

EXHIBIT A



Bellevue Hospital Center Infection Prevention & Control



Ebola Virus Disease (EVD) 2015 **Currently Outbreak in West Africa**

Ebola Virus Disease (formerly known as Ebola Hemorrhagic Fever) is a severe, often fatal illness, with a death rate of up to 90%, but approximately 40% during the current epidemic. Ebola first appeared in 1976 in two simultaneous outbreaks, one in a village near the Ebola River in the Democratic Republic of Congo, and the other in a remote area of the Sudan. The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. There were a small number of cases reported in Nigeria and Mali and a single case reported in Senegal; however, these cases were contained, with no further spread in these countries. Two imported cases, including one death, and two locally acquired cases in healthcare workers were reported in the United States. As of November 30, 2015, the World Health Organization (WHO) reported a total of 28,637 cases of EVD, 15,249 of which are laboratory confirmed, and 11,314 deaths. While the outbreak is currently confined to Liberia (a cluster of 3 confirmed cases was reported in the week up to November 22, 2015), long distance travelers (e.g. between continents), infected in affected areas, could arrive while incubating the disease and develop symptoms compatible with EVD, after arrival. Fortunately the risk of EVD for travelers is extremely low, but possible nonetheless.

Suspected or confirmed cases of EVD should be reported to public health officials immediately. Contact the NYC DOHMH at 1-866-692-3641 or the NYS Public Health Duty Officer Helpline at 1-866-881-2809 to report suspected cases of EVD and to obtain instructions for specimen collection, submission, and transport to the CDC for diagnostic testing.

What is Ebola Virus Disease (EVD)?

EVD is one of numerous Viral Hemorrhagic Fevers. It is a severe, often fatal disease in humans and nonhuman primates (such as monkeys, gorillas, and chimpanzees) caused by the infection with a virus of the family Filoviridae, genus Ebolavirus. There are five identified subspecies of Ebolavirus. Four of the five have caused disease in humans. The fifth, Reston virus, has caused disease in nonhuman primates, but not in humans. The natural reservoir host of ebolaviruses remains unknown. However, on the basis of available evidence, researchers believe that the virus is zoonotic (animal-borne) with fruit bats being the most likely reservoir. Four of the five subtypes occur in an animal host native to Africa.

How is EVD transmitted?

Because the natural reservoir of ebolaviruses has not yet been proven, the manner in which the virus first appears in a human at the start of an outbreak is unknown. However, researchers have hypothesized that the first patient becomes infected through contact with an infected animal.

When an infection does occur in humans, there are several ways in which the virus can be transmitted to others. These include:

- **Direct contact with the blood or secretions of an infected person**
- **Exposure to objects (such as needles) that have been contaminated with infected secretions**

The viruses that cause EVD are often spread through families and friends because they come in close contact with infectious secretions when caring for ill persons.

During outbreaks of EVD, the disease can spread quickly within health care settings. Exposure to ebolaviruses can occur in health care settings where hospital staff are not wearing appropriate protective equipment (PPE), such as masks, gowns, and gloves. Proper cleaning and disposal of instruments, such as needles and syringes, are also important. If instruments are not disposable, they must be sterilized before being used again. Without adequate sterilization of the instruments, virus transmission can continue to amplify an outbreak.

What are the symptoms of EVD?

Symptoms may appear anywhere from 2 to 21 days after exposure to ebolavirus though 8-10 days is most common. People are infectious as long as their blood and secretions contain the virus. Ebola virus can be isolated from semen >60 days after onset of illness.

EVD is often characterized by the **sudden onset of fever, intense weakness, muscle pain, headache and sore throat.** This is followed by **vomiting, diarrhea, rash, impaired kidney and liver function,** and in some cases, both **internal and external bleeding.** Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes.

Who is most at risk?

During an outbreak, those at higher risk of infection are:

- Health workers
- Family members or others in close contact with infected people
- Mourners who have direct contact with the bodies of the deceased as part of burial ceremonies

References: Ebola Fact Sheet available at www.cdc.gov/vhf/ebola/resources/pdfs/Ebola-FactSheet.pdf
WHO Fact Sheet available at www.who.int/mediacentre/factsheets/fs103/en/

Bellevue Hospital Center

Infection Prevention & Control

What infection control precautions are necessary for patients with EVD?

Extended Contact precautions, in addition to Standard and Droplet precautions are **required** for management of hospitalized patients with known or suspected EVD. **Isolation and precautions MUST be instituted PRIOR to confirmation of infection, and the patient should be placed in a negative pressure room.**

CDC recommended PPE for **non-secreting patients** (appropriate for Ambulatory Care and ED settings):

- Liquid impervious protective gown
- Double gloves
- Surgical mask with face shield

Hospitalized patients under investigation (PUI) or confirmed EVD patients (Level C):

- Disposable scrubs
- Double gloves
- Shoe and leg coverings (surgical knee high boots)
- Tyvek jump suit
- Liquid impervious gown (worn over Tyvek jumpsuit)
- PAPR
- Negative pressure room (door remains closed), with private bathroom
- **AS ALWAYS, HAND HYGIENE MUST BE PERFORMED BEFORE AND AFTER PATIENT CARE!!!**

Limit the number of health care workers, family members, and visitors in contact with the patient. Ensure that clinical and non-clinical personnel are assigned exclusively to the EVD patient care area and do not move freely between the isolation area and other clinical areas during an outbreak.

Limit the number of visitors allowed access to the patient to include only those necessary for the patient's well-being and care, such as a child's parent. **All visitors must comply with all PPE requirements as described above and hand hygiene.**

Medical professionals should consult "Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation (PUIs) for Ebola Virus Disease (EVD) in U.S. Hospitals" available at <http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html> for detailed infection control recommendations.

How is EVD treated and diagnosed?

Standard treatment for EVD is still limited to **supportive therapy**. This consists of: balancing the patient's fluids and electrolytes, maintain their oxygen status and blood pressure, and treating them for any complicating infections. **No vaccine** is currently available. Experimental medications may be utilized.

Diagnosis and timely treatment of EVD in the early stages of the disease is challenging because early symptoms such as headache, fever and rash are non-specific to ebolavirus infection and are seen often in patients with more commonly occurring diseases. Other diseases that should be ruled out before a diagnosis of EVD can be made include: malaria, typhoid fever, shigellosis, cholera, leptospirosis, plague, rickettsiosis, relapsing fever, meningitis, hepatitis and other viral hemorrhagic fevers. **A detailed travel history should be obtained from patients presenting with relatively non-specific signs of fever and headache.**

Laboratory tests used in diagnosis include:

- **Within a few days after symptoms begin:**
 - Polymerase chain reaction (PCR) - method used by NYC DOHMH
 - Antigen capture enzyme-linked immunosorbent assay (ELISA) testing
 - IgM ELISA
 - Polymerase chain reaction (PCR)
 - Virus isolation
- **Later in disease course or after recovery:**
 - IgM and IgG antibodies
- **Retrospectively in deceased patients:**
 - Immunohistochemistry testing
 - PCR
 - Virus isolation

Refer to the EVD Incident Response Guide (IRG), located on the Bellevue intranet (Emergency Management section), for detailed protocols and procedures.

References: Ebola Fact Sheet available at www.cdc.gov/vhf/ebola/resources/pdfs/Ebola-FactSheet.pdf
WHO Fact Sheet available at www.who.int/mediacentre/factsheets/fs103/en/

EXHIBIT B

Bellevue Hospital Center – PPE Guidance Matrix for EVD

	Screening ED/AmbCare staff	Anteroom staff/Buddy	All staff in patient room & Family member entering the patient room	EVS – Outside of patient room	Lab staff	Surgical & OR staff with direct patient contact	Hospital Police	Family member that is not experiencing symptoms
Disposable Scrubs		SCRUBS	SCRUBS		SCRUBS	SCRUBS		SCRUBS (On the Unit)
Shoe Covers		SHOE COVERS	SHOE COVERS		SHOE COVERS	SHOE COVERS		
Tyvek Suit		TYVEK SUIT	TYVEK SUIT			TYVEK SUIT		TYVEK SUIT (To the Unit)
Tychem Suit								
ONE Gown								
ONE Impervious Gown	1 IMP. GOWN	1 IMP. GOWN	1 IMP. GOWN	1 IMP. GOWN	1 IMP. GOWN		1 IMP. GOWN	
TWO Impervious Gowns						2 IMP. GOWNS		
Apron								
Impervious High Top Shoe Covers		H. SHOE COVERS	H. SHOE COVERS		H. SHOE COVERS	H. SHOE COVERS		
ONE Glove (Nitrile)		1 NITRILE GLOVE	1 NITRILE GLOVE		1 NITRILE GLOVE			
ONE Glove (Surgical)		1 SURG. GLOVE	1 SURG. GLOVE		1 SURG. GLOVE			
TWO Gloves (Nitrile)	2 NITRILE GLOVES			2 NITRILE GLOVES			2 NITRILE GLOVES	
TRIPLE Gloves (Surgical)						3 SURG. GLOVES		
PAPR Hood		PAPR	PAPR			PAPR		
Independent Tyvek Hood					T. HOOD	T. HOOD		
Surgical Mask	SURG. MASK			SURG. MASK	SURG. MASK		SURG. MASK	
Surgical Mask w/ Face Shield								
N-95 Respirator								
Face Shield	FACE SHIELD			FACE SHIELD	FACE SHIELD		FACE SHIELD	

All staff outside the patient room: Standard Precautions

EXHIBIT C



If you are feeling ill and have traveled within any of these areas (see map) in the past 21 days, please tell the nurse or the front desk staff immediately.

EBOLA VIRUS DISEASE (EVD) is a contagious, viral disease mainly affecting people in **Guinea and Sierra Leone**.

MIDDLE EAST RESPIRATORY SYNDROME (MERS) is a contagious respiratory viral illness mainly affecting people in the **Middle East, China, and Republic of Korea**.

<p>English</p> <p>ALERT HEALTHY TRAVEL</p>	<p>Have you traveled into the areas outlined in red on the map within the past 21 days? Please inform us immediately and provide us with your management information. We will contact you if we need more information. We will also contact you if we need more information. We will also contact you if we need more information.</p>
<p>Arabic</p> <p>استفهام صحي</p>	<p>المضيفة نرجي إخبار الممرضة أو موظفي مكتب الاستقبال على الفور مرض فيروس الإيبولا هو مرض فيروسي معد يسبب الأشخاص في غرب أفريقيا بشكل رئيسي. متلازمة الشرق الأوسط التنفسية (MERS) هي مرض فيروسي معد يسبب الجهاز التنفسي للأشخاص في منطقة الشرق الأوسط (سوريا، الأردن، لبنان، وإسرائيل، والنفقة الغربية وقطاع غزة، والمملكة العربية السعودية، وإيران، العراق، والكويت، والبحرين، قطر، والإمارات العربية المتحدة، وسلطنة عمان واليمن) والصين وجمهورية كوريا.</p>
<p>Hindi</p> <p>स्वास्थ्य चेतावनी</p>	<p>यदि आप बीमार अनुभव कर रहे हैं और पिछले 21 दिनों में इन क्षेत्रों (मानचित्र देखें) में से किसी में यात्रा कर चुके हैं, तो कृपया तुरंत नर्स या फ्रंट डेस्क कर्मचारी को बताएं। ईबोला वायरस रोग (EVD) एक संक्रामक, वायरल रोग है जो मुख्यतः गिनी और सियरा लियोन में लोगों को प्रभावित करता है। मध्य पूर्व श्वसन सिंड्रोम (MERS) एक संक्रामक, वायरल रोग है जो मुख्यतः मध्य पूर्व (सीरिया, जोर्डन, लेबनान, इराक, कुवैत, बहरीन, कतर, संयुक्त अरब अमीरात, ओमान, यमन), चीन और कोरिया गणराज्य में लोगों को प्रभावित करता है।</p>
<p>Chinese (S)</p> <p>健康警告</p>	<p>如果您感到不适且在过去21日内去过这些地区(参见地图)中任何一处, 请立即告知护士或前台工作人员。 埃博拉病毒病 (EVD) 是一种传染性的病毒性疾病, 多发于几内亚和塞拉利昂。 中东呼吸综合征 (MERS) 是一种传染性的呼吸道病毒性疾病, 多发于中东 (叙利亚、约旦、黎巴嫩、以色列、阿拉伯半岛及加沙、沙特阿拉伯、伊朗、伊拉克、科威特、巴林、卡塔尔、阿拉伯联合酋长国、阿曼、也门)、中国和韩国。</p>
<p>French</p> <p>ALERTE SANITAIRE</p>	<p>Si vous vous sentez malade et avez voyagé dans une de ces régions (voir la carte) au cours des 21 derniers jours, veuillez en informer immédiatement l'infirmière ou le personnel de l'accueil. La MALADIE À VIRUS EBOLA (EVD) est une maladie virale contagieuse affectant principalement les populations en Guinée et en Sierra Leone. Le SYNDROME RESPIRATOIRE DU MOYEN-ORIENT (MERS) est une maladie virale respiratoire contagieuse affectant principalement les populations au Moyen-Orient (Syrie, Jordanie, Liban, Israël, Cisjordanie & Gaza, Arabie Saoudite, Iran, Irak, Koweït, Bahreïn, Qatar, Emirats arabes unis, Oman, Yémen), en Chine, et en République de Corée.</p>
<p>Polish</p> <p>ZDROWOTNY</p>	<p>Jeżeli czuje się Pan/Pani źle, a w ciągu ostatnich 21 dni podróżował/a Pan/Pani do jakiegokolwiek z wskazanych regionów (patrz mapa), prosimy natychmiast poinformować o tym pielęgniarkę lub pracownika recepcji. GORĄCZKA KRWOTOCZNA EBOLA (EVD) jest zakaźną chorobą wirusową, dotykającą głównie mieszkańców Gwinei i Sierra Leone. BLISKOWSCHODNI ZESPÓŁ NIEWYDOLNOŚCI ODECHOWEJ (MERS) jest zakaźną wirusową chorobą układu oddechowego, dotykającą głównie mieszkańców Bliskiego Wschodu (Syria, Jordania, Liban, Izrael, Zachodniego Brzegu Jordanii i Strefy Gazy, Arabia Saudyjska, Iran, Irak, Kuwejt, Bahrajn, Katar, Zjednoczonych Emiratów Arabskich, Oman, Jemena), Chin i Republiki Korei.</p>
<p>Spanish</p> <p>ALERTA SANITARIA</p>	<p>Si usted se siente enfermo y ha viajado a cualquiera de estas áreas (ver mapa) en los últimos 21 días, por favor indíquelo inmediatamente a la enfermera o al personal de la recepción. La ENFERMEDAD DEL VIRUS DEL EBOLA (EVE) es una enfermedad viral y contagiosa que afecta principalmente a las personas en Guinea y Sierra Leona. El SÍNDROME RESPIRATORIO DE MEDIO ORIENTE (MERS, por sus siglas en inglés) es una enfermedad viral y contagiosa que afecta principalmente a las personas del Medio Oriente (Siria, Jordán, Líbano, Israel, Ribera Occidental y Gaza, Arabia Saudita, Irán, Iraq, Kuwait, Bahrein, Qatar, Emiratos Árabes Unidos, Omán, Yemen), China y República de Corea.</p>
<p>Arabic</p> <p>استفهام صحي</p>	<p>المضيفة نرجي إخبار الممرضة أو موظفي مكتب الاستقبال على الفور مرض فيروس الإيبولا هو مرض فيروسي معد يسبب الأشخاص في غرب أفريقيا بشكل رئيسي. متلازمة الشرق الأوسط التنفسية (MERS) هي مرض فيروسي معد يسبب الجهاز التنفسي للأشخاص في منطقة الشرق الأوسط (سوريا، الأردن، لبنان، وإسرائيل، والنفقة الغربية وقطاع غزة، والمملكة العربية السعودية، وإيران، العراق، والكويت، والبحرين، قطر، والإمارات العربية المتحدة، وسلطنة عمان واليمن) والصين وجمهورية كوريا.</p>

EXHIBIT D

Bellevue Hospital Center – Ebola Virus Disease (EVD) Algorithm

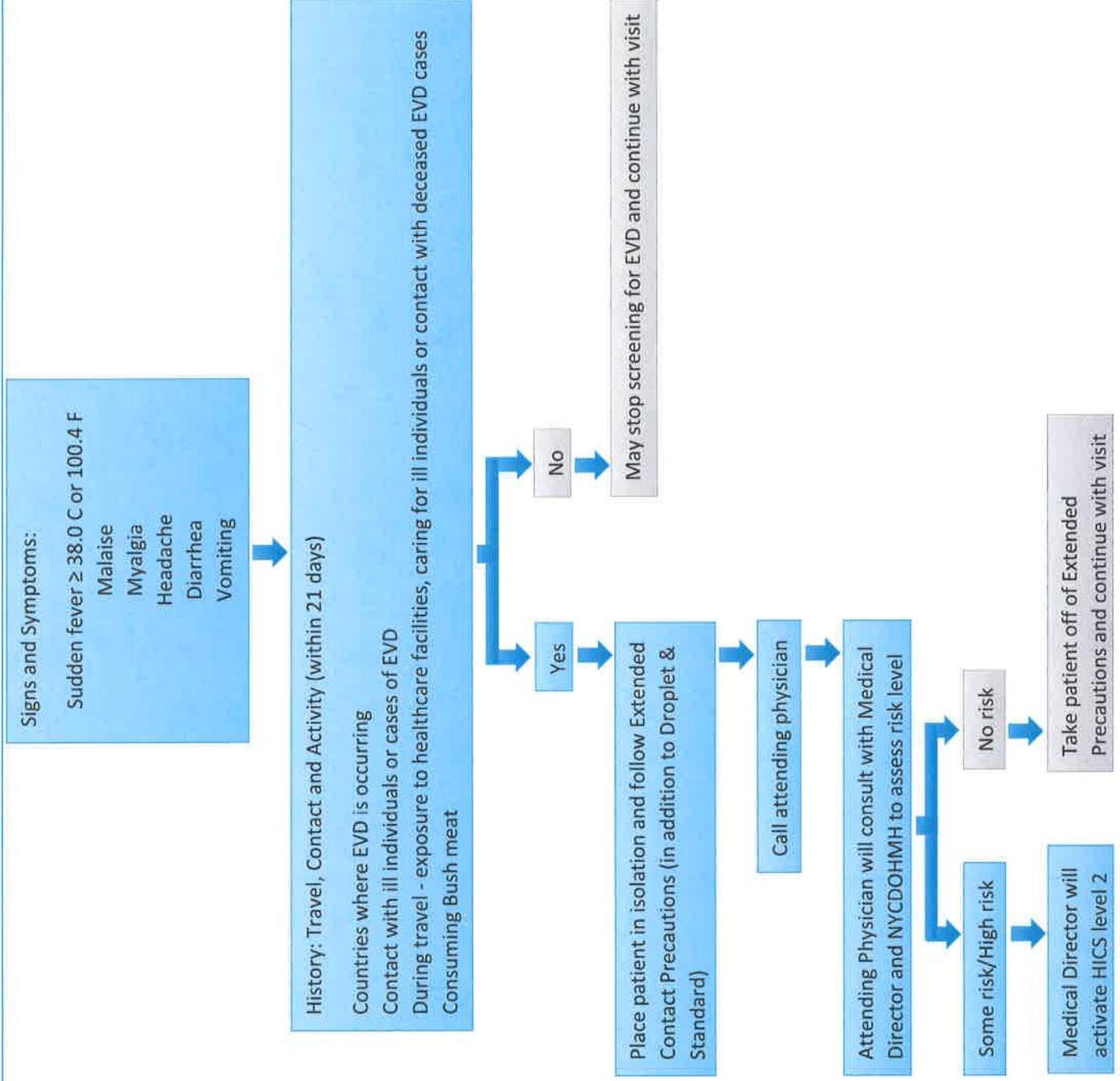


EXHIBIT E



ECP Precautions

Extended Contact Precautions
(In addition to Droplet & Standard)



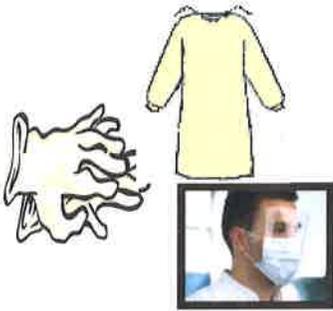
SEE NURSE BEFORE ENTERING

Hand Hygiene:



- Wash hands or use alcohol-based foam **before and after** patient contact
- Use **soap & water** if hands are **visibly soiled**

Gloves/Gowns/Mask with Face Shield:



- Wear two pair of gloves
- **liquid impervious** gowns
- Eye/face protection (surgical mask with face shield)

Patient-care Equipment:



- **Dedicated** and/or **Disposable** equipment
- Any reusable medical equipment **MUST** be cleaned and disinfected

Patient Transport



- Contact patient's physician for authorization

Remove PPE and clean your hands before leaving the room

EXHIBIT F

BELLEVUE EMERGENCY DEPARTMENT
Checklist for Management of Patients with Suspected Ebola Virus Disease (EVD)

EVD Facts:

- Transmission occurs via direct contact with body fluids (blood, urine, sweat, semen, and breast milk).
- Airborne transmission is not likely, however, is hypothetically possible during procedures that may generate aerosols and for patients with respiratory symptoms or large aerosolized droplets.
- Patients can transmit the virus while febrile in the postmortem period, though no EVD infection has been reported in persons whose contact with an infected person occurred only during the incubation period (usually 8–10 days, rarely ranging from 2– 21 days).
- Fever and other systemic signs of illness *preceded* viremia and detection of infectious virus in animal studies by 2-4 days, in the conjunctivae and on anal swabs by 5-6 days, and in the nares by 5-10 days.

SCREENING CHECKLIST

Remember to maintain professionalism and avoid talking about the patient in open areas for privacy and safety reasons. Be sensitive to other patients when discussing the diagnosis.

<u>SCREENING</u>	<ul style="list-style-type: none"> • Visual nurse or triage nurse will ask for high-risk demographics and symptoms immediately at patient arrival in AES and PES. • If a patient has a fever, and scores positive for geographic risk, the nurse will immediately have the patient don a surgical mask and escort the patient to the next available isolation room as below <ul style="list-style-type: none"> • (while keeping a distance of at least 3 feet) • Each isolation room will have a disposable digital thermometer.
Multiple Simultaneous Patients	<ul style="list-style-type: none"> • In the event of multiple simultaneous patients who require evaluation, mobilize the additional isolation rooms in the following order: EW10 followed by the Discharge Center Isolation Room, followed by EW Rooms 9,8,7,6, and, finally, AES isolation rooms • Though all of these rooms do not have full anti-chambers, all personal protective equipment used during the screening of a patient shall be doffed and shall remain within the patient's room prior to leaving.
<u>TRIAGE</u> Obtain History	<ul style="list-style-type: none"> • Only ED Attendings should conduct the initial history. • AES physicians and PES physicians will respond to age appropriate patients. IF PES attending is leaving the unit they should find an AES attending to help cover the PES while conducting the evaluation. This will need to be a face to face discussion and we will need to be flexible. • Conduct the initial history by calling the patient's room via the phone from the nursing station or your cell phone. (There are also 2 way video communication devices available.) • EW10 is 212-562-2887; Discharge Center Isolation Room is 212-562-4508, EW Rooms 9, 8, 7, 6 all have the same extension 212-562-4755. • If you need an interpreter call Interpreter services first by dialing 1-866-425-0217 or X1500 from a Bellevue Phone / Bellevue access code 777777. Then connect into the appropriate patient room by having interpreter services call the patient extension. •

Questions	<i>*NOTE: The patient already has a confirmed fever of 100.4F or higher</i>
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		<p><u>Ask the following questions:</u> circle all that are positive. Also refer to nursing EVD checklist that may have been performed already.</p> <ol style="list-style-type: none"> 1. Have you traveled to/from Guinea, Liberia, Sierra Leone (within 21 days) * refer to http://www.cdc.gov/EVD/ebola/outbreaks/2014-west-africa/distribution-map.html for updated countries locations. There is a world map in each of the isolation rooms where a patient can point. 2. Have you had contact with a person with a CONFIRMED case of EVD in the last 21 days 3. If YES to either #1 of #2, does the patient have any one or more of the following additional symptoms: <ol style="list-style-type: none"> a. Headache b. Vomiting (with or without blood) c. Diarrhea (with or without blood) d. Abdominal pain e. Malaise/weakness f. Loss of appetite g. Arthralgias/myalgias h. Sore throat i. Shortness of breath j. Hiccups
		<p>If patient answers NO to questions 2 and 3 above, then they are NOT a patient under investigation and can be instructed to perform twice daily fever checks and to return if any changes. The DOH should be call (866-692-3641) to follow-up with patient. These patients should be moved back expeditiously to the AES or PES for further workup or discharge. We want to keep the EW10 available and ready for the next possible suspected patient.</p>
Notification		<ul style="list-style-type: none"> • If they answer YES to Question 1 and Question 2 and have any symptom from Question 3 above, immediately escalate and notify ED Leadership.

EXHIBIT G

AMBULATORY CARE INITIAL SCREENING PROCEDURE FOR EBOLA SCREENING

Patient presents to front desk reporting fever

Staff gives them a face mask and shows patient to designated isolation room.
Patient seated in chair in room.
Nurse alerted of patient by above staff member.

PCA or Nurse detects $T \geq 100.4 F$
or subjective fevers at home as part of
routine vitals
Patient given mask.

Nurse detects $T \geq 100.4 F$

Module nurse detects $T < 100.4 F$ but
patient notes fever at home

PCA/Nurse asks patient:
1) Any travel from Africa in the past 3
weeks?

If $T < 100.4 F$ and no subjective fevers,
continue triage per usual procedures

No?

Yes?

Proceed with usual triage using universal precautions

Wash hands
Tell the patient you will go to get a doctor to see them
Close the door
Do not move the patient to another room

Alert an Attending in the clinic
Page Dr. Andrew Wallach at XXX-XXX-XXXX

10.31.2014

AMBULATORY CARE SECONDARY EBOLA SCREENING BY ATTENDING

PCA/Nurse has identified patient with $T \geq 100.4$ (or, subjective fevers at home) AND recent travel from Africa within last 3 weeks

Attending goes to patient room wearing Level D PPE
Bring with you Ebola medical triage form to fill out
Introduce yourself, make patient feel at ease while keeping safe distance of approximately 3 feet
Do not touch the patient unless you feel the patient appears unstable (see guidelines for this case)

Ask if the patient has any epidemiologic risk factors for Ebola:

- Travel from affected area within last 21 days (Guinea, Liberia, or Sierra Leone)?
- Contact with blood, body fluids, or remains of a patient with known or suspected Ebola?
- Direct handling/eating bats, rodents, or primates from endemic country?

No epidemiologic risk factors?

Notify PCA to return to room
No further screening for Ebola needed
PCA can continue usual triage procedures

Yes to epidemiologic risk factors?

Continue screening
Ask if the patient has any clinical criteria in addition to fever:
- headache, myalgias, vomiting, diarrhea, abdominal pain, unexplained bleeding

No?
Patient does not meet clinical criteria for CDC definition

Page Dr. Andrew Wallach at XXX-XXX-XXXX
Consider call to DOH to discuss case before continuing visit and releasing patient

Yes?
Patient meets CDC case definition of Person Under Investigation or Probable Case

Doff PPE in the room by door
Exit the room
Explain to patient need to call DOH

Place pink Extended Contact Precautions sign on door

Go to precepting area
Call DOH (1-866-692-3641)
Update Dr. Andrew Wallach at XXX-XXX-XXXX

10.31.2014

Ambulatory Care Medical Triage Form for Ebola Virus Disease

Patient Demographics:

Patient Name:	Date:	
Patient MRN:	DOB:	Age:
Sex: M F	Preferred language:	Profession:
Address:		
Triage location/room:		

Epidemiologic profile (circle answers):

Travel from an area where EVD transmission is active in the last 21 days?	Yes	No
If so, where? Guinea? Liberia? Sierra Leone? Nigeria? Senegal?		
Name of specific city, district within above areas: _____		
Date entered the US: _____		
Visiting someone sick in above areas?	Yes	No
Death in family or close contacts in above areas in last 21 days?	Yes	No
Attendance at a funeral in above areas?	Yes	No
Contact with blood, body fluid, or remains of a known or suspected EVD case?	Yes	No
If yes, what was the closest contact? Circle those that apply: 1- Slept in the same house within the last 21 days. 2- Had direct physical contact 3- Touched their body fluids (stool, emesis, etc) 4- Had sexual relations 5- Handled clothes or other personal objects 6- Contact with body at a funeral 7- Contact with the mattress, clothing, or coffin of body during funeral.		
Eaten or handled bats, rodents, or primates in above areas?	Yes	No
If yes, what kind of animal:		
Received medical treatment in the last 21 days in above areas?	Yes	No
If so, where?		

10.31.2014

EVD Symptoms: (for positive findings indicate number of days of symptom)

Fever	Yes	No	# of days: _____	Temperature:
Headache	Yes	No		
Muscle Pain	Yes	No		
Vomiting	Yes	No	Bloody? Yes No	
Diarrhea	Yes	No	Bloody? Yes No	
Abdominal Pain	Yes	No		
Unexplained hemorrhage	Yes	No	Location: _____	
Red eyes	Yes	No		
Bleeding gums	Yes	No		
Nose bleeds	Yes	No		
Arthralgias	Yes	No		
Weakness, fatigue	Yes	No		
Loss of appetite	Yes	No		
Hiccups	Yes	No		
Jaundice	Yes	No		
Dysphagia	Yes	No		

Other symptoms:

Other relevant medical history:

NYC DOH: 1-866-692-3641
Dr. Wallach: Page at XXX-XXX-XXXX
Infection Control: x6888

EXHIBIT H

**BELLEVUE HOSPITAL CENTER
EBOLA VIRUS DISEASE – ACTIVATION CHECKLIST**

DATE: _____

	WHAT	WHO	HICS SECTION
1.	Notification from NYC DOHMH or FDNY-EMS of EVD Suspected Patient transport to Bellevue Hospital (SICK FEVER TRANSFER).	Incident Commander	Incident Command
2.	Activate Command Structure – Incident Commander (or AOD) will immediately notify Telecommunications to send a Level 2 HICS Alert to Disaster Team via Send Word Now (SWN) with all important information.	Incident Commander	Incident Command
3.	Incident Commander (or AOD) will notify Hospital Police to activate their EVD Response protocol. The Incident Commander or (AOD) should ascertain the Fire Lane location and whether this is a DIRECT ADMIT or ER VISIT.	Incident Commander	Incident Command
4.	Notify Hospital Leadership – S. Alexander, N. Link, B. Hicks, M. Pressman, L. Lombardi, A. Cohen, E. Hernandez.	Incident Commander	Incident Command
5.	Notify Corporate Leadership – R. Raju, R. Wilson, T. Martin.	Incident Commander	Incident Command
6.	Senior Nurse Administrator on Duty will inform the receiving unit (7W or AES).	Senior Nurse on Duty	Operations
7.	Senior Nurse Administrator on Duty will identify care team members.	Senior Nurse on Duty	Operations
8.	Telecommunications will send a Level 2 HICS Alert with other important information provided. Telecommunications will then contact the Care Team, Hospital Police (6191), Elevator Dispatch.	Incident Commander	Incident Command
9.	Activate Trained Staff – ED (1 RN - direct care, 1 RN -buddy, 1 Observer/ Monitor, 4 Lab Techs - Chem, Hem, Micro-B, Micro-P).	Operations Chief	Operations
10.	Activate Trained Staff – 7W (2 RNs - direct care, 2RNs -buddy, 2 Observers, 1 Monitor, 4 Lab Techs - Chem, Hem, Micro-B, Micro-P).	Operations Chief	Operations
11.	Select and Prepare Room(s) for Admission – TV, Phone, Video Camera, Baby Monitor	Operations Chief	Operations
12.	Incident Commander (or AOD) along with Senior HP (Hot Zone Boss) will respond to the Fire Lane Door with a Two-Way Disaster Radio. Incident Commander will take responsibility of ALL Hospital Operations and Senior Hospital Police will take charge of communications	Incident Commander/ Senior Hospital Police on Duty	Incident Command/ Operations

	WHAT	WHO	HICS SECTION
	between FDNY-EMS and Hospital Response Team (consisting of Care Team, HP, and EVS/NorthStar).		
13.	Hospital Police will send Officers with YELLOW Caution Tape to make a designated COLD Zone and will begin securing all corridors in order to control access as required during the Transport of the Patient (See attached Floor Plan for reference).	Hospital Police	Incident Command
14.	Incident Commander (or AOD) will set up the designated COLD Zone outside in the Fire Lane Door and insure that EVS has set up the RED Bag waste containers alongside the COLD and HOT Zone (See attached drawing and picture). MOST IMPORTANT, MUST MAINTAIN THE CURB AS THE SEPARATION BETWEEN THE HOT ZONE AND COLD ZONE.	Incident Commander	Incident Command
15.	Housekeeping Supervisor will Immediately notify EVS staff/NorthStar who will respond to the Fire Lane Door with FIVE (5) empty 55-gallon Waste Drums lined with double RED bags, Virex 256 solution, microfiber mops, and Clorox wipes. One EVS/NorthStar team will begin donning in Level D PPE in order to handle waste.	EVS/NorthStar	Operations
16.	Care Team of two (2) will don one team member in Level D PPE and respond to the Fire Lane Door with a stretcher and await the arrival of FDNY-EMS with the EVD Suspected Patient.	Senior Nurse on Duty	Operations
17.	Elevator Transport will insure a Passenger Service Elevator is made available for the Patient Care Team to transport the Suspected EVD Patient to 7 West if necessary.	Operations Chief	Operations
18.	Hospital Police will close all adjacent areas on the Ground Floor for transport of the Patient such as Child CPEP, MRI, Radiology, Adult CPEP, Passenger and Service Elevator Vestibules, DOC Blue Room and ED-131 Command Center.	Hospital Police	Incident Command
19.	FDNY-EMS and Care Team member dressed in Level D PPE will transfer patient from the EMS Stretcher to the Bellevue Stretcher in the HOT Zone and push the patient from the HOT Zone to the COLD Zone.	Incident Commander	Incident Command
20.	FDNY-EMS will then doff all of THEIR PPE in the Hot Zone and place all waste in the Red Bag Waste Containers located in the COLD Zone being CAREFUL NOT TO OVERFILL THE CONTAINERS.	Incident Commander	Incident Command

	WHAT	WHO	HICS SECTION
21.	Care Team member dressed in Level D PPE will push stretcher and transfer patient to either 7 West, EW-10, or the Discharge Center (see the attached Approved Travel Paths).	Incident Commander	Incident Command
22.	Immediately following the Care Team transport of the Suspected Patient via stretcher, EVS/NorthStar will begin sanitizing the path taken to the 7W, EW-10 or Discharge Center using Virex 256, Microfiber Mops and Clorox bleach wipes.	EVS/NorthStar	Operations
23.	Hospital Police will then re-open temporarily closed corridors such as Child CPEP, MRI, Radiology, Adult CPEP, Passenger and Service Elevator Vestibules, DOC Blue Room and ED-131 Command Center.	Hospital Police	Incident Command
24.	When FDNY-EMS completes their doffing of PPE, NorthStar in Level D PPE, will tie the outer RED Bag, spray Virex 256 on the other bag, place the cover on the 55-Gallon Drum, wipe the exterior of the drum with Virex 256 and move waste to CS-2 Hazardous Waste Room.	Incident Commander	Incident Command
25.	Incident Commander (or AOD) will then close the door and contact Telecommunications to send a HICS Level 2 Alert using SWN that the patient has been received.	Incident Commander	Incident Command
26.	Telecommunications will send out Level 2 HICS Alert using SWN with other important information provided by Incident Commander/AOD.	Incident Commander	Incident Command
27.	Ensure Adequate PPE for Staff – Contact Central Supplies for PPE kits (1328).	Logistics Chief	Logistics
28.	Notify Pathology – Contact Patience Mancho 646-285-1492.	Operations Chief	Operations
29.	Notify Food Service – Don Sheen.	Operations Chief	Operations
30.	Obtain Census - Bed Count from Admitting (4353).	Logistics Chief	Logistics

EXHIBIT I

HOSPITAL POLICE RESPONSE PROTOCOL

- Activation of EVD response received from HICS Level 2 Send Word Now and incident Commander.
- Tour Commander assumes role of Hot Zone Boss/FDNY Liaison. **If during an EVD activation a patient is being transported to the Cath Lab located in the Fire Lane the patient will be given priority through all necessary corridors leading to the lab.**
- Tour Commander confirms location of admission EW10, Discharge Center or 7 West Admit and route of entry.
- Patrol Supervisor assigns officers to secure MRI Corridor and to manage cross corridor traffic
- If patient is a direct admit to 7W, ensure any urgent ED admits have access to elevators
- Staff in adjacent work areas MRI, CT, Patient Records, DOC Blue Room, Child and Adult CPEP areas are notified of activity and directed to limit traffic
- Two HP officers are assigned to secure Fire Lane at North and South approaches and maintain through traffic of outer roadway and restrict pedestrian traffic
- Hot Zone Boss/ FDNY Liaison sets up at Fire Lane door to greet FDNY and establish uninterrupted co-management of site during event
- Hot Zone Boss (HZB) will notify Incident Commander upon arrival of FDNY patient transport
- At this point HZB reviews plan with FDNY HAZTAC Chief (site commander)
- Read List reviewed by HZB:
 - Waste Cold Zone Established with 5 Double Lined EVD Waste Barrels
 - Clean hospital stretcher staged by Fire Lane Door
 - Ensure both Care Team and Environmental (North Star) response Team is PPE ready by the door
 - On patient arrival all adjacent EVD route zones are frozen
 - Confirm Hot and Cold Zone demarcation with FDNY Chief and direct FDNY Chief to reinforce with arriving team (don't step on curb)

- Review Checklist and confirm ready status with FDNY before patients exits ambulance
 - HZB confirms ready with Incident Commander
- Reinforce protocol during patient transfer
 - Ensure no FDNY personnel in PPE enter building
 - Ensure patient transfer occurs in HOT ZONE (Fire Lane)
 - Ensure careful placement of waste in barrels so that outside of barrels are not contaminated
- Once patient transfer occurs, fully secure Fire Lane entrance and travel corridors
- HZB remains on site with FDNY during decontamination
- At completion of FDNY site turned over to HZB
- HZB notifies Incident Commander to activate Environmental to remove waste
- HZB calls out ALL CLEAR to Incident Commander

EXHIBIT J

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EXHIBIT K

7 West EVD Activation Checklist

Location	Action (please follow the sequence outlined)	Notes
7W29 or 7W30	<p>If either room has a patient:</p> <ul style="list-style-type: none"> - Work with 7W RN staff /leadership to move the patient to another available room on the unit asap - Immediately contact Command Center @ Ext. 4702 to coordinate if immediate move is not completed (within 5-10 min) 	
7W34 (Lab)	Contact Command Center to call : 1) Central Accessioning @ Ext. 3249 / 7123 / 6334 to notify technologists on schedule to go upstairs to prepare the lab instruments for testing and 2) Contact HP to deactivate card for outer door to 7W34 lab so RNs can access the lab ante room to deliver samples	
7W35 (Supply Room)	<ol style="list-style-type: none"> 1) Unlock the doors for clinical staff to start preparing (7W staff have the key); 2) Contact Command Center @ Ext. 4702 to send Central Supply staff to replenish supplies if necessary in ALL rooms 	
7W29 / 7W30 Anteroom	<ol style="list-style-type: none"> 1) Confirm gloves (S,M,L) and orange top wipes on the wall racks 2) Ensure wipe sealer is open with the first wipe piece through the top opening for first use 3) Confirm: <ol style="list-style-type: none"> a) 1 blue specimen transport box by the sink; work with RN leadership to ensure the required tubes are present in the anteroom b) 1 chair in the green zone (if in yellow zone, move it to the green zone corner) c) 1 step-on red garbage container (empty) with red waste bag 4) Ensure wall sanitizer is full 	
7W29 / 7W30 Room	<ol style="list-style-type: none"> 1) Ensure wall sanitizers are full 2) Ensure bed and pillow are made (with linen sheets and covers) 3) Ensure disposable towels available (in night stand drawer or on top of over-the-bed table) 4) Ensure patient gowns available (on top of over-the-bed table) 5) Check that the interpreter phone is plugged in and working 6) Ensure there is one red garbage container (empty) with red waste bag 7) Check that the bathroom has a container of bleach by the toilet/shower 8) Ensure red garbage container (empty) with red waste bag inside the bathroom 	

At this point, call the Command Center @ Ext. 4702 for any of the above items missing or if fixing/repairing is required immediately.

7 West EVD Activation Checklist

Location	Action (please follow the sequence outlined)	Notes
<p>Check Quarantine Nurses Station-QRN (code 2615*)</p>	<p>If Biomed staff are not already there checking the equipment, confirm:</p> <ol style="list-style-type: none"> 1) Monitors are on ; able to see anteroom and patient room 2) Along with RN/unit leadership staff present: <ol style="list-style-type: none"> a) Test the communication from RN station to anteroom and patient room (and vice versa) b) Test communication between anteroom and patient room 3) Check that the monitor log / monitor computer-on-wheels is available (charged and ready for use and that network connection is available) as well as the medication cart for RN documentation 4) Plug in the extension cord (found in drawer in QRN room) in the Nourishment room (code 0732*) outlet out to the side of the hallway towards the south side <p>NOTE: Computer on wheels can be plugged in as long as they don't obstruct the pathway before the patient arrives</p>	
<p>Crash Cart</p>	<p>Move the 7W crash cart into EVD section; instruct Command Center to call for another crash cart for 7W (unit)</p>	
	<p>Check with RN leadership/staff and Pathology leadership for anything missing and communicate accordingly to the Command Center</p> <p>Check with RN leadership on the 7W unit regarding the need to lock the EVD section and open up South West side doors.</p> <p>Any DOH patient on the south side beyond the EVD double doors must be moved to the North side of the unit before unlocking the southwest doors.</p> <p>Once unlocked, please instruct staff and HP officer to direct staff and visitors of southwest side patients to go through the southwest side doors</p>	

EXHIBIT L

EVD Support Group Principles

Background:

- Based on principles of “Psychological First Aid” and Critical Incident Stress Debriefing—a small group psycho-educational, “Psychological First Aid” process
- Aims to reduce distress, provide basic information, and facilitate group members supporting each other (not psychotherapy!)
- In these situations, high need to be flexible and modifications to the format of the group/group size/timing given rapid evolving nature of situation;
- Provide information/answers to questions that are within your domain. For questions you cannot answer, offer to keep track of them and get them back to a supervisor/leadership
- Important to have a discussion with person requesting group/supervisor about their expectations. Let them know what you can and can't do. Often helpful to have the supervisor present to provide practical information, but can also detract if group is shut down in their presence.
- At least 60 minutes is ideal

Group Format:

1.Introduction:

- Group leader introduction and description of process—set tone, encourage participation
- Ground-rules: participation is voluntary; information shared is confidential; respect others' contributions, one speaker at a time
- Decide based on the situation/size of group if you want to have the entire group introduce themselves initially, or just before they speak

2.Facts:

- “What is happening in this situation from your point of view?”
- Discourage excessive detail, helpful for people to share something, though no one should feel forced to speak or share anything with which they are not comfortable.

3.Thoughts/Reactions:

- “What is most challenging about this situation for you?”
- Listen carefully, try not to minimize emotional reactions, avoid false re-assurances, encourage other group members to add on to what is being said

4.Signs/Symptoms:

- “How is the stress of this situation showing up in your life?”
- Use symptoms/signs to cue psycho-education

5. Psycho-education:

- Try to get participants to support each other: "What has been helpful for you in dealing with this stress?" "How have you coped with stressful situations in the past?"
- Provide teaching: normalizing mild symptoms with expected normal resolution. Identify and encourage use of social supports. Encourage routine: sleep, meals, exercise, minimize media coverage of EVD, etc. Encourage positive activities, individualized relaxation methods. Discourage negative coping strategies: social isolation, substances

6. Wrap-Up:

- Final Statements from group
- Group leader summary, final information, review any follow-up items, provide psycho-educational materials with information for EAP available.

7. Pull aside any group members about whom you are particularly concerned with regard to need for further individual follow-up

8. De-brief with supervisor/person who requested group. Assess need for any follow-up groups

EXHIBIT M



Stericycle
Protecting People. Reducing Risk.

Category A Waste Handling & Packaging Procedures Guidelines for a Suspected or Confirmed Case of Ebola

- With a suspected or confirmed Ebola case immediately contact the local/state health department and CDC.
- All waste generated from a suspected/confirmed patient should be treated as special Category A DOT waste as follows:
 1. Make sure you are utilizing all PPE and following all applicable guidelines as directed by the following link from the CDC: <http://www.cdc.gov/vhf/ebola/hcp/index.html>
 2. Obtain most current copy of US DOT Special Permit 16279: <http://phmsa.dot.gov/hazmat/transporting-infectious-substances>
 3. Place soft waste or sealed sharps containers into a primary ASTM-tested medical waste red bag. No free flowing liquids; sufficient absorbent material in the form of a solidifying agent, paper towels or other absorbent material must be placed in the bag.
 4. Apply bleach or other virucidal disinfectant meeting the CDC requirements into the primary bag to sufficiently cover the surface of materials contained within the bag; securely tie the bag.
 5. Treat the exterior surface of the primary container with bleach or other virucidal disinfectant.
 6. Place the primary bag into a secondary bag and securely tie the outer bag.
 7. Treat the exterior surface of the secondary bag with bleach or other virucidal disinfectant.

**If you HAVE ordered and have been provided the appropriate special Category A DOT Waste containers, go to Step 10 below
(triple-walled fiber "Green Drum" or Poly/Plastic Container)**

If you do NOT have special Category A DOT Waste containers on site, continue to Step 8 below

8. The double bagged waste should then be placed on a hard non-porous surface in a secure room close to the point of generation. Make sure the collection area is clearly labeled special Category A DOT Waste.
9. Contact your Stericycle representative who will arrange delivery of the special Category A DOT Waste containers.
10. **As soon as the special Category A DOT Waste Containers arrive, follow step 11 below.**
11. The double bagged waste should then be placed into special Category A DOT Waste containers provided by Stericycle. If you are using the Green Drum with the provided 6 mil. liner, place absorbent material (i.e. vermiculite or other appropriate absorbent material sufficient to hold potential liquid content) into the bottom of the clear 6 mil. liner, then tie securely per the closure instructions and close the container per the packaging instructions provided with the fiber "Green Drums". If you are using Poly Drums, place absorbent material (i.e. vermiculite or other appropriate absorbent material sufficient to hold potential liquid content) into the bottom of the poly drum, then place the double-bagged waste directly into the Poly Drum. Use caution in placing bags into either container to avoid contamination on the outer container.
12. Store the FULL Category A DOT Waste containers separate from other regulated medical waste in a secure area, preferably isolated and with limited access BUT NOT IN the patient/isolation room in order to avoid contamination of the drum. Place special markings on the door of the secured area to ensure there is no unauthorized access. Drums should not be labeled at this time. Per the DOT, wipe down or

spray down outside of Green Drum/Poly drums as you move them from the waste generating area into the main storage area with bleach or other virucidal disinfectant.

13. If the case is confirmed as Ebola, please contact your Stericycle Representative who will arrange to have 95 gallon overpack drums, all appropriate labels and a storage trailer delivered to your site. These drums are required by the Category A Waste destruction incinerator facility. Please see packing instructions for the 95 gallon overpack drums below (additional pictorial slick to will also be delivered with the labels only upon notification of a confirmed case of Ebola):
- The 95 gallon overpack drum should not be stored or packed in the Category A Waste storage area. Per the SP the outer drum must not enter into the Ebola contaminated area.
 - Remove the 55 Gallon special Category A DOT Waste Green Drum/Poly Drum from the Category A Waste storage area (containers should have been wiped down – step 12).
 - Overpack the 55 Gallon special Category A DOT Waste into the plastic 95 gallon overpack drum. The 95 gallon drum shall be closed in accordance with the manufacturer's instructions and the lid shall have duct style tape applied at the interface of the lid and the body of the drum in a manner to secure the lid in the closed position and also to provide additional security and prevent tampering.
 - Wipe down or spray the outer 95 gallon drum with bleach or other virucidal disinfectant.
 - Only Label the outermost 95 gallon overpack drum with the Category A labels.
 - Load the 95 gallon overpack drum onto the Stericycle trailer.

- ✓ Stericycle recommends using disposable sharps containers for suspected/confirmed Ebola cases. The disposable containers should be sealed and disposed of as special Category A waste following the instructions above. If a reusable sharps container is inadvertently used, that container should also be sealed and disposed of inside the bags with the Category A waste. The outer cabinet or bracket of an inadvertently used reusable sharps container should be discarded with the Category A waste. As always, sharps containers should only be used for sharps waste; soft infectious waste should be discarded in red bag. *Contact your Stericycle representative should you need additional supplies to properly package Category A waste.*
- ✓ *We will develop additional guidance for contingency planning as more information becomes available.*
- ✓ *Attached is the most recent version of the US DOT Special Permit 16279 First Revision. For most current version of the Special Permit should there be updates please go to :*
<http://phmsa.dot.gov/hazmat/transporting-infectious-substances>
- ✓ *Should there be waste that is larger than the containers available, please contact your Stericycle representative immediately and please refer to the DOT –SP 16279 for most current instructions on packaging systems. NOTE: In some circumstances, Stericycle may not be able to manage this waste (e.g. furnishings from patients' homes, etc.)*

Additional information sources:

CDC: <http://www.cdc.gov/vhf/ebola/hcp/index.html>

U.S. DOT: <http://phmsa.dot.gov/hazmat/transporting-infectious-substances>

OSHA: <https://www.osha.gov/SLTC/ebola/index.html>

EXHIBIT N

DONNING (PUTTING ON)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Level C

PROCEDURE CHECKLIST

PPE CHECKLIST

INTERNAL DISTRIBUTION ONLY





Procedure Checklist Preparation

- PPE are put on in room 7W35. There is a locker for clothing and personal items. Address personal hygiene issues, remove watch, jewelry, and hydrate as you will potentially be with patient for a long time.



Procedure Checklist Preparation

- Disposable Cardinal surgical scrubs (shirt and pants) should be worn over undergarments.



Steps for Putting on PPE

1. Adjust PAPR's helmet suspension system. Helmet head band should be positioned at mid forehead, adjust the helmet using the knob in the back until it is comfortably snug but not tight.



Steps for Putting on PPE

3. Place a disposable hood filter (shroud) over the helmet. Place back of helmet into rear pocket of hood. Align visor to front pin of helmet and fasten side snaps. **Unit is now ready to wear.**



Steps for Putting on PPE

4. Place surgical booties over shoes (snug fitting footwear suggested).



Steps for Putting on PPE

5. The PAPR belt and battery pack is placed over the scrubs. Place battery clip on inner layer of belt. Position battery toward the back.



Steps for Putting on PPE

6. Place PAPR helmet on head and attach (with help) the wire into battery. The wire should be down your back.



Steps for Putting on PPE

7. Pull on Tyvek coveralls over the surgical scrubs.



Steps for Putting on PPE

8. Place knee high booties over Tyvek suit (cut elastic at ankle of bootie to aid in removal).



Steps for Putting on PPE
9. Apply inner gloves over the Tyvek cuffs.



Steps for Putting on PPE

10. Place impervious surgical gown over Tyvek suit. Close gown top with attached velcro; tie the outer string/ties at waist band of gown (inner strings not tied).



Steps for Putting on PPE

11. Position hood filter (shroud) over wearer's shoulders, secure hood ties loosely around neck



Steps for Putting on PPE

12. Apply the long nitrile gloves over gown cuffs.

EXHIBIT O

IN PATIENT ROOM (HOT ZONE) - RED

1. Remove the outer gloves and discard in red bag. **Purell**



2. Untie and remove disposable hood filter. Discard in red bag. Keep helmet on.



3. Remove gown by untying waist band, detaching top velcro strap. Grab gown at shoulder pulling forward, wrap to middle of body, roll down, pull arms out of gown sleeves. Discard in red bag. **Purell**



4. Fully unzip Tyvek suit, then remove over shoulders; roll coverall down to ankles insuring knee high booties stay w/ suit when one steps out, discard in red bag.



5. Keep inner gloves to enter "warm zone" (proximal part of the ante-room), take a disinfectant wipe (located by door) to open the door, discard wipe in red bag.



6. Step outside the patient room into the ante-room "warm zone" - Yellow.



Removal (DOFFING) PPE - Level C
HOT ZONE (In patient room) "RED"

IN ANTE-ROOM (WARM ZONE) - YELLOW

1. Remove the inner set of gloves.



2. Hand hygiene with Purell.



3. Put on a new pair of gloves (can be given to you by observer).



4. Using chair/bench; remove one shoe cover and discard in red bag.



5. Step into the cold zone with uncovered shoe.



6. Remove the second shoe cover and discard in red bag.



7. Discard gloves in red bag.



8. Step completely into clean zone "cold zone" of ante-room.



Removal (DOFFING) PPE - Level C WARM ZONE (In Ante-room) "YELLOW"

Model: Albert Pan BS, RN, CIC
Photo/Graphics: Ricardo Mänge/Public Affairs

IN COLD ZONE - GREEN

9. Hand hygiene with Purell.



10. Put on a new pair of gloves.



11. Remove P APR helmet and detach power cord from battery. Clean with mild detergent before storing.



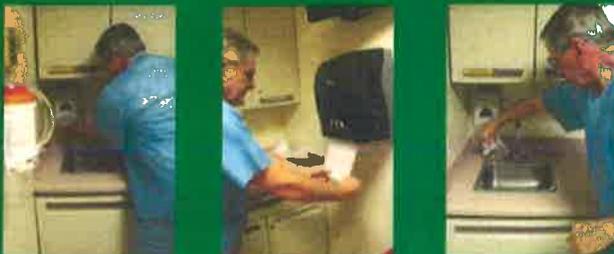
12. Discard gloves in red bag.



13. Hand hygiene with Purell.



14. Remove P APR battery belt.



Removal (DOFFING) PPE - Level C
COLD ZONE "GREEN"

 Bellevue Hospital Center

EXHIBIT P

SPP UNIT DEACTIVATION CHECKLIST

Department	Action Required
Housekeeping	<ol style="list-style-type: none"> 1) Post Northstar clean-up, clean the patient room (7W29 or 7W30) and replenish orange top wipes, replace shower curtains, replenish sanitizers 2) Clean the Lab 7W34 and Supply Room 7W35 3) Clean the Quarantine Nurses Station (QRN station) 4) Resume weekly checks
Central Supply	<ol style="list-style-type: none"> 1) Replenish all supplies in 7W34 and 7W35 as per the lists and par levels 2) Replenish gloves on the wall racks in the anteroom (7W29 or 7W30) 3) Resume weekly checks
Biomed	<ol style="list-style-type: none"> 1) Inspect Biomed equipment in EVD unit 2) Ensure electronic stethoscope is available in QRN and ready for next use 3) Resume weekly checks
SPP Leadership	<ol style="list-style-type: none"> 1) Lock up 7W29 and 7W35; ensure that 7W34 is locked 2) Ensure that extension cords, computer on wheels are locked in QRN station 3) Ensure 7W29 is ready for next activation
Lab	<ol style="list-style-type: none"> 1) Contact HP to activate card for outer door to 7W lab

EXHIBIT Q

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