

Home Care Hand Hygiene Supply Bag Audit					
Program/Unit			Completed by		
Date			Audit Frequency		Yearly
			Monthly	Quarterly	
Supply Availability					
Yes	No	N/A			
			Alcohol based hand rub		
			Gloves		
			Hand soap		
			Paper towel		
			Sani-Hands Wipes (optional)		
			Hand cream (optional)		
Key issues identified					
Actions required					
			Findings shared with Unit Leadership		
			Findings shared with Infection Prevention and Control		
			Actions communicated to staff		
Responsible			Completion Date		