

Exhibit C

Shelter Requirements for the 2019 Novel Coronavirus Outbreak USG Repatriation Operation from Wuhan

Background: In the setting of the expanding outbreak associated with a novel coronavirus in Wuhan, the Department of State has initiated an ordered departure of Diplomatic staff and families and is providing evacuation support for US expats who choose to depart on the arranged air evacuation flight on 1/28/2020. Because these individuals will be evacuating from an outbreak zone, health screening and exposure risk assessments will be required to determine presence of illness or history of high risk exposures upon entry to the US. Upon arrival to the US, these individuals will be placed under a quarantine order to allow for illness evaluation, education, and risk assessment to guide post arrival health monitoring decisions prior to release for follow on travel to their identified locations to complete their 14 day post-exposure health monitoring period.

Shelter requirements:

Non-congregate setting housing – e.g. hotel or other separate room housing options like dormitories

- a. Primary need is from a public health standpoint - essential characteristic to allow individuals or family units to be housed separately to reduce the risk of transmission of respiratory pathogens (specifically the 2019 novel coronavirus) – this would include separate bathrooms for each unit
 - b. Provides more appropriate accommodations for repatriated cohorts for longer stays should they need to be quarantined for the full 14 day period
- 2) As the individuals will be under quarantine orders there will need to be security onsite and available to support the quarantine and assure that people remain in the facility/on designated premises until released
 - 3) Food and other housing support services (e.g. laundry, prescription medication refills) would need to be provide
 - 4) Appropriate infection control capabilities to manage initial assessment of individuals who become ill; i.e., a room(s) with a door that can be closed, that is separate from residential facilities, where each symptomatic individual can undergo clinical evaluation and await transfer to a medical facility. The room should be supplied with disposable facemasks for the ill individual to wear throughout the evaluation process, and with cleaning supplies e.g., hospital disinfectant spray or wipes, to clean and disinfect the room's surfaces after it's vacated by the ill individual.
 - 5) Each residential space, all common areas for staff members, and each clinical evaluation room must have supplies of alcohol based hand rubs, as well as sinks with soap and water, and paper towels.
 - 6) PPE onsite to allow for response and assessment of individuals who become ill - CDC onsite staff will provided initial assessment and transport coordination with state/local public health personnel for individuals who may develop respiratory symptoms
 - 7) Health (temperature and symptom check) monitoring process in place for the quarantined individuals in their separate locations (CDC will arrange monitoring process for quarantined individuals)
 - 8) Nearby medical facilities that have the capability to manage the assessment and treatment of ill persons (to include airborne isolation capabilities)

Prior to entry into the shelter facility (ie. At the airport on arrival):

- 1) CDC staff will meet the flight and conduct screening for fever, respiratory symptoms, or history of high risk exposures
- 2) Any ill individual identified on on screening will be further assessed and if necessary, transported to a medical facility for additional evaluation in coordination with state/local public health authorities
- 3) CDC will arrange for daily monitoring for fever and respiratory illness symptoms while in the housing facility under quarantine and will arrange for transport to medical facility for further assessment (in coordination with local/state public health) of anyone who develops respiratory illness symptoms
- 4) During the initial 72 hour quarantine period, CDC staff will conduct in-depth risk assessments of the individuals and collect NP and OP swabs and blood samples to send to CDC for rapid processing (NP and OP swabs) for viral presence.