Initial Costs of Ebola Treatment Centers in the United States

Technical Appendix

A.1 General Aspects. The facility addressed in this checklist:
A.1.a) Please indicate the name of the EVD/Special Pathogens Care Treatment sponsoring hospital and location:
Hospital: __________________________ City/State: __________________________
A.1.b) Is the hospital applying to be the regional center? □ YES □ NO
A.1.c) EVD inpatient care facility is located within:
   i) Main Hospital Building(s) □ YES □ NO
      If yes: Located within
      □ Academic/teaching hospital
      □ Referral / regional hospital (but not Academic Medical Center)
      □ Other (Armed Forces/Infectious Disease Center):
   ii) Independent facility (stand alone facility) □ YES □ NO
      If yes, is facility located on the same campus as main hospital building(s)? □ YES □ NO
No information / other (please specify):

A.2. High level isolation Capacity:
A.2.a) Number of Ebola or Highly Infectious Disease ISOLATION ROOMS AND BEDS
   i) Maximum number of high level patient isolation rooms and beds that can be used simultaneously
      number of rooms: __________________________ number of beds (total): __________________________
   ii) Bed capacity for adult patients
      Critical care capable? □ YES □ NO
      n = __________________________
   iii) Bed capacity for pediatric patients
      Critical care capable? □ YES □ NO
      n = __________________________
No information / other (please specify):

A.3. Location of isolation rooms
A.3.a) Where are the isolation rooms specifically located?
   i) In a separate ward, but within the same building as other main hospital facilities □ YES □ NO
      If yes, is the air handling for the ward separate from the air handling for the rest of the building?
      □ YES □ NO
   ii) In separate rooms, but in the same ward as other hospital facilities (e.g. Inf. Diseases Ward, or ICU)
      □ YES □ NO
      If yes, is there a physical barrier (wall or other) separating the isolation rooms from the rest of the ward?
      □ YES □ NO
      If yes, please describe the barrier: __________________________

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If yes, is the air handling for the rooms separate from the air handling for the rest of the ward?

YES  NO

iii) No information / other (please specify):

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**B.1 Infrastructure features for infection control available**

**B.1.a) Use of Ante room/area adjacent to patient isolation room for doffing PPE**

Yes  No

If yes, please specify:

i) Are the “Clean” entrance and “dirty” exit separated? (2 doors)  Yes  No

ii) Is the entrance/exit via same pathway (door)  Yes  No

No information / other (please specify):

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**B.1.b) Isolation unit layout**

Are the entrance and exits to the unit separated (2 doors/paths)  Yes  No

i) Do the staff enter/exit via same pathway/door  Yes  No

ii) No information / other (please specify):

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**B.1.c) Are all of the EVD isolation rooms negative pressure patient isolation rooms**

Yes  No

If yes, please specify

i) Number of air changes per hour  Quantity:

No information / other (please specify):

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**B.1.c) HEPA filtration**

Yes  No

If yes, filtration of: intake air exhausted air both

No information / other (please specify):

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**B.1.d) On-site sterilization of medical waste**

Yes  No

If yes, please specify

i) sterilization method: autoclave incinerator other

If yes, please specify

In the isolation unit itself  In the hospital elsewhere

If no, process identified for Category A Infectious Substance disposal  Yes  No

No information / other (please specify):
B.2 Laboratory capabilities of isolation facility

B.2.a) Location of laboratory support (Check all that apply)
   i) Located within the patient care room YES NO
   ii) Located within the isolation unit YES NO
   iii) Located within the same campus YES NO
   iv) Located within the same city YES NO
   No information / other (please specify):

B.3.b) Classification of laboratory support (Check all that apply)
   i) Bedside Point of Care Testing YES NO
   ii) Clinical laboratory YES NO
   iii) Public Health laboratory YES NO
   No information / other (please specify):

B.3.c) Biosafety designation of hospital laboratory
   i) BSL-2
   ii) BSL-3
   iii) BSL-4
   No information / other (please specify):

B.3.c) Biosafety designation of public health laboratory
   i) BSL-2
   ii) BSL-3
   iii) BSL-4
   No information / other (please specify):

C.1 Cost of establishing high-level isolation capability

C.1.a) Approximate total cost incurred to establish ETC capacity since June, 2014: $________________

Construction/facility modifications: $________________
PPE purchases: $________________
Staff training: $________________
Unit planning: $________________
Acquisition of lab testing equipment: $________________
Other unit equipment purchases (not PPE or lab equipment): $________________
D.1. Ebola treatment center consortium participation
D.1.a) Would your facility participate as a member in a consensus network of isolation units to establish infection control metrics, competencies, and peer review for high-level patient isolation centers? YES NO

If yes, please specify
Point of contact for consortium participation:
Name: __________________________
E-mail: _________________________

Survey sent to all Ebola Treatment Centers.

Technical Appendix Figure 1. Average total costs incurred in each of the 10 US Health and Human Services regions. Summarized data was collected through self-report by individual treatment centers through an electronically administered survey. 1All Region 8 Ebola treatment centers provided estimates
Technical Appendix Figure 2. Interquartile ranges of the distribution of costs of 45 Ebola treatment centers (US $). Data were collected through self-report by individual ETCs through an electronically-administered survey.