





<p><b>Standard 6</b> Hand Hygiene Improve education &amp; training</p>	<p><b>Formal Sessions</b> 1. Revised training programme to address attendance issues highlighted by HIQA. <b>2.</b> Communication to staff on requirement to attend update training on '5 Moments'. <b>3.</b> Quarterly formal revision of education programme on will be informed of audit results and address this with targeted education? <b>Ward Based Teaching</b> <b>4.</b> Identification of a schedule for ward based teaching and reporting mechanism on attendance both as a KPI for ward mangers</p>	<p><b>1.</b> Revised policy. <b>2.</b> Notification to all staff. <b>3.</b> Documentation of formal revision. <b>4.</b> Documented schedule with pathway of communication and reporting</p>	<p><b>1.</b> Service Manager. <b>2.</b> Service Manager. <b>3.</b> Service Manager, DON, DOM &amp; ADON Lead for Infection Control. <b>4.</b> Service Manager, DON, DOM &amp; ADON Lead for Infection Control</p>					
<p><b>Standard 6</b> Hand Hygiene Improve auditing</p>	<p><b>1.</b> Roll out of National Hand Hygiene audits to all clinical areas across the hospital group. <b>2.</b> Development of auditing schedule</p>	<p><b>1.</b> Documented audits in all clinical areas. <b>2.</b> Document schedule of audits.</p>	<p><b>1.</b> IPCN dedicated to hand hygiene audits</p>					
<p><b>Standard 6</b> Hand Hygiene Facilities</p>	<p>Formal review of hand hygiene facilities across CUH/CUMH to facilitate (Moments 2 &amp; 3 of) the 5 Moments of Hand Hygiene (with identification of areas where facilities are insufficient and recommend of corrective actions).</p>	<p><b>1.</b> Documented formal review to be presented to CEO</p>	<p>Service Manager &amp; Hygiene Services Team</p>					



