



# Infection prevention

## Surface hygiene

KRINKO recommendation: extent of disinfection in different areas

EXTENT OF DISINFECTION	High-touch or near-patient surfaces	Work surfaces before aseptic activities	Floors	Corridors (including handrails)	Adjoining rooms of wards	All accessible surfaces and objects of the room and sanitary area	Examples
Areas with possible risk of infection	×	×					General wards, outpatient areas, radiology, physical therapy, sanitary areas, dialysis, delivery room, functional diagnostics, psychiatry, procedure rooms, ambulance and patient transport vehicles, waiting rooms
Areas with increased risk of infection	×	×	×				Surgical units as well as units for: <ul style="list-style-type: none"> <li>intensive care/intermediate care (IMC)</li> <li>severe burn injuries</li> <li>transplantations (e. g. bone marrow or stem cells)</li> <li>haematological oncology (e. g. aggressive chemotherapy)</li> <li>neonatal intensive care (NICU)</li> </ul>
Clean working areas		×					Clean working rooms/surfaces, clean areas of functional units, e. g. reprocessing units for medical devices, laundry, preparation areas in pharmacies, transfusion medicine facilities and tissue banks
Areas with particular risk of infection*	×	×	×				Isolation areas (incl. anteroom) or bedside isolation care
Terminal disinfection	×						
CDI outbreak	×	×	×	×	×		
Terminal disinfection after CDI patient	×		×			×	After discharge, transfer or termination of isolation

LEGEND: \*if applicable, scope is extended after risk assessment by hospital hygiene



For more information on professional infection prevention, healthcare best practices and important pathogens, please visit [www.prevent-and-protect.com](http://www.prevent-and-protect.com) – our platform for infection control.