## MANAGEMENT OF HAND HYGIENE RECORDS AND COMPLIANCE IN OLCHC SOP

<table>
<thead>
<tr>
<th>Version Number</th>
<th>V1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Issue</td>
<td>August 2018</td>
</tr>
<tr>
<td>Reference Number</td>
<td>MHHRC-08-2018-FON-V1</td>
</tr>
<tr>
<td>Review Interval</td>
<td>2 yearly</td>
</tr>
</tbody>
</table>

### Approved By
- **Name:** Fionnuala O’Neill
- **Title:** Nurse Practice Development Coordinator
- **Signature**
- **Date:** August 2018

### Authorised By
- **Name:** Tracey Wall
- **Title:** Director of Nursing
- **Signature**
- **Date:** August 2018

### Author/s
- **Name:** Fionnuala O’ Neill
- **Title:** Nursing Practice Development Coordinator

### Location of Copies
- On Hospital Intranet and locally in department

### Document Review History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Reviewed By</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Document Change History

<table>
<thead>
<tr>
<th>Change to Document</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONTENTS

1.0 Introduction .................................................. 3

2.0 Applicable to .................................................. 3

3.0 Objectives of the Standard Operating Procedure ........ 3

4.0 Procedures ..................................................... 3

5.0 Evaluation Plan and Audit ................................ 4

6.0 References .................................................... 4

7.0 Appendices (as per necessary) ......................... 5

Algorithm on the management of the Hand Hygiene training record
1.0 Introduction

The SOP on the Management of the Mandatory training for Hand hygiene initially in OLCHC

2.0 Applicable to

All hospital staff

3.0 Objectives of Standard Operating Procedure

The objective of this SOP is to ensure and assure the organisation that hand hygiene and other mandatory and statutory training is complied with in OLCHC and the records are up to date.

4.0 Procedures

- Hand hygiene education will be organised and carried out in the usual manner in OLCHC.
- The attendances at the Hand Hygiene (HH) training, will be captured on a written page.
- The attendance sheet will be scanned or emailed by the facilitator, to the NPDU email handhygiene@olchc.ie, following completion of the education session.
- The NPDU will update the training record for the staff member on the database. Only two staff members will update the training records for HH initially and then for all mandatory and statutory training.
- HR will supply the NPDU with new starters and leavers on a monthly basis, giving detail of date of commencement, personnel numbers, staff member name, grade and place of employment.
- The NPDU will place the attendance sheets arranged by year and month into the folder on the (G):drive for read only access for all staff NPDU. This will facilitate the review of attendances by department heads should that be required.
- The NPDU will send details of HH compliance to the Quality department on a monthly basis, where the information will be passed on to department heads, by email where compliance is good and where action needs to be taken.
- Quality Department will also use the information to inform the Hospital Board as part of the board report.
- The NPDU will have full permissions for this training record 'read and write', all other areas will have 'read only' access. See attached G:\Training Records File NPDU\Hand Hygiene Master Database.xlsx
- An internal algorithm will be held in the NPDU to identify the actions to be taken around the HH record.
5.0 Evaluation and Audit

Monitoring of compliance is an important aspect of procedural documents. However, it is not possible to monitor all procedures. The NPDU will monitor the database on a weekly basis. The updating of the database, will be live and ongoing with updates being sent to the Quality Department on a monthly basis. The percentages detailed on the database and the updates being sent to the Quality Department, will be sufficient audit of the process and give ample assurance to the organisation.

6.0 References and bibliography


Nursing & Midwifery Board of Ireland (201) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Dublin: Nursing & Midwifery Board of Ireland.

Our Lady’s Children’s Hospital Crumlin HC (2017) Guideline on Hand Hygiene, Department of Infection Prevention and Control, OLCHC, Dublin, Ireland.

7.0 Appendices

Algorithm on the Management of the Hand Hygiene Training Record

ALGORITHM ON THE MANAGEMENT OF THE HAND HYGIENE TRAINING RECORD

Mandatory training will take place as usual on Hand Hygiene in the CCNE and other sites for nursing and non-nursing groups.

The record of attendees will be generated in the usual manner at the education session in paper and an online excel sheet.

The record of attendees generated will be sent to the Nursing Practice Development Unit (NPDU) training records email address handhygiene@olchc.ie.

The Nursing Practice Development Unit (NPDU) will input and record the attendees to the database. A folder will be held on the gdrive keeping the attendance sheets by year and month for use by all departments (Read only).

The database for Hand Hygiene will be kept up to date by the NPDU.