

Appendix E – Notification of Ongoing Carbapenemase-Producing Organisms (CPO) Transmission Investigation

Please complete this form for notification of ongoing CPO transmission investigation in your facility or health authority and email to picnet@phsa.ca (cc Katherine.Sunderland@phsa.ca)

A. Notification Information

Health Authority: _____ Facility Name: _____ Unit: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Email: _____

Facility type: Acute Care Hospital Residential Care Facility Other _____

Is this report: Notification of transmission investigation (*complete section B below*)

Notification of transmission investigation resolved (*complete section C*)

B. Transmission Investigation Notification

Date of the index case* identified (dd/mm/yyyy): _____

Organism (Genus species): _____

CPO gene identified (e.g. NDM, KPC): _____

Date investigation initiated (dd/mm/yyyy): _____

* A case that makes health authority suspected of CPO transmission. It may be or may not be the first case in the transmission.

C. Transmission Investigation Resolved

Date investigation closed (dd/mm/yyyy): _____

Notes:

Reported by: _____ Date: _____

Once completed, please send it to PICNet at picnet@phsa.ca (cc Katherine.Sunderland@phsa.ca)