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| **Annual Infection Prevention and Control Statement (General Practice)** | |
| Name of Setting: |  |
| Address of Setting: |  |
| Name of Practice 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 infection transmission event and actions arising from this within the last 12 months: |  |
| Audits undertaken and subsequent actions implemented: |  |
| Risk assessments undertaken and any actions taken and recorded for prevention and control of infections: |  |
| Education and training received by staff: |  |
| Review and update of policies, procedures and guidance: |  |
| Antimicrobial prescribing and stewardship: |  |
| Additional information: |  |
| Date of next review: |  |