

Appendix C – Surveillance Form for Carbapenemase-Producing Organisms (CPO) Identified in Acute Care Facility

1	Unique Identifier – assigned by BCCDC Public Health Laboratory (PHL) _____
2	Patient's status <input type="checkbox"/> Inpatient <input type="checkbox"/> Other, <i>please specify</i> _____
3	Date of admission or visit (dd/mmm/yyyy) _____
4	Name of the facility _____
5	CPO status <input type="checkbox"/> Infection (please also complete appendix D) <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown
6	Did the patient travel outside of Canada within the past 12 months? <input type="checkbox"/> Yes. <i>Please specify the name of the country</i> _____ <input type="checkbox"/> Country not provided <input type="checkbox"/> No. <i>Please skip Question 7.</i> <input type="checkbox"/> Unknown or patient is discharged. <i>Please skip Question 7.</i>
7	If answered Yes to Question 6, did the patient have a healthcare encounter outside of Canada within the past 12 months? <input type="checkbox"/> Yes, an overnight stay in a hospital or undergone medical/surgical procedure outside of Canada <input type="checkbox"/> Yes, other healthcare encounter, e.g., visited GP, walking clinic, dentist, ER, etc. <input type="checkbox"/> No healthcare encounter <input type="checkbox"/> Unknown
8	What types of healthcare encounters has the patient had in BC in the past 12 months? (<i>Check all that apply</i>) <input type="checkbox"/> An acute care unit/facility admission <input type="checkbox"/> A long-term care facility admission <input type="checkbox"/> A medical/surgical procedure in an outpatient setting <input type="checkbox"/> No healthcare encounter <input type="checkbox"/> Unknown
9	Is the unit/facility in which the patient is currently admitted under investigation for CPO transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or patient is discharged
10	Did the patient have contact [<i>minimum 12 hours</i>] with a known CPO case within the past 12 months? (<i>Check all that apply</i>) <input type="checkbox"/> Yes, within an acute care facility <input type="checkbox"/> Yes, within a long-term care facility <input type="checkbox"/> Yes, private household <input type="checkbox"/> Yes, other <i>please specify</i> _____ <input type="checkbox"/> No. <i>Please skip Question 11.</i> <input type="checkbox"/> Unknown. <i>Please skip Question 11</i>
11	If answer Yes to Question 10, what was the <i>nature</i> of the contact? (<i>Check all that apply</i>) <input type="checkbox"/> Roommate <input type="checkbox"/> Same unit/facility or house <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Environmental sources (e.g., contaminated sink or other surface, medical equipment, etc.) <input type="checkbox"/> Other, <i>please specify</i> _____ <input type="checkbox"/> Unknown

Once completed, please send it to PICNet at picnet@phsa.ca (cc guanghong.han@phsa), or fax 604-875-4373