Saraya Co., Ltd.

Best Sanitizers, Inc.

Best Sanitizers Kentucky Factory

Saraya International, Inc.

Saraya USA, Inc.

Chagaroot, Inc.

https://chagaroot.com/

Saraya Natural Products Co., Ltd.

Saraya Hygiene de Mexico S.A. de C.V.

Saraya Brasil Ltda

Saraya Australia Pty Ltd.

Saraya New Zealand

Saraya (Cambodia) Co., Ltd.

Saraya (Shanghai) Biotech Co., Ltd.

Saraya (Shanghai) International Trading Co., Ltd.

Saraya (Taixing) Manufacturing CO.,LTD.

Saraya (Dongguan) Hygiene Products Co., Ltd.

Guilin Saraya Biotech Co., Ltd.

Shinva Medical Biotechnology Co., Limited

Saraya HongKong Co., Limited

Yangzhou Saraguard Medical Supplies Co., Ltd.

Saraya (Hong Kong Sales) Co., Ltd.

Saraya Wellness Products Co., Ltd.

Saraya Mystair Hygiene Pvt. Ltd.

URL: https://sarayamystair.in/

Saraya Korea Co., Ltd.

Saraya Hygiene Malaysia Sdn. Bhd.

Saraya Glove Industries Sdn. Bhd.

Saraya Goodmaid Sdn. Bhd. URL: https://www.goodmaid.net/

2-2-8 Yuzato, Higashisumiyoshi-ku, Osaka 546-0013 Japan

Phone: +81-6-6703-6336 E-mail: hands@global.saraya.com

URL: https://saraya.world/

Goodmaid Chemicals Corporation Sdn. Bhd.

PT. Salim Saraya Indonesia

Saraya Myanmar Co., Ltd.

Taiwan Saraya Hygiene Co., Ltd.

Saraya International (Thailand) Co., Ltd.

Saraya MFG. (Thailand) Co., Ltd.

Sarava Greentek Co., Ltd.

Saraya Greentek Hanoi Office

URL: http://www.saraya-europe.com

https://www.sarava.vn/

Saraya Europe SAS

Saraya Medtech SAS

Saraya Co., Ltd. Europe

URL: https://www.saraya-europe.com

Saraya Poland Sp. z o.o.

URL: https://www.saraya-europe.com/pl/

Saraya Germany GmbH

Saraya CIS LLC.

URL: https://saraya-cis.ru/ https://saraya.com.shop.ru/

Saraya Ukraine LLC.

URL: http://www.saraya.com.ua/ https://saraya-shop.com.ua/

Saraya Manufacturing (U) Ltd. URL: https://saraya-eastafrica.com/

Saraya Beauté et Santé

Saraya Middle East for Industrial Investment J.S.C.

Saraya Egypt For Medical Products

Saraya Middle East Trading DMCC

Saraya Kenya Co., Ltd.

Please accesss here to contact each global office

HosCom International readers, your comments and opinions are always welcome. Please share your thoughts with us by scanning the QR code.



HosCom International











The journey of hand hygiene in Mubende Regional Referral Hospital

Sr. BIIRA IDEREDA KATWESIGYE, Senior Nursing Officer

IPC Member, Mubende Regional Referral Hospital

Introduction

Mubende Regional Referral Hospital (RRH) is a 229-bed hospital located in the Western Central Region of Uganda and serves people in the districts of Mubende, Mityana, Kassanda, Kiboga, Kyankwanzi, and parts of Kyegegwa, Kibaale, Sembabule, Kakumiro, and Gomba. The hospital was elevated to a Referral Status in FY2009/2010, serving a district population of 611,900 (UBOS Projection of 2022).

- Annual Outpatient Department (OPD) attendance 2021
- average: 82.516
- Annual Antenal Care (ANC) attendance average: 8,083
- Annual deliveries average: 5,710
- Annual pediatric admissions average: 1,716



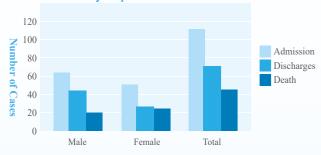
About the Ebola situation

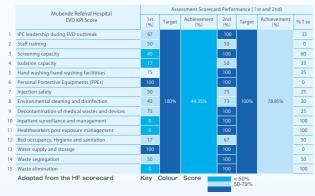
On the 20th of September, Uganda declared an Ebola disease outbreak caused by the Sudan ebolavirus species after confirmation of a case in Mubende District. Case fatality rates of the Sudan strain have varied from 41% to 100% in past outbreaks. Early initiation of supportive treatment has been shown to significantly reduce deaths from Ebola.

The confirmed case was from a sample taken from a 24-year-old male. This investigation was triggered by six suspicious deaths that occurred in the district of Mubende in the same month. During this outbreak, there were 164 cases (142 confirmed and 22 probable), 55 confirmed deaths, and 87 recovered patients in total.

The World Health Organization (WHO) and partners supported Uganda health authorities from the onset of the outbreak, deploying experts; providing training in contact tracing, testing, and patient care; building isolation and treatment centers; and providing laboratory testing kits. In addition, the president announced directives to support the control of Ebola transmission, including prohibition of movements into and out of the Mubende and Kasanda Districts for 21 days starting on the 16th of

Ebola Summary Report







at Mubende Regional Referral Hospital

During this Ebola outbreak at Mubende RRH, six healthcare workers tested positive for Ebola. The outbreak spread to nine districts in Uganda (Mubende, Kyegegwa, Kassanda, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka City, and Jinja). Rapid response teams were deployed to support outbreak response activities, including the investigation of unexplained deaths and contact tracing. The CDC provided support for surveillance, epidemiology, laboratory, communication, and ecological investigations. On the 11th of January 2023, Uganda declared the end of the outbreak.

About Infection Prevention and Control (IPC) in Mubende Regional Referral Hospital

- In Mubende RRH, the IPC committee has been in existence since 2010, but hand hygiene practice was not being practiced as per standard following the five moments until 2016.
- There were no guidelines, posters, or trainings specifically targeting hand hygiene in place.
- The main emphasis was placed on the availability of PPEs, the decontamination process, and waste management.
- · Meetings and supervisions were irregular but still focused on the above elements and not hand hygiene.
- In 2016, hand hygiene practices began with the support of Infectious Diseases Institute (IDI) and SARAYA.
- External and internal training was conducted.
 SARAYA supplied and installed alcohol hand disinfectant dispensers with alcohol hand disinfectant in all units.
- The IDI and Uganda National Medical Stores (NMS) provided materials for manufacturing alcohol hand disinfectant in the
- · Uganda Continuing Medical Education (CME) and meetings with refreshments and facilitation were initially supported by the IDI up to 2019.
- · Sustainability was ensured by continuous mentorships and support supervision on hand hygiene compliance.

 • During the COVID-19 outbreak, hand hygiene was generally at its
- peak by healthcare workers, patients, and their
- During the COVID-19 outbreak, hand hygiene was generally at its peak by healthcare workers, patients, and their attendants.
- · Data collection on hand hygiene compliance was not conducted during the COVID-19 outbreak.
- During the Ebola disease outbreak, there was no transmission to patients via healthcare workers due to a reduced number of patients because of lockdown, adequate supply of
- PPE from partners, and high hand hygiene compliance.

- · Protect the patient against harmful germs carried on our hands.
- Protect ourselves and the healthcare environment from harmful germs by practicing the five moments of hand hygiene.



urce: Your 5moments for Hand Hygiene, WHO URL:https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention -and-control/your-5-moments-for-hand-hygiene-poster.pdf?s-

IPC Baseline Assessment

- Knowledge gap
- No alcohol hand disinfection practice Gloving only with no hand hygiene action
- · All units had pathogens on their surfaces, including theatre and neonatal units
- · IPC posters on hand hygiene were totally lacking

Strategies to reduce Healthcare-Associated Infections (HAIs) and antimicrobial resistance

- Training of HOD (head of department) and in-charges by IDI
- Formation of a vibrant IPC team who received formal appointments · Development of action plans concerning training, CME, and
- Institutional process of alcohol hand disinfectant
- Display of standard operating procedure for hand hygiene
- Monthly hand hygiene monitoring using the WHO assessment tool Awarding of best-performing units
- Performance and dissemination of monthly analysis of the hand
- hygiene compliance rate for the hospital
- Quarterly monitoring of hand hygiene alcohol disinfectant
- Daily sensitization of patients, clients, and attendants to hand
- Continuous orientation of all staff and students
- · Monthly meetings to review performance and formulate action
- Radio talk shows
- · Provision of handwashing facilities by UNICEF during the
- COVID-19 outbreak

Hand hygiene compliance

Picture of IPCC training









Methods for monitoring

The following methods were used by the hospital IPC committee on hand hygiene:

- Observational
- Investigative swabbing
- Cross sectional survey baseline data
- · Use of a checklist

Compliance

Baseline on 16th of December 2016: 21.6%

January 2019 : 34.5% November 2021: 40% April 2022

	2017	2018	2019	2020	2021	2022	2023
January	31.2%	-	34.5%	-	-	-	-
February	30.2%	42.1%	-	-	-	-	50%
March	30.9%	33.9%	-	-	-	-	48.2%
April	-	36.3%	-	-	-	50%	-
May	-	54.0%	-	-	-	-	54%
June	42.1%	50.0%	-	-	-	42%	
July	31.6%	32.7%	-	-	-	-	
August	33.3%	40.1%	-	-	-	45%	
September	37.2%	38.9%	-	-	-	-	
October	-	31.3%	-	-	-	42.1%	
November	53.3%	30.8%	-	-	-	46.9%	
December	35.2%	48.6%	-	-	-	-	

Table: Hand Hygiene Compliance Rate from 2017 to 2023



Figure: Patterns of transmission of healthcare-associated germs with particular focus on hand transmission in 12 months

Patterns of transmission of reduce Healthcare Associated Infections (HAIs) continued

- In July 2021, there was a decrease in pneumonia cases. This could be associated with increased hand hygiene during the COVID-19 outbreak.
- In November/December 2021, there was a rise in all cases. This could be attributed to the laxity in the observance of hand hygiene.
- There was a decrease in septicemia and pneumonia cases from January 2022 to April 2022. This could be due to the intensified number of trainings on hand hygiene for both the students and staff for the period.
- September-November 2022 due to the Ebola outbreak, the number of patients dropped dramatically due to the lockdown, and IPC committee members joined the Ebola Treatment Unit.

Despite hospital hand hygiene compliance being above the WHO target, the following factors are affecting hospital hand hygiene

- 1. Individual factors (too busy/workload, skin irritation, glove use, the "don't think about it" attitude)
- Inadequate functional handwashing facilities and dispensers
- 3. Irregular supervision in some units
- 4. Stockouts of alcohol hand disinfectants
- 5. Transfer of trained staff to other hospitals

Recommendations

- Continuous mentorships of all students and staff at hand hygiene Constant supply of alcohol hand disinfectant manufacturin ma by NMS and Ministry of Health
- · All units should have functional taps and a constant water supply Continuous monthly assessment and meetings to measure hand
- hygiene compliance • Continuous verbal reminders to health workers who are laggards

- Hand hygiene is crucial in the prevention of HAIs. The use of gloves does not replace the need to clean your hands.
- · On-site mentorships/CME of all students and staff about hand hygiene have improved hand hygiene compliance from 21.6% in 2016 to 54% as of May 2023.

日本語要約

ムベンデ地域病院のエボラ出血熱と手指衛生に関する取り組み

ウガンダ共和国中西部に位置するムベンデ地域病院(以下、ムベンデ病院)は 229床を有し、地域に暮らす約61万人へ医療サービスを提供している。

2022年9月20日、ウガンダ保健当局は、ムベンデ地域におけるスーダン型ウ イルスによるエボラ出血熱の発生を宣言した。WHOや他のパートナー機関は 専門家派遣や医療物資提供などウガンダ保健当局を支援し、国内でも地域 隔離対策を行い、2023年1月11日、当局は流行終息を宣言した。

アウトブレイク中、合計164人の患者(確定例142人、推定例22人)が報告さ れ、55人の死亡者が確認されたが、87人の患者が回復した。ムベンデ病院で は6人の医療従事者が陽性と診断された。WHOはこうした医療現場を介した 感染拡大防止のため、医療機関内の感染予防管理(以下、IPC)プログラムの

ムベンデ病院にも2010年からIPC委員会が存在するが、主にPPE着用や廃棄 物処理に重点が置かれ、手指衛生は重視されていなかった。2016年からパ ートナー機関協力の元、手指消毒剤の院内製造、スタッフへの注意喚起やト レーニング等、本格的に手指衛生の実践を開始した。その結果、2016年には 21.6%だった手指衛生遵守率は、2023年5月には54%に到達した。院内でも モニタリングを行い、手指衛生遵守率と医療関連感染は相関性があること を確認している。物資や設備の不足、スタッフ教育等様々な課題は残るが、 戦略的に取り組み手指衛生遵守率の更なる向上を目指している。

SARAYA Activity Report

May 5 is Hand Hygiene Day, which was launched by the WHO. Every year, as part of this global campaign, Saraya supports hand hygiene awareness activities in various countries. In this report, we would like to introduce two hand healthcare events that we supported at healthcare facilities in China.

Event at Sichuan Gem Flower Hospital, Northsichuan Medical College

Facility information

Facility name: Sichuan Gem Flower Hospital, Northsichuan Medical College

Address: No. 26 Tongji Alley, Huayang Residential District, Tianfu New Area, Chengdu City, Sichuan Province

Number of beds: 650 Number of staff: 1,012

About the event

Sichuan Gem Flower Hospital, Northsichuan Medical College, is highly focused on infection control on a daily basis. A doctor from the facility approached Saraya to seek support for a hand hygiene event aimed at educating patients about proper handwashing and hand disinfection to raise their awareness of infection control measures.



The monitor at the hospital entrance

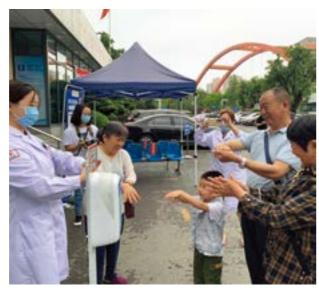
At the event, a giant monitor was set up at the hospital entrance to explain the importance of hand hygiene and demonstrate proper hand hygiene methods. Saraya's original posters, created for this year's theme "Accelerating action together!", were displayed throughout the hospital to raise awareness.

In addition, a booth was placed at the entrance to the outpatient clinic, providing visitors with an opportunity



A poster displayed in the hospital

to learn about hand hygiene in a fun way. Hospital staff at the booth demonstrated the effective hand-rub procedure to patients and their families.



Patients and family members learning proper hand-rub methods from hospital staff

Event feedback

Visitors who successfully practiced correct hand hygiene were rewarded with hand disinfectant and hand cream. Moreover, original pamphlets on the importance of hand hygiene and how to practice it were distributed.

More than 600 people attended the event. One visitor said, "I now understand the importance of hand hygiene", while another remarked, "It was good to learn how to perform proper hand hygiene." The event was very well received by visitors, and we hope that it will help people understand the importance of hand hygiene.





Prize for visitors

Event at Harbin Medical University Cancer Hospital

Facility information

Facility name: Harbin Medical University Cancer Hospital **Address:** No. 150, Heping Rd, Nangang District, Harbin,

Heilongjiang Province Number of beds: 3,488 Number of staff: 2,502

About the event



Posters displayed for the event (1)



Posters displayed for the event (2)

Harbin Medical University Cancer Hospital is one of China's leading hospitals in cancer treatment and is equipped with advanced facilities and highly skilled medical professionals. The hospital, which performs more than 540,000 examinations each year, has a large number of patients. The infection control doctor requested Saraya's support in organizing an event to raise awareness of hand hygiene among patients.

For the event, posters promoting the May 5 campaign and the five steps of hand hygiene were displayed at the hospital entrance

Infection control and outpatient care staff provided instructions on proper hand disinfection and handwashing to outpatients and their families. Patients and their families received gifts of hand disinfectant and hand cream along with leaflets emphasizing the importance of hand hygiene. The event was a great success, with over 300 people in attendance.





HosCom Int'l

Hospital staff demonstrating proper hand-rub and handwashing techniques





Visitors receiving gifts

Event feedback

Both attendees and hospital staff expressed their gratitude for the opportunity to acquire knowledge about hand hygiene, with the latter acknowledging the event's impact in reinforcing the significance of hand hygiene practices.

Awareness of and a daily commitment to hand hygiene are essential. We will continue to support such events in the future.

SARAYA May 5 Poster

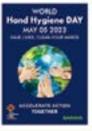
We create an original poster every year to raise awareness at facilities all over the world. The 2023 campaign poster can be downloaded here!



https://saraya.world/healthcare/pages/clean-your-hands-5-may







Case Study

Continuous Promotion to Increase Hand Hygiene Compliance

Facility Information

Facility Name: Hospital Ampang

Address: Jalan Mewah Utara, Pandan Mewah, 68000 Ampang,

Selangor Darul Ehsan **Number of beds:** 700

Hospital Ampang, established in 2006 as a Malaysian national project, is located in Taman Pandan Mewah, Ampang, Selangor Darul Ehsan, adjacent to Kuala Lumpur, and provides medical services to the local population. The hospital is a national referral center for hematology care and offers tertiary and secondary medical care. Dr. Nur Farhanal Ismail, who works in the Infection Control Unit, told us about hand hygiene practices at the facility.



Interviewee

Dr. Nur Farhana Ismail Infection Control Unit Ampang Hospital



Product in Use

Alcohol-based hand rub (ABHR) Alsoft Liquid Hand Disinfectant A (Alsoft A)

Feedback on Alsoft A

How did you learn about Alsoft A?

In 2012, I started working at the Obstetrics and Gynecology Department (O&G) by providing clinical services. I have been using Alsoft A since I started working for O&G, as it had been installed in the hospital. In 2019, I moved to the Infection Control Unit, learned more about alcohol-based hand rub (ABHR), and found Alsoft A to be an excellent formulation.

Where do you place Alsoft A?

It is placed in all medical wards at our hospital including clinical and non-clinical areas. Small-sized bottles are also placed on each patient's bedside table so that healthcare workers have easy access during rounds. Every Friday, the nurse in charge of each department is asked to check the stock level of ABHR remaining in their area and toget new stock of

ABHR when it is running low. This service is to ensure the ABHR supply in the hospitalis sufficient and available for both healthcare workers and the public to use and clean their hands.



Alsoft A in GUD-1000, no-touch dispenser placed at the entrance of the ward



Alsoft A installed on a wall bracket at the clinic's entrance



What kind of hand hygiene education/training activities are engaged in?

We provide hand hygiene training for staff, especially for new employees. This year (2022), we have held three training sessions through August. We planned training sessions by checking the schedule so that all staff members could attend the training at least once. The staff was cooperative, and they provided encouraging feedback.

The WHO Hand Hygiene Self-Assessment Framework has been very helpful, and we send the results to the Ministry of Health once every two years for reporting.

We at Hospital Ampang also create an important role among the healthcare workers focusing on hand hygiene which is called Hand Hygiene Task Force Committee. This committee was established in May 2022 and consists of 11 members from both clinical and non-clinical staff. Their important role is to help the Infection Control Unit with hand hygiene promotion to all hospital staff such as with the demonstration of the 6 steps of hand rubbing and hand washing, emphasizing the important 5 Moments of Hand Hygiene. This committee was created based on WHO Hand Hygiene Self-Assessment Framework (HHSAF).



Dr. Nur Farhana Ismail

The challenge is to sustain hand hygiene compliance among healthcare workers. We conduct the hand hygiene training and share awareness regarding the importance of hand hygiene so that healthcare workers can practice and adopt both 6 steps techniques (hand rubbing and hand washing) and 5 Moments as a habit to wash their hands and improves their technique. We find it difficult to instill the importance of hand hygiene in all staff members. Even after they have mastered the technique, it is hard for them to make it a habit due to their busy day-to-day work. We emphasize the importance of this habit so that staff will retain the technique. Comparing 2018 to 2021, we can see a lot of improvement and awareness among healthcare workers regarding hand hygiene. As a result, our hand hygiene compliance rate has improved from 78.8% (2018) to 88.9% (2021).





Hand hygiene 6 step poster attached each sink for quick reference



The "Your 5 Moments for Hand Hygiene" poster attached at the entrance to the medical ward

NEXT STEP

What is the challenge for the future?

Improving hand hygiene compliance rates among clinical and non-clinical staff. Due to COVID-19, our compliance rate has increased to 95%, up from around 70%. Previously, we aimed to achieve hand hygiene compliance rate by up to 90% by 2024 as well as reduce MDRO (multi drug-resistance organisms) cases in our hospital. We will continue to work with our staff to disseminate information, provide training, and promote hand hygiene. Eventually, we hope to achieve a 100% compliance rate.

SARAYA Healthcare Hygiene News

Emerging Disease in Parts of Europe: European Hepatitis A Surveilance

Dr. Bonnie OKEKE, Saraya Co., Ltd. Europe, Belgium

On 7 December 2022, the European Centre for Disease Prevention and Control (ECDC) published the 2020 surveillance report on hepatitis A infection across the European Union (EU)/European Economic Area (EEA) member state.

Hepatitis A is an acute infection of the liver caused by a small, non-enveloped hepatotropic virus of the family Picornaviridae and the genus Hepatovirus.

The report is part of the annual communicable diseases report published by the ECDC. Member states are mandated to report the incidence of certain communicable diseases as part of the European-wide alert system.

Each country enters its data into the European Surveillance System (TESSy), which is a system for the collection, analysis and dissemination of data on communicable diseases.

Hepatitis A is an inflammation of the liver caused by the hepatitis A virus (HAV). It affects both children and adults.

The recent report covers 28 countries, including Iceland and Norway. The report generally showed a decrease in both

reported cases and notifications from the countries. The potential impact of the Covid-19 pandemic on the general outlook of the report was not indicated, although one would expect some level of impact, particularly at the onset of the outbreak and peak in 2020.

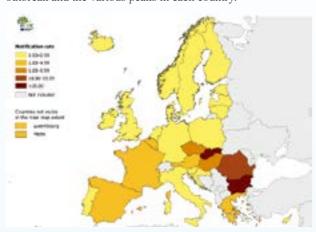


Epidemiology

Relative to the 2019 surveillance report, a significant reduction ranging between 70% and 90% was reported in several members, including France, Greece, Hungary, Italy, Malta, the Netherlands, Poland, Slovakia and Spain, with Poland reporting the highest reduction of 90%.

Only Denmark, Estonia, Lithuania and Luxembourg reported increases of between 13% and 75%.

Only Spain was reported as not providing data for 2020 because of Covid-19. This may suggest that the potential impact of the Covid-19 pandemic on the whole data for 2020 was adequately represented, although one would expect some level of impact, particularly at the onset of the Covid-19 outbreak and the various peaks in each country.



Hepatitis A cases per 100,000 population by country, EU/EEA, 2020 (Source: ECDE, 7 Dec 2022 Report)

Hepatitis A virus

How is the hepatitis A virus transmitted?

The virus is highly transmissible and has an average incubation period of four weeks, ranging from two to six weeks. Transmission most often occurs via the faecal—oral route through contaminated food and water or via person-to-person contact (e.g. among household contacts, sexual contacts, day-care centres or schools)

What are the signs or symptoms of infection?

HAV infection is often asymptomatic or mild in children, whereas at its onset in adults, the illness is usually abrupt, characterised by fever, malaise and abdominal discomfort.

The predominant symptom is jaundice. Although very severe diseases are unusual, infection can lead to acute liver failure and death, mostly in the elderly and in patients with liver disease.

What are the typical symptoms of hepatitis A infection to watch out for?

Common look-out symptoms include:

- High temperature
- Flu-like symptoms or feelings, such as tiredness, headache and muscle pains
- Feeling sick or being sick
- reeling sick of being sick
- Pain in your upper stomachDiarrhoea or constipation
- Pale yellow or pale grey stool
- Dark brown urine
- Itchy skin and/or raised rashes
- Yellowing of the skin and whites of the eyes (jaundice)

Most children and some adults may have mild symptoms or no symptoms (asymptomatic individuals)

What is the duration of the symptoms?

The symptoms may last from one or two weeks to months.

How can I prevent having hepatitis A virus disease?

Vaccination is the best-recognised way to prevent hepatitis A infection. It is routinely given in many healthcare systems by contacting a medical practitioner.

Are there other ways I can reduce risk without vaccination or in addition?

Yes, the following measures are recommended:

- Washing hands thoroughly before preparing and eating food
- Drinking bottled water
- Avoiding eating shellfish and uncooked fruits and vegetables
- Practicing protective sex

Reference

ECDC - Hepatitis A - Annual Epidemiological Report for 2020 https://www.ecdc.europa.eu/en/publications-data/hepatitis-annual-epidemiological-report-2020





For cleaning and disinfection frequently touched environmental surface

サラヤ 環境清払クロス PREMIUM CLEANING

Surface sanitizing wipes



80 wipes pillow shape Sheet 175 x 200mm

Original non-alcohol formulation for cleaning and non-woven cloth matching technology

- Uniform cleaning from the beginning to the end of the wiping.
- Surfactant is contained for high cleaning effectiveness against grease and protein stains.
- Quaternary ammonium salts in the formulation are highly effective in disinfecting and inactivating viruses. The bactericidal effect lasts after wiping.
- Low corrosiveness to plastic and stainless steel, no need to wipe with water after use.

Matching chemical solution and non-woven cloth

Wet the surface moderately evenly. (Patent No.6821162 Table 3-8)

Comparison of wetting when liquid is impregnated into non-woven cloth and a contant load is applied

	Saraya Environment Wipes PREMIUM CLEANING	Comparison 1	Comparison 2	Comparison 3
Saraya original formula	0	0	×	×
Saraya original non-woven cloth	0	×	0	0
Appearance	Evenly wet	Not wet all	Partially wet	Excessively wet

Disinfectant efficacy by wiping

As a wipe test stipulated by European Standard, EN16615:2015, we evaluated the disinfectant effect on contaminated areas and the transfer of bacteria to surrounding areas.

[Test organism]

Staphylococcus aureus ATCC 6538 Enterococcus hirae ATCC 10541 Pseudomonas aeruginosa ATCC 15442 Candida albicans ATCC 10231

[EN16615:2015 Requirement]

For each test bacteria or fungi, disinfection efficacy of the contaminated area (T1) must be $5.0 \, \text{Log}_{10}$ or more for bacteria and $4.0 \, \text{Log}_{10}$ or more for fungi, and average residual bacterial or fungicidal count in surrounding areas (T2 to T4) must be $50 \, \text{CFU}$ or less.

Saraya Environment Wipes PREMIUM CLEANING meets the requirements of EN16615:2015.

7

SARAYA



Tips to prevent rough hands for healthcare workers

- Select hand hygiene products that are less likely to cause rough hand
 Use a hand disinfectant that contains a moisturizer that is appropriate for you
 Use a soap gently on skin
- Reduce irritating hand hygiene practices
 Rinse thoroughly after hand washing with soap and running water
 When wiping hands, use a proper tower and gently press against the towel
- Use hand care products



Preparation If hands are visibly dirty, wash hands to remove dirt Put a small amount of hand care product on your hand. Spread on both palms while warming with body temperature. Spread from the back of your hand to fingertips.



5

6



Bend your fingers, wrap your fingers in your palm, and spread along the crease.

Apply by stretching the joints and crease.

Massage between fingers.

Apply while massaging the fingertips (around the nails) intensively.

Spread over hands until dry.

Hand Soap

F

Alsoft Foaming Hand Soap

Fragrance-free antibacterial soap



• Emollients keep skin moisturized







Alsoft Foaming Hand Soap G

Antibacterial soap with green apple fragrance



- Emollients keep skin moisturized
- Natural potassium soup based



Hand Disinfection



Alsoft VS / Alsoft Liquid Hand Disinfectant B

Hygienic and surgical hand disinfectant



- Contain moisturizers with excellent skin feel (clean and smooth)
- Formulation containing two kinds of alcohol and Phosphoric Acid, resulting in excellent bactericidal and virucidal effect

