

- Food services (refrigeration, food handling, and preparation)
- Medical services
- Staffing for patient care and support services
- PPE supplies
- Cleaning/disinfection supplies
- Environmental services (linen, laundry, waste)
- Safety and Security

7. Institute 24 hour telephone triage system with appropriate translation services.

#### **F. Pandemic Phase 6 (without cases occurring in North Carolina)**

1. In the presence of increased and sustained human to human spread of a novel virus in the general population, but before there are cases identified in North Carolina, screening of patients entering the facility will escalate from passive (e.g., signs at the entrance) to active (e.g., direct questioning, respiratory symptoms, temperature monitoring).
2. Patients with suspected pandemic influenza virus requiring medical evaluation should be seen in the following designated area [-----] (i.e., the Infectious Disease Clinic). If possible, the designated area should be notified prior to the patient's arrival.
  - The patient will be requested to wear a surgical mask.
  - Persons accompanying the patient for evaluation should be screened for symptoms of the novel virus ideally prior to entering the facility.
3. Clinicians and intake and triage staff will be regularly updated (i.e., every 12 hours) on the status of the pandemic locally, nationally, and internationally (i.e., via email, memoranda, or meetings).
4. If a patient is confirmed as having the pandemic influenza virus, monitor for nosocomial transmission of the pandemic strain of influenza within the healthcare facility.
5. Hospital access controls:
  - When pandemic influenza is present in the United States, preventing unrecognized pandemic influenza patients from entering the facility will be essential. Restricting access to the facility will assist in the implementation of effective surveillance and screening. Consider limiting hospital visitors and involve police services to enforce access limitations in the event when there are a few cases of pandemic influenza in the facility but NO nosocomial transmission.
  - Consider limiting hospital admissions, transfers, and discharges (in accordance with local/state recommendations and regulations) in the event that nosocomial transmission of a pandemic strain of influenza occurs. For example
    - i. consider limiting hospital admissions to those patients with the pandemic strain of influenza only
    - ii. consider early discharge of newborn infants to home in order to minimize exposure
  - Establish criteria and protocols for closing the facility to new admissions and transfers in the event that nosocomial transmission of a pandemic strain of influenza occurs (i.e., healthcare workers ill).
6. Communication and Reporting
  - A pandemic influenza will generate a need for rapid analysis of the status of patients and transmission in the healthcare facility and reporting of this information to employees and public health officials, as well as to the public, the media, and political leaders.