

Carbapenemase-Producing Organism (CPO) Ring Screening for Known CPO Case

1. Isolated case:

	Screen epidemiologically-linked patient contacts (e.g. roommates) for CPO by collecting fecally-stained rectal swab and other clinical specimens (e.g. sputum, wounds) as appropriate.
	At a minimum, screen other patients in the room, two adjacent rooms and the room across the hall from the CPO positive patient (if contact \geq 48 hours).
	If screening cultures or other clinical cultures identify additional CPO colonized or infected patients, consider additional surveillance cultures of contacts or point prevalence surveys of affected Unit(s) (if not previously done).
	If the CPO Case went undetected for some time, a recommendation for point prevalence of the entire Unit may follow after consultation with the Medical Microbiologist.
	Ring screening will continue on the same designated day of the week (i.e. Monday) until the CPO patient is transferred or discharged, and for one week after that point. Consult with laboratory to determine most suitable day of the week for specimen collection.
	Ensure precautions are communicated and maintained should CPO patient be transferred between Units/Facilities (including BCEHS).

2. Cluster Event: Defined as a newly identified epidemiologically-linked CPO case

	Screen the whole Unit weekly, until the last CPO positive patient is transferred or discharged and repeat the screening for (3) three weeks post-transfer/discharge.
	If the unit is greater than 30 beds and physically divided into 'segments' screen the entire Unit weekly for the first three weeks <i>AND</i> if no evidence of further transmission, focus the ring screening to the geographical segment location of the CPO patient.
	Weekly CPO screening will consist of fecally-stained rectal and wound swabs (can be pooled for MRSA, VRE and CPO) and a urine if catheterized, at a minimum. Other cultures will be at the discretion of the Medical Microbiologist.
	Include CPO screening for all newly admitted patients.
	The patient(s) should be followed for at least three (3) weeks following transfer to another Unit at the discretion of the Medical Microbiologist and Infection Control team.