

Please return completed form within 2 days of CPO confirmation to the department by faxing 1300 651 170. For enquiries please email amr.secretariat@health.vic.gov.au.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions or to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth **Medicare or other healthcare identifier**

Sex
 Male
 Female
 Other, specify > _____

Identified gender
 Male
 Female
 Non-binary
 They use a different term, please specify > _____
 Unknown

Residential address

Suburb/town **Postcode**

Tel home **Tel mobile**

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin
 No
 Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Unknown

Country of birth ...country **...year arrived in Australia**
 Australia
 Unknown
 Overseas > _____

Interpreter required
 No
 Yes, language > _____

Has this person previously had CPO

- No – please complete remainder of form
 Yes – this admission, please complete Clinical Details on page 2
 Yes – new admission, please complete pages 1 and 2

CPO specimen details

Specimen collection date **Specimen ID (local lab)**

Location of case at time of specimen collection
 Acute hospital – admitted
 Acute hospital – emergency
 General practice
 Residential aged care
 Sub-acute (e.g. rehabilitation)
 Unknown
 Other, specify > _____

Facility name

Patient identifier (UR number)

Treating unit/ward

Case presented to this location from
 Acute hospital within Australia, specify hospital and date of presentation to this previous hospital below >

 Transferred from hospital outside of Australia, specify country below >

Home
 Residential aged care
 Sub-acute (e.g. rehabilitation)
 Unknown
 Other, specify > _____

Reason for specimen collection
 Clinically indicated
 Routine screening of non-TRA wards
 Screening – CPO contact
 Screening – Returned traveller admission
 Screening – Transmission risk area
 Screening – Direct overseas transfer
 Screening – International visitor pre-admission
 Other, specify > _____

Family practitioner

Doctor **Medicare provider no.** **Department use only**

_____ _____ 320 | | | | | | | | | | | | | | | | | | | | | |

Practice name and Address

City **Postcode**

_____ _____

Telephone **Fax** **Date** **Date of form completion**

_____ _____ _____ _____

Full name or UR

Date of birth

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Clinical details

Isolation of CPO from this case represents

- Colonisation
- Infection
- Unknown

If CPO isolation represents infection

- Bacteraemia — IV device related
- Bacteraemia — with focus, specify > _____
- Bacteraemia — without obvious focus
- Central nervous system
- Genital tract
- Infection of prosthetic material
- Intra-abdominal
- Respiratory tract
- Skin/soft tissue
- Surgical wound
- Urinary tract
- Other, specify > _____

Current admission status

- Not admitted
- Not yet discharged
- Discharged, specify discharge date > _____

Is the case deceased

- Yes, specify date of death > _____
- No

Clinical comments or cause of death

Risk factors for CPO

If the case is an inpatient at the time of specimen collection, please provide details below on all wards, units and rooms the case was admitted to during this admission. Copy this page if more locations are required.

Health service Unit	Ward	Bed	Room type	Bathroom type	Arrived	Departed
e.g. Smithville Health Care			<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
e.g. Haematology	e.g. 2W	e.g. 3	<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____	_____	_____	<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____	_____	_____	<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____	_____	_____	<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____	_____	_____	<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____

Risk history (a)

Was the case hospitalised in the last 12 months at any facility in Australia (excluding this current admission)

- No
- Unknown
- Yes, specify ALL facilities below, and discharge date (if known)

Facility 1 _____ MM YY

Facility 2 _____ MM YY

Facility 3 _____ MM YY

Infection control (as per Victorian CPO guidelines)

Contact precautions

- Yes, specify date > _____
- No
- Unknown

Alert on patient record

- Yes, specify date > _____
- No
- Unknown

Full name or UR

Date of birth

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Please discuss answers for this page with the case or their next of kin

Risk history (b)

Did the case have day surgery or day admission(s) in Australia in the last 12 months (e.g., haemodialysis, day oncology)

- Yes, specify below
- No
- Unknown

Date of admission	Facility	Reason for admission

Was the case a resident in a long term residential care facility in Australia in the last 12 months

- Yes, specify all facilities >
- No
- Unknown

Was the case engaged in healthcare work in Australia in the last 12 months

- Yes
- No
- Unknown

Does the case know if they have ever had contact with a known CPO positive case

- Yes, specify > PHESS ID or name and DOB of positive case below
- No
- Unknown

Did the case have any household contact with a recently returned traveller or an overseas visitor within the last 12 months

- Yes, specify country >
- No
- Unknown

If yes, was the contact admitted to a healthcare facility overseas

- Yes, specify country >
- No
- Unknown

Has the case spent time outside of Australia in the last 4 years

- Yes, Australian resident travelling overseas
- Yes, overseas resident travelling to Australia
- No
- Unknown

If "Yes" to the above question, complete a 'Risk history (c)' column for each country visited.

If "No" or "Unknown" to the above question, data collection ends here.

Risk history (c) complete only if the case has spent time outside of Australia in the last 4 years

Complete one risk history (b) column for every country visited. Additional columns are provided overleaf.

Country

Arrived

Departed

Reason for time spent in this country (tick all that apply)

- Holiday or business
- Residence in country of birth
- Residence in country other than birth
- Visiting friends and relatives
- Other, specify >

Did the case travel with the intention of receiving medical, dental or other healthcare in this country

- Yes – Dental
- Yes – Medical
- Yes – Other
- No
- Unknown

Did the case experience any illness in this country

- Yes, specify >
- No
- Unknown

Did the case visit a healthcare facility in this country (tick all that apply)

- Yes – as a patient, specify location below
- Yes – as staff, specify location below
- Yes – visiting a patient, specify location below
- No
- Unknown

Location within facility	Visit/admitted	Discharged
<input type="checkbox"/> General practice		
<input type="checkbox"/> Day procedure centre		
<input type="checkbox"/> Other medical surgery		
<input type="checkbox"/> Acute hospital emergency		
<input type="checkbox"/> Acute hospital outpatients		
<input type="checkbox"/> Acute hospital admission		
<input type="checkbox"/> Other, specify type >		

Did the case receive any medical treatment or procedures in this country

- Yes, specify >
- No
- Unknown

Any further details on travel in this country

Please identify the case on every page

Full name or UR

Date of birth

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Please discuss answers for this page with the case or their next of kin

Risk history (b) complete only if the case has spent time outside of Australia in the last 4 years

Complete one risk history (b) column for every country visited. Copy this page if required for additional countries.

Country

Arrived

Departed

Reason for time spent in this country (tick all that apply)

- Holiday or business
Residence in country of birth
Residence in country other than birth
Visiting friends and relatives
Other, specify >

Did the case travel with the intention of receiving medical, dental or other healthcare in this country

- Yes - Dental
Yes - Medical
Yes - Other
No
Unknown

Did the case experience any illness in this country

- Yes, specify >
No
Unknown

Did the case visit a healthcare facility in this country (tick all that apply)

- Yes - as a patient, specify location below
Yes - as staff, specify location below
Yes - visiting a patient, specify location below
No
Unknown

Location within facility Visit/admitted Discharged

General practice

Day procedure centre

Other medical surgery

Acute hospital emergency

Acute hospital outpatients

Acute hospital admission

Other, specify type >

Did the case receive any medical treatment or procedures in this country

- Yes, specify >
No
Unknown

Any further details on travel in this country

Risk history (b) complete only if the case has spent time outside of Australia in the last 4 years

Complete one risk history (b) column for every country visited. Copy this page if required for additional countries.

Country

Arrived

Departed

Reason for time spent in this country (tick all that apply)

- Holiday or business
Residence in country of birth
Residence in country other than birth
Visiting friends and relatives
Other, specify >

Did the case travel with the intention of receiving medical, dental or other healthcare in this country

- Yes - Dental
Yes - Medical
Yes - Other
No
Unknown

Did the case experience any illness in this country

- Yes, specify >
No
Unknown

Did the case visit a healthcare facility in this country (tick all that apply)

- Yes - as a patient, specify location below
Yes - as staff, specify location below
Yes - visiting a patient, specify location below
No
Unknown

Location within facility Visit/admitted Discharged

General practice

Day procedure centre

Other medical surgery

Acute hospital emergency

Acute hospital outpatients

Acute hospital admission

Other, specify type >

Did the case receive any medical treatment or procedures in this country

- Yes, specify >
No
Unknown

Any further details on travel in this country

Please identify the case on every page

Full name or UR

Date of birth

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To be completed for ALL cases

Who was the risk history obtained from

The case

Other person, specify name of person and relationship to case below

Form completed by (print)

Person interviewed

Relationship to case

Tel

Notes

Notes section with multiple horizontal lines for text entry.