

Home Visit Bag Audit Checklist

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For Use in Home Health Agency (HHA) Field Audits

Purpose: To ensure field nurses maintain infection control and clinical standards during home visits.

Frequency: Monthly / Quarterly / Random Spot Checks

Conducted by: ☐ Field Nurse ☐ Clinical Supervisor ☐ QA/QI Staff

Date: _____ **Name of Staff Audited:** _____

GENERAL BAG CONDITION

Audit Item	Compliant (✓)	Non-Compliant (X)	N/A	Notes
Bag is clean, intact, and in good condition				
Zippers/closures function properly				
Bag is not overloaded or damaged				

INFECTION CONTROL & CLEANLINESS

Audit Item	Compliant (✓)	Non-Compliant (X)	N/A	Notes
Hand hygiene supplies available (sanitizer, soap)				
Disinfectant wipes/spray present and not expired				
Disposable gloves available (all sizes)				
Biohazard bags available				
Trash bags present for general waste				
Clean and dirty items separated (double-bagging, compartments)				

Bag is disinfected between visits (log maintained if applicable)				
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SUPPLIES & MEDICATIONS

Audit Item	Compliant (✓)	Non-Compliant (X)	N/A	Notes
No expired items (e.g., alcohol pads, dressings, saline)				
All medications are labeled appropriately				
Liquid medications stored in leak-proof containers				
All supplies in clean, sealed packaging				
Temperature-sensitive items maintained as required				

CLINICAL TOOLS & EQUIPMENT

Audit Item	Compliant (✓)	Non-Compliant (X)	N/A	Notes
Thermometer, BP cuff, stethoscope clean and functional				
Pulse oximeter working and disinfected				
Sharps container present and not overfilled				
Reusable equipment disinfected between uses				
Scissors, clamps, forceps are clean and stored safely				

DOCUMENTATION & LOGS

Audit Item	Compliant (✓)	Non-Compliant (X)	N/A	Notes
Inventory checklist up-to-date				
Sharps disposal log maintained (if required)				
Disinfection log completed after each visit				
Incident report forms available				

EMERGENCY SUPPLIES (Optional Section)

Audit Item	Compliant (✓)	Non-Compliant (X)	N/A	Notes
CPR mask/barrier device available				
Emergency contact information in the bag				
Flashlight / battery available if required				

REVIEW

- Overall Bag Condition: ☐ Satisfactory ☐ Needs Improvement ☐ Immediate Correction Required
- Auditor Name & Title: _____
- Signature: _____ Date: _____
- Follow-Up Needed: ☐ Yes ☐ No Due Date: _____