

## National Standards of Healthcare Cleanliness.

**What you need to know in preparation for the new mandatory standards in November.**

**Just because something looks clean does not necessarily mean it's clean. The new NSoHC give very specific guidance on how clean your dental surgery should be and how this should be communicated to patients. In this blog we review some of the definitions in the guidance and demonstrate how these can be achieved.**

Firstly, let's start by outlining some of the basic definitions the new national standards set out.

### Basic definitions:

**Cleaning:** *this requires fluid and is a pre-requisite to effective disinfection*

**Disinfection:** *the process of reducing or eliminating harmful micro-organisms from inanimate objects or surfaces*

**Sterilisation:** *the process of killing ALL micro-organisms through physical or chemical means*

**Decontamination:** *cleaning, disinfection and sterilisation are all decontamination processes*

### Definitions of cleaning frequencies:

**Full clean:** *cleaning all elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters*

**Spot clean:** *cleaning specific elements using an appropriate method to remove all visible dust, dirt, marks and contamination, leaving the item in accordance with the required performance parameters*

**Check clean:** *a check to assess if an element meets the performance parameters.*

**Periodic clean:** *full clean of an item at a set interval as part of routine environmental maintenance where daily or weekly activity is not required.*

**Touch point clean:** *a full clean of times that are frequently touched using an appropriate method to remove contamination*

**Healthcare establishments, including dental practices, must produce a schedule of cleaning responsibilities detailing all of the items that need cleaning and who is responsible for each one. Training must be provided for each individual tasked with cleaning and sufficient time given to properly clean the items for which they are responsible.**

### Functional Risk Categories

All healthcare environments that pose any kind of risk to patients, staff and visitors need to be categorised for cleaning purposes. All functional areas must be assessed and assigned to one of six functional risk categories. It is

considered good practice to adopt all six FR categories and healthcare organisations must have a sound written rationale for not doing this. You will find a template audit for this process [here](#).

## Functional Risk - blended approach

All areas of a dental practice need to be assigned a functional risk category (FR1-6). This blended approach means that a dental practice has more flexibility and can minimise the allocation of resource to cleaning but it does add a layer of complexity as it requires in-depth profiling of the practice and an electronic audit system.

The number of areas in each risk category within a functional area determines the overall functional area risk assessment, i.e. within a whole floor of a dental practice. For example, if 10 rooms are FR2, five are FR3 and one is FR4, then the rating would be FR2 blended. If there is an even split across the rooms, then the highest level must be adopted for the rating.

The benefit of the functional risk strategy is that rooms can be cleaned according to this rather than that of the functional area within which they are located. For

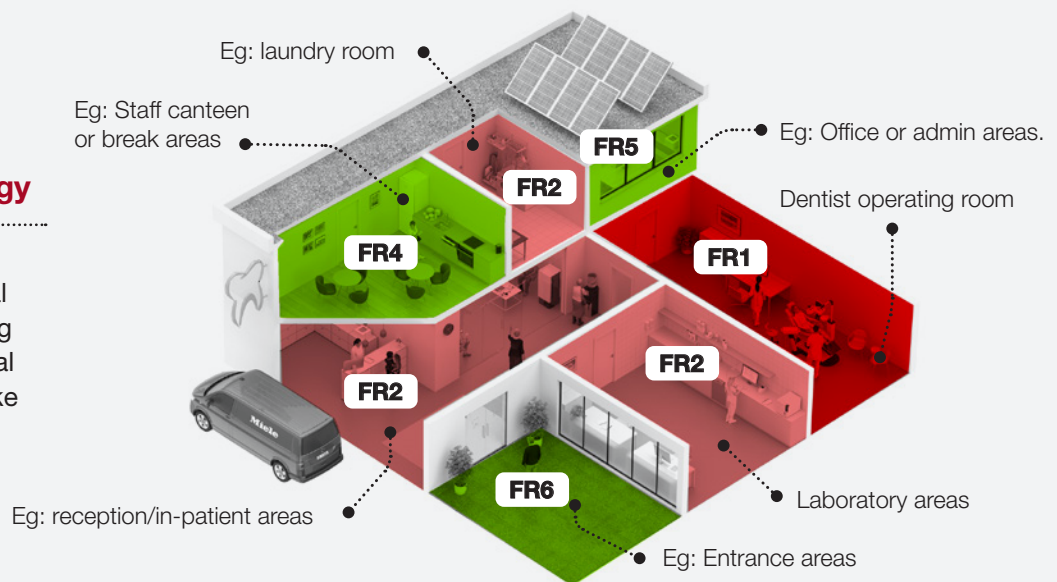
example FR5 may apply to an office or meeting room whereas an inpatient room would require a rating of FR2. The office does not need to be cleaned to the same standard as an inpatient room because the risk of the office is lower. More time can be spent cleaning those rooms that required the highest standards of cleanliness.

However, if a practice adopts the functional risk approach then it is based on activity not room type. For example, if clinical staff use an office in a clinical area it must be treated as clinical rather than clerical.

An effective cleaning regime is vital in the fight against the spread of infection. Whilst it is important for an organisation to have clear guidelines around infection prevention and control, personal responsibility and accountability are crucial to maintaining a clean, safe environment.

### Example of a **Blended Functional Risk strategy**

Cleaning frequency is determined by the Functional Risk (FR) of the activity taking place in that room (e.g. clinical staff using clerical areas make that area an FR1).



### How can Miele help?

At Miele, we have developed a range of solutions to help dental practices ensure that they are meeting the strict guidance set out in the NSoHC. We operate a 360 approach to our solutions so we are able to advise on the products most suited to your requirements, help you to plan your spaces accordingly and also provide service and maintenance of the equipment to ensure that the products are operating to optimum levels of cleanliness.

If you want to know more about the Miele Professional 360 solutions, then please get in touch with us here.

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