













*These questions may be added to any service/program tracer being conducted*

IPAC Tracer Questions (for all Services and Programs)	Notes	<u>Practice Tracer Resource</u>
<b>Hand Hygiene</b>		
<p><b>What education have you received on Hand Hygiene?</b></p> <p><b>What elements of hand hygiene were included in your orientation?</b></p>	<ul style="list-style-type: none"> <li>IH Health care personnel must comply with the hand hygiene procedures and best practices outlined in the IH <a href="#">Hand Hygiene Guideline</a>, which are supported by the <a href="#">Hand Hygiene administrative policy</a>.</li> <li>HH education is provided at orientation, skills fairs, workshops, just in time, daily huddles, poster board presentations and I-learns (I-Learn <a href="#">853</a> <a href="#">854</a> <a href="#">855</a>).</li> <li>HH feedback is provided to the health care worker (HCP) and managers by Infection Control Professionals (ICPs) and encouraged amongst all staff.</li> <li>HH instructions are posted on paper towel dispensers throughout IH (acute, residential, community).</li> <li>HH reminders include elevator wraps at some sites, respiratory stations at entrances to facilities and HH posters.</li> </ul>	 <p>The poster titled "How to hand wash?" illustrates 12 steps for proper handwashing. It includes instructions such as "Use liquid soap and rub hands together for 20 seconds", "Rub palm to palm", "Rub back of the hand", "Rub between fingers", "Rub back of fingers", "Rub back of hand", "Rub fingers with thumb", "Rub wrist", "Rinse hands well", "Dry your hands with a paper towel", "Use paper towel to turn off faucet", and "Use paper towel to touch door handle". It also states "Use soap and water if hands are visibly soiled". Logos for PICHNet and various health organizations are at the bottom.</p>

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<b>Hand Hygiene</b>		
<p><b>Hand hygiene audits capture the 4 moments of hand hygiene. Can you give me an example of each of the 4 moments?</b></p>	<ul style="list-style-type: none"> <li>• Before Initial contact with patient or their environment:               <ul style="list-style-type: none"> <li>◦ <i>Ex. Before entering a patient's room to provide care.</i></li> </ul> </li> <li>• Before a clean or aseptic procedure:               <ul style="list-style-type: none"> <li>◦ <i>Ex before feeding a patient, before preparing meds, before starting an IV</i></li> </ul> </li> <li>• After body fluid exposure risk:               <ul style="list-style-type: none"> <li>◦ <i>Ex. After emptying a catheter bag, or after removing an IV</i></li> </ul> </li> <li>• After touching a patient and/ or their environment:               <ul style="list-style-type: none"> <li>◦ <i>Ex. When exiting the patient's room after providing care, after handling a patient's walker while helping them position themselves.</i></li> </ul> </li> </ul>	<div style="text-align: center;">  <p><b>Your 4 Moments for Hand Hygiene</b></p> <p>Hand Hygiene <a href="#">posters</a></p> </div>
<p><b>When would you use hand sanitizer for hand hygiene?</b></p> <p><b>Please show me some hand sanitizer dispensers on the unit. How are their locations determined? Do you find them accessible when providing patient care?</b> (If infrastructure lacking, site leadership to correct. Accreditation 2.5.1)</p> <p><b>(within 1 meter of patient care)?</b></p>	<ul style="list-style-type: none"> <li>• Alcohol based hand rub (ABHR) is the preferred method when hands are <b>not</b> visibly soiled. Use soap and water when hands are visibly soiled.</li> <li>• Use soap and water when hazardous drug precautions apply.</li> <li>• ABHR is located to support the 4 moments of hand hygiene (see above), including at point of care in acute, long-term care and community clinics.</li> </ul>	<div style="text-align: center;">  <p><b>How to use hand sanitizer?</b></p> <p>Apply enough product to keep hands moist for 15 seconds. Wash with soap and water if hands are visibly soiled.</p> <p>PICNet  <small>Alberta Health Services   British Columbia Health Services   Saskatchewan Health Services   Manitoba Health Services   Ontario Health Services   Quebec Health Services</small></p> </div>

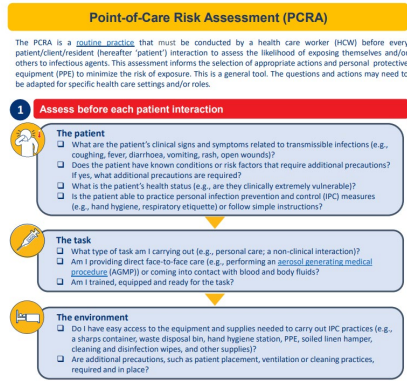
IPAC Tracer Questions (for all Services and Programs)	Notes	Practice Tracer Resource
<b>Hand Hygiene</b>		
<p><b>How is hand hygiene compliance measured at your site?</b></p> <p><b>What does communication about hand hygiene compliance look like on this unit? In terms of identifying opportunities for improvement, is hand hygiene ever discussed in unit huddles or meetings? (please describe)</b></p>	<ul style="list-style-type: none"> <li>Hand hygiene is observed and monitored by direct observation using the 4 Moments of Hand Hygiene. HCPs are provided with feedback and education regarding met or missed opportunities.</li> <li>IPAC collaborates with Occupation Health and Safety with the <a href="#">Hand Care Program for HCP</a>.</li> <li>The HH program website includes HH guidelines and policies <a href="#">Hand Hygiene Program</a>.</li> <li>Patients are encouraged to ask health care personnel if they have performed hand hygiene prior to providing direct patient care (<a href="#">Hand hygiene for patients, residents, clients and visitors</a>).</li> </ul>	 <p><b>Clean hands? It's OK to ask.</b></p> <p>If you haven't seen your health-care worker clean their hands, you can say:</p> <ul style="list-style-type: none"> <li>"I know you probably washed your hands recently, but could you please clean them again?"</li> <li>"Did you clean your hands before coming to see me?"</li> </ul> <p>Clean hands save lives!</p> <p><a href="#">It's Ok to Ask Poster</a></p>
<p><b>Can you show me where the unit hand hygiene rates are posted?</b></p>	<ul style="list-style-type: none"> <li>HH compliance data is compiled and shared quarterly on the IPAC internal webpage and publicly displayed on all acute care units and in the facility's main entrances/elevator lobbies in both acute and long-term care sites.</li> <li>HH rates are also shared with PICNet and the BC Ministry of Health.</li> </ul>	 <p><b>Hand Hygiene Site Report: October-December 2025</b></p> <p>Scan the QR code for more information.</p> <p><a href="#">Hand Hygiene Rates</a></p>

IPAC Tracer Questions (for all Services and Programs)	Notes	<a href="#">Practice Tracer Resource</a>												
<b>Surveillance</b>														
<p><b>How are healthcare associated infections (HAI) and antimicrobial resistant organisms (ARO) tracked at your facility?</b></p>	<p>ICPs perform HAI and ARO surveillance at all IH acute care facilities using lab reports, patient charts, and unit information. The surveillance protocols are <a href="#">here</a>.</p>													
<p><b>Please show me where you access your IPAC surveillance data (beyond hand hygiene)? If there is an increase in rates – can you tell me how plans to address the increase are developed?</b></p> <p><b>How is this surveillance information shared and used? Do you talk to patients or visitors about hospital acquired infections?</b></p>	<ul style="list-style-type: none"> <li>IPAC surveillance data are found on the <a href="#">PowerBI dashboard</a> to show healthcare-associated infections (HAI) including <i>Clostridioides difficile</i> (CDI), methicillin-resistant <i>Staph aureus</i> (MRSA), surgical site infections (SSI), and central line associated bloodstream infections (CLABSI).</li> <li>Infection rates are analyzed by the ICPs and epidemiologist and shared locally, regionally, provincially, and nationally to improve patient outcomes and comply with best practice.</li> <li>IPAC surveillance reports are available on the <a href="#">IPAC Surveillance and Reporting webpage</a>.</li> <li>The reports link to “data to action” tables for each HAI and ARO and for HH results, to provide guidance for quality improvement actions: to maintain low rates, to address rising rates and escalation steps for areas of concern.</li> </ul>	<div data-bbox="1423 570 1873 764" data-label="Figure"> </div> <p data-bbox="1402 805 1902 829"><a href="#">IPAC surveillance PowerBI dashboard</a></p> <table border="1" data-bbox="1352 891 1948 1040"> <thead> <tr> <th>Results</th> <th>Knowledge</th> <th>ACTION</th> </tr> </thead> <tbody> <tr> <td style="background-color: green;"></td> <td>Expected</td> <td>Maintenance</td> </tr> <tr> <td style="background-color: yellow;"></td> <td>Increasing</td> <td>First steps</td> </tr> <tr> <td style="background-color: red;"></td> <td>Unexpected</td> <td>Escalation</td> </tr> </tbody> </table> <p data-bbox="1507 1065 1793 1089">Data to Action tables</p>	Results	Knowledge	ACTION		Expected	Maintenance		Increasing	First steps		Unexpected	Escalation
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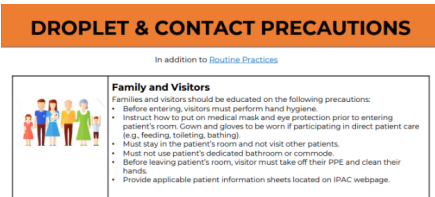
IPAC Tracer Questions (for all Services and Programs)	Notes	<u>Practice Tracer Resource</u>									
<b>Cleaning and Disinfecting</b>											
<p><b>When you need a piece of equipment to provide patient care – how do you know if it has been cleaned and disinfected/sterilized and is ready for use?</b></p>	<ul style="list-style-type: none"> <li>• “Green is Clean” initiative is recommended by IPAC and is used to identify clean equipment. (see <a href="#">Equipment Cleaning and Disinfecting Manual</a> page 4).</li> <li>• Hospital-grade disinfectant is used at both Acute and Long-Term Care sites.</li> <li>• Staff are to clean and disinfect common items such as blood pressure cuffs and workstation on wheels, between patient uses. <a href="#">Equipment Cleaning and Disinfecting Manual</a>.</li> <li>• Medical devices and equipment that require sterilization are reprocessed by the <a href="#">Medical Device Reprocessing Department (MDRD)</a> and have multiple indicators for confirmation of sterilization.</li> </ul>										
<p><b>Are you able to show me any resources that support staff with cleaning/disinfecting decisions?</b></p> <p><b>What do you do in off-hours when you need equipment, and it hasn't been cleaned yet – where do you get the information on how to clean it?</b></p>	<ul style="list-style-type: none"> <li>• All equipment is to be cleaned and disinfected after use and between patients.</li> <li>• <a href="#">Equipment Cleaning and Disinfecting Manual</a> further provides guidance on roles, responsibilities, and standard principles for low level cleaning.</li> <li>• <a href="#">Housekeeping manual</a> provides additional cleaning instructions.</li> <li>• Cleaning recommendations are in place for specific organisms such as <i>Clostridioides difficile</i>.</li> </ul>	<p><b>Cleaning and Disinfection Products</b></p> <p>Interior Health uses the following products to clean and disinfect equipment:</p> <table border="1" data-bbox="1453 1075 1843 1334"> <thead> <tr> <th>Product</th> <th>When to Use</th> <th>Wet Contact Time</th> </tr> </thead> <tbody> <tr> <td> <b>Accelerated Hydrogen Peroxide wipes (AHP wipes - Accel INTERvention)</b>   </td> <td>These are to be used to clean and disinfect most surfaces on medical devices/equipment.</td> <td>One minute.</td> </tr> <tr> <td> <b>Complete 6000 wipes</b>   </td> <td>These are to be used to clean and disinfect surfaces when a sporicidal product is required.</td> <td>Five minutes. Rinse off food contact surfaces with water after wet contact time complete.</td> </tr> </tbody> </table>	Product	When to Use	Wet Contact Time	<b>Accelerated Hydrogen Peroxide wipes (AHP wipes - Accel INTERvention)</b> 	These are to be used to clean and disinfect most surfaces on medical devices/equipment.	One minute.	<b>Complete 6000 wipes</b> 	These are to be used to clean and disinfect surfaces when a sporicidal product is required.	Five minutes. Rinse off food contact surfaces with water after wet contact time complete.
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# Infection Prevention and Control (IPAC) Practice Tracer for Health Care Providers (HCP)

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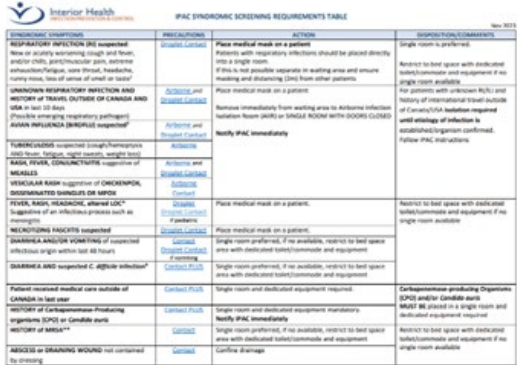
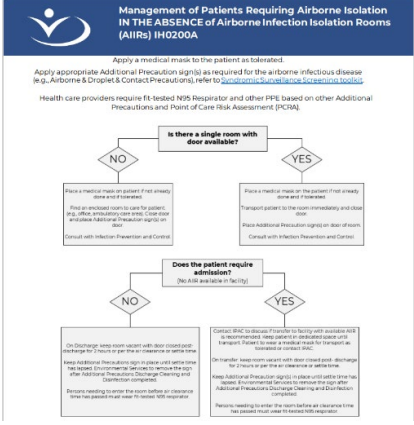
IPAC Tracer Questions (for all Services and Programs)	Notes	<a href="#">Practice Tracer Resource</a>
<b>Education</b>		
<p><b>How are you (the Health Care Provider - HCP) educated about Infection Prevention and Control?</b></p> <p><b>In your orientation to this site/unit, how were elements of IPAC covered? Were you shown any resources? If so, which ones?</b></p>	<ul style="list-style-type: none"> <li>Education is provided at general orientation, skills fair, workshops, just in time/daily huddles, poster board presentations and I-learns, unit education boards. Topics taught include hand hygiene (HH) (I-learn 853,854,855), outbreaks, personal protective equipment (PPE), routine practice, additional precautions, antibiotic resistant organisms (AROs), emerging pathogens (ilearn1815, 1881, 1882, 1883) and equipment cleaning and disinfection. Green is Clean.</li> <li>The <a href="#">IPAC website</a> has resources that include guidelines, pamphlets, signs, posters and the <a href="#">Hand Hygiene Program</a>.</li> </ul>	
<b>Risk Assessment, Isolation, and PPE</b>		
<p><b>Before interacting with a patient, how do you know what you might need to do to keep yourself safe?</b></p>	<ul style="list-style-type: none"> <li>Always do a <a href="#">Point of Care Risk Assessment (PCRA)</a> before every patient/client/resident interaction to assess the likelihood of exposing yourself or others to infectious agents.</li> <li>PCRA helps you to determine if you need PPE to protect yourself before interacting with a patient and their environment.</li> <li>Follow Additional Precautions: A sign is outside the patient's space</li> <li><a href="#">Routine Practices Quick Reference</a></li> <li><a href="#">Additional Precautions Quick Reference</a></li> </ul>	 <p>The PCRA is a <u>quick practice</u> that must be conducted by a health care worker (HCW) before every patient/client/resident (hereafter "patient") interaction to assess the likelihood of exposing themselves and/or others to infectious agents. This assessment informs the selection of appropriate actions and personal protective equipment (PPE) to minimize the risk of exposure. This is a general tool. The questions and actions may need to be adapted for specific health care settings and/or roles.</p> <p><b>1 Assess before each patient interaction</b></p> <p><b>The patient</b></p> <ul style="list-style-type: none"> <li>What are the patient's clinical signs and symptoms related to transmissible infections (e.g., coughing, fever, diarrhoea, vomiting, rash, open wounds)?</li> <li>Does the patient have known conditions or risk factors that require additional precautions? If yes, what additional precautions are required?</li> <li>What is the patient's health status (e.g., are they clinically extremely vulnerable)?</li> <li>Is the patient able to practice personal infection prevention and control (IPC) measures (e.g., hand hygiene, respiratory etiquette) or follow simple instructions?</li> </ul> <p><b>The task</b></p> <ul style="list-style-type: none"> <li>What type of task am I carrying out (e.g., personal care; a non-clinical interaction)?</li> <li>Am I providing direct face-to-face care (e.g., performing an <a href="#">apical, acral/oral/nk, medical procedures (AGMP)</a>) or coming into contact with blood and body fluids?</li> <li>Am I trained, equipped and ready for the task?</li> </ul> <p><b>The environment</b></p> <ul style="list-style-type: none"> <li>Do I have easy access to the equipment and supplies needed to carry out IPC practices (e.g., a sharps container, waste disposal bin, hand hygiene station, PPE, soiled linen hampers, cleaning and disinfection wipes, and other supplies)?</li> <li>Are additional precautions, such as patient placement, ventilation or cleaning practices, required and in place?</li> </ul>

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IPAC Tracer Questions (for all Services and Programs)	Notes	Practice Tracer Resource
<p><b>Risk Assessment, Isolation, and PPE</b></p>		
<p><b>What is the purpose of Additional Precautions?</b></p> <p><b>Please tell me about how you go about selecting the appropriate PPE. How do you determine what PPE to use?</b></p> <p><b>Can you tell me the order of donning PPE? Doffing? Where do you discard the PPE?</b></p>	<ul style="list-style-type: none"> <li>To protect ourselves, patients, and visitors.</li> <li>To prevent transmission of infectious microorganisms.</li> <li><a href="#">PCRA</a></li> <li><a href="#">Syndromic Surveillance Screening Tool</a>,</li> <li><a href="#">Diseases and Conditions</a></li> <li><a href="#">Additional Precautions Quick Reference</a></li> <li>Doffed PPE should be discarded in the patient environment whenever possible, the exception to this is respirators (N95) which are always doffed <b>outside</b> of the patient room.</li> </ul>	 <p><a href="#">PPE Lanyard Cards</a></p>
<p><b>When a visitor arrives on a unit, how do they know if they require PPE and what type of PPE to use?</b></p>	<ul style="list-style-type: none"> <li>HCPs provide education to visitors regarding donning and doffing of PPE.</li> <li>Refer to the <a href="#">Additional Precautions Quick Reference</a> (back of old isolation signs) for info on PPE for staff/patient/visitors.</li> <li>Information specific to visitors can be found in each individual <a href="#">Additional Precautions resource</a>.</li> </ul>	 <p><b>DROPLET &amp; CONTACT PRECAUTIONS</b></p> <p>In addition to <a href="#">Routine Practices</a></p> <p><b>Family and Visitors</b></p> <p>Families and visitors should be educated on the following precautions:</p> <ul style="list-style-type: none"> <li>Before entering, visitors must perform hand hygiene.</li> <li>Instruct how to put on medical masks and eye protection prior to entering patient's room. Gown and gloves to be worn if participating in direct patient care (e.g., feeding, toileting, bathing).</li> <li>Must stay in the patient's room and not visit other patients.</li> <li>Must not use patient's dedicated bathroom or commode.</li> <li>Before leaving patient's room, visitor must take off their PPE and clean their hands.</li> <li>Provide applicable patient information sheets located on IPAC webpage.</li> </ul>

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IPAC Tracer Questions (for all Services and Programs)	Notes	Practice Tracer Resource
<p><b>Risk Assessment, Isolation, and PPE</b></p>		
<p><b>If a patient were to present to the Emergency Department with signs of a communicable disease; please walk me through the steps of how this patient is assessed to ultimately be cared for and admitted to the appropriate room/space with correct precautions?</b></p>	<ul style="list-style-type: none"> <li>Initial assessment at triage and immediate implementation of precautions suitable for presenting symptoms.</li> <li>Place mask on patient at triage if droplet or airborne precautions are required.</li> <li>Indicate what type of precautions are required.</li> <li>Communicate to team (PCC, Shift coordinator, etc.) specific patient placement needs.</li> <li>Precautions can be updated as patient is further assessed.</li> <li><a href="#">Syndromic Screening Toolkit</a></li> <li><a href="#">Transmission Tables</a></li> </ul>	
<p><b>If you had a potential measles case and no Airborne Infection Isolation Room (AIIR), what would you do and who would you contact?</b></p> <p><b>What PPE would you choose to wear? Can you show me what resources you would use to help make decisions about PPE for this case?</b></p>	<ul style="list-style-type: none"> <li>Putting patient on the right precautions in the right room as soon as possible will prevent the spread of infection.</li> <li><a href="#">Management of Patients Requiring Airborne Isolation IN THE ABSENCE of Airborne Infection Isolation Rooms</a></li> <li>Fit tested N95</li> <li>Airborne droplet and contact Measles info under <a href="#">Diseases and Conditions</a> on IPAC website (under clinical care resources on inside net)</li> <li><a href="#">Additional Precautions Quick Reference</a></li> </ul>	

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IPAC Tracer Questions (for all Services and Programs)	Notes	<a href="#">Practice Tracer Resource</a>
<b>Outbreaks</b>		
<p><b>What would you do if three patients on your unit suddenly developed NVD?</b></p>	<ul style="list-style-type: none"> <li>• Contact plus precautions, notify PCC, IPAC and MRP.</li> <li>• Start a line list.</li> </ul>	
<p><b>Please walk me through what happens when an Outbreak is declared?</b></p> <p><b>Are you able to show me any resources that are available to help?</b></p> <p><b>What would be your role in outbreak management?</b></p> <p><b>What does the ICP for your unit do during an outbreak?</b></p> <p><b>What does your manager do?</b></p> <p><b>How is information about an outbreak communicated to patients/families/team members?</b></p>	<ul style="list-style-type: none"> <li>• Current respiratory and GI outbreak or Enhanced Measures/Alerts guidelines are found on the IPAC page, <a href="#">IPAC Outbreak Prevention and Management</a>.             <ul style="list-style-type: none"> <li>➢ Acute care sites contact IPAC during regular business hours, medical microbiologist on call after hours.</li> <li>➢ IH owned and operated LTC sites contact IPAC during regular business hours. Medical Health Officer (MHO) to be contacted in evenings and on weekends for long term care outbreaks.</li> <li>➢ Private LTC (non-IH) contact the Communicable Disease unit if outbreak suspected.</li> </ul> </li> <li>• <a href="#">Outbreak toolkits</a></li> <li>• Acute care <i>Clostridioides difficile</i> outbreaks are determined by the IH IPAC Medical Director or the medical microbiologist on call.</li> <li>• Sites implement outbreak measures including additional precautions for ill patients, use of PPE, enhanced cleaning, cohorting staff, and hand hygiene.</li> </ul>	 <p><a href="#">Outbreak Poster</a></p>

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<b>Outbreaks</b>		
	<ul style="list-style-type: none"> <li>• Outbreak management meetings (OMT) are held for all outbreaks.</li> <li>• Outbreak Education is provided annually and during outbreak by ICPs.</li> <li>• Respiratory infection (RI) and gastrointestinal infection (GI) outbreaks are monitored in Long Term Care &amp; Acute Care Sites. Following outbreaks, a site meeting is held to review the outbreak and make recommendations.</li> <li>• An IPAC outbreak debrief is completed by the OMT lead once the outbreak is over and shared with partners.</li> </ul>	
<b>General questions</b>		
<p><b>Are IPAC guidelines developed locally or regionally?</b></p> <p><b>Do you have a forum to bring IPAC concerns to?</b></p> <p><b>If you had an IPAC-related question, who would you ask? How would you contact them?</b></p>	<ul style="list-style-type: none"> <li>• Regionally</li> <li>• Know how to contact their ICP or raise to leadership for ICP support.</li> <li>• <a href="#">IPAC Contact List</a></li> </ul>	

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IPAC Tracer Questions (for all Services and Programs)	Notes	<a href="#">Practice Tracer Resource</a>
<b>General Questions</b>		
<p><b>What sorts of things can you find on the IPAC webpage? Will you please show me?</b></p> <p><b>Do you know if these resources are just for this facility?</b></p>	<ul style="list-style-type: none"> <li>The IPAC webpage is found under “clinical care resources” on inside net and on the external IH webpage (About IH → Infection Prevention and Control).</li> <li>The <a href="#">IPAC website</a> has resources that include guidelines, pamphlets, signs, posters, the <a href="#">Hand Hygiene Program</a>, <a href="#">Surveillance Data</a>, <a href="#">Disease specific information</a>, <a href="#">Outbreaks</a> information, and more.</li> <li>All IPAC documents are regional (IH wide).</li> </ul>	
<p><b>What is the name of the technique you would use to help prevent infection when inserting an IV or doing a dressing change?</b></p> <p><b>If you were explaining aseptic practice to a student, what resources would you use?</b></p>	<ul style="list-style-type: none"> <li>Aseptic Technique</li> <li><a href="#">Clinical Skills- Elsevier</a></li> <li>Part of <a href="#">Routine Practices</a></li> </ul>	
<p><b>Can you show me where to dispose of medical waste? (i.e. IV fluid, saturated dressing).</b></p> <p><b>How do you know which receptacle is most appropriate for each kind of medical waste?</b></p>	<ul style="list-style-type: none"> <li><a href="#">Routine Practices</a></li> <li><a href="#">Waste Management Guideline</a>.</li> <li><a href="#">Waste Segregation Poster</a></li> </ul>	 <p><b>WASTE SEGREGATION</b></p> <p>Items identified as sharps or blood or body fluids Examples: • Needles, scalp lacerations • Blood</p> <p>Human tissues, organs, and body parts</p> <p>Items capable of cutting or puncturing skin Examples: • Scalpels &amp; fine cutting blades • Long slender medical procedure sharp tools • Sutured blades, scissors, needles, lancets</p> <p>All unused medication waste Examples: • Empty 100mg/250mg/500mg Drug waste • Empty 100mg/250mg/500mg Drug waste • Empty 100mg/250mg/500mg Drug waste</p> <p>All sharp, metal drug, hazardous drug waste Examples: • All sharp, metal drug, hazardous drug waste • All sharp, metal drug, hazardous drug waste • All sharp, metal drug, hazardous drug waste</p> <p>Examples: • Blood • Urine • Saliva • Sputum • Stool • Vomitus</p> <p>Items NOT sharps or sharps with blood or body fluids Examples: • Empty 100mg/250mg/500mg Drug waste • Empty 100mg/250mg/500mg Drug waste • Empty 100mg/250mg/500mg Drug waste</p>

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Effective Date	August 2024		
Last Reviewed	March 2026		
Partners Reviewed			
Approved By	IPAC		
Owner	Infection Prevention and Control		
Revision History	Date	Section	Revision
	March 2026	Entire document	Updated links and added new relevant resources.