**Infection Control Group – Home Care**

**NOTICE OF MEETING**

**To:**

**IN ATTENDANCE:**

**APOLOGIES:**

**DATE:**

**TIME:**

**VENUE:**

**AGENDA**

**1. Opening**

**2. Apologies**

**3. Minutes of Previous Meeting:**

**4. Matters Arising from Previous Minutes:** Nil

**5. New Business:**

* 1. **Training and Education**
		1. Annual training compliance
		2. Annual Hand washing compliance
		3. Other training completed
	2. **Identifying Gaps and Driving Improvement**
		1. IC audits conducted
		2. IC recommendations from Clinical Governance Committee/Governing Body
1. **Oversight Responsibilities**
	1. Reported infections and AMS follow up
	2. Staff support required
2. **Communication and Updates**
	1. Company updates/initiative to share and include of Improvement plan/risk register
	2. National/State guidelines updates

**8. Policy and Procedures**

**8.1** Updates/review to P&Ps/guidelines/procedures

**10. Next Meeting**

**11. Closure**