Ebola Concept of Operations (CONOPS)

January 2016
## Record of Distribution

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SECTION 1: INTRODUCTION

1.1 Purpose

The purpose of the Ebola Concept of Operations (ConOps) is to provide NYC Health + Hospitals a strategic high level overview based on the health care facility tiered approach to safely and effectively manage and respond to persons/patients with suspected or confirmed Ebola Virus Disease (EVD). It is an incident specific document that provides the operational processes for managing an EVD event and related issues.

The NYC Health + Hospitals Ebola ConOps provides EVD information and coordination guidance to its integrated system of hospitals, trauma centers, neighborhood health centers, nursing homes, and post-acute care centers in the following general areas:

- Healthcare Facility Tiered Strategy
- Health and Medical Resources
- Incident Command and Management
- Transportation
- Public Health and Information
- Communication and Coordination
- PPE Resources
- Regulated Medical Waste Management
- Laboratory Services Support
- Healthcare Worker Training
- Exercise and Plan Maintenance
1.2 Scope

NYC Health + Hospitals will mobilize resources and conduct activities to guide and support its integrated system of hospitals, trauma centers, neighborhood health centers, nursing homes, and post-acute care centers through health care preparedness and response in reaction to an EVD event within its system. This includes, but not limited to, recognition, evaluation, treatment, containment, personal protective equipment (PPE) and transport procedures for EVD.

The jurisdictional boundaries for NYC Health + Hospitals is limited to within its own system of integrated health care systems with operating facilities in all five boroughs of New York City: Manhattan, Brooklyn, Queens, the Bronx, and Staten Island.

The NYC Health + Hospitals integrated health care system includes 11 Acute Hospitals, 7 Long-Term Care and Rehabilitation Centers, 7 Gotham Health Centers, 30 community healthcare centers, and 25 school-based health centers. NYC Health + Hospitals serves a population of approximately 1.4 million New Yorkers spread over 301 square miles in New York City (NYC). Nearly 16.5% of the NYC population resides within the integrated health care system of NYCHH.

*See Appendix A – New York State Department of Health Commissioner’s Order*

**NOTE:** This Ebola ConOps primarily addresses the activities and protocols involved in the response of an EVD event. It will be utilized concurrently with the Emergency Operations Plan (EOP) to facilitate and enhance NYC Health + Hospitals response and coordination.
Ebola ConOps
1.3 Situation Overview

The 2014 Ebola outbreak is the largest epidemic of the Ebola virus in history, affecting multiple countries. The largest of the outbreak of EVD has been in Guinea, Liberia and Sierra Leone. Other countries affected by EVD include Nigeria, Senegal, Spain, the United States, Mali, United Kingdom and Italy.

The outbreak of Ebola was first reported March 2014 in Guinea and rapidly spread to nearby areas of Liberia and Sierra Leone. There have been over 28,000 cases and 11,000 deaths of EVD in West Africa as of 2015.

In the United States, there has been a total of eleven cases of EVD reported as of November 2015. Four are laboratory-confirmed cases and seven are medically-evacuated cases from other countries. Nine of the EVD cases were of individuals who contracted the disease outside the United States.

Bellevue Hospital Center, NYC Health + Hospitals Regionally Designated Ebola Treatment Center, isolated and investigated more than 20 suspected EVD cases, and successfully treated one EVD patient during the height of the outbreak.

Being the nation’s largest municipal healthcare delivery system, with one Regionally Designated Facility (Ebola Treatment Center) and ten Frontline Health Care Facilities, NYC Health + Hospitals is at the forefront of Ebola preparedness and response.

A. Background on EVD

Ebola, previously known as Ebola Hemorrhagic Fever, is a highly infectious, severe, and acute disease affecting humans and nonhuman primates. It is a rare and often fatal disease caused by infection with a virus of the family Filoviridae, genus Ebolavirus. Ebola Virus Disease can have a case fatality rate of 50-70%. There is no cure for EVD, and recovery largely depends upon timely diagnosis, intensive supportive care, and the infected individual’s immune response.

B. Clinical Characteristics of EVD

Ebola spreads through direct contact with the blood, organs, secretions or other bodily fluids (e.g., feces, vomit, urine, saliva, sweat, semen and breastmilk) of infected people, and with materials and surfaces (e.g., clothing, bedding) contaminated with these fluids.

The typical incubation period of EVD is 8-11 days after infection (range: 2-21 days). Initial symptoms can include fever, weakness, muscle pain, severe headache, abdominal pain and loss of appetite. This can be followed by vomiting, diarrhea, rash and in some cases, both internal and external hemorrhaging (bleeding or bruising).

For additional information on Ebola, see Appendix B – Ebola Fact Sheet.
Case Definition for Ebola Virus Disease • Adopted by CDC

A person who has both consistent signs or symptoms and risk factors as follows should be considered a PUI:

1. Elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND

2. An epidemiologic risk factor within the 21 days before the onset of symptoms:

**No Identifiable Risk:**
- Laboratory processing of Ebola-containing specimen(s) in a Biosafety Level 4 facility
- Any contact with a person who isn’t showing symptoms of Ebola, even if the person had potential exposure to Ebola virus
- Contact with a person with Ebola before the person developed symptoms
- Any potential exposure to Ebola virus that occurred more than 21 days previously
- Having been in a country with Ebola cases, but without widespread transmission, cases in urban settings with uncertain control measures, or former widespread transmission and now established control measures, and not having had any other exposures
- Having stayed on or very close to an airplane or ship during the entire time that the airplane or ship was in a country with widespread transmission or a country with cases in urban settings with uncertain control measures, and having had no direct contact with anyone from the community
- Having had laboratory-confirmed Ebola and subsequently been determined by public health authorities to no longer be infectious

**Low (but not zero) Risk:**
- Brief direct contact with a person in the early stages of Ebola, while not wearing appropriate PPE (in any country)
- Brief proximity with a person with Ebola who has symptoms while not wearing appropriate PPE (in any country)
- Laboratory processing of blood or body fluids from a person with Ebola who has symptoms while wearing appropriate PPE and using standard biosafety precautions (in any country)
- Traveling on an airplane with a person with Ebola who has symptoms and having had no identified some or high risk exposures (in any country)
- Having been in one of these countries and having had no known exposures (in countries with widespread transmission)
- Direct contact with a person with Ebola who has symptoms, or the person’s body fluids, while wearing appropriate PPE (in any country other than those with widespread transmission)
- Being in the patient-care area of an Ebola treatment unit (in any country other than those with widespread transmission)

**Some Risk:**
- Being in close contact with a person with Ebola who has symptoms while not wearing appropriate PPE (in any country)
- Direct contact with a person with Ebola who has symptoms, or the person’s body fluids, while wearing appropriate PPE (in countries with widespread transmission)
- Being in the patient-care area of an Ebola treatment unit (in countries with widespread transmission)
- Providing any direct patient care in non-Ebola healthcare settings (in countries with widespread transmission)

**High Risk:**
- Percutaneous or mucous membrane exposure to blood or body fluids from a person with Ebola who has symptoms (in any country)
- Direct contact with a person with Ebola who has symptoms, or the person’s body fluids, while not wearing appropriate personal protective equipment (PPE) (in any country)
- Laboratory processing of blood or body fluids from a person with Ebola who has symptoms while not wearing appropriate PPE or without using standard biosafety precautions (in any country)
- Providing direct care to a person showing symptoms of Ebola in a household setting (in any country)
- Direct contact with a dead body while not wearing appropriate PPE (in countries with widespread transmission)

**Confirmed Case:**
- Laboratory-confirmed diagnostic evidence of Ebola virus infection
1.4 Incident Objectives

Utilizing the Hospital Incident Command System (HICS), the following are NYC Health + Hospitals EVD-specific incident objectives:

1. Identify, triage, isolate, and treat infectious patients
2. Safely transport EVD patient(s) from Frontline Facility to Designated Facility, if needed
3. Protect patients and staff from exposure and injury
4. Assure safety and security for patients, staff, visitors, and the hospital
5. Admit up to two EVD patients while protecting others (uninfected patients)

1.5 Planning Assumptions

1. Notification by FDNY*EMS to any of NYC Health + Hospitals Frontline or Designated Hospitals will occur at the earliest possible opportunity when transporting person under investigation (PUI) or multiple PUIs.

2. NYC Health + Hospitals will have a plan for intra-system transportation of one or more PUIs to their Designated Ebola Center (Bellevue Hospital Center) through FDNY*EMS support.

3. All of NYC Health + Hospitals health care delivery system will be able to identify persons presenting with a travel history or exposure history compatible to EVD and be prepared to use appropriate PPE, isolate patients, provide basic supportive care and follow the NYC City Health + Hospitals Healthcare Facility Tiered Strategy.

4. Suspected or confirmed EVD patients can access NYC Health + Hospitals health care delivery system through various points of entry, and some may self-transport to a NYC Health + Hospitals health care facility. As such, all health care workers expected to respond to EVD events throughout the system (i.e., Covered Personnel) will be trained and capable of responding safely and employing appropriate infection control and regulated medical waste management procedures.

5. All of NYC Health + Hospitals health care delivery system will need to be prepared and safely identify, screen, isolate and provide care for up to 24 hours prior to transferring PUI to the Designated Ebola Center (Bellevue Hospital Center).

6. The Designated Ebola Center (Bellevue Hospital Center) will be able to accept up to two PUIs within 8 hours of notice and have a dedicated room with PPE donning and doffing areas, appropriate equipment and infection control procedures, and team of individuals who are skilled and trained.

7. Horizontal and vertical partnerships will be established to include, but not limited to, appropriate federal, state, and local, private, and non-governmental organizations.
1.6 Roles and Responsibilities

A. NYC Health + Hospitals

In order to coordinate the complex response to Ebola Virus Disease systematically, roles and responsibilities of the healthcare tiers of NYC Health + Hospitals have been identified for those within the first line of response and the supporting functions.

1) Central Office Role: In general, the Central Office of NYC Health + Hospitals will be responsible for the following:
   - Operating and maintaining the Emergency Operations Center (EOC)
   - Information sharing to pertinent public health and emergency response agencies
   - Providing subject matter expertise in logistics, laboratory, finance, administration, operations, and clinical and non-clinical medical support
   - Providing additional response support to NYC Health + Hospitals facilities

2) Frontline Hospital Role: All NYC Health + Hospitals Frontline Facilities are expected to be prepared to safely screen and isolate patients at risk of Ebola, inform public health and transfer patient(s) to the Ebola Treatment Center (Bellevue) for further testing and care.

3) Ambulatory/Outpatient Facility Role: All NYC Health + Hospitals Ambulatory/Outpatient Facilities are expected to be prepared to safely screen and isolate patients at risk of Ebola, inform public health and transfer patient(s) to the Ebola Treatment Center (Bellevue) for further testing and care.

4) Ebola Treatment Center (Bellevue): Bellevue Hospital Center, the designated Ebola Treatment Center of NYC Health + Hospitals is expected to be provide full-spectrum treatment for Ebola patients.

B. New York State and Local Health Department Roles

In general, New York City Department of Health and Mental Hygiene (NYCDOHMH) and New York State Department of Health (NYSDOH) will be responsible for the following:
   - Contact tracing, identification and health monitoring
   - Surveillance of persons at risk of EVD
   - Providing outbreak response support
   - Implement legal authorities
C. Other Key Stakeholders

*Key stakeholder list obtained from NYSDOH ConOps*

Additional support will be required in order to safely and effectively respond to an outbreak of Ebola Virus Disease. The following entities may be called upon for providing their respective expertise:

1) State:
   a. New York State Division of Homeland Security and Emergency Services (DHSES);
   b. New York State Office of Emergency Management;
   c. Division of Military and Naval Affairs (DMNA);
   d. Empire Shield (New York National Guard)
   e. Port Authority of New York and New Jersey (PANY-NJ)
   f. PANY-NJ Police Department (PANY-NJ PD);

2) Local:
   a. Local Health Departments in New York State (LHDs);
   b. County Office of Emergency Management (OEMs) in New York State
   c. Local Law Enforcement
   d. NYC Emergency Management (NYCEM);
   e. NYS Designated Assessment and Treatment Centers (DATCs)
   f. Regional Health Emergency Preparedness Coalitions (HEPCs)

3) Federal:
   a. U.S. Health and Human Services (HHS);
   b. Centers for Disease Control and Prevention (CDC);
   c. Division of Global Migration and Quarantine (CDC-DGMQ);
   d. U.S. Customs & Border Protection (CBP);
1.7 Essential Elements of Information

Below is a list of organizations/agencies that play a significant role in NYC Health + Hospitals overall response of an EVD event. Critical elements of information will be reported or received by these entities to facilitate a timely and proper response.

<table>
<thead>
<tr>
<th>Agency/Organization</th>
<th>Type of Information</th>
<th>Sent to Agency by NYC Health + Hospitals</th>
<th>Received by NYC Health + Hospitals</th>
<th>Within NYC Health + Hospitals</th>
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<tr>
<td>All of NYC Health + Hospitals integrated healthcare facilities</td>
<td>Notification of suspected or confirmed EVD case</td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>New York City Fire Department Emergency Medical Services (FDNY*EMS)</td>
<td>Transportation of PUI(s) from external healthcare facility to one of NYC Health + Hospitals facilities</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>New York City Fire Department Emergency Medical Services (FDNY*EMS)</td>
<td>Intra-system transportation of PUI(s)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>New York City Department of Health and Mental Hygiene (NYC DOHMH) – Laboratory</td>
<td>Clinical laboratory specimen to rule out or confirm EVD</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Department of Health and Mental Hygiene (DOHMH)</td>
<td>Situational Update</td>
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<tr>
<td>Centers for Disease Control and Prevention</td>
<td>Situational Update</td>
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<td>Federal Emergency Management Agency Region</td>
<td>Situational Update</td>
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<td>New York City Emergency Management (NYCEM)</td>
<td>Situational Update</td>
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<tr>
<td>New York State Department of Health (NYSDOH)</td>
<td>Situational Update</td>
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<td>X</td>
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1.8 Intent

*Adopted and modified from CDC to meet NYC Health + Hospitals guidelines

The diagram below depicts NYC Health + Hospitals Healthcare Tiered Strategy on the role each tier will have in order to prepare for and respond to an EVD event.

Frontline Hospitals
- Quickly identifies and isolates patients with possible Ebola
- Notifies facility infection control and state and city public health officials
- Has enough PPE equipment for 24 hours of care
- Transfers patient to Ebola Treatment Center

Ebola Treatment Center (Bellevue)
- Safely receives and isolates patients with confirmed or suspected Ebola
- Cares for patients with Ebola for duration of illness
- Has enough Ebola PPE for at least 7 days of care (will restock as needed)
- Has sustainable staffing plan to manage several weeks of care

Ambulatory/Outpatient Facility
- Quickly identifies and isolates patients with possible Ebola
- Notifies facility infection control and state and city public health officials
- Has enough PPE equipment for <8 hours of care
- Transfers patient to Ebola Treatment Center

All of New York City Health + Hospitals integrated healthcare system will be prepared to do the following:
- Have appropriately trained covered personnel with documented competency in safe PPE practices
- Access to the system-wide Ebola Concept of Operations (ConOps)
- Adhere to protocols as outlined in the Ebola ConOps
### SECTION 2: KEY SYSTEM ELEMENTS

#### 2.1 Frontline Hospitals

NYC Health + Hospitals 10 Frontline Facilities include:

<table>
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<tr>
<th>Frontline Hospital Name</th>
<th>Location</th>
<th>Borough</th>
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<tbody>
<tr>
<td>Coney Island Hospital</td>
<td>2601 Ocean Parkway</td>
<td>Brooklyn</td>
</tr>
<tr>
<td></td>
<td>Brooklyn, NY 11235</td>
<td></td>
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<tr>
<td>Elmhurst Hospital Center</td>
<td>79 01 Broadway</td>
<td>Queens</td>
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<tr>
<td></td>
<td>Elmhurst, NY 11373</td>
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<tr>
<td>Harlem Hospital Center</td>
<td>506 Lenox Avenue</td>
<td>Manhattan</td>
</tr>
<tr>
<td></td>
<td>New York, NY 10037</td>
<td></td>
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<tr>
<td>Jacobi Medical Center</td>
<td>1400 Pelham Parkway</td>
<td>Bronx</td>
</tr>
<tr>
<td></td>
<td>Bronx, NY 10461</td>
<td></td>
</tr>
<tr>
<td>Kings County Hospital Center</td>
<td>451 Clarkson Avenue</td>
<td>Brooklyn</td>
</tr>
<tr>
<td></td>
<td>Brooklyn, NY 11203</td>
<td></td>
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<tr>
<td>Lincoln Medical and Mental Health Center</td>
<td>234 149th Street</td>
<td>Bronx</td>
</tr>
<tr>
<td></td>
<td>Bronx, NY 10451</td>
<td></td>
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<tr>
<td>Metropolitan Hospital Center</td>
<td>1901 First Avenue</td>
<td>Manhattan</td>
</tr>
<tr>
<td></td>
<td>New York, NY 10029</td>
<td></td>
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<tr>
<td>North Central Bronx Hospital</td>
<td>3424 Kossuth Avenue</td>
<td>Bronx</td>
</tr>
<tr>
<td></td>
<td>Bronx, NY 10467</td>
<td></td>
</tr>
<tr>
<td>Queens Hospital Center</td>
<td>82 70 164th Street</td>
<td>Queens</td>
</tr>
<tr>
<td></td>
<td>Jamaica, NY 11432</td>
<td></td>
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<tr>
<td>Woodhull Medical and Mental Health Center</td>
<td>760 Broadway</td>
<td>Brooklyn</td>
</tr>
<tr>
<td></td>
<td>Brooklyn, NY 11206</td>
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</tbody>
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2.1.1 Healthcare Facility Tiered Strategy – Frontline Hospitals

The diagram below depicts NYC Health + Hospitals overall approach to Frontline Facilities hospital preparation and implementation of the Healthcare Facility Tiered Strategy.

1. Patient Enters Hospital
2. Rapidly Identify and Triage Patient
3. Don Appropriate PPE
4. Mobilize Trained Covered Personnel
5. Activate Hospital Command Center, as necessary
6. Coordination with All Appropriate Local, State, & Federal Entities
7. Laboratory Services Support (if appropriate)
8. Transfer of Patient to Designated Ebola Treatment Center (Bellevue)
9. Mortuary Affairs
10. Regulated Medical Waste Management
11. Complete Reporting
12. Continue to Monitor All Covered Personnel
13. Continue to Track Patient
2.1.2 Identification, Isolation and Preliminary Management at Frontline Hospitals

1. **Identify Exposure History:**
   - Has patient lived in or traveled to a country with widespread Ebola transmission?
   - Has patient had contact with an individual with confirmed EVD?

2. **Identify Signs and Symptoms:**
   - Fever $\geq 100.4^\circ F (\geq 38^\circ C)$
   - Ebola-compatible symptoms: headache, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

3. **Isolate Patient Immediately:**
   - Place patient in a private room with a private bathroom or covered, bedside commode, if available.
   - Limit covered personnel who enter and leave patient's room and keep a log of everyone who enters or exits room.
   - Consider alternate diagnoses, and evaluate properly.
   - Perform only necessary tests & procedures and avoid aerosol-generating procedures.
   - Follow Standard, Airborne, and Contact Precautions.
   - If patient is exhibiting obvious bleeding, vomiting or copious diarrhea, do not re-enter room until FDNY*EMS arrives.

4. **Don Appropriate PPE**

5. **Inform:**
   - Immediately notify the hospital infection control program and other appropriate staff.
   - Immediately notify New York City Department of Health and Mental Hygiene.

6. **Prepare for Intra-System Transportation:**
   - After receiving confirmation from NYCDOHMH, prepare patient for intra-system transportation by FDNY*EMS.

7. **Cleaning, Disinfecting and Managing Waste:**
   - Follow NYC Health + Hospitals Regulated Medical Waste Protocol for EVD PUI.

---

*Adopted and modified from the CDC*
2.2 Designated Ebola Treatment Facility

NYC Health + Hospitals 1 Designated Ebola Treatment Facility includes:

<table>
<thead>
<tr>
<th>Designated Facility Name</th>
<th>Location</th>
<th>Borough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellevue Hospital Center</td>
<td>462 First Avenue</td>
<td>Manhattan</td>
</tr>
<tr>
<td></td>
<td>New York, NY 10016</td>
<td></td>
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</tbody>
</table>
2.2.1 Healthcare Facility Tiered Strategy – Designated Ebola Treatment Facility

The diagram below depicts NYC Health + Hospitals overall approach to the Designated Facility’s hospital preparation and implementation of the Healthcare Facility Tiered Strategy.

1. Notification from EMS/NYCDOHMH of PUI Arrival OR Patient Walk-In
   - Activation of Hospital Command Center

2. Mobilize Trained Covered Personnel

3. Don Appropriate PPE

4. Patient Enters Facility

5. Assess and Manage Patient

6. External & Internal Notification

7. Coordination with All Appropriate Local, State, & Federal Entities

8. Patient Discharged After Successful Treatment
   OR

9. Mortuary Affairs

10. Regulated Medical Waste Management

11. Complete Reporting

12. Continue to Monitor All Covered Personnel

13. Continue to Track Patient Progress
2.2.2 Identification, Isolation and Management of Suspected or Confirmed Case of EVD

The diagram below depicts NYC Health + Hospitals overall protocol for the identification, isolation and management of suspected or confirmed case of EVD. The diagram applies to both, walk-in patients as well as those transferred to the Ebola Treatment Facility, Bellevue via New York City Department of Health and Mental Hygiene and New York City Fire Department Emergency Medical Services.

Identify Exposure History:
- Has patient lived in or traveled to a country with widespread Ebola transmission?
- Has patient had contact with an individual with confirmed EVD?

Identify Signs and Symptoms:
- Fever ≥100.4°F (≥38°C) or
- Ebola-compatible symptoms: headache, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

Isolate Patient Immediately & Don Appropriate PPE:
- Covered personnel will immediately have patient don mask
- Place patient in designated isolation room
- Utilize appropriate ED Assessment Tool

Activate of and Transport to Special Pathogens Unit (7W):
- Activate HICS Level 2 Alert
- If transfer PUI from DOHMH/FDNY*EMS, follow Bellevue’s EVD Incident Response Guide
- All covered personnel don appropriate PPE

Care Rendered to PUI in the Special Pathogens Unit:
- Provide EVD treatment as necessary
- If patient already laboratory-confirmed with EVD, proceed to step 8 after successful treatment and support

Laboratory Services:
- Perform phlebotomy and package and ship patient specimen to NYCDOHMH (NYSDOH) LRN Facility for EVD diagnostic testing

Regulated Medical Waste:
- Follow NYC Health + Hospitals Waste Management Protocol throughout event.

Mortuary Support:
- If patient succumbs to EVD, follow NYC Health + Hospitals Mortuary Affairs Protocol for EVD Patients.

Monitor Healthcare Workers:
- Follow NYC Health + Hospitals Monitoring Healthcare Workers Protocol throughout event.

Discharge Patient:
- Once cleared of EVD, discharge and continue to follow up on patient

Continue to Render Care:
- If positive specimen results via NYCDOHMH LRN Laboratory, continue with EVD treatment and support
- If negative specimen results via NYCDOHMH LRN Laboratory, continue with alternate diagnosis testing

Continue with usual triage and assessment

*Adopted and modified from the CDC
2.2.3 Ebola Treatment Facility (Bellevue) Transportation

Bellevue Hospital Center is the Designated Ebola Treatment Center for Region 2 which includes New Jersey, New York, Puerto Rico and the Virgin Islands. Any EVD PUI’s requiring ground transportation to Bellevue will be coordinated through the New York City Department of Health and Mental Hygiene who determines if PUI requires further evaluation and transportation, and the New York City Fire Department Emergency Medical Services who provides pre-hospital services and secure transportation.

If a patient is a self-transport utilizing their own transportation, FDNY*EMS will not be involved. The patient is directed to meet the Hospital Police and SPP Team in the designated fire lane for escort.

---

**Ebola Treatment Facility (Bellevue) Transportation Protocol**

1. **Emergency Department receives notification from NYCDOHMH & FDNY*EMS regarding Fever Transfer Call**

2. **Emergency Department immediately contacts Medical Director, COO, or Director of Emergency Management**
   - NYCDOHMH may bypass ED and directly contact Medical Director, COO, or Director of Emergency Management

3. **Medical Director, Executive Director or designee activates HICS Level 2 Alert by contacting the Bellevue Operator to activate the Special Pathogens Team**

4. **Bellevue Operator contacts the following:**
   - SPP on call Physician(s)
   - SPP Nursing Team Members
   - SPP Administration/SPP Site Managers
   - Command Center Incident Commander

5. **Incident Commander notifies:**
   - EVS
   - Hospital Police
   - Hospital Leadership
   - NYC Health + Hospitals Leadership

6. **FDNY*EMS Decontamination of Hot Zone after successful PUI hand off to ETC Staff**
   - Hospital Police monitors FDNY*EMS’s decontamination of Hot Zone
   - FDNY*EMS doffs outside in “hot” zone and disposes PPE in designated drums behind yellow tape
   - BHC Environmental Services cover and transport drums to designated location for proper disposal per waste removal protocol
   - FDNY*EMS returns to ambulance and continues to follow their protocol

7. **PUI Transported inside ETC to designated location**
   - SPP Nurses walk behind stretcher to monitor for possible contamination of transport routes during transport
   - See Appendix F for Transport Route
   - Hospital Housekeeping/Contracted Waste Management Vendor cleans elevator and entire transport route used to transport patient

8. **SPP Nurse Team meets FDNY*EMS in Fire Lane with clean stretcher and assists with PUI hand-off**
   - FDNY*EMS Staff will hand off patient to ETC Staff while staying in Hot Zone
   - SPP Nurses will stay in Cold Zone

9. **Arriving PUI via NYCDOHMH/FDNY*EMS will enter ETC through the Fire Lane (Hot Zone)**
   - EVS will bring drums to the Fire Lane
   - Hospital Police Officer (covered personnel) tape’s off Fire Lane and coordinate’s Hot Zone Transfer Activity
   - Hospital Police will hold all necessary elevators to the ground floor and await staff and patient’s arrival
   - Hospital Police will be in charge of crowd control

---
2.2.4 Mobilizing Special Pathogen and Preparedness Team

Activation & Mobilization of Special Pathogen and Preparedness Team (Ebola Treatment Center – Bellevue)

HICS Medical Branch Director activates the SPP Team by contacting the Bellevue Operator

Bellevue Operator(s) notifies the SPP Team of activation and mobilization

SPP on call Physician(s)  SPP Nursing Team  SPP Administration/Site Managers  Command Center Incident Commander

Additional Clinical Support Staff
In the event additional clinical support staff is needed in the SPP Team, see Section 2.5 Mobilizing Staff of the ConOps

Hospital Staff  EVS  Hospital Leadership  NYC Health + Hospitals Leadership
2.2.5 Laboratory Services

Laboratory testing critical to patient management will be performed at the Ebola Treatment Center (Bellevue) in accordance with facility policy and procedure and in coordination with NYCDOHMH. Patients who meet the criteria for EVD PUI will undergo Ebola testing (see Appendix B: Ebola Fact Sheet).

For Frontline Hospitals and Ambulatory/Outpatient Facilities, laboratory testing should NOT be performed unless essential to diagnostic evaluation and patient care. If required, testing should be performed inside the patient's isolation room using Point of-Care instruments and methods whenever possible.

### Laboratory Specimen Collection, Packaging, Storing and Transport Protocol

1. **Notification of Specimen Collection**
   - After receiving approval from NYCDOHMH/ NYSDOH, the following parties will be notified prior to specimen collection:
     - Hospital Core Laboratory (i.e., central accessioning, pathology administration)
     - NYC Public Health Laboratory [1-866-692-3641]

2. **Specimen Collection**
   - Specimen collection will be a two person process (MD or primary RN and Buddy RN) using appropriate PPE and decontamination/waste management techniques
   - Specimen will be placed in specimen transportation box and appropriately logged.

3. **Specimen Transport to Point-of-Care Laboratory**
   - Using sterile technique, specimen will be transported to POC
   - Must be hand-carried by covered personnel (do NOT use pneumatic tube system)

4. **Laboratory Procedures**
   - All specimen manipulations must be performed in a certified Class 2 Biosafety Cabinet in a Biosafety level 2 (or higher) Laboratory wearing appropriate PPE
   - Specimen will be processed per respective instrument protocol and testing procedures

5. **Specimen Packaging and Storing**
   - At end of testing, specimen will be placed in a secure refrigerator
   - Staff trained by an IATA-certified trainer will properly package and store samples for CDC and DOHMH

6. **Specimen Transport to DOHMH**
   - Assigned transporter from DOHMH will pick-up specimens to transport to NYCDOHMH (or NYS DOH) Public Health Laboratory for confirmatory EVD testing

7. **Decontamination of POC and/or Hospital Core Laboratory**
   - Thorough decontamination of laboratory facility used to process patient specimen will be conducted according to established protocols

---

Laboratory Test Guidelines

Section 2.2.5.1 of the Ebola Conops details additional laboratory test guidelines for sample processing and manipulation.

Laboratory Biohazard Risk Assessment

Section 2.2.5.2 of the Ebola Conops details laboratory biohazard risk assessments for all EVD-related laboratory sample processing.

PUI Re-Testing

Ebola virus is detected in blood only after onset of symptoms. It may take up to 3 days for the virus to reach detectable levels. As such, re-testing may be required on PUI to rule-out Ebola, if the first specimen is negative.

Consult NYCDOHMH on PUI re-testing 1-866-692-3641
### 2.2.5.1 Laboratory Test Guidelines

*Adopted from NYC Health + Hospitals Guidelines for Recognition and Management of Suspected Ebola Patients*

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrifugation</td>
<td>Procedures requiring centrifugation should be performed using biohazard sealed buckets or rotor.</td>
</tr>
<tr>
<td>Chemistry and Hematology</td>
<td>Will be limited to testing essential to patient care and should be performed inside the patients isolation room using Point-of-Care instruments and methods whenever possible.</td>
</tr>
<tr>
<td>Malaria Testing</td>
<td>Only thin smears should be prepared on Ebola PUIs and should be performed inside a BSC2 and should not be removed from the cabinet until they have been fixed and dried. Do NOT perform thick smears for malarial testing.</td>
</tr>
<tr>
<td>Blood Cultures</td>
<td>Specimen(s) should be double-bagged and placed in to a biohazard transportation container for transport to the laboratory. Plastic blood cultures may be placed in to a continuous monitoring system for diagnosis. Blood cultures in glass bottles will not be performed.</td>
</tr>
<tr>
<td>Other specimen(s) for bacterial culture</td>
<td>Do NOT perform “pan-cultures”.</td>
</tr>
<tr>
<td>Wet Preps</td>
<td>Do NOT perform wet preps.</td>
</tr>
<tr>
<td>Viral Cultures</td>
<td>Do NOT perform viral cultures including rapid culture systems under any circumstance on any specimen.</td>
</tr>
<tr>
<td>Viral or bacterial antigen tests</td>
<td>Rapid antigen tests will be performed inside patient isolation room.</td>
</tr>
<tr>
<td>Molecular testing for infectious agents</td>
<td>Perform with POC device inside the patient room or transport to the laboratory as describe above and initial lysis performed in a BSC2 with PPE inside a BSL-3 laboratory.</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cross-matching for blood transfusion</td>
<td>Cross-matching will NOT be performed. Patient will be managed with volume boosters and, if necessary, O Negative blood transfusions. Facility Transfusion Committees should be updated as required.</td>
</tr>
<tr>
<td>Tissue Pathology</td>
<td>Procedures such as frozen sections and homogenization should NOT be performed. Tissue preparations such as touch prints and biopsies should be fixed inside the patient's isolation room.</td>
</tr>
<tr>
<td>Post-mortem Examinations</td>
<td>The Office of Chief Medical Examiner (OCME) will take jurisdiction over any confirmed or suspected ebola death in New York City. OCME maintains a specially trained forensic team to manage the safe handling of infected remains. The team has established a safe and secure location to store the remains of any ebola infected person without posing a risk to regular operations. OCME will work with health care facilities and the funeral industry to facilitate safe final disposition.</td>
</tr>
<tr>
<td>Specimen Storage</td>
<td>Long term storage of specimen(s) will not be performed. All specimen(s) from Ebola confirmed cases shall be isolated form other specimen(s) in the laboratory and disposed of in accordance with policy and procedures and soon as testing is completed. Note: Ebola is a Tier 1 Select Agent and must be handled and disposed of in accordance with the Select Agent Regulation. Destruction on site must be documented.</td>
</tr>
<tr>
<td>Specimen decontamination and disposal</td>
<td>Autoclave specimen(s) from all PUI or inactivate specimen(s) in 10% bleach for 24 hours, then place in standard biohazard infectious waste disposal. Note: Ebola is a Tier 1 Select Agent and must be handled and disposed of in accordance with the Select Agent Regulation. Destruction on site must be documented.</td>
</tr>
</tbody>
</table>
### 2.2.5.2 Laboratory Biohazard Risk Assessments

*Adopted and modified from Association of Public Health Laboratories to meet NYC Health + Hospitals guidelines*

These templates are designed to assist NYC Health + Hospitals laboratories in processing, handling, manipulating, and packaging EVD specimen(s). It may not be an all-encompassing plan as each facility will have their own laboratory specific risk assessment procedures, therefore these templates should be used as a guideline.

<table>
<thead>
<tr>
<th>Hospital Laboratory Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Assessment:</td>
<td></td>
</tr>
<tr>
<td>Name of Assessor:</td>
<td></td>
</tr>
<tr>
<td>Name of organism/Agent:</td>
<td>Ebola Zaire Virus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Potential Hazard(s)</th>
<th>Control/Protection</th>
<th>Recommended Guideline</th>
</tr>
</thead>
</table>
| 1. Specimen Collection from PUI | Needle stick injuries | • Only trained covered personnel allowed to perform specimen collection  
• Don appropriate PPE per protocol  
• Minimize any use of glass tubes, sharps or objects  
• Utilize plastic blood collection tubes | • Doff hand PPE per protocol, immerse site of injury with 70% alcohol for 30 seconds, wash with soap and water  
• Immediately seek medical evaluation  
• Report and document incident accordingly |
| 2. Placing Specimen(s) Collected into Appropriate Containers | Dropping or failure to tighten specimen container lid resulting in specimen tube leakage or breakage | • Ensure all specimen tubes collected are securely tighten  
• Carefully handle all specimen(s) wearing appropriate PPE | • Follow protocol for biological spills  
• Decontaminated and collect waste according to protocol  
• Don new PPE per protocol  
• Re-draw and collect patient specimen  
• Immediately notify appropriate personnel |
|---|---|---|---|
| Leaking of specimen bag | • Inspect each individual bag is free of any tears, rips or blemishes before placing specimen inside  
• Individually bag specimen(s) collected and decontaminate each exterior according to protocol | | • Follow protocol for biological spills if leakage is outside the exterior bag  
• If leakage is within the first bag, but contained inside second bag, discard specimen according to regulated medical waste management protocol  
• Immediately notify appropriate personnel |
| 3. Transport of Specimen(s) | Dropping of specimen collected causing tube to break or leak | • Only trained covered personnel allowed to transport specimen(s)  
• Carefully handle all specimen(s) wearing appropriate PPE | • Follow protocol for biological spills if leakage is outside the exterior bag  
• If leakage is within the first bag, but contained inside second bag, discard specimen according to regulated medical waste management protocol |
| Breakage of specimen transportation box | • Specimen(s) must be transported in a durable, leak-proof transport container  
• Ensure specimen transportation box is full intact with no cracks or breakage before placing specimen inside | | • Don new PPE per protocol  
• Place specimen(s) collected into a new specimen transportation box  
• Immediately notify appropriate personnel |
4. Processing & Testing of Specimen(s)

(If specimen will not be tested for differential diagnosis, proceed to Step 7)*

| Aerosolization/Splash/Splatter (i.e., due to vortexing and centrifuging) | Wear appropriate PPE as required
| Limit traffic around BSC and minimize number of covered personnel handling specimen(s)
| Work inside a certified class II BSC with the sash at the appropriate level
| Vortex inside BSC. Ensure microcentrifuge tube is tightly sealed
| Use sealed head rotor inside the BSC
| Minimize unnecessary movements while working in BSC
| Follow acceptable BSC practices
| Prevent contact with skin, eyes, and clothing
| Wash exposed skin with soap and water immediately
| Remove contaminated clothing or shoes
| Follow Infection Control Protocols
| Specimen(s), equipment, and all materials must be decontaminated before removing from BSC

Transfer of contaminated material from the biosafety cabinet OR Contamination of biosafety cabinet surfaces

| Only trained covered personnel allowed to conduct EVD-related activities
| Ensure covered personnel dons appropriate PPE
| Wipe all tubes with disinfectant before removing from BSC
| Place remaining specimen in appropriate container. Disinfect exterior of bag before removing from BSC
| Wipe inside of BSC with disinfectant
| Don new PPE as appropriate per protocol
| Store specimen(s) in designated refrigerator
| Immediately notify appropriate personnel
| Malfunction of instrument | - Ensure all equipment works according to manufacturer instructions prior to specimen arrival in laboratory | - Place specimen(s) into a secure area for storage.  
- Immediately notify appropriate personnel  
- Contact instrument manufacturer |
|--------------------------|-----------------------------------------------------------------|------------------------------------------------------------------|
| Accidental Exposure      | - Only trained covered personnel allowed to conduct EVD-related activities  
- Ensure covered personnel dons appropriate PPE | - Prevent contact with skin, eyes, and clothing  
- Wash exposed skin with soap and water immediately  
- Remove contaminated clothing or shoes  
- Follow Infection Control Protocols |
| 5. Packaging of Specimen(s) for External Transport |  
- Inspect each individual bag is free of any tears, rips or blemishes before placing specimen inside  
- Individually bag specimen(s) collected and decontaminate each exterior according to protocol | - Place leaking package in plastic bag and transfer to a BSC  
- Immediately notify appropriate personnel |
| Leaking Package          | - Only trained covered personnel allowed to conduct EVD-related activities  
- Ensure covered personnel dons appropriate PPE |  
| 6. Waste Collection      | - Only trained covered personnel allowed to conduct EVD-related activities  
- Ensure covered personnel dons appropriate PPE | - Disinfect outside of waste containers before removal from BSC and BSL |
| 7. Storing of Specimen(s) awaiting for External Transport | Malfunction in designated refrigerator | • Ensure all storage units for specimen(s) are properly functioning prior to specimen arrival. | • Utilize back-up storage unit if available  
• Immediately contact appropriate personnel |

*See Appendix C: Packaging and Shipping Clinical Specimens Diagram*
### Additional Laboratory Assessments

#### Biological Safety

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indicate the biosafety level (BSL) established in this unit. (BSL-1, BSL-2, BSL-3, N/A)</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>2. Is there potential for aerosol generation? (Examples: Vortexing, Pipetting, Centrifuging, Opening and closing collection tubes and microcentrifuge tubes)</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>3. Equipment such as centrifuges, incubators, freezers involved in the use and storage of infectious materials have the biosafety label affixed?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>4. Buckets with safety caps/cups or aerosol tight rotor lids used when centrifuging infectious materials?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>5. Is health monitoring performed?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>6. Are sharps used? If yes, please indicate the sharp (needle, blades, etc.) Does the sharp include safety device feature?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>7. Does work include a Biological Safety Cabinet? If yes, indicate if the BSC has been certified within</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>
the past year, the air vents are not blocked, and the sash is in place and operable?

<table>
<thead>
<tr>
<th>8. Chemical fume hoods:</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Certified within past year?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>b. Sash closed when not in use?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>c. Exhaust air not blocked by large equipment or containers?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

### Personal Protective Equipment

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Laboratory staff aware of personal protective equipment (PPE) requirements for this laboratory</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>2. Do staff receive periodic PPE competency assessment?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>3. PPE Care:</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>a. Appropriately stored in laboratory?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>b. Inspected prior to use and in good condition?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>c. Not worn in laboratory area?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>4. PPE Selected:</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>a. Facial shields/splash guards?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>b. Disposable laboratory coats?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>c. Nitrile gloves?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>d. Respiratory protection?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>i. Users are enrolled in a respiratory protection program?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>e. Cryo or autoclave gloves?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>f. Over sleeves/booties/bonnet</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>5. Closed-toe shoes that cover entire foot worn in laboratory?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>
### Emergency Preparedness

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emergency contact information posted?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>2. First aid kit maintained?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>3. Biological spill kit maintained?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>4. Staff aware of occupational injury procedures?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>5. Employee(s) read and understand safety and health plans?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>
2.2.6  Regional Ebola and Other Special Pathogen Treatment Center (R2ESPTC)

Bellevue Hospital Center and NYCDOHMH are collectively the United States’ Region 2 Ebola and Other Special Pathogen Treatment Center (R2ESPTC). Bellevue/NYCDOHMH’s region covers NY, NJ, Puerto Rico, & the Virgin Islands. R2ESPTC maintains a heightened state of readiness to treat an EVD or other special pathogen patient by engaging in the following activities:

- Support regional planning and development of a Regional Network
- Accept an EVD patient within 8 hours
- Treat 2 EVD patients at one time
- Treat 10 respiratory special pathogen patients at one time
- Receive a site visit from The National Ebola Training and Education Center (NETEC)
- Develop and exercise policies and procedures to ensure readiness for special pathogen patients
- Train staff quarterly on PPE, donning/doffing, etc.
- Conduct quarterly exercises with after action reports and corrective action plans
- Purchase appropriate PPE
- Ensure all areas of patient care are addressed in planning

<table>
<thead>
<tr>
<th>Key Element</th>
<th>Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>R2ESPTC Capacity</td>
<td>• R2ESPTC has the capacity to treat up to 2 EVD patients and 10 respiratory special pathogen patients at one time.</td>
</tr>
<tr>
<td></td>
<td>• There are 2 dedicated negative pressure treatment rooms on the Special Pathogens Unit and 2 overflow rooms identified. There are additional negative pressure rooms throughout the facility.</td>
</tr>
</tbody>
</table>

Activation of the Special Pathogens Unit

Activation of the SPU will follow the same process as outlined in section 2.2.4 “Activation and Mobilization of the Special Pathogen and Preparedness Team:”

Additional Clinical Support Staff

In the event additional clinical support staff is needed in the SPP Team, see Section 2.5 Mobilizing Staff of the ConOps.
### Transportation to R2ESPTC

Transportation to R2ESPTC will follow the same process as outlined in section 2.2.3 "Ebola Treatment Facility (Bellevue) Transportation Protocol."

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>①</td>
<td>Emergency Department receives notification from NYCDOHMH regarding Fever Transfer Call</td>
</tr>
<tr>
<td>②</td>
<td>Emergency Department immediately contacts Medical Directors, CEO, and Director of Emergency Management</td>
</tr>
<tr>
<td>③</td>
<td>Medical Director, Executive Director or Designee, in conjunction with Level 3 of the Special Pathogens Team, contacts the Bellevue Operator to activate the Special Pathogens Team</td>
</tr>
<tr>
<td>④</td>
<td>The Special Pathogens Team contacts the following: ADN, Chief Nursing Officer, Chief Medical Officer, Director of Emergency Management, or Director of Emergency Internal Communication</td>
</tr>
<tr>
<td>⑤</td>
<td>Command Center Incident Commander notifies NYCDOHMH, Transmission to R2ESPTC, Contracted Waste Management Vendor, and Police</td>
</tr>
<tr>
<td>⑥</td>
<td>FDNY, Hospital Police, and EVS use ETC through the Fire Lane</td>
</tr>
<tr>
<td>⑦</td>
<td>FDNY will enter the designated location with clean stretcher and assists with PUI handoff to ETC Staff</td>
</tr>
<tr>
<td>⑧</td>
<td>SPP Nurses will stay in Cold Zone while FDNY in Hot Zone cleans elevator and entire transport route used to transport PUI to designated location</td>
</tr>
<tr>
<td>⑨</td>
<td>SPP Nurses will walk behind stretcher to monitor for possible contamination of transport routes during transport</td>
</tr>
</tbody>
</table>

*For detailed protocol, see Appendix F.*

### Internal/External Communication

Internal/External Communication will follow the same process as outlined in section 2.10 "Internal/External Communication."

**Internal Communication**

- Identified PUI confirmed in EATF with ETC/ED protocol in place. Use Ebola Screening Algorithm.
- Triage Nurse notifies Lead Physician and Other Appropriate PPE.

**External Communication**

- For detailed protocol, see Appendix F.

**Suspected PUI**

- ② Internal Communication: Lead Physician, Chief Operating Officer, or Lead Housekeeper.
- ③ Internal Communication: Designated Hospital via FDNY Transportation to Bellevue or Other EATF.
- ④ Hospital Police will be in charge of crowd control.
- ⑤ Hospital Housekeeping will clean elevator and entire transport route used to transport PUI to designated location.
- ⑥ FDNY will enter the designated location with clean stretcher and assists with PUI handoff to ETC Staff.
- ⑦ SPP Nurses will stay in Cold Zone while FDNY in Hot Zone cleans elevator and entire transport route used to transport PUI to designated location.
- ⑧ SPP Nurses will walk behind stretcher to monitor for possible contamination of transport routes during transport.

*For detailed protocol, see Appendix F.*
# 2.3 Ambulatory/Outpatient Facilities

NYC Health + Hospitals Ambulatory/Outpatient Facilities include:

<table>
<thead>
<tr>
<th>Ambulatory/Outpatient Facility Name</th>
<th>Location</th>
<th>Borough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coler-Goldwater Specialty Hospital and Nursing Facility/Goldwater Campus</td>
<td>1 Main St Roosevelt Island New York, NY 10044</td>
<td>Manhattan</td>
</tr>
<tr>
<td>Gouverneur Healthcare Services</td>
<td>227 Madison Street New York, NY 10002</td>
<td>Manhattan</td>
</tr>
<tr>
<td>Segundo Ruiz Belvis Neighborhood Health Center</td>
<td>545 142nd Street Bronx, NY 10454</td>
<td>Bronx</td>
</tr>
<tr>
<td>Cumberland Neighborhood Health Center</td>
<td>100 Portland Avenue Brooklyn, NY 11205</td>
<td>Brooklyn</td>
</tr>
<tr>
<td>East New York Neighborhood Health Center</td>
<td>2094 Pitkin Avenue Brooklyn, NY 11207</td>
<td>Brooklyn</td>
</tr>
<tr>
<td>Renaissance Health Care Network Neighborhood Health Center</td>
<td>215 125 Street New York, NY 10027</td>
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<td>Woodhull Medical and Mental Health Center</td>
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<td>Ida G. Israel Community Health Center</td>
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| Crown Heights Child Health Clinic                    | 1218 Prospect Place  
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| Lincoln Medical & Mental Health Center               | 234 149th Street  
Bronx, NY 10451                      | Bronx    |
| Melrose Houses Child Health Clinic                   | 348 156th Street  
Bronx, NY 10451                      | Bronx    |
| Greenpoint Community Health Center                   | 875 Manhattan Avenue  
Brooklyn, NY 11222                  | Brooklyn |
| Lafayette Houses Child Health Clinic                  | 434 Dekalb Avenue  
Brooklyn, NY 11205                  | Brooklyn |
| Grant Houses Clinic                                  | 3170 Broadway  
New York, NY 10027                    | Manhattan|
| Renaissance Health Care Network Neighborhood Health Center | 215 125th Street  
New York, NY 10027                  | Manhattan|
| Kings County Hospital Center                         | 451 Clarkson Avenue  
Brooklyn, NY 11203                  | Brooklyn |
| La Clinica Del Barrio                                | 413 120th Street  
New York, NY 10035                  | Manhattan|
| Bushwick Community Health Center                     | 1420 Bushwick Avenue  
Brooklyn, NY 11207                  | Brooklyn |
| Jacobi Medical Center                                | 1400 Pelham Parkway  
Bronx, NY 10461                    | Bronx    |
| Ridgewood Communicare Clinic                         | 769 Onderdonk Avenue  
Ridgewood, NY 11385                  | Queens   |
NYC Health + Hospitals Long-Term Care Facilities include:

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<th>Long-Term Facility Name</th>
<th>Location</th>
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<td>Dr. Susan Smith McKinney Nursing and Rehabilitation Center</td>
<td>594 Albany Avenue Brooklyn, NY 11203</td>
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<td>Coler-Goldwater Specialty Hospital and Nursing Facility/Coler Campus</td>
<td>900 Main Street Roosevelt Island New York, NY 10044</td>
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<td>Gouverneur Healthcare Services</td>
<td>227 Madison Street New York, NY 10002</td>
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<tr>
<td>Sea View Hospital Rehabilitation Center &amp; Home</td>
<td>460 Brielle Avenue Staten Island, NY 10314</td>
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<tr>
<td>Henry J. Carter Specialty Hospital &amp; Nursing Facility</td>
<td>1752 Park Avenue New York, NY 10035</td>
<td>Manhattan</td>
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2.3.1 Healthcare Facility Tiered Strategy – Ambulatory/Outpatient Facilities

The diagram below depicts NYC Health + Hospitals overall approach to Ambulatory/Outpatient Facility’s preparation and implementation of the Healthcare Facility Tiered Strategy.

1. Patient Enters Facility
2. Rapidly Identify and Triage Patient
3. Don Appropriate PPE
4. Mobilize Trained Covered Personnel
5. Activate Command Center
   - External & Internal Notification
6. Coordination with All Appropriate Local, State, & Federal Entities
7. Transfer of Patient to Designated Ebola Treatment Center (Bellevue)
   - OR
8. Mortuary Affairs
9. Regulated Medical Waste Management
10. Complete Reporting
11. Continue to Monitor All Covered Personnel
12. Continue to Track Patient
2.3.2 Identification, Isolation and Preliminary Management at Ambulatory/Outpatient Facilities

① Identify Exposure History:
- Has patient lived in or traveled to a country with widespread Ebola transmission?
- Has patient had contact with an individual with confirmed EVD?

② Identify Signs and Symptoms:
- Fever ≥100.4°F (≥38°C)
- Ebola-compatible symptoms: headache, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

③ Isolate Patient Immediately:
- Place surgical mask on patient with escort maintaining 3 feet of distance
- Place patient in a private room with a private bathroom or covered, bedside commode if available.
- Limit covered personnel who enter and leave patient’s room and keep a log of everyone who enters or exits room.
- Follow Standard, Airborne, and Contact Precautions.
- Consider alternate diagnoses, and evaluate properly.
- Perform only necessary tests & procedures and avoid aerosol-generating procedures.
- If patient is exhibiting obvious bleeding, vomiting or copious diarrhea, do not re-enter room until FDNY*EMS arrives.

④ Don Appropriate PPE Needed

⑤ Inform:
- Immediately notify nearest NYC Health + Hospitals Emergency Department and other appropriate staff.
- Immediately notify New York City Department of Health and Mental Hygiene.

⑥ Prepare for Intra-System Transportation:
- After receiving confirmation from NYCDOHMH, prepare patient for intra-system transportation by FDNY*EMS.

⑦ Cleaning, Disinfecting and Managing Waste:
- Follow NYC Health + Hospitals Regulated Medical Waste Protocol for EVD PUI.

*Adopted and modified from the CDC.
2.4 Ebola-Specific Job Hazard Analysis

This template is designed to serve as a guideline for all three tiers of the NYC Health + Hospitals integrated healthcare system - Front Line Hospitals, Designated Treatment Center and Ambulatory/Outpatient Facilities, in the development of Ebola-Specific Job Hazard Analysis. This template assists with recognizing potential hazards caused by working with EVD and offers guidelines to help mitigate the identified job-specific risks. *Please note, this template may not be an all-encompassing Ebola-Specific Job Hazard Analysis. Some unique work situations or occupations may not be covered. Therefore, each tier should consider any additional Ebola-specific workplace hazards, determine appropriate PPE required based on exposure risk and include this information in their individual Ebola-Specific Job Hazard Analysis.

| Risk Group Key | | |
|----------------|-----------------|
| **Risk Group (RG)** | **Definition** |
| RG No           | No risk to individual  
                 | No risk to community |
| RG Low          | Low, but not zero risk to individual  
                 | Unless symptomatic, no risk to community |
| RG High         | High individual risk  
                 | Unless symptomatic, no risk to community |

<table>
<thead>
<tr>
<th>Contact Category Key</th>
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</thead>
<tbody>
<tr>
<td><strong>Contact Category</strong></td>
<td><strong>Definition</strong></td>
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</table>
| Direct Contact      | Direct contact with sources of EVD:  
                       | - Patient  
                       | - Equipment contaminated with EVD  
                       | - Supplies contaminated with EVD  
                       | - Other contaminated objects  
                       | - Blood or other bodily fluids infected with EVD |
| Indirect Contact    | Indirect contact with:  
                       | - Patient  
                       | - Equipment contaminated with EVD  
                       | - Supplies contaminated with EVD  
                       | - Other contaminated objects  
                       | - Blood or other bodily fluids infected with EVD |
| No Contact          | No contact with sources of EVD |
### Ebola-Specific Job Hazard Analysis
#### Low to High Contact with EVD

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Job Category</th>
<th>Task Description</th>
<th>Hazard Description</th>
<th>Risk Category</th>
<th>Hazard Controls</th>
<th>Recommended or Required PPE</th>
</tr>
</thead>
</table>
| Designated Ebola Treatment Center (Bellevue) | A. Physicians (includes MICU and PICU) | Provide clinical care to suspected or confirmed PUI | Direct contact with EVD | RG Low | • Engineering controls in place: administrative controls, safety equipment, architectural controls  
• Adherence to PPE  
• Required training and competency  
• Frequent and proper hand washing  
• Adherence to guidance and protocols  
• Maintain good personal hygiene | • Disposable scrubs (AAMI level 3) tops and pants  
• Tyvek jumpsuit with attached booties  
• Surgical gown (AAMI Level 4)(worn over Tyvek jumpsuit)  
• Shoe booties  
• 1 pair of 12” Nitrile exam gloves  
• 1 pair of surgical gloves  
• Knee high booties  
• PAPR (respirator) (Helmet, Battery, Belt, Hood) |
| Designated Ebola Treatment Center (Bellevue) | B. Physicians (includes surgical and labor and delivery staff) | Provide clinical care to suspected or confirmed PUI | Direct contact with EVD | RG Low | • Disposable scrubs (AAMI level 3) tops and pants  
• Tyvek jumpsuit with attached booties  
• Surgical gown (AAMI Level 4)(worn over Tyvek jumpsuit)  
• Shoe booties  
• 2 pairs of 12” Nitrile exam gloves  
• Knee high booties  
• Independent Tyvek Hood  
• PAPR (respirator) (Helmet, Battery, Belt, Hood)  
• 2nd Surgical Gown  
• 3rd Pair of Gloves |
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<th>Designated Ebola Treatment Facility (Bellevue)</th>
<th>Frontline &amp; Ambulatory</th>
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<td>A. Nurses (surgical and labor and delivery nurses only)</td>
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<tr>
<td>Frontline &amp; Ambulatory Hospital Police</td>
<td>Provide administrative support to</td>
<td>Indirect</td>
<td>- Engineering controls in place: administrative controls, safety equipment,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>hospital staff covered personnel</td>
<td>contact</td>
<td>architectural controls</td>
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<td></td>
<td></td>
<td>with EVD</td>
<td>- Adherence to PPE</td>
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<td></td>
<td></td>
<td></td>
<td>- Required training and competency</td>
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<td></td>
<td>- Frequent and proper hand washing</td>
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<td></td>
<td>- Adherence to guidance and protocols</td>
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<td></td>
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<td></td>
<td>- Maintain good personal hygiene</td>
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<td></td>
<td></td>
<td></td>
<td>• Fluid-resistant gown</td>
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<td></td>
<td></td>
<td></td>
<td>• Full face shield</td>
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<td></td>
<td></td>
<td></td>
<td>• Facemask</td>
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<td></td>
<td></td>
<td></td>
<td>• Two pairs of disposable gloves</td>
<td></td>
</tr>
</tbody>
</table>
| Designated Ebola Treatment Facility (Bellevue) | Laboratorians | Provide diagnostic support to suspected or confirmed PUI | Direct contact with EVD | Adherence to guidance and protocols  
Maintain good personal hygiene | Engineering controls in place: administrative controls, safety equipment, architectural controls  
Adherence to PPE  
Required training and competency  
Frequent and proper hand washing  
Adherence to guidance and protocols  
Maintain good personal hygiene | Disposable scrubs  
Shoe covers  
1 impervious gown  
1 pair of impervious high top shoe covers  
1 pair of 12" nitrile gloves  
1 pair of surgical gloves  
Independent Tyvek hood  
Surgical mask with face shield |
| Designated Ebola Treatment Facility (Bellevue) | Environmental Services Personnel | Transporting pre-packaged Ebola waste  
Mopping non-contaminated elevators and corridors | Indirect contact with EVD | Engineering controls in place: administrative controls, safety equipment, architectural controls  
Adherence to PPE  
Required training and competency  
Frequent and proper hand washing  
Adherence to guidance and protocols  
Maintain good personal hygiene | Fluid-resistant gown  
Full face shield  
Facemask  
Two pairs of disposable gloves |
| Designated Ebola Treatment Facility (Bellevue) | Terminal Cleaning Personnel | Terminal cleaning of confirmed EVD patient’s room | Indirect contact with EVD | Engineering controls in place: administrative controls, safety equipment, architectural controls  
Adherence to PPE  
Required training and competency  
Frequent and proper hand washing | To be obtained from NRS |
<table>
<thead>
<tr>
<th></th>
<th>Adherence to guidance and protocols</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maintain good personal hygiene</td>
</tr>
<tr>
<td>Facility Type</td>
<td>Job Category</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| Designated Ebola Treatment Facility (Bellevue) | Ancillary Staff (includes nutritional, respiratory, radiological, pharmaceutical, and psychiatric staff) | Provide ancillary care to suspected or confirmed PUI | No contact with EVD | RG No | • Engineering controls in place: administrative controls, safety equipment, architectural controls  
  • Adherence to PPE  
  • Required training and competency  
  • Frequent and proper hand washing  
  • Adherence to guidance and protocols  
  • Maintain good personal hygiene | No PPE required |
| Frontline & Ambulatory | Ancillary Staff | Provide initial ancillary care to suspected PUI | No contact with EVD | RG No | • Engineering controls in place: administrative controls, safety equipment, architectural controls  
  • Adherence to PPE  
  • Required training and competency  
  • Frequent and proper hand washing  
  • Adherence to guidance and protocols  
  • Maintain good personal hygiene | No PPE required |
<table>
<thead>
<tr>
<th>Role/Location</th>
<th>Department</th>
<th>Support Provided</th>
<th>Contact with EVD</th>
<th>RG No</th>
<th>Engineering Controls</th>
<th>PPE Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Ebola Treatment Center (Bellevue)</td>
<td>Administration</td>
<td>Provide administrative support to covered personnel</td>
<td>No contact with EVD</td>
<td>RG No</td>
<td>Engineering controls in place: administrative controls, safety equipment, architectural controls, Required training and competency, Frequent and proper hand washing, Adherence to guidance and protocols</td>
<td>No PPE required</td>
</tr>
<tr>
<td>Frontline &amp; Ambulatory</td>
<td>Administration</td>
<td>Provide initial administrative support to covered personnel</td>
<td>No contact with EVD</td>
<td>RG No</td>
<td>Engineering controls in place: administrative controls, safety equipment, architectural controls, Required training and competency, Frequent and proper hand washing, Adherence to guidance and protocols</td>
<td>No PPE required</td>
</tr>
<tr>
<td>Designated Ebola Treatment Center (Bellevue)</td>
<td>Site Managers/Unit Leaders</td>
<td>Provide administrative and clinical support to covered personnel</td>
<td>No contact with EVD</td>
<td>RG No</td>
<td>Engineering controls in place: administrative controls, safety equipment, architectural controls, Adherence to PPE, Required training and competency, Frequent and proper hand washing, Adherence to guidance and protocols, Maintain good personal hygiene</td>
<td>No PPE required</td>
</tr>
<tr>
<td>Designated Ebola Treatment Facility (Bellevue)</td>
<td>Anteroom Staff/Buddy</td>
<td>Provide support to Ebola Virus</td>
<td>No contact with EVD</td>
<td>RG No</td>
<td>Engineering controls in place: administrative controls, safety equipment, architectural controls</td>
<td>No PPE required</td>
</tr>
</tbody>
</table>
| Staff (EVS) Team | • Adherence to PPE  
• Required training and competency  
• Frequent and proper hand washing  
• Adherence to guidance and protocols  
• Maintain good personal hygiene |
2.5 Mobilizing Staff

NYC Health + Hospitals system-wide implicit approval to support Ebola and Special Pathogen-related events encompasses providing clinical and environmental services support should any NYC Health + Hospital facility require it. Clinical and environmental services support will be in the areas of:

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Support Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Staff</td>
<td>2 volunteer nurses from each Frontline Facility will be mobilized if additional clinical support is needed.</td>
</tr>
<tr>
<td>Housekeeping Staff (Housekeeping SWAT Team)</td>
<td>The Housekeeping Swat Team will mobilize if environmental services (e.g., disinfecting and decontaminated) is needed.</td>
</tr>
</tbody>
</table>

Other Mobilization Considerations:

- **Nursing & Housekeeping Personnel:** Accountability is important from a safety and operational standpoint hence, all volunteer nursing staff and housekeeping personnel selected to be mobilized must receive proper training prior to mobilization, activation notification, mobilize themselves and be briefed.

- **Physical Location(s):** Location of mobilization is contingent upon which NYC Health + Hospitals facility requires additional clinical and environmental services support in an EVD or Special Pathogen-related event.

- **Considerations for Facility Mobilization:** In the event any NYC Health + Hospitals facility requires additional clinical and/or environmental services support, the following will be considered for mobilization:
  - All mobilized personnel will comply with security requirements which may include access cards, keys or other special identification badges to access the designated facility.
  - All mobilized personnel will comply with all risk assessment procedures including any trainings, infection control measures, information sharing, and surveillance/observation.
  - All mobilized personnel will comply with all procedures, including the set-up of required technology and supplies to support their functions.
  - All mobilized personnel will comply with any additional guidance and instructions.
### 2.6 Monitoring of Healthcare Workers

Any NYC Health + Hospitals employee who meets the criteria for active monitoring while working at a hospital or laboratory located in NYC, including those who live outside NYC, will be monitored by NYCDOHMH utilizing their Maven software to track and store information from individuals.

<table>
<thead>
<tr>
<th>Healthcare Workers Undergoing Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. HCWs living outside NYC:</strong></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>II. HCWs living inside NYC:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>III.</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>A.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>B.</td>
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<td></td>
</tr>
</tbody>
</table>
### Symptomatic Healthcare Workers Undergoing Monitoring

<table>
<thead>
<tr>
<th>I.</th>
<th>HCWs who develop a temperature ≥ 100°F, vomiting, diarrhea, or unexplained bleeding should immediately call the DOHMH Active Monitoring Call Center and notify the person answering the phone that he/she is under active monitoring as a healthcare worker and experiencing symptoms. The call will be routed to the DOHMH Ebola Doctor.</th>
</tr>
</thead>
</table>
| A. | The Ebola Doctor will assess the caller over the phone and will document the call as per DOHMH protocol.  
1. For mild symptoms, the Ebola Doctor may ask the healthcare worker to stay home, and DOHMH personnel will call the healthcare worker regularly over the next 24-48 hours to monitor symptoms and temperature, as many healthcare workers will experience more common causes of illness, including norovirus, upper respiratory viruses, or influenza.  
2. For more concerning symptoms (either determined by Ebola Doctor or healthcare worker), the Ebola Doctor will call the senior Bellevue (or other hospital) administrator on duty (Monday through Friday) or the Administrator on-call (during off-hours). |
| II. | If the HCW requires immediate evaluation, DOHMH will arrange transport to Bellevue Hospital Center or a Designated Treatment Center where the healthcare worker can be evaluated and tested, including testing for Ebola if necessary. |
| III. | A HCW who has had a breach in PPE use (e.g., PPE not worn during initial triage, laboratory specimen spill, inadvertent contamination of skin or mucous membranes during doffing of PPE) may be subject to quarantine or direct active monitoring (including home visits). |
| A. | If the HCW is on site at Bellevue, DOHMH will follow internal Bellevue protocols and alert Bellevue and NYC Health + Hospitals leadership so that the HCW can be evaluated in the Bellevue Emergency Department.  
1. If the HCW is at home or elsewhere, DOHMH will arrange for medical evaluation at an appropriate Designated Treatment Center.  
   a. FDNY Emergency Medical Service will provide the transport for NYC residents.  
   b. For HCWs living in surrounding jurisdictions, DOHMH will consult their appropriate state and local health departments and arrange for transport and medical evaluation at an appropriate facility. |
IV. The following protocols should be followed in the event that a HCW with no known breach in personal protective equipment* develops a temperature ≥ 100°F or other worrisome symptoms:

<table>
<thead>
<tr>
<th>A.</th>
<th>HCW at Bellevue or hospital of employment during notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Should be instructed by supervisor to call DOHMH at 347-396-6194, and the supervisor should follow Bellevue (or hospital of employment) internal notifications protocol simultaneously</td>
</tr>
<tr>
<td>2.</td>
<td>The call to DOHMH routed immediately to the Ebola Doctor.</td>
</tr>
<tr>
<td>3.</td>
<td>The Ebola Doctor will use clinical judgment to assess the likelihood of Ebola versus an alternative diagnosis.</td>
</tr>
<tr>
<td>a.</td>
<td>If Ebola likely, Ebola Doctor will notify leadership at NYC Health + Hospitals and Bellevue (or leadership at hospital of employment), instruct HCW to self-isolate, and plan for HCW to get evaluated in ER (if HCW already at Bellevue or Designated Treatment Center) or be transferred to Bellevue or Designated Treatment Center.</td>
</tr>
<tr>
<td>b.</td>
<td>If Ebola unlikely, Ebola Doctor will notify leadership at NYC Health + Hospitals and Bellevue (or leadership at hospital of employment), send home from work in a private vehicle with instructions to self-isolate, and DOHMH will call person regularly over the next 24-48 hours to monitor symptoms and temperature. Decisions regarding when HCW can return to work should be made in consultation between DOHMH and leadership at hospital of employment.</td>
</tr>
</tbody>
</table>
## V. HCW at home during notification, calls DOHMH, NYC resident

<table>
<thead>
<tr>
<th>A.</th>
<th>Call to DOHMH routed immediately to the Ebola Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>The Ebola Doctor will use clinical judgment to assess the likelihood of Ebola vs. alternative diagnosis.</td>
</tr>
<tr>
<td>1.</td>
<td>If Ebola likely, Ebola Doctor will notify leadership at NYC Health + Hospitals and Bellevue (or leadership at hospital of employment), instruct HCW to self-isolate, and plan for HCW to get evaluated in Bellevue ER or Designated Treatment Center, if indicated.</td>
</tr>
<tr>
<td>2.</td>
<td>If Ebola unlikely, Ebola Doctor will notify leadership at NYC Health + Hospitals and Bellevue (or leadership at hospital of employment), instruct HCW to self-isolate at home, and DOHMH will call HCW regularly over the next 24-48 hours to monitor symptoms and temperature. Leadership at the HCW’s hospital of employment will inform his/her supervisor of DOHMH recommendations and potential absence from work. Decisions regarding when HCW can return to work should be made in consultation between DOHMH and leadership at hospital employment.</td>
</tr>
</tbody>
</table>

## VI. HCW at home during notification, calls DOHMH, non-NYC resident

<table>
<thead>
<tr>
<th>A.</th>
<th>Call to DOHMH routed immediately to Ebola Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>Ebola Doctor will speak with the caller, arrange consultation with the local and state health departments for the employee’s jurisdiction of residence, and use clinical judgment to assess the likelihood of Ebola versus an alternative diagnosis. DOHMH will discuss options for management with the local and state health departments where the HCW resides.</td>
</tr>
<tr>
<td>1.</td>
<td>If Ebola likely, Ebola Doctor will notify leadership at NYC Health + Hospitals and Bellevue (or leadership at hospital employment), instruct HCW to self-isolate, and plan for HCW to get evaluated in nearest Designated Treatment</td>
</tr>
<tr>
<td>VII. In-house management of HCW exposure</td>
<td>A. All NYC Health + Hospitals facilities will follow their in-house Management of Exposure plans and procedures, including:</td>
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<td>----------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>1. Not report to work and immediately notify their supervisor</td>
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<tr>
<td>2. Seek prompt medical evaluation</td>
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<tr>
<td>3. The facility will notify the DOHMH</td>
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</tbody>
</table>

2. If Ebola unlikely, Ebola Doctor will notify NYC Health + Hospitals and Bellevue leadership (or leadership at hospital of employment), instruct HCW to self-isolate at home, and DOHMH or the local or state health department will call HCW regularly over the next 24-48 hours to monitor symptoms and temperature.

a. Leadership at the HCW’s hospital of employment will inform his/her supervisor of DOHMH recommendations and potential absence from work.

i. Decisions regarding when HCW can return to work should be made in consultation between DOHMH and Bellevue leadership (or leadership at hospital of employment)
2.7 Public Health Monitoring and Movement

New York City Department of Health and Mental Hygiene (NYCDOHMH) along with New York State Department of Health (NYSDOH) are the designated public health departments for an active monitoring/direct active monitoring program (AM/DAM) of persons who may have been exposed to Ebola for New York City.

NYC Health + Hospitals will play a role in the management and care of a suspected or confirmed PUI once the designated public health departments perceive a PUI in the AM/DAM program as “high risk” or “some risk” for EVD based upon clinical and epidemiological factors.

NYCDOHMH and NYSDOH will select a hospital facility and arrange transportation via FDNY*EMS or self-transport for a suspected or confirmed PUI for further medical evaluation based upon a criteria which includes, but not limited to:

- Closest geographical location to PUI
- Availability of hospital facility to provide definitive care to PUI
- Clinical presentation of PUI
- Patient preference
- Other measures
2.8 Intra-System Transportation

**Note:** See Appendix D: NYC Health + Hospitals Facility-Specific Bio Isolation Transfer Cards

**Transfer Hospital Facility**
- **①** Patient transfer determined by NYCDOHMH:
  - FDNYEMS notified
  - CMO at Bellevue Hospital Center notified
  - NYC Health + Hospital Leadership notified

**FDNY EMS**
- **②** After receiving notification from NYCDOHMH for transport from transfer facility to treatment facility, FDNY EMS dispatch initiates:
  - Briefing with Hospital Liaison prior to Patient Transfer
  - Confirm Transfer Point
  - Decontamination Corridor Prepared
  - Deployment of Haz-Tac Units and Resources to Transfer Hospital Facility

**Receiving Hospital Facility (Bellevue)**
- **③** FDNYEMS arrival at Transfer Hospital Facility:
  - HazTac Officer meets Hospital Liaison
  - Transfer Point Confirmed with Liaison
  - HazTac Personnel Don PPE
  - HazTac Officer supervises transfer
  - Ensure response of Clean Ambulance
  - Both Ambulances driven by clean personnel ONLY
  - HazTac Doffing and Decon per FDNY EMS protocols

**Note:** See “Ebola Treatment Facility (Bellevue) Transportation Protocol” for continuation of receiving facility transport procedures.

**Note 1:** Any patient assessment and treatment shall be initiated according to FDNY EMS policies, procedures and protocols.

**Note 2:** DOHMH shall notify the OLMC Physician of patient results determined by treatment hospital facility.

**④** Haz-Tac Team Doff and Decon per FDNY EMS protocols and procedures.

**Note:** All disposable materials will be bagged in prepared 55 Gallon Bio-Waste Drums and disposed according to NYC Health + Hospital Regulated Waste Protocol.
2.9 PPE Resources

<table>
<thead>
<tr>
<th>PPE Component</th>
<th>Guideline</th>
<th>Point of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchasing PPE</td>
<td>All NYC Health + Hospitals facilities will enter a requisition and purchase PPE and associated supplies as any regular medical supply orders. Please consult your order process guideline for additional information.</td>
<td>Materials Manager (specific to each facility)</td>
</tr>
<tr>
<td>Storing PPE</td>
<td>NYC Health + Hospitals respective Materials Manager for each facility is responsible for appropriately storing supplies of PPE according to manufacturer’s guidelines.</td>
<td>Materials Manager (specific to each facility)</td>
</tr>
<tr>
<td>Maintaining PPE</td>
<td>A. Designated Treatment Center (Bellevue): Must maintain 20 days of PPE on hand at all times (burn rate of 60 packs).</td>
<td>Materials Manager (specific to each facility)</td>
</tr>
<tr>
<td></td>
<td>B. Frontline Facilities: Must maintain 10 days of PPE on hand at all times (burn rate of 20 packs).</td>
<td>Materials Manager (specific to each facility)</td>
</tr>
<tr>
<td></td>
<td>C. Ambulatory Site: No set PPE maintenance level.</td>
<td>Materials Manager (specific to each facility)</td>
</tr>
<tr>
<td>Tracking Usage &amp; Stock of PPE</td>
<td>NYC Health + Hospitals respective Materials Manager for each facility is responsible for tracking usage and stock of PPE.</td>
<td>Materials Manager (specific to each facility)</td>
</tr>
<tr>
<td>Reallocating PPE</td>
<td>Access to supplies of PPE may be limited in the event of a disaster. As such, all NYC Health + Hospitals will share PPE resources and allocate and distribute to facilities in need.</td>
<td>Materials Manager (specific to each facility)</td>
</tr>
<tr>
<td>Accessing Stockpile Supplies of PPE</td>
<td>(This section will be updated once PPE stockpile supplies will be purchased for deliverable 2).</td>
<td>Materials Manager (specific to each facility)</td>
</tr>
</tbody>
</table>
2.10 **Internal/External Communication**

In accordance with federal, state and city regulations, a suspected or confirmed patient within the NYC Health + Hospitals system will be transported by FDNY*EMS in coordination with NYCDOHMH to the designated Ebola Treatment Center (Bellevue Hospital, 7W Isolation Unit). Immediate notification will be sent to: NYCDOHMH/NYSDOH, FDNY*EMS, and the Ebola Treatment Center. The Sending Facility is responsible for coordinating all notifications and adhering to transfer protocols and procedures.

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**Triage**

A. Internal Communication
1. Identified Patient Placed in Isolated Room with Airborne, Contact & Droplet Precautions as per Ebola Screening Algorithm
2. Triage Nurse Notifies Lead Physician and Dons Appropriate PPE
3. Lead Physician Dons Appropriate PPE and Evaluates PUI
4. Lead Physician Follows NYCDOHMH/NYC Health + Hospitals Algorithm to Ascertain Risk

B. External Communication
5. NYCDOHMH Contacted to Confirm Risk and Provide Approval on Patient Transfer

C. Internal Communication
6. The Following Internal Contacts are Notified:
   - Administrator on Duty
   - Infection Prevention (by AOD)
   - Medical and Nursing directors of ED
   - Chief Medical Officer
   - Chief Nursing Officer
   - Chief Operating Officer
   - Hospital Police
   - AOD/ADN Activates Incident Command
   - NYC Health + Hospitals Leadership
   - EVS SWAT Team

D. External Communication
7. NYCDOHMH Contacted to Arrange Transportation to Bellevue or Other Designated Hospital via FDNY*EMS
Environmental Services & Regulated Medical Waste Management

The Ebola Virus is classified as a Category A Infectious substance regulated by the U.S Department of Transportation’s (DOT) Hazardous Materials Regulation’s (HMR, 49 C.F.R., Parts 171-180). Any item transported offsite for disposal that is contaminated or suspected of being contaminated with a Category A infections substance must be packaged and transported in accordance with the HMR. The flowchart below is NYC Health + Hospitals overall approach to Ebola-associated medical waste and environmental services management. Each NYC Health + Hospitals facility may have their own set of plans and procedures for regulated medical waste management.

**Stericycle Waste Handling and Packaging Procedures**

*See Appendix E for detailed procedure*

1. Using PPE according to policy and procedure
2. Place soft waste or sealed sharps containers into a primary medical waste bag (min 1.25 or 1.5 ml-ASTM tested; can be provided by Stericycle)
3. Apply bleach or other viridical disinfectant into the primary bag to sufficiently cover the surface of materials contained within the bag and securely tie the bag.
4. Treat the exterior surface of the primary container with bleach or other viridical disinfectant
5. Place the primary bag intro a secondary bag and securely tie the outer bag.
6. Treat the exterior surface of the secondary bag with bleach of other viridical disinfectant

*Note: If you have Stericycle 55 gallon special Category A DOT Waste “GREEN DRUMS” on site proceed to step 10. If you do NOT have special Stericycle 55 gallon special Category A DOT Waste “GREEN DRUMS” on site continue to step 7.*

7. The double bagged waste should then be placed on a hard non-porous surface in a secure room close to the point of use. Make sure the collection area is clearly labeled special Category A DOT Waste.
8. Contact your Stericycle representative who will arrange delivery of the special Category A DOT Waste Containers. (They can be shipped for overnight delivery.)
9. As soon as your special Category A DOT Waste Containers arrive follow step 10.
10. The double bagged waste should then be placed into special Category A DOT Waste packaging/drums provided by Stericycle with the liner tied securely and container closed per labels.
11. Store the special Category A DOT Waste Containers separate from other regulated medical waste in a secure area preferable isolated and with limited access for pick up by Stericycle.
2.12 Mortuary Services

The New York City Office of Chief Medical Examiner (NYC OCME) maintains jurisdiction over the safe handling of human remains of any suspected or confirmed Ebola patients. NYC OCME developed an operational protocol consistent with the CDC Guidance and deploys a specially trained team to manage the safe handling of infected persons without posing a risk to public health or regular operations. NYC Health + Hospitals will coordinate and notify NYC OCME Communications of any suspected or confirmed death as a result of EVD as instructed by DOHMH.

For complete protocol, see Appendix F: NYC OCME EVD Protocol for In-Hospital Deaths
SECTION 3: EMERGENCY MANAGEMENT

3.1 Ebola and Special Pathogens Incident Management Team

NYC Health + Hospitals Ebola-specific mission is to effectively and efficiently identify, triage, isolate, transport, and treat all cases of EVD that occur within its health care delivery system of hospitals, trauma centers, neighborhood health centers, nursing homes, and post-acute care centers, while protecting patients, staff, and visitors from exposure or injury. The diagram below is NYC Health + Hospitals Ebola and Special Pathogens Incident Management Team Structure:
3.2 NYC Health + Hospitals Central Office
Emergency Operations Center

3.2.1 Mission Statement
The mission of the Central Office EOC is to serve as a central command and control facility for NYC Health + Hospitals integrated public health care system by providing the strategic and operational framework and resources to protect our patients, visitors, staff, communities and infrastructure from all-hazards through mitigation, preparedness, response and recovery.

3.2.2 Goals
The goals of the Central Office EOC include:

- Provide the highest level of readiness to NYC Health + Hospitals by collecting, evaluating and disseminating incident information to respond to the public health and medical aspects of an emergency or disaster.
- Provide NYC Health + Hospitals senior leadership with incident information to set strategic directions, establish priorities, and allocate resources.
- Gain and maintain situational awareness at all times during an emergency or disaster that impacts NYC Health + Hospitals.
- Ensure coordination, communication, and collaboration among NYC Health + Hospitals system of hospitals, trauma centers, neighborhood health centers, nursing homes, and post-acute care centers during all phases of emergency management (preparedness, response, recovery, and mitigation).

3.2.3 EOC Activation
Activation of the Central Office EOC will be determined by the Assistant Vice President of Emergency Management of NYC Health + Hospitals based upon the expected, actual or perceived severity of an incident. The Central Office EOC can be activated during small, moderate or major events and can be partially or fully staffed to meet the demands of the situation.

The Central Office EOC may be activated for day-to-day operations as necessary.
# 3.2.4 Staffing Guide

## Central Office EOC Activation Guide

<table>
<thead>
<tr>
<th>Level</th>
<th>Incident Level</th>
<th>EOC Duties</th>
<th>Staffing</th>
</tr>
</thead>
</table>
| 1 (Yellow) | Small Incident (Affecting 2 facilities) | 1. Continuous monitoring of event  
2. Provide status updates to all appropriate NYC Health + Hospitals officials  
3. Facilitate with communication and collaboration among NYC Health + Hospitals facilities  
4. Provide any available resources, as requested  
5. Brief arriving staff on current situation | Staffed as situation warrants |
| 2 (Orange) | Moderate Incident (Affecting 2-5 facilities) | 1. Continuous monitoring of event  
2. Provide status updates to all appropriate NYC Health + Hospitals officials  
3. Facilitate with communication and collaboration among NYC Health + Hospitals facilities  
4. Provide any available resources, as requested  
5. Brief arriving staff on current situation | Staffed as situation warrants |
| 3 (Red) | Major Incident (Affecting +5 facilities) | 1. Continuous monitoring of event  
2. Provide status updates to all appropriate NYC Health + Hospitals officials  
3. Facilitate with communication and collaboration among NYC Health + Hospitals facilities  
4. Provide any available resources, as requested  
5. Brief arriving staff on current situation | Staffed as situation warrants |
SECTION 4: ACCOUNTING & PUBLIC COMMUNICATION

4.1 Accounting

NYC Health + Hospitals established two Ebola Cost Centers, Bellevue Hospital Cost Center and Central Office Ebola Cost Center. The purpose of these Cost Centers is to keep track of Ebola-relates expenditures and allocate resources more strategically.

Bellevue – Ebola Cost Center
[Designated Ebola Treatment Facility]

Central Office – Ebola Cost Center
[Frontline & Ambulatory/Outpatient Facilities]
4.2 Public Communication

NYC Health + Hospitals Central Office Public Affairs/Media Contacts will ensure the coordination and release of accurate, timely and consistent information for dissemination to the media and the public.

NYC Health + Hospitals Central Office Public Affairs/Media Contacts

Chief Public Information Officer
(212)788-3339

Deputy Public Information Officer #1
(212)788-3339

Deputy Public Information Officer #2
(212)788-3339

Chief Public Information Officer
(212)788-3339

Deputy Public Information Officer #1
(212)788-3339

Deputy Public Information Officer #2
(212)788-3339

NYC Health + Hospitals Central Office Public Affairs/Media Contacts
SECTION 5: HEALTHCARE WORKER TRAINING

5.1 Ambulatory/Outpatient Site Training

5.1.1 NYSDOH Commissioner’s Order Training Classification

As per the 12/18/15 updated Commissioner’s Order Regarding Ebola Virus Disease, NYC Health + Hospitals ambulatory/outpatient facilities are classified under category three in regards to training requirements, “For staff who would not be expected to have contact with a Patient with confirmed EVD or a PUI, NYSDOH recommends that general education should be performed upon hire and at the discretion of the healthcare facility or ambulance service.”

See Appendix A – New York State Department of Health Commissioner’s Order

5.1.2 Training Objectives

Upon completion of the training video, participants will be better equipped to:

- Describe the Healthcare Facility Tiered Strategy
- Recognize signs, symptoms and history of suspected Ebola patient
- Discuss the importance of intervening and isolating the patient early
- Describe the notification process to DOH and internal and external contacts
- Demonstrate the appropriate PPE required at the ambulatory/outpatient level

5.1.3 Mode of Training

The mode of training at the ambulatory/outpatient level will be in the form of a training video.

5.1.4 Frequency of Training

As per the 12/18/15 Commissioner’s Order, new hires will be mandated to watch the General Ebola Education Training Video for Ambulatory/Outpatient Facilities. Training for current staff will be at the discretion of the ambulatory/outpatient facility.
5.1.5 PPE Guidance

EVD PPE guidance for all NYC Health + Hospitals ambulatory/outpatient facilities include:

- Fluid-resistant gown or coveralls without integrated hood
- Full face shield
- Facemask
- Two pairs of gloves

5.1.6 Training Material

Please see Ambulatory/Outpatient Facility Ebola General Education Training Video.
5.1.7 Competency Assessment

After watching the General Ebola Education Training Video for Ambulatory/Outpatient Facilities, participants will be administered a competency assessment. A minimum passing score of 90% is required for successful completion.

See Appendix H: Ambulatory/Outpatient Facility Ebola Competency Assessment.
SECTION 6: ConOps Exercise & Maintenance

6.1 Network-Level Exercise

Year 1: An Ebola-focused, HSEEP-compliant tabletop exercise with all 10 NYC Health + Hospitals Frontline Facilities and 1 Ebola Designated Facility was conducted in 2016. The Ebola-focused tabletop exercise tested policies and protocols included in the ConOps and involved planning and coordination with appropriate stakeholders.

6.2 Site-Specific Exercise

Year 2: An Ebola-focused, HSEEP-compliant full scale exercise with one NYC Health + Hospitals Frontline Facility will be conducted in 2017. The Ebola-focused full scale exercise will test policies and protocols included in the ConOps and involve planning and coordination with appropriate stakeholders.

6.3 Plan Maintenance

The NYC Health + Hospitals Ebola ConOps will be maintained and exercised throughout the grant period. After the conclusion of the grant period, the Ebola Conops will be updated on an as-needed basis.