examples:</u> Limitation to the number required for current operations, cleaning intervals</p> <p><i>Description of the implementation:</i></p>

# Supplementary risk assessment regarding infection prevention and control



Fulfilled	Protective measure (examples/notes)
<input type="checkbox"/>	<p>Work clothing and personal protective equipment (PPE) is stored separately from everyday clothes and for each person individually. Cleaning arrangements are in place.</p> <p><u>Examples:</u> Personally assigned lockers with compartments; potentially using free lockers; sufficiently spaced hook racks</p> <p><i>Description of the implementation:</i></p>
<input type="checkbox"/>	<p>Jointly used rooms are thoroughly ventilated on a regular basis.</p> <p><u>Examples:</u> Airing rooms by opening the windows wide for short periods of time and potentially also opening windows/doors on opposite walls; coordinating with the Technical Facility Management unit for forced ventilation</p> <p><i>Description of the implementation:</i></p>
<b>Information and instruction</b>	
<input type="checkbox"/>	<p>The essential regulations are communicated throughout the unit.</p> <p><u>Examples:</u> Posting notices; labelling, e-mails</p> <p><i>Description of the implementation:</i></p>
<input type="checkbox"/>	<p>Staff is to be informed that they have access to preventive occupational health care and that the needs of members of high-risk groups will be specifically considered as required, in consultation with the Human Resources Department if necessary.</p> <p><u>Example:</u> Exemption from activities where the minimum distance cannot be kept or which involve handling of infectious material</p> <p><u>Notes:</u> Consultation with the university's Occupational Health Service; line managers can serve as the first point of contact regarding pragmatic solutions. Alternatives are to be presented in cases where health-related or personal data is to be treated as particularly confidential. Such factors can only be taken into consideration if one of the mentioned approaches is used.</p> <p><i>Description of the implementation (personal data may be documented on a separate sheet if required):</i></p>
<input type="checkbox"/>	<p>Staff is to be informed about the introduced measures of prevention and occupational safety and health on the basis of this supplementary RA and the relevant announcements and instructed on the rules of conduct regarding general hygiene measures. This must be documented.</p> <p><u>Examples:</u> Pointing out additions and modifications in particular; record of instruction</p> <p><i>Description of the implementation:</i></p>

# Supplementary risk assessment regarding infection prevention and control



Fulfilled	Protective measure (examples/notes)
	<b>Further measures</b>
<input type="checkbox"/>	<p>Factors of mental stress to staff resulting from the corona crisis are considered as part of this supplementary RA.</p> <p><u>Examples:</u> High intensity of work over a long period of time, fear of infection, worry about family members who belong to a high-risk group, strain of family and care duties</p> <p><u>Note:</u> Consultation with the Work Psychology Unit</p> <p><i>Description of the implementation:</i></p>
<input type="checkbox"/>	<p><i>Description of the implementation:</i></p>

Further information and documents (documentation templates and support material):

- [Contact documentation form \(MS Word file\)](#)
- [Contact information for the carpenter's workshop \(Technical Facility Management\)](#) for barriers (sneeze guards)
- [Contact information for the stockroom \(Technical Facility Management\)](#) for cleaning agents, disinfectants and PPE
- [Contact information for the University Print Shop](#) for (adhesive) labels
- [Hygiene plan \(MS Word file\)](#)
- [Instruction on infection prevention and control for staff](#) – Guidelines ([MS Word file](#))
- [Instruction on infection prevention and control for contractors and guests](#) – Guidelines ([MS Word file](#))
- [Record of instruction](#)

# Die Alltagsmaske richtig tragen

## Praktische Tipps für die Handhabung von Mund-Nasen-Bedeckungen

Das Tragen einer Mund-Nasen-Bedeckung im öffentlichen Leben ist ein wichtiger Baustein, um die Verbreitung des Coronavirus SARS-CoV-2 einzudämmen.

Das Coronavirus SARS-CoV-2 wird über Tröpfchen oder auch Aerosole (feinste luftgetragene Flüssigkeitspartikel und Tröpfchenkerne kleiner als fünf Mikrometer) verbreitet. Diese werden von infizierten Personen beim Husten und Niesen versprüht oder beim Sprechen freigesetzt, auch schon bevor Krankheitszeichen vorliegen. Mund-Nasen-Bedeckungen (Alltagsmasken) können als mechanische Barriere dazu beitragen, die Verbreitung durch virushaltige Tröpfchen zu reduzieren. Daher sind Mund-Nasen-Bedeckungen eine wichtige Ergänzung zu den [Abstands-](#) und [Hygiene-regeln](#). Das Tragen von Alltagsmasken im öffentlichen Raum kann vor allem dann wirksam werden, wenn sich möglichst viele Menschen daran beteiligen.

### In welchen Situationen soll eine Mund-Nasen-Bedeckung getragen werden?

Das Tragen einer Mund-Nasen-Bedeckung wird insbesondere in Situationen empfohlen, in denen mehrere Menschen im öffentlichen Raum für längere Zeit zusammentreffen oder die Abstandsregeln nicht zuverlässig einhalten können.



Tragen Sie eine Mund-Nasen-Bedeckung, wenn Sie im öffentlichen Raum den Mindestabstand von 1,5 Metern zu anderen nicht sicher einhalten können. Das gilt in der Freizeit ebenso wie am Arbeitsplatz. Besonders wichtig ist dies in geschlossenen Räumen.



In bestimmten öffentlichen Bereichen, wie im öffentlichen Nahverkehr und beim Einkaufen ist eine Mund-Nasen-Bedeckung Pflicht. Bitte beachten Sie die Einzelheiten sowie die weiteren Bestimmungen, die in Ihrem [Bundesland](#) gelten.



Bitte befolgen Sie auch die Regelungen einzelner Einrichtungen und Betriebe, wie beispielsweise Arztpraxen, Restaurants oder Friseurgeschäften.



Auch wenn Sie eine Mund-Nasen-Bedeckung tragen:

**Halten Sie möglichst [Abstand](#) zu anderen und beachten Sie die [Hygieneregeln](#).**



## Alltagsmasken und medizinische Masken – was ist der Unterschied?

- **Mund-Nasen-Bedeckungen** (MNB, Alltagsmasken, Community-Masken, DIY-Masken) bestehen meist aus handelsüblichen Stoffen und sind für den privaten Gebrauch im Alltag bestimmt. Neben textilen Mund-Nasen-Bedeckungen stehen auch nicht-medizinische Einwegmasken zur Verfügung.  
Mund-Nasen-Bedeckungen tragen dazu bei, andere Menschen vor feinen Tröpfchen und Partikeln zu schützen, die zum Beispiel beim Sprechen, Husten oder Niesen ausgestoßen werden. Für diesen Fremdschutz gibt es erste wissenschaftliche Hinweise. Ein Eigenschutz für die Trägerin oder den Träger ist bisher wissenschaftlich nicht belegt. Die Mund-Nasen-Bedeckung kann daher andere Infektionsschutzmaßnahmen wie Abstandhalten und Hygiene nicht ersetzen, sondern soll diese ergänzen.  
Ein Visier zu tragen, wird von Experten nicht als gleichwertige Alternative zur Mund-Nasen-Bedeckung angesehen.
- **Medizinische Gesichtsmasken** (Mund-Nasen-Schutzmasken (MNS), Operations (OP)-Masken) sind Medizinprodukte, die vor allem dem Schutz des Gegenübers vor möglicherweise infektiösen Tröpfchen dienen.
- **Partikel-filtrierende Halbmasken** (filtering face piece, FFP-Masken) sind Gegenstände der persönlichen Schutzausrüstung im Rahmen des Arbeitsschutzes und haben den Zweck, die Trägerin oder den Träger vor Partikeln, Tröpfchen und Aerosolen zu schützen. Masken ohne Ventil filtern sowohl die eingeatmete als auch die ausgeatmete Luft und bieten daher neben dem Eigenschutz auch einen Fremdschutz, obwohl sie primär für den Eigenschutz ausgelegt sind. Masken mit Ventil hingegen filtern nur die eingeatmete Luft und ermöglichen daher keinen Fremdschutz, d.h. sie bieten keinen Schutz für das Umfeld der Trägerin bzw. des Trägers; sie sind lediglich für sehr wenige Anwendungsgebiete in Kliniken vorgesehen.



Generell wird für den privaten Gebrauch im Alltag derzeit das Tragen einer Mund-Nasen-Bedeckung empfohlen. Sollte in Einzelfällen, wie etwa bei Vorliegen einer Erkrankung, Unsicherheit bestehen, welche Maske geeignet ist, dann sollten Sie dies mit Ihrer behandelnden Ärztin oder Ihrem behandelnden Arzt besprechen.



## Was ist bei der Handhabung und Reinigung von Mund-Nasen-Bedeckungen (Alltagsmasken) zu beachten?

- Vor dem Anlegen einer Mund-Nasen-Bedeckung sollten Sie sich nach Möglichkeit gründlich die [Hände waschen](#) (mindestens 20 Sekunden mit Seife).
- Achten Sie beim Aufsetzen darauf, dass die Alltagsmaske **Mund und Nase** vollständig bedeckt und an den Rändern möglichst eng anliegt.
- Vermeiden Sie es, während des Tragens die Mund-Nasen-Bedeckung zu berühren und zu verschieben.
- Eine durchfeuchtete Mund-Nasen-Bedeckung sollte gewechselt werden.
- Zum Abnehmen fassen Sie die Mund-Nasen-Bedeckung am besten an den seitlichen Bändern an.
- Waschen Sie sich nach dem Absetzen der Mund-Nasen-Bedeckung die Hände, sobald Sie die Möglichkeit dazu haben.
- Entsorgen Sie Einwegmasken nach dem Tragen in einem Mülleimer.
- Bewahren Sie wiederverwendbare Mund-Nasen-Bedeckungen vorübergehend in einem separaten Beutel auf. Zu Hause können Sie die Mund-Nasen-Bedeckung auch zum Trocknen aufhängen.
- Waschen Sie textile Mund-Nasen-Bedeckungen baldmöglichst.
- Eine zuverlässige Methode der Reinigung ist das Waschen in der Waschmaschine bei mindestens 60° C. Verwenden Sie hierfür ein Vollwaschmittel.
- Lassen Sie Mund-Nasen-Bedeckungen nach dem Waschen vollständig trocknen.
- Wie effektiv andere Methoden der Reinigung wie das Erhitzen in der Mikrowelle oder im Backofen sind, ist fraglich.

## Welche Besonderheiten sind bei Kindern zu beachten?

Das Tragen einer Mund-Nasen-Bedeckung ist in Deutschland auch für Kinder in bestimmten Bereichen verpflichtend. Aus [medizinischer Sicht](#) gilt eine Maskenpflicht ab dem Schulalter in zeitlich begrenztem Umfang als vertretbar. Die Regelungen, in welchen Situationen und ab welchem Alter Mund-Nasen-Bedeckungen verpflichtend sind, unterscheiden sich je nach [Bundesland](#). Bitte beachten Sie auch die Vorgaben in Kitas, Schulen und anderen Einrichtungen.





Wenn Sie unsicher sind, ob Ihr Kind eine Mund-Nasen-Bedeckung tragen kann, weil es krank ist oder besondere Bedürfnisse hat, sprechen Sie mit Ihrer Kinderärztin oder Ihrem Kinderarzt.

Bei der Auswahl einer Mund-Nasen-Bedeckung für Ihr Kind sollten Sie darauf achten, dass der verwendete Stoff das Atmen nicht erschwert. Die Alltagsmaske sollte bequem und trotzdem fest sitzen. Ihr Kind sollte in der Lage sein, die Mund-Nasen-Bedeckung jederzeit selbstständig zu entfernen, sie darf nicht dauerhaft am Kopf fixiert werden. Beim Spielen und Toben sollte Ihr Kind keine Mund-Nasen-Bedeckung tragen, da die Gefahr besteht, damit hängen zu bleiben. Kinder unter zwei Jahren und schlafende Kinder dürfen keine Maske tragen.

Sprechen Sie mit Ihrem Kind in Ruhe über den richtigen Umgang mit Mund-Nasen-Bedeckungen und erklären Sie kindgerecht die Abstands- und Hygieneregeln. Tipps und Ideen, wie Sie Ihr Kind beim Tragen einer Mund-Nasen-Bedeckung unterstützen können, finden Sie unter [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de). Nutzen Sie auch die unterhaltsamen [Materialien für Kinder](#) zur Hygieneaufklärung.



## Weiterführende (Fach-)Informationen

### Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM)

- [Hinweise zur Verwendung von Mund-Nasen-Bedeckungen](#)

### Robert Koch-Institut (RKI)

- [Hinweis zur Verwendung von Masken](#) (MNS, FFP- sowie Behelfsmasken)

### Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BAuA)

- [Antworten zur Verwendung von filtrierenden Halbmasken / Atemschutzmasken und weiterer persönlicher Schutzausrüstung](#)
- [Empfehlungen zum Einsatz von Schutzmasken](#)



## CORONAVIRUS

# General Protective Measures



Stay at home if you have **typical corona symptoms** such as a high temperature and/or cough.



Keep at least **1.5 m** protective distance to others!



Wear **mouth-nose cover** if the protective distance is not reached.



Wash your hands regularly and thoroughly with **soap and water** for **20 seconds**, especially after going to the toilet and before consuming any food.



Do not touch your face with your hands.



Do not shake hands.



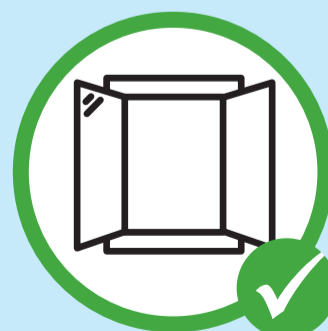
Avoid face-to-face meetings; alternatively, use telephone and video conferences.



Avoid crowds of people.



Cough and sneeze into the inside of your elbow or handkerchief, not into your hand.



Ventilate interiors regularly.



Separate use of hygiene articles and towels.



Clean skin and hand contact surfaces regularly.