

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"/> Haemodialysis clinic patient <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	Has the patient had an overnight stay in a hospital or undergone medical/surgical procedure 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 <input type="checkbox"/> Unknown
7	Has the patient had haemodialysis outside 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 <input type="checkbox"/> Unknown
8	Was the patient transferred from a unit which was under investigation for CPO transmission? <input type="checkbox"/> Yes, <i>please specify the name of the unit and facility</i> _____ <input type="checkbox"/> No - the patient was transferred from a unit or facility which was NOT under investigation for CPO transmission <input type="checkbox"/> Unknown - it is unknown whether the unit or facility from which the patient was transferred was under investigation for CPO transmission <input type="checkbox"/> N/A, the patient was not transferred
9	Has the patient had contact with a known CPO case within the past 12 months? <input type="checkbox"/> Yes, <i>please specify the nature of contact:</i> <input type="checkbox"/> Roommate in a healthcare facility <input type="checkbox"/> Same unit in a healthcare facility <input type="checkbox"/> Household <input type="checkbox"/> Other, <i>please specify</i> _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
10	Is there any evidence that this case was associated with the reporting facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine
11	Is there any evidence of transmission within the reporting facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine

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