



# Infection prevention Surface hygiene

KRINKO recommendation: overview of disinfection measures

Measure with evidence level	When/how often to disinfect surfaces	When the surface can be reused	Spectrum of activity
<p><b>Disinfection of surfaces:</b></p> <ul style="list-style-type: none"> <li>■ which are used for aseptic activities <b>IB/IV</b></li> <li>■ which are visibly contaminated with potentially infectious materials (e. g. blood, secretions, excretions, faeces, etc.) <b>IV</b></li> <li>■ which come into contact with the skin of several patients consecutively (e. g. contact surfaces of patient couches, headrests, baby scales) <b>II</b></li> <li>■ that are frequently touched or near patients in areas with a possible risk of infection but with no evidence of colonisation or infection with critical pathogens <b>II</b></li> <li>■ that are frequently touched or close to patients, as well as floors in areas with an increased risk of infection, e. g. wards for immunosuppressed or intensive care patients, and in areas with a particular risk of infection, e. g. in isolation areas <b>IB</b></li> </ul>	<p>before beginning the activity after having removed the contamination mechanically after each use</p> <p>every working day or after discharge of patients</p> <p>every working day</p>	<p>after the exposure time after the exposure time</p> <p>after drying</p> <p>after drying</p> <p>after drying</p>	<p>bactericidal and yeasticidal</p> <p>extended spectrum of activity depending on the pathogen, if necessary</p>
Visible contamination with potentially infectious materials: mechanical removal, followed by surface disinfection (two-step procedure) <b>IV</b>	after having removed the contamination	after the exposure time	
Final disinfection after discharge of isolated patients <b>IB</b>	after discharge, transfer, termination of isolation; before a new admission	after the exposure time	adapted to the pathogen
Disinfection of rooms that accommodate CDI patients with a disinfectant with proven activity against <i>Clostridioides difficile</i> <b>II</b> Concentration and exposure time are selected at least according to the <i>bactericidal/levurocidal</i> activity	every working day	after drying	
In case of CDI outbreaks: additional disinfection of the corridors (including the handrails) and the ward's adjoining rooms with proven activity against <i>C. difficile</i> in a sporicidal concentration/time ratio <b>II</b> The hospital hygienist determines the extent in each individual case after a risk analysis of the area and the patient	every working day	after drying	bactericidal and yeasticidal, active against <i>Clostridioides difficile</i>
Terminal disinfection of a CDI patient room: all accessible and potentially contaminated surfaces and objects of the room and of the sanitary area, including the floors with a disinfectant proven to be effective against <i>C. difficile</i> in a sporicidal concentration/time ratio <b>II</b>	after discharge, transfer, termination of isolation	after the exposure time	



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.