

- Additional storage location for vaccines, antiviral agents, supplies, and equipment will be determined.
 - A 3 month surplus of consumable supplies (e.g., surgical masks, N-95 respirators) is recommended.
3. Guideline for prioritization of laboratory services will be reviewed and/or developed.
4. Vaccination
- Vaccination of healthcare personnel with seasonal influenza vaccine should continue; vaccinating with seasonal human influenza vaccine reduces the risk of co-infection of healthcare personnel with a novel or avian influenza virus and a human influenza virus.
 - Healthcare personnel with direct patient contact and ancillary support staff are one of the highest priority groups to receive pandemic influenza vaccine once it is available. A complete list of recommended priority groups for pandemic influenza vaccine is in the US DHHS Pandemic Influenza Plan, released in November 2005. Estimating the number of personnel in certain priority groups should begin. Local health departments can be a resource in making these estimations.
5. Identify source for back-up supplies of antivirals and plan for treatment and prophylaxis (both pre- and post-exposure) for selected healthcare personnel. Recent guidelines on the prioritization of antivirals during a pandemic are outlined in the US DHHS Pandemic Influenza Plan, released in November 2005. These recommendations should be utilized to determine how much antiviral medication would be needed for groups of healthcare personnel.
6. All healthcare workers are expected to provide care for patients with known or suspected novel influenza A virus, as well as comply with all infection control and public health recommendations.
7. If a healthcare worker provides care at more than one facility, the healthcare worker will be instructed to notify [-----] (e.g., supervisor) if one of the facilities is providing care to novel virus patients.

E. Pandemic Alert Phases 4 and 5

1. In the presence of pandemic alert phases 4 or 5, in which a novel influenza virus has resulted in small or large clusters of limited human to human spread, signs (in appropriate languages) will be placed outside the Emergency Department (ED) / outpatient facilities requesting that persons with certain epidemiologic criteria coupled with an influenza-like illness identify themselves to the [-----] (e.g., police, triage nurse).
 - A mask should be placed on the patient prior to them entering the ED.
 - Persons accompanying the patient for evaluation should be screened for symptoms of the novel virus ideally prior to entering the facility.
 - Posted visual alerts will recommend "respiratory hygiene" precautions.
2. Intake and triage staff will be trained on how to assess risks for the pandemic strain of influenza and use any applicable tools (thermometers, signs/symptoms of pandemic influenza) to screen patients. The pre-identified pandemic influenza coordinator or designee will develop a strategy to assign responsibility.
3. Initiate active screening of symptomatic patients for either a personal or contact history of travel to geographic area with novel virus activity.
4. Adherence to infection prevention and control policies and procedures is critical to minimize the transmission of novel influenza virus and other infectious diseases. Transmission risk in healthcare facilities (including hospitals, long-term care, and outpatient facilities) depends on the extent of novel virus