

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:2
	Policy on High risk areas & Procedures		Prepared date: 11/11/2025
	Reference: IPC.1.b. NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

DEFINITION:

- High risk areas in hospital are defined as those areas or departments that are highly prone to infections and require special attention for appropriate infection control measures

PURPOSE-;

- To define high risk areas for Infection control

SCOPE-;

All high risk areas in the hospitals

RESPONSIBILITY-;

Infection Control Committee

POLICY:

- Identified High risk Areas of the hospital have regular surveillance activities and other infection control measures.

The High Risk Areas Identified are;

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Low Risk Area	1. Administrative Sections, 2. Stores & Pharmacy, 3. Outpatient Department, 4. Biomedical & Maintenance 5. Medical Records 6. Central Lobby & Dining Hall
Moderate Risk Area	1. Wards & Patients Units, 2. Radiology 3. Blood Bank 4. Laundry & Housekeeping 5. Oxygen Plant
High Risk Area	1. Dialysis Unit, 2. Endoscopy 3. Laboratory & Phlebotomy Area 4. Mortuary 5. CSSD
Very High Risk Area	1. Isolation Room 2. Emergency Department 3. BMT rooms 4. Intensive Care Units 5. Operation Theatres 6. Cath Lab

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High risks Procedures are Identified are:

- Cardiac catheterization
- Endoscopies
- Implant procedures
- Any surgery lasting for more than 2 hours

Infection Control Procedures

Policies require a multi-faceted approach involving all healthcare staff, from clinicians to janitorial personnel, to ensure a safe environment.

1. Standard Precautions

These are the minimum infection prevention practices that apply to all patient care, at all times, in all healthcare settings.

- **Hand Hygiene:** Considered the single most effective measure to prevent infection transmission. This includes using alcohol-based hand rub or soap and

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water at the [WHO's "five moments" of hand hygiene](#) (before touching a patient, before an aseptic procedure, after body fluid exposure, after touching a patient, after touching patient surroundings).

- **Personal Protective Equipment (PPE):** Appropriate use of gloves, gowns, masks, and eye protection based on the anticipated exposure to blood, body fluids, or infectious materials. PPE must be removed and discarded before leaving the patient's room or care area.
- **Safe Injection Practices:** Using a new needle and syringe for each injection and patient, and disposing of all sharps in puncture-proof containers immediately after use.
- **Equipment Management:** Cleaning and reprocessing (disinfection or sterilization) all reusable medical equipment before use on another patient.

2. Transmission-Based Precautions

These are used in addition to standard precautions for patients with known or suspected infections that can be transmitted via contact, droplets, or the air.

- **Airborne Precautions:** Required for infections like tuberculosis, measles, or chickenpox. Procedures include placing the patient in an Airborne Infection Isolation Room (AIIR) with negative air pressure and requiring staff to wear a fit-tested N95 or higher-level respirator.

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- **Droplet Precautions:** For infections such as influenza or pertussis. The patient should wear a mask for source control, and healthcare personnel should wear a mask upon entering the room.
- **Contact Precautions:** For multidrug-resistant organisms or *C. difficile*. Staff must wear a gown and gloves for all interactions involving contact with the patient or their environment, and use dedicated or disposable patient-care equipment.

3. Environmental Cleaning and Disinfection

- **Routine and Targeted Cleaning:** Frequently touched surfaces (bed rails, call buttons, door handles, etc.) in high-risk areas must be cleaned and disinfected more frequently than other surfaces.
- **Terminal Cleaning:** Thorough cleaning and disinfection of a room after a patient is discharged or transferred.
- **Ventilation Systems:** High-risk areas like OTs and ICUs use specialized HVAC systems to control airborne particulates and air pressure to minimize infection risks.

4. Surveillance and Training

- **Monitoring and Auditing:** Hospitals conduct targeted surveillance of high-risk areas to monitor infection rates and compliance with policies, using the data to take corrective actions.
- **Staff Education:** Regular training and education for all healthcare workers on infection control practices are a core component of hospital policy.

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