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| **Annual Infection Prevention and Control Statement (Adult Social Care)** | |
| Name of Setting: |  |
| Address of Setting: |  |
| Name of Registered Manager: |  |
| IPC Lead for the Setting: |  |
| Date Produced: |  |
| Produced by: |  |
|  | |
| **Purpose:**  **In line with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance, an annual statement will be prepared each year and will summarise compliance with good practice on infection prevention and control.** | |
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| Known outbreaks of infection within the last 12 months: |  |
| Action taken following an outbreak of infection: |  |
| Audits undertaken and subsequent actions: |  |
| Risk assessments undertaken for prevention and control of infection: |  |
| Education and training received  by staff: |  |
| Review and update of policies, procedures and guidance: |  |
| Additional information: |  |
| Date of next review: |  |