

- Exposed healthcare personnel who develop fever and/or respiratory symptoms should not report to work. Persons should immediately report by phone the development of fever and/or respiratory symptoms as follows.
 - Occupational health at [-----], or designee [-----] at [-----]. The healthcare worker should report to the [-----] (i.e., Infectious Disease Clinic) for clinical evaluation as medically necessary.

5. Health care workers should have access to mental health professionals to help them cope with the emotional strain of managing a pandemic (e.g., Employee Assistance Program, Critical Incident Stress Management, and Psychiatry).

6. In the presence of a formal pandemic declaration with cases documented in North Carolina, screening should be coordinated with access controls, a triage station outside the facility to screen patients before they enter the facility, priority triage of persons with respiratory symptoms, and/or telephone screening of patients with appointments.

- In the presence of pandemic influenza activity in North Carolina and cases at this facility, all persons entering the facility will be screened. A "Pandemic Evaluation Center" will be used to separate pandemic influenza patients from other patients seeking care at [-----] (i.e., UNC Health Care System). When there is a presence of pandemic influenza activity in North Carolina, the [-----] (i.e., ID Clinic) will be used as the "Pandemic Evaluation Center". To prevent exposure of staff, patients and visitors, the [-----] (i.e., outside entrance/emergency exit) will be used.
- When the number of potential pandemic influenza cases exceeds [-----] (i.e., 100) persons per day, the [-----] (i.e., Ambulatory Care Center) will be used as the "Pandemic Evaluation Center". Before the facility is used, determine needed ventilation, water supply, traffic routes, and modes of transport for patients who must be taken from the evaluation center to the healthcare facility.
- Clinicians will contact the following department(s) [-----] (i.e., hospital epidemiology/infection control) and individual(s).
- The local health department number is [-----].
- If the local health department cannot be reached, contact the NC General Communicable Disease Control Branch at 919-733-3419 (24/7 via pager).

7. Strict adherence to Droplet Precautions is to be practiced by all health-care personnel. In addition to Standard Precautions, observe Droplet Precautions during the care of a patient with suspected or confirmed strain of pandemic influenza:

- Place patient into a private room.
- Wear a surgical mask upon entering the patient's room or when working within 3 feet of the patient.
- Remove the mask when leaving the patient's room and dispose of the mask in a waste container.
- If patient movement or transport is necessary, patient must wear a surgical mask.

8. Cohorting of Patients

- A lack of Airborne Infection Isolation Rooms (AIIRs), private rooms, or a need to concentrate infection control efforts and resources may lead to the following:
 - i. Cohorting patients in individual rooms on the same floor, rather than placing them on separate units or in AIIRs throughout the hospital.
 - ii. Converting private rooms/AIIRs to double rooms to accommodate more patients with pandemic influenza or those requiring Airborne Isolation. This strategy should only be implemented following approval from the Incident Commander, Federal and State authorities, and to the extent that staff could manage the number of patients on the unit.
 - iii. In the event that cohorting is necessary, cohort suspected influenza patients with other patients suspected of having the pandemic strain of influenza; cohort confirmed influenza patients with other patients confirmed to have pandemic influenza.
 - iv. Maintain 3 feet of separation between patients.