

**INTERNATIONAL BIDDING COMPETITION No. 1/2025**

**International Bidding Competition for the ADMINISTRATIVE CONCESSION FOR THE  
CONSTRUCTION, EQUIPPING, OPERATION, MAINTENANCE AND PROVISION OF  
SERVICES OF THE HOPE HEALTH COMPLEX**

**ANNEX 7**

**SCHEDULE OF RESPONSIBILITIES**

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## 1 GENERAL OPERATING GUIDELINES

1.1 The purpose of this ANNEX is to describe and detail all the SERVICES and obligations under the CONCESSIONAIRE under the CONTRACT.

### 1.2 SERVICES

1.2.1 The technical specifications of the SERVICES are divided into the following groups:

- 1.2.1.1 **BUILDING ENGINEERING:** Engineering service focused on building maintenance, janitorial, conservation, operation and safety of the building and its facilities, management, and supply of utilities, such as water, electricity, and gases necessary for the operation of the HOPE HEALTH COMPLEX.
- 1.2.1.2 **CLINICAL ENGINEERING:** Clinical Engineering Service covers the availability, installation and management of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT at all stages of the life cycle of the items necessary for the operation of the HOPE HEALTH COMPLEX.
- 1.2.1.3 **CLEANING, CONSERVATION AND GARDENING:** Cleaning and Disinfection Service necessary for the operation of the HOPE HEALTH COMPLEX. The service includes cleaning, conservation and gardening activities, and pest control.
- 1.2.1.4 **LAUNDRY AND LINEN:** Service of supply, availability, washing, processing, distribution and control of uniforms and trousseau.
- 1.2.1.5 **WASTE MANAGEMENT:** Service for the management of waste generated in the internal and external facilities, generated by the operation of the HOPE HEALTH COMPLEX.
- 1.2.1.6 **LOGISTICS:** Inventory management service and distribution of materials to the areas required for the operation of the HOPE HEALTH COMPLEX.
- 1.2.1.7 **TRANSPORTATION CENTER:** Ambulance service for the transport of PATIENTS from the HOSPITAL COMPLEX and internal transportation of PATIENTS and materials in the internal facilities of the HOSPITAL COMPLEX, as well as transportation of samples and materials to LACEN.
- 1.2.1.8 **DIAGNOSTIC AND THERAPEUTIC SUPPORT SERVICE ("SADT"):** Service responsible for offering diagnostic and therapeutic tests and procedures, including clinical analysis laboratory, imaging, and specialized treatments.
- 1.2.1.9 **NUTRITION AND DIETETICS SERVICE ("SND"):** Nutritional assistance service restricted to the production and distribution of food for PATIENTS, companions, and professionals who work in the FINALISTIC SERVICES and SERVICES, such as: employees of the CONCESSIONAIRE, professionals of the GRANTING AUTHORITY and staff of the FINALISTIC SERVICES, such as servers, residents and students.
- 1.2.1.10 **CENTRAL STERILE SUPPLY DEPARTMENT (CSSD):** Service for sterilization and distribution of medical materials and instruments for the HOSPITAL COMPLEX, and glassware for LACEN.
- 1.2.1.11 **CONCIERGE AND RECEPTION:** Reception service for USERS, professionals who work in the HOPE HEALTH COMPLEX, visitors and third parties, necessary for the operation of the HOPE HEALTH COMPLEX, including concierge and reception activities at the HOSPITAL COMPLEX and LACEN.
- 1.2.1.12 **SECURITY:** Security service necessary for the operation of the HOPE HEALTH COMPLEX, including implementation and monitoring of CCTV, and access control of all people to the premises of the HOPE

HEALTH COMPLEX.

- 1.2.1.13 INFORMATION AND COMMUNICATION TECHNOLOGY (ICT): Services related to the various information and communication technology activities necessary for the operation of the HOPE HEALTH COMPLEX, which comprises the activities of *service desk*, network, and telecommunications infrastructure, microcomputing, data center, printing, information systems, access control and CCTV.

**1.3 FINALISTIC SERVICES**

- 1.3.1 The FINALISTIC SERVICES associated with each component of the HOPE HEALTH COMPLEX, under the responsibility of the GRANTING AUTHORITY, will encompass the activities outlined in the scopes of action described herein.

1.3.2 HOSPITAL COMPLEX

- 1.3.2.1 For the HOSPITAL COMPLEX, the FINALISTIC SERVICES under the responsibility of the GRANTING AUTHORITY cover the care activities for the different lines of care: Oncology, Infectious Diseases and Sanitary Dermatology, Women's Health and Childbirth Care Network, Pediatrics and Hematology, observing the scope of action of the CONCESSIONAIRE regarding the SERVICES.

1.3.3 LACEN

- 1.3.3.1 For LACEN, the FINALISTIC SERVICES under the responsibility of the GRANTING AUTHORITY cover the laboratory surveillance activities carried out within the scope of LACEN, observing the scope of action of the CONCESSIONAIRE regarding the SERVICES.

- 1.3.3.2 The composition of the portfolios of FINALISTIC SERVICES pertinent to each of the divisions of LACEN, listed in the following tables, will be used for the preparation of the SUPPLIES PLAN, as provided for in ANNEX 10 – PAYMENT MECHANISM. During the preparation or review of the SUPPLIES PLAN, exams and analyses may be included, excluded or replaced in relation to the originally defined list of exams and analyses, modifications that may lead to economic and financial rebalancing of the CONTRACT, provided that the situation of economic and financial imbalance is proven.

- 1.3.3.2.1 The portfolio of analyses and tests for the Division of Sanitary and Environmental Surveillance (DIVISA) will include:

*Table 1 – Portfolio of analyses/tests – DIVISA*

#	Area of expertise	Type of test	Essay
1	Water	Physicochemical tests	Determination of Total Organic Carbon
2	Water	Physicochemical tests	Conductivity determination
3	Water	Physicochemical tests	Hardness determination
4	Water	Physicochemical tests	pH determination
5	Water	Physicochemical tests	Determination of total dissolved solids
6	Water	Physicochemical tests	Determination of turbidity or turbidity
7	Water	General rehearsals	Aspect
8	Water	General rehearsals	Color
9	Water	General rehearsals	Odor

#	Area of expertise	Type of test	Essay
10	Water	Microbiological tests	Research for reducing sulfite clostridia or <i>Clostridium perfringens</i>
11	Water	Microbiological tests	Quantification of Clostridiums, reducing sulfite and <i>Clostridium perfringens</i>
12	Water	Microbiological tests	Total coliform research
13	Water	Microbiological tests	Quantification of Total Coliforms and <i>Escherichia coli</i>
14	Water	Microbiological tests	<i>Escherichia coli</i> research
15	Water	Microbiological tests	<i>Pseudomonas aeruginosa</i> research
16	Water	Microbiological tests	Quantification of <i>Pseudomonas aeruginosa</i>
17	Water	Microbiological tests	<i>Vibrio cholerae</i> research
18	Water	Microbiological tests	Diarrheagenic <i>Escherichia coli</i> Research
19	Water	Microbiological tests	<i>Salmonella</i> ssp.
20	Water	Microbiological tests	Bacterin Endotoxin Research
21	Water	Microbiological tests	<i>Enterococcus</i> sp.
22	Water	Microbiological tests	Quantification of <i>Enterococcus</i> sp.
23	Water	Microbiological tests	Quantification of heterotrophic bacteria
24	Water	Microbiological tests	Quantification of Total Coliforms
25	Water	Microbiological tests	Quantification of <i>Escherichia coli</i>
26	Water	Cyanotoxin Research Assays	Microcystin Research
27	Water	Assays for research of disinfectants and disinfection by-products	Total chloramines
28	Water	Assays for research of disinfectants and disinfection by-products	Free Residual Chlorine
29	Water	Assays for research of disinfectants and disinfection by-products	Monochloramine
30	Water	Tests for pesticide residue research	Determination of polar pesticides by liquid chromatography coupled to single mass spectrometry
31	Water	Tests for pesticide residue research	Determination of multi-pesticide residues by liquid chromatography coupled with sequential mass spectrometry (triple quadrupole)
32	Water	Assays for research of inorganic substances	Antimony
33	Water	Assays for research of inorganic substances	Arsenic
34	Water	Assays for research of inorganic substances	Barium
35	Water	Assays for research of inorganic substances	Cadmium
36	Water	Assays for research of inorganic substances	Lead

#	Area of expertise	Type of test	Essay
37	Water	Assays for research of inorganic substances	Cyanide
38	Water	Assays for research of inorganic substances	Chloride
39	Water	Assays for research of inorganic substances	Free Residual Chlorine
40	Water	Assays for research of inorganic substances	Copper
41	Water	Assays for research of inorganic substances	Chromium
42	Water	Assays for research of inorganic substances	Iron
43	Water	Assays for research of inorganic substances	Fluoride
44	Water	Assays for research of inorganic substances	Manganese
45	Water	Assays for research of inorganic substances	Mercury
46	Water	Assays for research of inorganic substances	Nickel
47	Water	Assays for research of inorganic substances	Nitrate
48	Water	Assays for research of inorganic substances	Nitrite
49	Water	Assays for research of inorganic substances	Potassium
50	Water	Assays for research of inorganic substances	Silver
51	Water	Assays for research of inorganic substances	Selenium
52	Water	Assays for research of inorganic substances	Sulfate
53	Water	Assays for research of inorganic substances	Thallium
54	Water	Assays for research of inorganic substances	Sodium
55	Water	Assays for research of inorganic substances	Aluminum
56	Water	Assays for research of inorganic substances	Boron
57	Water	Assays for research of inorganic substances	Beryllium
58	Water	Assays for research of inorganic substances	Molybdenum
59	Water	Assays for research of inorganic substances	Antimony
60	Water	Assays for research of inorganic substances	Vanadium

#	Area of expertise	Type of test	Essay
61	Water	Assays for research of inorganic substances	Zinc
62	Foods	Physicochemical tests on sugars and high-sugar products	Determination of reducing sugars
63	Foods	Physicochemical tests on sugars and high-sugar products	Determination of sucrose
64	Foods	Physicochemical tests on sugars and high-sugar products	Determination of water-insoluble solids
65	Foods	Physicochemical tests on food in general	Determination of acidity
66	Foods	Physicochemical tests on food in general	Determination of alkalinity of insoluble ash in water
67	Foods	Physicochemical tests on food in general	Determination of alkalinity of water-soluble ash
68	Foods	Physicochemical tests on food in general	Carbohydrate Determination
69	Foods	Physicochemical tests on food in general	Determination of insoluble ash in hydrochloric acid at 10% v/v
70	Foods	Physicochemical tests on food in general	Determination of insoluble ash in water
71	Foods	Physicochemical tests on food in general	Determination of 10% v/v hydrochloric acid soluble ash
72	Foods	Physicochemical tests on food in general	Determination of water-soluble ash
73	Foods	Physicochemical tests on food in general	Determination of chlorides
74	Foods	Physicochemical tests on food in general	Determination of total dietary fiber
75	Foods	Physicochemical tests on food in general	Determination of Carbohydrates (Starch)
76	Foods	Physicochemical tests on food in general	Determination of non-reducing carbohydrates in sucrose
77	Foods	Physicochemical tests on food in general	Determination of glucose-lowering carbohydrates
78	Foods	Physicochemical tests on food in general	Determination of total carbohydrates in glucose
79	Foods	Physicochemical tests on food in general	Gluten determination
80	Foods	Physicochemical tests on food in general	Determination of total fats
81	Foods	Physicochemical tests on food in general	Determination of refractive index
82	Foods	Physicochemical tests on food in general	Lactose determination
83	Foods	Physicochemical tests on food in general	Lipid determination
84	Foods	Physicochemical tests on food in general	pH determination
85	Foods	Physicochemical tests on food in general	Protein determination
86	Foods	Physicochemical tests on food in general	Determination of waste by incineration (ash)
87	Foods	Physicochemical tests on food in general	Determination of dry residue
88	Foods	Physicochemical tests on food in general	Moisture determination
89	Foods	Physicochemical tests on food in general	Determination of sucrose, fructose, glucose, maltose, lactose, and galactose
90	Foods	Physicochemical tests on food in general	Determination of sucrose
91	Foods	Physicochemical tests on food in general	Determination of total sugars

#	Area of expertise	Type of test	Essay
92	Foods	Physicochemical assays on fermented alcoholic beverages	Determination of non-reducing sugars in sucrose
93	Foods	Physicochemical assays on fermented alcoholic beverages	Determination of glucose-reducing sugars
94	Foods	Physicochemical assays on fermented alcoholic beverages	Determination of alcohol by volume at 20°C
95	Foods	Physicochemical assays on fermented alcoholic beverages	Determination of alcohol by volume or alcohol content
96	Foods	Physicochemical assays on fermented alcoholic beverages	Determination of methanol
97	Foods	Physicochemical tests on ferment-distilled alcoholic beverages	Determination of volatile acids
98	Foods	Physicochemical tests on ferment-distilled alcoholic beverages	Determination of alcohol by volume at 20°C or actual alcohol content
99	Foods	Physicochemical tests on ferment-distilled alcoholic beverages	Determination of total aldehydes
100	Foods	Physicochemical tests on ferment-distilled alcoholic beverages	Copper Determination
101	Foods	Physicochemical tests on ferment-distilled alcoholic beverages	Furfural Determination
102	Foods	Physicochemical tests on ferment-distilled alcoholic beverages	Determination of total carbohydrates in sucrose
103	Foods	Physicochemical tests on ferment-distilled alcoholic beverages	Determination of methanol
104	Foods	Physicochemical tests on non-alcoholic beverages	Determination of total acidity
105	Foods	Physicochemical tests on non-alcoholic beverages	Determination of benzoic acid
106	Foods	Physicochemical tests on non-alcoholic beverages	Sorbic acid determination
107	Foods	Physicochemical tests on non-alcoholic beverages	Caffeine Determination
108	Foods	Physicochemical tests on non-alcoholic beverages	Conservative determination
109	Foods	Physicochemical tests on non-alcoholic beverages	Determination of artificial organic dyes
110	Foods	Physicochemical tests on non-alcoholic beverages	Determination of sulfur dioxide
111	Foods	Physicochemical tests on non-alcoholic beverages	Determination of sweeteners (saccharin, sucralose, cyclamate, acesulfame K, aspartame, etc.)
112	Foods	Physicochemical tests on non-alcoholic beverages	Determination of non-reducing carbohydrates in sucrose
113	Foods	Physicochemical tests on non-alcoholic beverages	Determination of glucose-lowering carbohydrates
114	Foods	Physicochemical tests on non-alcoholic beverages	Determination of total carbohydrates
115	Foods	Physicochemical tests on non-alcoholic beverages	Brix Degree Determination

#	Area of expertise	Type of test	Essay
116	Foods	Physicochemical assays on coffee, tea, and derivatives	Caffeine Determination
117	Foods	Physicochemical assays on coffee, tea, and derivatives	Ash determination
118	Foods	Physicochemical assays on coffee, tea, and derivatives	Determination of dry residue
119	Foods	Physicochemical tests on meat, meat products, fish, and derivatives	Determination of nitrites
120	Foods	Physicochemical tests on meat, meat products, fish, and derivatives	Determination of residues of veterinary medicinal products
121	Foods	Physicochemical tests on meat, meat products, fish, and derivatives	Determination of sulfites
122	Foods	Physicochemical tests on meat, meat products, fish, and derivatives	Krei's reaction
123	Foods	Physicochemical tests on chocolate and cocoa products	Lipid determination
124	Foods	Physicochemical tests on preserves, fruits, and fruit products	Determination of titratable acidity
125	Foods	Physicochemical tests on preserves, fruits, and fruit products	Determination of non-reducing carbohydrates in sucrose
126	Foods	Physicochemical tests on preserves, fruits, and fruit products	Determination of glucose-lowering carbohydrates
127	Foods	Physicochemical tests on preserves, fruits, and fruit products	Determination of sulfites
128	Foods	Physicochemical tests on oils and fats	Determination of acidity
129	Foods	Physicochemical tests on oils and fats	Determination of fatty acids in vegetable oils
130	Foods	Physicochemical tests on oils and fats	Determination of fatty acid composition from the analysis of fatty acid methyl esters
131	Foods	Physicochemical tests on oils and fats	Kreiss reaction
132	Foods	Physicochemical tests on cereal products, flour, and similar products	Determination of soluble alcohol acidity
133	Foods	Physicochemical tests on cereal products, flour, and similar products	Determination of folic acid
134	Foods	Physicochemical tests on cereal products, flour, and similar products	Starch determination
135	Foods	Physicochemical tests on cereal products, flour, and similar products	Determination of cholesterol in pasta
136	Foods	Physicochemical tests on cereal products, flour, and similar products	Iron determination
137	Foods	Physicochemical tests on cereal products, flour, and similar products	Gluten determination
138	Foods	Physicochemical tests on cereal products, flour, and similar products	Moisture determination
139	Foods	Physicochemical tests on cereal products, flour, and similar products	Research of bromate in fresh dough for bread (screening test)
140	Foods	Physicochemical tests on salt	Moisture determination

#	Area of expertise	Type of test	Essay
141	Foods	Physicochemical tests on salt	Determination of added iodine in the form of iodide
142	Foods	Physicochemical assays on food supplements	Caffeine Content by HPLC in Guarana Powder Supplements
143	Foods	General rehearsals	Aspect
144	Foods	General rehearsals	General Labeling
145	Foods	General rehearsals	Nutrition Labeling Analysis
146	Foods	General rehearsals	Labeling Analysis – Misleading Information
147	Foods	General rehearsals	Labeling Analysis – Registry Analysis
148	Foods	General rehearsals	Labeling Analysis - Warnings
149	Foods	Macroscopic and microscopic tests	Histology for food in general
150	Foods	Macroscopic and microscopic tests	Starch identification
151	Foods	Macroscopic and microscopic tests	Insect identification (fragments)
152	Foods	Macroscopic and microscopic tests	Pollen Grain Research
153	Foods	Macroscopic and microscopic tests	Impurity research and quantification of bark and sticks
154	Foods	Macroscopic and microscopic tests	Research of parasites and protozoa
155	Foods	Macroscopic and microscopic tests	Fur/feather search
156	Foods	Macroscopic and microscopic tests	Survey of light and heavy soiling
157	Foods	Macroscopic and microscopic tests	Investigation of separate soils after sifting
158	Foods	Macroscopic and microscopic tests	Identification of histological elements in foods of plant origin
159	Foods	Macroscopic and microscopic tests	Microscopic Analysis and Determination of Impurities in Roasted and Ground Coffee
160	Foods	Macroscopic and microscopic tests	Research for foreign matter in minimally processed vegetables
161	Foods	Macroscopic and microscopic tests	Macroscopic and microscopic foreign matter research
162	Foods	Microbiological assays or toxin research	<i>Bacillus cereus</i> research
163	Foods	Microbiological assays or toxin research	Research of heterotrophic bacteria
164	Foods	Microbiological assays or toxin research	Mold and yeast research
165	Foods	Microbiological assays or toxin research	Research of sulfite reducing clostridia
166	Foods	Microbiological assays or toxin research	Research of <i>Clostridium perfringens</i>
167	Foods	Microbiological assays or toxin research	Fecal coliform research
168	Foods	Microbiological assays or toxin research	Research of thermotolerant coliforms
169	Foods	Microbiological assays or toxin research	Total coliform research
170	Foods	Microbiological assays or toxin research	<i>Enterobacter sakazakii</i> research
171	Foods	Microbiological assays or toxin research	<i>Enterobacter</i> sp.
172	Foods	Microbiological assays or toxin research	<i>Enterococcus</i> sp.
173	Foods	Microbiological assays or toxin research	Testing for staphylococcal enterotoxin
174	Foods	Microbiological assays or toxin research	<i>Escherichia coli</i> research

#	Area of expertise	Type of test	Essay
175	Foods	Microbiological assays or toxin research	Coagulase-positive staphylococcus test
176	Foods	Microbiological assays or toxin research	Research of <i>Klebsiella</i> sp.
177	Foods	Microbiological assays or toxin research	<i>Listeria monocytogenes</i> research
178	Foods	Microbiological assays or toxin research	Research of <i>Listeria</i> sp.
179	Foods	Microbiological assays or toxin research	Research of mesophilic aerobic microorganisms
180	Foods	Microbiological assays or toxin research	<i>Pseudomonas aeruginosa</i> research
181	Foods	Microbiological assays or toxin research	Research of <i>Salmonella</i> sp.
182	Foods	Microbiological assays or toxin research	Research of <i>Shigella</i> sp.
183	Foods	Microbiological assays or toxin research	<i>Staphylococcus aureus</i> research
184	Foods	Microbiological assays or toxin research	<i>Staphylococcus</i> sp.
185	Foods	Microbiological assays or toxin research	Investigation of <i>beta-hemolytic</i> Streptococcus
186	Foods	Microbiological assays or toxin research	<i>Vibrio cholerae</i> research
187	Foods	Microbiological assays or toxin research	Commercial sterility test for low-alkalinity foods
188	Foods	Microbiological assays or toxin research	Enumeration of <i>Enterobacteriaceae</i>
189	Foods	Microbiological assays or toxin research	Isolation and Presumptive Count of <i>Bacillus cereus</i>
190	Foods	Microbiological assays or toxin research	Mold and yeast counting
191	Foods	Microbiological assays or toxin research	Isolation and Counting of <i>Clostridium perfringens</i>
192	Foods	Microbiological assays or toxin research	Total Coliform Enumeration
193	Foods	Microbiological assays or toxin research	Enumeration of <i>Enterobacteriaceae</i>
194	Foods	Microbiological assays or toxin research	Enumeration of <i>Escherichia coli</i>
195	Foods	Microbiological assays or toxin research	Coagulase-positive staph count
196	Foods	Microbiological assays or toxin research	Enumeration of mesophilic aerobic bacteria
197	Foods	Microbiological assays or toxin research	<i>Staphylococcus aureus</i> count
198	Foods	Microbiological assays or toxin research	Commercial sterility test for low-alkalinity foods
199	Foods	Microbiological assays or toxin research	Research of Diarrheagenic Pathotypes of <i>Escherichia coli</i>
200	Foods	Molecular assays	Molecular identification of fish by DNA barcode
201	Foods	Molecular assays	Molecular characterization of <i>Cronobacter sakazakii</i>
202	Foods	Molecular assays	Genotypic characterization of bacteria by RAPD
203	Foods	Molecular assays	Detection of <i>MecA</i> resistance gene in <i>Staphylococcus</i>
204	Foods	Molecular assays for allergen detection	Almond Detection
205	Foods	Molecular assays for allergen detection	Peanut Detection

#	Area of expertise	Type of test	Essay
206	Foods	Molecular assays for allergen detection	Hazelnut Detection
207	Foods	Molecular assays for allergen detection	Cashew Nut Detection
208	Foods	Molecular assays for allergen detection	Brazil Nut Detection
209	Foods	Molecular assays for allergen detection	Macadamia Detection
210	Foods	Molecular assays for allergen detection	Walnut Detection
211	Foods	Molecular assays for allergen detection	Pecan Detection
212	Foods	Molecular assays for allergen detection	Pistachio Detection
213	Foods	Molecular assays for allergen detection	Soybean Detection
214	Foods	Molecular assays for the identification of microorganisms	Confirmation of Diarrheagenic <i>E. coli</i> Clusters
215	Foods	Molecular assays for GMO research	Detection and Quantification of GM Soybeans
216	Foods	Molecular assays for GMO research	Detection and Quantification of GM Corn
217	Foods	Molecular assays for GMO research	GM Corn Event Detection
218	Foods	Mycotoxin Assays	Determination of Aflatoxin B1
219	Foods	Mycotoxin Assays	Determination of Aflatoxin B2
220	Foods	Mycotoxin Assays	Determination of Aflatoxin G1
221	Foods	Mycotoxin Assays	Determination of Aflatoxin G2
222	Foods	Mycotoxin Assays	Determination of Aflatoxin M1
223	Foods	Mycotoxin Assays	Determination of Aflatoxins (B1+B2+G1+G2)
224	Foods	Mycotoxin Assays	Determination of Deoxynivalenol (DON)
225	Foods	Mycotoxin Assays	Fumonisin Determination (B1+B2)
226	Foods	Mycotoxin Assays	Determination of Fumonisin B1
227	Foods	Mycotoxin Assays	Determination of Fumonisin B2
228	Foods	Mycotoxin Assays	Determination of Ochratoxin A
229	Foods	Mycotoxin Assays	Zearalenone's Determination
230	Foods	Tests for additive research	Acidulants
231	Foods	Tests for additive research	Carotenoids
232	Foods	Tests for additive research	Conservative
233	Foods	Tests for additive research	Dyes
234	Foods	Tests for additive research	Sweeteners
235	Foods	Tests for additive research	Flour improvers
236	Foods	Tests for additive research	Nitrate
237	Foods	Tests for additive research	Nitrite
238	Foods	Tests for additive research	Research of bromate in bread dough and mixture of baking additives
239	Foods	Tests for additive research	Sulfite
240	Foods	Allergen Research Assays	Rye
241	Foods	Allergen Research Assays	Barley
242	Foods	Allergen Research Assays	Wheat

#	Area of expertise	Type of test	Essay
243	Foods	Assays for research of minerals and inorganic contaminants	Antimony
244	Foods	Assays for research of minerals and inorganic contaminants	Arsenic
245	Foods	Assays for research of minerals and inorganic contaminants	Barium
246	Foods	Assays for research of minerals and inorganic contaminants	Cadmium
247	Foods	Assays for research of minerals and inorganic contaminants	Calcium
248	Foods	Assays for research of minerals and inorganic contaminants	Lead
249	Foods	Assays for research of minerals and inorganic contaminants	Copper
250	Foods	Assays for research of minerals and inorganic contaminants	Chromium
251	Foods	Assays for research of minerals and inorganic contaminants	Iron
252	Foods	Assays for research of minerals and inorganic contaminants	Magnesium
253	Foods	Assays for research of minerals and inorganic contaminants	Manganese
254	Foods	Assays for research of minerals and inorganic contaminants	Mercury
255	Foods	Assays for research of minerals and inorganic contaminants	Nickel
256	Foods	Assays for research of minerals and inorganic contaminants	Silver
257	Foods	Assays for research of minerals and inorganic contaminants	Selenium
258	Foods	Assays for research of minerals and inorganic contaminants	Sodium
259	Foods	Assays for research of minerals and inorganic contaminants	Zinc
260	Foods	Tests for pesticide residue research	Determination of dithiocarbonates in plants by gas chromatography coupled to single mass spectrometry
261	Foods	Tests for pesticide residue research	Determination of multi-pesticide residues in vegetables by gas chromatography coupled with sequential mass spectrometry (triple quadrupole)
262	Foods	Tests for pesticide residue research	Determination of multi-pesticide residues in vegetables by liquid chromatography coupled with sequential mass spectrometry (triple quadrupole)
263	Cosmetics	Physicochemical tests	pH determination
264	Cosmetics	Physicochemical tests	Determination of free acidity
265	Cosmetics	Physicochemical tests	Determination of free alkalinity

#	Area of expertise	Type of test	Essay
266	Cosmetics	Physicochemical tests	Camphor identification
267	Cosmetics	Physicochemical tests	Identification of ultraviolet filters
268	Cosmetics	Physicochemical tests	Formaldehyde Identification
269	Cosmetics	Physicochemical tests	Menthol Identification
270	Cosmetics	Physicochemical tests	Boric Acid Theory
271	Cosmetics	Physicochemical tests	Glycolic Acid Theory
272	Cosmetics	Physicochemical tests	Salicylic Acid Theory
273	Cosmetics	Physicochemical tests	Thioglycolic acid content and its salts
274	Cosmetics	Physicochemical tests	Ammonia content
275	Cosmetics	Physicochemical tests	Guanidine carbonate theory
276	Cosmetics	Physicochemical tests	Guanidine chloride content
277	Cosmetics	Physicochemical tests	Fluorine Theory
278	Cosmetics	Physicochemical tests	Formaldehyde content
279	Cosmetics	Physicochemical tests	Ammonia hydroxide content
280	Cosmetics	Physicochemical tests	Calcium hydroxide content
281	Cosmetics	Physicochemical tests	Lithium hydroxide content
282	Cosmetics	Physicochemical tests	Potassium hydroxide content
283	Cosmetics	Physicochemical tests	Sodium hydroxide content
284	Cosmetics	Physicochemical tests	Hydrogen peroxide content
285	Cosmetics	Physicochemical tests	Persulfate Theory
286	Cosmetics	Physicochemical tests	Content of anionic and cationic surfactants
287	Cosmetics	General rehearsals	Aspect
288	Cosmetics	General rehearsals	Color
289	Cosmetics	General rehearsals	Labelling - Notification Analysis
290	Cosmetics	General rehearsals	Labeling - Analysis of Primary Labeling
291	Cosmetics	General rehearsals	Labeling - Analysis of Secondary Labeling
292	Cosmetics	General rehearsals	Labeling - Registry Analysis
293	Cosmetics	Microbiological tests	Aerobic total mesophilic microorganism count
294	Cosmetics	Microbiological tests	Research of sulfite reducing clostridia
295	Cosmetics	Microbiological tests	Total and fecal coliform research
296	Cosmetics	Microbiological tests	<i>Pseudomonas aeruginosa</i> research
297	Cosmetics	Microbiological tests	<i>Staphylococcus aureus</i> research
298	Cosmetics	Other trials	Ultraviolet filter theory
299	Drugs	Biological tests	Bacterial endotoxin testing
300	Drugs	Biological tests	Pyrogen testing
301	Drugs	Tests on medicines and herbal raw materials	Microscopic research and characterization

#	Area of expertise	Type of test	Essay
302	Drugs	Tests on medicines and herbal raw materials	Determination of foreign matter
303	Drugs	Tests on medicines and herbal raw materials	Identification and dosing of herbal medicines (horse chestnut, guarana and senna)
304	Drugs	Physicochemical tests	Identification, purity, or assay by gas chromatography
305	Drugs	Physicochemical tests	Identification, purity, or dosing by high-performance liquid chromatography (HPLC)
306	Drugs	Physicochemical tests	Identification, purity, or assay by infrared spectrophotometry
307	Drugs	Physicochemical tests	Ultraviolet/visible spectrophotometry identification, purity, or dosing
308	Drugs	Physicochemical tests	Identification, purity, or dosing by titration
309	Drugs	Physicochemical tests	Related Substances Search
310	Drugs	General rehearsals	Leaflet analysis
311	Drugs	General rehearsals	Aspect
312	Drugs	General rehearsals	Disintegration
313	Drugs	General rehearsals	Determination of water (moisture)
314	Drugs	General rehearsals	Determination of friability
315	Drugs	General rehearsals	pH determination
316	Drugs	General rehearsals	Volume determination
317	Drugs	General rehearsals	Dissolution Test
318	Drugs	General rehearsals	Unit dose uniformity by content uniformity
319	Drugs	General rehearsals	Uniformity of unit doses by weight variation
320	Drugs	General rehearsals	Primary Labeling Analysis
321	Drugs	General rehearsals	Secondary Labeling Analysis
322	Drugs	General rehearsals	Labeling Analysis - Notification Analysis
323	Drugs	General rehearsals	Labeling Analysis - Registration
324	Drugs	General rehearsals	Determining Average Weight
325	Drugs	Microbiological tests	Microbiological antibiotic testing
326	Drugs	Microbiological tests	Microbiological Tests for Sterile Products (Sterility Test)
327	Drugs	Microbiological tests	Microbiological tests for non-sterile products (Counting the total number of mesophilic microorganisms)
328	Drugs	Microbiological tests	Microbiological Assays for Non-Sterile Products (Pathogenic Microorganisms Research)
329	Drugs	Microbiological tests	Bacterial endotoxin
330	Medical Devices	Chemical Assay	Chromium soluble compounds in absorbable surgical sutures (chrome-plated catgut)

#	Area of expertise	Type of test	Essay
331	Medical Devices	Chemical Assay	Surgical field starch research in the swab
332	Medical Devices	Chemical Assay	Limit determination of extractable metals in syringes and needles
333	Medical Devices	Chemical Assay	Determination of the limit of acidity and alkalinity in syringes and needles
334	Medical Devices	Mechanical tests	Checking for foreign matter and lubricants
335	Medical Devices	Mechanical tests	Checking the needle tip
336	Medical Devices	Mechanical tests	Checking for cannula defects
337	Medical Devices	Mechanical tests	Determination of nominal cannula length
338	Medical Devices	Mechanical tests	Determination of the union between the cannon and the cannula
339	Medical Devices	Mechanical tests	Foreign matter checking
340	Medical Devices	Mechanical tests	Graduated scale verification
341	Medical Devices	Mechanical tests	Checking the plunger/rod fit in the cylinder
342	Medical Devices	Mechanical tests	Residual volume determination
343	Medical Devices	Mechanical tests	Determining Tolerances in Graded Capacity
344	Medical Devices	Mechanical tests	Checking the cylinder flanges
345	Medical Devices	Mechanical tests	Checking the Emboss/Rod Assembly
346	Medical Devices	Mechanical tests	Checking the nozzle position
347	Medical Devices	Mechanical tests	Liquid leak check at the plunger
348	Medical Devices	Mechanical tests	Foreign matter checking
349	Medical Devices	Mechanical tests	Checking the cylinder flanges
350	Medical Devices	Mechanical tests	Determining Tolerances in Graded Capacity
351	Medical Devices	Mechanical tests	Determination of Tensile Strength
352	Medical Devices	Mechanical tests	Determination of Tensile Strength
353	Medical Devices	Materials for use in healthcare	Aspect
354	Medical Devices	Materials for use in healthcare	Total bacteria count
355	Medical Devices	Materials for use in healthcare	Mold and yeast counting
356	Medical Devices	Materials for use in healthcare	Bacterial endotoxin
357	Medical Devices	Materials for use in healthcare	Sterility
358	Medical Devices	Materials for use in healthcare	Mold and yeast research
359	Medical Devices	Materials for use in healthcare	Pathogen research and identification
360	Medical Devices	Materials for use in healthcare	Specific labeling of health products
361	Medical Devices	Materials for use in healthcare	General labeling of health products
362	Medical Devices	Materials for use in healthcare	Labeling - Primary Labeling Analysis
363	Medical Devices	Materials for use in healthcare	Labeling - Secondary Labeling Analysis
364	Medical Devices	Materials for use in healthcare	Labeling - Registry Analysis
365	Medical Devices	Materials for use in healthcare	Labelling - Notification Analysis

#	Area of expertise	Type of test	Essay
366	Sanitizing	Physicochemical tests	Amylolytic activity in enzymatic detergents
367	Sanitizing	Physicochemical tests	Proteolytic activity in enzymatic detergents
368	Sanitizing	Physicochemical tests	Determination of free alkalinity (total)
369	Sanitizing	Physicochemical tests	Determination of free chlorine
370	Sanitizing	Physicochemical tests	pH determination
371	Sanitizing	Physicochemical tests	Determining Average Volume
372	Sanitizing	Physicochemical tests	Alcohol content
373	Sanitizing	Physicochemical tests	Peracetic Acid Theory
374	Sanitizing	Physicochemical tests	Total aldehyde content
375	Sanitizing	Physicochemical tests	Formaldehyde content
376	Sanitizing	Physicochemical tests	Total phosphate theory as phosphorus pentoxide
377	Sanitizing	Physicochemical tests	Glutaraldehyde content
378	Sanitizing	Physicochemical tests	Ortho benzyl para-chlorophenol content
379	Sanitizing	Physicochemical tests	Hydrogen peroxide content
380	Sanitizing	Physicochemical tests	Content of anionic and cationic surfactants
381	Sanitizing	General rehearsals	Aspect
382	Sanitizing	General rehearsals	Labeling - Primary Labeling Analysis
383	Sanitizing	General rehearsals	Labeling - Registry Analysis
384	Sanitizing	Microbiological tests	Antimicrobial activity against <i>Escherichia coli</i> (Dilution Method of use)
385	Sanitizing	Microbiological tests	Antimicrobial activity against <i>Pseudomonas aeruginosa</i> (Dilution Method of use)
386	Sanitizing	Microbiological tests	Antimicrobial activity against <i>Salmonella choleraesuis</i> (Dilution Method of use)
387	Sanitizing	Microbiological tests	<i>Escherichia coli</i> count
388	Sanitizing	Microbiological tests	<i>Pseudomonas aeruginosa</i> count
389	Sanitizing	Microbiological tests	Antimicrobial activity against <i>Staphylococcus aureus</i> (Dilution method of use)
390	Health Services	Water for dialysis	Heterotrophic bacteria count
391	Health Services	Water for dialysis	Determination of antimony
392	Health Services	Water for dialysis	Arsenic Determination
393	Health Services	Water for dialysis	Determination of non-glucose-fermenting gram-negative bacilli
394	Health Services	Water for dialysis	Barium determination
395	Health Services	Water for dialysis	Beryllium determination
396	Health Services	Water for dialysis	Determination of cadmium
397	Health Services	Water for dialysis	Determination of calcium
398	Health Services	Water for dialysis	Lead Determination

#	Area of expertise	Type of test	Essay
399	Health Services	Water for dialysis	Copper Determination
400	Health Services	Water for dialysis	Conductivity determination
401	Health Services	Water for dialysis	Chromium Determination
402	Health Services	Water for dialysis	Magnesium Determination
403	Health Services	Water for dialysis	Mercury determination
404	Health Services	Water for dialysis	Potassium determination
405	Health Services	Water for dialysis	Silver Determination
406	Health Services	Water for dialysis	Determination of selenium
407	Health Services	Water for dialysis	Sodium determination
408	Health Services	Water for dialysis	Determination of thallium
409	Health Services	Water for dialysis	Zinc Determination
410	Health Services	Water for dialysis	Bacterial endotoxin
411	Health Services	Water for dialysis	Total coliform research
412	Health Services	Water for dialysis	Nitrate determination
413	Health Services	Water for dialysis	Sulfate determination
414	Health Services	Water for dialysis	Fluoride Determination
415	Health Services	Water for dialysis	Microcystin Research
416	Health Services	Water for dialysis	Potassium determination
417	Health Services	Water for dialysis	Determination of aluminum
418	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Determination of heterotrophic bacteria
419	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Lead Determination
420	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Chloride determination
421	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Conductivity determination
422	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Magnesium Determination
423	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Mercury determination
424	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Nitrate determination
425	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	pH determination
426	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Potassium determination
427	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Sodium determination
428	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Sulfate determination
429	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Zinc Determination

#	Area of expertise	Type of test	Essay
430	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Bacterial endotoxin
431	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Total coliform research
432	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Microbial count
433	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Determination of aluminum
434	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Calcium Determination
435	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Potassium determination
436	Health Services	Polyelectrolytic Concentrate for Dialysis (CPHD)	Determination of heavy metals (in lead)
437	Health Services	Enteral and parenteral nutrition	<i>Bacillus cereus</i> research
438	Health Services	Enteral and parenteral nutrition	Research of <i>Clostridium perfringens</i>
439	Health Services	Enteral and parenteral nutrition	Coliform research
440	Health Services	Enteral and parenteral nutrition	<i>Escherichia coli</i> research
441	Health Services	Enteral and parenteral nutrition	<i>Listeria monocytogenes</i> research
442	Health Services	Enteral and parenteral nutrition	<i>Salmonella</i> sp.
443	Health Services	Enteral and parenteral nutrition	<i>Staphylococcus aureus</i> research

1.3.3.2.2 The portfolio of examinations and analyses to be carried out by the Division of Epidemiology and Disease Control (DECD) will include:

Table 2 – Exam portfolio – DECD

#	Exam Identification	Disease/Type of investigation
1	Avidity IgG, Toxoplasmosis	Toxoplasmosis
2	Chagas disease, quality control	Chagas disease
3	Chagas disease, parasitological diagnosis	Chagas disease
4	Cutaneous Leishmaniasis, Quality Control	American Cutaneous Leishmaniasis
5	Cutaneous leishmaniasis, parasitological diagnosis	American Cutaneous Leishmaniasis
6	Cutaneous leishmaniasis, CRP	American Cutaneous Leishmaniasis
7	Canine visceral leishmaniasis, Quality Control	Canine Visceral Leishmaniasis
8	Canine visceral leishmaniasis, parasitological diagnosis	Canine Visceral Leishmaniasis
9	Human visceral leishmaniasis, parasitological diagnosis	Leishmaniasis, Human Visceral
10	Human visceral leishmaniasis, Quality Control	Leishmaniasis, Human Visceral
11	Human visceral leishmaniasis, CRP	Leishmaniasis, Human Visceral
12	Malaria, Quality Control	Malaria
13	Malaria, parasitological diagnosis	Malaria

#	Exam Identification	Disease/Type of investigation
14	Leishmaniasis visceral canina, PCR	Canine Visceral Leishmaniasis
15	Leishmaniasis visceral canina, ELISA	Canine Visceral Leishmaniasis
16	Human visceral leishmaniasis, ELISA	Leishmaniasis, Human Visceral
17	Human visceral leishmaniasis, IFA	Leishmaniasis, Human Visceral
18	IgG, toxoplasmosis	Toxoplasmosis
19	Chronic Chagas Disease, ELISA	Chagas disease
20	IgM, Toxoplasmosis	Toxoplasmosis
21	Acute Chagas Disease, IFAT IgM	Chagas disease
22	American Cutaneous Leishmaniasis, Molecular Biology	American Cutaneous Leishmaniasis
23	Chagas Disease, Chronic, CMIA	Chagas disease
24	Chagas Disease, Chronic, HAI	Chagas disease
25	Chronic Chagas Disease, IFA IgG	Chagas disease
26	Canine Visceral Leishmaniasis, Rapid Test	Canine Visceral Leishmaniasis
27	Human visceral leishmaniasis, Rapid test	Leishmaniasis, Human Visceral
28	Toxoplasmosis, PCR	Toxoplasmosis
29	Chagas disease, CRP	Chagas disease
30	Larval Identification Review - LIRAA Quality Control	Arboviruses
31	Review of <i>Aedes</i> egg count - PNC DFA Quality Control	Arboviruses
32	<i>Aedes</i> egg count - PNC DFA	Arboviruses
33	Entomological Survey of the Malaria Program	Malaria
34	Identification of Anophelines	Malaria
35	Entomological survey of vectors for Spotted Fever and other Rickettsial Diseases	Spotted Fever and Rickettsiosis
36	Identification of vectors for Spotted Fever and other Rickettsial Diseases	Spotted Fever and Rickettsiosis
37	Entomological Survey of the VL and ATL Program	Leishmaniasis
38	Slide assembly and sandfly identification	
39	Identification of Triatomines	Chagas disease
40	<i>Trypanosoma cruzi</i> research - Parasitological (in the insect)	Chagas disease
41	Review of <i>Trypanosoma cruzi</i> slide - Parasitological Quality Control (in insect)	Chagas disease
42	Entomological Survey of the Yellow Fever Program	Black vomit
43	Identification of adult mosquitoes - Yellow Fever Program	Black vomit
44	Other (insects of no medical importance)	
45	Dengue, IgM	Dengue fever
46	Chikungunya, IgM	Chikungunya
47	Chikungunya, IgG	Chikungunya
48	Zika, IgM	Zika

#	Exam Identification	Disease/Type of investigation
49	Zika, IgG	Zika
50	Yellow Fever, IgM	Black vomit
51	Oropouche, IgM	Oropouche
52	Dengue, Molecular Biology	Dengue fever
53	Chikungunya, Molecular Biology	Chikungunya
54	Zika, Molecular Biology	Zika
55	Yellow Fever, Molecular Biology	Black vomit
56	Oropouche, Molecular Biology	Oropouche
57	Mayaro, Molecular Biology	Mayaro
58	Bartonellosis, Molecular Biology	Bartonellosis
59	Bartonellosis, IgG Serology	Bartonellosis
60	RT-PCR Coronavirus	Covid-19
61	SPOTTED FEVER, IGM	Spotted Fever and Rickettsiosis
62	FEBRE MACULOSA, IgG	Spotted Fever and Rickettsiosis
63	Spotted Fever, Molecular Biology	Spotted Fever and Rickettsiosis
64	Febre Q (Coxiella), IgG	Q fever
65	Q fever (Coxiella), IgM	Q fever
66	Hantavirus IgG, Serology	Hantavirus
67	Hantavirus IgM, Serology	Hantavirus
68	Carga Viral - HIV	HIV
69	Viral Load - HBV	Hepatitis B
70	Viral Load - HCV	Hepatitis C
71	HIV-CD4/CD8 lymphocyte count	HIV
72	CT/NG	Chlamydia and Gonococcus
73	Rickettsiae, Insulation	Spotted Fever and Rickettsiosis
74	Viral Meningitis, Molecular Biology	Targets researched: Adenovirus, Enterovirus, Human Parecovirus, Mumps Virus, Parvovirus B19, Cytomegalovirus, Epstein-Barr, Herpes Simplex type 1, Herpes Simplex type 2, Human Herpes 6, Human Herpes 7, and Varicella zoster
75	Monkeypox, Molecular Biology	Monkeypox
76	Anti-HBc Total	Hepatitis B
77	HIV, Immunoblot	HIV
78	HIV, Serology - CMIA	HIV
79	Anti-HAV IgM (Hepatitis A)	Hepatitis A
80	Anti-HBs	Hepatitis B
81	HCV, Serology	Hepatitis C
82	Measles IgG, Serology	Measles
83	Measles IgM, Serology	Measles

#	Exam Identification	Disease/Type of investigation
84	Parvovirus IgM, Serology	Parvoviruses
85	Parvovirus IgG, Serology	Parvoviruses
86	Rubella IgG, Serology	Rubella
87	Rubella IgM, Serology	Rubella
88	HBsAg	Hepatitis B
89	RABIES, ANTI-RABIES ANTIBODY TITRATION	Anger
90	Measles, Molecular Biology	Measles
91	Respiratory Viruses, Molecular Biology	
92	Bartonellosis, IgM Serology	Bartonellosis
93	Ehrlichiosis, IgG	Ehrlichiosis
94	Ehrlichiosis, IgM	Ehrlichiosis
95	Influenza, Molecular Biology	Influenza
96	Q Fever (Coxiella), Molecular Biology	Q fever
97	Nile Fever, Molecular Biology	West Nile Fever
98	Flavivirus, Molecular Biology	Arboviruses
99	ANTIBIOGRAM – WITH MINIMUM INHIBITORY CONCENTRATION (E-TEST)	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
100	ANTIBIOGRAM – WITH MINIMUM INHIBITORY CONCENTRATION (POLYMYXIN B)	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
101	AUTOMATED SUSCEPTIBILITY TESTING (VITEK 2)	
102	AUTOMATED ANTIBIOGRAM (VITEK 2) – GRAM NEGATIVE BACTERIA	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
103	AUTOMATED ANTIBIOGRAM (VITEK 2) – GRAM POSITIVE BACTERIA	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
104	AUTOMATED SUSCEPTIBILITY TEST (VITEK 2) – LEVEDURAS	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
105	AUTOMATED SUSCEPTIBILITY TEST (VITEK 2) – STREPTOCOCCUS	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
106	ANTIBIOGRAM – DIFFUSION DISC	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
107	ANTIBIOGRAM – FASTIDIOUS DIFFUSION DISC (Streptococcus, Neisseria)	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
108	BACTERIOSCOPY (GRAM)	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology

#	Exam Identification	Disease/Type of investigation
109	IDENTIFICATION OF BACTERIA - SEQUENCING	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
110	FUNGAL IDENTIFICATION - SEQUENCING	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
111	AUTOMATED IDENTIFICATION OF MICROORGANISMS - MALDI-TOF	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
112	AUTOMATED IDENTIFICATION OF MICROORGANISMS - MALDI-TOF - BACTERIA	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
113	AUTOMATED IDENTIFICATION OF MICROORGANISMS - MALDI-TOF - YEASTS AND FILAMENTOUS FUNGI	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
114	AUTOMATED IDENTIFICATION OF MICROORGANISMS - VITEK 2	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
115	AUTOMATED IDENTIFICATION OF MICROORGANISMS - VITEK 2 - GRAM NEGATIVE BACTERIA	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
116	AUTOMATED IDENTIFICATION OF MICROORGANISMS - VITEK 2 - GRAM POSITIVE BACTERIA	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
117	AUTOMATED IDENTIFICATION OF MICROORGANISMS - VITEK 2 - HAEMOPHILUS E NEISSERIA	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
118	AUTOMATED IDENTIFICATION OF MICROORGANISMS - VITEK 2 - LEVEDURAS	The test applies to several health conditions; these are not recorded on a per-condition basis, but rather according to the methodology
119	BRUCELLOSIS - REAL-TIME PCR	BRUCELLOSIS
120	ANTI-BRUCELLA ANTIBODY ASSAY - DIRECT AGGLUTINATION ROSE BENGAL ANTIGEN	BRUCELLOSIS
121	BRUCELLAS ANTIBODY (IEE IgG) TEST	BRUCELLOSIS
122	BRUCELLAS ANTIBODY (IEE IgM) SCREENING	BRUCELLOSIS
123	CULTURE OF BACTERIA P/ IDENTIFICACAO - DTHA - COPROCULTURA	WATERBORNE DISEASES (DIARRHEAL DISEASES)
124	DETECTION OF E. COLI ENTEROPATHOGENS - PCR	WATERBORNE DISEASES (DIARRHEAL DISEASES)
125	STRAIN SEROTYPING - Salmonella/ Shigella/ E.coli	WATERBORNE DISEASES (DIARRHEAL DISEASES)
126	PERTUSSIS - REAL-TIME PCR	WHOOPING COUGH
127	CULTURE OF BACTERIA P/ IDENTIFICACAO - COQUELUCHE	WHOOPING COUGH
128	CULTURE OF BACTERIA P/ IDENTIFICACAO - DIPHTHERIA	DIPHTHERIA
129	DIPHTHERIA - REAL-TIME PCR	DIPHTHERIA
130	CANDIDA AURIS - real-time qPCR	
131	CULTURE FOR FUNGAL IDENTIFICATION	
132	SPOROTRICHOSIS - REAL-TIME QPCR	

#	Exam Identification	Disease/Type of investigation
133	FRESH MICROBIOLOGICAL EXAMINATION (DIRECT)	
134	HISTOPLASMOSIS - QPCR	
135	FILAMENTOUS FUNGUS IDENTIFICATION - MICROCULTURE	
136	PARACOCCIDIOIDES - REAL-TIME QPCR	
137	CULTURE OF BACTERIA P/ IDENTIFICAÇÃO - GENES DE RESISTÊNCIA	RESISTANCE GENE RESEARCH
138	GENE SEARCH bla KPC/NDM/OXA48 - qPCR IN REAL TIME	RESISTANCE GENE RESEARCH
139	GENE RESEARCH bla OXA143 - PCR	RESISTANCE GENE RESEARCH
140	bla OXA23/OXA51/OXA58 GENE SEARCH - REAL-TIME QPCR	RESISTANCE GENE RESEARCH
141	bla OXA24 -qPCR GENE SEARCH IN REAL TIME	RESISTANCE GENE RESEARCH
142	blaSPM/VIM/IMP GENE SEARCH - qPCR REAL TIME	RESISTANCE GENE RESEARCH
143	MCR 1 GENE SEARCH - QPCR IN REAL TIME	RESISTANCE GENE RESEARCH
144	GENE SEARCH VAN A/VAN B - qPCR REAL TIME	RESISTANCE GENE RESEARCH
145	NEXT-GENERATION SEQUENCING OF MULTIDRUG-RESISTANT MICROORGANISMS - AMR PROJECT	RESISTANCE GENE RESEARCH
146	CARBAPENEMASE RAPID TEST	RESISTANCE GENE RESEARCH
147	BLOOD CULTURE	SEPSE E MENINGITES BACTERIANA (PROTOLCO DO MS)
148	ENZYME-LINKED IMMUNOSORBENT ASSAY - ELISA TEST FOR LEPTOSPIRE IDENTIFICATION	LEPTOSPIROSIS
149	LEPTOSPIROSE - CULTURE	LEPTOSPIROSIS
150	LEPTOSPIROSIS - REAL-TIME PCR	LEPTOSPIROSIS
151	MICRO-AGGLUTINACAO FOR LEPTOSPIRES IDENTIFICATION (LEPTOSPIROSE)	LEPTOSPIROSIS
152	ANTI-BORRELIA ANTIBODY TEST (IEE IgG)	LYME DISEASE
153	ANTI-BORRELIA ANTIBODY (IEE IgM) TESTING	LYME DISEASE
154	CULTURE OF BACTERIA P/ IDENTIFICACAO - BACTERIAL MENINGITE	MENINGITES BACTERIANAS
155	GENOGROUPING OF NEISSERIA MENINGITIDIS - real-time qPCR	MENINGITES BACTERIANAS
156	HAEMOPHILUS INFLUENZAE GENOTYPING - real-time qPCR	MENINGITES BACTERIANAS
157	MENINGITIS, BACTERIAL - qPCR REAL-TIME	MENINGITES BACTERIANAS
158	SEARCHING FOR PHYSICAL CHARACTERS IN LIQUOR	MENINGITES BACTERIANAS
159	TEST DO LATEX P/ N. MENINGITIDIS SOROTYPE A	MENINGITES BACTERIANAS
160	TEST DO LATEX P/ N. MENINGITIDIS SOROTYPE B	MENINGITES BACTERIANAS
161	TEST DO LATEX P/ N. MENINGITIDIS SOROTYPE C	MENINGITES BACTERIANAS
162	TEST DO LATEX P/ N. MENINGITIDIS SOROTYPE Y/W135	MENINGITES BACTERIANAS
163	LATEX TEST FOR H. INFLUENZAE	MENINGITES BACTERIANAS
164	LATEX TEST FOR S. PNEUMONIAE	MENINGITES BACTERIANAS
165	SEROGROUPAGE OF N. meningitidis	MENINGITES BACTERIANAS

#	Exam Identification	Disease/Type of investigation
166	HEMAG TEST. FOR IDENTIF. YERSINIA PESTIS (BUBONIC PLAGUE) - HEMAGGLUTINATION	ACROSS
167	NON-TREPONEMAL TEST FOR SYPHILIS DETECTION - VDRL	SYPHILIS
168	TREPONEMAL TEST FOR SYPHILIS DETECTION - ELISA	SYPHILIS
169	TREPONEMAL TEST FOR SYPHILIS DETECTION - CHEMILUMINESCENCE	SYPHILIS
170	TREPONEMAL TEST FOR THE DETECTION OF SYPHILIS - HEMAGGLUTINATION REACTION (TPHA)	SYPHILIS
171	ANTIBIOGRAM FOR MYCOBACTERIA WITH MINIMUM INHIBITORY CONCENTRATION - MNT SLOW GROWTH	TUBERCULOSIS/MYCOBACTERIOSIS
172	ANTIBIOGRAM FOR MYCOBACTERIA WITH MINIMUM INHIBITORY CONCENTRATION - MNT FAST GROWTH	TUBERCULOSIS/MYCOBACTERIOSIS
173	AUTOMATED ANTIBIOGRAM FOR MYCOBACTERIA	TUBERCULOSIS/MYCOBACTERIOSIS
174	ANTIBIOGRAM FOR MYCOBACTERIA - METHOD OF PROPORTIONS	TUBERCULOSIS/MYCOBACTERIOSIS
175	Bacilloscopic (AFB)	TUBERCULOSIS/MYCOBACTERIOSIS
176	AUTOMATED CULTURE FOR MYCOBACTERIA (BAAR)	TUBERCULOSIS/MYCOBACTERIOSIS
177	MYCOBACTERIAL CULTURE (CULTURE FOR AARB) - MANUAL - LJ MEDIUM	TUBERCULOSIS/MYCOBACTERIOSIS
178	AUTOMATED MYCOBACTERIAL IDENTIFICATION - MALDI TOF	TUBERCULOSIS/MYCOBACTERIOSIS
179	MYCOBACTERIAL IDENTIFICATION - HSP 65 SEQUENCING	TUBERCULOSIS/MYCOBACTERIOSIS
180	MOLECULAR IDENTIFICATION OF MYCOBACTERIA - PRA HSP 65	TUBERCULOSIS/MYCOBACTERIOSIS
181	IMMUNOCHROMATOGRAPHIC TEST FOR MYCOBACTERIA (MPT64)	TUBERCULOSIS/MYCOBACTERIOSIS
182	GENOTYPIC SCREENING FOR RESISTANCE OF M. TUBERCULOSIS COMPLEX 1a. Line	TUBERCULOSIS/MYCOBACTERIOSIS
183	GENOTYPIC SCREENING FOR RESISTANCE OF THE M. TUBERCULOSIS 2a COMPLEX. Line	TUBERCULOSIS/MYCOBACTERIOSIS
184	URO CULTURE	URO CULTURE
185	Systemic Viruses, Molecular Biology	Targets researched: Adenovirus, Enterovirus, Human Parecovirus, Mumps Virus, Parvovirus B19, Cytomegalovirus, Epstein-Barr, Herpes Simplex type 1, Herpes Simplex type 2, Human Herpes 6, Human Herpes 7, and Varicella zoster

1.3.3.2.3 The bioproducts and materials portfolio of the Bioproducts and Materials Manufacturing Division (DFBPM) will include:

Table 3 – Portfolio of bioproducts and materials – DFBPM

#	Bioproduct Type or Material
1	Plates - Potato Agar
2	Plates - BHI Agar
3	Plates - BHI Agar w/ 1% Yeast Extract

4	Plates - BP Agar
5	Plates - Aga CCDA for Campylobacter
6	Plates - Charcoal Agar
7	Plates - Cetrimide Agar
8	Plates - Chocolate Agar with VX
9	Plates - Columbia agar with blood
10	Plates - Bloodless Columbia Agar
11	Plates - Chromogenic Agar for Candida
12	Plates - Agar Czapek
13	Plates - Agar DG18
14	Plates - DNase Agar
15	Plates - Agar DRBC
16	Plates - Agar E.M.B
17	Plaques - Agar M-Enterococci
18	Plaques - Enterococcus Agar
19	Plates - Malt Extract Agar (MEA)
20	Plaques - Malt Extract Agar 2% (MEA 2%)
21	Plates - Fam Maltose Agar
22	Plates - Agar Fam Mannitol
23	Plates - Agar Hectoen Enteric
24	Plates - Agar Lethen
25	Plates - Modified Lethen Agar
26	Plates - Agar MacConkey
27	Plates - Agar Mueller Hinton
28	Plates - Mueller Hinton Agar + Horse Blood + Beta-NAD
29	Plates - Mueller Hinton Agar w/ 5% blood
30	Plates - MYP Agar
31	Plaques - Nutrient Agar
32	Plates - PCA Agar
33	Plates - Agar R2A
34	Plates - Agar Salt Mannitol
35	Plates - Blood Agar
36	Plates - Agar SDA
37	Plates - Agar SDA + Chloramphenicol
38	Plates - SDA agar potted on rodac plate
39	Plates - Agar SS
40	Plates - Bismuth Sulfite Agar
41	Plates - TCBS Agar
42	Plates - Tinsdale Agar

43	TSA Agar-Plates
44	Plates - TSA Agar - Bottled in Rodac Plate
45	Plates - VRBG Agar
46	Plates - XLD Agar
47	Plates - ADA Agar (Ampicilin dextrin)
48	3 mL Tube - BHI Agar - tb 3 mL
49	3 mL Tube - Bile Esculina Agar - tb 3mL
50	3 mL Tube - Simmons Citrate Agar - tb 3mL
51	Tube 3 mL - Agar Ferro Lysine - LIA - tb 3mL
52	3 mL Tube - Nutrient Agar - tb 3 mL
53	3 mL Tube- Agar TSI-tb 3 mL
54	3 mL Tube - Urea Agar - tb 3 mL
55	3 mL Tube - BHI Broth - 3 mL tb
56	3 mL Tube - Lysine Broth - tb 3 mL
57	3 mL Tube - Nitrate Broth - tb 3 mL
58	3 mL Tube - Nutrient Broth - tb 3 mL
59	3 mL Tube - Salicin Broth - Tb 3 mL
60	Tube 3 mL - Hot Urea - tb 3 mL
61	Tubo 3 mL - CTA Rafinose - tb 3 mL
62	Tube 3 mL - CTA Xylose - tb 3 mL
63	3 mL Tube - Medium Lactose Gelatin - also 3 mL
64	3 mL Tube - Lysine Motility Medium - also 3 mL
65	Tube 3 mL - Medium Motility Nitrate - tb 3 mL
66	Tube 3 mL - Medium OF glucose with oil - tb 3 mL
67	3 mL Tube - Oil-Free Glucose OF Medium - 3 mL tb
68	3 mL Tube - Medium Yes - also 3 mL
69	3 mL Tube - Rugai Modified IAL
70	10 mL Tube - BHI Agar - tb10 mL - inclined
71	10 mL Tube - Mycosel Agar - 10 mL inclined tb
72	10 mL Tube - Nutrient Agar - tb 10 mL - inclined
73	10 mL Tube - Agar Sabouraud - tb 10 mL - inclined
74	10 mL Tube - Salt Agar Mannitol tb- 10 mL inclined
75	10 mL Tube - Agar Sabouraud + Chloramphenicol- tb 10 mL
76	10 mL Tube - Blood Agar - also 10 mL - inclined
77	10 mL Tube- Aga, TSA-tb, 10mL-inclined
78	10 mL Tube - Simple Alkaline Peptone Water - also 10 mL
79	Tubo 10 mL - APT 0.1% - tb 10 mL
80	Tube 10 mL - Acetamide Broth - tb 10 mL
81	Tube 10 mL - Hot Asparagus Duplo - tb 10mL

82	Tube 10 mL - BHI broth - tb 10 mL
83	10 mL Tube - GN Broth - 10 mL Tube
84	10 mL Tube - Simple Lactose Broth - tb 10mL
85	Tube 10 mL - Lethen Broth -tb 10 mL
86	10 mL Tube - Nourishing Heat - 10 ml
87	Tube 10 mL - Rappaport broth - tb 10 mL
88	Tube 10 mL - Hot Tetrathionate w/ Green Brillhante - tb 10 mL
89	Tube 10 mL - Hot Thioglycolate - tb 10 mL
90	10 mL Tube - TSB Broth - 10 mL Tube
91	Tubo 10 mL - LJ - 10 mL
92	10 mL Tube - Liquid EMJH Medium - 10 mL
93	10 mL Tube - Semi-solid EMJH Medium - 10 mL
94	10 mL Tube - Ogawa- Kudoh Medium - 10 mL
95	10 mL Tube - Agar SDA + Chloramphenicol - tb 10 mL
96	Tubo 10 mL - Muller-Kauffmann tetrathionate-novobiocin broth
97	10 mL Tube - Rappaport-Vassiliadis Medium with Soy
98	10 mL Tube - Fletcher Medium
99	Tube 20 mL - Agar Batata - tb 20 mL
100	20 mL Tube - BHI Agar - tb 20 mL
101	20 mL Tube - Modified Lethen Agar - tb 20 mL
102	20 mL Tube - Nutrient Agar - tb 20 mL
103	Tubo 20 mL - Agar PCA - tb 20mL
104	20 mL Tube - R2A Agar - 20 mL tb
105	20 mL Tube - Agar Sabouraud - tb 20 mL
106	20 mL Tube- Agar TSA-tb 20mL
107	Tube 20 mL - Agar VRBG
108	Tubo 20 mL - Agar TSC or SFP - tb 20 mL
109	100 mL Bottle - APT 0.1% - FRS 100mL
110	100 mL Bottle - Thioglycolate Broth - also sterility
111	100 mL Bottle - TSB Broth - also sterility 100mL
112	100 mL Bottle - BHI broth- frs 100 mL
113	100 mL Bottle - Simple Milky Broth - frs 100 mL
114	100 mL Bottle - Lethen broth - frs 100 mL
115	100 mL Bottle - MacConkey broth - frs 100 mL
116	100 mL Bottle - Sabouraud broth - 100 mL
117	100 mL Bottle - Warm Thioglycolate - frs 100 mL
118	100 mL Bottle - Hot TP Duplo- frs 100 mL
119	100 mL Bottle - Hot TSB - 100 mL
120	100 mL Bottle - Warm TSB + 3 % polysorbate

121	350 mL Bottle - Simple Alkaline Peptone Water
122	350 mL Bottle - Double Alkaline Peptone Water
123	350 mL Bottle - APT 0.1% - FRS 350mL
124	350 mL Bottle - APT 0,1% + polysorbate 0,1% - frs 350mL
125	350 mL Bottle - APT 0,1% + polysorbate 1% - frs 350mL
126	350 mL Bottle - APT 1% - FRS 350mL
127	350 mL Bottle - BHI broth - frs 350 mL
128	350 mL Bottle - Simple Milky Broth - frs 350 mL
129	350 mL Bottle - Warm I - frs 350 mL
130	Jar 350 mL - Modified Lethen Broth - frs 350 mL
131	350 mL Bottle - Warm Nourishing - frs 350 mL
132	350 mL Bottle - Double TP Duplo broth
133	350 mL Bottle - Hot TSB - frs 350 mL
134	500 mL Bottle - APT 0.1%
135	500 mL Bottle - Simple Lactose Broth
136	500 mL Bottle - Modified Lethen Broth
137	500 mL Bottle - Nourishing Heat
138	500 mL Bottle - Warm TSB + 3 % polysorbate
139	Solutions - Acetic Acid 5N - 100 mL
140	Solutions - Hydrochloric Acid HCL 1N - 100 mL
141	Solutions - Hydrochloric Acid HCL 5N - 100 mL
142	Solutions - Sulfanilic Acid 0.8% (Reagent Nitrate A) - 100mL Bottle
143	Solutions - Water for Dilution - 350 mL
144	Solutions - Water for dilution - 500 mL
145	Solutions - Sterile purified water - frs 100 mL
146	Solutions - Sterile Purified Water - frs 350 mL
147	Solutions - Sterile purified water - frs 500 mL
148	Solutions - Alcohol Acid 3% Ziehl Neelsen- frs 500 mL
149	Solutions - Alcohol Acid 3% Ziehl Neelsen - frs 350 mL
150	Solutions - Alpha Naphthol 0.5% (Nitrate B Reagent) - 100mL Bottle
151	Solutions - Alpha Naphthol 5% - 100 mL
152	Solutions - ALFA Naftlamine 0.5% - frs 100 mL
153	Solutions - Bromothymol Blue 0.04% - frs 100 mL
154	Solutions - Bromothymol Blue 0.04% - frs 500 mL
155	Solutions - Methylene Blue 0.1% Ziehl Neelsen- frs 350 mL
156	Solutions - Methylene Blue 0.1% Ziehl Neelsen - frs 500 mL
157	Solutions - POTASSIUM CHLORIDE - KCL 3N/3M - 100 mL
158	Solutions - D-Cycloserine 4% - 100 mL
159	Solutions - D-Cycloserine 4% - 50 mL

160	Solutions - Ficsin 0.3% Ziehl Neelsen - frs 350 mL
161	Solutions - Ficsin 0.3% Ziehl Neelsen - frs 500 mL
162	Solutions - Glycerol PA - 100 mL
163	Solutions - Potassium Hydroxide KOH 20% - 100 mL
164	Solutions - Potassium Hydroxide KOH 40% - 100 mL
165	Solutions - Sodium Hydroxide NaOH 1N - 100 mL
166	Solutions - Sodium Hydroxide NaOH 5N - 100 mL
167	Solutions - Sodium Hydroxide NaOH 4% - 5 mL
168	Solutions - Iodine and Iodide for Tetrathionate - fr 100 mL
169	Solutions - LAURYL A - FR 500 mL
170	Solutions - LAURIL B - FR 500 mL
171	Solutions - PBS (diluted) SDP- frs 1000 mL
172	Solutions - PBS (diluted) LBM - frs 100 mL
173	Solutions - PBS (diluted) LBM - frs 500 mL
174	Solutions - 3% Hydrogen Peroxide - frs 100 mL
175	Solutions - Rabbit Plasma - frs 5 mL
176	Solutions - Bromocresol Purple 1% - frs 100 mL
177	Solutions - Saline 0.45% 350 mL vial
178	Solutions - Saline 0.45% 500 mL vial
179	Solutions - Saline 0.85% 500 mL vial
180	Solutions - Saline 0.85% 350 mL Vial
181	Solutions - Saline 0.85% 350 mL vial (UNBUFFERED)
182	Solutions - Saline 0.85% with 0.01% polysorbate - 500 mL bottle
183	Solutions - Saline 0.9% ph 7.2 ±0.3 - frs 350 MI
184	Solutions - Saline 0.9% ph 7.2 ±0.3 - frs 500 mL
185	Solutions - Saline 0.9% ph 7.2 ±0.3 - tb 3 mL
186	Solutions - Saline 0.9% ph 7.2 ±0.3 - tb 10mL
187	Solutions - Saline 2.5% pH 7.2 - tb 3 mL
188	Solutions - Saline w/ formaldehyde - also 3 mL
189	Solutions - Phenol Solution 5% - frs 100 mL
190	Solutions - Phenol Solution 5% - frs 500 mL
191	Solutions - Buffer Solution: Potassium Phosphate 0.1 mol/L, PH: 8.0, vial, 100 mL
192	Solutions - Alsever's solution with blood - frs 50 mL
193	Solutions - Buffer Sodium Chloride Peptone pH 7.0 - frs 100mL
194	Solutions - Buffer Sodium Chloride Peptone pH 7.0 - frs 350mL
195	Solutions - Buffer sodium chloride peptone pH 7.0 - frs 500 mL
196	Solutions - Buffer Sodium Chloride Peptone pH 7.2 - frs 100mL
197	Solutions - Buffer sodium chloride peptone pH 7.2 - frs 350mL
198	Solutions - Buffer sodium chloride peptone pH 7.2 - frs 500 mL

199	Solutions - Phosphate buffer ph 7.2 - frs 350 mL
200	Solutions - Phosphate Buffer ph 7.2 - frs 500 mL
201	Solutions - TWEEN 80 to 0.1% - frs 100 mL
202	Solutions - 0.1% Phenol Red (in 95% ethanol) - frs100 mL
203	Solutions - 1% Phenol Red (in 95% ethanol) - frs100 mL
204	Solutions - Bright Green 1% - frs100 mL
205	Solutions - Methyl Red - frs 100 mL
206	Means of Transport - Meningitis Kit (Á. Chocolate + BHI or TSB Broth)
207	Means of Transport - Pertussis Kit (Charcoal Agar + ATB)
208	Means of Transportation - Ogawa Kudoh Medium
209	Means of Transport - LJ Medium
210	Means of Transport - Diphtheria Kit (STUART Medium)
211	Means of Transport - MTV Kit for Respiratory Virus
212	Means of Transport - Monkeypox

#### 1.3.4 EDUCATION AND CLINICAL RESEARCH CENTER (NEP)

1.3.4.1 For the NEP, the FINALISTIC SERVICES under the responsibility of the GRANTING AUTHORITY cover the activities of Teaching and Clinical Research.

1.3.5 Changes in the scope of the FINALISTIC SERVICES may occur, at the discretion of the GRANTING AUTHORITY, observing the economic and financial balance of the CONTRACT.

### 1.4 GENERAL OBLIGATIONS OF THE CONCESSIONAIRE COMMON TO ALL SERVICES

1.4.1 The CONCESSIONAIRE shall:

1.4.1.1 Provide the infrastructure of the HOSPITAL COMPLEX and LACEN in adequate conditions of use, considering building structure, facilities, hygiene, availability of trousseau, EQUIPMENT, FURNITURE, and other equipment;

1.4.1.2 Register in a system, such as HOSPITAL INFORMATION SYSTEM and BUILDING MANAGEMENT SYSTEM, the unavailability of any FINAL SERVICE, area or sector, such as beds, operating rooms and offices, MEDICAL-HOSPITAL EQUIPMENT, LABORATORY EQUIPMENT, other equipment, PLATFORMS, etc., in accordance with the information necessary for the measurement of the KEY PERFORMANCE INDICATOR (KPI) under the terms of ANNEX 8 – KEY PERFORMANCE STANDARDS;

1.4.1.3 Provide regularly trained and qualified labor to perform the activities under the responsibility of the CONCESSIONAIRE in the necessary quantity, pursuant to item 1.8 of this ANNEX;

1.4.1.4 Comply with the provisions of the CONTRACT and its ANNEXES, in the current legislation, in the regulations and other Brazilian technical standards in force, under the federal, state, and municipal spheres;

1.4.1.5 Acquire all consumables that will be used in the execution of the SERVICES under their responsibility, under the terms of this ANNEX;

1.4.1.6 Submit all MEDICAL-HOSPITAL EQUIPMENT, LABORATORY EQUIPMENT, other equipment and facilities

provided to the PREDICTIVE MAINTENANCE and PREVENTIVE MAINTENANCE services, without prejudice to the CORRECTIVE MAINTENANCE actions that may be necessary;

- 1.4.1.7 Provide products and services consistently, observing the terms of this ANNEX, with repeatability of results;
- 1.4.1.8 Prepare Standard Operating Procedures (SOPs) and Work Plans for each SERVICE, in Portuguese, under the terms of item 1.7 of this ANNEX and ANNEX 3 – CONCESSION PHASES;
- 1.4.1.9 Communicate and train all employees of the HOPE HEALTH COMPLEX about the SOPs related to the SERVICES, so that everyone is fully aware of the routine and characteristics of these SERVICES;
- 1.4.1.10 Perform the SERVICES, in accordance with the specifications of this ANNEX and applicable standards, using appropriate EQUIPMENT, FURNITURE, and materials and having the infrastructure and technical team necessary for its execution;
- 1.4.1.11 Comply with labor legislation, occupational safety standards, regulations of the National Health Surveillance System, current legal postulates at the federal, state and municipal levels, technical and safety standards of the GRANTING AUTHORITY and all other regulations that govern the provision of services in health units, whether hospital or laboratory, observing subsequent updates and changes;
- 1.4.1.12 Provide Personal Protective Equipment (PPE) and Collective Protective Equipment (EPCs) to the employees of the SERVICES necessary for the performance of their activities, in accordance with current legislation;
- 1.4.1.13 Perform the work in order to ensure the best results, and it is up to it to optimize the management of its human and material resources with a view to improving and maintaining the quality of the SERVICES;
- 1.4.1.14 Have a training and permanent qualification program for the staff allocated to the HOPE HEALTH COMPLEX, as established in the technical specifications of the SERVICES, including periodic training on the purpose of the HOPE HEALTH COMPLEX, the rights of the USERS and other related information;
- 1.4.1.15 Comply with the SERVICES schedule with always courteous service to USERS, professionals of the FINALISTIC SERVICES, visitors and third parties, ensuring compliance with the Ordinance of the Ministry of Health No. 1,820, of August 13, 2009;
- 1.4.1.16 Comply with the schedule of the SERVICES in the HOPE HEALTH COMPLEX in order to ensure the safety conditions of the facilities, employees, and USERS;
- 1.4.1.17 Perform routine services in agreement with the GRANTING AUTHORITY, so as not to interfere with the proper progress of the FINALISTIC SERVICES of the HOPE HEALTH COMPLEX;
- 1.4.1.18 Maintain professionals technically responsible for the SERVICES, with updated records in the respective professional regulatory bodies, including Technical Responsibility Annotation (ART CREA) and Technical Responsibility Registration (RRT CAU), when applicable;
- 1.4.1.19 Be responsible for the keys related to the physical areas used for the execution of the SERVICES. The GRANTING AUTHORITY reserves the right to keep copies of all the keys to the facilities made available to the CONCESSIONAIRE;
- 1.4.1.20 Assume all losses arising from damages caused to third parties by its agents or employees, subject to the terms of the CONTRACT;
- 1.4.1.21 Ensure the usability, performance, qualification, calibration and the original functional and quality

characteristics of all MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, and systems of the HOPE HEALTH COMPLEX, throughout the CONTRACTUAL TERM, making the replacements and reinvestments that become necessary for this, under the terms of the CONTRACT or according to regulatory updates;

- 1.4.1.22 Ensure continuity in the service of the SERVICES in the event of misfortunes such as: lack of energy and water, strikes, etc.;
- 1.4.1.23 Record the information necessary for the measurement of the KEY PERFORMANCE INDICATOR (KPI), under the terms of ANNEX 8 – KEY PERFORMANCE STANDARDS;
- 1.4.1.24 Prepare and keep updated all the Plans provided for in this ANNEX;
- 1.4.1.25 Submit to the permanent inspection of the GRANTING AUTHORITY, the INSPECTION AGENTS and other inspection bodies provided for in the legislation;
- 1.4.1.26 Accept and facilitate the inspection work of the GRANTING AUTHORITY and the INSPECTION AGENTS, giving free access to the facilities and providing all the requested information;
- 1.4.1.27 Remedy the non-conformities notified by the GRANTING AUTHORITY or inspection bodies (Health Surveillance, Public Prosecutor's Office, etc.) within the period provided for in the notification, following the guidelines of the CONTRACT and its ANNEXES;
- 1.4.1.28 Comply with the internal rules and regulations of the GRANTING AUTHORITY for the HOPE HEALTH COMPLEX;
- 1.4.1.29 Stamp the standard logo of the HOPE HEALTH COMPLEX, as indicated by the GRANTING AUTHORITY, in all the facilities of the HOPE HEALTH COMPLEX, on the uniforms of the employees of the CONCESSIONAIRE and the GRANTING AUTHORITY, when applicable, on the layettes, on the identification badges, on the vehicles, on the websites and other pertinent elements of the CONCESSION. Any future adjustments in the visual identity indicated by the GRANTING AUTHORITY may be demanded from the CONCESSIONAIRE, observing the economic and financial balance of the CONTRACT.
- 1.4.1.30 Unless otherwise provided, no SERVICE described in this ANNEX will give rise to additional payments from the GRANTING AUTHORITY to the CONCESSIONAIRE, following the guidelines set forth in ANNEX 10 – PAYMENT MECHANISM.
- 1.4.1.31 The evaluation and inspection of the SERVICES by the GRANTING AUTHORITY or INSPECTION AGENTS do not exonerate or diminish the CONCESSIONAIRE's full responsibility for any non-compliance or omission in the provision of the SERVICES, non-compliance with applicable rules and legislation, and other obligations provided for in the CONTRACT and its ANNEXES.
- 1.4.1.32 For the provision of the SERVICES, the CONCESSIONAIRE is guaranteed the flexibility of means and the right to supply products, EQUIPMENT and FURNITURE, of any manufacturers and models, provided that they meet the technical standards, the current legislation and the minimum requirements of performance and quality required in the CONTRACT and its ANNEXES.
- 1.4.1.33 The CONCESSIONAIRE shall make available, manage and maintain active, throughout the CONCESSION TERM, an online portal for sharing information, news and documents directly related to the CONCESSION to the general public. The documents made available must be openly available for download without the need for prior registration or registration.
- 1.4.1.34 The CONCESSIONAIRE shall disclose and keep updated on the online portal, at least, the following

documents within thirty (30) days after their issuance or validation, as the case may be:

- 1.4.1.34.1 MONTHLY PAYMENT REPORT;
- 1.4.1.34.2 QUARTERLY EVALUATION REPORT;
- 1.4.1.34.3 THERMOS OF OIL emitted;
- 1.4.1.34.4 CONTRACT, ANNEXES, APPENDICES, as well as Addendums;
- 1.4.1.34.5 Financial/Accounting Statements of the CONCESSIONAIRE;
- 1.4.1.34.6 Photos and videos presenting the evolution of the PROJECT;
- 1.4.1.34.7 Action Plan with necessary measures to comply with the KEY PERFORMANCE INDICATOR (KPI)
- 1.4.1.35 Documents in preliminary versions will not be disclosed that must still go through a process of analysis and/or validation by the GRANTING AUTHORITY, CONCESSIONAIRE, INDEPENDENT VERIFIER, or other bodies.
- 1.4.1.36 The CONCESSIONAIRE shall periodically disclose materials (photos and videos) in order to promote the promotion of the PROJECT and enhance the benefits of the CONCESSION.
- 1.4.1.37 The CONCESSIONAIRE will be responsible for all costs related to the production and dissemination of these materials.
- 1.4.1.38 The CONCESSIONAIRE shall prepare an interface with graphical visualization (dashboard) and make it available for free access on the CONCESSION's online portal.
- 1.4.1.39 From the beginning of PHASE 3 - PARTIAL OPERATION, the dashboard must include the individual results for each KEY PERFORMANCE INDICATOR (KPI) of the KEY PERFORMANCE STANDARDS, which must be updated quarterly by the CONCESSIONAIRE.

## **1.5 OBLIGATIONS AND RESPONSIBILITIES OF THE GRANTING AUTHORITY**

- 1.5.1 The GRANTING AUTHORITY shall:
  - 1.5.1.1 To monitor and evaluate the SERVICES, through continuous evaluation, in order to ensure the effective fulfillment of the execution of the CONTRACT, without prejudice to the performance of the INDEPENDENT VERIFIER;
  - 1.5.1.2 Evaluate a
  - 1.5.1.3 d monitor the results obtained for the SERVICES, according to ANNEX 8 – KEY PERFORMANCE STANDARDS;
  - 1.5.1.4 Evaluate and indicate the changes necessary for the validation of the Standard Operating Procedures (SOPs) and the Work Plans for each SERVICE, under the terms of ANNEX 3 – CONCESSION PHASES;
  - 1.5.1.5 Propose and monitor the review of the operating rules and routines established in the SOPs whenever the need for adaptation is identified;
  - 1.5.1.6 Provide information and clarifications that may be necessary for the operation of the SERVICES in the HOPE HEALTH COMPLEX;
  - 1.5.1.7 Allow the CONCESSIONAIRE to access all areas, facilities, and EQUIPMENT necessary for the fulfillment of

its obligations, in compliance with the legislation in force, in particular biosafety standards for each area of the HOSPITAL COMPLEX and LACEN;

- 1.5.1.8 To keep the CONCESSIONAIRE informed about the activities related to the FINALISTIC SERVICES of the HOSPITAL COMPLEX and LACEN, and any changes;
- 1.5.1.9 Communicate any lack or deficiency identified, for correction by the CONCESSIONAIRE, without prejudice to the penalties of the CONTRACT;
- 1.5.1.10 The GRANTING AUTHORITY may hire providers to provide the FINALISTIC SERVICES. It will be the responsibility of the GRANTING AUTHORITY to promote the acclimatization of these professionals, including the recognition of the workplace, the understanding of the operational routine and other relevant aspects, with the support of the CONCESSIONAIRE. This measure aims to ensure harmony between the FINALISTIC SERVICES and the other SERVICES. In addition, the GRANTING AUTHORITY must ensure that the providers are duly informed about the obligations arising from the CONTRACT.
- 1.5.1.10.1 The CONCESSIONAIRE shall provide, when requested by the GRANTING AUTHORITY, all information, documents, and access to the systems necessary for the full availability of the FINALISTIC SERVICES assigned to the contracted providers.

## **1.6 PLANS FOR THE PROVISION OF SERVICES**

- 1.6.1 The CONCESSIONAIRE shall prepare, for each of the SERVICES, Work Plans and Standard Operating Procedures (SOPs), which shall be delivered and validated by the GRANTING AUTHORITY under the terms of ANNEX 3 – CONCESSION PHASES.
- 1.6.2 After validation by the GRANTING AUTHORITY, the documents must be made available digitally by the CONCESSIONAIRE for consultation and training of the CONCESSIONAIRE's team, the GRANTING AUTHORITY, and the professionals of the FINALISTIC SERVICES. The place of disclosure of these documents must be indicated by the GRANTING AUTHORITY (e.g., Intranet, etc.).
- 1.6.3 **WORK PLAN**
  - 1.6.3.1 According to the deadlines and approval process defined in ANNEX 3 – CONCESSION PHASES, a Work Plan must be prepared for each of the SERVICES provided by the CONCESSIONAIRE.
  - 1.6.3.2 Throughout the CONTRACTUAL TERM, the Work Plans shall be reviewed by the CONCESSIONAIRE in the event of a change in the provision of the SERVICES that impacts the content established in the respective Work Plan.
  - 1.6.3.3 The Work Plan must establish schedules, designate those responsible, describe the entire operation of each SERVICE, as well as outline goals and objectives.
  - 1.6.3.4 The Work Plans must contain, at least, the following information:
    - 1.6.3.4.1 Descriptive memorandum of the functioning of the SERVICE indicating, at least, the systems of organization and planning of the work, the methodology and the information systems;
    - 1.6.3.4.2 Material and technical resources that will be used directly in the provision of the SERVICE;
    - 1.6.3.4.3 Human resources by SERVICE, indicating at least:

- 1.6.3.4.3.1 Number of people;
- 1.6.3.4.3.2 Level of training and categories;
- 1.6.3.4.3.3 Annual and weekly working hours;
- 1.6.3.4.3.4 Work shift;
- 1.6.3.4.3.5 List of workstations and distribution of loads, by categories, in each station.
- 1.6.3.4.4 List of MEDICAL-HOSPITAL EQUIPMENT, LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment of the SERVICE. The list must include the same detail of information presented in the patrimonial documentation;
- 1.6.3.4.5 Indication of a focal point of the CONCESSIONAIRE who will respond to the GRANTING AUTHORITY about the SERVICE;
- 1.6.3.4.6 Appointment of a technical person in charge when the legislation of the activity requires it, with due registration with the category council and issuance of the Technical Responsibility Annotation (ART) or Technical Responsibility Record (RRT), when applicable;
- 1.6.3.4.7 Preparation of a schedule of activities, indicating, at least, the periodicity, those responsible, action plan, etc.;
- 1.6.3.4.8 Manual of Good Practices for the provision of SERVICES by the CONCESSIONAIRE and use of the SERVICE by the FINALISTIC SERVICES teams (such as rational use of water/energy, etc.);
- 1.6.3.4.9 Continuing Education Plan (PEC), under the terms of item 1.10;
- 1.6.3.4.10 Emergency and Contingency Action Plan aimed at situations of unexpected failures or unavailability that affect the operation, such as, for example, problems with the energy, water, telephone, internet, gas network, among others, or strike of CONCESSIONAIRE employees. The plan should identify how to deal with any emergencies potentially affected by the operation and point out all the recommended and/or available resources and strategies to respond to an emergency situation, such as, for example, the adoption of safety measures, immediate activation of additional and reinforcement teams, use of strategic reserves of EQUIPMENT, rental of substitute EQUIPMENT or even via additional hiring for compliance and continuity of the provision of the affected SERVICE.
- 1.6.3.5 In addition to the general items required for the Work Plan of each of the SERVICES, some SERVICES will require the preparation of additional plans, to be added to the content of the Work Plan, as follows:

*Table 4 - Additional plans to be included in the SERVICE Work Plan*

Services	Plan
Building Engineering	<ul style="list-style-type: none"> <li>○ Systems Maintenance Plan;</li> <li>○ Corrective Maintenance Plan;</li> <li>○ Predictive Maintenance Plan;</li> <li>○ Preventive Maintenance Plan; and</li> <li>○ Investment Master Plan.</li> </ul>
Clinical Engineering	<ul style="list-style-type: none"> <li>○ Maintenance Plan for MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT;</li> <li>○ Corrective Maintenance Plan;</li> <li>○ Preventive Maintenance Plan;</li> </ul>

	<ul style="list-style-type: none"> <li>○ Predictive Maintenance Plan;</li> <li>○ Calibration Plan;</li> <li>○ Qualification Plan;</li> <li>○ Guarantee Plan for MEDICAL-HOSPITAL AND LABORATORY EQUIPMENT;</li> <li>○ Distribution Plan for MEDICAL-HOSPITAL AND LABORATORY EQUIPMENT;</li> <li>○ Contingency Plan for MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT; and</li> <li>○ Investment Master Plan.</li> </ul>
Waste Management	Health Services Waste Management Plan (PGRSS).
Cleaning, Conservation and Gardening	Vector and Pest Control Plan.
Safety	Security Plan.
Information and Communication Technology	<ul style="list-style-type: none"> <li>○ IT Infrastructure Plan;</li> <li>○ IT Contingency Plan;</li> <li>○ Systems Plan for the HOSPITAL COMPLEX;</li> <li>○ Systems Plan for LACEN;</li> <li>○ Systems Plan for the Education and Clinical Research Center (NEP); and</li> <li>○ Training Plan.</li> </ul>

#### 1.6.4 STANDARD OPERATING PROCEDURES (SOPs)

- 1.6.4.1 SOPs are documents that formalize routine and repetitive tasks performed within the scope of each SERVICE, in order to ensure that the execution takes place in a standardized way.
- 1.6.4.2 According to the deadlines and approval process defined in ANNEX 3 – CONCESSION PHASES, for each of the SERVICES, the CONCESSIONAIRE must prepare all necessary SOPs.
- 1.6.4.3 The SOPs for each SERVICE, when necessary, considering the legislation or specificities of the SERVICE, must be prepared individually for the HOSPITAL COMPLEX and for LACEN, such as the cleaning service that has different procedures between the units.
- 1.6.4.4 SOPs must contain, at least, the following information:
- 1.6.4.4.1 Name, objective, person responsible for preparing the SOP, date of last update;
  - 1.6.4.4.2 Responsible for Verification/Review;
  - 1.6.4.4.3 Hard Copy Control;
  - 1.6.4.4.4 Reference Documents (Work Instructions - ITS, manuals or other procedures, and legislation relevant to the SERVICE);
  - 1.6.4.4.5 Place of activity or place of application of the activity;
  - 1.6.4.4.6 Detailed description of the stages and those responsible for them;
  - 1.6.4.4.7 Activity flowchart;
  - 1.6.4.4.8 List of tools, supplies, materials, or equipment necessary to perform the procedure;
  - 1.6.4.4.9 Risks related to the activity;

- 1.6.4.4.10 Definition of the quality standards or results that the procedure must achieve;
- 1.6.4.4.11 Indicators for monitoring the procedure (in cases where it applies);
- 1.6.4.4.12 Bibliographic references (if any).

## **1.7 DIRECTION AND MANAGEMENT**

- 1.7.1 The CONCESSIONAIRE shall:
  - 1.7.1.1 Have a director as the final responsible for all SERVICES, regardless of whether they are provided directly or through subcontracted companies, and this professional is responsible for interlocution with the GRANTING AUTHORITY in the management of the provision of SERVICES;
  - 1.7.1.2 Ensure the supervisor responsible for the operation of the SERVICES in the HOPE HEALTH COMPLEX, 24 (twenty-four) hours a day, 7 (seven) days a week;
  - 1.7.1.3 Ensure portable means of communication for the CONCESSIONAIRE's team, for immediate urgent and emergency care;
  - 1.7.1.4 Coordinate and establish adequate coordination mechanisms with the subcontracted companies as well as proposed lines of communication with the management of the FINALISTIC SERVICES of the HOSPITAL COMPLEX and LACEN;
  - 1.7.1.5 Use the work techniques, management, and updated materials and for the provision of the different SERVICES, always seeking to improve the results, and must keep them updated during the term of the CONTRACT;
  - 1.7.1.6 Inform the GRANTING AUTHORITY, immediately, of any events detected that may affect the provision of the FINALISTIC SERVICES;
  - 1.7.1.7 Formulate and implement an institutional communication policy, with the support of the GRANTING AUTHORITY, aiming to disseminate information in an appropriate manner among its representatives, the employees responsible for the provision of FINALISTIC SERVICES and the subcontracted SERVICE providers.

## **1.8 HUMAN RESOURCES OF THE CONCESSIONAIRE**

- 1.8.1 The CONCESSIONAIRE, as well as the companies contracted by it, shall provide regularly trained and qualified labor to perform the activities under the responsibility of the CONCESSIONAIRE in the necessary quantity and consistent with the perfect fulfillment of the SERVICES specified in this ANNEX and in the SOPs, observing the regulations in force on the minimum number of personnel for each SERVICE, when applicable.
- 1.8.2 All employees of the CONCESSIONAIRE must be hired in accordance with current labor legislation, and the CONCESSIONAIRE is responsible for labor, social security, tax, and tax charges, as well as collective bargaining agreements/conventions of the professional category.
- 1.8.3 The CONCESSIONAIRE shall monitor the SERVICES performed by its employees and subcontractors.
- 1.8.4 The CONCESSIONAIRE's employees must register, in the call management system or other system

applicable to the SERVICE, and control daily the occurrences identified during the provision of the SERVICES.

- 1.8.5 For each SERVICE, the CONCESSIONAIRE shall present an adequate staff in sufficient quantity, qualification, and experience necessary for the operation of the services, without compromising the activities and quality of the services provided, during the operating hours established in this ANNEX.
- 1.8.6 The CONCESSIONAIRE shall ensure the filling of the jobs necessary for the execution of the SERVICES, regardless of vacations and other absences provided for in the legislation in force.

## **1.9 QUALIFICATION AND TRAINING OF THE CONCESSIONAIRE'S TEAM**

- 1.9.1 It will be the responsibility of the CONCESSIONAIRE to ensure that the team allocated to the provision of the SERVICES meets the following minimum requirements:
  - 1.9.1.1 Qualification, qualification, and professional experience required for the function, according to applicable legislation and regulations;
  - 1.9.1.2 Compliance with legal requirements (licenses, certificates, legal authorizations, RRT, ART, etc.), for the performance of the function.
- 1.9.2 The GRANTING AUTHORITY may, at any time, request proof of compliance with these requirements.
- 1.9.3 As part of the Work Plan for each SERVICE, the CONCESSIONAIRE must annually develop a Continuing Education Plan (PEC) that meets the skills and technical knowledge desired for the exercise of the SERVICES.
  - 1.9.3.1 The PEC will be effective for twelve (12) months, and the program developed by the CONCESSIONAIRE must be presented to the GRANTING AUTHORITY for validation and approval.
  - 1.9.3.2 The PEC must provide the team under the responsibility of the CONCESSIONAIRE with constant recycling, with periodicity established according to its discretion, in order to ensure quality and efficiency in the provision of SERVICES, aiming to update the knowledge of the profession and the activities performed.
  - 1.9.3.3 Thus, the PEC should include the following content:
    - 1.9.3.3.1 Actions to improve the use of energy resources within the facilities of the CONCESSION AREA;
    - 1.9.3.3.2 Provision of courses for a better provision of service and assistance to the USERS, the team of the GRANTING AUTHORITY and the FINALISTIC SERVICES linked to it;
    - 1.9.3.3.3 Fire prevention and firefighting procedures and training for evacuations of the building;
    - 1.9.3.3.4 Basics of first aid;
    - 1.9.3.3.5 Prevention of labor risks, so that, in the performance of their work, they acquire healthy habits that avoid such risks, operating safely;
    - 1.9.3.3.6 Provision for training of the entire CONCESSIONAIRE team to carry out the work in its area of operation, as provided for in the Standard Operating Procedures (SOP), aiming to achieve greater effectiveness and efficiency in the work;
    - 1.9.3.3.7 Communication and governance between the CONCESSIONAIRE, the GRANTING AUTHORITY, and the FINALISTIC SERVICES teams;

- 1.9.3.3.8 Compliance with the General Data Protection and Information Security Law;
- 1.9.3.3.9 Notions of the general guidelines and humanization policy of the SUS;
- 1.9.3.3.10 Quality of service;
- 1.9.3.3.11 Combating discrimination based on gender, sexual orientation, religion, race, and ethnicity;
- 1.9.3.3.12 Norms, duties, and work routines;
- 1.9.3.3.13 Professional ethics;
- 1.9.3.3.14 Notions of personal hygiene and hospital and laboratory environment;
- 1.9.3.3.15 Notions of hospital infection, biosafety measures, and correct use of PPE and EPCs.

## **1.10 IDENTIFICATION AND FREQUENCY**

- 1.10.1 All personnel responsible for the provision of the SERVICES must be properly uniformed, maintaining a high level of personal hygiene. In addition, they must carry, at all times, an identification badge with photo, in a visible place.
- 1.10.2 It will be the CONCESSIONAIRE's obligation to provide uniforms, badges, and other complements appropriate to the development of the provision of SERVICES, at no cost to employees and/or GRANTING AUTHORITY.
- 1.10.3 The CONCESSIONAIRE shall maintain control of the frequency/punctuality of the team responsible for the provision of the SERVICES, immediately replacing personnel in case of absence.
- 1.10.4 In the event of a strike that affects the provision of SERVICES, the CONCESSIONAIRE will be obliged to offer solutions that guarantee the minimum essential services determined by the GRANTING AUTHORITY, according to the Emergency and Contingency Action Plan, pursuant to item 1.6.

## **1.11 SAFETY, HEALTH, RISK PREVENTION**

- 1.11.1 The CONCESSIONAIRE shall:
  - 1.11.1.1 Have technicians responsible for occupational safety, who will stipulate the necessary procedures for compliance with current standards, observing the provisions of ANNEX 4 – MINIMUM SOCIO-ENVIRONMENTAL GUIDELINES. It will be the CONCESSIONAIRE's sole responsibility to implement prevention policies and allocation of the professionals necessary to meet the obligations of the CONTRACT and its ANNEXES, including with regard to the configuration of the working hours of such professionals;
  - 1.11.1.2 Perform the medical examinations on its employees, required by current regulations, including periodic examinations every 12 (twelve) months. Whenever requested by the GRANTING AUTHORITY, the CONCESSIONAIRE must present proof of these exams;
  - 1.11.1.3 Be responsible, according to criteria and procedures of their choice, for monitoring the health status of the team responsible for providing the SERVICES, and must provide replacement in case of illness incompatible with the function performed;
  - 1.11.1.4 Be responsible for the acquisition and supervision of the use of PPE and EPCs, and also be responsible

for training personnel in the use of protective equipment, as well as first aid equipment, evacuation systems, fire protection systems, etc.;

- 1.11.1.5 Submit, when requested, a copy of the Occupational Health Medical Control Program (PCMSO) and the Environmental Risk Prevention Program (PPRA), containing, at least, the items contained in the Regulatory Standards – NR No. 7 and 9, respectively, of Ordinance No. 3,214, of 06/08/78, as determined by Federal Law No. 6,514, of 12/22/77;
- 1.11.1.6 Maintain in regular operation, under the responsibility of the CONCESSIONAIRE, the Internal Commission for the Prevention of Accidents (CIPA), under the terms of the Regulatory Standard of the Ministry of Labor and Employment – NR No. 5. The GRANTING AUTHORITY must constitute another Internal Commission for the Prevention of Accidents (CIPA) under its responsibility;
- 1.11.1.7 Strictly comply with the standards of Safety Engineering and Occupational Medicine, in accordance with current legislation;
- 1.11.1.8 Insure its employees against the risk of work accidents, also being responsible for labor, social security, tax, and commercial charges resulting from the execution of the CONTRACT;
- 1.11.1.9 Assume all responsibilities and take the necessary measures to care for its employees who are injured or with sudden illness, and the GRANTING AUTHORITY is not responsible for the care in the HOSPITAL COMPLEX.

## **1.12 LABOR LEGISLATION**

- 1.12.1 The CONCESSIONAIRE shall comply with the laws and regulations in force for the provision of the SERVICES, always updated, and/or those that may change and/or replace them, pertinent to its performance in the CONCESSION, including, but not limited to:
  - 1.12.1.1 Regulatory Standard No. 01 (NR-01) – General Provisions and Management of Occupational Risks – Establishes the general provisions, the field of application, the terms and definitions common to the Regulatory Standards – NR related to safety and health at work and the guidelines and requirements for the management of occupational risks and prevention measures in Occupational Safety and Health – OSH;
  - 1.12.1.2 Regulatory Standard No. 04 (NR-04) – Specialized Services in Safety and Occupational Medicine – Establishes the parameters and requirements for the constitution and maintenance of the Specialized Services in Occupational Safety and Medicine – SESMT, with the purpose of promoting health and protecting the integrity of the worker;
  - 1.12.1.3 Regulatory Standard No. 05 (NR-05) – Internal Commission for the Prevention of Accidents and Harassment – Establishes the parameters and requirements of the Internal Commission for the Prevention of Accidents and Harassment – CIPA with the objective of preventing work-related accidents and diseases, in order to make work permanently compatible with the preservation of life and promotion of workers' health;
  - 1.12.1.4 Regulatory Standard No. 06 (NR-06) – Personal Protective Equipment (PPE) – Establishes the requirements for the approval, commercialization, supply, and use of Personal Protective Equipment – PPE;
  - 1.12.1.5 Regulatory Standard No. 07 (NR-07) – Occupational Health Medical Control Program – Establishes

guidelines and requirements for the development of the Occupational Health Medical Control Program – PCMSO in organizations, with the objective of protecting and preserving the health of its employees in relation to occupational risks, according to the risk assessment of the organization's Risk Management Program – PGR;

- 1.12.1.6 Regulatory Standard No. 08 (NR-08) – Buildings – Establishes minimum technical requirements that must be observed in buildings, to ensure safety and comfort for those who work in them;
- 1.12.1.7 Regulatory Standard No. 09 (NR-09) – Evaluation and Control of Occupational Exposures to Physical, Chemical and Biological Agents – Establishes the requirements for the evaluation of occupational exposures to physical, chemical and biological agents when identified in the Risk Management Program – PGR, provided for in NR-1, and subsidizes it as to prevention measures for occupational risks;
- 1.12.1.8 Regulatory Standard No. 10 (NR-10) – Safety in Electrical Installations and Services – Establishes the minimum requirements and conditions aiming at the implementation of control measures and preventive systems, in order to ensure the safety and health of workers who, directly or indirectly, interact in electrical installations and services with electricity;
- 1.12.1.9 Regulatory Standard No. 11 (NR-11) – Transportation, Movement, Storage and Handling of Materials – Establishes guidelines to ensure the safety of workers in transportation, movement, storage and handling of materials and goods;
- 1.12.1.10 Regulatory Standard No. 12 (NR-12) – Occupational Safety in Machinery and Equipment – Defines technical references, fundamental principles and protective measures to safeguard the health and physical integrity of workers and establishes minimum requirements for the prevention of accidents and occupational diseases in the design and use phases of machinery and equipment, and also in their manufacture, importation, commercialization, exhibition and assignment in any capacity, in all economic activities, without prejudice to the observance of the provisions of the other NRs approved by MTb Ordinance No. 3,214, of June 8, 1978, in the official technical standards or in the applicable international standards and, in the absence or omission of these, optionally, in the harmonized European standards type "C";
- 1.12.1.11 Regulatory Standard No. 13 (NR-13) – Boilers, Pressure Vessels, Pipes and Metal Storage Tanks – Establishes minimum requirements for the management of the structural integrity of boilers, pressure vessels, their interconnection pipes and metal storage tanks in aspects related to installation, inspection, operation and maintenance, aiming at the safety and health of workers;
- 1.12.1.12 Regulatory Standard No. 14 (NR-14) – Furnaces – Establishes requirements for the safe operation of furnaces;
- 1.12.1.13 Regulatory Standard No. 15 (NR-15) – Unhealthy Activities and Operations – Establishes the activities that must be considered unhealthy, generating the right to the unhealthy bonus for workers;
- 1.12.1.14 Regulatory Standard No. 16 (NR-16) – Dangerous Activities and Operations – Establishes guidelines and procedures for payment of hazard pay;
- 1.12.1.15 Regulatory Standard No. 17 (NR-17) – Ergonomics – Establishes the guidelines and requirements that allow the adaptation of working conditions to the psychophysiological characteristics of workers, in order to provide comfort, safety, health and efficient performance at work.;
- 1.12.1.16 Regulatory Standard No. 18 (NR-18) – Occupational Health and Safety in the Construction Industry –

Establishes administrative, planning, and organizational guidelines, which aim at the implementation of control measures and preventive safety systems in the processes, conditions, and work environment in the construction industry;

- 1.12.1.17 Regulatory Standard No. 20 (NR-20) – Safety and Health at Work with Flammables and Combustibles – Establishes minimum requirements for the management of safety and health at work against the risk factors of accidents arising from the activities of extraction, production, storage, transfer, handling and manipulation of flammables and combustible liquids;
- 1.12.1.18 Regulatory Standard No. 23 (NR-23) – Fire Protection – Establishes fire prevention measures in work environments;
- 1.12.1.19 Regulatory Standard No. 24 (NR-24) – Sanitary and Comfort Conditions in the Workplace – Establishes the minimum conditions of hygiene and comfort to be observed by organizations, and the sizing of all facilities regulated by this NR must be based on the number of workers using the shift with the largest contingent;
- 1.12.1.20 Regulatory Standard No. 25 (NR-25) – Industrial Waste – Establishes occupational safety and health requirements for the management of industrial waste;
- 1.12.1.21 Regulatory Standard No. 26 (NR-26) – Safety Signage – Establishes measures regarding safety signage and identification to be adopted in the workplace;
- 1.12.1.22 Regulatory Standard No. 28 (NR-28) – Inspection and Penalties – Establishes the inspection procedures regarding compliance with legal and/or regulatory provisions on worker safety and health, as well as the penalties to be applied in case of non-compliance with the legislation;
- 1.12.1.23 Regulatory Standard No. 32 (NR-32) – Occupational Safety and Health in Health Services – Establishes the basic guidelines for the implementation of measures to protect the safety and health of health service workers, as well as those who carry out health promotion and care activities in general;
- 1.12.1.24 Regulatory Standard No. 33 (NR-33) – Safety and Health at Work in Confined Spaces – Establishes the requirements for the characterization of confined spaces, the criteria for the management of occupational risks in confined spaces and the prevention measures, in order to ensure the safety and health of workers who interact directly or indirectly with these spaces;
- 1.12.1.25 Regulatory Standard No. 35 (NR-35) – Work at Height – Establishes the requirements and prevention measures for work at height, involving planning, organization, and execution, in order to ensure the safety and health of workers directly or indirectly involved with this activity;
- 1.12.1.26 Regulatory Standard No. 38 (NR-38) – Safety and Health at Work in Urban Cleaning and Solid Waste Management Activities – Establishes the requirements and prevention measures to ensure the safety and health conditions of workers in urban cleaning and solid waste management activities (including waste from Health Services).
- 1.12.2 The above list is presented in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of SERVICES.
- 1.12.3 The CONCESSIONAIRE shall implement and keep updated throughout the term of the CONCESSION with the services of SESMT – Safety Engineering and Occupational Medicine Service, PPRA – Environmental Risk Prevention Program and PCMSO – Medical Control and Occupational Health Program, observing ANNEX 4 – MINIMUM SOCIO-ENVIRONMENTAL GUIDELINES.

### **1.13 MANAGEMENT MODELS**

- 1.13.1 For the performance of the SERVICES, the CONCESSIONAIRE must develop management practices and models reflected in international norms and standards, including obtaining the following certifications/qualifications:
- 1.13.1.1 ISO 9.001 (Quality Management Systems): Within twelve (12) months from the beginning of PHASE 4 – FULL OPERATION, the CONCESSIONAIRE must establish a systemic approach to quality management, through the implementation of a Quality Management System in order to ensure that the needs of all USERS are understood, accepted and met, providing products and services consistently, with repeatability of results, maintaining the level of quality and still having methods of continuous improvement, including audits in its accounting, tax and labor area and compliance with legal regulations relevant to the area of operation.
- 1.13.1.2 ONA (National Accreditation Organization) Qualification Seals: Within 24 (twenty-four) months from the beginning of PHASE 4 – FULL OPERATION, the CONCESSIONAIRE must obtain the ONA qualification seals for the following services, recognizing the quality and safety in health practices:
- 1.13.1.2.1 Clinical Engineering Service for Health;
- 1.13.1.2.2 Health Hygiene Service;
- 1.13.1.2.3 Production Nutrition Service and Health Clinic;
- 1.13.1.2.4 Health Products Processing Service;
- 1.13.1.2.5 Laundry Processing Service for Health.
- 1.13.2 The CONCESSIONAIRE shall support the GRANTING AUTHORITY and adopt the necessary measures regarding the SERVICES, observing its obligations under the terms of the AGREEMENT and ANNEXES, so that the GRANTING AUTHORITY obtains and maintains the certifications within the scope of the operation of the HOPE HEALTH COMPLEX, such as, for example, the ONA (National Accreditation Organization) certification, without prejudice to the obligation provided for in the item above.
- 1.13.3 The CONCESSIONAIRE will be entitled to the economic and financial rebalancing of the AGREEMENT, if the GRANTING AUTHORITY requires the fulfillment of any obligation not originally provided for in the AGREEMENT and ANNEXES that is necessary to obtain and/or maintain any certification.
- 1.13.4 Some of the actions to be performed by the CONCESSIONAIRE will include, but are not limited to:
- 1.13.4.1 Facilitate and provide access to the necessary information and documentation with the accrediting or certifying bodies, as directed by the GRANTING AUTHORITY;
- 1.13.4.2 Collaborate with audits and inspections carried out by accrediting or certifying bodies;
- 1.13.4.3 Implement corrective and preventive actions in the SERVICES as requested by the accrediting or certifying bodies, within the limit of their obligations.

### **1.14 EMERGENCY SITUATION**

- 1.14.1 The occurrence of an EMERGENCY SITUATION will be recognized by the GRANTING AUTHORITY, unilaterally

or upon provocation by the CONCESSIONAIRE, in view of the publication of a federal, state, or municipal Decree, recognizing a public health emergency situation that impacts the regular operation of the HOPE HEALTH COMPLEX.

- 1.14.2 Within ten (10) days after the recognition of the EMERGENCY SITUATION, as of the publication of said Decree, the PARTIES shall compose a Crisis Committee, composed of two (2) members of the CONCESSIONAIRE and three (3) members of the GRANTING AUTHORITY, whose purpose will be to prepare and monitor the implementation of the EMERGENCY SITUATION PLAN.
- 1.14.3 The EMERGENCY SITUATION PLAN must have the following content, as applicable:
  - 1.14.3.1 Change in the opening hours of the HOPE HEALTH COMPLEX, considering the possibility of extending the originally planned hours;
  - 1.14.3.2 Change in the work shifts of employees linked to the SERVICES and FINALISTIC SERVICES, in compliance with labor legislation;
  - 1.14.3.3 Forms and organization for expanding LACEN's productive capacity;
  - 1.14.3.4 Change in the number of beds, which may use: (i) a reformulation of the structure of the medical-hospital wards and specialties served in the HOSPITAL COMPLEX, considering the projected architecture modularity; (ii) rooms and offices; (iii) isolation beds; (iv) ICU beds and/or clinical beds, as the case may be; (v) administrative areas, such as parking and (vi) other arrangements that are feasible and pertinent;
  - 1.14.3.5 Opening and closing of spaces in the HOPE HEALTH COMPLEX;
  - 1.14.3.6 Need to acquire more EQUIPMENT, FURNITURE, other equipment, and/or supplies;
  - 1.14.3.7 Management of inputs and protective materials;
  - 1.14.3.8 Definitions about the availability and provision of ICT-related systems and services;
  - 1.14.3.9 Need for expansion works of the HOPE HEALTH COMPLEX, even if temporary;
  - 1.14.3.10 Acquisition and implementation of temporary service structures;
  - 1.14.3.11 Need to expand or reallocate human resources, whether in the provision of SERVICES or FINALISTIC SERVICES;
  - 1.14.3.12 Changes in the access flows to the HOSPITAL COMPLEX and LACEN;
  - 1.14.3.13 Changes in the procedures for receiving samples at LACEN;
  - 1.14.3.14 Changes in the procedures and flow of transport of PATIENTS, EQUIPMENT, and materials in the HOPE HEALTH COMPLEX;
  - 1.14.3.15 Changes in layout, assembly and disassembly of MEDICAL-HOSPITAL EQUIPMENT, LABORATORY EQUIPMENT and FURNITURE;
  - 1.14.3.16 Form of continuity of the provision of SERVICES and FINALISTIC SERVICES not impacted by the EMERGENCY SITUATION;
  - 1.14.3.17 Monitoring and mental health of employees;
  - 1.14.3.18 Training of the employees of the FINALISTIC SERVICES and SERVICES about the new measures;

- 1.14.3.19 Case monitoring strategy;
- 1.14.3.20 Impact and change in the provision of SERVICES, and there may be revision/flexibility of the provisions of this ANNEX and ANNEX 8 – KEY PERFORMANCE STANDARDS (KPI);
- 1.14.3.21 Changes in sample collection and processing flows, when applicable;
- 1.14.3.22 Communication plan, focusing on USERS and employees providing the SERVICES and FINALISTIC SERVICES;
- 1.14.3.23 Non-NEP impacts;
- 1.14.3.24 Evaluation and monitoring of the implementation and evolution of the EMERGENCY SITUATION PLAN;
- 1.14.3.25 Among others.
- 1.14.4 The content provided for in the item above may be changed by the PARTIES depending on the nature and particularities of the EMERGENCY SITUATION. Due to the effects of the EMERGENCY SITUATION, the GRANTING AUTHORITY may:
  - 1.14.4.1 Fail to apply penalties for non-compliance with obligations whose fulfillment has become unfeasible due to the EMERGENCY SITUATION;
  - 1.14.4.2 Suspend the calculation of KEY PERFORMANCE INDICATOR (KPI) whose fulfillment has become unfeasible due to the EMERGENCY SITUATION.
- 1.14.5 Regardless of the provisions of the items above, the CONCESSIONAIRE may also receive a penalty or have its KEY PERFORMANCE INDICATOR (KPI) calculated and applied, if it is proven that the CONCESSIONAIRE's action or omission culminated in the unfeasibility of fulfilling the contractual obligations.
- 1.14.6 In the event of an EMERGENCY SITUATION that impacts LACEN's production, the CONCESSIONAIRE shall prepare a SUPPLIES PLAN dedicated exclusively to the period in which the EMERGENCY SITUATION lasts, for the purposes of the SUPPLIES INDEX, pursuant to ANNEX 10 – PAYMENT MECHANISM.
- 1.14.7 The investments and expenses that are additionally made by the CONCESSIONAIRE within the scope of the implementation of the EMERGENCY SITUATION PLAN will be subject to restoration of the economic and financial balance, provided that they have not been foreseen by the AGREEMENT as risks allocated to the CONCESSIONAIRE.
- 1.14.8 The restoration of the economic and financial balance due to necessary investments and expenses, employed within the scope of the EMERGENCY SITUATION PLAN, will be carried out in the context of an EXTRAORDINARY REVIEW or in an ORDINARY REVIEW subsequent to the conclusion of its implementation, subject to the provisions of the CONTRACT.
- 1.14.9 The amounts received by the CONCESSIONAIRE as insurance coverage that cover the EMERGENCY SITUATION or the direct and indirect impacts caused by it will be discounted by the GRANTING AUTHORITY from the value of the restoration of the economic and financial balance, regardless of the consent of the CONCESSIONAIRE.
- 1.14.10 The CONCESSIONAIRE shall make all reasonable efforts to receive the indemnities provided for in the contracted insurances, including through the adoption of extrajudicial, arbitral, or judicial measures, until the exhaustion of the applicable resources, to ensure the receipt of these amounts.
- 1.14.11 The CONCESSIONAIRE shall prove to the GRANTING AUTHORITY the extrajudicial, judicial, or arbitral

measures adopted to receive the indemnities provided for by the contracted insurances, under penalty of such amounts being deducted from the restoration of the economic and financial balance of the CONTRACT.

## **2 BUILDING ENGINEERING**

### **2.1 BUILDING MAINTENANCE**

#### 2.1.1 DEFINITION

2.1.1.1 Building maintenance is understood as the set of actions planned and executed to preserve, repair and improve the functionality of buildings and facilities.

2.1.1.2 The main objective of building maintenance is to maintain the physical structure of the HOPE HEALTH COMPLEX in full operating conditions, and it is the responsibility of the CONCESSIONAIRE to manage the maintenance, conservation and/or recovery of the buildings, in order to ensure their functionality in an uninterrupted and safe manner for the USERS, visitors and professionals of the SERVICES and FINALISTIC SERVICES, including adopting contingency measures and actions in any failures in the supply of utilities (electricity, water, medical gases, utilities in general) or defects in equipment or systems.

2.1.1.3 Maintenance can be defined as:

2.1.1.3.1 **PREVENTIVE MAINTENANCE:** PREVENTIVE MAINTENANCE is considered to be the set of maintenance or conservation actions or operations, performed on equipment or installation, with advance programming and carried out within a periodicity through systematic inspections, aiming to keep them operating or in conditions to operate within the manufacturer's specifications. Among these preventive activities are tests, adjustments, calibrations, general cleaning, painting, reconstitution of parts with altered characteristics, replacement of worn parts or equipment, internal and external reorganization of components, adaptations of components, among others.

2.1.1.3.2 **PREDICTIVE MAINTENANCE:** PREDICTIVE MAINTENANCE is considered to be the set of preventive and anticipated maintenance practices on equipment or installation. It is a maintenance methodology focused on damage prevention and failure predictability, through constant monitoring and not necessarily a fixed schedule of inspections. These predictive activities include vibration monitoring, oil analysis, thermography, ultrasound, electrical current analysis, among other techniques that allow you to identify and correct potential problems before they become critical failures.

2.1.1.3.3 **CORRECTIVE MAINTENANCE:** CORRECTIVE MAINTENANCE is considered the set of actions performed after the occurrence of a technical failure, with the objective of restoring the operational capacity of an equipment or facility that has its functionality reduced or ceased. These corrective activities include emergency repairs, replacement of damaged components, adjustments, and calibrations necessary for the return to normal operation, in addition to any intervention necessary to restore the full operation of the affected equipment or facility.

2.1.1.4 The CONCESSIONAIRE shall plan activities aimed at the integrity and conservation of the building infrastructure and its facilities, as well as ensure the continuous availability of utilities, adopting actions and decisions in the event of failures or defects in the utility systems and equipment.

2.1.1.4.1 The CONCESSIONAIRE will be responsible for intermediating and conducting the necessary actions with the public service concessionaires in the CONCESSION AREA. In the event of interruption of the utilities, for reasons that are not its responsibility, or that could not have been mitigated by the CONCESSIONAIRE, it will not be penalized or will have the measurement of the KEY PERFORMANCE INDICATOR (KPI) impacted. This caveat does not exempt the CONCESSIONAIRE from the responsibility to carry out the actions provided for in the Emergency and Contingency Action Plan.

- 2.1.1.5 The CONCESSIONAIRE will be responsible for intermediating and conducting the necessary actions with the public service concessionaires in the CONCESSION AREA.
- 2.1.1.6 In the event of interruption of utilities, for reasons that are not of responsibility, or that could not have been mitigated by the CONCESSIONAIRE, the CONCESSIONAIRE will not be penalized or have its measurement of the KEY PERFORMANCE INDICATOR (KPI) impacted. This caveat will not exempt the CONCESSIONAIRE from the responsibility of executing the actions provided for in the Emergency and Contingency Action Plan.
- 2.1.2 GOVERNING LEGISLATION
- 2.1.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
- 2.1.2.1.1 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 50, of February 21, 2002 – Provides for the Technical Regulation for planning, programming, preparation, and evaluation of physical projects of health care establishments;
- 2.1.2.1.2 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 63, of November 25, 2011 – Establishes requirements of Good Practices for the operation of health services, based on qualification, humanization of care and management, and reduction and control of risks to USERS and the environment;
- 2.1.2.1.3 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 51, of October 6, 2011 – Provides for the minimum requirements for the analysis, evaluation, and approval of physical projects of health establishments in the SNVS;
- 2.1.2.1.4 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC nº 220, of September 21, 2004 – Approves the Technical Regulation for the operation of Antineoplastic Therapy Services;
- 2.1.2.1.5 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 36, of June 3, 2008 – Provides for the Technical Regulation for the Operation of Obstetric and Neonatal Care Services;
- 2.1.2.1.6 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 6, of March 1, 2013 – Provides for the requirements of Good Operating Practices for endoscopy services with access to the body through exclusively natural orifices;
- 2.1.2.1.7 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 7, of February 24, 2010 – Provides for the minimum requirements for the operation of Intensive Care Units and provides for other provisions;
- 2.1.2.1.8 GM/MS Ordinance No. 874, of May 16, 2013 – Establishes guidelines for the implementation of occupational safety and health measures in civil construction activities;
- 2.1.2.1.9 GM/MS Consolidation Ordinance No. 5, of September 28, 2017 – Consolidation of the rules on health actions and services of the Unified Health System;
- 2.1.2.1.10 CFM Resolution 1,886, of November 21, 2008 – Provides for the "Minimum Standards for the Operation of Medical Offices and Surgical Complexes for Procedures with Short-Stay Hospitalization";
- 2.1.2.1.11 ABNT NBR 5.410:2020 – Low voltage electrical installations;

- 2.1.2.1.12 ABNT NBR 7.256:2022 – Air treatment in health care facilities (EAS) – Requirements for the design and execution of facilities;
- 2.1.2.1.13 ABNT NBR 12.188:2016 – Centralized oxygen, air, nitrous oxide, and vacuum systems for medicinal use in health care facilities;
- 2.1.2.1.14 ABNT NBR 13.534:2008 – Low voltage electrical installations – Specific requirements for installation in health care establishments;
- 2.1.2.1.15 ABNT NBR 9.050:2020 – Accessibility to buildings, furniture, spaces, and urban equipment;
- 2.1.2.1.16 ABNT NBR 17.037:2023 – Establishes guidelines for indoor air quality in artificially air-conditioned non-residential environments;
- 2.1.2.1.17 Procedures standardized by ABNT NBR 13.587:1996, referring to the minimum requirements for the supply center with oxygen concentrator, for use in a centralized medical oxygen system in health care establishments;
- 2.1.2.1.18 Normative Instruction of the Collegiate Board of ANVISA/MS – IN No. 129, of March 30, 2022 – Provides for Good Manufacturing Practices complementary to Gases, Active Substances and Medical Gases;
- 2.1.2.1.19 ABNT NBR 12.176:2010 – applicable to the classifications of the cylinders that make up the backup supply center – refers to labeling and colors;
- 2.1.2.1.20 ABNT NBR 5.674:2024 – Building maintenance – Requirements for the maintenance management system;
- 2.1.2.1.20.1 Technical Instruction CBMMG – IT nº 12 – Fire Brigade.

### 2.1.3 SERVICE DESCRIPTION

- 2.1.3.1 Without prejudice to the other obligations described in this ANNEX, the CONCESSIONAIRE shall be responsible for:
  - 2.1.3.1.1 Register and control through service orders via BUILDING MANAGEMENT SYSTEM all maintenance occurrences;
  - 2.1.3.1.2 Schedule maintenance on a date and time in order to mitigate the impact on the operating activities of the HOSPITAL COMPLEX or LACEN, to be previously agreed with the GRANTING AUTHORITY in the Work Plan, including a maximum period for scheduling maintenance so that, for example, there is no risk of expansion of the problem or loss of equipment warranty;
  - 2.1.3.1.3 Provide all necessary material to carry out maintenance, such as spare parts, lamps, products, air conditioning filters, batteries, among others to maintain the perfect functioning of the areas of the HOPE HEALTH COMPLEX;
  - 2.1.3.1.4 Carry out the planning of purchases of parts, parts, inputs, and accessories necessary for maintenance;
  - 2.1.3.1.5 Provide all tools, materials, support/support equipment, PPE and EPCs as outlined in the Standard Operating Procedures (SOPs). A package of materials and equipment must be proposed for each professional, including the particular equipment of each system to which he will be subordinated, containing their quantification and an estimated exchange plan;

- 2.1.3.1.6 Provide tools, as well as calibration equipment for collective use to assist in corrective and preventive maintenance, including revision and calibration plan according to its periodicity;
- 2.1.3.1.7 Ensure the performance of PREVENTIVE, CORRECTIVE AND PREDICTIVE MAINTENANCE activities, either by its own team or by subcontracted companies;
- 2.1.3.1.8 If the CONCESSIONAIRE chooses to subcontract the services of PREVENTIVE, CORRECTIVE AND PREDICTIVE MAINTENANCE, THE CONCESSIONAIRE must monitor their execution;
- 2.1.3.1.9 Maintain a professional fire brigade team (Professional Brigade or Civil Firefighter) according to the Technical Instruction of the Military Fire Department of Minas Gerais;
- 2.1.3.1.9.1 The organic brigade shall be formed by the professionals of the FINALISTIC SERVICES, under the responsibility of the GRANTING AUTHORITY, and of the SERVICES, under the responsibility of the CONCESSIONAIRE.
- 2.1.3.1.9.2 The proportion between the professionals of the GRANTING AUTHORITY and the CONCESSIONAIRE shall be defined by mutual agreement between the PARTIES during the preparation of the SERVICE Work Plan.
- 2.1.3.1.10 The CONCESSIONAIRE shall provide brigade training for the brigade team of the HEALTH COMPLEX, including the professionals of the FINALISTIC SERVICES. It will be up to the GRANTING AUTHORITY to support in whatever is necessary within the scope of said training.
  
- 2.1.3.2 BUILDING MANAGEMENT SYSTEM
- 2.1.3.3 The CONCESSIONAIRE must have or acquire a BUILDING MANAGEMENT SYSTEM that must be used to perform all control of the goods and services performed, containing, at least, the following basic functionalities:
  - 2.1.3.3.1 Technical Data of each building system with the complete description of what constitutes it:
    - i. Date of purchase and acquisition value;
    - ii. Cost center or location of the asset;
    - iii. Equipment identification number (TAG/ID);
    - iv. Location of the equipment in the HOPE HEALTH COMPLEX;
    - v. Operating status (e.g., in external maintenance, in internal maintenance, obsolete, etc.).
  - 2.1.3.3.2 History of Corrective, Predictive and Preventive Maintenance.
  - 2.1.3.3.3 Registration of the USERS OF THE BUILDING MANAGEMENT SYSTEM and their attributions;
  - 2.1.3.3.4 Automatically trigger Work Order;
  - 2.1.3.3.5 Control the schedule of PREVENTIVE MAINTENANCE and PREDICTIVE MAINTENANCE;
  - 2.1.3.3.6 Control CORRECTIVE MAINTENANCE calls;
  - 2.1.3.3.7 Description of the solution given to the problem;
  - 2.1.3.3.8 Follow-up of pending issues;

- 2.1.3.3.9 Management of the material used;
  - 2.1.3.3.10 Management of the time it takes to perform the service;
  - 2.1.3.3.11 Generation of technical-managerial reports;
  - 2.1.3.3.12 Record detailed history of interventions performed on the goods, including technical hours and materials used in the service performed.
- 2.1.3.4 SYSTEMS MAINTENANCE PLAN
- 2.1.3.4.1 The CONCESSIONAIRE shall prepare the maintenance plans of the building systems indicated in the Table 5 - Building Systems Components. These System Maintenance Plans must be integrated and aligned with the other Plans provided for this SERVICE.
  - 2.1.3.4.2 Each building system must have its own individual maintenance plan, according to the existing technology, the frequency of use, the construction characteristics, the operation, the sensitivity of its components, the number of functional blocks, the number of different users, the use of inputs, among other factors that may intervene in the operation of each system.
  - 2.1.3.4.3 The following building systems must be considered, among others necessary for the correct operation of the HOPE HEALTH COMPLEX:

*Table 5 - Building Systems Components*

Building System	Components
Construction	<ul style="list-style-type: none"> <li>○ Reforms;</li> <li>○ Structure;</li> <li>○ Floors and coverings;</li> <li>○ Coverage;</li> <li>○ Lining;</li> <li>○ Windows;</li> <li>○ Frames;</li> <li>○ Doors;</li> <li>○ Stops;</li> <li>○ Painting;</li> <li>○ Waterproofing;</li> <li>○ Masonry;</li> <li>○ Facade;</li> <li>○ Vertical garden;</li> <li>○ Brises;</li> <li>○ Partitions;</li> <li>○ External Paving;</li> <li>○ Gutters;</li> <li>○ Other constructive elements present in the buildings of the HOPE HEALTH COMPLEX.</li> </ul>
Electrical Installations	<ul style="list-style-type: none"> <li>○ Maintenance of electrical installations;</li> <li>○ Periodic evaluation of equipment and its components:               <ul style="list-style-type: none"> <li>▪ Generator sets;</li> <li>▪ Power input cabin;</li> <li>▪ Transformers;</li> </ul> </li> </ul>

Building System	Components
	<ul style="list-style-type: none"> <li>▪ Voltage inverters;</li> <li>▪ Photovoltaic panels;</li> <li>▪ No breaks.</li> <li>○ Medium and low voltage electrical panels:               <ul style="list-style-type: none"> <li>▪ Protection relays;</li> <li>▪ Buses;</li> <li>▪ Lightning Protection and grounding;</li> <li>▪ Breakers;</li> <li>▪ Fuses;</li> <li>▪ Lighting;</li> <li>▪ Taken;</li> <li>▪ Strength points;</li> <li>▪ Structured cabling and communication networks;</li> <li>▪ Distribution infrastructure;</li> <li>▪ Other elements of the electrical installations in the HOPE HEALTH COMPLEX.</li> </ul> </li> </ul>
Hydraulic Installations	<ul style="list-style-type: none"> <li>○ Operational tests to verify the correct functioning of the following systems:               <ul style="list-style-type: none"> <li>▪ Hydraulic;</li> <li>▪ Drinking water;</li> <li>▪ Hot water;</li> <li>▪ Rainwater;</li> <li>▪ Sewage;</li> <li>▪ Water tower;</li> <li>▪ Water reservoirs;</li> </ul> </li> <li>○ Fire detection and fighting network;               <ul style="list-style-type: none"> <li>▪ Natural gas;</li> <li>▪ LPG;</li> <li>▪ Pressurization (hydraulic pumps).</li> <li>▪ Other elements of the hydraulic installations in the HOPE HEALTH COMPLEX.</li> </ul> </li> </ul>
Furniture	<ul style="list-style-type: none"> <li>○ Repair, repair or replacement of furniture, FURNITURE, and accessories, installed in the HOPE HEALTH COMPLEX.</li> <li>○ Accessories include all those installed by the CONCESSIONAIRE in the HOPE HEALTH COMPLEX, including, but not limited to:               <ul style="list-style-type: none"> <li>▪ Protectors and stretcher bumpers;</li> <li>▪ Blinds and curtains;</li> <li>▪ Support bars in toilets, stairs, and ramps;</li> <li>▪ Accessories in toilets and common use areas.</li> </ul> </li> </ul>
Air Conditioning, Air Conditioning and Ventilation	<ul style="list-style-type: none"> <li>○ Check the systems below, checking their operating status and perform first-level corrective maintenance in case of downtime of any of the systems and preventive/predictive maintenance:</li> <li>○ Fan coils, conditioners, other components of the air conditioning system, etc.;</li> <li>▪ Ventilators;</li> <li>▪ Hoods;</li> <li>▪ Control and automation of air conditioning;</li> <li>▪ Chilled Water Plant/Chillers;</li> <li>▪ Filtration and air treatment systems;</li> <li>▪ Chilled water and condensation network;</li> </ul>

Building System	Components
	<ul style="list-style-type: none"> <li>○ Refrigeration networks;               <ul style="list-style-type: none"> <li>▪ Air ducts;</li> <li>▪ Pressure differentials applied in isolation areas and special rooms of the HOSPITAL COMPLEX;</li> <li>▪ Pressure differentials and specificities of LACEN facilities, with special attention to NB3.</li> </ul> </li> </ul>
Gas Plant	<ul style="list-style-type: none"> <li>○ Perform first-level preventive, predictive and corrective maintenance on all components of the HOSPITAL COMPLEX and LACEN systems, including those mentioned below:               <ul style="list-style-type: none"> <li>▪ Medical Gas Center;</li> <li>▪ Vacuum Central;</li> <li>▪ Oxygen Center;</li> <li>▪ Central Compressed Air;</li> <li>▪ Nitrous Oxide, Carbon Dioxide and Nitrogen Power Plant.</li> <li>▪ Fuel Gas Plant;</li> <li>▪ Gas distribution network, valves, pumps, and regulators;</li> <li>▪ Medical gas strip.</li> </ul> </li> </ul>
Other Systems and/or Equipment	<ul style="list-style-type: none"> <li>○ Vertical Transport – Elevators, freight elevators and other lifting platforms;</li> <li>○ Accessibility;</li> <li>○ Kitchen Equipment – Stoves and ovens;</li> <li>○ Refrigerators, Cold Rooms Freezers;</li> <li>○ Electronic Systems – Control and power panels;</li> <li>○ Fire Detection and Fighting Equipment;</li> <li>○ Telephone and data network;</li> <li>○ Reuse water collection systems;</li> <li>○ Alarm and emergency systems;</li> <li>○ Heating systems;</li> <li>○ Boilers;</li> <li>○ Pneumatic conveying system;</li> <li>○ Paving;</li> <li>○ Drainage;</li> <li>○ Irrigation;</li> <li>○ CCTV;</li> <li>○ Access Control;</li> <li>○ Visual communication;</li> <li>○ Acoustics;</li> <li>○ Other systems indicated in ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS, or existing in the HOPE HEALTH COMPLEX.</li> </ul>

2.1.3.5 CORRECTIVE MAINTENANCE PLAN

2.1.3.5.1 The CORRECTIVE MAINTENANCE Plan shall be prepared and executed by the CONCESSIONAIRE in accordance with the requirements and obligations set forth in this ANNEX.

2.1.3.5.2 As indicated in item 13.4.7.9, the CONCESSIONAIRE will implement a call management system to register all open calls to the HOPE HEALTH COMPLEX, allowing the opening of requests by the GRANTING AUTHORITY or the FINALISTIC SERVICES team, for analysis and procedure by the CONCESSIONAIRE's team.

- 2.1.3.5.3 For the purposes of CORRECTIVE MAINTENANCE, the CONCESSIONAIRE shall prepare, as part of the CORRECTIVE MAINTENANCE Plan, a classification matrix of the criticality and level of service expected for each type of system and CORRECTIVE MAINTENANCE required.
- 2.1.3.5.4 For the purpose of prioritizing CORRECTIVE MAINTENANCE, the level of criticality of the defect presented will be considered, as described below:
- 2.1.3.5.4.1 **Criticality 4 (Urgency)** – Occurrence that affects critical areas of the HOSPITAL COMPLEX and LACEN and with a direct impact on the FINALISTIC SERVICES or SERVICES, or that puts USERS and the LINKED ASSETS of the CONCESSION at risk. The correction must be attended to immediately and will have priority over other calls;
- 2.1.3.5.4.2 **Criticality 3 (High Priority)** – Occurrence that affects or prevents the execution of FINALISTIC SERVICES or SERVICES (partial interruption of functions, malfunction of resources, intermittency, or inoperability of any kind), whose correction should have priority over other calls with lower criticality levels;
- 2.1.3.5.4.3 **Criticality 2 (Medium Priority)** – Occurrence that affects the execution of FINALISTIC SERVICES or SERVICES and may cause inconvenience to care if they are not operating normally, whose correction is necessary, but dispensable;
- 2.1.3.5.4.4 **Criticality 1 (Low Priority)** – Occurrences of minor relevance that affects, but does not impair the FINALISTIC SERVICES or SERVICES, considering the need and also impacts, whose correction is necessary, but dispensable;
- 2.1.3.5.4.5 **Criticality 0 (Non-Critical)** – Occurrences of minor relevance that do not affect the FINALISTIC SERVICES or SERVICES, or that refer to improvements, customizations, and other changes with no impact on the work and productivity of the HOSPITAL COMPLEX and LACEN.
- 2.1.3.5.5 The exhaustive list of occurrences, according to the level of criticality, must be presented by the CONCESSIONAIRE in the PREVENTIVE MAINTENANCE Plan, which will be approved by the GRANTING AUTHORITY.
- 2.1.3.5.6 The hospitalization units of the HOSPITAL COMPLEX, the area for outpatient care of PATIENTS, the surgical center, laboratory areas at LACEN, among other areas indicated by the GRANTING AUTHORITY, will be considered "critical areas".
- 2.1.3.5.7 Upon receipt of the CORRECTIVE MAINTENANCE request, for the purpose of prioritizing the execution of SERVICES under the terms of this ANNEX, the CONCESSIONAIRE's team shall check and evaluate the problem reported in the service order, *in loco*, with a view to future corrective actions.
- 2.1.3.5.8 "Request fulfilled", for the purposes of completing the call for CORRECTIVE MAINTENANCE, shall be understood as the execution, by the CONCESSIONAIRE, of all activities necessary to attend to the occurrence indicated in the call. The call management system must have a double check functionality, allowing the person responsible for opening the call to also indicate whether the call was effectively answered.
- 2.1.3.5.9 The deadline for service and performance of CORRECTIVE MAINTENANCE for each type of occurrence must follow the deadlines contained in ANNEX 8 – KEY PERFORMANCE STANDARDS.
- 2.1.3.5.10 Periodic reports must be prepared regarding the maintenance carried out individually, being a report for the activities carried out for the HOSPITAL COMPLEX, a report to describe the activities carried out at

LACEN and a report for the activities in other areas of the HOPE HEALTH COMPLEX.

- 2.1.3.5.11 It will be up to the CONCESSIONAIRE to carry out periodic inspections of movable and immovable assets, in order to ensure that all are available and can perform their functions fully and safely.
- 2.1.3.6 PREVENTIVE MAINTENANCE PLAN
- 2.1.3.6.1 The PREVENTIVE MAINTENANCE Plan must be executed according to the protocol established in this Plan, strictly obeying all the procedures described, as well as all the premises defined prior to the provision of the SERVICE, aiming to optimize the use of building systems in the functional aspect and attributing safety to all procedures performed, reducing the risk of malfunction and maintaining the safety and reliability of building systems, avoiding expenses and unavailability of services.
- 2.1.3.6.2 The PREVENTIVE MAINTENANCE Plan prepared by the CONCESSIONAIRE must contain at least:
- 2.1.3.6.2.1 Plan of verification, measurement and checking activities, present in the evaluation routine of building systems and EQUIPMENT through SOPs and checklist;
- 2.1.3.6.2.2 Provision for the preparation of a report containing the procedures for verifications in relation to the standard base of all the parameters of the building systems and EQUIPMENT to adapt them to normality (state of the "baseline", in which the expected level of operation is reached) or extension of the useful life, when applicable;
- 2.1.3.6.2.3 Safety instructions for the maintenance technician, including the list of PPE and EPCs that must be used for each procedure;
- 2.1.3.6.2.4 Plan for the replacement of materials, components, or parts, of building systems and EQUIPMENT, containing all the basic parameters for replacing those that present wear and tear due to use or may impact efficiency or operation;
- 2.1.3.6.2.5 Forecast of adoption of a Healthcare *Failure Mode and Effects Analysis* (HFMEA) system for a brief diagnosis of the state of the EQUIPMENT;
- 2.1.3.6.2.6 Frequency of the PREVENTIVE MAINTENANCE activity, contemplating the fixed and/or variable period of time necessary for the next PREVENTIVE MAINTENANCE;
- 2.1.3.6.2.7 Identification of the professional submitted to the performance of that task.
- 2.1.3.6.3 In case of building systems in poor state of use, the CONCESSIONAIRE must develop specific plans to carry out the proper CORRECTIVE MAINTENANCE. In the event of the need for "interdictions" in rooms and environments, it is necessary to give prior notice to the GRANTING AUTHORITY, the FINALISTIC SERVICES team, and the scheduling sector to reschedule procedures performed on site and notification of the average stop time of rooms and environments. The communication flow for authorization and prior notice must be aligned between the PARTIES and provided for in the SOPs.
- 2.1.3.6.4 PREVENTIVE MAINTENANCE must present numerical records of measurement, tests, tests, calibration, among others, not limited only to compliance with a checklist.
- 2.1.3.7 PREDICTIVE MAINTENANCE PLAN
- 2.1.3.7.1 The PREDICTIVE MAINTENANCE Plan shall be prepared and executed by the CONCESSIONAIRE in

accordance with protocols and activities defined by it.

- 2.1.3.7.2 The PREDICTIVE MAINTENANCE Plan must contain the actions to be carried out by the CONCESSIONAIRE, such as the installation of sensors in critical EQUIPMENT to monitor parameters such as vibration, temperature and pressure in real time, assisting in the prediction of failures and triggering PREVENTIVE MAINTENANCE or CORRECTIVE MAINTENANCE actions in advance.
- 2.1.3.7.3 To develop this plan, it will be important to consider inspections or tests carried out by professionals and the installation of sensors indicative of system wear, such as vibration, temperature, and gas sensors.
- 2.1.3.8 EMERGENCY AND CONTINGENCY ACTION PLAN
  - 2.1.3.8.1 The CONCESSIONAIRE shall prepare an EMERGENCY AND CONTINGENCY ACTION PLAN, with the following content:
    - 2.1.3.8.1.1 Current Capacity Analysis: Report on the situation of resources and installed capacity;
    - 2.1.3.8.1.2 Impact Study: Projections for different scenarios of increase in demand of the HOSPITAL COMPLEX and LACEN, and their effects on building systems;
    - 2.1.3.8.1.3 Contingency Expansion Plan: Description of the additional resources needed, such as emergency generators, building equipment and medical gases;
    - 2.1.3.8.1.4 Implementation Protocols: Procedures for rapid activation of resources in response to critical problems in building systems or EQUIPMENT, and critical events, such as, for example, unexpected increase in demand in a short period of time;
    - 2.1.3.8.1.5 Communication Plan: Strategy to keep the GRANTING AUTHORITY and the Management of the HOSPITAL COMPLEX and LACEN informed about the conditions and adaptations made, as well as prior approval for adaptations.
- 2.1.4 ACQUISITION
  - 2.1.4.1 The EQUIPMENT, related to the building systems, to be acquired by the CONCESSIONAIRE, must be new and of first use, be in accordance with Brazilian standards and comply with the provisions of the CONTRACT and its ANNEXES.
  - 2.1.4.2 The CONCESSIONAIRE may use the lease or lending model, whenever it is meeting the guidelines for the reversibility of the LINKED ASSETS at the end of the CONCESSION TERM.
  - 2.1.4.3 The CONCESSIONAIRE, in contingency situations, as provided for in the Work Plan for the building engineering SERVICE, may temporarily replace defective EQUIPMENT with used EQUIPMENT, maintaining the minimum specifications defined in this CONTRACT and ANNEXES, always ensuring the quality of the FINAL SERVICE. In case it is impossible to carry out the temporary replacement with EQUIPMENT that meets the minimum specifications, the CONCESSIONAIRE must request prior approval for the use of alternative EQUIPMENT from the GRANTING AUTHORITY.
  - 2.1.4.4 The CONCESSIONAIRE is guaranteed the flexibility of means and the right to supply products and EQUIPMENT of any manufacturers and models, provided that they meet the specifications defined in the

CONTRACT and its ANNEXES, and/or in the approved EXECUTIVE PROJECT.

#### 2.1.4.5 CONTRACTS

2.1.4.5.1 The CONCESSIONAIRE may hire specialized companies to provide technical services, in the preventive and corrective service of building systems.

2.1.4.5.2 Building systems of greater complexity, such as elevators, cargo elevators, cold rooms, *chillers* and medical compressed air, must have a maintenance contract with the original supplier, specialized companies or companies that have expertise in the execution of maintenance of the EQUIPMENT in question, observing the maintenance of the warranty of these EQUIPMENT.

2.1.4.5.3 For any contractor related to the maintenance of these systems, it must be verified that the company has the proper certifications to perform the service, in addition to providing a maintenance plan containing all interventions scheduled during the validity of the contract. The same should be applied to high-tech EQUIPMENT, for which the building maintenance service does not have tools or training carried out by the manufacturer such that authorizes it to perform safe technical activities, without loss of warranty or reliability of the systems.

2.1.4.5.4 For building systems that have a maintenance contract with the original supplier, the CONCESSIONAIRE must provide in the contract with this supplier the following minimum obligations/terms/scopes:

2.1.4.5.4.1 Building systems that will be served;

2.1.4.5.4.2 Services contemplated with the appropriate periodicities;

2.1.4.5.4.3 PREVENTIVE MAINTENANCE activities;

2.1.4.5.4.4 CORRECTIVE MAINTENANCE activities and service deadline;

2.1.4.5.4.5 Calibration and certification activities, if applicable;

2.1.4.5.4.6 Electrical safety test;

2.1.4.5.4.7 Training;

2.1.4.5.4.8 Deadline for sending parts and listing parts.

#### 2.1.4.6 INVESTMENT MASTER PLAN

2.1.4.6.1 The CONCESSIONAIRE shall prepare and update, annually, the Investment Master Plan, in order to ensure a record of depreciation practices on the constituted assets, information on reinvestment and technological and regulatory update of the EQUIPMENT associated with the building systems, under the terms of the AGREEMENT.

2.1.4.6.2 The Investment Master Plan shall present the assumptions adopted by the CONCESSIONAIRE for the reinvestment activities in relation to the building systems, detailing the actions necessary to replace or update EQUIPMENT considered obsolete.

2.1.4.6.3 In the period of reversion of the assets, at the end of the CONCESSION TERM, these EQUIPMENT must provide at least two (2) years of remaining useful life before the end of useful life indicated by the manufacturer's manual, including the availability of acquisition in the market of parts and inputs for

these EQUIPMENT.

## 2.1.5 OPERATION

- 2.1.5.1 The sector responsible for building maintenance activities must operate 24 (twenty-four) hours a day, 7 (seven) days a week, with the mandatory and uninterrupted presence of a team of electricians, hydraulic firefighters, and craftsmen. The services must be distributed in a way that is compatible with the scale (number of employees), which must dynamically meet PREVENTIVE AND PREDICTIVE MAINTENANCE and CORRECTIVE MAINTENANCE requests.
- 2.1.5.2 The CONCESSIONAIRE will be responsible for developing an auxiliary duty schedule of the workshops available 24 (twenty-four) hours a day for any emergency assistance.

## 2.2 WATER AND SEWAGE

### 2.2.1 DEFINITION

- 2.2.1.1 The water and sewage service are characterized by the management, operation, and maintenance of the entire hydro sanitary system of the HOPE HEALTH COMPLEX, in order to ensure the availability of supply, quality and efficient use to minimize water consumption.
- 2.2.1.2 The scope of the CONCESSIONAIRE shall be the management, maintenance, and operation of the following systems, observing the other guidelines contained in ANNEX 5 - MINIMUM GUIDELINES FOR PROJECTS AND WORKS:
- 2.2.1.2.1 Cold water system;
  - 2.2.1.2.2 Hot water system;
  - 2.2.1.2.3 Heating system;
  - 2.2.1.2.4 Sewage system;
  - 2.2.1.2.5 Rainwater system;
  - 2.2.1.2.6 Water reuse system;
  - 2.2.1.2.7 Water treatment system for the provision of SERVICES and FINALISTIC SERVICES in the HOSPITAL COMPLEX and LACEN;
  - 2.2.1.2.8 Sewage treatment system in compliance with the guidelines of ANNEX 4 - MINIMUM SOCIO-ENVIRONMENTAL GUIDELINES;
  - 2.2.1.2.9 Fire Fighting and Prevention System;
  - 2.2.1.2.10 Water reservoir;
  - 2.2.1.2.11 Properly treated water for hemodialysis;
  - 2.2.1.2.12 Others necessary for the operation of the HOSPITAL COMPLEX and LACEN.

### 2.2.2 GOVERNING LEGISLATION

- 2.2.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
- 2.2.2.1.1 ABNT NBR 10.844:2020 - Building Rainwater Installations;
  - 2.2.2.1.2 ABNT NBR 12.188:2020 - Centralized oxygen, compressed air, nitrous oxide, and vacuum systems for medical use in health facilities;
  - 2.2.2.1.3 ABNT NBR 17076:2024 - Requirements for sewage treatment system with daily sewage flow up to 12,000 liters per day;
  - 2.2.2.1.4 ABNT NBR 5.626:2020 - Cold Water Building Installations;
  - 2.2.2.1.5 ABNT NBR 7.198:2020 - Building Hot Water Installations;
  - 2.2.2.1.6 ABNT NBR 8.160:2020 - Building Sanitary Sewer Installations;
  - 2.2.2.1.7 ABNT NBR 15.527:2020 - Rainwater – Use of roofs in urban areas for non-potable purposes;
  - 2.2.2.1.8 Legislation and rules of the Military Fire Brigade of Minas Gerais, including:
    - 2.2.2.1.8.1 CBMMG Technical Instruction – IT No. 40 - Adequacy of safety measures for existing buildings and constructed buildings);
    - 2.2.2.1.8.2 CBMMG Ordinance nº 69, of August 25, 2022.
  - 2.2.2.1.9 GM/MS Consolidation Ordinance No. 5, of September 28, 2017 – Consolidation of the rules on health actions and services of the Unified Health System;
  - 2.2.2.1.10 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 11, of March 13, 2014 – Provides for the Requirements of Good Operating Practices for Dialysis Services;
  - 2.2.2.1.11 ISO 13959:2015 – Establishes the requirements and test methods to ensure the quality of water used in dialysis systems, including hemodialysis. Amended by Ordinance No. 69, of August 25, 2022, published in DOEMG No. 184, year 130, p.05.
- 2.2.3 SERVICE DESCRIPTION
- 2.2.3.1 Without prejudice to the other obligations described in this ANNEX, the CONCESSIONAIRE shall be responsible for:
    - 2.2.3.1.1 Install the systems and EQUIPMENT specified in the approved BASIC PROJECT and EXECUTIVE PROJECT, paying attention to the specifications of each of the areas, such as hemodialysis, MSC, milk station, etc.;
    - 2.2.3.1.2 Perform the necessary maintenance activities to the systems and EQUIPMENT indicated in the previous item (2.2.3.1.1), ensuring the availability of water in the necessary conditions in each location, including, for example, drinking fountains for filtered water consumption and EQUIPMENT in the toilets and changing rooms;
    - 2.2.3.1.3 Perform cleaning, disinfection or any treatments according to the guidance of the manufacturer/assembler manual of water treatments and maintain the quality control necessary for the operation of these systems, including quality reports for Laboratory, Hemodialysis, Water for

sterilization in its different aspects, physical-chemical, microbiological, metals, endotoxin, etc.;

- 2.2.3.1.4 Request authorization from the concessionaire providing public local sanitation services for expansion, if necessary, and connection of networks, including responsibility for associated costs;
- 2.2.3.1.5 Implement solutions to reduce interruptions and pressure variations, such as pumps and control valves;
- 2.2.3.1.6 Manage, operate and perform the maintenance of the entire hydraulic system, cold water system, hot water, heating system, sewage system, effluent treatment, rainwater, hydrants and fire extinguishers, water reservoirs, etc., to ensure the availability of 100% (one hundred percent) of service throughout the HOPE HEALTH COMPLEX;
- 2.2.3.1.7 Perform periodic cleaning of hydraulic systems to ensure the quality of water and sewage (cleaning of water tanks, pipes, etc.);
- 2.2.3.1.8 Ensure the quality levels defined by current legislation in relation to the water system, sewage reuse and drainage system;
- 2.2.3.1.9 Perform cleaning of the devices (gutters, gutters, manholes, etc.) of the rainwater drainage system in the period prior to the rainy season;
- 2.2.3.1.10 Perform the monitoring of the quality of water, reused water and sewage through the issuance of periodic Technical Reports in the laboratory with REBLAS (Brazilian Network of Analytical Laboratories in Health) certifications, in accordance with current standards, and by adopting the necessary measures to meet them;
- 2.2.3.1.11 Make the payment of the water and sewage service with the provider of this service;
- 2.2.3.1.12 Adopt practices and EQUIPMENT that ensure the efficient use of water, as well as the search for its reduction in consumption.
- 2.2.3.2 Regarding the service of provision of water and drinking water to LACEN, the CONCESSIONAIRE must also consider the following guidelines:
  - 2.2.3.2.1 The water used in LACEN must be treated to protect the LABORATORY EQUIPMENT with pre-filters, filters, and reverse osmosis membrane, preventing contaminants from clogging or causing other damage;
  - 2.2.3.2.2 The type of water to be used in each PLATFORM must observe the characteristics of the LABORATORY EQUIPMENT;
- 2.2.3.3 Specifications of the LABORATORY EQUIPMENT indicated in ANNEX 6 - EQUIPMENT AND FURNITURE, including water purifiers, and even type III purifiers - ultrapure water.

## **2.3 ENERGY**

### **2.3.1 DEFINITION**

- 2.3.1.1 The management, operation, and maintenance of the entire energy system of the HOSPITAL COMPLEX and LACEN characterize this service to ensure the availability of supply, quality, and efficient use.
- 2.3.1.2 The CONCESSIONAIRE will be responsible for the management, maintenance, and operation of this service, observing the other guidelines contained in ANNEX 5 - MINIMUM GUIDELINES FOR PROJECTS AND

WORKS:

- 2.3.1.2.1 Entry and measurement booth;
- 2.3.1.2.2 Transformation cabin;
- 2.3.1.2.3 Protection systems;
- 2.3.1.2.4 Panels and paintings;
- 2.3.1.2.5 Photovoltaic panels;
- 2.3.1.2.6 Generator Group;
- 2.3.1.2.7 UPSs in accordance with ABNT NBR 13.534:2008;
- 2.3.1.2.8 Switches and sockets;
- 2.3.1.2.9 Switches, protective devices, isolating transformers, medical IT (*Isolated Power Systems*) and command;
- 2.3.1.2.10 Lighting;
- 2.3.1.2.11 Emergency lighting;
- 2.3.1.2.12 Lightning protection devices, in compliance with ABNT NBR 5.419:2015;
- 2.3.1.2.13 Substation;
- 2.3.1.2.14 Other elements of the electrical installations in the HOPE HEALTH COMPLEX.

2.3.2 SERVICE DESCRIPTION

- 2.3.2.1 Without prejudice to the other obligations described in this ANNEX, the CONCESSIONAIRE shall be responsible for:
  - 2.3.2.1.1 Install the systems and EQUIPMENT specified in the approved BASIC PROJECT and EXECUTIVE PROJECT;
  - 2.3.2.1.2 Carry out the interconnection with the public service concessionaire providing energy;
  - 2.3.2.1.3 Carry out all procedures, including approvals, in addition to bearing the respective costs with the public service concessionaire to carry out any reinforcement in the network, if necessary;
  - 2.3.2.1.4 Adopt practices and EQUIPMENT that ensure the efficient use of energy, as well as the search for its reduction in consumption;
  - 2.3.2.1.5 Implement a monitoring system with information on the energy consumption of the HOSPITAL COMPLEX and LACEN, as well as the entire HOPE HEALTH COMPLEX
  - 2.3.2.1.6 Carry out periodic energy diagnosis, to be defined by agreement between the PARTIES, to identify possible and probable points of energy waste;
  - 2.3.2.1.7 Manage, operate, and perform the necessary maintenance throughout the energy system to ensure the availability of 100% (one hundred percent) of service throughout the HOPE HEALTH COMPLEX;
  - 2.3.2.1.8 Be responsible for the supply, management, maintenance, and operation of the generator set, and it must be sized to be used in emergency situations;

- 2.3.2.1.9 Respect the noise levels established by law in the operation of generators;
- 2.3.2.1.10 Make the payment of the energy service with the public service concessionaire providing energy;
- 2.3.2.1.11 Adopt actions to minimize the environmental impact or the implementation of solutions to adapt and meet this requirement;
- 2.3.2.1.12 Implement real-time alert systems to identify failures or anomalies in power EQUIPMENT;
- 2.3.2.1.13 Implement measures to reduce emissions from the operation of electric power generators, ensuring compliance with current environmental regulations. Among the recommended actions are the installation of emission control systems, such as particulate and particle filters, the use of fuels with lower sulfur content and regular preventive maintenance to ensure the efficiency of the EQUIPMENT.

## 2.4 GASES

### 2.4.1 DEFINITION

- 2.4.1.1 This service is characterized by the continuous and uninterrupted supply of all gases necessary for the operation of the HOSPITAL COMPLEX and LACEN, as provided for in this item.
  - 2.4.1.1.1 The presentation of the supply of this product should be classified as Liquefied Oxygen for centralized distribution, that is, from a cryogenic tank, and Gaseous Oxygen, being used for cases of intra-hospital transport or in ambulances.
  - 2.4.1.2 The gases to be made available must follow the qualification described below:
    - 2.4.1.2.1 Medical Oxygen:
      - i. Minimum purity degree of 99.9% (ninety-nine-point nine percent);
      - ii. Symbol: O<sub>2</sub>;
      - iii. Physicochemical characteristics: odorless, tasteless, non-flammable, oxidizing and molecular weight = 31.9988 (thirty-one point ninety-nine thousand and ninety-eight);
      - iv. Product without toxicological effect.
    - 2.4.1.2.2 Nitrous oxide:
      - i. Minimum purity degree of 99.0% (ninety-nine percent);
      - ii. Symbol: N<sub>2</sub>O;
      - iii. Physicochemical characteristics: colorless, tasteless, non-flammable, oxidizing and molecular weight = 44.0128 (forty-four point zero one hundred and twenty-eight).
    - 2.4.1.2.3 Compressed Air: According to ABNT NBR 12.188:2016 and Resolution of the Collegiate Board of ANVISA/MS – RDC No. 50, of February 21, 2002, the characteristics of medical compressed air must be guaranteed in accordance with the standards:
      - i. Minimum purity degree of 99.0% (ninety-nine percent);
      - ii. Nitrogen (N<sub>2</sub>): Balance;
      - iii. Oxygen (O<sub>2</sub>): 20.9% (twenty-point nine percent);

- iv. Carbon Monoxide (CO): 5 ppm (five parts per million) maximum;
- v. Carbon Dioxide (CO<sub>2</sub>): 350 ppm (three hundred and fifty parts per million) maximum;
- vi. Sulfur Dioxide (SO<sub>2</sub>): 0.016 ppm (zero point zero sixteen parts per million) maximum;
- vii. Nitrogen Oxide (NO<sub>x</sub>): 0.0255 ppm (zero point zero two hundred and fifty-five parts per million) maximum;
- viii. Oils and solid particles: 0.1 mg/m<sup>3</sup> (zero-point one milligram per cubic meter);
- ix. Dew point: - 45.5°C (forty-five point five degrees Celsius), referred to atmospheric pressure, according to ABNT NBR 12.188:2016.

2.4.1.2.4 Clinical Vacuum:

- i. Vacuum for use in therapeutic procedures;
- ii. Dry type;
- iii. Minimum pressure of 26.64 kPa (twenty-six kilopascals) - 200 mmHg (two hundred millimeters of mercury), according to Resolution of the Collegiate Board of ANVISA/MS - RDC n° 50, of February 21, 2002.

2.4.1.2.5 Medical Nitrogen: used as a source of mechanical energy for pneumatic equipment such as bone saws, drillers and craniotomes;

2.4.1.2.6 Hospital Carbon Dioxide (CO<sub>2</sub>): intraoperative use in laparoscopic and endoscopic surgeries;

2.4.1.2.7 Nitric Oxide (NO<sub>2</sub>): used to treat acute pulmonary hypertension;

2.4.1.2.8 LPG Fuel Gas compatible with the unit's existing systems;

2.4.1.3 LACEN gases must be supplied in volume and specifications according to existing technologies, including the following gases and others necessary for the operation of LABORATORY EQUIPMENT:

2.4.1.3.1 AA acetylene;

2.4.1.3.2 the synthetic 5.0;

2.4.1.3.3 Argon;

2.4.1.3.4 Analytical argon;

2.4.1.3.5 Helium 5.0;

2.4.1.3.6 Hydrogen;

2.4.1.3.7 Nitrogen 5.0;

2.4.1.3.8 Nitrogen 6.0;

2.4.1.3.9 Oxygen 6.0.

2.4.2 GOVERNING LEGISLATION

2.4.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for

the provision of the SERVICE:

- 2.4.2.1.1 ABNT NBR 12.188:2016 – Centralized oxygen, air, nitrous oxide, and vacuum systems for medicinal use in health care facilities;
- 2.4.2.1.2 ABNT NBR 12.176:1999 – Medical gas networks for health care establishments – Design, installation, maintenance, and operation;
- 2.4.2.1.3 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 671, of April 5, 2022 – Provides for the technical criteria for granting Operating Authorization (AFE) to companies that manufacture and bottle medical gases.

#### 2.4.3 SERVICE DESCRIPTION

- 2.4.3.1 Without prejudice to the other obligations described in this ANNEX, the CONCESSIONAIRE shall be responsible for:
  - 2.4.3.1.1 Be responsible for the contracting, including payment, and uninterrupted supply of all gases to the HOSPITAL COMPLEX and LACEN, according to the characteristics described above, including backup sources and reserves for the HOSPITAL COMPLEX and LACEN;
  - 2.4.3.1.2 Be responsible for the operation of the entire medical gas system, as well as for carrying out preventive, predictive and corrective maintenance to ensure the full availability of supply to the HOSPITAL COMPLEX and LACEN;
  - 2.4.3.1.3 Install the systems and EQUIPMENT specified in the approved BASIC PROJECT and EXECUTIVE PROJECT;
  - 2.4.3.1.4 Ensure the continuous supply of gases to the HOSPITAL COMPLEX and LACEN, and for this purpose establish the necessary supply frequencies so that there is no interruption in the supply;
  - 2.4.3.1.5 Implement continuous monitoring of the pressure and purity of the gases supplied;
  - 2.4.3.1.6 Provide sufficient and qualified staff to operate medical gas systems;
  - 2.4.3.1.7 Adopt all the necessary security measures for the operation of the systems;
  - 2.4.3.1.8 Attest to the quality of medical gases periodically through technical reports and quality certifications, to be defined between the PARTIES in the Work Plan and in accordance with current standards.

#### 2.4.4 OPERATION

- 2.4.4.1 The CONCESSIONAIRE shall provide that the HOSPITAL COMPLEX shall have gas points in accordance with the requirements of the Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC nº 50, of February 21, 2002 and ABNT NBR 12.188:2016, except for critical environments such as ICU, and isolation rooms, which shall receive points in duplicate, the presence of 2 (two) oxygen points, 2 (two) compressed air points and 2 (two) clinical vacuum points, coming from different networks, is mandatory. For the operating room, Nitrous Oxide, used in inhalational anesthesia, should be considered.
- 2.4.4.2 The CONCESSIONAIRE will be responsible for supplying the gases necessary for the operation of LACEN, for the LABORATORY EQUIPMENT and processing of exams and analyses. This scope includes a gas

supply system, such as compressed air, in addition to the availability in cylinders for specific gases indicated in item 2.4.1.

- 2.4.4.3 To ensure safety and efficiency in the use of gases, the CONCESSIONAIRE must provide for the adequate storage of the cylinders, following the safety standards in force, and ensure the continuity of supply with the installation of pressure regulating valves and backup systems, including regular inspections and maintenance.
- 2.4.4.4 For the storage and distribution of gases, transportable cylinders, reserve centers and cryogenic tanks must be provided. Cylinder battery systems shall be connected to a pressure regulating valve capable of maintaining the maximum pressure of the centralized system continuously.

## **2.5 JANITORIAL**

### 2.5.1 SERVICE DESCRIPTION

- 2.5.1.1 The execution of janitorial services involves the following obligations on the part of the CONCESSIONAIRE:
  - 2.5.1.1.1 Ensure the conservation and heritage of the CONCESSION AREA, including all the buildings of the HOPE HEALTH COMPLEX, providing minor repairs, and daily inspecting the property and all existing physical buildings, including the walls of the property;
  - 2.5.1.1.2 Inspect corridors, patios, areas, and facilities of the CONCESSION AREA, verifying the needs of cleaning, repairs, operating conditions, electrical, hydraulic, and other appliances, to provide the necessary services;
  - 2.5.1.1.3 Organization and control of cabinets for the storage of objects by employees of the CONCESSIONAIRE, professionals of the FINALISTIC SERVICES and USERS;
  - 2.5.1.1.4 Take care of the hygiene of the premises and facilities, supervising the cleaning and removal of waste, to keep the building in the required conditions of cleanliness;
  - 2.5.1.1.5 Perform or arrange for general maintenance services. General maintenance may include services such as:
    - 2.5.1.1.5.1 Repairs or replacement of luminaires, lamps, fuses, and peripherals of installations in general;
    - 2.5.1.1.5.2 Retouching in case of falling plaster and painting of walls and ceilings;
    - 2.5.1.1.5.3 Repairs of ovens, pumps, water tanks, fire extinguishers, etc.;
    - 2.5.1.1.5.4 Repairs and adjustments in hydro sanitary networks;
    - 2.5.1.1.5.5 Small welding and cutting services in metal sheets/tubes when required.
  - 2.5.1.1.6 Ensure compliance with the CONTRACT and rules of the GRANTING AUTHORITY for the HOPE HEALTH COMPLEX, such as avoiding noise at inappropriate times and improper use of the facilities;
  - 2.5.1.1.7 Transport (manually or with the use of a cart) EQUIPMENT, FURNITURE, ICT EQUIPMENT, other equipment, materials, volumes, among others, in the CONCESSION AREA.

### 2.5.2 OPERATION

2.5.2.1 The janitorial services must be performed by the CONCESSIONAIRE in the CONCESSION AREA, 7 (seven) days a week, in a shift of 8 (eight) hours a day.

### 2.5.3 SIZING

2.5.3.1 The CONCESSIONAIRE must size the jobs for janitorial services taking into account aspects such as:

2.5.3.1.1 CONCESSION AREA and scope of activities: Dimensioning of the CONCESSION AREA, considering the complexity and frequency of the activities to be carried out;

2.5.3.1.2 Inspections and Maintenance: frequency of inspections and maintenance, considering the extent of the areas to be monitored and the need for minor repairs;

2.5.3.1.3 Use of Monitoring Technologies: Consider implementing monitoring technologies, such as sensors and cameras, for remote monitoring and inspection of facility conditions.

### **3 CLINICAL ENGINEERING**

#### **3.1 DEFINITION**

- 3.1.1 Clinical engineering services are understood as all activities that aim to maintain the proper functioning of all MEDICAL-HOSPITAL EQUIPMENT of the HOSPITAL COMPLEX and LABORATORY EQUIPMENT of LACEN, meeting the requirements of the CONTRACT and its ANNEXES, especially the KEY PERFORMANCE INDICATORS (KPI) provided by ANNEX 8 – KEY PERFORMANCE STANDARDS.
- 3.1.2 Within the competencies of this service, the management, maintenance, conservation and/or recovery of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, including other activities related to the scope of the CONTRACT, are included.
- 3.1.3 Maintenance, within the scope of clinical engineering, covers the following activities:
- 3.1.3.1 PREVENTIVE MAINTENANCE: occurs with planning, with a clear and specific objective of keeping the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in good working order, avoiding failures and damages;
- 3.1.3.2 PREDICTIVE MAINTENANCE: consists of preventing failures in MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT by checking various parameters, aiming at the operation of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT/system for as long as possible, uninterruptedly;
- 3.1.3.3 CORRECTIVE MAINTENANCE: technical intervention so that the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT returns to its operation, either by making adjustments, replacing defective parts, or even indicating the abandonment or replacement of the technology in question;
- 3.1.3.4 Calibration: set of operations under specific conditions comparing the relationship between values indicated by previously calibrated instruments, ensuring the veracity of the parameters through traceability;
- 3.1.3.5 Qualification: formal process that aims to ensure that the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT work in accordance with the current standards and guidelines, in addition to proving their reliability and proper operation;
- 3.1.4 Electrical Safety: Set of measures and precautions aimed at ensuring the protection of users of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, against risks associated with electricity, ranging from the installation of electrical systems to the proper use of these MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, providing the adoption of good practices in the work environment for the protection of the health of the operator and users assisted by technologies electrically powered;
- 3.1.5 Validation: a set of activities with the objective of ensuring that a process follows according to specifications, meeting standards and maintaining the safety of the operation.

#### **3.2 GOVERNING LEGISLATION**

- 3.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
- 3.2.1.1 ABNT NBR 12.188:2016 – Centralized oxygen, air, nitrous oxide, and vacuum systems for medicinal use in health care facilities;

- 3.2.1.2 ABNT NBR 13.534:2008 – Low voltage electrical installations – Specific requirements for installation in health care establishments;
- 3.2.1.3 ABNT NBR 15.943:2011 – Guidelines for a program for the management of health service infrastructure equipment and health equipment;
- 3.2.1.4 ABNT NBR 7.256:2005 – Air treatment in health care facilities (EAS) – Requirements for the design and execution of facilities;
- 3.2.1.5 IEC 60.601-1:2010 – Applies to the basic safety and essential performance of electromedical equipment and electromedical systems;
- 3.2.1.6 Normative Instruction of the Collegiate Board of ANVISA/MS – IN nº 8, of December 26, 2013 – Technical standards required for the certification of electrical equipment;
- 3.2.1.7 IEC 60.601-2-15 – Electromedical equipment (Part 2) – Particular safety requirements for X-ray generators by capacitor discharge;
- 3.2.1.8 IEC 60.601-2-2:2022 – Electromedical equipment (Part 2-2) – Private safety prescriptions for high-frequency surgical equipment;
- 3.2.1.9 IEC 60.601-2-4:2022 – Electromedical equipment (Part 2-4) – Private prescriptions for the safety of cardiac defibrillators;
- 3.2.1.10 IEC 60.601-2-5:2013 – Electromedical equipment (Part 2-5) – Private prescriptions for the safety of ultrasound equipment for therapy;
- 3.2.1.11 IEC 60.601-2-6:2019 – Electromedical equipment (Part 2-6) – Particular prescriptions for the safety of microwave therapy equipment;
- 3.2.1.12 IEC 60.601-2-22:2014 – Electromedical equipment (Part 2-22) – Particular prescriptions for the safety of laser therapeutic and diagnostic equipment;
- 3.2.1.13 IEC 60.601-2-24:2015 – Electromedical equipment (Part 2-24) – Particular prescriptions for the safety of infusion pumps and controllers;
- 3.2.1.14 IEC 60.601-2-25:2014 – Electromedical equipment (Part 2-25) – Particular prescriptions for the safety of electrocardiographs;
- 3.2.1.15 IEC 60.601-2-27:2013 – Electromedical equipment (Part 2-27): Particular prescriptions for the safety of electrocardiogram monitoring equipment;
- 3.2.1.16 IEC 60.601-2-28:2019 – Electromedical equipment (Part 2-28): Particular safety requirements applicable to X-radiation source sets and X-radiation emitter sets for medical diagnosis;
- 3.2.1.17 IEC 60.601-2-30:1997 – Electromedical equipment (Part 2-30): Particular requirements for the safety of equipment for automatic and cyclic monitoring of indirect (non-invasive) blood pressure;
- 3.2.1.18 IEC 60.601-2-31:2023 – Electromedical equipment (Part 2-31): Particular prescriptions for the safety of external cardiac pacemakers with internal power supply;
- 3.2.1.19 IEC 60.601-2-34:2014 – Electromedical equipment (Part 2-34): Particular prescriptions for the safety of equipment for monitoring direct blood pressure (invasive);
- 3.2.1.20 IEC 60.601-2-37:2016 – Electromedical equipment (Part 2-37): Particular prescriptions for the safety of

ultrasound diagnostic and medical monitoring equipment;

- 3.2.1.21 IEC 60.601-2-40:2019 - Electromedical equipment (Part 2-40): Particular prescriptions for the safety of electromyographs and evoked potential equipment;
- 3.2.1.22 IEC 60.601-2-43:2021 - Electromedical equipment (Part 2-43): Particular requirements for the safety of X-ray equipment for interventional procedures;
- 3.2.1.23 IEC 60.601-2-46:2020 - Electromedical equipment (Part 2-46): Private prescriptions for the safety of operating tables;
- 3.2.1.24 IEC 60.601-2-47:2014 - Electromedical equipment (Part 2-47): Particular prescriptions for safety and essential performance of ambulatory electrocardiography system;
- 3.2.1.25 IEC 60.601-2-52:2020 - Particular requirements for the basic safety and essential performance of hospital beds;
- 3.2.1.26 IEC 60.601- 1-2:2022 - Electromedical equipment (Part 1-2): General safety prescriptions - Collateral standard: Electromagnetic compatibility - Prescriptions and tests;
- 3.2.1.27 IEC 60.601- 1-3:2021 - Electromedical equipment (Part 1): General safety requirements - 3. Collateral standard: General prescriptions for radiation protection of X-ray equipment for diagnostic purposes;
- 3.2.1.28 IEC 61.689:1998 - Ultrasound - Physiotherapy systems: Prescriptions for performance and measurement methods in the frequency range of 0.5 MHz to 5 MHz;
- 3.2.1.29 IEC 80.601-2-26:2021 - Particular requirements for the basic safety and essential performance of electroencephalographs;
- 3.2.1.30 IEC 80.601-2-35:2019 - Particular requirements for the basic safety and essential performance of heating devices that use blankets, cushions, or mattresses and are intended for heating in medical practice;
- 3.2.1.31 IEC 80.601-2-49:2021 - Particular requirements for the basic safety and essential performance of multifunctional PATIENT monitors;
- 3.2.1.32 ISO 15.189:2015 - Clinical laboratories: Quality and competence requirements;
- 3.2.1.33 ISO 80.601-2-12:2014 - Particular requirements for the basic safety and essential performance of critical care ventilators;
- 3.2.1.34 ISO 80.601-2-13:2017 - Particular requirements for the basic safety and essential performance of anesthesia workstations;
- 3.2.1.35 ABNT NBR ISO/IEC 17.025:2017 - General requirements for the competence of testing and calibration laboratories;
- 3.2.1.36 ISO 17.665-1/2010 - Sterilization of health products - Steam (Part 1): Requirements for the development, validation, and routine control of sterilization processes of health care products;
- 3.2.1.37 Manual for Health Service Provider Organizations (OPSS). National Accreditation Organization (ONA). Version 2022-2025;
- 3.2.1.38 GM/MS Ordinance No. 2,048, of September 3, 2009 - Approves the Regulation of the Unified Health System (SUS);

- 3.2.1.39 INMETRO Ordinance No. 402, of August 23, 2019 – Provides for the update of the Technical Metrological Regulation (RTM) that establishes the conditions that digital clinical thermometers used in the temperature control of humans and animals must meet;
- 3.2.1.40 INMETRO/MDIC Ordinance No. 96, of March 20, 2008 – To approve the Metrological Technical Regulation, which establishes the essential technical and metrological conditions that must be met by digital electronic sphygmomanometers of non-invasive measurement, which are intended to measure human blood pressure in the arm, wrist, or thigh;
- 3.2.1.41 CFM Resolution No. 1,886, of November 21, 2008 – Provides for the "Minimum Standards for the Operation of Medical Offices and Surgical Complexes for Procedures with Short-Stay Hospitalization";
- 3.2.1.42 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 63, of August 25, 2011 – Establishes requirements of Good Practices for the operation of health services, based on qualification, humanization of care and management, and reduction and control of risks to users and the environment;
- 3.2.1.43 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 509, of September 24, 2021 – Establishes the minimum criteria, to be followed by health establishments, for the management of health technologies used in the provision of health services;
- 3.2.1.44 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 189, of September 23, 2003 – Provides for the regulation of the procedures for analysis, evaluation and approval of physical projects of health establishments in the National Health Surveillance System, amends the Technical Regulation approved by RDC No. 50, of February 21, 2002 and provides for other provisions;
- 3.2.1.45 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 220, of August 12, 2004 – Approves the Technical Regulation for the operation of Antineoplastic Therapy Services;
- 3.2.1.46 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 20, of April 18, 2012 – Provides for the management of health technologies in health establishments;
- 3.2.1.47 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 36, of August 25, 2008 – Provides for the Technical Regulation for the Operation of Obstetric and Neonatal Care Services;
- 3.2.1.48 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 32, of September 4, 2013 – Compulsory certification of electrical equipment under the Sanitary Surveillance regime and provides other measures;
- 3.2.1.49 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 6, of January 28, 2013 – Provides for the requirements of Good Operating Practices for endoscopy services with access to the body through exclusively natural orifices;
- 3.2.1.50 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 7, of March 24, 2010 – Provides for the minimum requirements for the operation of Intensive Care Units and provides for other provisions;
- 3.2.1.51 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 50, of February 21, 2002 – Provides for the Technical Regulation for planning, programming, preparation, and evaluation of physical projects of health care establishments;
- 3.2.1.52 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 751, of August 10, 2022 – Provides for risk classification, notification and registration regimes, and labeling requirements and instructions

for use of medical devices;

- 3.2.1.53 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 305, of August 22, 2019 – Provides for requirements for the manufacture, commercialization, importation, and exposure to the use of personalized medical devices;
- 3.2.1.54 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 579, of December 22, 2021 – Provides for the import, commercialization, and donation of used and refurbished medical devices;
- 3.2.1.55 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 36, of June 16, 2015 – Provides for the risk classification, the notification and registration control regimes and the labeling requirements and instructions for use of in vitro diagnostic products, including their instruments and provides for other provisions;
- 3.2.1.56 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 67, of August 24, 2009 – Provides for Techno vigilance rules applicable to holders of registration of health products in Brazil;
- 3.2.1.57 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 611, of December 29, 2022 – Establishes the sanitary requirements for the organization and operation of services;
- 3.2.1.58 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 16, of March 27, 2014 – Provides for the Criteria for Petitioning for Operating Authorization (AFE) and Special Authorization (AE) of Companies;
- 3.2.1.59 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 786, of March 15, 2023 – Establishes the technical-sanitary requirements for the operation of clinical laboratories and other services that perform clinical analysis exams;
- 3.2.1.60 Federal Law No. 6,360, of September 23, 1976 – Provides for the Sanitary Surveillance to which Medicines, Drugs, Pharmaceutical and Related Inputs, Cosmetics, Sanitizing Agents, and Other Products are subject, and provides for other Provisions.

### **3.3 SERVICE DESCRIPTION**

- 3.3.1 Without prejudice to the other obligations described in this ANNEX, the CONCESSIONAIRE shall be responsible for:
  - 3.3.1.1 Provide all the necessary manpower to provide the clinical engineering service, in addition to ensuring the hiring of properly trained professionals to perform the proper functions. In case of outsourcing of the service by the CONCESSIONAIRE, the contracted company must meet all the premises and requirements defined in this ANNEX;
  - 3.3.1.2 To make available the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in the minimum quantity defined in ANNEX 6 – EQUIPMENT AND FURNITURE, including the amount of technical reserves foreseen;
  - 3.3.1.3 Provide the consumables necessary for the operation and use of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT by the FINALISTIC SERVICES or SERVICES team;
  - 3.3.1.4 Maintain available (in stock) replacement units (technical reserve/spares) of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT intended for the functions and critical areas of the HOSPITAL COMPLEX and LACEN (as indicated in item 3.3.8), such as, for example, MEDICAL-HOSPITAL EQUIPMENT for

life support, for immediate replacement, in case of defects that make it impossible for them to function and to provide adequate care to PATIENTS at risk;

- 3.3.1.5 Provide a specific system or management module for Clinical Engineering, integrated with the HOSPITAL INFORMATION SYSTEM containing all data regarding the registration, useful life, maintenance, and location of each of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT;
- 3.3.1.6 In case of withdrawal of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT or scheduled maintenance, the FINALISTIC SERVICES team of the HOSPITAL COMPLEX or LACEN must be notified in advance so that all exams and/or procedures that may be scheduled for those EQUIPMENT are relocated and rescheduled;
- 3.3.1.7 Provide all materials, support/support equipment, and PPE/EPCs as described in the SOPs. A package of materials and equipment must be proposed for each professional, including MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, particular to each system to which it will be subordinated, containing their quantification and an estimated exchange plan;
- 3.3.1.8 Provide testing and calibration equipment for MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT to assist in the maintenance carried out by the clinical engineering sector, as well as perform calibrations according to the maintenance plan included in the HOSPITAL COMPLEX and LACEN;
- 3.3.1.9 Carry out the purchase planning of parts, parts, inputs, and accessories necessary for maintenance;
- 3.3.1.10 Monitor the maintenance of MEDICAL EQUIPMENT, HOSPITALS AND LABORATORY EQUIPMENT in order to classify possible adverse events or technical complaints that can be notified to ANVISA;
- 3.3.1.11 Follow up on notifications with ANVISA about the alerts applied to the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in operation in the HOSPITAL COMPLEX and LACEN;
- 3.3.1.12 Participate in commissions or nuclei that establish the actions of analysis of Technovigilance.

### 3.3.2 INVENTORY

- 3.3.2.1 The CONCESSIONAIRE must keep in its possession all the technical and user manuals of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT of the HOSPITAL COMPLEX and LACEN, as well as the updated registration of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT with the Health Surveillance Agency – ANVISA, plans, descriptions, plans, facilities and all documents related to the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in which it will carry out maintenance.
- 3.3.2.2 All MEDICAL-HOSPITAL EQUIPMENT and mobile LABORATORY EQUIPMENT must have a device that guarantees location and tracking in the different environments of the HOPE HEALTH COMPLEX, by RFID (*Radio Frequency Identification*) or similar technology.
  - 3.3.2.2.1 For MEDICAL-HOSPITAL EQUIPMENT and fixed LABORATORY EQUIPMENT, such as CT scanners and Magnetic Resonance Imaging, the control will be carried out through an asset control system, without tracking via RFID or similar technology.
  - 3.3.2.3 In addition to its representative code, observing the provisions of the CONTRACT, the INVENTORY must include all relevant information on MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, enabling the completion of the individual history of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT (Life Record), which will later provide the record of the history of failures, repairs, replacement of parts,

half-life, and other relevant data for the characterization of the park of the HOSPITAL COMPLEX and LACEN. This information must be recorded in the specific system or Clinical Engineering management module.

- 3.3.2.4 The technical data of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT and the history of the interventions performed must be recorded in the specific system or management module of Clinical Engineering, as well as:
- 3.3.2.4.1 Date of purchase and acquisition value;
  - 3.3.2.4.2 Cost center or location of the asset;
  - 3.3.2.4.3 Identification number of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT (TAG/ID);
  - 3.3.2.4.4 Location of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in the HOPE HEALTH COMPLEX;
  - 3.3.2.4.5 Operating status (e.g., in external maintenance, in internal maintenance, obsolete, etc.);
  - 3.3.2.4.6 History of Corrective, Predictive and Preventive Maintenance;
  - 3.3.2.4.7 History of calibrations and qualifications, where applicable.
- 3.3.2.5 Also, for each MEDICAL-HOSPITAL EQUIPMENT and individualized LABORATORY EQUIPMENT or group of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT (when applicable), the following data of each asset must be recorded in the specific system or Clinical Engineering management module:
- 3.3.2.5.1 PREVENTIVE MAINTENANCE Plan;
  - 3.3.2.5.2 PREDICTIVE MAINTENANCE Plan;
  - 3.3.2.5.3 Calibration plan, indicating the periodicity and calibration parameters as indicated by the manufacturer;
  - 3.3.2.5.4 Qualification plan, covering the qualification criteria according to applicable rules and regulations;
  - 3.3.2.5.5 Electrical safety test plan, ensuring that all MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT comply with electrical safety standards and operate in a safe manner for PATIENTS and EQUIPMENT operators;
  - 3.3.2.5.6 Warranty plan for MEDICAL-HOSPITAL AND LABORATORY EQUIPMENT, clearly containing everything that may or may not be included in the supplier's services;
  - 3.3.2.5.7 Distribution plan of MEDICAL-HOSPITAL AND LABORATORY EQUIPMENT, in the HOSPITAL COMPLEX or LACEN with registration of users (nurse, doctor, researcher, analyst, assistant, among others);
  - 3.3.2.5.8 Technical description of each MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, containing its characteristics and configurations;
  - 3.3.2.5.9 Estimation of the life cycle of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT;
  - 3.3.2.5.10 Provision for replacement of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT;
  - 3.3.2.5.11 Maintenance history of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, enabling comparison of normal depreciation versus projected depreciation for MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.

### 3.3.3 MAINTENANCE PLAN FOR MEDICAL-HOSPITAL EQUIPMENT AND LABORATORY EQUIPMENT

3.3.3.1 The CONCESSIONAIRE shall prepare the maintenance plans for the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT. These Maintenance Plans for MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT must be integrated and aligned with the other Plans provided for this SERVICE.

3.3.3.2 Each group of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT must have its own individual maintenance plan, according to the technology in it, the frequency of use, the construction characteristics, the operation, the sensitivity of its components, the number of functional blocks, the number of different users, the use of inputs, among other factors that may intervene in the operation of the device.

3.3.3.3 Once the maintenance plans have been defined, the CONCESSIONAIRE shall prepare a detailed schedule of the necessary activities, indicating, at least, the periodicity, those responsible and the action plan.

### 3.3.4 CORRECTIVE MAINTENANCE PLAN

3.3.4.1 The CORRECTIVE MAINTENANCE Plan shall be prepared and executed by the CONCESSIONAIRE in accordance with the requirements and obligations set forth in this ANNEX.

3.3.4.2 As indicated in item 13.4.7.9, the CONCESSIONAIRE will implement a call management system to register all open calls to the HOSPITAL COMPLEX and LACEN, allowing the opening of requests by the GRANTING AUTHORITY or the FINALISTIC SERVICES team, for analysis and eventual procedure carried out by the CONCESSIONAIRE's team.

3.3.4.3 For the purposes of CORRECTIVE MAINTENANCE, the CONCESSIONAIRE shall prepare, as part of the CORRECTIVE MAINTENANCE Plan, a prioritization matrix and expected service level for each type of system and necessary CORRECTIVE MAINTENANCE, to be approved by the GRANTING AUTHORITY.

3.3.4.4 For the purpose of prioritizing CORRECTIVE MAINTENANCE, the level of criticality of the defect presented will be considered, as described below:

3.3.4.4.1 **Criticality 4 (Urgency)** – Occurrence that affects critical areas of the HOSPITAL COMPLEX and LACEN and with a direct impact on the FINALISTIC SERVICES or SERVICES, or that puts USERS and the LINKED ASSETS of the CONCESSION at risk. The correction must be attended to immediately and will have priority over other calls;

3.3.4.4.2 **Criticality 3 (High Priority)** – Occurrence that affects or prevents the execution of FINALISTIC SERVICES or SERVICES (partial interruption of functions, malfunction of resources, intermittency, or inoperability of any kind), whose correction should have priority over other calls with lower criticality levels;

3.3.4.4.3 **Criticality 2 (Medium Priority)** – Occurrence that affects the execution of FINALISTIC SERVICES or SERVICES and may cause inconvenience to care if they are not operating normally, whose correction is necessary, but dispensable;

3.3.4.4.4 **Criticality 1 (Low Priority)** – Occurrences of minor relevance that affects, but does not impair the FINALISTIC SERVICES or SERVICES, considering the need and also impacts, whose correction is necessary, but dispensable;

- 3.3.4.4.5 **Criticality 0 (Non-Critical)** – Occurrences of minor relevance that do not affect the FINALISTIC SERVICES or SERVICES, or that refer to improvements, customizations, and other changes with no impact on the work and productivity of the HOSPITAL COMPLEX and LACEN.
- 3.3.4.5 The exhaustive list of occurrences, according to the level of criticality, must be presented by the CONCESSIONAIRE in the PREVENTIVE MAINTENANCE Plan, which will be approved by the GRANTING AUTHORITY.
- 3.3.4.6 "Critical areas" are considered to be the inpatient units of the HOSPITAL COMPLEX, the area for outpatient care of PATIENTS, the surgical center, laboratory areas at LACEN, among other areas indicated by the GRANTING AUTHORITY.
- 3.3.4.7 Upon receipt of the CORRECTIVE MAINTENANCE request, for the purpose of prioritizing the execution of SERVICES under the terms of this ANNEX, the CONCESSIONAIRE's team must check and evaluate the problem reported in the service order, in loco, with a view to future corrective actions.
- 3.3.4.8 "Request fulfilled" for the purpose of completing the call for CORRECTIVE MAINTENANCE, is understood to be the execution by the CONCESSIONAIRE of all activities necessary to attend to the occurrence indicated in the call. The call management system must have a double check functionality, allowing the person responsible for opening the call to also indicate whether the call was effectively answered.
- 3.3.4.9 The deadline for attendance and performance of CORRECTIVE MAINTENANCE, for each type of occurrence, must follow the deadlines contained in ANNEX 8 – KEY PERFORMANCE STANDARDS.
- 3.3.4.10 The CONCESSIONAIRE must acquire and use software to carry out the clinical engineering service management program that meets the requirements defined in this ANNEX, as well as the standards and legislation in force.
- 3.3.4.11 All activities and interventions carried out by clinical engineering must be recorded in the specific system or management module of Clinical Engineering, containing data related to the response to the call or the standard daily maintenance procedure. This system should allow for remote follow-up of open service orders, as well as monitor the completion process, with requester approval.
- 3.3.4.12 The specific system or management module of Clinical Engineering must be compatible and integrable with the HOSPITAL INFORMATION SYSTEM acquired by the GRANTING AUTHORITY, and must enable, at least, among its functions:
- 3.3.4.12.1 Registration of all environments and sectors of the HOSPITAL COMPLEX and LACEN with identification by code and linking of all employees in that sector authorized to perform maintenance calls;
- 3.3.4.12.2 Registration of all employees in the maintenance sector, including their work group and the tasks allowed for its execution;
- 3.3.4.12.3 Whenever a maintenance call is initiated, the system must automatically record the date, time and the professional who made the call, allowing real-time monitoring of the emergency response situation;
- 3.3.4.12.4 Generation of customizable reports to verify the productivity of each maintenance employee, relating time elapsed to answer the call, time elapsed to perform the activity, identification of more than one professional performing the same activity, among other significant actions for the services provided.
- 3.3.4.13 The database resulting from the management of clinical engineering services must always be updated and available to the GRANTING AUTHORITY and the INSPECTION AGENTS, and must always have a backup,

in order to ensure that there is no loss of data.

### 3.3.5 PREVENTIVE MAINTENANCE PLAN

3.3.5.1 The PREVENTIVE MAINTENANCE Plan must be executed according to the protocol established in this Plan, strictly complying with all the procedures described, as well as all the premises defined in this ANNEX, aiming to optimize the use of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in the functional aspect and attributing safety to all procedures performed in the HOSPITAL COMPLEX and LACEN, reducing downtime of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, loss of exams and, consequently, providing an increase in the projected useful life of each MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.

3.3.5.2 The PREVENTIVE MAINTENANCE Plan prepared by the CONCESSIONAIRE must contain at least:

3.3.5.2.1 Plan of verification, measurement and checking activities, present in the evaluation routine of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT through SOP and checklist;

3.3.5.2.2 Report containing the procedures for verifications and standard basis of all parameters of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT for its adequacy to normality (expected level of operation) or extension of useful life, when applicable;

3.3.5.2.3 Safety instructions for the technical maintenance team, including the list of PPE that must be used for each procedure;

3.3.5.2.4 Plan for the replacement of materials, components, or parts, containing all the basic parameters for replacing parts that show wear and tear due to use or may impact efficiency or operation;

3.3.5.2.5 Healthcare *Failure Mode and Effects Analysis* (HFMEA) for a brief diagnosis of the status of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT;

3.3.5.2.6 Frequency of the PREVENTIVE MAINTENANCE activity, contemplating the fixed and/or variable period of time necessary for the next PREVENTIVE MAINTENANCE;

3.3.5.2.7 Identification of the professional submitted to the performance of that task.

3.3.5.3 In case of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in poor condition of use, the CONCESSIONAIRE must develop specific plans to carry out the appropriate CORRECTIVE MAINTENANCE. In the event of the need for "interdictions" in rooms and environments, it is necessary to give prior notice to the GRANTING AUTHORITY, the FINALISTIC SERVICES team and the scheduling sector to reschedule procedures performed on site and the notification of the average downtime of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT. The communication flow for authorization and prior notice must be aligned between the PARTIES and provided for in the SOPs.

3.3.5.4 PREVENTIVE MAINTENANCE must present numerical records of measurement, tests, tests, calibration, among others, not limited only to compliance with a checklist.

### 3.3.6 CALIBRATION PLAN

3.3.6.1 The Calibration Plan shall be executed according to the protocol established in this Plan, strictly complying with all the procedures described, as well as all the premises defined in this ANNEX, aiming

to optimize the use of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in the functional aspect and attributing safety to all procedures performed in the HOSPITAL COMPLEX and LACEN, reducing downtime of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, loss of exams and procedures and, consequently, providing an increase in the projected useful life of each MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.

3.3.6.2 The Calibration Plan prepared by the CONCESSIONAIRE shall contain at least:

3.3.6.2.1 Plan of calibration activities by MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, consisting of evaluation and comparison of physical parameters;

3.3.6.2.2 Report containing the result of all comparisons and analyses of the respective standard deviations for each parameter;

3.3.6.2.3 In case of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT that fails calibration, rule for the CONCESSIONAIRE to remove the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT from use to perform the necessary activities (CORRECTIVE MAINTENANCE, calibration, etc.) to the FINALISTIC SERVICES with prior notice to the GRANTING AUTHORITY, the FINALISTIC SERVICES team and the scheduling sector for rescheduling procedures performed on site and notification of the average stop time of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.

3.3.6.3 The test and calibration equipment (standards) used to calibrate MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT must also be calibrated RBC (Brazilian Calibration Network), according to the periodicity informed by the manufacturer. RBC calibration is necessary to ensure the performance of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, identifying deviations and failures, as well as to meet regulatory requirements. These MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT must have a calibration certificate higher than the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT under test, issued by INMETRO, with a current expiration date.

### 3.3.7 QUALIFICATION PLAN

3.3.7.1 The Qualification Plan must be executed in strict compliance with all the procedures described therein, as well as all the premises defined in this ANNEX, in order to ensure that all MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT are correctly installed, operate as expected and meet the performance requirements specified for the HOSPITAL COMPLEX and LACEN.

3.3.7.2 The proper qualification of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT will ensure the safety and efficiency of the procedures performed, reduce unexpected stoppages, losses of exams and procedures, and, consequently, increase the useful life of each MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.

3.3.7.3 The Qualification Plan prepared by the CONCESSIONAIRE must contain at least:

3.3.7.3.1 Plan of qualification activities by MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, containing details of qualification activities, including installation qualification, operation qualification and performance qualification, with evaluation and comparison of operational and performance parameters;

3.3.7.3.2 Requirements to be followed considering the manufacturer's guidelines for the MEDICAL-HOSPITAL EQUIPMENT or LABORATORY EQUIPMENT or provided for in current legislation and regulations;

- 3.3.7.3.3 Report containing the result of all checks and tests carried out during the qualification stages, including comparison with the acceptance criteria and analysis of deviations found;
- 3.3.7.4 In case of MEDICAL-HOSPITAL EQUIPMENT or LABORATORY EQUIPMENT that fails the qualification, the CONCESSIONAIRE must remove the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT from use to perform the necessary activities (CORRECTIVE MAINTENANCE, qualification, calibration, etc.), with prior notice to the GRANTING AUTHORITY, the FINALISTIC SERVICES team and the scheduling sector for rescheduling procedures performed on site and notification of the average downtime of the EQUIPMENT MEDICAL-HOSPITAL and LABORATORY EQUIPMENT.
- 3.3.8 PREDICTIVE MAINTENANCE PLAN
- 3.3.8.1 The PREDICTIVE MAINTENANCE Plan must be executed according to the protocol in this Plan, complying with all the procedures described, as well as all the premises defined in this ANNEX.
- 3.3.8.2 This Plan must contain the actions to be carried out by the CONCESSIONAIRE, such as the installation of sensors in MEDICAL-HOSPITAL EQUIPMENT and critical LABORATORY EQUIPMENT to monitor parameters such as vibration, temperature and pressure in real time, assisting in the prediction of failures and triggering PREVENTIVE MAINTENANCE or CORRECTIVE MAINTENANCE actions in advance.
- 3.3.9 ACQUISITION
- 3.3.9.1 The MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, and the FURNITURE, acquired by the CONCESSIONAIRE must be new and of first use, be in accordance with the regulatory standards of the Ministry of Health/ANVISA, as well as comply with all applicable legislation and technical standards in force and their updates, and meet the minimum technical characteristics in ANNEX 6 – EQUIPMENT AND FURNITURE. The CONCESSIONAIRE will also be responsible for the acquisition of the consumables necessary for the operation and use of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.
- 3.3.9.2 The CONCESSIONAIRE, in contingency situations, as provided for in the Work Plan, may temporarily replace defective MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT with other MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, maintaining the minimum specifications defined in ANNEX 6 – EQUIPMENT AND FURNITURE. In case it is impossible to temporarily replace it with MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT that meet the minimum specifications, the CONCESSIONAIRE must request approval of the MEDICAL-HOSPITAL EQUIPMENT or alternative LABORATORY EQUIPMENT from the GRANTING AUTHORITY.
- 3.3.9.3 The CONCESSIONAIRE is guaranteed the flexibility of means and the right to supply products and MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT of any manufacturers and models, provided that these meet the specifications defined in ANNEX 6 – EQUIPMENT AND FURNITURE.
- 3.3.9.4 The CONCESSIONAIRE may use the lease or lending model, provided that it meets the guidelines for the reversibility of the LINKED ASSETS at the end of the CONCESSION TERM.
- 3.3.9.5 All MEDICAL-HOSPITAL EQUIPMENT, LABORATORY EQUIPMENT, and FURNITURE must present the list of accessories, associated software and supplies eventually included. The MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT incorporated must be supplied with all the necessary accessories for its proper functioning, as well as a set of inputs for the start of the operation (starting stock).

- 3.3.9.6 The following documents must accompany the MEDICAL-HOSPITAL EQUIPMENT, LABORATORY EQUIPMENT, and FURNITURE:
- 3.3.9.6.1 Installation manual;
  - 3.3.9.6.2 Operation manual;
  - 3.3.9.6.3 List of accessories used;
  - 3.3.9.6.4 List of components that should be replaced more frequently;
- 3.3.9.7 List of consumable inputs necessary for the operation of MEDICAL-HOSPITAL EQUIPMENT, LABORATORY EQUIPMENT.
- 3.3.9.8 The supplier company must also present the registration or certificate of ANVISA Notification of the product offered, when required by law for the respective product.
- 3.3.9.9 CONTRACTS
- 3.3.9.9.1 The CONCESSIONAIRE may hire specialized companies to provide technical services, in the preventive, predictive and corrective care of MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.
  - 3.3.9.9.2 MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT of large size and/or high complexity, or those that, due to their conception or technical need, require technical services provided by specialized labor, such as Magnetic Resonance Imaging, Tomography, Mammography, Ultrasound, Rigid and Flexible Videoendoscopy Systems, MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT classified by the Ministry of Health/ANVISA as Risk Class III - High Risk, among others, must have a maintenance contract in force with the original supplier, companies specialized or that have expertise in the execution of maintenance of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in question, observing the maintenance of the warranty of these MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.
  - 3.3.9.9.3 For any contract related to the maintenance of these items, the CONCESSIONAIRE shall be responsible for presenting and being verified by the GRANTING AUTHORITY the appropriate certifications for the performance of the maintenance service, in addition to the obligation to provide a maintenance plan containing all the interventions scheduled during the term of the contract.
  - 3.3.9.9.4 Certifications must also be requested and verified for MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, for which the clinical engineering service does not have tools or training carried out by the manufacturer that authorizes it to perform safe technical activities, without loss of warranty or reliability of the systems.
  - 3.3.9.9.5 For MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT with a maintenance contract with the original supplier, the CONCESSIONAIRE shall provide for the following obligations in the bilateral contract:
    - 3.3.9.9.5.1 MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT that will be served;
    - 3.3.9.9.5.2 Services contemplated with the appropriate periodicities;
    - 3.3.9.9.5.3 Preventive maintenance activities;
    - 3.3.9.9.5.4 Corrective maintenance activities and service deadline;

- 3.3.9.9.5.5 Calibration and qualification activities, when applicable;
  - 3.3.9.9.5.6 Electrical safety test;
  - 3.3.9.9.5.7 Training;
  - 3.3.9.9.5.8 Deadline for sending parts and listing parts.
- 3.3.9.10 MEDICAL-HOSPITAL AND LABORATORY EQUIPMENT WARRANTY PLAN
- 3.3.9.10.1 The CONCESSIONAIRE shall develop the Warranty Plan for MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, informing the coverage period and all conditions contracted with the original supplier or with specialized companies, including the services of CORRECTIVE MAINTENANCE, PREVENTIVE MAINTENANCE and calibrations included during the term of the respective warranty. It must also include the deadline (Service Level Agreement - SLA) for service and coverage for the replacement of components, parts and pieces in products that are proven to have defects under normal conditions of use.
- 3.3.9.11 MEDICAL-HOSPITAL AND LABORATORY EQUIPMENT DISTRIBUTION PLAN
- 3.3.9.11.1 The CONCESSIONAIRE shall develop a Distribution Plan for MEDICAL-HOSPITAL AND LABORATORY EQUIPMENT, in which it shall inform the location of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT in the HOPE HEALTH COMPLEX, as well as register the profiles of users belonging to the FINALISTIC SERVICES that routinely use them.
  - 3.3.9.11.2 As indicated in this ANNEX, all MEDICAL-HOSPITAL EQUIPMENT and mobile LABORATORY EQUIPMENT must have a device that guarantees the location and tracking in the different environments of the HOPE HEALTH COMPLEX, by RFID or similar technology. For MEDICAL-HOSPITAL EQUIPMENT and fixed LABORATORY EQUIPMENT, such as CT scanners and Magnetic Resonance Imaging, the control will be carried out through an asset control system, without tracking via RFID.
- 3.3.9.12 INVESTMENT MASTER PLAN
- 3.3.9.12.1 The CONCESSIONAIRE must prepare and annually update the Investment Master Plan in order to ensure the depreciation, reinvestment and technological up-to-date practices of the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, under the terms of the AGREEMENT.
  - 3.3.9.12.2 The Investment Master Plan must present the CONCESSIONAIRE's assumptions for reinvestment in relation to MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, detailing the actions necessary to replace or update obsolete MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT.
  - 3.3.9.12.3 In the reversion of assets, at the end of the CONCESSION TERM, the MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT must provide at least two (2) years of remaining useful life before the end of the useful life indicated by the manufacturer, including the availability of acquisition in the market of parts and supplies for these MEDICAL-HOSPITAL EQUIPMENT and LABORATORY EQUIPMENT, with the same period of their remaining useful life.

### **3.4 OPERATION**

- 3.4.1 The sector responsible for clinical engineering activities must carry out its activities from Monday to Saturday, from 06:00 (six) hours to 18:00 (eighteen) hours.
- 3.4.2 The CONCESSIONAIRE is responsible for developing a shift schedule, in person or remotely, of at least 2 (two) professionals (technicians and technologists in the clinical engineering sector), in such a way as to ensure availability on weekends on a coverage basis and at night for any emergency services.

### **3.5 SIZING**

- 3.5.1 The central unit of the clinical engineering service will be located in the HOSPITAL COMPLEX; however the CONCESSIONAIRE must provide for an advanced clinical engineering post at LACEN, with a team specialized in LABORATORY EQUIPMENT and in the maintenance of NB3 laboratories.

## **4 CLEANING, CONSERVATION AND GARDENING**

### **4.1 CLEANING**

#### 4.1.1 DEFINITION

- 4.1.1.1 The CONCESSIONAIRE will be responsible for the cleaning, disinfection and conservation of the fixed and non-fixed surfaces existing in the CONCESSION AREA.
- 4.1.1.2 The services will be performed on surfaces, such as (non-exhaustive): floors, walls, doors, corridors, parapets, baseboards, windows, entrance halls, fluorescent and incandescent light points, lighting fixtures (including external), switches, internal and external part of buildings, stairs, handrails, guardrails, curtains, blinds, railings, counters, door handles, partitions, furniture and utensils, beds, bedside tables, IV stands, EQUIPMENT, countertops and workstations, FURNITURE, stretchers, sanitary facilities, waste collectors, fire extinguishers, telephones, trash cans, mirrors, external cleaning of air conditioners, nursing station, toilets, dispensers, soap dishes (cleaning of the internal and external faces), paper bins, elevators, social staircases, circulations, drinking fountains, glass, windows, ceilings, marquee walls, visual communication boards, filters.
- 4.1.1.3 The CONCESSIONAIRE shall eliminate or reduce the presence of contamination loads to the lowest possible level, contributing to the reduction of the possibility of transmission of pathogens from inanimate sources.

#### 4.1.2 GOVERNING LEGISLATION

- 4.1.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
- 4.1.2.1.1 Federal Law No. 6,360, of September 23, 1976 – Provides for the Sanitary Surveillance to which Medicines, Drugs, Pharmaceutical and Related Inputs, Cosmetics, Sanitizing Agents, and Other Products are subject, and provides for other Provisions;
- 4.1.2.1.2 Hospital Infection Control Manual – Ministry of Health, 1985;
- 4.1.2.1.3 Manual of Hand Hygiene in Health Services – ANVISA, 2007;
- 4.1.2.1.4 Manual for the Processing of Articles and Surfaces in Health Establishments – Ministry of Health, 1994;
- 4.1.2.1.5 Manual for Cleaning and Disinfection of Surfaces – Patient Safety in Health Services – ANVISA, 2010;
- 4.1.2.1.6 ABNT NBR 12.807:1993 – Waste from health services;
- 4.1.2.1.7 ABNT NBR 12.809:2013 – Handling of health service waste;
- 4.1.2.1.8 ABNT NBR 12.810:2020 – Collection of waste from health services;
- 4.1.2.1.9 GM/MS Ordinance No. 2,616, of May 12, 1998 – Provides for guidelines and standards for the prevention and control of hospital infections;
- 4.1.2.1.10 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 59, of December 17, 2010 – Defines sanitizing product as a substance or preparation intended for application on objects, fabrics, inanimate surfaces, and environments, for cleaning and related purposes, disinfection, disinfestation,

sanitization, deodorization and odorization.

#### 4.1.3 SERVICE DESCRIPTION

- 4.1.3.1 The operational procedures for cleaning and use of chemical products must be previously approved by the Hospital Infection Control Service (SCIH) of the HOSPITAL COMPLEX and by LACEN's technical team appointed by the GRANTING AUTHORITY. These procedures should be indicated in the Work Plan.
- 4.1.3.2 The execution of cleaning services in the CONCESSION AREA encompasses the following activities under the responsibility of the CONCESSIONAIRE:
- 4.1.3.2.1 Cleaning and conservation of environments and disinfection of fixed and non-fixed surfaces, in order to promote the removal of visible dirt;
  - 4.1.3.2.2 Removal, reduction, or destruction of pathogenic microorganisms;
  - 4.1.3.2.3 Control of the spread of biological, chemical, etc. contamination, through the application of chemical, mechanical or thermal energy, in a given period, on the surfaces of the various hospital areas;
  - 4.1.3.2.4 Cleaning of water tanks and fountains;
  - 4.1.3.2.5 Cleaning, supply, supply, and refilling, whenever necessary, of alcohol gel dispensers, soap dispensers, paper towels, toilet paper, waste bags, boxes for piercing and cutting disposal;
  - 4.1.3.2.6 Concurrent cleaning of the areas of the HOPE HEALTH COMPLEX, including those occupied by PATIENTS, such as occupied hospital beds;
  - 4.1.3.2.7 Terminal cleaning and disinfection of beds, beds, mattresses, pillows, FURNITURE, and hospital furniture, following a standardized protocol for the HOSPITAL COMPLEX, as defined in the Work Plan;
  - 4.1.3.2.8 Cleaning and disinfection of PLATFORMS and FURNITURE, following a standardized protocol for LACEN, as defined in the Work Plan;
  - 4.1.3.2.9 Cleaning and unclogging drains, unclogging them when necessary;
  - 4.1.3.2.10 Collection of sharps packaging boxes (which must be sealed) and replace another box assembled at the time of collection;
  - 4.1.3.2.11 General sweeping and washing of internal and external areas, including sidewalks, patios, entrances and exits of the CONCESSION AREA;
  - 4.1.3.2.12 Provide signage for use during the provision of the cleaning SERVICE, including in the SOP the indication and forms of its use by the CONCESSIONAIRE's team;
  - 4.1.3.2.13 Cleaning and polishing of metals such as: valves, registers, siphons, locks, etc.;
  - 4.1.3.2.14 Cleaning of cold rooms, refrigerators, microwaves, coffee makers and similar appliances (internal and external parts) in use in the sectors, under the guidance of a maintenance representative;
  - 4.1.3.2.15 Cleaning and sanitization of bathrooms, sanitary facilities, cleaning material deposits (DML) and pantries;
  - 4.1.3.2.16 Cleaning and sanitization of transport carts and hospital and laboratory support EQUIPMENT, such as IV stands and auxiliary tables;

- 4.1.3.2.17 Cleaning ceilings and lighting fixtures to prevent the accumulation of dust and insects;
- 4.1.3.2.18 Cleaning and disinfection of ventilation and air conditioning systems, including ducts and visible grilles;
- 4.1.3.2.19 Cleaning and sanitizing carpets, doormats, and runners;
- 4.1.3.2.20 Cleaning and disinfection of elevators, including buttons and frequent contact areas.
- 4.1.3.3 Cleaning and disinfection procedures must be detailed in SOPs based on good technique practices and standards established by current legislation regarding hospital and laboratory infection control.
- 4.1.3.4 The CONCESSIONAIRE must observe, among other obligations, the concepts and routines as follows, identifying in the Work Plan the criticality for each area of the HOSPITAL COMPLEX and LACEN for defining the periodicity, including the areas external to these units belonging to the CONCESSION AREA:

Table 6 - Classification of Areas

Areas	Concepts	Examples (not exhaustive)
Critical Areas	For the HOSPITAL COMPLEX, these are areas that offer a higher risk of infection transmission, that is, areas that perform many invasive procedures and/or that have high-risk PATIENTS with compromised immune systems, or even those areas that, due to their specificities, need the presence of pathogenic microorganisms to be minimized. For LACEN: these are areas of handling highly infectious materials.	For the HOSPITAL COMPLEX: Surgical Centers, Post-anesthetic recovery, Sterile material center, Intensive Care Unit, Isolation Unit, Transfusion agencies, Food and diet preparation and handling areas, Chemotherapy preparation rooms, Invasive procedure rooms, Compounding pharmacy, Dirty laundry area, Morgue and Similar.  For LACEN: DECD PLATFORMS, including the NB3 Laboratory.
Semi-Critical Areas	For the HOSPITAL COMPLEX: these are areas occupied by PATIENTS with infectious diseases of low transmissibility and non-infectious diseases. For LACEN: these are areas for handling samples and carrying out exams.	HOSPITAL COMPLEX: Inpatient Unit, Day Hospital, Outpatient Care Unit, Reception and Waiting Area, Purges, Radiodiagnosis Center and Similar. LACEN: Other PLATFORMS.
Non-Critical Areas	These are all areas occupied or not by USERS and that offer minimal risk of infection transmission.	Cafeterias, clean laundry areas, administrative areas, employee comfort areas, among others. They cover internal areas in general, external areas (floors adjacent/contiguous to buildings, patios, sidewalks, streets, and green areas), external frames and glazed facades.

Fonte: <https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/servicosdesaude/publicacoes/manual-de-limpeza-e-desinfeccao-de-superficies.pdf/view>

Table 7 - Types of Cleaning and Disinfection of Health Bureau Surfaces

Kind	Concept
Concurrent cleaning	It is the cleaning process carried out daily in the entire hospital and laboratory area, in order to remove dirt and organize the environment, replacing daily consumption materials.

Terminal cleaning	It is the most thorough cleaning process, including all horizontal and vertical surfaces, internal and external, equipment, furniture, and other equipment. In the case of LACEN, terminal cleaning is carried out on the PLATFORMS and must be carried out at the end of the working day of the FINALISTIC SERVICES team. In the case of the HOSPITAL COMPLEX, they are performed in the Day Hospital, in the operating room, in the clinical decision unit, in the intensive care units, in the hospitalization units or in the PATIENT's bed after hospital discharge, transfers, deaths (vacancy of the place) or in long-term hospitalizations (scheduled). Its purpose is to remove dirt and reduce environmental contamination and supply the units with hygiene material, whenever necessary.
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Fonte: <https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/servicosdesaude/publicacoes/manual-de-limpeza-e-desinfeccao-de-superficies.pdf/view>

Table 8 - Frequency of Cleaning and Disinfection of Health Services Surfaces, to be detailed in SOPs

Area (Criticality)	Concurrent cleaning (minimum attendance)	Terminal cleaning (minimum attendance)
Critical Area	3 (three) times a day, pre-established times, including at night, and whenever necessary.	Weekly <sup>1</sup> (date, time, day of the week, pre-established)
Semi-critical area	2 (two) times a day, pre-established times, including at night, and whenever necessary.	Biweekly (date, time, day of the week pre-established)
Internal Non-Critical Area	1 (one) per day, pre-established times and whenever necessary.	Monthly (pre-established date, time, day of the week)
External Non-Critical Area	2 (two) times a day, pre-established times and whenever necessary.	Weekly (date, time, day of the week, pre-established)

Fonte: <https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/servicosdesaude/publicacoes/manual-de-limpeza-e-desinfeccao-de-superficies.pdf/view>

Table 9 - Healthcare Bureau Surface Cleaning and Disinfection Methods

Method	Concept
Cleaning	It consists of the removal of dirt deposited on inanimate surfaces using mechanical (friction), physical (temperature) or chemical (sanitizing) means, in a given period, regardless of the area to be sanitized; The important thing is the mechanical removal of dirt and not simply the damp wiping to spread the dirt.
Wet Cleaning	It consists of the use of water, as the main element of dirt removal, which can be by manual or mechanical process; It can be performed with jets of water vapor, saturated under pressure, and is intended for terminal cleaning.
Wet Cleaning	It consists of the use of abundant water, as the main element of dirt removal, which can be manual or mechanical, intended for terminal cleaning.
Dry Cleaning	It consists of removing dirt, dust, or dust without the use of water. Cleaning with brooms is recommended only in outdoor areas.

<sup>1</sup> The periodicity described does not apply to NB3, which must have a frequency, and procedures aligned between the PARTIES and defined in the Work Plan, including the responsibility of the CONCESSIONAIRE and the FINAL SERVICES team in the NB3 cleaning process.

Method	Concept
Disinfection	Disinfection is the process applied to inert surfaces, which eliminates microorganisms in vegetative form, not guaranteeing the total elimination of bacterial spores. It can be carried out through chemical or physical processes.
Decontamination	It is the process of totally or partially eliminating the microbial load from articles and surfaces, making them suitable for safe handling.

Fonte: <https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/servicosdesaude/publicacoes/manual-de-limpeza-e-desinfeccao-de-superficies.pdf/view>

- 4.1.3.5 In addition to what is indicated above, for LACEN, terminal cleaning on the surfaces of closed (contaminated) areas should occur immediately after procedures involving contaminated materials, with chemicals suitable for disinfection, preferably with active ingredients based on hydrogen peroxide, quaternary ammonia or disinfectants usually used in laboratories.
- 4.1.3.6 The cleaning of areas classified as Biosafety Level 3 (NB3) must follow specific protocols defined in the Work Plan. For this area, the CONCESSIONAIRE must observe the following guidelines:
- 4.1.3.6.1 Surface disinfection should be performed after each use or procedure, in addition to daily terminal cleaning with high-level disinfectant products approved for use against class 3 pathogens;
- 4.1.3.6.2 The CONCESSIONAIRE's team must use PPE and, if necessary, have their vaccination indicated according to their area of operation;
- 4.1.3.6.3 EQUIPMENT and cleaning utensils used must be exclusive to these areas, cannot be used in other areas and must be properly identified. Any item that has to leave the area for maintenance or disposal must be decontaminated beforehand;
- 4.1.3.6.4 Perform all cleaning procedures with dry cleaning and wet cleaning as needed and without the use of sweeping to minimize the generation of aerosols;
- 4.1.3.6.5 The area's Cleaning Material Depot (DML) must contain an overflow kit and Ultraviolet Type C - UVC equipment for exclusive use in this area.
- 4.1.3.7 The procedures, requirements, and periodicity for the cleaning service of the HOSPITAL COMPLEX and LACEN will be presented by the CONCESSIONAIRE in its Work Plan to be validated by the GRANTING AUTHORITY. The services must be performed at times that do not interfere with the proper progress of the routine operation of the HOSPITAL COMPLEX and LACEN.
- 4.1.3.8 EQUIPMENT AND MATERIALS
- 4.1.3.8.1 The CONCESSIONAIRE must provide household sanitizers, EQUIPMENT (cleaning carts, containers for various waste, paper bins, among others), tools and utensils necessary for the execution of cleaning services in the CONCESSION AREA.
- 4.1.3.8.2 The household sanitizers to be supplied and used by the CONCESSIONAIRE in cleaning services, such as, for example, germicides, disinfectants, low-level detergents (sanitizers), sodium hypochlorite, organic chlorine and alcohols, must be indicated in the Work Plan and in the SOPs, including the specification of which materials will be used in each cleaning procedure.

- 4.1.3.8.3 The EQUIPMENT must be in the necessary conditions (suitable for full use) for the execution of cleaning services, must be ergonomic and have its functional availability and in sufficient number so that all employees of the CONCESSIONAIRE have access when they need it simultaneously.
- 4.1.3.8.4 Functional hygiene carts must be stored in the sectoral Cleaning Materials Deposits (DML) and must have at least collectors with lids, nylon bags and modules with a locker with a key and rotating casters, and that do not mark the floor.
- 4.1.3.8.5 Hygiene EQUIPMENT (floor polishers, cleaners, washers, manned carts) should preferably be electric, with battery operation and without cable. They must be able to polish, clean and polish all types of floors (cold, wooden, vinyl and ceramic), provide safety devices such as locks, fall protections and automatic shut-off mechanism.
- 4.1.3.8.6 When requested by the GRANTING AUTHORITY, the CONCESSIONAIRE must present a certified reprographic copy of the Registration Certificate issued by the Products Division (DIPROD) and/or Household Sanitizing Products Division (DISAD), of the National Health Surveillance Secretariat of the Ministry of Health.

#### 4.1.4 OPERATION

- 4.1.4.1 The cleaning service of the HOSPITAL COMPLEX must be available 24 (twenty-four) hours a day, 7 (seven) days a week. For LACEN, the cleaning service must follow the unit's opening hours, with a reduced night activity for floor treatment and activities to be carried out when there is a need to interrupt circulation in corridors and common areas.

#### 4.1.5 SIZING AND GUIDELINES FOR CLEANING

- 4.1.5.1 The CONCESSIONAIRE must appoint the technical person responsible for the cleaning service, a nurse with specialization in hospital infection control or a health professional with experience in managing cleaning and disinfection services in health environments.
- 4.1.5.2 The CONCESSIONAIRE's employees must follow rules and protocols of conduct, such as:
  - 4.1.5.2.1 Do not use rings, bracelets, watches, and other adornments;
  - 4.1.5.2.2 Keep hair clean and, when long, keep it tied up;
  - 4.1.5.2.3 Keep beard and mustache trimmed;
  - 4.1.5.2.4 Keep your nails clean and clean.
  - 4.1.5.2.5 Sanitize your hands when starting activities, before and after wearing gloves and after the end of activities;
  - 4.1.5.2.6 Perform the activities using clothing: uniform, waterproof closed shoes or boots and safety gloves (rubber gloves). In situations where there is the possibility of splashes, wear an apron, goggles, cap, and surgical mask;
  - 4.1.5.2.7 Do not touch surfaces such as doorknobs, countertops, faucets, switches, telephones, among others with gloved hands;

- 4.1.5.2.8 Prepare in advance all the necessary material for the cleaning and disinfection procedure to be performed;
- 4.1.5.2.9 Remove garbage, dirty clothes and used material before starting to clean the enclosure;
- 4.1.5.2.10 Do not shake pieces of clothing, garbage bags or other contaminated material; do not dust and do not dry sweep the internal areas of the FINALISTIC SERVICES and SERVICES;
- 4.1.5.2.11 During cleaning, keep passages and corridors unobstructed, without leaving extensions and wires in the areas where people circulate;
- 4.1.5.2.12 Signal the areas where people circulate during cleaning;
- 4.1.5.2.13 Start cleaning the least contaminated environment for the most contaminated;
- 4.1.5.2.14 Start cleaning with EQUIPMENT, FURNITURE, and other equipment, walls, and finish with the floor;
- 4.1.5.2.15 Start with wide movements, from the highest place to the lowest and from the farthest part to the closest;
- 4.1.5.2.16 Start cleaning the bottom of the enclosures, rooms, corridors and proceed towards the exit;
- 4.1.5.2.17 Clean first one half of the enclosure and then the other half, leaving free space for people to pass, removal of EQUIPMENT, FURNITURE, and other equipment;
- 4.1.5.2.18 Place the FURNITURE in the original place, leaving the environment in order, after cleaning;
- 4.1.5.2.19 Sanitize and store all material used in cleaning and disinfection (buckets, cloths, etc.) and attire (gloves, glasses, etc.) in an appropriate place, at the end of the activities;
- 4.1.5.2.20 Separate the cleaning cloths for each use and wash them daily; the cleaning cloths in the bathroom must be separated from the others and washed daily in an appropriate place in the DML.
- 4.1.5.3 The Maximum Reference Times (RMR) for performing terminal cleaning services, after use, for different areas of the HOSPITAL COMPLEX, are established below:

*Table 10 - Maximum reference time (MRT) for performing terminal cleaning services*

Area	Terminal Cleaning
Surgical Center	Up to 50 (fifty) minutes
Inpatient Unit	Up to 60 (sixty) minutes

## 4.2 CONSERVATION AND GARDENING

### 4.2.1 DEFINITION

- 4.2.1.1 The CONCESSIONAIRE will be responsible for the specialized service in gardening and external conservation of the entire CONCESSION AREA, which includes, but is not limited to, planting, irrigation, pruning of trees and ornamental plants, phytosanitary control, weeding, mowing, cleaning of waste generated in the gardens, garden areas, potted plants.

#### 4.2.2 GOVERNING LEGISLATION

4.2.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:

- 4.2.2.1.1 Federal Law No. 14,785, of December 27, 2023 – Provides for the comprehensive regulation of pesticides and environmental control products, including research, production, marketing, use, and final destination;
- 4.2.2.1.2 ABNT NBR 10.004:2004 – Solid Waste – Classification;
- 4.2.2.1.3 MTE Ordinance No. 1,748, of August 30, 2011 – Plan for the Prevention of Risks of Accidents with Piercing and Cutting Materials.

#### 4.2.3 SERVICE DESCRIPTION

4.2.3.1 The execution of the conservation and gardening service in the CONCESSION AREA encompasses the following activities under the responsibility of the CONCESSIONAIRE:

- 4.2.3.1.1 Maintenance of internal and external green areas, including grassy areas, trees, plants, and shrubs, proceeding to their pruning, fertilization, planting, and replacement, among others;
  - 4.2.3.1.2 General organization of green areas through the mowing/mowing of the lawn and lawn, as well as the necessary contours in areas that have lining;
  - 4.2.3.1.3 Acquisition of seedlings prepared by seeds and vegetative processes;
  - 4.2.3.1.4 Maintenance of free areas without the presence of weeds, moss, silt, garbage, foreign bodies;
  - 4.2.3.1.5 Replacement of dead or unhealthy species;
  - 4.2.3.1.6 Maintain fences and walls, when necessary;
  - 4.2.3.1.7 Carrying out phytosanitary treatment of green areas and gardens to combat and eradicate pests and parasites;
  - 4.2.3.1.8 Pruning of all plant species, paying special attention to ornamental ones;
  - 4.2.3.1.9 Carrying out tree suppression, when necessary, to carry out works, maintenance of infrastructure or safety of people in the CONCESSION AREA, respecting the environmental legislation in force and obtaining the appropriate authorizations from the competent bodies, when applicable;
  - 4.2.3.1.10 Packaging of waste generated by gardening services performed in an appropriate place;
  - 4.2.3.1.11 Respect for current legislation and observation of good practices, technically and environmentally recommended, when carrying out activities with controlled chemicals in the CONCESSION AREA, whether in terms of quality, quantity, or destination;
  - 4.2.3.1.12 Attention to the appearance of venomous or wild animals;
  - 4.2.3.1.13 Communication with the environmental police or responsible agency whenever wild animals appear in the CONCESSION AREA so that a specialized agency captures the animal.
- 4.2.3.2 Lawn spaces should receive a cover fertilization in vegetable soil or soil mixed with organic fertilizer, or

even with chemical fertilizer in adequate proportion, applied according to the manufacturer's indications.

- 4.2.3.3 Complete and balanced NPK (Nitrogen, Phosphorus and Potassium) fertilization of the garden areas should be carried out, preventively, at the beginning of the rainy season, or separately as long as the plants show initial symptoms of nutrient deficiency, such as yellowing, dryness of the leaf edges, growth stoppage, weakening of flowering and others. This fertilization should be applied according to the manufacturer's instructions and can be mixed with the cover soil.
- 4.2.3.4 Formation pruning should be carried out at the right times, both on trees and shrubs. Pruning that detracts from the characteristics of the plants should not be carried out, and it is important to maintain the natural shape of each essence.
- 4.2.3.5 To circumvent imbalances in plant development, the CONCESSIONAIRE must control insects, fungi, viruses, and others, by biological, physical, and chemical processes.
- 4.2.3.6 The use of chemical products such as: insecticides, fungicides, herbicides, acaricides and others, should be limited to specific cases and indispensable dosages.
- 4.2.3.7 The specifications for the use of each chemical product and the handling of the equipment must be strictly observed, ensuring protection against poisoning of men, animals, and plants.
- 4.2.3.8 Periodic inspection must be carried out to control pests and diseases. When the identification of the pest or disease cannot be done on site, the problem should be referred to specialists on the subject, such as agronomists or plant pathologists.

#### 4.2.4 OPERATION

- 4.2.4.1 Conservation and Gardening services must be carried out from Monday to Friday, in a shift of 8 (eight) hours/day.

### 4.3 VECTOR AND PEST CONTROL

#### 4.3.1 DEFINITION

- 4.3.1.1 The Pest Control Service must be carried out in the CONCESSION AREA, in internal and external spaces, for insects (cockroaches, termites, ants, caterpillars, flies, mosquitoes, mosquitoes (Aedes aegypti and others); arachnids (spiders, ticks, scorpions); mammals (mice, rats, rats, bats) and reptiles (snakes, lizards), among others that may be necessary.

#### 4.3.2 GOVERNING LEGISLATION

- 4.3.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
  - 4.3.2.1.1 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 18, of February 29, 2000 – Provides for General Rules for the operation of Companies Specialized in the provision of vector and urban pest control services;

4.3.2.1.2 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 622, of March 9, 2022 – Provides for the operation of companies specialized in the provision of vector and urban pest control services and provides for other provisions.

#### 4.3.3 SERVICE DESCRIPTION

4.3.3.1 Pest control activities will be carried out in the CONCESSION AREA by personnel duly prepared and equipped for this purpose, considering that:

4.3.3.2 Pest control services (desensitization, determinization and deratization) must be provided monthly in the feeding areas, and quarterly in the other areas, internal and external;

4.3.3.3 The schedule of periodic actions must be an integral part of the SOP of these services;

4.3.3.4 The services must involve pest monitoring and control activities, including prevention, inspection, fumigation, and eradication measures;

4.3.3.5 In case of specific occurrences (e.g., appearance of rats or complaints from employees and/or USERS), the GRANTING AUTHORITY must call the CONCESSIONAIRE, which must take the necessary measures within two (2) hours. Only in duly justified situations according to clarifications presented by the CONCESSIONAIRE, the deadline to remedy the occurrence may be changed to up to 24 (twenty-four) hours;

4.3.3.6 The first general and complete disinsection must be carried out in the internal and external spaces of the CONCESSION AREA, including sewage passage boxes, river passage boxes, and electrical network boxes;

4.3.3.7 The execution of vector and urban pest control services can only be carried out by a specialized company, duly licensed by the competent sanitary and environmental authority;

4.3.3.8 All dilution procedures or other authorized manipulations for sanitizing products, application technique, use and maintenance of equipment, transportation, final disposal and other technical or operational procedures, must be described in the Standard Operating Procedures, including information on what to do in the event of an accident, chemical spillage, health, biosafety and health of the worker, without prejudice to the legislation in force;

4.3.3.9 In places where there are PATIENTS hospitalized or undergoing medical treatment, in a continuous regime of 24 (twenty-four) hours, the fumigation must be carried out without removing the PATIENTS with a product approved by the SCIH from the HOSPITAL COMPLEX. To this end, the CONCESSIONAIRE must carry out prior notification and alignment with the FINALISTIC SERVICES team;

4.3.3.10 In places where there is an interruption of the work shift, fumigation should preferably be done during these intervals, such as weekends. The definition of the dates and times of the applications will always be preceded by the approval of the GRANTING AUTHORITY;

4.3.3.11 In each procedure, the breakdown of the product applied, and the place of its application must be presented, in order to be easy to identify the causative agent and antidote in cases of intoxication of PATIENTS;

4.3.3.12 In time, posters must be posted informing the disinfestation to be carried out, with the date of application, the name of the product, chemical group, telephone number of the Toxicological

Information Center and numbers of sanitary and environmental licenses;

- 4.3.3.13 Empty packages must be returned to their operational establishment soon after use, for disuse and disposal;
- 4.3.3.14 A Technical Report and Chemical Data Sheet of the products used must be presented for the technical evaluation of the SCIH (Hospital Infection Control Service) for the COMPLEX, LACEN's technical team appointed by the GRANTING AUTHORITY and SESMT (Specialized Service in Occupational Safety and Medicine);
- 4.3.3.15 The Chemical Form must contain, at least, the following information:
  - 4.3.3.15.1 Chemical composition or chemical compound;
  - 4.3.3.15.2 Scientific name;
  - 4.3.3.15.3 Trade name;
  - 4.3.3.15.4 Product Description;
  - 4.3.3.15.5 Active ingredient;
  - 4.3.3.15.6 Chemical group;
  - 4.3.3.15.7 Chemical formula;
  - 4.3.3.15.8 Formulation;
  - 4.3.3.15.9 Mechanism of action;
  - 4.3.3.15.10 Toxicity;
  - 4.3.3.15.11 Antidote;
  - 4.3.3.15.12 Symptoms;
  - 4.3.3.15.13 Registration with the Ministry of Health or Registration number with DISAD/MS.
- 4.3.3.16 Chemicals applied in pest control should have the following characteristics:
  - 4.3.3.16.1 Active ingredient;
  - 4.3.3.16.2 Prolonged residual effect greater than 90 (ninety) days after application;
  - 4.3.3.16.3 Low toxicological content for humans;
  - 4.3.3.16.4 No smell and no odor;
  - 4.3.3.16.5 Vapor pressure greater than 200 kPa (two hundred kilopascals) at 20°C (twenty degrees Celsius);
  - 4.3.3.16.6 Photo-stable and non-corrosive;
  - 4.3.3.16.7 Do not have a mutagenic index;
  - 4.3.3.16.8 Duly registered with ANVISA;
  - 4.3.3.16.9 Do not use chlorinated or organophosphates.

4.3.3.17 Form of presentation and application of pest control products, according to the needs of the site:

- 4.3.3.17.1 Aerosols;
- 4.3.3.17.2 Liquid;
- 4.3.3.17.3 Pasty;
- 4.3.3.17.4 Dust;
- 4.3.3.17.5 Gelatinous;
- 4.3.3.17.6 Encapsulated;
- 4.3.3.17.7 Free.

4.3.3.18 In addition to the other guidelines of this ANNEX, for the execution of the pest control service, the CONCESSIONAIRE must consider the following schedule:

*Table 11 - Vector and Pest Control Plan*

Category	Periodicity	Observation
Situational Diagnosis	Annual	Survey of corrective and preventive measures and preparation of a technical report pointing out the critical points related to infestations on the premises of the CONCESSION AREA.
Empowerment of the Collective	Annual	Training of employees: managers and collectivity, supervisors of sectors/units.
Monitoring	Defined by the monitoring of the entire CONCESSION AREA	Prepare a monthly monitoring spreadsheet and establish all the guidelines of the services. The CONCESSIONAIRE technician will visit the entire CONCESSION AREA, inspecting and checking the monitoring spreadsheet.
Rodents	Biweekly	General deratization of the entire external area of the CONCESSION AREA, with an interval of 15 (fifteen) days between each one, for an installation (deratization) with baits, monitoring, and/or replacement, verifying the need by the technician on site. In the imminence of sudden infestation, the CONCESSIONAIRE must carry out the activities in a period shorter than the recommended periodicity.
Ants	Biweekly	Sprinkling of scouts throughout the external area of the CONCESSION AREA.
Cockroach	Biweekly	General liquid in all the premises of the cafeteria, including "SND", milk station and drains and also application of gel in the rest of the CONCESSION AREA. Treatment in the cafeteria, in sewage galleries, junction boxes, etc.
Cockroach Disinsection	Bimonthly	Sewer, rainwater, external and electrical areas. In the imminence of shock - sudden infestation - the

Category	Periodicity	Observation
		CONCESSIONAIRE must perform the activities in a shorter period than recommended.

Fonte: [https://antigo.anvisa.gov.br/documents/10181/6407669/RDC\\_622\\_2022\\_.pdf/8e5173ac-b528-4757-8953-0c106232db5c](https://antigo.anvisa.gov.br/documents/10181/6407669/RDC_622_2022_.pdf/8e5173ac-b528-4757-8953-0c106232db5c)

4.3.3.19 The CONCESSIONAIRE shall provide the GRANTING AUTHORITY with the monthly proof of execution of the vector and pest control service, containing, at least, the following information:

4.3.3.19.1 Location in the CONCESSION AREA where the service was performed;

4.3.3.19.2 target pest(s);

4.3.3.19.3 Date of execution of the services;

4.3.3.19.4 Deadline for technical assistance of the services per target pest(s);

4.3.3.19.5 Chemical group(s) of the product(s) that may be used;

4.3.3.19.6 Name and concentration of use of the product(s) eventually used;

4.3.3.19.7 Guidelines pertinent to the service performed;

4.3.3.19.8 Name of the technical person in charge with the number of his/her registration with the corresponding professional council;

4.3.3.19.9 Telephone number of the Toxicological Information Centre; and

4.3.3.19.10 Identification of the specialized company providing the service with corporate name, trade name, address, telephone number and numbers of the sanitary and environmental licenses with their respective expiration dates.

4.3.4 OPERATION

4.3.5 Pest control services (disinsection, determinization and deratization) must be provided monthly in the feeding areas, and quarterly in the other areas, internal and external, observing the other guidelines of this ANNEX, including the Table II - Vector and Pest Control Plan.

## 5 LAUNDRY AND LINEN

### 5.1 DEFINITION

5.1.1 The CONCESSIONAIRE will be responsible for providing laundry and linen services, with the supply of trousseau. At the discretion of the CONCESSIONAIRE, laundry services may be performed externally, by a subcontracted laundry, or internal laundry may be installed in the HOPE HEALTH COMPLEX.

5.1.2 The linen sector will be responsible for all the logistics of collecting dirty clothes and distributing clean clothes. It is the responsibility of the laundry service to process the trousseau in ideal conditions of use, hygiene, and conservation, always in accordance with the standards determined by the GRANTING AUTHORITY and based on the current legislation.

## 5.2 GOVERNING LEGISLATION

- 5.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
- 5.2.1.1 Manual for the Processing of Health Service Clothing – Risk Prevention and Control – ANVISA, 2009 (Updated in 2020);
  - 5.2.1.2 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 6, of January 30, 2012 – Provides for Good Operating Practices for the Clothing Processing Units of Health Services;
  - 5.2.1.3 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 51, of October 6, 2011 – Provides for the minimum requirements for the analysis, evaluation, and approval of physical projects of health establishments in the National Health Surveillance System (SNVS) and provides for other provisions;
  - 5.2.1.4 Resolution of the Collegiate Board of ANVISA/MS – RDC No. 222, of March 22, 2018 – Provides for the Technical Regulation for the management of waste from health services;
  - 5.2.1.5 ABNT NBR 13.734:1996 – Hospital Fabrics Specification;
  - 5.2.1.6 Manual of Hand Hygiene in Health Services – ANVISA, 2007;
  - 5.2.1.7 Federal Law No. 8,080, of September 19, 1990 ("Organic Health Law") – Provides for the conditions for the promotion, protection and recovery of health, the organization and operation of the corresponding services and provides for other provisions;
  - 5.2.1.8 Federal Law No. 6,360, of September 23, 1976 – Provides for the sanitary surveillance to which medicines, drugs, pharmaceutical and related inputs, cosmetics, sanitizing products and other products are subject;
  - 5.2.1.9 ABNT NBR 12.807:1993 – Waste from Health Services;
  - 5.2.1.10 ABNT NBR 12.808:1993 – Waste from Health Services;
  - 5.2.1.11 ABNT NBR 12.809:1993 – Handling of Waste from Health Services;
  - 5.2.1.12 ABNT NBR 12.810:2020 – Collection of Waste from Health Services;
  - 5.2.1.13 ANVISA Ordinance No. 15, of August 23, 1988 – Determines that the registration of household sanitizing products with antimicrobial purposes must be carried out in accordance with regulatory standards;
  - 5.2.1.14 GM/MS Ordinance No. 3.523, of August 28, 1998 – Technical regulation for verification of cleanliness, removal of dirt and maintenance of the state of integrity and efficiency of air conditioning systems, to ensure indoor air quality;
  - 5.2.1.15 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 307, of November 14, 2002 – Amends Resolution – RDC No. 50, of February 21, 2002, which provides for the Technical Regulation for planning, programming, preparation, and evaluation of physical projects of health care establishments;
  - 5.2.1.16 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 189, of July 18, 2003 – Provides for the regulation of the procedures for analysis, evaluation and approval of physical projects of health establishments in the National Health Surveillance System, amends the Technical Regulation approved

by RDC No. 50, of February 21, 2002, and provides for other provisions.

### 5.3 SERVICE DESCRIPTION

- 5.3.1 The CONCESSIONAIRE must have a team assigned to the HOPE HEALTH COMPLEX, with the purpose of collecting, weighing dirty clothes and distributing clothes in conditions of use, hygiene, quantity, quality and conservation to the HOSPITAL COMPLEX and LACEN.
- 5.3.2 The processing of the trousseau involves:
- 5.3.2.1 the collection of dirty clothes in the places where they were generated, in addition to internal or external transportation, if the CONCESSIONAIRE opts for external subcontracting of the service, and its proper cleaning and washing process;
- 5.3.2.2 the management and organization of the trousseau, packaging, storage, transport, and distribution of clean clothes;
- 5.3.2.3 the management of clean linen in the linen shops and preparation of the bed after terminal disinfection under appropriate hygienic-sanitary situations.
- 5.3.3 All layette (hotel and surgical for the HOSPITAL COMPLEX, also including the trousseau for LACEN) must be supplied by the CONCESSIONAIRE, either in an acquisition or lease model, and must have control systems and traceability of the pieces through RFID technology.
- 5.3.4 In the case of LACEN, the clothes to be processed will be white coats to be used by the FINALISTIC SERVICES team.
- 5.3.5 For the attire of employees who work in the NB-3 laboratory area, appropriate personal protective clothing must be provided for the activities carried out in this area as defined in the Work Plan. Personal protective clothing should be removed and separated for autoclaving before being disposed of, in order to avoid aerosol formation.
- 5.3.6 The Work Plan must define the periodicity of change for cleaning the parts, according to the needs of each sector.
- 5.3.7 The CONCESSIONAIRE must install automatic dispensers in the locker rooms of the HOPE HEALTH COMPLEX and inside the operating room in smart lockers with RFID traceability.
- 5.3.8 The parts from the operating room are removed and returned in EQUIPMENT with an automatic dispenser.
- 5.3.9 The uniforms of nurses, nursing technicians and other professionals of the FINALISTIC SERVICES will be removed in a common area near the locker rooms, through a layette distribution room equipped with RFID tables, a reading device that collects information, instantaneously, from all items placed on it, and automatic dispensing EQUIPMENT, adjacent to the room. In this place there will also be dirty clothes collectors.
- 5.3.10 STREAMLINED PROCESSING FLOW
- 5.3.10.1 There should be no crossover between dirty laundry and clean laundry in order to avoid contamination.
- 5.3.10.2 The processing of laundry must be carried out in order to transform dirty laundry into clean laundry,

preserving its physical characteristics and functionality, for as long as possible, to offer safety, comfort and confidence to the user who uses it, as well as savings to the HEALTH COMPLEX - HOPE.

- 5.3.10.3 Processing is understood as the complete washing cycle, including weighing and pre-separation of clothes, pre-washing and washing, in compliance with the specifications of rinsing, alayment, disinfection, acidulation, softening, drying, revision and repair of damage, ironing, folding, packaging of parts separated by types, sizes, packages, and any other step necessary to provide the clothes in perfect conditions of use and greater ease of use.
- 5.3.10.4 The processing must ensure the elimination of allergenic or irritating substances existing in the dirt removers and fabric softeners used during the washing process, which can be harmful to an organism weakened by the disease, or to the professionals who use or handle the clothes.
- 5.3.10.5 The clothing processing flow covers all the stages through which the clothes go through, from their use to their return in ideal conditions of reuse, which are:
  - 5.3.10.5.1 Collection of dirty linen in the units/sectors of the HOPE HEALTH COMPLEX;
  - 5.3.10.5.2 Packing of clothes in the dirty clothes shelter;
  - 5.3.10.5.3 Weighing and collection of dirty clothes carried out in the dirty clothes shelter;
  - 5.3.10.5.4 Registration, through the traceability system, of all the dirty trousseau that will be sent to the laundry (internal or external);
  - 5.3.10.5.5 Registration, through the traceability system, of all the trousseau on the premises of the HOPE HEALTH COMPLEX;
  - 5.3.10.5.6 Transportation of dirty clothes to the external laundry, in an appropriate and identified vehicle;
  - 5.3.10.5.7 Transport of dirty clothes to the internal laundry, in appropriate and identified EQUIPMENT;
  - 5.3.10.5.8 Receipt of dirty clothes on the laundry premises (internal or external);
  - 5.3.10.5.9 Weighing, separating, and sorting dirty laundry in the Storage Room;
  - 5.3.10.5.10 Dirty laundry washing process;
  - 5.3.10.5.11 Centrifugation of clean clothes when the washers are not extractors;
  - 5.3.10.5.12 Drying of clean clothes of all items in the trousseau;
  - 5.3.10.5.13 Sewing of damaged, worn pieces that are still in conditions of use, except for items used in surgical procedures and sterilization, whose repairs can be carried out with the use of heat-seal patches;
  - 5.3.10.5.14 Calendaring, pressing, and ironing of trousseau items;
  - 5.3.10.5.15 Separation, folding in a specific technique of surgical clothing. Specific packaging in surgical packages as determined by the unit where the service will be provided;
  - 5.3.10.5.16 Registration, through the traceability system, of all processed trousseau pieces that will be distributed to the HOPE HEALTH COMPLEX;
  - 5.3.10.5.17 Transportation and delivery of clean clothes in the Clean Clothes Receiving Room of the HOPE HEALTH COMPLEX;
  - 5.3.10.5.18 Registration of the entry of all clean clothes received in the traceability system, through the delivery

report;

5.3.10.5.19 Packaging of clean clothes in the central linen room of the HOPE HEALTH COMPLEX.

5.3.11 The processing of clothes covers all the stages through which clothes go through, from their use to their return in ideal conditions of reuse. In the following topics, the simplified laundry flow to be performed by the CONCESSIONAIRE is presented.

5.3.11.1 REMOVING DIRTY LINEN FROM THE GENERATING UNIT

5.3.11.1.1 The processing begins with the removal of the dirty clothes stored in the purges from the areas where the FINALISTIC SERVICES or PATIENTS team used them. The CONCESSIONAIRE's professional must remove the clothes stored in the purges from the areas and immediately place them in a hamper bag (without distinction of their origin or the PATIENT who wore them) where they will remain until their arrival at the processing site.

5.3.11.1.2 The CONCESSIONAIRE must guide and supervise its employees to remove dirty laundry with the minimum of agitation and handling, observing standard precautions, regardless of its origin or the PATIENT who used it. The frequency and times of the collection of dirty clothes at the HOSPITAL COMPLEX and LACEN must be indicated in the Work Plan, with collection expected at least 4 (four) times a day for the HOSPITAL COMPLEX and once a week for LACEN.

5.3.11.2 TRANSPORT, RECEIPT AND PACKAGING OF DIRTY LINEN

5.3.11.2.1 The *hamper* bags must be collected and transported in cage carts to the nearest dirty laundry storage location of the HOSPITAL COMPLEX and LACEN.

5.3.11.2.2 If the CONCESSIONAIRE opts for external subcontracting of the laundry service, there must be a specific room for weighing and storing dirty clothes until their collection by the external processing unit, as determined by RDC Anvisa 50/2002.

5.3.11.2.3 If the laundry is internal, the weighing must take place in the laundry reception room where the dirty laundry will be received, separated, classified, and weighed according to RDC 06/2012.

5.3.11.2.4 Whether in the weighing room, in the case of external processing, or in the receiving room, in the case of internal processing, dirty laundry must be packed in properly closed bags, without extravasation of blood or secretions, packed in containers or cages, weighed, and then transported to the laundry sector or to external laundry.

5.3.11.3 TRANSPORT OF LAUNDRY TO THE EXTERNAL PROCESSING PLANT

5.3.11.3.1 This item must be observed if the CONCESSIONAIRE opts for the external processing of the cleaning of the trousseau.

5.3.11.3.2 For the effective execution of the dirty laundry removal services, the CONCESSIONAIRE must make available at the HOSPITAL COMPLEX and LACEN:

5.3.11.3.2.1 Exclusive, identified cars, made of light material, with washable surfaces, with a lid and with a water drainage system;

5.3.11.3.2.2 The bags (*hampers*) used in the collection of dirty clothes must be disposable and waterproof;

- 5.3.11.3.2.3 Employees involved in the collection and transportation of dirty clothes must wear waterproof aprons, knee-high boots, rubber, or vinyl gloves up to the forearms, PFF2 masks, goggles, and caps;
- 5.3.11.3.2.4 The movement of dirty laundry to the vehicle that will transport it to the premises of the subcontracted laundry must be done through the "dirty laundry route", observing that, under no circumstances, should there be a crossing between clean clothes and dirty clothes, food, or people.
- 5.3.11.3.3 The transport must be carried out by an appropriate vehicle duly adapted to the nature of the cargo, and it is essential that the separation between clean and dirty clothes is rigorous, and that the use of the same vehicle for the transport of clean and dirty cargo is prohibited.

#### 5.3.11.4 INTERNAL LAUNDRY TRANSPORT

- 5.3.11.4.1 This item must be observed if the CONCESSIONAIRE opts for the internal processing of the cleaning of the trousseau.
- 5.3.11.4.2 The EQUIPMENT used for the internal transportation of dirty laundry must follow the Resolution of the Collegiate Board of ANVISA/MS – RDC nº 6, of January 30, 2012, of ANVISA:
  - 5.3.11.4.2.1 Be exclusive for this purpose;
  - 5.3.11.4.2.2 Be clearly identified;
  - 5.3.11.4.2.3 Be made of light material and with washable surfaces that allow the use of chemical products for cleaning and disinfection;
  - 5.3.11.4.2.4 Be cleaned and disinfected at each collection, according to legislation;
  - 5.3.11.4.2.5 Easy to clean, with lid and drain for liquid elimination.
- 5.3.11.4.3 The CONCESSIONAIRE has the obligation to keep the EQUIPMENT in adequate condition for use and to perform the maintenance deemed necessary for the proper functioning and prevention of potential accidents.
- 5.3.11.4.4 The bags used to transport dirty clothes must be disposable and waterproof, and cannot be reused, and must be disposed of according to current regulations.
- 5.3.11.4.5 In the case of collecting clothes with heavy or wet dirt, with a risk of overflow, the bags must be waterproof.

#### 5.3.11.5 RECEIVING, SORTING, SORTING AND WEIGHING DIRTY LINEN

- 5.3.11.5.1 The laundry must be received in the laundry reception room ("dirty area") of the processing unit, whether internal or external to the HOPE HEALTH COMPLEX, where it will be separated and classified according to the degree of dirt, type of fabric and color.
- 5.3.11.5.2 The classification of clothes should follow the following recommendations:
  - i. Degree of dirt:
    - a. Heavy dirt – clothes with blood, feces, vomit, and other protein dirt;
    - b. Light dirt – clothing without the presence of body fluids, blood, and/or chemicals.

- ii. Coloring of clothes – The classification by color aims to avoid stains:
  - a. White clothes and light colors;
  - b. Faded color clothing.
- iii. Type of Textile Fiber – The washing process is not the same for all types of fabric, varying according to its origin and composition;
- iv. Fabric, Shape, Size, and/or Type of Piece – Helps determine the washing process to be chosen:
  - a. Sheets: sheets, fronds, mattresses, etc.;
  - b. Terry fabrics: towels, bathrobes, etc.;
  - c. Surgical clothing: operative drapes, gowns, etc.;
  - d. Uniforms and vestments: shirts, sweaters, pants, pajamas, etc.;
  - e. Special clothing: blankets etc.

5.3.11.5.3 The weighing of the laundry can be carried out in two distinct stages: at the time of receipt at the processing unit, to provide data for management control, and after separation and classification, to size the load of the washing process according to the capacity and specification of the washer.

#### 5.3.11.6 WASHING PROCESS

5.3.11.6.1 The process of washing dirty clothes must be carried out in such a way as to transform dirty clothes into clean clothes, preserving their physical characteristics and functionality for as long as possible, to offer safety, comfort and confidence to the wearer who will use them. Washing should include the following steps:

- i. Pre-wash: Initial removal of heavier dirt and preparation of clothes for the main wash;
- ii. Washing: Use of detergents and other specific products for the removal of dirt, respecting the specifications of time, temperature, and dosage of the products;
- iii. Rinsing: Complete removal of detergent residues and loose dirt during washing;
- iv. Disinfection: Application of disinfectant products to eliminate pathogenic microorganisms, ensuring the safety of clothing for use in hospital and laboratory environments;
- v. Acidulation: Adjustment of the pH of clothes to avoid skin irritation and ensure the durability of fabrics;
- vi. Softening: Application of fabric softeners to ensure comfort to the touch and facilitate the handling of clothes.

5.3.11.6.2 The washing process must ensure the elimination of allergenic or irritating substances present in the products used, which can be harmful to debilitated patients or to the professionals who handle the clothes.

#### 5.3.11.7 PROCESSING IN THE CLEAN AREA

- 5.3.11.7.1 After the washing operation, the laundry undergoes additional processes in the cleaned area, including:
- i. Spinning: Removal of excess water from washed clothes, reducing the time needed for drying;
  - ii. Drying: Complete elimination of residual moisture from clothes, ensuring that they are ready for use or subsequent stages;
  - iii. Calendaring and/or Pressing: Smoothing and finishing of clothes, using specific EQUIPMENT to ensure the proper presentation and functionality of the fabrics.
- 5.3.11.7.2 It will be essential that the circulation of people between the clean area and the dirty area is avoided to prevent cross-contamination and ensure the maintenance of hygiene and safety of processed clothes.
- 5.3.11.8 REUSE OF DAMAGED PARTS
- 5.3.11.8.1 Garments that show damage or wear but are still within the acceptability standard defined by the GRANTING AUTHORITY, may be repaired. These repairs can be carried out by seamstresses of the CONCESSIONAIRE or by professionals hired for this purpose.
- 5.3.11.8.2 Pieces that do not meet the quality standards established by the GRANTING AUTHORITY will be excluded from use.
- 5.3.11.8.3 The use of heat-seal patches for the repair of the pieces will be allowed as long as the current legislation and sanitary standards are met and also ensuring that the repairs do not compromise the safety and hygiene of the clothes.
- 5.3.11.9 SEPARATION AND PACKAGING OF CLEAN CLOTHES
- 5.3.11.9.1 At this stage, the clothes must be folded and packaged in a way that preserves the quality and hygiene of the products. The packaging can be made with plastic film or other appropriate packaging, according to the needs of the GRANTING AUTHORITY.
- 5.3.11.9.2 In addition, the clothes must be organized into specific kits for care and procedures, ensuring that they are ready for immediate use and meet the requirements of each situation.
- 5.3.11.10 TRANSPORT AND STORAGE OF CLEAN LINEN
- 5.3.11.10.1 If the CONCESSIONAIRE opts for external processing, the meticulously cleaned, separated, and packaged linen must be transported from the processing unit (subcontracted laundry) to the central linen shop of the HOPE HEALTH COMPLEX in a suitable vehicle duly adapted to the nature of the cargo. At the time of delivery of the processed garment, it must be weighed.
- 5.3.11.10.2 If the CONCESSIONAIRE opts for internal processing, the meticulously cleaned, separated, and packaged linen must be transported from the laundry to the central linen of the HOPE HEALTH COMPLEX in appropriate EQUIPMENT and duly adapted to the nature of the cargo.
- 5.3.11.10.3 The storage place of the central linen must be clean, free of moisture and exclusive for this purpose.

- 5.3.11.10.4 The clothes delivered daily must be properly packed according to biosafety standards, under the supervision of the SCIH (Hospital Infection Control Service) and requirements defined in the Work Plan.
- 5.3.11.10.5 All clean clothes that present unsatisfactory cleaning quality must be separated and returned to the laundry, internal or external, as the case may be, so that a new washing or stain removal and disinfection process can be carried out by the CONCESSIONAIRE, at no cost to the GRANTING AUTHORITY.
- 5.3.11.10.6 The clean linen will be disposed of at the Central Linen, which supplies the satellite linen stores located in the buildings of the HOSPITAL COMPLEX and LACEN, according to the quantification that considers its demand, based on the average number of layette changes and the supply flow of the linen.
- 5.3.11.11 DISTRIBUTION OF THE TROUSSEAU
- 5.3.11.11.1 After receiving it at the central linen store, the trousseau must be transported in appropriate vehicles and distributed as needed at the other linen support points (satellite linen stores) present in the buildings of the HOSPITAL COMPLEX and LACEN. Storage can be done in specific rooms for this purpose or in cabinets located in convenient places for operation.
- 5.3.11.11.2 The employees of the SERVICES, under the responsibility of the CONCESSIONAIRE, responsible for the transportation and distribution of clean linen must be exclusive for this function and cannot perform the function of removing dirty clothes.
- 5.3.11.11.3 A periodic inventory of the quantity of trousseau in the linen shop will be carried out, as defined in the Work Plan and using the contracted technology, such as the RFID system.
- 5.3.11.11.4 The trousseau must be delivered in kit format, as defined in the Work Plan. For example, for PATIENTS, a kit may include a set of sheets, blanket, pillowcase, bath towel, and nightgown.
- 5.3.11.11.5 For LACEN, clean clothes can be picked up by employees at a clothing counter installed at LACEN itself.
- 5.3.12 GOODS
- 5.3.12.1 The costs arising from the consumption of chemicals and other inputs of the washing process are the responsibility of the CONCESSIONAIRE.
- 5.3.12.2 The CONCESSIONAIRE must present to the SCIH (Hospital Infection Control Service) the chemical composition of the products by means of Chemical Product Safety Data Sheets - MSDS and Technical Data Sheets, including every time it is altered, for approval, analysis and precautions with possible complications that may arise with PATIENTS or the FINALISTIC SERVICES team, or with third parties, and can only use them after due authorization by the SCIH.
- 5.3.12.3 The CONCESSIONAIRE must include in the SOPs a description of the formulas that make up the washing process, describing the dosing operation of the products, washing time and water temperature and the procedures to be carried out for heavy and light dirt.
- 5.3.12.4 The CONCESSIONAIRE must ensure that the services provided are within the established parameters and routines, being responsible for all household sanitizers and materials in adequate quantities, quality, and technology, in compliance with the recommendations accepted by good technique, standards and legislation in force.

### 5.3.13 LAYETTES

- 5.3.13.1 The CONCESSIONAIRE must provide all the trousseau necessary to supply the HOSPITAL COMPLEX and LACEN, and it is mandatory that the trousseau is in perfect condition of use, considering both its state of conservation and the fact that it has undergone proper hygiene processing.
- 5.3.13.2 The trousseau to be provided by the CONCESSIONAIRE includes, but is not limited to:
- 5.3.13.2.1 Kit for adult and pediatric PATIENTS: sheet; Vira's sheet; blanket; pillowcase; bath towel; pajamas, sweaters (sizes XS, S, M, L, XL and XXL);
- 5.3.13.2.2 Kit for companions: sheet, pillowcase, and blanket;
- 5.3.13.2.3 Clothing for professionals of the FINALISTIC SERVICES and SERVICES according to NR32;
- 5.3.13.2.4 Private uniform for the Surgical Center considering all sizes, including XS, S, M, L, XL and XXL;
- 5.3.13.2.5 Gowns for isolation and procedures considering all sizes, including XS, S, M, L, XL and XXL;
- 5.3.13.2.6 Single and double drapes for small, medium, and large surgeries;
- 5.3.13.2.7 Employee rest kit: sheet, turn sheet, pillowcase, blanket, bath towel;
- 5.3.13.2.8 Aprons for professionals of FINALISTIC SERVICES at LACEN, considering all sizes, including XS, S, M, L, XL and XXL.
- 5.3.13.3 The list of trousseau pieces and sample (type of fabric, weight, model, size, color, screen printing) must be presented in the Work Plan and approved by the GRANTING AUTHORITY. It is recommended that the private clothes of the surgical center of all blocks of the HOSPITAL COMPLEX be blue, and that the private clothes of the ICUs be green.
- 5.3.13.4 The aprons for LACEN must be white, made of cotton with long sleeves, protecting the body and clothing as much as possible from splashes.
- 5.3.13.5 All pieces made will be customized, in the measurements, colors and other specifications and models indicated in the Work Plan. All pieces must contain the logo of the HOPE HEALTH COMPLEX.
- 5.3.13.6 The parts that do not comply with the standards accepted by the GRANTING AUTHORITY will be considered excluded and returned to the CONCESSIONAIRE duly filed.
- 5.3.13.7 The specification of the trousseau pieces of COMPLEXO HOSPITALAR e LACEN must be standardized according to ABNT NBR 13.734:2016. ABNT classifies hospital trousseau as T1 (apron, boot, nightgown); T2 (fluffy); T3 and T4 (surgical drapes and hamper bags); T5 (blanket); T6 (sheets, pillowcases, pajamas) and; T7 (bedspreads). The pieces can be 100% cotton (T 1; T 2; T 3; T 4 and T 7), T 5 and T 6 can be mixed (cotton and polyester).
- ### 5.3.14 FACILITIES AND EQUIPMENT
- 5.3.14.1 For the effective execution of the services of removal of dirty clothes and quantification of the clothes to be processed, the CONCESSIONAIRE must provide digital scales, in sufficient quantity for the proper operation, with a measurement report valid for 180 (one hundred and eighty) days issued by a specialized company at no cost to the GRANTING AUTHORITY, as well as the necessary maintenance.

5.3.14.2 If the CONCESSIONAIRE opts for internal laundry, it must be developed in alignment with the BASIC PROJECT, internal flows of the clean and dirty route and the EQUIPMENT ratio.

## 5.4 OPERATION

### 5.4.1 LAUNDRY

5.4.1.1 The laundry service, whether internal or external, must be available for at least 8 (eight) hours a day, 7 (seven) days a week, meeting scheduled and eventual unscheduled demands.

### 5.4.2 LINEN

5.4.2.1 The linen shop must be open 24 (twenty-four) hours a day, 7 (seven) days a week.

5.4.2.2 For LACEN, there must be an advanced clothing unit during the period of operation of the laboratory that collects dirty trousseau in *hamper bags* and distributes clean aprons.

5.4.2.3 The CONCESSIONAIRE shall register all information generated in the HOSPITAL INFORMATION SYSTEM, based on quantification by RFID system.

### 5.4.3 COLLECTION AND DELIVERY OF CLOTHES

5.4.3.1 The frequency and times for the collection of dirty clothes and delivery of clean clothes must be validated with the GRANTING AUTHORITY during the preparation of the Work Plan, in order to meet the real needs for the operation of the HOSPITAL COMPLEX and LACEN. The time between the removal and return of the clothing may not exceed 24 (twenty-four) hours, except in justified cases.

5.4.3.2 The bed lining must be performed by the CONCESSIONAIRE after disinfection according to the rules of the SCIH (Hospital Infection Control Service). It will not be the responsibility of the CONCESSIONAIRE to prepare the bed during the period in which the PATIENTS occupy it.

## 5.5 SIZING

5.5.1 The CONCESSIONAIRE must acquire all the trousseau to meet the operation of the HOSPITAL COMPLEX, ensuring compliance with a minimum stock of 6 (six) changes of clothes for each clinical or surgical bed and 6 (six) surgical sets per surgery, as follows:

- i. 1 (one) set or piece in use;
- ii. 1 (one) set or piece in the processing phase;
- iii. 1 (one) set or piece for contingency;
- iv. 1 (one) set or dirty piece;
- v. 1 (one) set or piece in the hospital linen;
- vi. 1 (one) set or piece for technical safety.

5.5.2 In the case of LACEN, white coats must be provided by the CONCESSIONAIRE for up to 300 (three hundred)

professionals of the FINALISTIC SERVICES. For professionals working in the area of NB-3 laboratories, appropriate personal protective clothing must be provided for the activities performed in this area, as defined in the Work Plan.

- 5.5.3 For the HOSPITAL COMPLEX, the trousseau must be provided to approximately 2,000 (two thousand) professionals of the FINALISTIC SERVICES. This number can be changed after the final dimensioning of professionals linked to the FINALISTIC SERVICES, and whenever there are changes in this dimensioning, with associated economic and financial rebalancing.
- 5.5.4 The CONCESSIONAIRE shall carry out the daily processing of all the trousseau used in the operation of the HOSPITAL COMPLEX and LACEN.
- 5.5.5 In order to carry out the activities, the CONCESSIONAIRE must present the appropriate staff in sufficient quantity, qualification, and experience necessary for the operationalization of the services, without compromising the activities and the quality of the services provided, within the established operating hours.

## **6 WASTE MANAGEMENT IN HEALTH SERVICES**

### **6.1 DEFINITION**

- 6.1.1 The CONCESSIONAIRE will be responsible for the execution of specialized health service waste management (HSW) services, including the definition of the segregation and selective collection policy, collection from the final waste shelters, transportation, treatment and final disposal of common, recyclable, biological, chemical, sharps and radioactive waste, produced in the HOSPITAL COMPLEX and in LACEN.
- 6.1.2 Healthcare waste is classified into five groups: Group A (biological waste), Group B (chemical waste), Group C (radioactive waste), Group D (common waste) and Group E (sharps waste).

### **6.2 GOVERNING LEGISLATION**

- 6.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
  - 6.2.1.1 Federal Law No. 12,305, of August 2, 2010 – Establishes the National Solid Waste Policy and provides other provisions;
  - 6.2.1.2 Federal Law No. 18,031, of January 12, 2019 – Provides for the State Policy on Solid Waste;
  - 6.2.1.3 Municipal Decree of Belo Horizonte No. 12,165, of September 15, 2005 – Approves the Basic Guidelines and the Technical Regulation for the Health Services Waste Management Plan in the Municipality and provides other provisions;
  - 6.2.1.4 Belo Horizonte Municipal Decree No. 16,509, of December 19, 2016 – Regulates article 46 of Law No. 10,534/2012, regarding the preparation, presentation, approval, and implementation of the Health Services Waste Management Plan – PGRSS in the Municipality of Belo Horizonte;
  - 6.2.1.5 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 222, of March 28, 2018 – Provides

for the requirements of Good Practices for the Management of Waste from Health Services;

- 6.2.1.6 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 15, of March 15, 2012 – Provides for requirements of good practices for the processing of health products and provides for other measures;
- 6.2.1.7 CONAMA Resolution No. 6, of September 19, 1991 – Provides for the incineration of solid waste from health establishments, ports, and airports;
- 6.2.1.8 CONAMA Resolution No. 275, of April 25, 2001 – Establishes color coding for different types of waste in selective collection;
- 6.2.1.9 CONAMA Resolution No. 316, of October 29, 2002 – Provides for procedures and criteria for the operation of thermal waste treatment systems;
- 6.2.1.10 CONAMA Resolution No. 386, of December 27, 2006 – Amends article 18 of CONAMA Resolution No. 316/2002;
- 6.2.1.11 CONAMA Resolution No. 358, of April 29, 2005 – Provides for the treatment and final disposal of waste from health services and provides for other provisions.
- 6.2.1.12 CONAMA Resolution No. 430, of May 13, 2011 – Provides for conditions and standards for the discharge of effluents;
- 6.2.1.13 Federal Decree-Law No. 2,063, of October 6, 1983 – Transportation of dangerous cargo;
- 6.2.1.14 ABNT NBR 9.191:2002 – Plastic bags for garbage packaging – Requirements and test methods;
- 6.2.1.15 ABNT NBR 12.810:2020 – Waste from health services – Extra-establishment management – Requirements;
- 6.2.1.16 ABNT NBR 12.980:1993 – Collection, sweeping and packaging of urban solid waste;
- 6.2.1.17 ABNT NBR 13.221:2003 – Land transport of waste;
- 6.2.1.18 ABNT NBR 13.332:2002 – Solid waste collector-compactor and its main components – Terminology;
- 6.2.1.19 ABNT NBR 13.463:1995 – Solid waste collection;
- 6.2.1.20 ABNT NBR 13.853-1:2018 (Corrected version, of January 24, 2020) – Containers for perforating or cutting health service waste – Requirements and test methods;
- 6.2.1.21 NBR 14.619:2003 – Establishes chemical incompatibility criteria to be considered in the land transport of dangerous products;
- 6.2.1.22 ABNT NBR 14.652:2019 – Road implements – Health service waste transporter – Construction and inspection requirements;
- 6.2.1.23 ABNT NBR 7.500:2023 – Identification for land transport, handling, movement, and storage of products;
- 6.2.1.24 ABNT NBR 10.004:2024 – Solid waste – Classification;
- ABNT NBR 17.001-1:2023 – Waste management – General requirements;
- 6.2.1.25 Regulatory Standard – NR No. 32: health safety of workers in health services;
- 6.2.1.26 Federal Law No. 12,305, of August 2, 2010 – Establishes the National Solid Waste Policy; amends Law No. 9,605, of February 12, 1998; and makes other provisions;

- 6.2.1.27 State Law No. 18,031, of January 12, 2009 – Provides for the State Policy on Solid Waste;
- 6.2.1.28 CNEN-NE-1.04 Standard – Licensing of Nuclear Facilities;
- 6.2.1.29 CNEN-NN-8.01 Standard – Establishes the general criteria and basic requirements for radiological safety and protection related to the management of radioactive waste of low and medium levels of radiation, as well as radioactive waste of very short half-life;
- 6.2.1.30 Belo Horizonte Municipal Decree No. 16,509, of December 19, 2016 – Regulates the management of solid waste at the municipal level;
- 6.2.1.31 COPAM Normative Resolution No. 232, of February 27, 2019 – Establishes the State Waste Transport Manifest System and establishes procedures for the control of the movement and disposal of solid waste and tailings in the state of Minas Gerais and provides other measures.
- 6.2.1.32 State Plan for Solid Waste of Minas Gerais – PERS-MG;
- 6.2.1.33 Municipal Plan for Integrated Solid Waste Management of Belo Horizonte – PMGIRS-BH.

### **6.3 SERVICE DESCRIPTION**

- 6.3.1 All management of hospital and laboratory waste must be carried out by the CONCESSIONAIRE or by subcontracted companies, and the service providers must be qualified and comply with the requirements contained in the current legislation and the PGRSS.
- 6.3.2 The CONCESSIONAIRE will be responsible for providing all materials and EQUIPMENT necessary for the provision of the waste management service, including, for example, waste collection bags, trash cans, containers, and other necessary devices. The materials must have characteristics according to their purpose and use, compatible with current legislation and the PGRSS approved and implemented in the HOPE HEALTH COMPLEX, observing colors, symbology, weight, size, among other requirements.
- 6.3.3 Subject to the terms of the CONTRACT, the CONCESSIONAIRE may explore ANCILLARY REVENUE from the waste of the HOPE HEALTH COMPLEX, such as recyclable materials, or even forward it to cooperatives and associations of waste pickers, promoting their social development.
- 6.3.4 The CONCESSIONAIRE shall promote campaigns and other activities, in conjunction with the GRANTING AUTHORITY, to ensure the correct segregation of waste and recycling of materials. Other campaigns may be developed, such as: workers' health, infection prevention, accidents with biological and sharps, among others.
- 6.3.5 Training and qualification must be offered to everyone involved, including the hospital hygiene team.
- 6.3.6 The execution of the service encompasses the activities described in the following topics:
- 6.3.7 CLASSIFICATION
  - 6.3.7.1 Health Services Waste (HSW) must be classified, identified and packaged as specified in the national standards that regulate this practice, with emphasis on the Resolution of the Collegiate Board of ANVISA/MS – RDC No. 222, of March 28, 2018, and as established in the Health Service Waste Management Plan (PGRSS), observing ANNEX 4 – MINIMUM SOCIO-ENVIRONMENTAL GUIDELINES.

### 6.3.7.2

## 6.3.8 SEGREGATION

6.3.8.1 The segregation of solid waste, at the time and place of its generation, allows for a reduction in the volume of waste and the incidence of occupational accidents, among other benefits to public health and the environment. For this purpose, the CONCESSIONAIRE shall implement the following actions:

6.3.8.1.1 Temporary shelters in all sectors according to the needs of each one;

6.3.8.1.2 End shelters in all blocks/buildings;

6.3.8.1.3 Potentially infectious waste from Group A – Subgroup A1 must be submitted to treatment, using processes that may be validated to obtain reduction or elimination of the microbial load, in EQUIPMENT compatible with Level III of microbial inactivation in the unit itself as a form of treatment;

6.3.8.1.4 Organic waste (Group D) must be stored in an exclusive cold room;

6.3.8.1.5 Radioactive waste (Group C) must be handled, stored, and transported and sent to final treatment in accordance with the provisions of CNEN NE 8.01 Standard;

6.3.8.1.6 The execution of waste collection services provides for primary collection, with the removal of waste from the generating sources to the intermediate shelters, and intermediate collections, with the removal of waste from the intermediate shelters and forwarding to the external shelter (final shelter).

6.3.8.1.6.1 It will be up to the CONCESSIONAIRE to ensure that the contracted company has an environmental license issued, an operating and operating license and a certificate of final destination.

6.3.8.1.7 The final waste shelters will be divided into storage of common waste, chemical waste, recyclable waste, infectious waste, and radioactive waste, if applicable. Sharps must be stored in containers, inside the infectant room. The collection cars will be sanitized and parked in a contiguous area when the hygiene process occurs.

## 6.3.9 PACKAGING

6.3.9.1 Group E RSS packaging containers must be replaced according to demand or when the filling level reaches 3/4 (three quarters) of the capacity or according to the manufacturer's instructions, and their manual emptying and reuse are prohibited.

6.3.9.2 All waste collection and storage containers must be provided by the CONCESSIONAIRE, both for primary and secondary collection. These containers must be properly identified with the use of symbols, colors, and terms in pre-specified dimensions for easy visualization and identification of the contents of the collectors and the specific risks, in accordance with specific legislation.

6.3.9.3 The CONCESSIONAIRE must acquire packaging containers for all areas of the HOPE HEALTH COMPLEX, as well as containers for internal transport (containers used to transport waste to the shelter) compatible with the amount of waste generated in the HOSPITAL COMPLEX and LACEN.

6.3.9.4 The containers for the Internal Transport of waste from Groups A, B, C, D, E and Recyclables, must be constituted according to the characteristics of each group of waste, considering the specifications of the legislation.

- 6.3.9.5 Temporary shelters for the packaging of hazardous waste must be carried out in containers or drums, as specified in the national standards that regulate this practice, with emphasis on ABNT NBR 10.004:2024 and ABNT NBR 17.001-1:2023.
- 6.3.9.5.1 The hazardous waste storage site must be exclusive and have an isolation system that prevents access by unauthorized persons and safety signage that identifies the facility for the risks of access to the site.
- 6.3.10 PICKUP AND INTERNAL TRANSPORTATION
- 6.3.10.1 The internal transport of HSW must be carried out with EQUIPMENT in good condition, using a rigid, smooth, waterproof, washable collector with rounded corners and edges and identified according to the Resolution of the Collegiate Board of ABNT/MS – RDC no. 222, of March 28, 2018, following previously defined routes and schedules, contained in the Solid Waste Management Plan.
- 6.3.11 STORAGE
- 6.3.11.1 The temporary waste shelters must comply with the Resolution of the Collegiate Board of ANVISA/MS – RDC No. 222, of March 28, 2018, and must provide for the storage of containers, packed in 240 (two hundred and forty) liter trash cans, with lid and wheels, in the specific color of each type of waste, provided by the CONCESSIONAIRE in sufficient quantity for the storage of the waste generated.
- 6.3.11.2 The space must be provided with floors and walls covered with resistant, washable and waterproof material; have an artificial lighting and water point, a high electrical outlet and a siphoned drain with a lid and, when provided with a ventilation area, it must be equipped with a rodent-and-vector protection screen. The door must have a width compatible with the dimensions of the collectors, as well as comply with all the requirements of the current legislation.
- 6.3.11.3 The CONCESSIONAIRE shall equip the final shelters with containers suitable for each waste in accordance with specific legislation and in appropriate conditions of use.
- 6.3.11.4 The final shelters must allow easy access to internal transport operations, allow easy access to external collection vehicles, be sized with a minimum storage capacity equivalent to the absence of regular collection, obeying the collection frequency of each group of HSW, be built with floor, walls and ceiling of resistant, washable and easily sanitized material, with openings for ventilation and with a screen to protect against vector access, be identified according to the stored HSW Groups, have access restricted to people involved in the management of HSW, have a door with an outward opening, provided with lower protection against rodents and vectors and with dimensions compatible with those of the collectors used, have a lighting point, have channels for the drainage of washing effluents, directed to the sewer network, with a siphoned drain with a lid, have a covered area for weighing the HSW, have a covered area, with a water outlet point, for sanitization and cleaning of the collectors used.
- 6.3.11.5 Organic waste, from cafeterias, pruning and weeding, must be stored separately and the CONCESSIONAIRE must preferably dispose of it to companies that carry out composting or other similar types of treatment, aiming at reducing the environmental impact.
- 6.3.11.6 The CONCESSIONAIRE must carry out weighing at each collection of all waste generated in the HOSPITAL COMPLEX and LACEN, segregating by weight and each type of waste.

### 6.3.12 TREATMENT

- 6.3.12.1 When necessary, the treatment should ensure sterilization or disinfection to make it non-hazardous, ready for collection and final disposal.
- 6.3.12.1.1 The processing must be carried out by a company licensed for this purpose.
- 6.3.12.1.2 For waste belonging to Group A – Subgroup A1, which requires microbial inactivation, an exclusive autoclave must be used for waste within the HOPE HEALTH COMPLEX itself before being collected externally (including infectious waste from the HOSPITAL COMPLEX and LACEN).
- 6.3.12.2 All crops, colonies and other chemical residues related to the Biosafety Level - NB3, must be decontaminated before being discarded, through sterilization by moist heat (autoclave). An exclusive autoclave must be provided for this process.
- 6.3.12.3 HSW resulting from the health care of individuals with suspected or certain biological contamination by risk class 4 agents, by microorganisms with epidemiological relevance and risk of dissemination, causing an emerging disease that becomes epidemiologically important, or whose transmission mechanisms are unknown, should be treated before environmentally appropriate final disposal.

### 6.3.13 COLLECTION AND EXTERNAL TRANSPORT

- 6.3.13.1 The collection and external transport of waste from health services are regulated by the Resolution of the Collegiate Board of ANVISA/MS – RDC No. 222, of March 28, 2018. In addition, the collection and external transport of HSW must be compatible with environmental standards and with the Municipal Plans for Integrated Solid Waste Management.
- 6.3.13.2 The external transport of radioactive waste must follow specific standards, if any, and CNEN standards.
- 6.3.13.3 The CONCESSIONAIRE must issue the Waste Transport Manifest – MTR, for all collection and forwarding for the final destination of the waste generated, as provided for in DN COPAM No. 232/2019.

### 6.3.14 FINAL DESTINATION

- 6.3.14.1 It must be carried out in specific treatment sites by type of waste, duly licensed by the relevant control body and with prior knowledge of the GRANTING AUTHORITY.
- 6.3.14.2 The removal of waste from health services from the final shelter of the HOPE HEALTH COMPLEX and transport to the waste disposal unit must occur according to its classification and in accordance with the PGRSS approved by the official agencies.
- 6.3.14.3 Common waste does not require prior treatment and is therefore collected regularly. Still on group D, recyclable materials will be collected according to the schedule agreed between the company approved for this activity and the CONCESSIONAIRE (paper, metal, plastic, Styrofoam, and glass).
- 6.3.14.4 Items eligible for reverse logistics will have their collection regularity according to the respective manufacturer/supplier – these must also be included in PGRSS.
- 6.3.14.5 The CONCESSIONAIRE presents the Certificate of Final Disposal (CDF) of waste, as provided for in DN

COPAM No. 232/2019.

- 6.3.14.6 All transport must follow the current rules, and the periodicity provided for in the Work Plan according to the PGRSS.
- 6.3.15 HEALTH SERVICES WASTE MANAGEMENT PLAN (PGRSS)
- 6.3.15.1 The CONCESSIONAIRE will be responsible for the preparation and updating of the PGRSS under the terms of ANNEX 4 - SOCIO-ENVIRONMENTAL GUIDELINES, as well as its management with the Sanitary Surveillance agencies and due approvals and authorizations by the competent agencies. In addition, the CONCESSIONAIRE will be responsible for training employees for the appropriate application of the PGRSS.
- 6.3.15.2 The CONCESSIONAIRE shall guarantee and develop mechanisms for monitoring the collection, weighing and for supervising the contract between the CONCESSIONAIRE and the companies responsible for waste collection, in order to ensure that waste is being treated and disposed of correctly, considering the responsibilities shared between the parties to said instrument.
- 6.3.15.3 The CONCESSIONAIRE must be responsible for the entire waste disposal process (sterilization or recycling, even if it hires a service provider, observing the regulations in force.
- 6.3.15.4 To monitor the volumes, the CONCESSIONAIRE must adopt management indicators to control the generation of waste. The CONCESSIONAIRE must keep the PGRSS updated and duly authorized by the competent bodies, which is always updated with the work safety teams of LACEN and SCIH of the HOSPITAL COMPLEX and LACEN.
- 6.3.15.4.1 Indicators are evaluation and control instruments that must be objective, self-explanatory and reliable, which allow monitoring the effectiveness of the implemented PGRSS, such as:
- 6.3.15.4.2 Variation in % of waste generation in relation to the previous month and the same month of the previous year;
- 6.3.15.4.3 Variation in the proportion of Group A waste;
- 6.3.15.4.4 Variation in the proportion of waste in Group B;
- 6.3.15.4.5 Variation in the proportion of waste in Group D;
- 6.3.15.4.6 Variation in the proportion of waste in Group E;
- 6.3.15.4.7 Variation in the percentage of recycling.
- 6.3.15.5 The PGRSS must be prepared and have a Technical Responsibility Signature by a duly qualified professional to be appointed by the CONCESSIONAIRE.

#### **6.4 OPERATION**

- 6.4.1 The CONCESSIONAIRE must prepare a waste removal schedule following the PGRSS, which must include the SOPs of the cleaning and sanitization area.
- 6.4.2 The frequency of external collection must take into account the demand for waste produced by the HOPE HEALTH COMPLEX, as determined by the Resolution of the Collegiate Board of ANVISA/MS – RDC nº 50, of

February 21, 2002, and the Architecture Project.

- 6.4.3 The storage of waste that exceeds the capacity of the respective shelter and the storage standards will not be allowed, under any circumstances. The storage must be compatible with the amount generated in the institution.
- 6.4.4 Below is a list of minimum collection frequency to be adopted by the CONCESSIONAIRE:

*Table 12 - Minimum Waste Ratio and Collection Frequency*

<b>Waste</b>	<b>Collection Frequency</b>
A and E	Daily
B	Biweekly <sup>2</sup>
C	Monthly
D	According to the schedule contractually agreed between the CONCESSIONAIRE and the approved company to carry out the collection, contracted by the CONCESSIONAIRE

## **6.5 SIZING**

- 6.5.1 The CONCESSIONAIRE shall carry out the collection, transportation, treatment, and final disposal of all waste generated in the HOSPITAL COMPLEX at least four (4) times a day, ensuring a maximum interval between operations of six (6) hours.
- 6.5.2 For LACEN, the minimum frequency of collection, transportation, treatment, and final disposal of waste must be 2 (two) times a day, making a maximum interval of 12 (twelve) hours between operations.

## **7 LOGISTICS – WAREHOUSE AND PHARMACEUTICAL SUPPLY CENTER**

### **7.1 DEFINITION**

- 7.1.1 The logistics service shall cover the complete operation of the Warehouse, the Pharmaceutical Supply Center (CAF) and other pharmacy units (outpatient pharmacy, pharmacotechnics, satellite pharmacies, etc.) of the HOSPITAL COMPLEX and LACEN, which shall include the execution of the activities of receiving, checking, inspecting and controlling, registering and shipping medicines, medical-hospital materials and other materials, And its main objectives will be:
- 7.1.1.1 Maintain optimal inventory levels: avoid both excess inventory, which generates unnecessary costs, and product shortages, which can disrupt operations;
- 7.1.1.2 Ensure the availability of medicines and materials at the right time: ensure that production or services take place without interruptions;
- 7.1.1.3 Minimize losses and breakdowns: protect medicines and materials against theft, damage, and obsolescence;

<sup>2</sup> Or when reaching the agreed volume as defined between the PARTIES in the Work Plan.

- 7.1.1.4 Optimize storage space: use an efficient layout and appropriate technologies;
- 7.1.1.5 Reduce costs: optimize purchases, control waste, and negotiate with suppliers;
- 7.1.1.6 Meet standards and regulations: ensure work safety, product quality and environmental protection.
- 7.1.2 The warehouse will function as a space dedicated to the storage, control and distribution of medicines and materials that will be used in various activities within the HOSPITAL COMPLEX and LACEN. Its function will be to ensure that all sectors of the HOPE HEALTH COMPLEX are supplied with the necessary inputs for its proper functioning. In addition, the management of the Warehouse will involve practices that must ensure the integrity of the stored products, the efficiency in the disposal of these materials and the ease of access when they are requested by the teams of the FINALISTIC SERVICES and the SERVICES of the HOPE HEALTH COMPLEX.
- 7.1.3 The CAF will function as a storage center, responsible for storing medicines, medical-hospital materials, and other health products, in order to ensure the maintenance of their physicochemical characteristics according to their specificities. In addition, it must distribute these items to the Satellite Pharmacies, Pharmacotechnics, Outpatient Pharmacy and care areas.
- 7.1.4 The Satellite Pharmacies and the Pharmacotechnics will function as sub-stocks, dispensing medicines, medical-hospital materials, and health products to the PATIENTS. They must be strategically located to ensure the rapid availability of medicines and medical-hospital materials. Smart cabinets should also be used with the same objective of under-stock, distributed in strategic areas of the HOSPITAL COMPLEX, such as the surgical center.
- 7.1.5 The Outpatient Pharmacy will also be a stock place, intended to serve the PATIENTS of the HOSPITAL COMPLEX and the external public, observing the rules provided for in ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS.

## **7.2 GOVERNING LEGISLATION**

- 7.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
  - 7.2.1.1 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 430, of October 8, 2020 - Provides for good practices for the distribution, storage, and transportation of medicines;
  - 7.2.1.2 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 653, of March 24, 2022 – Amends the Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 430, of October 8, 2020;
  - 7.2.1.3 SVS/MS Ordinance No. 344, of May 12, 1998 - Approves the Technical Regulation on substances and medicines subject to special control;
  - 7.2.1.4 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 871, of May 17, 2024 - Provides for the update of Annex I (Lists of Narcotic, Psychotropic, Precursor and Other Substances under Special Control) of SVS/MS Ordinance No. 344, of May 12, 1998;
  - 7.2.1.5 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 80, of May 11, 2006 – Provides for the technical and operational conditions necessary for the dispensation of medicines in fractional form in pharmacies and drugstores according to current guidelines and regulations;

- 7.2.1.6 GM/MS Ordinance No. 2,616, of May 12, 1998 – Hospital Infection Control Program;
- 7.2.1.7 MTE Ordinance No. 485, of November 11, 2005 – Approves Regulatory Standard No. 32 (Occupational Health and Safety in Health Establishments);
- 7.2.1.8 SAS/MS Ordinance No. 1,017, of December 23, 2002 – Establishes that hospital pharmacies that are part of the SUS must be under the responsibility of the pharmacist;
- 7.2.1.9 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 220, of September 21, 2004 – Approves the Technical Regulation for the operation of antineoplastic therapy services;
- 7.2.1.10 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 306, of December 7, 2004 – Provides for the Technical Regulation for the management of waste from health services;
- 7.2.1.11 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 222, of August 24, 2018 – Regulates the Good Practices for the Management of Waste from Health Services and provides other provisions;
- 7.2.1.12 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC no. 50, of February 21, 2002 – Provides for Technical Regulation for physical projects in health care establishments;
- 7.2.1.13 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 67, of October 8, 2007 – Provides for Good Practices for the manipulation of magistral and officinal preparations for human use in pharmacies;
- 7.2.1.14 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 916, of September 19, 2024 – Provides for Good Practices for the Use of Parenteral Solutions (SP) in Health Services;
- 7.2.1.15 ABNT NBR 17505-2:2024 – Storage of flammable and combustible liquids (Part 2) – Storage in tanks, vessels, and portable containers;
- 7.2.1.16 Federal Law No. 10,357, of December 27, 2001 – Provides for the control and inspection of chemical products that may be used in the manufacture of narcotics and psychotropic substances;
- 7.2.1.17 Federal Decree No. 10,030, of September 30, 2019 – Regulates the inspection of products controlled by the Army (PCE);
- 7.2.1.18 COLOG Ordinance No. 56, of June 5, 2017 – Approves the Regulatory Standards for Controlled Products (NRPC).

### **7.3 SERVICE DESCRIPTION**

- 7.3.1 The logistics service will be responsible for the integral operation of the Central Warehouse, by the CAF (Pharmaceutical Supply Center) and other pharmacy units (outpatient pharmacy, pharmacotechnics, satellite pharmacies, etc.), of the HOPE HEALTH COMPLEX. The CONCESSIONAIRE will be responsible for the management and operation of all these units.
- 7.3.2 For this SERVICE, all items used in the HOSPITAL COMPLEX and LACEN must be considered, including, but not limited to medical-hospital materials, medicines, laboratory supplies, administrative materials, PPE, among others.
- 7.3.3 The CONCESSIONAIRE will be responsible for the following activities:

- 7.3.3.1 Receipt of all medicines, materials and supplies acquired for the operation of the HOSPITAL COMPLEX and LACEN;
- 7.3.3.2 Conference and inspection of the products received against the purchase information;
- 7.3.3.3 Identification, labeling and registration in the system of the products received;
- 7.3.3.4 Carrying out the proper storage of the products and under conditions recommended by the manufacturers, ANVISA and the GRANTING AUTHORITY, as indicated in the Work Plan;
- 7.3.3.5 Management and strict control of high-cost items and products controlled by the Army and the Federal Police, such as medicines subject to special control, chemical substances, and other products of restricted use, ensuring compliance with current legislation;
- 7.3.3.6 Definition, together with the GRANTING AUTHORITY, when preparing the Work Plan, of the minimum stock for each product, including the quantities of each product that must be available in the decentralized units of the warehouse in the HOSPITAL COMPLEX and in LACEN;
- 7.3.3.7 Definition of communication and integration with the GRANTING AUTHORITY for alerts of products close to the minimum stock and needs for the acquisition of new products, with indication in the Work Plan of the process for interaction between the PARTIES, such as automatic alerts via HOSPITAL INFORMATION SYSTEM;
- 7.3.3.8 Sending a monthly notification to the GRANTING AUTHORITY and the FINALISTIC SERVICES team about the expiration dates of the products, ensuring that there is no loss of products due to expiration;
- 7.3.3.9 Registration and control via HOSPITAL INFORMATION SYSTEM and LABORATORY INFORMATION SYSTEM (LIS) of all products received and forwarded to the other areas of the HOSPITAL COMPLEX and LACEN;
- 7.3.3.10 Order picking, barcode labeling, kitting, and item shipping;
- 7.3.3.11 Organization and management of inventory;
- 7.3.3.12 Management and control of supply windows;
- 7.3.3.13 Management and cyclical counting of inventory, to be defined between the PARTIES in the Work Plan;
- 7.3.3.14 Implementation of the FIFO (first in, first out) system to ensure that older products are used first, minimizing the risk of expiration, and ensuring priority shipment of items with shorter shelf life;
- 7.3.3.15 Transportation and distribution of all items within the HOSPITAL COMPLEX and LACEN, upon request of materials and/or a medical prescription by the FINALISTIC SERVICES team, via the TRANSPORTATION SYSTEM implemented by the CONCESSIONAIRE;
- 7.3.3.16 For the act of delivery and handling of products, EQUIPMENT and utensils must be used to assist in distribution, considering the specific care in each situation, such as thermal boxes, closed boxes with security seals, cargo carts, among others necessary.
- 7.3.4 The logistics of medicines and materials will involve from receipt at the HOPE HEALTH COMPLEX, travel to the warehouse and later to the shipment of the items to the demanding areas of the HOSPITAL COMPLEX and LACEN, ranging from the simple shipment of volumes, to value-added services such as the assembly of kits (collection of samples, medical-hospital material and medicine) and procedure kits.
- 7.3.5 The CONCESSIONAIRE will reimburse the GRANTING AUTHORITY, under the terms of the AGREEMENT, for damages and/or loss, including theft, of any medical-hospital material or medication during the

execution of the activities under its responsibility, including any divergence between the actual physical stock and that entered in the HOSPITAL INFORMATION SYSTEM and LABORATORY INFORMATION SYSTEM (LIS).

- 7.3.6 The CONCESSIONAIRE will be responsible for the construction, acquisition and supply of all EQUIPMENT, FURNITURE, and adequate infrastructure for the operation of the Warehouse, Decentralized Warehouses at LACEN (local unit of the warehouse for the storage of small volumes), CAF, Central Pharmacy, Satellite Pharmacies, Pharmacotechnics, Outpatient Pharmacy, Fractionation Sector and Area for assembly and storage of kits, as well as for the PREVENTIVE AND CORRECTIVE MAINTENANCE of all EQUIPMENT and machinery, according to the manufacturers' manual, in addition to building maintenance and cleaning of the sites.
- 7.3.7 The CONCESSIONAIRE will be responsible for providing the supplies necessary for the operation of the logistics service, such as:
- 7.3.7.1 Labels/barcode that will be used to identify the products;
  - 7.3.7.2 Packaging and bags where unitized medicines and other materials will be stored;
  - 7.3.7.3 Adhesive tapes, coolers and other storage and distribution supplies;
  - 7.3.7.4 Protective material for safe transport, such as padding, air cushions or Styrofoam, to prevent damage during travel;
  - 7.3.7.5 Security seals to seal boxes and bags, ensuring the integrity of the transported items.
- 7.3.8 OPERATIONAL CONTROL CENTER
- 7.3.8.1 The CONCESSIONAIRE will implement an Operational Control Center, which will conduct the activities related to the HOSPITAL INFORMATION SYSTEM and LABORATORY INFORMATION SYSTEM (LIS), including the functionalities related to the logistics service, which will enable:
- 7.3.8.1.1 Inventory management and material control by product barcode or by own barcode (when the material does not have a barcode), allowing real-time control of all materials and medicines, through RFID technology;
  - 7.3.8.1.2 Generate reports with minimum information on movement by sector, volumes and actual levels, monitoring of the operation and others;
  - 7.3.8.1.3 Provide information on actual consumption that helps the purchasing area of the GRANTING AUTHORITY in the provisioning of future purchasing processes and emergency demands;
  - 7.3.8.1.4 Indicate the points of resupply of materials and medicines to the GRANTING AUTHORITY;
  - 7.3.8.1.5 Provide direct access for up to 10 (ten) users, from the GRANTING AUTHORITY and the FINALISTIC SERVICES team, through login and individual password for viewing information and extracting reports;
  - 7.3.8.1.6 Be responsible for the deadlines and expiration dates of the items in stock, providing frequent reports to the GRANTING AUTHORITY for action.
- 7.3.9 MEDICINES AND MEDICAL-HOSPITAL MATERIALS OF THE HOSPITAL COMPLEX
- 7.3.9.1 The GRANTING AUTHORITY will be responsible for conducting the process of acquisition, payment and

delivery of medicines and medical-hospital materials to the HOSPITAL COMPLEX.

- 7.3.9.2 The CONCESSIONAIRE will be responsible for receiving medicines and medical-hospital materials. The pharmacist responsible for the GRANTING AUTHORITY must supervise the process of receiving and checking orders for the purchase of medicines and medical-hospital materials in the receiving area of the HOPE HEALTH COMPLEX, issuing documents attesting to the relevant information, such as, for example, identification of the items, quantities and items rejected due to the condition of use and/or validity. This process must be carried out jointly with the CONCESSIONAIRE's responsible or agent.
- 7.3.9.3 The CONCESSIONAIRE will be responsible for supporting the central pharmacy of the HOSPITAL COMPLEX, including the following activities.
- 7.3.9.3.1 Ensure the efficient performance of the pharmacotechnical or drug manipulation sector in the hospital pharmacy, carrying out the preparation of personalized medicines, handling specific formulations not commercially available and strictly following the standards and best practices applicable to the SERVICE. It is also the responsibility of the CONCESSIONAIRE to ensure the performance of quality control tests and support to the multidisciplinary team, promoting safety and efficacy in the use of medicines and contributing to the safety of PATIENTS;
- 7.3.9.3.2 Fractionation and unitarization of medicines (blisters, ampoules, etc.) without violating the primary packaging. This process involves repackaging and relabeling, according to ANVISA standards and definitions of the GRANTING AUTHORITY in a standardized way for the entire HOSPITAL COMPLEX;
- 7.3.9.3.3 Manipulation and fractionation of solids and liquids, dilution and preparation of injectables, including enteral and parenteral nutrition, when this involves the manipulation of products after the violation of their primary packaging (packaging containing the drug, such as vials and unitized blisters) for preparation purposes before dispensing to the PATIENT, such as assembling doses and separating unitized tablets by time;
- 7.3.9.3.4 Definition of the execution of the fractionation service, with the possibility of opting, or not, for the use of semi-automatic or fully automated machinery, with their respective inputs;
- 7.3.9.3.5 Provision of all necessary material for the fractionation sector, such as wrappers, labels, packaging, among others.
- 7.3.9.4 The definition of which medicines and their respective quantity to be fractionated by the CONCESSIONAIRE will be the responsibility of the GRANTING AUTHORITY and must be requested in a timely manner, to be agreed between the PARTIES and described in the SOPs and Work Plan.
- 7.3.10 LACEN SUPPLIES
- 7.3.10.1 The CONCESSIONAIRE will be responsible for the entire process of acquisition of materials and inputs, ensuring that the items necessary for the operation of LACEN are available. The exhaustive list of the estimated quantity of each input by examination or analysis, to be provided by the CONCESSIONAIRE, will be presented when the SUPPLIES PLAN is prepared, pursuant to ANNEX 10 – PAYMENT MECHANISM.
- 7.3.10.2 The CONCESSIONAIRE shall keep available in stock, in the decentralized units of the warehouse at LACEN, the minimum quantities of each input for use by the FINALISTIC SERVICES team, as defined in the Work Plan and in accordance with the SUPPLIES PLAN in force, pursuant to ANNEX 10 – PAYMENT MECHANISM.
- 7.3.10.3 The CONCESSIONAIRE's remuneration, including the regulation in relation to the possible variation in the

demand for inputs for LACEN, to be observed by the CONCESSIONAIRE, is defined in ANNEX 10 – PAYMENT MECHANISM.

- 7.3.10.4 The Ministry of Health (MS) will provide kits in some specific cases, such as diseases, programs or in situations of outbreaks and epidemics (e.g., Dengue, Covid-19, among others) to the Division of Epidemiology and Disease Control (DECD) of LACEN. If these kits are not made available by the Ministry of Health, the responsibility for supply will be transferred to the CONCESSIONAIRE, which will make the purchase in these situations, observing the definitions of the SUPPLIES PLAN, through economic and financial rebalancing under the terms of the CONTRACT.
- 7.3.10.5 The other items to be purchased by the CONCESSIONAIRE are indicated below:
- 7.3.10.5.1 Adhesives and Films (e.g., Optical adhesive for plates; Plastic film for sealing microplates, etc.);
  - 7.3.10.5.2 Handles and Spatulas (e.g., Laboratory handles (nickel chromium, polystyrene, polypropylene); Stainless steel spatulas etc.);
  - 7.3.10.5.3 Oil cans and bottles (e.g., Polypropylene oil cans (various colors and capacities); Glass and plastic vials for packaging and transporting samples, etc.);
  - 7.3.10.5.4 Rings and Washers (e.g., Stainless-steel rings; Washers for LABORATORY EQUIPMENT for chemical analysis, etc.);
  - 7.3.10.5.5 Bars and Rods (e.g., Magnetic bars for stirrers; Polypropylene and glass sticks etc.);
  - 7.3.10.5.6 Batteries and Chargers (e.g., Batteries for laboratory respirators; Battery chargers etc.);
  - 7.3.10.5.7 Bags and Sacks (e.g., Polyethylene and plastic bags for bacteriological collection; Plastic bags (autoclavable, for packaging) etc.);
  - 7.3.10.5.8 Rubber stoppers and septa (e.g., stoppers for containers and microplates, etc.)
  - 7.3.10.5.9 Handles and Tips (e.g., Scalpel handles (disposable and stainless steel); Pipette/micropipette tips (various types and capacities), etc.);
  - 7.3.10.5.10 Boxes and Racks (e.g., Boxes for freezing and transport of biological material; Racks for test tubes and cryovials etc.);
  - 7.3.10.5.11 Capsules and Trays (e.g., Porcelain Capsules; Polystyrene trays etc.);
  - 7.3.10.5.12 Cassette and Microplates (e.g., Histological cassettes; Microplates for PCR and cell culture, etc.);
  - 7.3.10.5.13 Centrifugation and Cryogenics (e.g., Centrifuge tubes (polypropylene); Cryogenic tubes (polypropylene) etc.);
  - 7.3.10.5.14 Columns and Cartridges (e.g., Columns for chromatography (gas and liquid); Solid-phase extraction cartridges, etc.);
  - 7.3.10.5.15 Connectors and Tubing (e.g., Silicone connectors; Silicone sleeves for peristaltic pumps, etc.);
  - 7.3.10.5.16 Swabs and swabs (e.g., Swabs with wooden stems; Swabs for bacteriological collection, etc.);
  - 7.3.10.5.17 Vats and Jars (e.g., Stainless-steel vats; polypropylene jars for microbiological analysis, etc.);
  - 7.3.10.5.18 Devices and Filters (e.g., Filtration devices; Filters for LABORATORY EQUIPMENT, etc.);
  - 7.3.10.5.19 Electrodes and Membranes (e.g., Electrodes for ion/pH analyzers; Filter membranes; etc.);

- 7.3.10.5.20 Packaging and Labels (e.g., Disposable packaging for sterilization; Adhesive labels for barcode printing, etc.);
- 7.3.10.5.21 Brushes and Brushes (e.g., Brushes for asepsis and cleaning; Plastic Wash Bottle etc.);
- 7.3.10.5.22 Films and Parafilms (e.g., Plastic films for sealing; Parafilms for laboratory etc.);
- 7.3.10.5.23 Jars and Bottles (e.g., Glass and plastic bottles for packaging; Cell culture bottles, etc.);
- 7.3.10.5.24 Kit and Reagents (e.g., Kits for DNA amplification; Reagents for various laboratory analyses, etc.) – **Not including the items to be made available by the GRANTING AUTHORITY;**
- 7.3.10.5.25 Blades and Coverslips (e.g., Disposable scalpel blades; Glass coverslips for microscopy, etc.);
- 7.3.10.5.26 Lamps and Liners (e.g., Specific lamps for LABORATORY EQUIPMENT; Chromatography liners; etc.);
- 7.3.10.5.27 Culture Materials and Supplements (e.g., Culture Materials (agar, broth, etc.); Supplements for culture media, etc.);
- 7.3.10.5.28 Paper and Filters (e.g., Qualitative, and quantitative filter paper; Filters for LABORATORY EQUIPMENT, etc.);
- 7.3.10.5.29 Weights and Stacks (e.g., Calibrated standard weights; Alkaline and rechargeable batteries, etc.);
- 7.3.10.5.30 Tweezers and Pipettes (e.g., Stainless-steel tweezers; Graduated and automatic pipettes, etc.);
- 7.3.10.5.31 Plates and Tubes (e.g., Disposable Petri dishes; Plastic and glass tubes for laboratory etc.);
- 7.3.10.5.32 Graduated cylinder and Beaker (e.g., Glass and plastic beakers; Graduated glass and plastic beakers etc.);
- 7.3.10.5.33 Reagents and Solutions (e.g., Miscellaneous chemical reagents; buffer solutions and detergents etc.);
- 7.3.10.5.34 Probes and Supports (e.g., Probes for solid phase extraction; Supports for filtration and laboratory tubes, etc.);
- 7.3.10.5.35 Tests and Indicators (e.g., Rapid tests for diagnostics; Biological and chemical indicators for sterilization, etc.)
- 7.3.10.5.36 Vials and Inserts (e.g., Glass vials for chromatography; Inserts for vials etc.).
- 7.3.10.6 Subject to the process of defining the SUPPLIES PLAN provided for in ANNEX 10 – PAYMENT MECHANISM, if there is a need to supply items not listed above due to an event whose risk has been allocated to the GRANTING AUTHORITY, the CONCESSIONAIRE shall provide them through economic and financial rebalancing of the CONTRACT.
- 7.3.11 STORAGE
  - 7.3.11.1 To maintain safety and quality in this process, the specificities and technical information of the manufacturer must be observed to carry out the storage in the appropriate form to the characteristics of each medicine, medical-hospital material, inputs, and any other materials used in the HOSPITAL COMPLEX and LACEN.
  - 7.3.11.2 The organization of the items must be carried out considering the following aspects, as well as the legal provisions relevant to the product:

- 7.3.11.2.1 Direct contact of the medicine and materials with the floor and walls should be avoided, for this protection accessories such as automated pallets may be used;
  - 7.3.11.2.2 Materials of the same class (e.g., medical-hospital material) must be kept in an adjacent place, in order to facilitate their movement and inspection;
  - 7.3.11.2.3 Stocks of identical materials must be organized according to the date of receipt of each one, in order to allow stocked items, with a shorter expiration date, to be supplied as a priority;
  - 7.3.11.2.4 Materials and medicines must be stacked in such a way as not to compromise the safety of people around, as well as the quality of the material and medicine itself, which may be affected as a result of excessive pressure and the absence of adequate ventilation;
  - 7.3.11.2.5 Flammable material must be stored separately from others and in cabinets or areas with a fire structure;
  - 7.3.11.2.6 Corrosive materials should be stored segregated from others, in specific and well-ventilated areas, using appropriate containers that avoid leaks and chemical reactions;
  - 7.3.11.2.7 Chemicals should be classified and stored according to their properties, such as flammability, reactivity, and toxicity. Incompatible products should not be stored together to avoid dangerous reactions. For example, acids and bases should be stored separately;
  - 7.3.11.2.8 Chemicals should be kept in compliant, leak-resistant, and properly labeled containers with clear information about the contents, associated hazards, and handling instructions. The labels must follow safety standards, such as ABNT NBR ISO 7.500:2023 of ABNT, which establishes the identification system for dangerous products;
  - 7.3.11.2.9 The storage environment for chemicals should be controlled to avoid conditions that may degrade chemicals or increase risks. This includes temperature control, humidity, and proper ventilation.
  - 7.3.11.2.9.1 Products that require refrigeration should be stored in suitable refrigerators or cold rooms;
  - 7.3.11.2.9.2 There should be containment systems, such as holding trays, to contain any leaks or spills. These trays will help prevent soil and water contamination, as well as make cleaning easier.
  - 7.3.11.2.10 Storage areas should be clearly signposted with hazard warnings and safety instructions. Access should be restricted to trained and authorized personnel to minimize the risk of accidents;
  - 7.3.11.2.11 The storage of chemical products must comply with local regulations, such as the standards of the National Health Surveillance Agency (ANVISA), Regulatory Standard No. 20 (NR-20 - Safety and Health at Work with Flammables and Fuels), Regulatory Standard No. 26 (NR-26 - Safety signage) and ABNT NBR 7.500:2023 (Risk and handling symbols for the transport and storage of materials);
  - 7.3.11.2.12 Employees must wear appropriate PPE, such as gloves, goggles, and aprons, when handling chemical products. In addition, there should be emergency kits and eyewash stations and safety showers nearby.
- 7.3.11.3 During the preparation of the Work Plan, according to item 1.6, the inputs and stock policies for each material and medicine must be defined, which will provide subsidies for the correct sizing of storage areas and structures. These areas and structures should have:

- 7.3.11.3.1 Area for storage of products in general;
- 7.3.11.3.2 Storage area for medicines, inputs, and related products – Products stored in a temperature-controlled environment (< 25°C [twenty-five degrees Celsius]);
- 7.3.11.3.3 Specific storage area for medicines and refrigerated supplies – Products stored at temperatures between 2°C (two degrees Celsius) and 8°C (eight degrees Celsius) – Refrigerated products;
- 7.3.11.3.4 Specific storage area for frozen medicines and supplies – Products stored at temperatures below 0°C (zero degrees Celsius) – Frozen products, according to product specifications, including, for example, storage of laboratory supplies at -30°C (minus thirty degrees Celsius) – Frozen, or -70°C (minus seventy degrees Celsius)/-80°C (minus eighty degrees Celsius) – Deep-frozen;
- 7.3.11.3.5 Storage area for controlled drugs (ANVISA Ordinance 344);
- 7.3.11.3.6 Segregated area from other items for materials with access control, such as chemical reagents and biological substances;
- 7.3.11.3.7 Decentralized areas in LACEN for direct storage of reagents and other indicated inputs;
- 7.3.11.3.8 Area for the storage of flammable products;
- 7.3.11.3.9 Storage area for products for return;
- 7.3.11.3.10 Area for storage of products in situations of suspension or precautionary interdiction by health surveillance agencies and other quarantine situations.

#### **7.4 OPERATION**

- 7.4.1 The Central Warehouse and the CAF must operate 24 (twenty-four) hours a day, 7 (seven) days a week.

#### **7.5 SIZING**

- 7.5.1 For the logistics of internal supplies of the CAF (central), the Brazilian Society of Hospital Pharmacy (SBFAFH) recommends, for the basic activities of dispensing for hospitalized PATIENTS and logistics of supplies, minimum parameters for human resources, which must be observed by the CONCESSIONAIRE.
  - 7.5.1.1 The CONCESSIONAIRE's minimum staff is considered: 1 (one) pharmacist for every 50 (fifty) beds, 1 (one) pharmacy assistant for every 10 (ten) beds and 1 (one) warehouse for every 50 (fifty) beds.
- 7.5.2 However, the CONCESSIONAIRE will be responsible for and must size its team taking into account all aspects related to the logistics service at the HOPE HEALTH COMPLEX, including distances traveled, demand and variety of inputs, supply periods adopted for the HOSPITAL COMPLEX and LACEN, among other pertinent parameters.
- 7.5.3 For the warehouse, the following functions must be provided:
  - 7.5.3.1 Supervisor or Head of Warehouse: Manages and supervises all processes and teams in the warehouse;
  - 7.5.3.2 Warehouse Analyst: Manages acquisitions, inventories, and suppliers, optimizing processes and ensuring efficiency;
  - 7.5.3.3 Inventory Analyst: Monitors and controls inventory levels to avoid excesses or shortages;

- 7.5.3.4 Logistics Analyst: Coordinates the transportation and distribution of products;
- 7.5.3.5 Warehouse Assistant: Assists with the organization, control of the warehouse, and transportation by ensuring that materials are available when needed.
- 7.5.4 For the CAF, the following functions should be foreseen:
  - 7.5.4.1 Pharmacists: Responsible for technical supervision, quality control, and management of medicines and materials;
  - 7.5.4.2 Pharmacy Assistants: They assist in receiving, checking, storing, and distributing medicines and materials.
- 7.5.5 The CONCESSIONAIRE shall also appoint the technical person responsible for the service when the legislation of the activity so requires, with due registration with the council of the active category;
- 7.5.6 The Maximum Reference Times (RMR) for the delivery of medicines and medical-hospital materials, after the opening of the call, are established below:

*Table 13 - Maximum reference time (MRT) for delivery of medicines and medical-hospital materials*

<b>Item</b>	<b>TMR</b>
Medicines and medical-hospital materials on an emergency basis	Up to fifteen (15) minutes
Medicines and medical-hospital materials on an urgent basis	Up to thirty (30) minutes
Medicines and medical-hospital materials in other situations	Up to 120 (one hundred and twenty) minutes

- 7.5.6.1 The CONCESSIONAIRE shall strategically distribute, in the areas of the HOSPITAL COMPLEX, essential medicines for immediate care in emergency situations, using "emergency cars" or "emergency kits".

## **8 NUTRITION AND DIETETICS SERVICE**

### **8.1 DEFINITION**

- 8.1.1 The Nutrition and Dietetics Service (“SND”) is characterized by the preparation and distribution of meals for:
- 8.1.1.1 PATIENTS and companions of the HOSPITAL COMPLEX;
- 8.1.1.2 team of the FINALISTIC SERVICES defined by the GRANTING AUTHORITY, such as outsourced employees, servers, residents and students, and visitors, under the terms set forth in this item and SERVICE providers, defined by the CONCESSIONAIRE.
- 8.1.2 The distribution of the meals indicated in item (ii) above, as well as for companions of PATIENTS, shall take place in a cafeteria to be built by the CONCESSIONAIRE in the CONCESSION AREA, pursuant to ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS.
- 8.1.3 The CONCESSIONAIRE has the flexibility to define the form of provision of this service, observing the requirements and guidelines of this ANNEX, and may be implemented, for example, a *Cook and Chill system*, in which meals are produced in an external food and nutrition unit (central kitchen), with the production method based on the prior preparation of menu items, portioning immediately after cooking, refrigeration under temperature-controlled conditions and storage under refrigeration, followed by reheating prior to distribution and consumption. The production of diet therapeutic foods must occur internally at the HOPE HEALTH COMPLEX.

### **8.2 GOVERNING LEGISLATION**

- 8.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
- 8.2.1.1 Federal Law No. 10,741, of October 1, 2003 - Provides for the Statute of the Elderly and provides for other provisions;
- 8.2.1.2 Federal Law No. 6,583, of August 20, 1978 - Creates the Federal and Regional Councils of Nutritionists, regulates their operation, and provides other provisions;
- 8.2.1.3 Federal Law No. 6,437, of August 20, 1977 - Configures violations of federal sanitary legislation, establishes the respective sanctions, and provides other provisions;
- 8.2.1.4 Federal Law No. 8,080, of September 19, 1990 - Provides for the conditions for the promotion, protection and recovery of health, the organization and operation of the corresponding services and provides for other provisions;
- 8.2.1.5 Federal Law No. 8,069, of July 13, 1990 - Statute of the Child and Adolescent;
- 8.2.1.6 Federal Law No. 8,234, of September 17, 1991 - Regulates the profession of Nutritionist;
- 8.2.1.7 SAS/MS Ordinance No. 120, of January 30, 2009 - Define the High Complexity Care Units in Nutritional Therapy and High Complexity Reference Centers in Nutritional Therapy; (with the exception of Article 11, repealed by Ordinance 424/2015);
- 8.2.1.8 SAS/MS Ordinance No. 424, of May 13, 2015 - Establishes technical regulations, standards, and criteria in

Nutritional Therapy;

- 8.2.1.9 SVS/MS Ordinance No. 272, of July 3, 1998 - Establishes the minimum requirements required for Parenteral Nutrition Therapy;
- 8.2.1.10 GM/MS Consolidation Ordinance No. 5, of September 28, 2017 - Consolidates the rules on health actions and services of the Unified Health System (SUS);
- 8.2.1.11 SVS/MS Ordinance No. 326, of December 18, 1997 - General (essential) requirements of hygiene and good manufacturing practices for food produced/manufactured for human consumption;
- 8.2.1.12 CVS Ordinance No. 15 of 2 August 1991 - Regulation or transport of foodstuffs;
- 8.2.1.13 CVS Ordinance No. 6, of March 15, 1999 - Establishes the criteria of hygiene and good operational practices for food produced/manufactured/industrialized/manipulated and ready for consumption, to support the actions of the Sanitary Surveillance and the preparation of manuals of good handling and processing practices;
- 8.2.1.14 GM/MS Ordinance No. 1428, of August 26, 1993 - Establishes technical regulations and guidelines for the sanitary inspection of food;
- 8.2.1.15 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 11, of March 18, 2014 - Provides for the Requirements of Good Operating Practices for Dialysis Services and provides for other measures;
- 8.2.1.16 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC nº 12, of January 2, 2001 - Establishes the sanitary microbiological standards for food and determines the criteria for the conclusion and interpretation of the results of microbiological analyses of food intended for human consumption;
- 8.2.1.17 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 171, of August 4, 2006 - Provides for the Technical Regulation for the operation of Human Milk Banks;
- 8.2.1.18 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC nº 216, of September 15, 2004 - Good practices for food services;
- 8.2.1.19 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 52, of September 15, 2014 - Amends Resolution RDC No. 216, of September 15, 2004, which provides for the Technical Regulation of Good Practices for Food Services;
- 8.2.1.20 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 218, of August 24, 2005 - Provides for the technical regulation of Hygienic-Sanitary Procedures for the handling of food and beverages prepared with vegetables;
- 8.2.1.21 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 275, of August 21, 2002 - Establishes standardized operating procedures that contribute to the guarantee of the hygienic-sanitary conditions necessary for the processing/industrialization of food, complementing good manufacturing practices;
- 8.2.1.22 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 331, of August 22, 2019 - Provides for microbiological standards for food and their application;
- 8.2.1.23 Resolution of the Collegiate Board of ANVISA/MS – RDC No. 222, of March 28, 2018 - Regulates the Good Practices for the Management of Waste from Health Services and provides other measures;
- 8.2.1.24 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 50, of February 21, 2002 - Provides

for the Technical Regulation for planning, programming, preparation, and evaluation of physical projects of health care establishments;

- 8.2.1.25 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC no. 17, of November 19, 1999 – Technical Regulation that establishes the Basic Guidelines for Risk Assessment and Food Safety;
- 8.2.1.26 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 503, May 27, 2021 – Provides for the minimum requirements required for Enteral Nutrition Therapy;
- 8.2.1.27 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 843, of February 22, 2024 – Provides for the regularization of food and packaging under the competence of the National Health Surveillance System (SNVS) intended for supply in the national territory;
- 8.2.1.28 CFN Resolution No. 702, of August 24, 2021 – Provides for the registration and registration of legal entities in the Regional Councils of Nutritionists (CRN);
- 8.2.1.29 CFN Resolution No. 599, of December 21, 2018 – Provides for the nutritionist's code of ethics and provides for other provisions;
- 8.2.1.30 CFN Resolution No. 600, of December 21, 2018 – Provides for the definition of the areas of activity of the nutritionist and their attributions, indicates minimum numerical reference parameters, by area of activity, for the effectiveness of the services provided to society and provides other measures;
- 8.2.1.31 Normative Instruction of the Collegiate Board of ANVISA/MS – IN nº 60, of December 23, 2019 – Establishes the lists of microbiological standards for food.

### **8.3 SERVICE DESCRIPTION**

- 8.3.1 The definitions described herein shall be part of the Work Plan to be prepared by the CONCESSIONAIRE.
- 8.3.2 The GRANTING AUTHORITY may appoint any provider of the FINALISTIC SERVICES for monitoring, supervision, definition and guidance of the nutrition and dietetics services, to be provided by the CONCESSIONAIRE, under the terms of this ANNEX, remaining fully responsible for these activities before the CONCESSIONAIRE.
- 8.3.3 Supply of physical structure, EQUIPMENT, and inputs
  - 8.3.3.1 The CONCESSIONAIRE shall be responsible for:
    - 8.3.3.1.1 Supply, storage and installation of all EQUIPMENT, FURNITURE, and infrastructure necessary for the performance of the service in sufficient quantity, observing the requirements of this ANNEX;
    - 8.3.3.1.2 Maintenance of the EQUIPMENT and facilities used in the preparation of meals, keeping them in perfect state of use, conservation, and cleanliness;
    - 8.3.3.1.3 Supply of foodstuffs and products and consumables in general (utensils, disposables, hygiene, and cleaning materials) and all others necessary for the execution of the service;
    - 8.3.3.1.4 Supply of specialized labor, operational and administrative, in sufficient quantity to develop all the planned activities, observing the current standards of sanitary surveillance;
    - 8.3.3.1.5 Replacement of utensils and EQUIPMENT whenever necessary, so that PATIENTS and collaborators are

served with complete, non-disposable utensils, with the exception of cups and material used in isolation rooms;

- 8.3.3.1.6 Supply and expenses with consumption of gas, energy and water used in the production areas;
  - 8.3.3.1.7 Management of waste generated in the production of food and from the meals served at the HOPE HEALTH COMPLEX, from its generation to final destination, including packaging, collection and internal transport, external storage and collection and final disposal in an environmentally appropriate place;
  - 8.3.3.1.8 Collection and proper disposal of oils and fats, following current environmental standards, and offering periodic training to its employees, with the objective of making them aware of the environmental impact caused by the improper disposal of this waste.
- 8.3.4 Distribution of meals within the HOSPITAL COMPLEX
- 8.3.4.1 The CONCESSIONAIRE must comply with the following guidelines:
    - 8.3.4.1.1 Provide thermal cars (hot and cold) necessary for operation in the units of the HOSPITAL COMPLEX to serve meals to PATIENTS and companions;
    - 8.3.4.1.2 Distribute food in thermal cars (hot and cold) with low noise emissions, with temperature maintenance stations in the distribution areas;
    - 8.3.4.1.3 Observe the acceptance, presentation, and monitoring of the temperatures of the meals served, making changes or adaptations as necessary, based on CVS Ordinance No. 6/99 of 03/10/99, with amendments to CVS Ordinance No. 18/08 of 9/9/08 and Resolution 2535/2004 or ordinance in force;
    - 8.3.4.1.4 Serve all meals to PATIENTS and companions in thermal ABS plastic trays with disposable refills for heat or cold maintenance, with 3 to 4 dividers, smooth tray with packaged stainless steel cutlery kit, disposable cups for water, napkins, salt, spices, and other condiments in individual and disposable sachets;
    - 8.3.4.1.5 Disposable packaging for meals must be non-toxic, resistant, of good quality and in appropriate sizes, such as polypropylene or similar, compatible with the volume and temperature of the meals, in order to protect its contents from shocks, thus preserving the appearance and original assembly of the food;
    - 8.3.4.1.6 Monitor the temperature of the preparations at the distribution counter and the temperature of delivery of meals to PATIENTS, companions, and employees of the FINALISTIC SERVICES, according to current legislation, respecting the binomial time and temperature, also ensuring sensory satisfaction and food safety. If temperatures outside the established standard are identified, the CONCESSIONAIRE must have a contingency plan for adaptation;
    - 8.3.4.1.7 Collect the trays with food waste from the PATIENTS and companions, as the case may be, at all meals, using a specific closed EQUIPMENT to support the trays. The time of collection will be fixed in the Work Plan;
    - 8.3.4.1.8 Deposit food scraps in the container in the support pantry;
    - 8.3.4.1.9 Proceed with the proper cleaning of the trays as recommended.
- 8.3.5 Cafeteria

8.3.5.1 The CONCESSIONAIRE shall:

- 8.3.5.1.1 Provide a turnstile system for the control of the professionals of the HOSPITAL COMPLEX and LACEN, as well as guests;
- 8.3.5.1.2 Control the flow of people in the cafeteria, avoiding the exit of drinks, prepared or unprepared food, used cutlery and any other unauthorized materials;
- 8.3.5.1.3 Implement a ventilation system (wind curtain) at the access doors to the cafeteria;
- 8.3.5.1.4 Make meals available at the distribution counter in sufficient quantity to meet the consumption needs;
- 8.3.5.1.5 Provide a wall filter with natural and cold water;
- 8.3.5.1.6 Release:
  - i. Salt in sachet;
  - ii. Sugar in sachet;
  - iii. Sweetener in sachet;
  - iv. Stick in sachet;
  - v. Napkins;
  - vi. Disposable cups;
  - vii. Vinegar in sachet;
  - viii. Extra virgin olive oil with a maximum acidity of 0.8% (4 ml).

8.3.6 Purchasing, receiving, and storing

- 8.3.6.1 It is the responsibility of the CONCESSIONAIRE to inspect its suppliers and ensure the origin of foodstuffs and products.
- 8.3.6.2 In the receipt of foodstuffs, materials and others, the CONCESSIONAIRE must observe:
  - 8.3.6.2.1 The hygienic conditions of the suppliers' vehicles;
  - 8.3.6.2.2 The requirement of a Certificate of Inspection of the transport vehicle;
  - 8.3.6.2.3 Personal hygiene and the adequacy of the delivery person's uniform;
  - 8.3.6.2.4 The integrity and hygiene of the packaging;
  - 8.3.6.2.5 The adequacy of the packaging, so that the food does not have direct contact with the paper, cardboard, or recycled plastic;
  - 8.3.6.2.6 The performance of the sensory evaluation of the products, according to the criteria defined by ABNT;
  - 8.3.6.2.7 The specific characteristics of each product, as well as temperature control when receiving foodstuffs;
  - 8.3.6.2.8 The correct identification of the product on the label: name, product composition and batch, temperature recommended by the manufacturer and storage conditions, registration numbers with the Official Agency, CNPJ, address and other data of the manufacturer and distributor;

- 8.3.6.2.9 Quantity (weight) and expiration dates, manufacture of all foods and respective registrations with the competent inspection bodies;
- 8.3.6.2.10 For all foods exempt from registration with ANVISA, the presentation of Annex X must be mandatory, according to Resolution of the Collegiate Board of ANVISA/MS – RDC No. 843, of February 22, 2024.
- 8.3.6.3 The CONCESSIONAIRE shall schedule the receipt of foodstuffs and products at times that do not coincide with the times of distribution of meals and/or garbage exit.
- 8.3.6.4 To receive it, the CONCESSIONAIRE must consider the following guidelines:
  - 8.3.6.4.1 Products of animal origin (beef, pork, poultry, fish, etc.), must be verified of suitable origin, with the inspection stamp of the SIF (Federal Inspection Service), MS (Ministry of Health) or competent body, transported in refrigerated closed cars, packed in monoblocs or sealed cardboard boxes, packed in plastic or vacuum bags, in correct and appropriate temperature conditions, respecting the organoleptic characteristics of each product;
  - 8.3.6.4.2 Fruit and vegetables, the size, color, odor, degree of ripeness, absence of physical and mechanical damage must be checked. Sorting should be done by removing old leaves, green and deteriorated fruits, before pre-cleaning and packaging in appropriate packaging. The eggs must be in cardboard boxes, protected by trays, type "drawers", with the shell intact and without residues;
  - 8.3.6.4.3 Milk and dairy products, the suitable origin must be verified, with the inspection stamp of the SIF, MS or competent body, transported in refrigerated closed cars, in correct and appropriate packaging and temperature, respecting the characteristics of the product. The expiration date must be checked, combined with the consumption planning period and the conditions of the packaging, so that they are not puffed up or altered;
  - 8.3.6.4.4 Stockable, the integrity of the packaging, suitable for each type, must be verified within the expiration date and with correct label identifications. Cereals, flour, and legumes must not have traces of insects, excessive humidity, and foreign objects. The cans must not be rusted, puffed, or dented and the glass must not have leaks in the lids, foaming, or any other sign of alteration or violation of the product;
  - 8.3.6.4.5 Industrialized products, the suitable origin, of good quality, with intact packaging, not puffed, not violated, within the expiration date and with correct identifications on the label, must be verified;
  - 8.3.6.4.6 Disposables, cleaning products and materials, the integrity of the packaging, proper for each product and with correct label identification, must be verified.
- 8.3.6.5 Regarding the storage of foodstuffs, materials and other items, the CONCESSIONAIRE must observe the following guidelines:
  - 8.3.6.5.1 Do not keep wooden boxes in the storage area or in the Nutrition and Dietetics Service ("SND");
  - 8.3.6.5.2 Support food on platforms or shelves, without direct contact with the floor;
  - 8.3.6.5.3 Use stainless steel platforms and shelves, ensuring good air circulation and distance from the walls;
  - 8.3.6.5.4 Organize products by characteristics: canned, floury, grains, bottles, disposables, etc.;
  - 8.3.6.5.5 Sanitize packages when receiving them;
  - 8.3.6.5.6 Stack bags in line, without harming the product, with cross ties for ventilation;
  - 8.3.6.5.7 Identify all stored foods;

- 8.3.6.5.8 Transfer open food to sanitized, adequate, covered and identified containers;
  - 8.3.6.5.9 Use exclusive waterproof plastic bags or paper for food protection, without reuse;
  - 8.3.6.5.10 Do not refreeze thawed food;
  - 8.3.6.5.11 Schedule the use of frozen meats: after thawing, store under refrigeration (up to 4°C [four degrees Celsius]) for up to 72 (seventy-two) hours for cattle and poultry, and 24 (twenty-four) hours for fish;
  - 8.3.6.5.12 Store raw food removed from the original packaging under refrigeration (up to 4°C [four degrees Celsius]) or freezing (-18°C [minus eighteen degrees Celsius]), duly adequate;
  - 8.3.6.5.13 Follow the supplier's recommendations for proper storage;
  - 8.3.6.5.14 Respect temperature and storage time criteria according to current legislation.
- 8.3.7 Pre-preparation, preparation, and cooking
- 8.3.7.1 The CONCESSIONAIRE must comply with the following guidelines:
    - 8.3.7.1.1 Present a technical preparation sheet (standardized prescription with photo) and a sample of the preparations programmed for the first time or whenever requested by the GRANTING AUTHORITY's nutrition team;
    - 8.3.7.1.2 Provide tasty food, seeking alternatives to please the palate of USERS and employees;
    - 8.3.7.1.3 Strictly meet the requirements of the current legislation in the production area;
    - 8.3.7.1.4 Identify the foods on the thermal counters, highlighting allergens;
    - 8.3.7.1.5 In the pre-preparation and preparation of food, follow the procedures and technical criteria:
      - 8.3.7.1.5.1 Sanitize hands before handling food, during processing and at each change of task;
      - 8.3.7.1.5.2 Avoid cross-contamination between different foodstuffs;
      - 8.3.7.1.5.3 Protect food in preparation or ready-to-use, covering it with lids, plastic films, or waterproof papers, without reuse;
      - 8.3.7.1.5.4 Keep food at safe temperatures: below 10°C (ten degrees Celsius) or above 65°C (sixty-five degrees Celsius);
      - 8.3.7.1.5.5 Plan cooking to maintain the nutritional qualities of food;
      - 8.3.7.1.5.6 Ensure that food being cooked reaches 74°C (seventy-four degrees Celsius) in the geometric center or safe combinations of time and temperature;
      - 8.3.7.1.5.7 Heat hot sauces to 74°C (seventy-four degrees Celsius) before adding them to preparations;
      - 8.3.7.1.5.8 Do not heat oils and fats for frying above 180°C (one hundred and eighty degrees Celsius);
      - 8.3.7.1.5.9 Prohibit the reuse of oils and fats;
      - 8.3.7.1.5.10 Pre-prepare meat in small batches, removing only the necessary amount from refrigeration for 30 (thirty) minutes and returning to refrigeration (up to 4°C [four degrees Celsius]) after preparation;
      - 8.3.7.1.5.11 Grilling, frying, or cooking meat in suitable batches, removing from the refrigerator only the amount

necessary for 30 (thirty) minutes, maintaining safety temperatures: raw meat below 4°C (four degrees Celsius) and ready meat above 65°C (sixty-five degrees Celsius);

- 8.3.7.1.5.12 Avoid excessive handling of meat, especially chicken and fish;
  - 8.3.7.1.5.13 Use only industrialized mayonnaise, do not use raw eggs in preparations;
  - 8.3.7.1.5.14 Ensure 74°C (seventy-four degrees Celsius) in the cooking of breaded meats, cakes, sweets, etc.;
  - 8.3.7.1.5.15 Record cooking temperatures in proper spreadsheets and make them available to the GRANTING AUTHORITY, when requested.
- 8.3.7.2 Regarding food hygiene, the CONCESSIONAIRE must comply with the following guidelines:
- 8.3.7.2.1 Properly sanitize and disinfect surfaces, EQUIPMENT, and utensils;
  - 8.3.7.2.2 Handle ready-to-eat food only with forks, platters, tongs, or hands protected with disposable gloves;
  - 8.3.7.2.3 Avoid contact between raw and cooked foods in all phases of storage, preparation, cooking and at the time of serving;
  - 8.3.7.2.4 Keep refrigerator doors and cold rooms tightly closed;
  - 8.3.7.2.5 Properly reheat cooked food, following time and temperature criteria (74°C [seventy-four degrees Celsius] for 5 [five] minutes);
  - 8.3.7.2.6 Use drinking water;
  - 8.3.7.2.7 Provide a mask and cap for employees who handle food;
  - 8.3.7.2.8 Use cutlery and plates for tasting, without touching the food again;
  - 8.3.7.2.9 Transfer food that is left in the cans to non-toxic white plastic or stainless-steel containers, covered with lids or plastic films and identified with labels;
  - 8.3.7.2.10 Observe the shelf life of canned goods, after opening, of 24 (twenty-four) hours, provided that they are stored at a maximum of 6°C (six degrees Celsius);
  - 8.3.7.2.11 Wash leafy vegetables leaf by leaf and vegetables and fruits one by one, removing spoiled and damaged parts, and immersing them in chlorinated water at 200 ppm (two hundred parts per million) for at least 15 (fifteen) minutes;
  - 8.3.7.2.12 Use disposable gloves for cutting, assembling, and decorating salads;
  - 8.3.7.2.13 Keep salads in chambers or refrigerators at a maximum of 10°C (ten degrees Celsius) until distribution;
  - 8.3.7.2.14 Rinse eggs under running water before use;
  - 8.3.7.2.15 Choose dry grains (rice, beans, lentils, etc.);
  - 8.3.7.2.16 Wash grains under running water, rinsing at least 3 (three) times before cooking;
  - 8.3.7.2.17 Identify all disposable and non-disposable meal packaging, including salad, soup, and dessert, containing on the lids: PATIENT's name, room, bed, and type of diet, according to terminology determined by the GRANTING AUTHORITY. Adhesive labels resistant to humidity and temperature, such as BOPP material (bioriented polypropylene film), should be used, ensuring the durability and legibility of the information;

8.3.7.2.18 Keep food, after preparation, at a temperature above 65°C (sixty-five degrees Celsius), except salads and desserts that must be kept at up to 10°C (ten degrees Celsius);

8.3.7.2.19 Keep food in preparation and/or ready for distribution in containers covered or covered with plastic film.

### 8.3.8 Sample Collection/Quality Control

8.3.8.1 The CONCESSIONAIRE must comply with the following guidelines:

8.3.8.1.1 Ensure food safety with temperature recording at all times of the portioning process, distribution until receipt by the PATIENT, companion, and employees;

8.3.8.1.2 Perform quality control through bacteriological analysis, separating samples of the food produced for laboratory analysis;

8.3.8.1.3 Separate samples of the food to be served daily, according to the legislation, in sterilized containers, kept sealed and refrigerated for 72 (seventy-two) hours for eventual laboratory analysis;

8.3.8.1.4 Perform bacteriological/microbiological control of the diet in case of suspected food poisoning;

8.3.8.1.5 Be responsible for the quality of the food supplied, including before the competent health authorities, suspending consumption, and replacing it with others whenever there is suspicion of deterioration or contamination of fresh or prepared food, immediately providing for microbiological analysis;

8.3.8.1.6 Observe the acceptance of the preparations served, excluding them from future menus when there is rejection by the PATIENTS, companions, and employees. Acceptance must be accompanied by an indicator of rest intake (ratio between the amount of food served and the amount returned by diners, expressed as a percentage) and, for employees, by means of a totem installed in a cafeteria so that daily information can be collected;

8.3.8.1.7 To be solely responsible, fully and exclusively for the good condition and good quality of the food, meals and snacks served, answering to the GRANTING AUTHORITY, for the occurrence of any food, condiment and/or ingredients contaminated, deteriorated or in any way incorrect and/or unsuitable for the purposes set forth in this CONTRACT;

8.3.8.1.8 Remove or replace, at its own expense, in whole or in part, the meals provided in which there are vices, defects or inaccuracies resulting from the performance of the services or materials used.

### 8.3.9 Sanitation and Cleaning

8.3.9.1 The CONCESSIONAIRE shall be responsible for:

8.3.9.1.1 Perform maintenance and cleaning of all sectors of the nutrition and dietetics service, such as production, pantries, and cafeteria. The kitchen grease traps must be cleaned at least every 90 (ninety) days or at a lower interval, if necessary;

8.3.9.1.2 Collect and store garbage, disposables, etc., and food leftovers, in plastic bags of appropriate color from the various sectors of the cafeteria, pantries, and inpatient units to the place of purge, or at the discretion of the Hospital Infection Control Service (SCIH) of the HOSPITAL COMPLEX;

- 8.3.9.1.3 Install sinks, soap dishes and paper bins with non-recyclable disposable paper towels, at appropriate points in the kitchen, cafeteria, and other areas of the “SND”, and supply them with proper products suitable for hand hygiene.
- 8.3.10 Bacteriological Control
- 8.3.10.1 It is the responsibility of the CONCESSIONAIRE to perform and maintain quality control in all stages of processing of the food supplied.
- 8.3.10.2 The CONCESSIONAIRE shall send the samples of food or preparations served for microbiological analysis every two weeks, in order to monitor the hygienic procedures and the quality of the inputs. These samples must be collected in the presence of professionals from the GRANTING AUTHORITY, and the CONCESSIONAIRE is responsible for the costs of the tests performed and undertakes to deliver the results as soon as they are available. These reports will be used under the terms of ANNEX 8 – KEY PERFORMANCE STANDARDS.
- 8.3.10.3 Samples of the following items should be collected: milk station water, enteral nutrition water, production water, a sample of the milk form, enteral diet, three preparations of the day of production, EQUIPMENT, utensils, and handlers used in nutrition and dietetics services.
- 8.3.10.4 Samples must be collected daily and stored for up to seventy-two (72) hours at an appropriate temperature in the CONCESSIONAIRE's EQUIPMENT.
- 8.3.10.5 The laboratory will be freely chosen by the CONCESSIONAIRE, but must be specialized in this area, in order to perform microbiological and physicochemical analyses of food, with accreditation by the General Coordination of Accreditation of INMETRO (CGECRE) and by the Brazilian Network of Laboratories (RBLAS), following ABNT ISO 17025:2013, which establishes the general requirements for testing and calibration laboratory competence.
- 8.3.11 MEAL TYPES
- 8.3.11.1 The GRANTING AUTHORITY must formally appoint a nutritionist responsible for working with the CONCESSIONAIRE in the analysis, discussion and standardization of services, diets, protocols, and other technical elements inherent to the service.
- 8.3.11.2 The GRANTING AUTHORITY shall prepare and make available to the CONCESSIONAIRE, before the beginning of PHASE 3 – PARTIAL OPERATION, the guidelines for the diets and liquids for oral hydration to be offered to the PATIENTS of the HOSPITAL COMPLEX, as well as the diets for companions and employees, serving as a guide for the CONCESSIONAIRE in the provision of the SERVICE, containing the classification of the diets, indications and contraindications, nutritional composition and prescription procedures.
- 8.3.12 Meals will be served as follows:
- 8.3.12.1 PATIENTS OF THE HOSPITAL COMPLEX
- 8.3.12.1.1 Meals and liquids for oral hydration to the PATIENTS will be delivered to the wards on the floors or in other places requested by the person in charge of the sector where the PATIENT is hospitalized. The CONCESSIONAIRE will be responsible for the entire distribution process;

- 8.3.12.1.2 Every hospitalized PATIENT will be entitled to at least 5 (five) meals (breakfast, lunch, snack, dinner, and supper), according to the prescription of the doctor or nutritionist and guidelines prepared by the GRANTING AUTHORITY for the diets to be offered to the PATIENTS of the HOSPITAL COMPLEX. The collation will only be served to the PATIENT according to medical or nutritionist prescription;
- 8.3.12.1.3 It is the CONCESSIONAIRE's obligation to analyze prescriptions to map the types of meals to be distributed to the PATIENTS: free diet, pasty diet, bland diet, liquid diet, diabetic diet, low-sodium diets, high-protein and high-calorie diets, low-calorie diets, hypocholesterolemic diets, high-fiber or laxative diets, among other special diets, following the definitions of the GRANTING AUTHORITY:
- 8.3.12.1.3.1 Free Diet: Diet without specific restrictions, allowing the intake of all types of food.
- 8.3.12.1.3.2 Pasty Diet: Diet composed of foods with a pasty consistency, suitable for people with chewing or swallowing difficulties.
- 8.3.12.1.3.3 Bland Diet: An easily digestible diet low in fiber, fat, and condiments.
- 8.3.12.1.3.4 Liquid Diet: Diet composed exclusively of liquids.
- 8.3.12.1.3.5 Diabetic Diet: A diet that controls carbohydrate intake to maintain stable glucose levels.
- 8.3.12.1.3.6 Low-sodium Diets: Low-sodium diet.
- 8.3.12.1.3.7 Hyperproteic and Hypercaloric Diets: Diet rich in protein and calories.
- 8.3.12.1.3.8 Low-calorie diets: Calorie-restricted diet to promote weight loss.
- 8.3.12.1.3.9 Hypocholesterolemic Diets: Diet low in cholesterol and saturated fats.
- 8.3.12.1.3.10 High-fiber or laxative diets: High-fiber diet to promote gut health and treat constipation.
- 8.3.12.1.3.11 Other special diets: Diets tailored to specific needs, such as gluten-free or lactose-free.
- 8.3.12.1.4 The special diets must follow the standard of the guidelines prepared and made available by the GRANTING AUTHORITY for the diets to be offered to the PATIENTS of the HOSPITAL COMPLEX, and follow the dietary therapy prescriptions, adjusted to the needs required by the PATIENT;
- 8.3.12.1.5 All questions about prescription should be forwarded to the nutritionists of the GRANTING AUTHORITY;
- 8.3.12.1.6 PATIENTS under observation in the Clinical Decision Unit, Day Hospital and Diagnostic Services for more than 6 (six) hours will be entitled to a snack or soup, according to the criteria defined in the Work Plan. In special situations, upon evaluation by the clinical staff, PATIENTS may receive other diets;
- 8.3.12.1.7 PATIENTS under observation in the Clinical Decision Unit for more than 12 (twelve) hours will be considered hospitalized and must receive 5 (five) meals daily.
- 8.3.12.1.8 PATIENTS should receive liquids for oral hydration, as prescribed by the doctor, including availability in volume and greater frequency if necessary;
- 8.3.12.1.9 Post-fasting snack must be served to PATIENTS who perform procedures predetermined by the GRANTING AUTHORITY.
- 8.3.12.1.10 Enteral and parenteral diets will be acquired and administered by the GRANTING AUTHORITY, and the CONCESSIONAIRE is responsible for identifying and distributing these diets.
- 8.3.12.1.11 Disposable cutlery made of resistant material must be made available for PATIENTS and companions

in isolation, with special requests or prisoners.

- 8.3.12.1.12 The CONCESSIONAIRE must register in the HOSPITAL INFORMATION SYSTEM the times of meal supply for each PATIENT, for the purpose of gauging the KEY PERFORMANCE INDICATOR (KPI) under the terms of ANNEX 8 – KEY PERFORMANCE STANDARDS.
- 8.3.12.2 Companions of PATIENTS OF THE HOSPITAL COMPLEX
- 8.3.12.2.1 They are hospitalized PATIENTS who have the right to a companion 24 (twenty-four) hours a day:
- i. Children and Adolescents (people up to 18 [eighteen] years of age) – article 12 of Law No. 8,069, of July 13, 1990 – Statute of the Child and Adolescent (ECA);
  - ii. Elderly (people aged 60 [sixty] years or older) – article 16 of Law No. 10,741, of October 1, 2003 – Statute of the Elderly;
  - iii. Women (Law No. 14,737, of November 27, 2023);
  - iv. Parturient (Women in prepartum, childbirth and immediate postpartum labor) – Law No. 11,108, of April 7, 2005;
  - v. Persons with disabilities – Law No. 13,146, of July 6, 2015 – Brazilian Law for the Inclusion of Persons with Disabilities (Statute of Persons with Disabilities);
  - vi. Indigenous (GM/MS Ordinance No. 3,390 of December 30, 2013).
- 8.3.12.2.2 Companions must have their meals in the cafeteria of the HOPE HEALTH COMPLEX.
- 8.3.12.2.3 All companions will be entitled to 3 (three) daily meals: breakfast, lunch, and dinner.
- 8.3.12.3 Employees of the HOSPITAL COMPLEX and LACEN
- 8.3.12.3.1 Up to 3 (three) meals will be served per day (breakfast, lunch, and dinner), according to the employee's working hours. All meals provided for employees will be held in the cafeteria.
- 8.3.12.3.2 The distribution of meals will be by the thermal counter system for hot preparations and refrigerated counter for salads and desserts, using plain trays, with crockery plates for meals and another for salad and stainless-steel cutlery (forks, knives, and spoons) packaged, in the "self-service" system.
- 8.3.12.3.3 Any and all clean leftovers of meals cannot be reused in other meals for PATIENTS, companions, or employees.
- 8.3.12.3.4 Access to the cafeteria by employees will be through turnstiles or badges.
- 8.3.12.4 Diet therapy
- 8.3.12.4.1 The operationalization, portioning and distribution of the diets must be supervised by the technical responsible of the CONCESSIONAIRE, with direct supervision of the nutritionist of the GRANTING AUTHORITY;
- 8.3.12.4.2 Diets of any consistency and/or characteristic with salt should be prepared separately from those without salt;
- 8.3.12.4.3 The CONCESSIONAIRE, regarding the preparation and portioning of meals, must observe the technical characteristics, according to the specifications below, and quantified, as determined by the GRANTING AUTHORITY, namely:

- i. Basic Diets: Restricted liquid and complete liquid consistency; Normal, bland, and paste-like consistency.
- ii. Addition or restriction diet: Addition or restriction diets will be composed of basic diets, modified in characteristics, with the addition of one or more nutrients or reduction or exclusion of one or more nutrients.
- iii. Diets for exam preparation: Specific diets used for the preparation of complementary and diagnostic exams, for a certain period. These diets may suffer nutrient restriction (qualitative and/or quantitative), or addition, change in consistency, according to the tests to be performed.

### 8.3.13 Support Cups

8.3.13.1 The CONCESSIONAIRE will be responsible for the infrastructure, EQUIPMENT, FURNITURE, operation, and supply of the existing pantries in the HOSPITAL COMPLEX and in LACEN, subject to the following requirements:

8.3.13.1.1 Seating pantry for employees: Consider in the space a sink with faucet, refrigerator, water filter in automatic system, coffee machines, countertop or table with chairs, cabinets for storing utensils and space for *vending machines*;

8.3.13.1.2 Support pantry of the hospitalization floors: Consider in the space a sink with faucet, water filter in automatic system, coffee machines, countertop or table with chairs, cabinets for storing utensils.

8.3.13.2 Regarding coffee machines, a variety of free services must be offered (e.g., single coffee, double coffee, full-bodied espresso, soft brewed coffee, obtaining hot water for tea, sugar regulation) and paid services for differentiated items (e.g., cappuccino, mochaccino and hot chocolate).

### 8.3.14 Milk station

8.3.14.1 The definitions of clinical conducts for handling milk formulas will be the responsibility of the clinical nutrition of the GRANTING AUTHORITY, as well as the definition and acquisition of milk formulas offered to the Neonatal ICU and the supply of nutritional supplements, thickeners, thickeners, among others.

8.3.14.2 The CONCESSIONAIRE will be exclusively responsible for the operation of the space through lactarists, exclusively for this SERVICE, observing the requirements of RDC 171/2006, and for the delivery of milk formulas to the PATIENTS.

### 8.3.15 Menu

8.3.15.1 The CONCESSIONAIRE shall carry out the planning of menus, the preparation and distribution of diets within the technical standards and guidelines indicated by the GRANTING AUTHORITY for the HOSPITAL COMPLEX. All diets must be prepared strictly according to the menu previously approved by the GRANTING AUTHORITY's nutritionist.

8.3.15.2 About the composition of the menus:

8.3.15.2.1 The form of preparation will be at the discretion of the CONCESSIONAIRE, observing the menu

previously approved by the GRANTING AUTHORITY;

- 8.3.15.2.2 The menus must be prepared quarterly by the CONCESSIONAIRE, being compatible with the weather seasons and with a frequency of biweekly repetition, with the approval of the GRANTING AUTHORITY;
- 8.3.15.2.3 The menu of meals such as breakfast, snack and supper cannot be repeated in a period of less than 4 (four) days;
- 8.3.15.2.4 The menus must be presented complete to the GRANTING AUTHORITY, thirty (30) days in advance of the first (1st) day of use in the production of the meals for due approval, and the CONCESSIONAIRE may, under special conditions, change the menu presented, provided that it maintains the established standards and that it is presented 48 (forty-eight) hours in advance, formal motivations to the GRANTING AUTHORITY for change and it accepts them;
- 8.3.15.2.5 The preparation of the PATIENT's daily menu must meet the daily energy needs required according to the PATIENT's age and activity;
- 8.3.15.2.6 For the meals served in the cafeteria, the CONCESSIONAIRE's team must provide the complete menu daily to be fixed in a visible place for service in the cafeteria and dissemination on the intranet of the HOPE HEALTH COMPLEX;
- 8.3.15.2.7 The nutritionist in charge of the GRANTING AUTHORITY may request special seasonings to stimulate the acceptability of the PATIENT, when necessary;
- 8.3.15.2.8 In the preparation of the menu, waste of foodstuffs must be avoided, which can be applied in the formulation of meals that use unconventional parts of food, as long as it meets the recommended daily nutritional needs;
- 8.3.15.2.9 In the formulation of the menu, observing the seasonality of some foods, all the possibilities of using foodstuffs must be observed, from the main course, its accompaniments/garnishes, juices, and desserts;
- 8.3.15.2.10 The menus must present a variety of options to meet the following guidelines:
  - 8.3.15.2.10.1 Salads: Offer at least three (3) fresh salad options at each meal, including leafy greens, vegetables, and grains;
  - 8.3.15.2.10.2 Proteins: Ensure a minimum of 2 (two) protein options, including meats (chicken, fish, beef) and 1 (one) vegetarian option;
  - 8.3.15.2.10.3 Carbohydrates: Offer at least 2 (two) carbohydrate options, such as whole grains and tubers;
  - 8.3.15.2.10.4 Fruits: Include at least 1 (one) option of fresh fruit in each meal, ranging from seasonal fruits to preparations such as fruit salads;
  - 8.3.15.2.10.5 Desserts: Offer a minimum of one (1) healthy dessert option at each meal.
  - 8.3.15.2.10.6 Beverages: Ensure the availability of beverages such as water, natural juices, and teas.
- 8.3.15.3 Commemorative dates such as Christmas, New Year's Day, Mother's Day, Father's Day, Easter, June Festival, or when requested by the GRANTING AUTHORITY, must have special menus at lunch and dinner.
- 8.3.15.4 For commemorative dates, the cafeteria must have ambient music and decoration made by the CONCESSIONAIRE, and the following items are mandatory, as requested by the GRANTING AUTHORITY: table and wall decorations, fabric tablecloths, support and differentiated utensils and characterization

of the environment according to the commemorative date.

- 8.3.15.5 Differentiated menus should be provided to PATIENTS whose dietary pattern is influenced by religious precepts, taboos, eating and sociocultural habits, in line with clinical and nutritional status, as well as in the case of food intolerance and allergies.
- 8.3.16 Water for consumption
- 8.3.16.1 The water must be distributed to: (i) all PATIENTS (at the discretion of the doctor or nutritionist) and companions in the amount of 2 (two) liters per day or according to the prescription of the doctor or nutritionist of the GRANTING AUTHORITY; (ii) SERVICES and FINALISTIC SERVICES team in the pantries;
- 8.3.16.2 The CONCESSIONAIRE is responsible for the installation and maintenance of filters, and quality control through microbiological reports and execution of the reservoir cleaning schedule;
- 8.3.16.3 The CONCESSIONAIRE is responsible for the supply of drinking water necessary for the preparation of meals, including in case of lack in the public supply network, at no cost to the GRANTING AUTHORITY.

#### **8.4 OPERATION**

- 8.4.1 Mealtimes must be respected, and a tolerance of up to 30 (thirty) minutes more or less is allowed.
- 8.4.2 The following is an example of the timetable that the CONCESSIONAIRE must include in its Work Plan to be validated by the GRANTING AUTHORITY, with details of the times for the provision of meals for PATIENTS, companions, and the FINALISTIC SERVICES team:
- i. Breakfast from 6:00 a.m. (six hours) to 7:30 a.m. (seven hours and thirty minutes);
  - ii. Graduation from 9:00 a.m. (nine a.m.) to 9:30 a.m. (nine hours and thirty minutes);
  - iii. Lunch from 11:30 a.m. (eleven hours and thirty minutes) to 1:30 p.m. (thirteen hours and thirty minutes);
  - iv. Afternoon Snack from 3:00 p.m. (fifteen p.m.) to 4:00 p.m. (sixteen p.m.);
  - v. Dinner from 5:30 p.m. (seventeen hours and thirty minutes) to 7:30 p.m. (nineteen hours and thirty minutes);
  - vi. Supper from 8:30 p.m. (twenty hours and thirty minutes) to 9:30 p.m. (twenty-one hours and thirty minutes).
- 8.4.3 The cafeteria must operate at the following times:
- i. Breakfast from 6:00 a.m. to 9:00 a.m.;
  - ii. Lunch from 11:00 a.m. to 2:00 p.m.;
  - iii. Dinner from 6:00 p.m. to 9:00 p.m.;
  - iv. Supper from 11:00 p.m. (twenty-three hours) to 1:00 a.m. (one hour).
- 8.4.4 The CONCESSIONAIRE shall develop a mechanism that guarantees the supply of meals outside the pre-established hours in exceptional cases and when previously requested by the GRANTING AUTHORITY, such as:

- 8.4.4.1 PATIENTS transferred from other hospital units who arrive at the HOSPITAL COMPLEX after the cut-off times indicated above (e.g., after 9:30 p.m. [twenty-one hours and thirty minutes]) and have not previously received a meal;
- 8.4.4.2 PATIENTS who are hospitalized after the cut-off times indicated above (e.g., after 9:30 p.m. [twenty-one hours and thirty minutes]) and have not had a previous meal.
- 8.4.5 This mechanism and cases exemplified above must be agreed upon between the PARTIES and described in the SOPs.

## **8.5 SIZING**

- 8.5.1 It is up to the CONCESSIONAIRE to calculate the number of human resources necessary to guarantee the supply of meals, according to the following dimension:
  - 8.5.1.1 PATIENTS: At least 5 (five) meals per PATIENT per day, namely: Breakfast, Lunch, Afternoon Snack, Dinner, and Supper. PATIENTS must also be guaranteed the supply of collation and liquids for oral hydration, in cases of medical or nutritionist prescription.
  - 8.5.1.2 Companions: 3 (three) meals per companion per day, namely: Breakfast, Lunch and Dinner. The breastfeeding companion will be entitled to receive six (6) daily meals provided by the CONCESSIONAIRE.
  - 8.5.1.3 Employees: breakfast, lunch, and dinner, in compliance with labor legislation and collective agreements. For the FINALISTIC SERVICES team, meals must be provided to approximately 2,200 (two thousand and two hundred) people per day.
- 8.5.2 The CONCESSIONAIRE must also appoint a nutritionist who will act as the technical responsible for the service when the legislation of the activity so requires, with the proper registration with the active category council (CRN).

## **9 CONCIERGE AND RECEPTION**

### **9.1 DEFINITION**

- 9.1.1 The concierge service consists of controlling the access of people and vehicles to the CONCESSION AREA.
- 9.1.2 The reception service consists of the process of identification, registration, and authorization of access of USERS to the premises of the HOSPITAL COMPLEX and LACEN, authorizing access to the places previously approved by the GRANTING AUTHORITY.
- 9.1.3 The execution of these services must presuppose the use of computerized access and traffic control systems, which will be permanently controlled by the Video Surveillance Center of the HOPE HEALTH COMPLEX.

### **9.2 GOVERNING LEGISLATION**

- 9.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for

the provision of the SERVICE:

- 9.2.1.1.1 Federal Law No. 10,048, of November 8, 2000 - Gives priority of service to the people it specifies, and provides other provisions;
- 9.2.1.1.2 Federal Law No. 14,626, of August 29, 2023 - Guarantees priority care for ASD in several establishments;
- 9.2.1.1.3 Federal Law No. 14,583, of July 26, 2023 - Establishes that public bodies must disseminate human and fundamental rights, especially those related to children, adolescents, women, and the elderly;
- 9.2.1.1.4 Federal Law No. 5,553, of November 28, 1968 - Provides for the presentation and use of personal identification documents.

### **9.3 SERVICE DESCRIPTION**

#### **9.3.1 Reception**

- 9.3.1.1 The reception of the HOSPITAL COMPLEX will receive the USERS and organize the flow of care. In the HOSPITAL COMPLEX, as there are several access doors, the CONCESSIONAIRE must consider not only elective hospitalizations by specialty, but also access for elective exams, for Clinical Decision Unit (UDC) and referred or emergency PATIENTS.
- 9.3.1.2 In relation to LACEN, the reception will be dedicated to the care of carriers and visitors.
- 9.3.1.3 The CONCESSIONAIRE shall provide space and lockers for the storage of the belongings of the USERS and the FINALISTIC SERVICES and SERVICES team, as well as the storage of lost and found items, in compliance with the following guidelines:
  - 9.3.1.3.1 After thirty (30) days, the goods left in the lost and found that are not collected must be collected by the CONCESSIONAIRE for action;
  - 9.3.1.3.2 After thirty (30) days from the PATIENTS' discharge, the goods left by them and their companions in the locker and that are not collected must be collected by the CONCESSIONAIRE for action;
  - 9.3.1.3.3 The CONCESSIONAIRE shall keep the belongings indicated in the items above, for another 180 (one hundred and eighty) days. After this period, the belongings must preferably be donated by the CONCESSIONAIRE, at its discretion, if they are able to be used, or disposed of properly.
  - 9.3.1.3.4 Lost and found and the locker must have a control system to prevent loss of goods.
- 9.3.1.4 Receptions must have receptionists and doormen, observing the sizing provided for in this ANNEX.

#### **9.3.2 Concierge**

- 9.3.2.1 Concierge activities must be carried out by security agents in a system of rotation of workstations.
- 9.3.2.2 Those responsible for access control will be called "gatekeepers".

#### **9.3.3 Access and Monitoring**

- 9.3.3.1 Access control consists of a set of physical barriers in the CONCESSION AREA, such as doors and turnstiles, controlled through an access control system. In relation to the access control system, the

CONCESSIONAIRE must perform the following activities:

- 9.3.3.1.1 Install an access control system, enabling the administration of:
  - 9.3.3.1.1.1 concierges and receptions, on the entry and exit of people and vehicles;
  - 9.3.3.1.1.2 division of the CONCESSION AREA between public and restricted areas;
  - 9.3.3.1.1.3 Division of restricted areas by access profiles for each type of employee of the SERVICES or FINALISTIC SERVICES, thus preventing unauthorized persons from having access to the restricted areas of the HOSPITAL COMPLEX or LACEN, as defined by the GRANTING AUTHORITY within the scope of the approval of the Work Plan.
- 9.3.3.1.2 Define in the Work Plan the levels of access and control for each area/room of the CONCESSION AREA, indicating the critical areas;
- 9.3.3.1.3 Present in the Work Plan the specifications for the access control system, observing the requirements of this ANNEX and best market practices.
- 9.3.3.2 For access control and monitoring of the CONCESSION AREA, the CONCESSIONAIRE must also observe the following guidelines:
  - 9.3.3.2.1 Human Barriers
    - 9.3.3.2.1.1 The entrances will be monitored with doormen and security guards at posts 24 (twenty-four) hours a day. These professionals will not be armed but will have HT (Handheld Transceiver) radio support for intercommunication, in addition to support from physical and technological barriers.
  - 9.3.3.2.2 Physical Barriers
    - 9.3.3.2.2.1 The entrances to the HOSPITAL COMPLEX and LACEN will have access control with turnstiles at all doors.
    - 9.3.3.2.2.2 At LACEN, the area for the delivery of biological material and products subject to sanitary control must have its own ordinance for registration of receipt and protocol.
  - 9.3.3.2.3 Technological Barriers
    - 9.3.3.2.3.1 Control and monitoring by cameras, sensors, alarms, and other devices, indicated in this ANNEX.
    - 9.3.3.2.3.2 At LACEN, areas for handling hazardous materials and those at risk of infection, such as the NB3 laboratory, must be monitored by an exclusive camera and perimeter sensors.
    - 9.3.3.2.3.3 In the HOSPITAL COMPLEX, for the maternity specialty, the spaces for the circulation of newborns must be monitored by an exclusive camera and RFID perimeter sensors, by means of identification bracelets, and the information must be checked at each transport and shift change. Babies receive two identifications (one associated with the mother's name and the other from the medical record). The release document must be presented at the entrance when the baby leaves the HOSPITAL COMPLEX.
- 9.3.4 Work Plan
  - 9.3.4.1 Pursuant to item 1.6, the CONCESSIONAIRE will prepare a Work Plan for the concierge and reception services, including, in addition to the requirements of item 1.6, the following topics:

- 9.3.4.1.1 To define, together with the GRANTING AUTHORITY, places where the transit of vehicles and USERS must be restricted and in which a concierge and reception post must be implemented;
  - 9.3.4.1.2 Define the data to be recorded when people enter the CONCESSION AREA and, later, in the HOSPITAL COMPLEX or LACEN;
  - 9.3.4.1.3 Define rules and flows to be followed for the entry of people (PATIENTS, companions, FINALISTIC SERVICES staff, suppliers, among others), cargo, authorities, employees, vehicles, and cargo.
  - 9.3.4.1.4 Define rules and flows for any communications and actions of the PARTIES in the face of irregularities, occurrences, abnormalities, and emergency cases.
- 9.3.5 CONCIERGE
- 9.3.5.1 The CONCESSIONAIRE and its representatives, in the execution of this SERVICE, shall:
    - 9.3.5.1.1 Guide people who pass through the entrances that are intended for the HOSPITAL COMPLEX and LACEN, indicating the way to the places of the services, when asked;
    - 9.3.5.1.2 Prohibit the entry of vendors, street vendors and trade of unauthorized products in the CONCESSION AREA;
    - 9.3.5.1.3 Regarding the entry and exit of USERS in the HOSPITAL COMPLEX and LACEN:
      - 9.3.5.1.3.1 Control the entry and exit of all USERS and service providers, according to the requirements indicated in this ANNEX, and may even request the search of backpacks, bags, and other personal belongings, when necessary, to ensure the safety of the facilities and occupants. The search can be carried out manually and/or using metal detectors, or other security devices;
      - 9.3.5.1.3.2 Establish clear and standardized procedures for the search of belongings, ensuring that the process is carried out in a respectful and professional manner;
      - 9.3.5.1.3.3 Define in the Work Plan the clear criteria for carrying out searches of belongings, based on risk assessments and safety guidelines. Searches must be carried out in a non-discriminatory and fair manner.
    - 9.3.5.1.4 Register the entries and exits of ambulances and hearses;
    - 9.3.5.1.5 Communicate to the Reception sector the arrival of the ambulance, informing the name of the PATIENT, for the proper verification of scheduling and confirmation for admission (hospitalization or exams);
    - 9.3.5.1.6 Confirm with the reception about the arrival of the hearse and the release of death;
    - 9.3.5.1.7 Release access to the competent authorities and emergency vehicles, guiding, when asked, on the access routes and giving the support requested by them;
    - 9.3.5.1.8 Immediately inform the GRANTING AUTHORITY of any abnormal fact verified in the CONCESSION AREA;
    - 9.3.5.1.9 Record all information in an access control system so that it can be used in the shift change and for eventual verification by the GRANTING AUTHORITY.
    - 9.3.5.1.10 Inspect and guide the internal traffic of all people who circulate in the CONCESSION AREA, as well as the parking lots of vehicles, noting any irregularities and communicating the Video Surveillance

Center;

9.3.5.1.11 Regarding the entry and exit of all vehicles:

- 9.3.5.1.11.1 Control the entry and exit of all vehicles, and may even request the search of the trunk of trucks and trunks of cars that have entered the premises of the CONCESSION AREA, when deemed necessary;
- 9.3.5.1.11.2 Implement an electronic control of vehicle entry and exit, which can generate reports of vehicle entry and exit, with identification of the vehicle (license plate) and its driver (via biometrics and/or image);
- 9.3.5.1.11.3 Follow the criteria for parking authorization at the HOPE HEALTH COMPLEX, as defined in the Work Plan.

#### 9.3.6 RECEPTION

9.3.6.1 Regarding the different types of access to the interior of the buildings of the HOSPITAL COMPLEX and LACEN, the CONCESSIONAIRE must observe the following guidelines and register all information in a reception management system integrated with the HOSPITAL INFORMATION SYSTEM:

9.3.6.1.1 Entry of USERS, such as PATIENTS, companions, and other visitors:

9.3.6.1.1.1 Carry out the registration process, identification for the proper registration and delivery of the badge or other form of identification defined in the Work Plan, such as wristband, and addressing of the USERS. The CONCESSIONAIRE may perform these services through specialized and outsourced companies.

9.3.6.1.2 Entry of professionals from the FINALISTIC SERVICES and SERVICES team:

9.3.6.1.2.1 Carry out the process of identification and access control by biometrics;

9.3.6.1.2.2 Only for those who do not have biometric confirmation of identity, carry out the identification process to confirm accreditation, and for unconfirmed cases, access will be granted upon authorization from the administration, requesting identification, so that a provisional badge can be provided.

9.3.6.1.3 Entry of carriers for delivery of samples at LACEN, service providers and suppliers:

9.3.6.1.3.1 Carry out the identification process for the proper registration and delivery of the badge to bearers, service providers and suppliers;

9.3.6.1.3.2 Communicate the presence of the bearer, service provider or supplier to the person responsible for the visited sector, calling the respective extension and making sure that access is authorized.

#### 9.4 OPERATION

9.4.1 The operation of the service stations for the concierge must occur during the 24 (twenty-four) hours of the day, 7 (seven) days a week.

9.4.2 The operation of the service stations for the reception must occur during the 24 (twenty-four) hours of the day, 7 (seven) days a week, for the HOSPITAL COMPLEX. For LACEN, it must work 7 (seven) days a week, for 12 (twelve) hours a day.

## 9.5 SIZING

- 9.5.1 The CONCESSIONAIRE must size the workstations for the concierge services in accordance with the architecture proposal for the HOPE HEALTH COMPLEX, as defined in the BASIC PROJECT. This sizing must take into account aspects such as:
- 9.5.1.1 Opening Hours: Consider the opening hours of the HOSPITAL COMPLEX and LACEN areas to properly size the workstations between day and night shifts, ensuring continuous and efficient coverage.
  - 9.5.1.2 Flow of People and Vehicles: Analyze the flow of people and vehicles in and out at different times of the day to ensure that the concierge posts can manage the volume of traffic effectively, avoiding congestion and ensuring safety in the CONCESSION AREA.
  - 9.5.1.3 Critical Security Points: Identify and prioritize critical security points within the HOPE HEALTH COMPLEX, such as main entrances, restricted access areas, parking lots, and loading and unloading areas, to allocate strategic concierge posts.
- 9.5.2 The CONCESSIONAIRE must size the workstations for the reception services in accordance with the architecture proposal for the HOPE HEALTH COMPLEX, as indicated in the BASIC PROJECT. This sizing should take into account several factors, including:
- 9.5.2.1 Opening Hours: Consider the opening hours of the HOSPITAL COMPLEX and LACEN areas to properly size the workstations between day and night shifts, ensuring continuous and efficient coverage.
  - 9.5.2.2 Flow of USERS, employees, service providers and visitors: Analyze the flow of people in and out at different times of the day to ensure that the reception stations can manage the volume of service, so that the waiting time for service in any of the receptions of the HOSPITAL COMPLEX and LACEN should not exceed 15 (fifteen) minutes.
  - 9.5.2.3 Technology and EQUIPMENT: Integrate the use of technology and support EQUIPMENT, such as queue management systems, computers, telephones, and internal communication systems, to improve the efficiency and quality of service at the front desk.

## 10 SECURITY

### 10.1 DEFINITION

- 10.1.1 The security service is conceptualized as a set of mechanisms and actions to prevent and reduce property losses in the CONCESSION AREA, contributing to the public security system in the prevention and coercion of crime, in the encouragement of ethical behaviors and peaceful community coexistence in the CONCESSION AREA.
- 10.1.2 The security process must include integrated access control actions, including the surveillance service, through service stations, and electronic surveillance systems, through alarms and images.
- 10.1.3 The CONCESSIONAIRE shall provide unarmed property surveillance service stations, through specialized and outsourced companies. Its field of action will be restricted to the CONCESSION AREA.
- 10.1.4 Ostensive and preventive rounds must be foreseen, inspecting all the premises of the CONCESSION AREA, recording any abnormalities, in communication with the Video Surveillance Center.

- 10.1.5 The GRANTING AUTHORITY must be responsible for the interaction between the CONCESSIONAIRE's security team and the public security authorities, to define action strategies in special cases.

## 10.2 GOVERNING LEGISLATION

- 10.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
- 10.2.1.1 Federal Law No. 14,967, of September 9, 2024 - Establishes rules for companies that explore surveillance and transportation services of valuables;
- 10.2.1.2 SEPRT Ordinance No. 1417, of December 19, 2019;
- 10.2.1.3 DG/DPF Ordinance No. 891, of August 12, 1999 - Establishes and approves the model of the National Security Guard Card and respective application form, establishes rules and procedures for its granting and provides other provisions;
- 10.2.1.4 DG/DPF Ordinance No. 387, of August 28, 2006 - Regulates the activities of private security, armed or unarmed, carried out by specialized companies, those that have an organic security service and by the professionals who work in them, as well as regulates the inspection of the security plans of financial institutions (With amendments introduced by DG/DPF Ordinances No. 515/2007, 358/09, 408/09, 781/10);
- 10.2.1.5 Ordinance No. 89,056, of November 24, 1983 - Regulates Law No. 7,102, of June 20, 1983, which provides for security and establishes rules for the constitution and operation of private companies that operate surveillance and transportation services and provides for other provisions;
- 10.2.1.6 DG/DPF Ordinance No. 3,233, of December 10, 2012 - Provides for the rules related to Private Security activities;
- 10.2.1.7 DG/DPF Ordinance No. 18,045, of April 17, 2023 - Regulates private security activities and regulates the inspection of the Security Plans of financial establishments.

## 10.3 SERVICE DESCRIPTION

- 10.3.1 The security SERVICE is directly related to the concierge and reception activities described in this ANNEX. The security SERVICE must act in a preventive manner, focusing on the identification and mitigation of conflict situations, aiming to minimize risks and prevent the occurrence of material and physical damage.
- 10.3.2 The CONCESSIONAIRE will be responsible for the permanent installation, maintenance, availability and operation of the EQUIPMENT, FURNITURE, and infrastructure provided for in this ANNEX and ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS, regarding detection, alarm, communication, access control, CCTV, among others.
- 10.3.3 As part of the Work Plan, the CONCESSIONAIRE must prepare a Safety Plan that contains, at least:
- 10.3.3.1 Diagnosis of risks and vulnerabilities, presenting conditions of the physical structure of the entire CONCESSION AREA, including the buildings of the HOSPITAL COMPLEX and LACEN, and the flow of movement of people and cargo;
- 10.3.3.2 Structure for the local and/or remote Video Surveillance Center, as defined by the CONCESSIONAIRE;

- 10.3.3.3 Definition of the risk management flow, as well as mitigating actions to address the main mapped risks;
- 10.3.3.4 Detailed tour schedule informing the schedules and routes.
- 10.3.3.5 Definition of rules and flows for eventual communications and actions by the PARTIES in the face of irregularities, occurrences, abnormalities, and emergency cases.
- 10.3.3.6 Implementation of a locker system, through the provision of locker pockets that will serve to store the belongings of the CONCESSIONAIRE's employees and the FINALISTIC SERVICES during working hours. The lockers will be used in the rotating system – without a fixed definition of lockers per employee – and must be equipped with security seals, ensuring the integrity and protection of the stored items. The pockets must be monitored via CCTV.
- 10.3.3.7 Determination of a protocol for execution by the CONCESSIONAIRE for opening the locker and removing belongings stored at the HOPE HEALTH COMPLEX that are not removed by employees within a certain period, observing the requirement of rotation of the use of lockers.
- 10.3.3.8 Determination of a protocol for random inspection of the lockers, with defined periodicity and activities to be carried out by the CONCESSIONAIRE.

#### 10.3.4 ALARM SYSTEM

- 10.3.4.1 Regarding the alarm system, the CONCESSIONAIRE must perform the following activities:
  - 10.3.4.1.1 Install an alarm system for the detection of abnormalities in the CONCESSION AREA that allow the Video Surveillance Center to detect and identify the exact area or point of abnormal event, so that the necessary measures can be taken;
  - 10.3.4.1.2 The Alarm System shall consist at least of the following subsystems:
    - 10.3.4.1.2.1 Door or window violation sensing;
    - 10.3.4.1.2.2 Presence sensing;
    - 10.3.4.1.2.3 Active sensing of perimeter intrusion immune to small animals;
    - 10.3.4.1.2.4 Silent activation in case of emergency – wireless panic button.

#### 10.3.5 CCTV SYSTEM

- 10.3.5.1 In relation to the CCTV (Closed Circuit Television) system, the CONCESSIONAIRE must perform the following activities:
  - 10.3.5.1.1 Install a CCTV system for capturing, transmitting, and displaying images composed of cameras, monitors, electronic EQUIPMENT, and other technical devices that allow the visualization of events in the CONCESSION AREA;
  - 10.3.5.1.2 Present in the Work Plan the specifications for the CCTV system observing the requirements of this ANNEX and best market practices;
  - 10.3.5.1.3 Validate with the GRANTING AUTHORITY in the EXECUTIVE PROJECT, the locations for the installation of CCTV cameras;

- 10.3.5.1.4 Among the places that can be monitored through a CCTV system, the common areas of the HOSPITAL COMPLEX and LACEN stand out, such as corridors, reception, and parking lots; service areas, such as kitchens and maintenance areas; and storage areas for EQUIPMENT and inputs;
- 10.3.5.1.5 Among the places where monitoring through a CCTV system is not allowed are environments such as exam rooms, beds, offices, and operating rooms; bathrooms and changing rooms, even if they are not directly facing the bathroom stalls, for example;
- 10.3.5.1.6 Install visual indication informing that the environments are being filmed;
- 10.3.5.1.7 Maintenance, including supply of all materials, EQUIPMENT, FURNITURE, instruments, and software necessary for the full operation of the CCTV system;
- 10.3.5.1.8 The CCTV software to be applied must enable:
  - 10.3.5.1.8.1 Configure each camera individually with independent adjustments for brightness, contrast, saturation, and hue; number of frames per second, recording quality and sensitivity, all according to the conditions of the environment and application;
  - 10.3.5.1.8.2 Recording and reproduction of cameras with digital quality in high resolution, without loss of frames and sufficient autonomy for uninterrupted recording of occurrences for a minimum period of 30 (thirty) days;
  - 10.3.5.1.8.3 The recordings must be stored by the CONCESSIONAIRE for a period of at least ninety (90) days, except in exceptional cases requested by the GRANTING AUTHORITY, in which the images must be retained for longer periods, such as ongoing investigations;
  - 10.3.5.1.8.4 Continuous time – Uninterrupted recording 24 (twenty-four) hours a day;
  - 10.3.5.1.8.5 Motion Detection – Records only those frames in which the movement exceeds the sensitivity in the programmed region;
  - 10.3.5.1.8.6 Audio Detection – Starts recording when audio is detected in the environment;
  - 10.3.5.1.8.7 Monitoring of audio channels, being possible to record and view audio and video at the same time;
  - 10.3.5.1.8.8 Intelligent motion detection technology that allows you to select a certain area or specific point to be monitored;
  - 10.3.5.1.8.9 Allow you to view the recording history.
- 10.3.5.1.9 The system must have back-up and UPS EQUIPMENT to ensure the operation of the system 24 (twenty-four) hours;
- 10.3.5.1.10 The cameras must be shock and vibration proof, for indoor use, with articulating fixing brackets of 180° horizontally and 90° vertically, at least, to direct the visual field;
- 10.3.5.1.11 Outdoor cameras must be waterproof and dustproof (IP66), vandal-proof (IK10), have night vision with infrared (IR) or low-light technology, articulated fixing brackets of 180° horizontally and 90° vertically, at least, to direct the visual field;
- 10.3.5.1.12 In case of failure of any EQUIPMENT of the CCTV system, they must be replaced within a maximum period of 24 (twenty-four) hours.

#### 10.3.6 VIDEO SURVEILLANCE CENTER

- 10.3.6.1 In relation to the Video Surveillance Center, the CONCESSIONAIRE must perform the following activities:
- 10.3.6.1.1 Install a Video Surveillance Center, properly prepared and equipped for this purpose with a cloud image storage system, allowing the remote viewing of images of the monitored areas;
  - 10.3.6.1.2 Equip the Video Surveillance Center with the necessary ICT EQUIPMENT, including, but not limited to, monitors, *videowalls* and other devices necessary for viewing the images, ensuring that operators have a clear and comprehensive view of the monitored areas;
  - 10.3.6.1.3 Present in the Work Plan the specifications for the Video Surveillance Center, observing the requirements of this ANNEX and best market practices;
  - 10.3.6.1.4 Monitor the other security systems provided for in this ANNEX, such as alarms, sensors, among others;
  - 10.3.6.1.5 Work in the Video Surveillance Center through operators at service stations, 24 (twenty-four) hours, daily, 7 (seven) days a week);
  - 10.3.6.1.6 The professionals used must be trained and qualified to act as monitoring operators and with specific technical knowledge of the services in question.

#### 10.4 OPERATION

- 10.4.1 The operation of the service stations, control, and monitoring of security services must occur during 24 (twenty-four) hours, 7 (seven) days a week.

#### 10.5 SIZING

- 10.5.1 The CONCESSIONAIRE must size the workstations for the surveillance and property security services in accordance with the architecture proposal to be implemented for the HOPE HEALTH COMPLEX, as defined in the BASIC PROJECT. This sizing must take into account aspects such as:
- 10.5.1.1 Opening Hours: Consider the opening hours of the areas of the HOSPITAL COMPLEX and LACEN in order to adequately size the workstations between day and night shifts, ensuring continuous and efficient coverage, including analysis of the volume of people who will circulate in the CONCESSION AREA.
  - 10.5.1.2 Critical Security Points: Identify and prioritize critical security points within the HOPE HEALTH COMPLEX, such as main entrances, restricted access areas, parking lots, and loading and unloading areas, to allocate strategic surveillance posts.
  - 10.5.1.3 Rounds in the CONCESSION AREA: Plan and execute regular rounds in the CONCESSION AREA, to be indicated in the Work Plan, to monitor and inspect all areas.
  - 10.5.1.4 Technology and EQUIPMENT: Integrate the use of technology and security equipment, such as surveillance cameras, access control systems, and alarms, to support surveillance posts and improve the efficiency and security of operations.
- 10.5.2 The CONCESSIONAIRE shall provide EQUIPMENT, radios for intercom, uniforms, complements, permanent or consumable materials, for the professionals of the security service.
- 10.5.3 The CONCESSIONAIRE shall install the EQUIPMENT and other components associated with the SECURITY

SERVICE in accordance with the guidelines of this ANNEX and ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS. The CONCESSIONAIRE shall, in its projects, size the CCTV and alarm EQUIPMENT considering the following aspects:

- 10.5.3.1 Area Coverage: The CCTV system must cover all circulation areas of the CONCESSION AREA, including entrances, exits, parking lots, loading and unloading areas, and internal corridors. The installation of CCTV in areas occupied by PATIENTS, such as hospitalization units, offices, “SADT”, among others, should not be foreseen.
- 10.5.3.2 Number of Cameras: The number of cameras must be dimensioned based on the analysis of the BASIC PROJECT of the HOPE HEALTH COMPLEX, considering the coverage necessary to avoid blind spots.
- 10.5.3.3 Coverage of Critical Areas: The alarm system must be sized to cover all critical areas of the HOPE HEALTH COMPLEX, including entrances, exits, restricted access areas and places where EQUIPMENT and materials of greater value or criticality will be stored.
- 10.5.3.4 Type of Sensors: Consider the use of different types of sensors (movement, intrusion, smoke, etc.) according to the characteristics of the areas to be monitored.

## 11 TRANSPORTATION CENTER

### 11.1 DEFINITION

- 11.1.1 The Transportation Center will meet the transportation needs of the HOSPITAL COMPLEX and LACEN, acting in logistics in order to ensure the efficient and safe movement of PATIENTS, medicines, samples, materials, and documents.
- 11.1.2 The scope of this SERVICE, under the responsibility of the CONCESSIONAIRE, will cover the following areas:
- 11.1.2.1 **Inter-hospital transport of PATIENTS:** Transfer of PATIENTS from the HOSPITAL COMPLEX to other health units, public or private;
- 11.1.2.2 **Intra-hospital transport of PATIENTS:** Transportation of PATIENTS on stretchers, wheelchairs, or beds between different areas of the HOSPITAL COMPLEX, such as operating rooms, intensive care units, and diagnostic areas;
- 11.1.2.3 **Assistance in the movement of PATIENTS:** Assistance in the transfer of PATIENTS from a stretcher to a bed or vice versa, ensuring that the process is done safely and comfortably;
- 11.1.2.4 **Logistical support:** Assistance in the movement of EQUIPMENT and other necessary materials on the premises of the HOSPITAL COMPLEX and LACEN, as well as external transportation for home care, blood components and the milk bank.
- 11.1.3 Internal logistics activities will be carried out by TRANSPORTATION AGENTS. The TRANSPORT AGENT will be a professional responsible for the transport of PATIENTS, materials, samples, inputs, documents, and EQUIPMENT on the premises of the HOSPITAL COMPLEX and LACEN.
- 11.1.4 The intra-hospital transport of PATIENTS on stretchers must be carried out by a professional from the CONCESSIONAIRE, identified as TRANSPORT AGENT, duly trained as a stretcher bearer. This professional must have specific training in safe transport techniques, handling of MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, and basic support.
- 11.1.4.1 During the intra-hospital transport of PATIENTS, the TRANSPORT AGENT must be accompanied by a nursing technician from the FINALISTIC SERVICES team. This will be responsible for handling the PATIENTS, including the movement for the placement and removal of the stretcher.
- 11.1.4.2 In the Work Plan related to this SERVICE, operational protocols for the transportation of PATIENTS must be established, including the division of responsibilities between the CONCESSIONAIRE team and the FINALISTIC SERVICES team.
- 11.1.5 At LACEN, the TRANSPORTATION AGENTS will be responsible for transporting internally in the CONCESSION AREA, biological samples, glassware, reagents, EQUIPMENT, and documents between the PLATFORMS themselves and with the support areas of the HOPE HEALTH COMPLEX. The materials must be stored and transported in appropriate conditions, following biosafety protocols to avoid contamination. The FINALISTIC SERVICES team will be responsible for the activities of receiving, sorting, and storing the samples.
- 11.1.6 The Transportation Center must have a *web* interface, linked to the TRANSPORTATION SYSTEM to be made available by the CONCESSIONAIRE, for the completion of transportation requests by the FINALISTIC SERVICES team, in which it must be possible to follow the queue of requests and the services in planning or already performed, in real time, in addition to making changes in the requests when necessary.

- 11.1.7 An application must be offered, also linked to the TRANSPORTATION SYSTEM to be made available by the CONCESSIONAIRE, to function as a multilateral platform, connecting the TRANSPORTATION AGENTS to the demands registered by the FINALISTIC SERVICES team.
- 11.1.8 The CONCESSIONAIRE shall prepare a Work Plan, contemplating the guidelines set forth in this ANNEX, in addition to the following specific elements:
  - 11.1.8.1 The criteria for prioritizing transport activities;
  - 11.1.8.2 Exhaustive list of transportation needs in the HOSPITAL COMPLEX and LACEN, according to the care and laboratory protocols for carrying out the procedures. For each situation, the deadline for care must be provided, such as, for example, the expected time of arrival of the PATIENT at the operating room.

## 11.2 GOVERNING LEGISLATION

- 11.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner. It will be the responsibility of the CONCESSIONAIRE to comply with the legislation and regulatory standards in force for the provision of the SERVICE:
  - 11.2.1.1 GM/MS Ordinance No. 2,048, of November 5, 2002 - Technical Regulation of the State Urgency and Emergency Systems;
  - 11.2.1.2 GM/MS Ordinance No. 1,483, of July 1, 2021 - Amends GM/MS Consolidation Ordinance No. 6, of September 28, 2017, to provide for the application of programming resources and parliamentary amendments for the acquisition of Transport Ambulance type A - Simple Removal;
  - 11.2.1.3 ABNT NBR 14.561:2000 - Vehicles for medical emergency care and rescue: Establishes the minimum conditions required for the design, construction and performance of vehicles for medical emergency and rescue care, establishing minimum specifications, test parameters and essential criteria for performance, appearance and accessories, aiming to provide a degree of standardization for these vehicles;
  - 11.2.1.4 Federal Law No. 9,503, of September 3, 1997 - Establishes the Brazilian Traffic Code (CTB);
  - 11.2.1.5 CONTRAN Resolution No. 168, of December 14, 2004 - Establishes Standards and Procedures for the training of drivers of motor and electric vehicles, the performance of exams, the issuance of qualification documents, specialized and recycling training courses and provides other provisions, and their updates;
  - 11.2.1.6 Resolution of the ANVISA/MS COLLEGIATE BOARD - RDC No. 504, of May 27, 2021 - Provides for Good Practices for the transport of human biological material;
  - 11.2.1.7 CFM Resolution No. 1,672, of July 29, 2003 - Provides for the inter-hospital transportation of patients and provides for other provisions;
  - 11.2.1.8 Resolution of the Collegiate Board of Directors ANVISA/MS - RDC No. 36, of July 25, 2013 - Establishes actions for patient safety in health services and provides other measures;
  - 11.2.1.9 COFEN Resolution No. 588, of October 3, 2018 - Updates and regulates the performance of the Nursing team in the process of transporting patients in an internal environment to health services;
  - 11.2.1.10 GM/MS Ordinance No. 941, of May 17, 2013 - Amends and adds a provision to article 8 of GM/MS Ordinance No. 529, of April 1, 2013, which establishes the National Patient Safety Program (PNSP).

### 11.3 SERVICE DESCRIPTION

#### 11.3.1 CENTRAL TRANSPORT

- 11.3.1.1 The Transportation Center must use a TRANSPORTATION SYSTEM, as indicated in item 13.4.7.9, to manage this SERVICE, integrating the location data of the TRANSPORTATION AGENTS and organizing transportation requests efficiently in all facilities of the HOPE HEALTH COMPLEX.
- 11.3.1.2 The FINALISTIC SERVICES team, involved in the areas of the HOPE HEALTH COMPLEX, must register their requests in this system, specifying the origin and destination of the requested transport and the level of urgency (high, medium, or low). The system will receive the requests and enter them into the task queue, prioritizing them according to the level of urgency identified and the location of the available TRANSPORTATION AGENTS.
- 11.3.1.3 Transport will be characterized by priority levels that ensure the efficiency and safety of services. For PATIENTS, urgency levels will be classified as high (life-threatening emergencies requiring immediate care), medium (severe but stable conditions requiring rapid attention), and low (non-critical situations that can wait or be scheduled in advance).
- 11.3.1.4 When a transport request is registered in said system, the nearest and most available TRANSPORT AGENT will be notified, through an individual location device. This notification will include all the necessary details about the task, such as the type of material to be transported, the location of collection and destination, and any specific instructions.
- 11.3.1.5 The Transportation Center must continuously monitor the location of the TRANSPORTATION AGENTS and the status of the tasks. The system, which may have its operation integrated with the scheduling of exams, should record data on response times and transport volumes, allowing the analysis and implementation of continuous improvements.

#### 11.3.2 TRANSPORTATION AGENTS

- 11.3.2.1 The TRANSPORTATION AGENTS will carry out the intra-hospital transport of PATIENTS and materials.
- 11.3.2.2 The TRANSPORT AGENT plays an important role not only in assisting in the movement of PATIENTS, but also in transporting necessary EQUIPMENT, ensuring that everything complies with operational requirements. This not only protects the integrity and well-being of PATIENTS but also optimizes the finalistic resources of the HOPE HEALTH COMPLEX, minimizing risks and improving the quality of care.
- 11.3.2.3 Each TRANSPORT AGENT must have a mobile device where they will receive requests according to the type of transport requested.
- 11.3.2.4 The CONCESSIONAIRE shall comply with the following guidelines:
  - 11.3.2.4.1 For PATIENT transports:
    - 11.3.2.4.1.1 Perform a checklist on the stretchers to ensure the safety of the PATIENT even before starting the transport;
    - 11.3.2.4.1.2 Notify the FINALISTIC SERVICES team, especially your nursing staff, of any and all administrative occurrences and/or adverse events during the PATIENT's transport;

- 11.3.2.4.1.3 Record the complications that occurred during the transport of the PATIENT in the HOSPITAL INFORMATION SYSTEM;
- 11.3.2.4.1.4 The TRANSPORT AGENT is responsible for carrying out the transport in the transfers and discharges of PATIENTS within the CONCESSION AREA, in addition to the transport of corpses. However, the TRANSPORT AGENT has no participation in the processes related to the processing of the death (such as identification with family members and delivery of the relevant documentation), and activities are under the responsibility of the FINALISTIC SERVICES team;
- 11.3.2.4.1.5 Keep stretchers and wheelchairs in the place intended for their safekeeping;
- 11.3.2.4.1.6 Whenever there is a change of PATIENTS and/or dirt on stretchers and wheelchairs, the TRANSPORT AGENT must clean, disinfect, and change the sheets of the stretchers;
- 11.3.2.4.1.7 When transporting the PATIENT, the TRANSPORTATION AGENTS must use PPE and wash their hands before and after each procedure;
- 11.3.2.4.1.8 When transporting the PATIENT, the TRANSPORTATION AGENTS must avoid as many sudden movements as possible;
- 11.3.2.4.1.9 When transporting the PATIENT undergoing oxygen therapy, serum therapy or even under the use of any medication and EQUIPMENT, the TRANSPORTATION AGENTS must be attentive, transporting him/her in such a way as not to interrupt the PATIENT's therapy;
- 11.3.2.4.1.10 Nursing professionals, under the responsibility of the GRANTING AUTHORITY, must accompany and assist the PATIENT during transport. Thus, it will be necessary to work together between TRANSPORTATION AGENTS, under the responsibility of the CONCESSIONAIRE, and nursing professionals, under the responsibility of the GRANTING AUTHORITY, throughout the journey.
- 11.3.2.4.2 For the transport of samples, materials, and inputs, in general, the following must be carried out:
  - 11.3.2.4.2.1 Bring sterilized glassware and necessary EQUIPMENT safely;
  - 11.3.2.4.2.2 Deliver within the deadlines established in the Work Plan and as requested by the demanding areas;
  - 11.3.2.4.2.3 Follow all biosafety and biological material transport standards;
  - 11.3.2.4.2.4 Follow the guidelines defined in the Work Plan and SOPs for transporting LACEN samples;
  - 11.3.2.4.2.5 Immediately report any problem encountered during transport;
  - 11.3.2.4.2.6 Ensure the safe and adequate transport of medications and samples, following the specific rules for each type of transport.
  - 11.3.2.4.2.7 If there is an accident with the spillage of biological samples within the premises of the HOSPITAL COMPLEX, the CONCESSIONAIRE must comply with the PGRSS, observing the guidelines provided for in ANNEX 4 – MINIMUM SOCIO-ENVIRONMENTAL GUIDELINES.
- 11.3.3 PATIENT TRANSPORT
  - 11.3.3.1 The PATIENT transport service under the responsibility of the CONCESSIONAIRE can be classified as:
    - 11.3.3.1.1 **Intra-hospital transport:** temporary or permanent transfer of PATIENTS within the HOSPITAL COMPLEX. As examples of internal transport, we can mention the transfer of the patient from the Surgical Center

to the ICU, from the ICU to the hospitalization bed, transport for internal examination, among others. Intra-hospital transport will be carried out by the TRANSPORTATION AGENTS.

- 11.3.3.1.2 **Inter-hospital transport:** transfer of PATIENTS to non-hospital or hospital units for urgent and emergency care, diagnostic units, therapy or other health units for examinations, diagnostic elucidation, surgical hospitalization, clinical or intensive care unit, among others. This type of transport must have a specialized team under the responsibility of the CONCESSIONAIRE. Inter-hospital transport will be carried out by ambulances, according to the rules presented in this ANNEX.
- 11.3.3.2 The pre-hospital transport, aimed at transporting PATIENTS to the HOSPITAL COMPLEX, is not the responsibility of the CONCESSIONAIRE. Similarly, the same applies to the transport of PATIENTS that occurs after hospital discharge and is not the responsibility of the CONCESSIONAIRE.
- 11.3.3.3 In some cases, with criteria defined by the GRANTING AUTHORITY, it may be necessary to transfer PATIENTS to the home, especially for PATIENTS in home care.
- 11.3.3.4 In the case of inter-hospital transport, the CONCESSIONAIRE must provide equipped ambulances, according to current legislation. The CONCESSIONAIRE's crew, who will accompany the PATIENT during transport, must follow the quantitative criteria, in terms of the number and qualification of these manned personnel (e.g. how many, and if necessary, nurses, paramedics, first responders, etc.), provided for in the current legislation according to the type of ambulance used.
- 11.3.3.5 The intra-hospital and inter-hospital transport service must meet the scheduled and spontaneous demand for PATIENT transport.
- 11.3.3.6 For transportation planning, the CONCESSIONAIRE must consider the different levels of transportation, according to the clinical conditions of the PATIENTS informed by the FINALISTIC SERVICES team of the GRANTING AUTHORITY:
- 11.3.3.6.1 **Low Risk:** Stable PATIENTS who do not require continuous monitoring and can be transported without advanced EQUIPMENT, under basic care.
- 11.3.3.6.2 **Medium Risk:** PATIENTS who require continuous monitoring and may require interventions during transport but are not in critical condition.
- 11.3.3.6.3 **High Risk:** Critically ill patients who require intensive monitoring and advanced life support during transport.
- 11.3.3.7 To carry out the removal or transfer of PATIENTS, the FINALISTIC SERVICES team must make the transport request and ensure contact with the PATIENT's place of destination.
- 11.3.3.8 It is forbidden to remove the PATIENT at imminent risk of life without the proper evaluation and respiratory, hemodynamic, and other measures adopted for each case, by the FINALISTIC SERVICES team under the responsibility of the GRANTING AUTHORITY.
- 11.3.3.9 No PATIENT may be transported without authorization from the FINALISTIC SERVICES team.
- 11.3.3.10 The existence of a Care Transport Protocol is essential to ensure that the internal transport of PATIENTS is carried out safely, efficiently and in accordance with current guidelines.
- 11.3.3.11 This protocol, to be prepared by the GRANTING AUTHORITY, must establish clear standards for the handling and movement of PATIENTS within the HOSPITAL COMPLEX, ensuring that each step of the process is conducted with maximum safety. In addition, the protocol specifies the appropriate

monitoring of the FINALISTIC SERVICES team, considering the complexity and individual needs of each transport.

11.3.3.12 In inter-hospital transports, the CONCESSIONAIRE will be responsible for the treatment and stabilization of the PATIENT who presents any urgent complications along the way. The ambulance must be able to provide care, regarding medicines and EQUIPMENT, observing item 11.3.4 below.

11.3.3.13 Due to the different specialties that are served in the HOSPITAL COMPLEX, the CONCESSIONAIRE must consider the types of precautions to be adopted during transport and the proper use of Personal Protective Equipment (PPE) to ensure the safety of all those involved in the transport and the areas circulated during transport.

#### 11.3.4 AMBULANCES

11.3.4.1 The CONCESSIONAIRE shall have ambulances with materials, EQUIPMENT and crew, as defined in the current legislation, in sufficient quantity to meet the entire demand for removal, by land, of PATIENTS from the HOSPITAL COMPLEX, to other health units, public or private, distant up to 110 (one hundred and ten) kilometers from the limits of the Capital of Minas Gerais, it can be through its own or outsourced vehicles.

11.3.4.2 The Work Plan of this SERVICE shall include detailed protocols that clearly establish the clinical conditions that justify the transport of PATIENTS in Basic Support Ambulances (Type B) and Advanced Support Ambulances (Type D), as defined between the PARTIES. Such protocols should include, in addition to the risk classification of the PATIENTS, categorizing them as low, medium, and high risk, additional relevant information, such as scales or parameters of vital signs.

11.3.4.3 The services must be performed, preferably, with prior scheduling, and the vehicles must be available at the pre-established times, not admitting delays.

11.3.4.4 The CONCESSIONAIRE team must report to the unit at least 60 (sixty) minutes before the scheduled time for the PATIENT's transportation.

11.3.4.5 In the case of appointments with prior scheduling, a delay of up to 10 (ten) minutes will be tolerated, counted from the moment the Ambulance, with the USER of the transport, leaves at the entrance of the HOSPITAL COMPLEX.

11.3.4.6 For services without the possibility of prior scheduling, on an urgent/emergency basis, in Type "B" ambulance, the CONCESSIONAIRE will observe a maximum period of up to 90 (ninety) minutes, from the registration of the call by the FINALISTIC SERVICES team in the TRANSPORTATION SYSTEM.

11.3.4.7 For urgent/emergency care in Type "D" ambulance, the CONCESSIONAIRE will observe a maximum period of up to 60 (sixty) minutes, from the registration of the call by the FINALISTIC SERVICES team in the TRANSPORTATION SYSTEM.

11.3.4.8 In cases where the PATIENT returns to the HOPE HEALTH COMPLEX, the grace period to wait for the PATIENT is up to 120 (one hundred and twenty) minutes.

11.3.4.9 The dimensions and other specifications of the vehicles must comply with the ABNT NBR 14.561:2000 standard, considering the specificities of the FINALISTIC SERVICES related to the types of PATIENTS and complications covered by the PATIENT removal service from the HOSPITAL COMPLEX.

- 11.3.4.10 The CONCESSIONAIRE shall provide transportation in vehicles with the following characteristics, including the availability of all the necessary staff, such as driver and staff, EQUIPMENT and supplies that meet current standards and good practices for the provision of FINALISTIC SERVICES to accompany the transportation of the PATIENT:
- 11.3.4.10.1 Basic Support Ambulances (Type B), equipped with life support materials and used to transport PATIENTS at medium risk.
- 11.3.4.10.1.1 Type B ambulances must have the MEDICAL-HOSPITAL EQUIPMENT and materials necessary for the Basic Support function, according to the definitions established by Ordinance No. 2048, of November 5, 2002.
- 11.3.4.10.1.2 The crew under the responsibility of the CONCESSIONAIRE will include at least 1 (one) driver, who must have a national driver's license (CNH) of the category corresponding to the vehicle he will drive and take a Specialized Course in Emergency Transport, according to CONTRAN Resolution 168/04; and 1 (one) nursing technician from the CONCESSIONAIRE team with qualification in Pre-Hospital Care (PHC), both duly registered in their respective Regional Councils.
- 11.3.4.10.2 Advanced Support Ambulances (Type D): transports high-risk PATIENTS in emergencies, including neonatal and pediatric PATIENTS.
- 11.3.4.10.2.1 Type D ambulances must have the MEDICAL-HOSPITAL EQUIPMENT and materials necessary for the advanced support function, according to the definitions established by Ordinance No. 2048, of November 5, 2002;
- 11.3.4.10.2.2 Type D ambulances must be equipped with at least 1 (one) transport incubator and other EQUIPMENT necessary for adequate neonatal and pediatric care;
- 11.3.4.10.2.3 The crew under the responsibility of the CONCESSIONAIRE will include at least 1 (one) driver, who must have a national driver's license (CNH) of the category corresponding to the vehicle he will drive and take a Specialized Course in Emergency Transport, according to CONTRAN Resolution 168/04; 1 (one) nurse with qualification in Pre-Hospital Care (PHC); and 1 (one) physician with qualification in Pre-Hospital Care (PHC), both duly registered in their respective Regional Councils.
- 11.3.4.11 The vehicles must be of the van type, large, long model, high roof adapted for ambulance, with sliding side door and rear doors, equipped with an air conditioning system, steering and hydraulic system, and must have physical isolation between the driving cabin and the PATIENT lounge, containing a sealed observation screen, in order to protect physical protection, respiratory and contact staff on duty.
- 11.3.4.12 Vehicles must have safety accessories required by current legislation, such as a stretcher attachment system to the floor of the vehicle, seat belts for all patients, a step with a non-slip floor, among others.
- 11.3.4.13 The vehicles must be white, have an identification stripe with the inscription "AMBULÂNCIA" inverted on the front and have the logo of the HOPE HEALTH COMPLEX on both sides of the ambulance in a visible place.
- 11.3.4.14 The vehicles must be in perfect mechanical condition and conservation of the bodywork, the driver's, and PATIENTS' cabins, and carry all safety EQUIPMENT, whether traffic or medical, as provided for in current legislation.
- 11.3.4.15 All ambulances must comply with the regulations contained in Ordinance No. 2,048/02 of November 12, 2002, amendments of the Ministry of Health and in the Resolutions of the Federal Council of Medicine –

CFM No. 1671/03 and No. 1672/03.

- 11.3.4.16 The vehicles may be used for up to 4 (four) years from the date of their manufacture. After this period, the vehicle must be replaced by the CONCESSIONAIRE or contracted company, in the case of outsourcing.
  - 11.3.4.17 To start hiring, the vehicle must have a maximum of 2 (two) years of use, or 20,000 (twenty thousand) kilometers driven, with a maintenance history report that ensures safety for PATIENTS and crew members in travel.
  - 11.3.4.18 The CONCESSIONAIRE shall keep the following documents up to date:
    - 11.3.4.18.1 Vehicle Registration and Licensing Certificate (CRLV) of the current year, in the name of the CONCESSIONAIRE or contracted company, in case of outsourcing, and in accordance with Law No. 9,503, of September 23, 1997 (Brazilian Traffic Code).
    - 11.3.4.18.2 Sanitary Authorization Permit, issued by the Municipal Sanitary Surveillance Agency of Belo Horizonte, as provided for in Municipal Law No. 7,031/1996 and amendments, of January 13, 1996.
  - 11.3.4.19 When requested by the GRANTING AUTHORITY, the CONCESSIONAIRE must present a copy of the Vehicle Registration Certificates and other documents used in the provision of services to the GRANTING AUTHORITY, and in the case of rental or subcontracting by a specialized company, the contract signed between the parties, as well as documents of sanitary compliance of the vehicles and the company in case of rental or subcontracting.
  - 11.3.4.20 The CONCESSIONAIRE shall comply with the provisions of Ordinance No. 2,616, of May 12, 1998, of the Ministry of Health – MS, and it is mandatory to disinfect the vehicles daily, before their use, and whenever necessary, that is, after the removal of a PATIENT who is proven to be a carrier of a contagious infectious disease, victim of trauma with open wounds or to clean secretions or other dirt that may compromise the integrity of the PATIENTS.
  - 11.3.4.21 In all cases where the safety of vehicles is compromised, with risks of exposure of PATIENTS, crew members and companions, it must be collected immediately for terminal disinfection procedures.
  - 11.3.4.22 The CONCESSIONAIRE shall register, in the HOSPITAL INFORMATION SYSTEM, information regarding all disinfection procedures carried out on the vehicles.
  - 11.3.4.23 According to the legislation in force, the use of the acoustic and optical signaling will be allowed only during the response to emergency calls and during the transport of PATIENTS.
  - 11.3.4.24 The transport service should act in synergy with the Internal Regulation Nucleus (NIR). The CONCESSIONAIRE must inform the FINALISTIC SERVICES team of all medical complications during transport so that they can be recorded in the PATIENT's medical record by the FINALISTIC SERVICES team.
  - 11.3.4.25 The acquisition and maintenance of the EQUIPMENT used to transport PATIENTS in ambulances, as well as medical-hospital materials and medicines, are the responsibility of the CONCESSIONAIRE.
  - 11.3.4.26 The supplies and maintenance, preventive and corrective, monitoring and surveillance of the vehicles used to carry out the inter-hospital transport of PATIENTS are the responsibility of the CONCESSIONAIRE.
- 11.3.5 EXTERNAL LOGISTICAL SUPPORT

- 11.3.5.1 The CONCESSIONAIRE shall provide additional vehicles, intended to meet the demands of External Logistics Support derived exclusively from the HOSPITAL COMPLEX, and this SERVICE may be offered through its own or outsourced vehicles, under the responsibility of the CONCESSIONAIRE.
- 11.3.5.2 The vehicles made available by the CONCESSIONAIRE will have the exclusive purpose of supporting the performance of the following activities:
- 11.3.5.2.1 Home care service: Transportation of the professionals of the FINALISTIC SERVICES, as well as materials and EQUIPMENT necessary for the home care of PATIENTS to the pediatric care line, as well as to the care programs in force in the HOSPITAL COMPLEX, within the limits of the Metropolitan Region of Belo Horizonte.
- 11.3.5.2.1.1 The CONCESSIONAIRE shall provide vehicles, sized as described in item 11.5, continuously, during the entire opening hours provided for this SERVICE in item 11.4.
- 11.3.5.2.2 Transportation of blood components: Collection and delivery service of biological material (blood components), to meet the demand of the Transfusion Agency of the HOSPITAL COMPLEX, with up to 1 (one) daily scheduled collection in laboratories and hemotherapy services within the limits of the Metropolitan Region of Belo Horizonte.
- 11.3.5.2.2.1 The demand must be scheduled between the PARTIES at least twenty-four (24) hours in advance, and the vehicles must be available at the pre-established times, within the limits of the operating hours provided for this SERVICE in item 11.4.
- 11.3.5.2.2.2 At the discretion of the GRANTING AUTHORITY, if the demand observed is higher or lower than the estimate presented in this ANNEX, the periodicity and/or quantity of collections may be readjusted, observing the maintenance of the economic and financial balance of the CONTRACT.
- 11.3.5.2.2.3 All occurrences of non-conformities during the performance of the SERVICE must be communicated by the CONCESSIONAIRE to the GRANTING AUTHORITY.
- 11.3.5.2.2.4 The CONCESSIONAIRE must ensure that the vehicles used have sample spillage kits, which must contain at least 1 (one) disposable coat, 1 (one) disposable cap, 1 (one) disposable mask, 1 (one) 200 ml (two hundred milliliters) of 70% (seventy percent) alcohol, 2 (two) pairs of latex gloves for disposable procedures and 1 (one) plastic bag of 100 (one hundred) liters, with infectious symbol for the disposal of biological material.
- 11.3.5.2.3 Breast milk collection: Transportation for the collection of breast milk in donors' homes located within the limits of the Metropolitan Region of Belo Horizonte, to meet the demand of the Milk Bank of the HOSPITAL COMPLEX, in a quantity of up to 250 (two hundred and fifty) collections per month.
- 11.3.5.2.3.1 The demand must be scheduled between the PARTIES at least twenty-four (24) hours in advance, and the vehicles must be available at the pre-established times, within the limits of the operating hours provided for this SERVICE in item 11.4.
- 11.3.5.2.3.2 At the discretion of the GRANTING AUTHORITY, if the demand observed is higher or lower than the estimate presented in this ANNEX, the periodicity and/or quantity of collections may be readjusted, observing the maintenance of the economic and financial balance of the CONTRACT.
- 11.3.5.3 The CONCESSIONAIRE shall provide External Logistics Support in compliance with the following guidelines:
- 11.3.5.3.1 Vehicle driven by a driver of the CONCESSIONAIRE (own or outsourced), with a National Driver's License

(CNH) of the category corresponding to the vehicle.

- 11.3.5.3.2 Vehicles suitable for the transport of each activity, according to the guidelines listed below:
- 11.3.5.3.2.1 To support the Home Care Service, the CONCESSIONAIRE must provide light vehicles (automobiles);
  - 11.3.5.3.2.2 To support the Blood Component Transportation SERVICE, the CONCESSIONAIRE shall provide light vehicles, which may be used, depending on the volume of the cargo, motorcycles, automobiles, or utility vehicles, at the discretion of the CONCESSIONAIRE;
  - 11.3.5.3.2.3 To support the Breast Milk Collection SERVICE, the CONCESSIONAIRE must provide light vehicles (automobiles).
- 11.3.5.3.3 The vehicles must be white and have identification with the logo of the HOPE HEALTH COMPLEX in a visible place.
- 11.3.5.3.4 The CONCESSIONAIRE must ensure that the vehicles are in perfect condition of mechanics and conservation, in addition to carrying all safety EQUIPMENT, as provided for in the current legislation.
- 11.3.5.3.5 The CONCESSIONAIRE must ensure that the vehicles have adequate hygiene and cleanliness conditions, as well as have a mechanism that ensures the integrity of the tertiary/secondary packaging and the material transported, including refrigeration solutions and/or systems that guarantee the maintenance of adequate temperature during transport.
- 11.3.5.3.6 The vehicles may be used for up to 4 (four) years from the date of their manufacture. After this period, the vehicle must be replaced by the CONCESSIONAIRE or by the contracted company, in the case of outsourcing, by a newer vehicle, remaining within the parameters established by this item.
- 11.3.5.3.7 To start hiring, the vehicle must have a maximum of 2 (two) years of use or up to 20,000 (twenty thousand) kilometers driven, with a maintenance history report that guarantees safety to the crew in displacements.
- 11.3.5.4 The Work Plan of this SERVICE shall include detailed operational protocols that establish, in accordance with the guidelines described in this ANNEX, the characteristics of the vehicles, EQUIPMENT and supplies necessary for the performance of the different modes of transport mentioned in item 11.3.5.2 as well as scheduling protocols for the use of these SERVICES.
- 11.3.5.5 The management and monitoring of the SERVICE, considering the modalities described in item 11.3.5.2 and except for the hypothesis described in item 11.3.5.5 thereafter, they will be the responsibility of the CONCESSIONAIRE, which must ensure the efficiency, punctuality and quality of the services provided, in order to meet the needs of the HOSPITAL COMPLEX.
- 11.3.5.6 The transportation of employees of the FINALISTIC SERVICES team and the GRANTING AUTHORITY for administrative activities (meetings, events, etc.) will be the responsibility of the GRANTING AUTHORITY.

#### **11.4 OPERATION**

- 11.4.1 The Transportation Center will operate 24 (twenty-four) hours a day, 7 (seven) days a week.
- 11.4.2 The resources linked to the transportation of PATIENTS and materials must be available as determined below:
- 11.4.2.1 TRANSPORTATION AGENTS for the HOSPITAL COMPLEX: 24 (twenty-four) hours a day, 7 (seven) days a

week – availability throughout the period of operation of the Transport Center.

- 11.4.2.2 TRANSPORTATION AGENTS to LACEN: 12 (twelve) hours a day from Monday to Friday – according to the unit's opening hours.
- 11.4.2.3 Ambulances: 24 (twenty-four) hours a day, 7 (seven) days a week.
- 11.4.3 The resources linked to the External Logistical Support SERVICES must be available as determined below:
  - 11.4.3.1 Home Care Service: 12 (twelve) hours a day from Monday to Friday, from 7:00 a.m. to 7:00 p.m.;
  - 11.4.3.2 Transport of blood components: Daily collection to be carried out between 08:00 (eight hours) and 18:00 (eighteen hours);
  - 11.4.3.3 Breast milk collection: 10 (ten) hours a day from Monday to Friday, from 08:00 (eight hours) to 18:00 (eighteen hours).

## 11.5 SIZING

- 11.5.1 To carry out the activities, the CONCESSIONAIRE must present the appropriate staff in sufficient quantity, qualification, and experience necessary for the operationalization of the SERVICES, without compromising the activities and the quality of the services provided, during the established operating hours.
- 11.5.2 For the calculation of the sizing of the team of TRANSPORTATION AGENTS, the following guidelines must be considered:
  - 11.5.2.1 Estimated number of transports per day;
  - 11.5.2.2 Average time spent on each type of transport (in hours), considering different times according to the complexity of the transport, distances that will be traveled and infrastructure (elevators, corridors, signaling, among others);
  - 11.5.2.3 Daily working hours of a TRANSPORT AGENT.
- 11.5.3 The Technical Safety Index (IST) must also be taken into account to cover absences, days off and other eventualities, with at least a 10% increase in the total number calculated and coverage of 24 (twenty-four) hours a day 7 (seven) days a week, in all shifts (morning, afternoon and night) and adapt the distribution to times of greater transport demand.
- 11.5.4 To meet the demand linked to the Home Care Service, the CONCESSIONAIRE must provide 2 (two) vehicles, continuously, during the entire operating hours of this SERVICE, as described in item 11.4.
- 11.5.5 For the definition of the number of ambulances and other External Logistics Support vehicles, the guidelines contained in this ANNEX must be observed.

## 12 CENTRAL STERILE SUPPLY DEPARTMENT (CSSD)

### 12.1 DEFINITION

- 12.1.1 The Central Sterile Supply Department (CSSD) is a functional unit dedicated to the processing of products used in health services and is responsible for ensuring adequate sterilization of all materials, instruments, glassware, and EQUIPMENT used in medical and surgical procedures, and in laboratory analyses.

- 12.1.2 The CSSD, to be installed in a single location in the HOPE HEALTH COMPLEX, will meet the demands of the HOSPITAL COMPLEX and LACEN.
- 12.1.3 CSSD will manage the entire processing cycle of materials, instruments, glassware, and EQUIPMENT, ranging from cleaning and disinfection, through inspection and packaging, to final sterilization and distribution of these products properly ready for use. The materials, instruments, glassware, and EQUIPMENT that can be processed in the CSSD are defined as those manufactured from special raw materials, indicated for use in health, with structures that allow repeated cleaning, preparation and disinfection and/or sterilization processes.

## 12.2 GOVERNING LEGISLATION

- 12.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
  - 12.2.1.1 SAS/MS Ordinance No. 1,302, of August 1, 2017: Redefines the criteria for the acquisition, receipt, use, monitoring, control, and management of OPME by hospitals and federal institutes subordinated to the Health Care Secretariat of the Ministry of Health (SAS/MS);
  - 12.2.1.2 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 15, of March 15, 2012 – Provides for requirements of good practices for the processing of health products and provides for other measures;
  - 12.2.1.3 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 509, of May 27, 2021 – Provides for the management of health technologies in health facilities;
  - 12.2.1.4 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 8, of February 27, 2009 – Provides for measures to reduce the occurrence of infections by Fast-Growing Microbacteria (RCM) in health services;
  - 12.2.1.5 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 156, of August 11, 2006 – Provides for the registration, labeling and reprocessing of medical products, and provides for other provisions;
  - 12.2.1.6 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 6, of March 1, 2013 – Provides for the requirements of good operating practices for endoscopy services with access to the body through exclusively natural orifices;
  - 12.2.1.7 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 36, of July 25, 2013 – Establishes actions for patient safety in health services and provides other measures;
  - 12.2.1.8 Resolution ANVISA/MS – RE No. 2,605, of August 11, 2006 – Establishes the list of medical products classified as single-use prohibited from being reprocessed;
  - 12.2.1.9 Resolution ANVISA/MS – RE No. 2,606, of August 11, 2006 – Provides for the guidelines for the preparation, validation, and implementation of protocols for the reprocessing of medical products and provides for other provisions;
  - 12.2.1.10 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 50, of February 21, 2002 – Provides for the Technical Regulation for planning, programming, preparation, and evaluation of physical projects of health care establishments;

- 12.2.1.11 COFEN Resolution No. 424, of April 19, 2012 – Regulates the attributions of nursing professionals in MSCs and in companies that process health products;
- 12.2.1.12 COFEN Resolution No. 743, of March 12, 2024 – Repeals COFEN Resolution No. 543, of April 18, 2017, which updates and establishes parameters for the Dimensioning of the Nursing Staff in the services/places where nursing activities are carried out.

### **12.3 SERVICE DESCRIPTION**

- 12.3.1 The materials, instruments, glassware, EQUIPMENT, and clothes that will pass through the CSSD, coming from the HOSPITAL COMPLEX and LACEN, must follow a unidirectional flow, to avoid contamination during the processing of the items.
- 12.3.2 The Work Plan for this SERVICE must contain SOPs established for each of the stages of the process, including cleaning, disinfection, sterilization, storage, and distribution of items.
- 12.3.3 Each step must be carried out in accordance with biosafety and quality protocols aligned between the PARTIES and indicated in the Work Plan.
- 12.3.4 In the CSSD there must be access control and authorized professionals must use the barrier locker rooms to access the different areas.
- 12.3.5 Records must be kept of all activities related to the sterilization and distribution of materials, instruments, glassware, EQUIPMENT, and clothing. This includes information about the items processed, the sterilization methods used, the results of biological and chemical indicators, as well as the dates and times of the processes.
- 12.3.6 This process must be automated through the use of technologies that enable the traceability of items, such as radio frequency identification (RFID) or similar technologies. The information must be recorded and integrated into the HOSPITAL INFORMATION SYSTEM.
- 12.3.6.1 The items must be prepared by the CONCESSIONAIRE for traceability before being used, according to the technology used.
- 12.3.7 HOSPITAL COMPLEX
  - 12.3.7.1 The CSSD shall be responsible for the cleaning, disinfection, sterilization and storage of all materials, instruments, EQUIPMENT, and clothing related to the HOSPITAL COMPLEX, ensuring that they are ready for use in aseptic conditions.
  - 12.3.7.2 This process involves several phases, from collecting and identifying items after use, through waste removal, washing, inspection, and preparation for sterilization, to proper packaging and storage.
    - 12.3.7.2.1 The prior cleaning of the items in the purge areas of the HOSPITAL COMPLEX, in some cases, must be carried out by the FINALISTIC SERVICES team to remove biological, chemical, and other contaminants before being sent for processing at the CSSD.
    - 12.3.7.3 The cleaning process of materials, instruments, EQUIPMENT, and clothes of the HOSPITAL COMPLEX must be carried out manually and/or automatically, using ultrasonic washers or thermo-disinfectors. These EQUIPMENT have the objective of removing stubborn dirt that cannot be removed manually and

performing high-level disinfection with appropriate enzymatic detergents.

- 12.3.7.4 The materials, instruments, EQUIPMENT, and clothes of the HOSPITAL COMPLEX must be washed with specific detergents and appropriate brushes and then disinfected with appropriate solutions. After disinfection, items should be rinsed thoroughly to remove any detergent or disinfectant residue. Subsequently, they must go through the drying process, in ovens or outdoors, as necessary.
- 12.3.7.5 After sterilization, the items must be stored in appropriate conditions, both in the storage area of the CSSD and in other areas of the HOSPITAL COMPLEX, in clean and organized places, avoiding contamination.
- 12.3.7.6 The items must be transported safely to the CSSD, using appropriate containers and carts to prevent breakages or other damage that may impact the subsequent use of the item.
  - 12.3.7.6.1 This transport will be carried out by the CONCESSIONAIRE's TRANSPORTATION AGENTS, who will respond to calls for the transport of these items through the Transport Center. The same care and process must occur in the removal of clean and sterile material from the CSSD for delivery to the HOSPITAL COMPLEX.
- 12.3.8 LACEN
  - 12.3.9 The CSSD shall be responsible for the cleaning, disinfection, sterilization and storage of all glassware, materials and clothing concerning LACEN, ensuring that they are ready for use in fully aseptic conditions.
  - 12.3.10 This process involves several phases, from collecting and identifying items after use, through waste removal, washing, inspection, and preparation for sterilization, to proper packaging and storage.
    - 12.3.10.1 The prior cleaning of the items in the purge areas of the laboratories, in some cases, must be carried out by the FINALISTIC SERVICES team for the removal of biological, chemical, and other contaminants before being sent for processing at the CSSD.
  - 12.3.11 The cleaning process of LACEN's glassware, materials and clothes must be carried out manually and/or automatically, using ultrasonic washers or thermo-disinfectors. These EQUIPMENT have the objective of removing stubborn dirt that cannot be removed manually and performing high-level disinfection with appropriate enzymatic detergents.
  - 12.3.12 LACEN's glassware, materials and clothing must be washed with specific detergents and appropriate brushes and then disinfected with appropriate solutions. After disinfection, items should be rinsed thoroughly to remove any detergent or disinfectant residue. Subsequently, they must go through the drying process, in ovens or outdoors, as necessary.
  - 12.3.13 After sterilization, the items must be stored in appropriate conditions, both in the storage area of the CSSD and in other areas of LACEN, in clean and organized places, avoiding contamination.
  - 12.3.14 The materials must be transported safely to the CSSD, using appropriate containers and carts to prevent breakages or other damage that may impact the subsequent use of the item.
    - 12.3.14.1 This transport will be carried out by the CONCESSIONAIRE's TRANSPORTATION AGENTS, who will respond to calls for the transport of these items through the Transport Center. The same care and process must occur in the removal of the clean and sterile item from the CSSD for delivery to LACEN.

#### 12.4 Orthoses, Prostheses and Special Materials (OPME)

- 12.4.1 Orthoses, Prostheses and Special Materials (OPME) that require sterilization must be sent to the CSSD, accompanied by the registration of pertinent information before their respective submission, according to current legislation, including:
- 12.4.1.1 Material Name: Full name and description of OPME.
  - 12.4.1.2 Code or Serial Number: Unique identification for tracking.
  - 12.4.1.3 Manufacturer: Name and contact information of the manufacturer.
  - 12.4.1.4 Exact Quantity: Number of screws and plates in each box, for example.
  - 12.4.1.5 Technical Specifications: Material information (e.g., titanium, stainless steel) and any relevant technical specifications.
  - 12.4.1.6 Usage History: Information about whether items are new or reprocessed.
  - 12.4.1.7 Last Use Date: Date the items were last used, if applicable.
  - 12.4.1.8 Physical Condition: Report on the condition of the items, including checking for damage, malfunction or wear and tear.
  - 12.4.1.9 Pre-Cleaning: Confirmation that items have been cleaned properly prior to delivery.
  - 12.4.1.10 Sterilization Recommendations: Procedures recommended by the manufacturer for proper sterilization of items.
  - 12.4.1.11 Sterilization Restrictions: Any method of sterilization that should not be used.
  - 12.4.1.12 Transport Record: Documentation that certifies the safe and proper transport of items to the CSSD.
  - 12.4.1.13 Traceability: Information that allows the material to be traced from receipt to sterilization and subsequent use.
  - 12.4.1.14 Authorization: Documentation that authorizes the reprocessing of the items, including signatures of those responsible.
- 12.4.2 Traceability indicators, including product identification, manufacturer or importer identification, unique code for the product or component, batch and manufacturing number, product registration number with ANVISA, manufacturing and sterilization dates, expiration date of the product after sterilization, sterilization method and name of the person responsible for sterilization, must be attached to the package.
- 12.4.3 The OPME dispensation will occur at the time of the procedure, and they must be sent to the operating room according to the information provided by the OPME supplier.
- 12.4.3.1 The name of the health professional responsible for the surgical procedure and the number of the operating room for which the items are intended must be included, in addition to being duly dispensed to the professional responsible for the room. The registration of this dispensation must occur in the HOSPITAL INFORMATION SYSTEM.
- 12.4.4 The dispensing process must ensure the traceability of the OPME, as provided for in article 4, item XIX, of the Resolution of the Collegiate Board of Directors (RDC) No. 2, of January 25, 2010.

## 12.5 INFRASTRUCTURE

- 12.5.1 The CSSD infrastructure to be implemented and operated, in its entirety, by the CONCESSIONAIRE, shall be composed of the following areas and activities, in accordance with current legislation:
- 12.5.2 Receiving and cleaning area ("dirty area"): The receiving and cleaning area is intended for receiving and washing the items sent by the various units of the HOSPITAL COMPLEX and LACEN.
- 12.5.2.1 The main activities that will take place in this area are:
- 12.5.2.1.1 Receive, check, and register in an automated way the quantity and type of the item received;
- 12.5.2.1.2 Disinfect and separate items;
- 12.5.2.1.3 Check the state of conservation of the item;
- 12.5.2.1.4 Proceed to clean the item;
- 12.5.2.1.5 Forward the item to the preparation and sterilization area ("clean area").
- 12.5.2.2 The cleaning process must be carried out manually or automatically, the latter using ultrasonic washers or thermo-disinfectors. Automated cleaning by EQUIPMENT aims to remove stubborn dirt that cannot be removed manually and to carry out high-level disinfection with appropriate enzymatic detergents.
- 12.5.2.3 LACEN's glassware must be washed with specific detergents and appropriate brushes and then disinfected with appropriate solutions. After disinfection, the glassware is rinsed with purified water abundantly to remove any detergent or disinfectant residue. Subsequently, they go through the drying process as needed.
- 12.5.3 Preparation and Sterilization Area ("clean area")
- 12.5.3.1 After cleaning and disinfection, the preparation of the item begins. Once prepared, the item will go to the packaging with the appropriate materials, where the trays and kits are assembled. Items must be packaged and labeled with supplies suitable for sterilization.
- 12.5.3.2 Respiratory materials, before being packaged, must go through the EQUIPMENT that performs the drying of these same materials, to ensure that they are completely dry before packaging and sterilization, when applicable.
- 12.5.3.3 Glassware should be visually inspected to ensure that it is clean and undamaged. They should then be packaged and, if necessary, sterilized.
- 12.5.3.4 After processing in the laundry, private clothes from critical areas (e.g., operating room, surgical day hospital, NB-3, etc.) will be sterilized at the CSSD.
- 12.5.3.5 Sterilization equipment should be installed, such as saturated steam autoclaves, hydrogen peroxide plasma, and low-temperature gaseous formaldehyde steam.
- 12.5.3.6 This EQUIPMENT must be calibrated and qualified for the types of products that will be sterilized by the HOSPITAL COMPLEX and LACEN, such as materials, instruments, glassware, EQUIPMENT, and clothing.
- 12.5.4 For the Endoscopy Service of the HOSPITAL COMPLEX, the chemical disinfection room will be located next

to the Therapeutic Diagnostic Support Service – “SADT”:

- 12.5.4.1 In this room, dedicated exclusively to the endoscopy area, specific activities are carried out for the disinfection of endoscopes and other heat-sensitive instruments, using appropriate chemical agents.
- 12.5.4.2 Key activities include:
  - 12.5.4.2.1 Reception and checking of endoscopes and instruments to be disinfected;
  - 12.5.4.2.2 Prior cleaning of instruments to remove organic and inorganic residues;
  - 12.5.4.2.3 Preparation and application of high-level chemical disinfectant solutions, following strict protocols;
  - 12.5.4.2.4 Monitoring of the exposure time and concentration of disinfectant solutions to ensure the effectiveness of the process;
  - 12.5.4.2.5 Rinsing and drying of endoscopes and instruments after chemical disinfection;
  - 12.5.4.2.6 Final inspection of endoscopes and instruments to verify integrity and cleanliness;
  - 12.5.4.2.7 Adequate storage of endoscopes and flexible instruments and optical cameras;
  - 12.5.4.2.8 Detailed record of all procedures performed, including the results of the quality control tests that must be carried out by the CONCESSIONAIRE.
- 12.5.4.3 Aligned flows and procedures must be maintained between the FINALISTIC SERVICES team and the CONCESSIONAIRE team responsible for the operation of the CSSD, which must follow the guidelines contained in the Work Plan and in the SOPs defined for the CSSD, so that in cases of use of endoscopes in PATIENTS in the containment area (highly contagious diseases), these endoscopes should be properly sent to the CSSD for sterilization with hydrogen peroxide gas plasma.
- 12.5.5 Sterilization process monitoring area
  - 12.5.5.1 The monitoring area will be dedicated to conducting quality control tests to ensure the effectiveness of sterilization processes.
  - 12.5.5.2 In this area, specific activities will be carried out to ensure that all sterilized items meet the required safety and quality standards. Key activities include:
    - 12.5.5.2.1 Preparation and placement of biological indicators next to the items to be sterilized;
    - 12.5.5.2.2 Operation of specific ovens for the incubation of biological indicators, monitoring the temperature and time conditions necessary for the test;
    - 12.5.5.2.3 Analysis of the results of biological indicators to verify the complete elimination of microorganisms;
    - 12.5.5.2.4 Detailed record of the results of the quality control tests to be carried out by the CONCESSIONAIRE, including dates, times and those responsible for monitoring;
    - 12.5.5.2.5 Implementation of immediate corrective actions in case of failures in sterilization processes;
    - 12.5.5.2.6 Maintenance of historical records for audits and compliance with current rules and regulations.
  - 12.5.5.3 The sterilization process monitoring area is essential to ensure the safety of PATIENTS, ensuring that all materials used in procedures and analyses are properly sterilized and free of contamination.

- 12.5.5.4 In this area, all tests to be carried out in the sterilization processes will be monitored and recorded. Different tests will be carried out, and biological and chemical indicators will have different uses in the sterilization and monitoring process.
- 12.5.5.5 Monitoring with chemical indicators should be carried out daily, ensuring that each cycle reaches the necessary conditions for effective sterilization. Monitoring with biological indicators, which use highly resistant spores to validate the process, should be done at least weekly.
- 12.5.5.6 Physical monitoring, which includes the verification of parameters such as temperature, pressure, and time, must be performed in all sterilization cycles, using the EQUIPMENT's own devices. These procedures will ensure that all steps of the process are correctly followed, ensuring the safety and effectiveness of the sterilization of the items.
- 12.5.5.7 When there are failures in sterilization tests, specific procedures must be followed to ensure the safety of the items and the PATIENTS.
- 12.5.5.8 In the case of physical indicators, if there are flaws in the visual check, such as the presence of visible residues or damage to the items, these should be immediately cleaned and inspected again. If the failure persists, the items must be separated, analyzed and, if any malfunction is identified, they must be discarded correctly and the action recorded in the system.
- 12.5.5.9 If there are problems with the integrity of the packages, the items must be repackaged and subjected to the sterilization process again.
- 12.5.5.10 For chemical indicators, if the temperature and time indicators do not change color as expected, the sterilization cycle should be repeated to ensure the effectiveness of the process.
- 12.5.5.11 In the case of the Bowie-Dick test, used in autoclaves to verify the efficiency of air removal and steam penetration, a failure indicates that the autoclave will need to be reviewed and calibrated before being reused, ensuring the correct penetration of the steam.
- 12.5.5.12 For biological indicators, resistant spores should be used to validate sterilization. If there is growth of the spores after incubation, the sterilization cycle was ineffective. In this case, all items processed since the last negative biological test will need to be restyled to ensure safety. When the biological challenge test fails, you should investigate the cause of the failure, which may be a problem in the EQUIPMENT or packaging technique and repeat the sterilization cycle.
- 12.5.5.13 In monitoring the parameters of the sterilization cycle, any indication that the parameters have not been met, such as temperature, pressure, or inappropriate timings, should require the interruption of the cycle for review. The cause must be identified and corrected before resuming the sterilization process.
- 12.5.5.14 Detailed records of data from each cycle should be kept identifying failure patterns and implement continuous improvements. These procedures are essential to ensure that any flaws in the sterilization process are quickly identified and corrected, while maintaining the safety and effectiveness of the sterilized items.
- 12.5.6 Storage and distribution room for sterile items
- 12.5.6.1 This area shall be clean, dry, well-ventilated, and free of dust, and shall be designed in such a way as to allow for proper rotation of the stock, i.e., first-in, first-out.

- 12.5.6.2 The items should be grouped according to the type and date of sterilization, in such a way as to allow easy identification of the contents and date of sterilization. The ideal temperature for storing sterilized items is between 18 (eighteen) and 23 (twenty-three) degrees Celsius, while the ideal relative humidity is 30% (thirty percent) to 60% (sixty percent).
- 12.5.6.3 The products must be stored on specific shelves or cabinets and must regularly check the integrity of the packaging and expiration date of the sterilized items. Any damaged or opened packaging, or material that has exceeded its expiration date, must be discarded.
- 12.5.6.4 Smart cabinets should be implemented in the premises of the surgical center of the HOSPITAL COMPLEX to store sterile materials and instruments that will be used in scheduled surgeries, allowing the local team to remove them. The replacement of materials in these cabinets will be the responsibility of the CONCESSIONAIRE.
- 12.5.6.5 For LACEN, the materials and glassware will be delivered according to the request or established routine and stored in the laboratory itself for use on site, and the surplus stock or glassware will be stored in the CSSD itself.
- 12.5.6.6 The CONCESSIONAIRE's CSSD team must coordinate with the Transportation Center to define the delivery schedules and priorities for the HOSPITAL COMPLEX and LACEN.
- 12.5.6.7 Materials and glassware must be loaded on appropriate carts, following all safety and hygiene standards to preserve sterilization. Upon arrival at the destination, the materials must be unloaded and delivered directly to the requesting sectors, with confirmation of receipt and checking of conditions. Delivery records must be updated in the system to maintain inventory control and traceability of all materials distributed.
- 12.5.7 Replacement of materials damaged during the operation of the CSSD
  - 12.5.7.1 The criteria for the exchange of items damaged during their processing at the CSSD must be defined in the Work Plan to be prepared by the CONCESSIONAIRE, with the approval of the GRANTING AUTHORITY, considering factors such as the presence of corrosion, impairment of functionality, dirt that is difficult to remove or loss of integrity of the instrument.
  - 12.5.7.2 The CONCESSIONAIRE will be responsible for the replacement of EQUIPMENT, instruments, glassware, clothing, and materials damaged during the operation of the CSSD by teams under its responsibility in the provision of the SERVICES.
  - 12.5.7.3 The GRANTING AUTHORITY will be responsible for the replacement of EQUIPMENT, instruments, clothing, glassware, and materials damaged during use by teams under its responsibility in the provision of FINALISTIC SERVICES. In these cases, the replacement of the items may be carried out by the CONCESSIONAIRE, when requested by the GRANTING AUTHORITY, in a specific request that considers the need for replacement and in what quantity, and this request must be dealt with in the context of economic and financial rebalancing, under the terms of the CONTRACT.

## 12.6 OPERATION

- 12.6.1 The CONCESSIONAIRE shall ensure that the items processed in the CSSD are available for use in the HOSPITAL COMPLEX, 24 (twenty-four) hours a day, 7 (seven) days a week. For LACEN, it must be available

according to the unit's opening hours, scheduled for 12 (twelve) hours a day from Monday to Friday.

- 12.6.2 At the discretion of the CONCESSIONAIRE, the hours of operation may vary, ensuring the availability of the items processed at the CSSD.

## 12.7 SIZING

- 12.7.1 The CONCESSIONAIRE shall size its team, considering the quantities of items to be processed in the CSSD, based on the scope provided for in this ANNEX, to meet the demands of the HOSPITAL COMPLEX and LACEN.
- 12.7.2 To estimate the reference production of the MSC, the dimensioning should predominantly consider the preparation and sterilization of surgical instruments, in addition to respiratory materials, instrument kits, OPME and other materials and EQUIPMENT necessary for various final areas of the HOSPITAL COMPLEX, in addition to glassware and other materials for the LACEN PLATFORMS.
- 12.7.2.1 The Work Plan of this SERVICE must include:
- 12.7.2.1.1 Minimum stock of surgical instruments, respiratory materials, instrument kits, OPME, clothing and other materials for the HOSPITAL COMPLEX, to be acquired by the GRANTING AUTHORITY;
- 12.7.2.1.2 Minimum stock of glassware, clothing, and other materials for LACEN, to be acquired by the CONCESSIONAIRE.
- 12.7.3 The CONCESSIONAIRE's personnel sizing shall be based on COFEN Resolution No. 743/2024, or another that may replace it, considering all activities carried out at the CSSD, as well as the times for its execution.
- 12.7.4 For LACEN, CSSD's production will be mostly focused on glassware and other materials, as listed below, which is not exhaustive:
- 12.7.4.1 Pipe of various sizes, such as 10 x 75, 13 x 100, 13 x 130, 15 x 95, 15 x 200, 16 x 160, 18 x 180, 20 x 200, 20 x 220, 25 x 150, Falcon 50 (fifty) milliliters;
- 12.7.4.2 Pipette of various volumes, such as 1 (one), 2 (two), 5 (five), 10 (ten), 20 (twenty) and 25 (twenty-five) milliliters;
- 12.7.4.3 Schott flask of various volumes, such as 160 (one hundred and sixty), 250 (two hundred and fifty), 500 (five hundred) and 1,000 (one thousand) milliliters;
- 12.7.4.4 pH vial of various volumes, such as 8 (eight), 10 (ten), 15 (fifteen), 20 (twenty) and 30 (thirty) milliliters;
- 12.7.4.5 Cylinder of various volumes, such as 50 (fifty), 100 (one hundred), 250 (two hundred and fifty) and 500 (five hundred) milliliters;
- 12.7.4.6 Bottle, package and box of various types, such as 250 (two hundred and fifty) milliliters (food), 500 (five hundred) milliliters (food), 1,000 (one thousand) milliliters (amber), with microtubes, with tips, with blade, with gauze;
- 12.7.4.7 Marriott bottle of various volumes, such as 1,000 (one thousand) and 2,000 (two thousand) milliliters;
- 12.7.4.8 Instruments of various types, such as silicone hose, knife, spoon, tweezers, scissors, claw, wire mesh, spatula, degree + pistil, filter cup, bacteriological opener, sieve;
- 12.7.4.9 Textile of various types, such as overalls, cotton cloth, gauze wicks, boots, uniform kit, disposable cap, disposable mask, disposable foot protector, disposable lab coat.

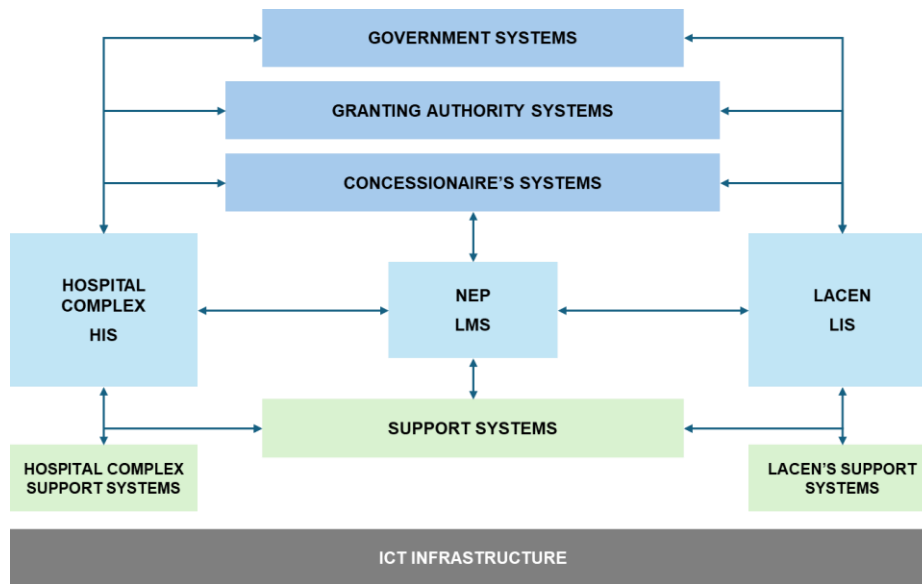
- 12.7.5 On a referential basis, it is estimated that the CSSD of the HOSPITAL COMPLEX and LACEN should be composed of 1 (one) nursing coordinator, 8 (eight) nurses, 29 (twenty-nine) nursing technicians and 5 (five) transport technicians, according to the guidelines of COFEN Resolution, No. 743 of March 12, 2024.
- 12.7.6 The CONCESSIONAIRE shall appoint the technical person responsible for the CSSD in accordance with the legislation, and this shall be duly registered with the council of the active category.

**13 INFORMATION AND COMMUNICATION TECHNOLOGY**

**13.1 DEFINITION**

- 13.1.1 Information and Communication Technology (ICT) comprises the set of technological and computational resources used to process, store and transmit information.
- 13.1.2 The systems of the HOSPITAL COMPLEX and LACEN must be compatible with the HL7 (*Health Level Seven*) protocol, which is a set of international standards for the representation and transfer of clinical and administrative data between health information systems.
- 13.1.3 The systems must preferably be stored in the *Data Center* installed in the HOPE HEALTH COMPLEX, apart from systems contracted in the "Software as a Service" (SaaS) modality, which will be allowed in this scope in a *cloud/cloud* system.
- 13.1.4 The integrated ICT architecture proposed for the HOPE HEALTH COMPLEX is presented, illustratively, in the following diagram:

*Figure 1 - ICT Architecture Diagram*



- 13.1.5 The CONCESSIONAIRE will be responsible for the acquisition, implementation and availability (through the acquisition of items and/or other means), installation, operation and maintenance of the ICT environment in the HOPE HEALTH COMPLEX considering the *Data Center* Infrastructure, the Network Infrastructure, the ICT EQUIPMENT (computers, mobile devices, among others) and the Main and Support

Systems, except for the LABORATORY INFORMATION SYSTEM (LIS) and the HOSPITAL INFORMATION SYSTEM, the latter under the responsibility of the GRANTING AUTHORITY.

- 13.1.5.1 In any situation, the availability of these items in the ICT environment must safeguard the need to revert such assets at the end of the CONCESSION.
- 13.1.6 For the structuring of the ICT environment, an Information and Communication Technology (ICT) Plan will be prepared by the CONCESSIONAIRE and validated by the GRANTING AUTHORITY, addressing in detail all the dimensions that involve the perfect functioning of the service and the area, with emphasis on the integrations between the Systems of the HOPE HEALTH COMPLEX, with the GOVERNMENT SYSTEMS, the GRANTING AUTHORITY's Systems and the systems adopted by the CONCESSIONAIRE.
- 13.1.7 In this context, it is worth noting that data management will be shared, and the CONCESSIONAIRE is responsible for making available, complete, collecting, ensuring interoperability, organization and security of the data generated and stored in an appropriate environment, considering facilities, cabling, ICT EQUIPMENT and systems; and the GRANTING AUTHORITY, the responsibility to periodically validate and audit the integrity of the data generated and stored in the HOPE HEALTH COMPLEX.
- 13.1.8 HOSPITAL COMPLEX
- 13.1.8.1 The HOSPITAL COMPLEX will have the HOSPITAL INFORMATION SYSTEM (HIS) as the central point of the technologies aimed at the FINALISTIC SERVICES. The modules already acquired by the GRANTING AUTHORITY (Tasy® Management System) will be mandatorily used and used, and the CONCESSIONAIRE will be responsible for the acquisition, implementation and availability of other complementary modules, as well as promoting or acquiring the integrations necessary for the complete operation of the Management System, as indicated in this ANNEX.
- 13.1.8.2 All modules and integrations to be acquired or implemented by the CONCESSIONAIRE must be described in the ICT Plan, considering the specificities, functionalities, implementation schedule, to be reviewed and approved by the GRANTING AUTHORITY.
- 13.1.8.3 HIS allows the complete monitoring of the patient's journey, from registration, through consultations, exams, treatment, and clinical outcome. Each patient will have a unique record that enables them to use all the services of the HOSPITAL COMPLEX, regardless of the specialty in which they will be treated, enabling the monitoring and registration of their clinical history within the HOSPITAL COMPLEX.
- 13.1.8.4 At the receptions and/or outpatient waiting areas, self-service totems must be installed by the CONCESSIONAIRE for the purpose of *check-in* at the different services scheduled for the PATIENT.
- 13.1.8.5 The hybrid offices distributed in the HOSPITAL COMPLEX must be equipped with an ICT structure to enable teleconsultations and inter teleconsultations.
- 13.1.8.6 Imaging exams will be carried out in the HOSPITAL COMPLEX, and these will have their electronic file and information registered in the PACS (*Picture Archiving and Communication System*), which is the responsibility and to be acquired, implemented and made available by the CONCESSIONAIRE.
- 13.1.8.7 The CONCESSIONAIRE shall acquire, implement and make available the necessary integrations with the GRANTING AUTHORITY's systems and with the GOVERNMENT SYSTEMS, especially with the systems that allow user access via the website (mg.gov.br) and/or MGApp for the provision of agendas, preparations, test results, among other functionalities, in addition to integrations with Connect SUS (My SUS Digital)

and SUS Fácil-MG.

### 13.1.9 LACEN

- 13.1.9.1 LACEN will have the LABORATORY INFORMATION SYSTEM (LIS) as the central point of the technologies aimed at the FINALISTIC SERVICES of its competence.
- 13.1.9.2 The LABORATORY INFORMATION SYSTEM (LIS) is a comprehensive system designed to manage all laboratory activities, from the registration of samples to the issuance of results and reports. Its functionalities include registration of information about samples, automated workflow management, integration with LABORATORY EQUIPMENT, quality control, issuance of management reports and statistical analysis, real-time monitoring of production, in addition to a system of notifications and alerts.
- 13.1.9.3 The LABORATORY INFORMATION SYSTEM (LIS) must meet the needs of the PLATFORMS of the Division of Epidemiology and Disease Control (DECD) of LACEN, ensuring the issuance of results and the preparation of reports of the exams and analyses performed, in accordance with the current legislation applicable to LACEN.
- 13.1.9.4 For the activities of the PLATFORM of the Sanitary and Environmental Surveillance Division (DIVISA) of LACEN, it will be necessary to issue a report on the analysis of products and the current sanitary legislation. These functionalities essential to DIVISA can be integrated into the LIS or be acquired in another specific system (LIMS - *Laboratory Information Management System*), and it is the responsibility of the GRANTING AUTHORITY to acquire and specify the System(s), in any of the situations. The CONCESSIONAIRE will be responsible for the implementation and support in the operation.
- 13.1.9.5 The samples, identified at the origin by standardized labels, when received at LACEN, may be checked by the GRANTING AUTHORITY team. For this checking process, radio frequency identification (RFID) technology or similar technology will be used, so that it is possible to track the samples throughout the processing, indicating, in an automated way, the entries and exits in the different areas of LACEN.
- 13.1.9.6 The CONCESSIONAIRE shall ensure that, in cases where necessary, LACEN's LABORATORY EQUIPMENT is properly integrated with the LABORATORY INFORMATION SYSTEM (LIS).
- 13.1.9.6.1 This integration must be carried out using the same sample number, with the realization of records and results or reports, through the LABORATORY INFORMATION SYSTEM (LIS), so that the analyst can proceed with the release directly in the PLATFORM interface itself.

### 13.1.10 EDUCATION AND CLINICAL RESEARCH CENTER (NEP) AND AUDITORIUM

- 13.1.10.1 The management of education and clinical research activities will be the responsibility of the GRANTING AUTHORITY, so that the CONCESSIONAIRE will only act by providing support in the development of these activities, from the perspective of offering infrastructure, ICT EQUIPMENT and SERVICES.
- 13.1.10.2 The CONCESSIONAIRE shall implement the systems described in this ANNEX, including the Learning Management System (LMS), with the objective of allowing the GRANTING AUTHORITY to manage Teaching and Research activities, such as, in a non-exhaustive list: i) the registration and monitoring of planned training, allowing the application of activities and tests; ii) the management of attendance in the courses and the presence in virtual or face-to-face classes of all enrollees; iii) Conducting

consultations in a database containing PATIENTS' information (such as previous exams, future prescriptions, clinical data, medication checks at the bedside) by the FINALISTIC SERVICES team.

- 13.1.10.3 For the auditorium area of the HOPE HEALTH COMPLEX, under the responsibility of the CONCESSIONAIRE, a control room equipped with audio and video equipment must be implemented and made available by the CONCESSIONAIRE, in addition to simultaneous translation rooms.

## **13.2 INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) PLANS**

- 13.2.1 The CONCESSIONAIRE shall prepare a Work Plan (ICT Work Plan) containing the mapping and detailing of the components associated with ICT under its responsibility, such as: i) Infrastructure; ii) Information Security; iii) Internal and external communication channels (website, telephone channel, patient portal and intranet); iv) Systems of the GRANTING AUTHORITY; v) GOVERNMENTAL SYSTEMS; vi) CONCESSIONAIRE Systems; vii) Care systems, such as the HOSPITAL INFORMATION SYSTEM, LABORATORY INFORMATION SYSTEM (LIS), RIS, PACS, among others; viii) Support systems, such as Radio Frequency Traceability Systems (RFID) or similar technology, Bed Management System, Building Management System, among others; ix) Storage System, backup with sizing and secure storage of data, among others.
- 13.2.2 The integrations between the systems, the security mechanisms (access control, redundancies, backups, and others), must be detailed in the ICT Plan and approved by the GRANTING AUTHORITY.
- 13.2.3 The CONCESSIONAIRE shall ensure the interoperability of goods, data and technology solutions with the various services and infrastructure in use at the HOPE HEALTH COMPLEX.
- 13.2.4 The ICT Work Plan should include the following components:
- 13.2.4.1 ICT Infrastructure Plan;
  - 13.2.4.2 ICT Contingency Plan;
  - 13.2.4.3 Data Governance Plan;
  - 13.2.4.4 Systems Plan for the HOSPITAL COMPLEX;
  - 13.2.4.5 Systems Plan for LACEN;
  - 13.2.4.6 Systems Plan for the Education and Clinical Research Center (NEP);
  - 13.2.4.7 Training Plan for system operation;
  - 13.2.4.8 Call Management Plan.
- 13.2.5 The ICT Work Plans, related to the Systems, must contain the details of the systems specific to the HOSPITAL COMPLEX, LACEN and NEP, as well as the support systems, such as Radio Frequency Traceability Systems (RFID) or similar technology, Bed Management System, Building Management System, among others, addressing the functionalities of each system. It must also be specified and detailed how integrations between systems, security and privacy policies, and security mechanisms (access control, redundancies, backups, and others) will occur.
- 13.2.6 ICT INFRASTRUCTURE PLAN
- 13.2.6.1 The ICT Infrastructure Plan must include a structured cabling architecture for network distribution

throughout the HOPE HEALTH COMPLEX, in accordance with national standards (such as ABNT NBR 14565) and international standards, considering Cables (such as ISO/IEC 11801 and TIA/EIA 568). This architecture should include the use of network cables in the Cat6a or Cat7 standards, preferably shielded, to ensure (STP or S/FTP), and connection via optical fiber to interconnect critical areas. ICT EQUIPMENT such as racks, *Patch Panels*, compatible RJ-45 connectors, trays, and horizontal and vertical cable organizers must also be provided, in addition to telecommunications sockets.

13.2.6.2 The ICT Infrastructure Plan must explain the useful life of each type of ICT EQUIPMENT installed, as well as the replacement planning of the same, considering the availability of replacement parts in the market.

13.2.6.3 The infrastructure must have network segmentation by VLANs, using core, distribution, and access switches to support the sub-networks of the complex. Additionally, the plan should cover environments such as technical rooms, data centers, administrative areas, clinical and hospital sectors, considering connectivity redundancy, interference protection, electromagnetic and cabling identification systems, for future maintenance and expansions. All critical and non-critical environments in the complex must be considered for connection in order to ensure full connectivity. The project should also provide for redundancy measures and protection against electromagnetic interference, optical cabling for interconnection between *core* and distribution equipment, in addition to the use of cabling identification and documentation systems to facilitate future maintenance and expansions.

### 13.2.7 ICT CONTINGENCY PLAN

13.2.7.1 The CONCESSIONAIRE shall develop and apply the ICT Contingency Plan, with the objective of ensuring the continuity of services in emergency situations, such as system failures, cyberattacks, or other unexpected interruptions. The following aspects should be considered in the preparation of the ICT Contingency Plan:

13.2.7.1.1 Identification of Critical Systems: Identify and classify all ICT systems and resources according to their criticality to the functioning of the HOPE HEALTH COMPLEX.

13.2.7.1.2 Data *Backup* and Recovery Plans, which define and implement *backup* policies for data and systems, including *automated daily backups, secure cloud storage, and off-site storage*:

13.2.7.1.2.1 Have and implement a backup policy for the information and *log* records of ICT solutions, in accordance with the applicable legal provisions, to be approved by the GRANTING AUTHORITY;

13.2.7.1.2.2 Ensure the maintenance of backup copies of all software components of the systems, their databases and associated documentation, observing the technique, the care required for each case, so that it is possible to fully recover versions of the systems and data safeguarded, in case of failure or at the request of the GRANTING AUTHORITY;

13.2.7.1.2.3 Keep *backups* in a separate location from the original data;

13.2.7.1.2.4 Perform *automated backups*.

13.2.7.1.3 Disaster *Recovery*:

13.2.7.1.3.1 Develop and implement comprehensive disaster recovery policies, containing clear guidelines for resilience actions. These policies must ensure the protection and operational continuity of the critical environments and systems indispensable to the operation of the HOPE HEALTH COMPLEX.

13.2.7.1.4 Proactive Monitoring and Alerting:

13.2.7.1.4.1 Have continuous network and server monitoring systems, with real-time alerts, for the ICT team about failures, connection failures or intrusions;

13.2.7.1.4.2 Periodically perform vulnerability analysis in the ICT architecture, to detect technical vulnerabilities and execute measures for their remediation or containment. In addition, there needs to be a documented process for vulnerability management in the ICT solutions used.

13.2.7.1.5 Cybersecurity Plans:

13.2.7.1.5.1 Establish measures to protect against cyberattacks, such as *robust firewalls, antivirus, strict access controls, data encryption, and security incident response protocols*;

13.2.7.1.5.2 Adopt measures to ensure the availability, integrity, confidentiality, privacy, and authenticity of the information to be processed within the scope of the CONCESSIONAIRE.

13.2.7.1.6 Training and Awareness of Professionals;

13.2.7.1.6.1 Train the ICT teams, the CONCESSIONAIRE's employees and the FINALISTIC SERVICES team in security practices, incident response and how to operate in contingency mode.

13.2.7.1.7 Reporting Procedures in the Event of Disruption:

13.2.7.1.7.1 Develop and maintain a communication plan to alert teams about interruptions and temporary procedures, using emergency communication channels, such as SMS (using the operators' external antenna system, with a cloud trigger server), or radios.

13.2.7.1.8 Regular Tests and Simulations:

13.2.7.1.8.1 Conduct periodic testing of all components of the contingency plan, including data recovery exercises and failure scenario simulations.

13.2.7.1.9 Business Continuity Policies:

13.2.7.1.9.1 Define continuity policies and strategies that align ICT needs with the operational demands of the HOSPITAL COMPLEX, LACEN and NEP.

13.2.7.1.10 Continuous Update of the Contingency Plan:

13.2.7.1.10.1 Keep the plan up to date with technological and operational changes, as well as new security threats.

13.2.8 DATA GOVERNANCE PLAN

13.2.8.1 The CONCESSIONAIRE shall provide for the implementation of a robust data governance structure for the HOPE HEALTH COMPLEX, as detailed in the ICT Work Plan to be prepared by the CONCESSIONAIRE and approved by the GRANTING AUTHORITY. The data governance structure must be integrated and comprehensive, ensuring quality, security, and access for efficient use of data in all operations.

13.2.8.2 The CONCESSIONAIRE is fully responsible for the implementation, maintenance and continuous improvement of data governance, ensuring compliance with the best practices and applicable legislation, such as the General Data Protection Law (LGPD), contemplating the principle of free access to data, considering the patient portal the main form of access to the data generated in the HOPE

HEALTH COMPLEX.

- 13.2.8.3 For data governance, the CONCESSIONAIRE shall implement, in a non-exhaustive manner, the following elements and processes:
- 13.2.8.3.1 Governance Structure:
- 13.2.8.3.1.1 Establishment of a joint Data Governance Committee between the CONCESSIONAIRE and the GRANTING AUTHORITY;
- 13.2.8.3.1.2 Definition of data governance policies, standards, and procedures, considering security and access to databases, in accordance with the current legislation applicable to the HOPE HEALTH COMPLEX;
- 13.2.8.3.1.3 Implementation of a comprehensive business terms glossary and data dictionary;
- 13.2.8.3.1.4 Development and maintenance of a complete data catalog.
- 13.2.8.3.2 Data Engineering and Architecture:
- 13.2.8.3.2.1 Design and implementation of a scalable and flexible data architecture;
- 13.2.8.3.2.2 Establishment of an enterprise data model that covers all systems of the HOPE HEALTH COMPLEX;
- 13.2.8.3.2.3 Implementation of a robust data integration layer;
- 13.2.8.3.2.4 Development of a real-time data architecture to support rapid analysis and decision-making.
- 13.2.8.3.3 Data Modeling and Design:
- 13.2.8.3.3.1 Creation of standardized data models for all systems;
- 13.2.8.3.3.2 Implementation of data model review and approval processes;
- 13.2.8.3.3.3 Establishment of consistent naming standards and modeling conventions;
- 13.2.8.3.3.4 Development of dimensional data models to support analysis and reporting.
- 13.2.8.3.4 Data Storage and Operations:
- 13.2.8.3.4.1 Implementation of a scalable and high-performance data storage solution;
- 13.2.8.3.4.2 Establishment of data retention policies in line with legal and operational requirements;
- 13.2.8.3.4.3 Implementation of robust data backup and recovery solutions;
- 13.2.8.3.4.4 Development of a business continuity and disaster recovery plan for critical data.
- 13.2.8.3.5 Data Security:
- 13.2.8.3.5.1 Implementation of role-based access control (RBAC) for all systems;
- 13.2.8.3.5.2 Establishment of encryption policies for data at rest and in transit;
- 13.2.8.3.5.3 Implementation of data access monitoring and auditing solutions;
- 13.2.8.3.5.4 Development and maintenance of a data security incident response plan;
- 13.2.8.3.5.5 Conducting regular vulnerability assessments and penetration testing.
- 13.2.8.3.6 Data Integration and Interoperability:

- 13.2.8.3.6.1 Implementation of a robust data integration platform;
- 13.2.8.3.6.2 Establishment of interoperability standards (such as *Fast Healthcare Interoperability Resources - HL7 FH IR*) for health data exchange;
- 13.2.8.3.6.3 Development of secure APIs to facilitate integration with external systems;
- 13.2.8.3.6.4 Implementation of Extraction, Transformation and Load (ETL) processes for data consolidation.
- 13.2.8.3.7 Document and Content Management:
  - 13.2.8.3.7.1 Implementation of an enterprise content management (ECM) system;
  - 13.2.8.3.7.2 Establishment of document classification and retention policies;
  - 13.2.8.3.7.3 Implementation of advanced search and document retrieval resources;
  - 13.2.8.3.7.4 Development of automated workflows for document management.
- 13.2.8.3.8 Reference Data and Master Data:
  - 13.2.8.3.8.1 Implementation of a master data management (MDM) system;
  - 13.2.8.3.8.2 Establishment of governance processes for reference data and master data;
  - 13.2.8.3.8.3 Development and maintenance of a central reference data repository;
  - 13.2.8.3.8.4 Implementation of quality controls for master and reference data.
- 13.2.8.3.9 *Data Warehousing e Business Intelligence (BI)*:
  - 13.2.8.3.9.1 Implementation of a modern and scalable data analytics platform, which may include, but is not limited to, *data warehousing*, *data lakes*, or hybrid solutions, as best suited to the specific needs of the HOPE HEALTH COMPLEX;
  - 13.2.8.3.9.2 Development of a comprehensive set of BI dashboards and reports, according to the needs of hospital and laboratory management, ensuring the clear and intuitive visualization of KEY PERFORMANCE INDICATOR (KPI);
  - 13.2.8.3.9.3 Establishment of situation rooms equipped with real-time data visualization technology, allowing the continuous monitoring of critical operation and service metrics, according to the needs of the GRANTING AUTHORITY, with the flow later defined in the Work Plan;
  - 13.2.8.3.9.4 Implementation of predictive and prescriptive analytics capabilities, using *machine learning* and artificial intelligence techniques where applicable, to support data-driven decision-making;
  - 13.2.8.3.9.5 Providing self-service BI tools to end users, allowing authorized professionals to create and customize their own reports and analyses;
  - 13.2.8.3.9.6 Implementation of real-time data analysis solutions to support critical decisions and continuous monitoring of operations;
  - 13.2.8.3.9.7 Ensuring efficient integration with all relevant data sources of the HOPE HEALTH COMPLEX, including clinical, administrative, and operational systems;
  - 13.2.8.3.9.8 Provision of *big data* analytics capabilities to handle large volumes of unstructured data, when required;

- 13.2.8.3.9.9 Implementation of granular access controls and usage auditing to ensure the security and privacy of sensitive data;
- 13.2.8.3.9.10 Establishment of a training program and ongoing support to ensure effective user adoption of BI tools.
- 13.2.8.3.10 Metadata:
  - 13.2.8.3.10.1 Implementation of a centralized metadata repository;
  - 13.2.8.3.10.2 Establishment of processes for collecting and maintaining technical and business metadata;
  - 13.2.8.3.10.3 Development of a metadata catalog accessible to end users;
  - 13.2.8.3.10.4 Implementation of metadata-based data lineage and impact analysis.
- 13.2.8.3.11 Data Quality:
  - 13.2.8.3.11.1 Implementation of profiling and data quality monitoring tools;
  - 13.2.8.3.11.2 Establishment of data quality KPIs and regular measurement processes;
  - 13.2.8.3.11.3 Development of data cleansing and enrichment processes;
  - 13.2.8.3.11.4 Implementation of real-time data quality controls at entry points;
  - 13.2.8.3.11.5 Establishment of a continuous program to improve data quality.
- 13.2.8.4 The CONCESSIONAIRE must present, in the ICT Work Plan, the details of the implementation of each of these elements, including schedule, necessary resources and success metrics.
  - 13.2.8.4.1 The GRANTING AUTHORITY must approve the ICT Work Plan and monitor its execution, ensuring that data governance meets the needs of the HOPE HEALTH COMPLEX.
- 13.2.8.5 The CONCESSIONAIRE shall periodically review the data governance structure, proposing improvements and updates as necessary, always in alignment with the GRANTING AUTHORITY.
- 13.2.9 TRAINING PLAN FOR SYSTEM OPERATION
  - 13.2.9.1 The CONCESSIONAIRE shall provide theoretical and practical training to all employees of the CONCESSIONAIRE, the FINALISTIC SERVICES team, the associated GRANTING AUTHORITY team, in a sufficient workload to train these users.
  - 13.2.9.2 The training should enable the teams of the FINALISTIC SERVICES and the GRANTING AUTHORITY, full access to all the information necessary for the operation of the systems used, in addition to the understanding of the functions contained in them and their respective work routines.
  - 13.2.9.3 The periodicity, date and place for the execution of the training must be presented in the Training Plan for validation by the GRANTING AUTHORITY, with estimated dates during the period of 3 (three) months prior to the start of activities, in line with the operationalization schedule of the HOPE HEALTH COMPLEX, with a maximum period of up to 3 (three) months after the start of activities.
- 13.2.10 CALL MANAGEMENT PLAN

- 13.2.10.1 The Call Management Plan must contain an exhaustive list, with the possible types of calls that may eventually be opened by the CONCESSIONAIRE itself, by the GRANTING AUTHORITY and/or the FINALISTIC SERVICES team, in relation to ICT demands.
- 13.2.10.2 For each call, a classification must be indicated, under the terms of ANNEX 8 – KEY PERFORMANCE STANDARDS, identified at the criticality level of Urgency, High Priority, Medium Priority, Low Priority or Non-Critical.
- 13.2.10.3 The CONCESSIONAIRE shall propose and validate with the GRANTING AUTHORITY the classification criteria of criticality level, creating a catalog of services as a reference aligned with the ISO 9001 Quality Management standards and the good practices of the hospital market, composing the ICT Plan.
- 13.2.10.4 The classification of the calls must follow the level of criticality of the calls, the potential impacts generated and the response time, considering the concepts highlighted below:
  - 13.2.10.4.1 Relevance and Criticality: classify service requests based on their importance and urgency, prioritizing those that have the greatest impact on FINALISTIC SERVICES, patient safety, and SERVICES.
  - 13.2.10.4.2 Potential Impacts: evaluate the possible effects of each service request, considering how the failure or problem may affect the operations of the HOSPITAL COMPLEX or LACEN.
  - 13.2.10.4.3 Response Time (SLA – *Service Level Agreement*): establish adequate response times for each level of criticality, observing the guidelines of this ANNEX and ANNEX 8 – KEY PERFORMANCE STANDARDS.

### 13.3 CURRENT LEGISLATION AND SECURITY LEVELS

- 13.3.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
  - 13.3.1.1 Federal Law No. 13,709, of August 14, 2018 – General Data Protection Law (LGPD) – Provides for the processing of personal data, including in digital media, by an individual or by a legal entity governed by public or private law, with the objective of protecting the fundamental rights of freedom and privacy and the free development of the personality of the natural person;
  - 13.3.1.2 Federal Law No. 14,510, of December 27, 2022 – Provides for the use of telemedicine, amending Law No. 8,080, of September 19, 1990, to authorize and discipline the practice of telehealth throughout the national territory, and Law No. 13,146, of July 6, 2015; and repeals Law No. 13,989, of April 15, 2020.
  - 13.3.1.3 Federal Law No. 13,787, of December 27, 2018 – Provides for the digitization and use of computerized systems for the safekeeping, storage, and handling of patient records.
  - 13.3.1.4 GM/MS Ordinance No. 1,768, of July 30, 2021 – Provides for the National Policy on Health Information and Informatics (PNIIS) – Principles and guidelines for the integration of health information systems in the public and private spheres, seeking to promote innovation and improve governance in the use of information;
  - 13.3.1.5 GM/MS Ordinance No. 1,434, of May 28, 2020 – Provides for the creation of the National Health Data Network (RNDS);
  - 13.3.1.6 CFM Resolution No. 1,821, of July 11, 2007 – Approves the Technical Standards concerning the digitization and use of computerized systems for the storage and handling of documents from patient records,

authorizing the elimination of paper and the exchange of information identified in health;

- 13.3.1.7 CFM Resolution No. 2,107, of December 17, 2014 – Provides for the rules for the practice of Teleradiology in Brazil;
- 13.3.1.8 CFM Resolution No. 2,299, of September 30, 2021 – Regulates, disciplines, and standardizes the issuance of electronic medical documents;
- 13.3.1.9 CFM Resolution No. 2,314, of April 20, 2022 – Defines and regulates Telemedicine, as a form of medical services mediated by communication technologies;
- 13.3.1.10 Homologation by the Brazilian Society of Health Informatics – SBIS;
- 13.3.1.11 Compatibility of systems with *Health Level 7* Messaging Standard;
- 13.3.1.12 HIPAA (*Health Insurance Portability and Accountability Act*) – A set of standards that North American health organizations must comply with to protect information. In Portuguese, it would be translated as Health Insurance Portability and Accountability Law;
- 13.3.1.13 Other ANPD rules regarding data security and privacy;
- 13.3.1.14 ISO/IEC 22.237:2021 – *Data Center Facilities and Infrastructures*: Establishes the fundamental principles that guide the creation of facilities capable of supporting current and future technological demands, serving as a comprehensive guide for data center development, covering everything from initial design to operation and ongoing maintenance;
- 13.3.1.15 ABNT NBR 14.565:2019 – *Structured Cabling for Commercial Buildings*: Establishes technical guidelines for the design, installation, and maintenance of structured cabling systems in commercial, industrial, and other complex applications;
- 13.3.1.16 ABNT NBR 16.665:2019 – *Structured Cabling for Data Center*: Establishes the requirements and guidelines for the implementation of structured cabling in *data centers*;
- 13.3.1.17 ABNT NBR 16.415:2015 – *Paths and spaces for structured cabling*: Defines the requirements and guidelines for the creation of paths and spaces for structured cabling in buildings;
- 13.3.1.18 ABNT NBR 16.869-2:2021 – *Structured Cabling (Part 2)*: Part of a set of standards on structured cabling entitled "Optical Cabling Test", it establishes the requirements and procedures for carrying out tests on optical cabling systems;
- 13.3.1.19 ISO/IEC 11.801:2017 – International standard that establishes the general requirements for Structured Cabling and specification of components for cables and fibers;
- 13.3.1.20 ANSI/TIA/EIA-606 Standard – Standard for the management of telecommunications infrastructure in commercial buildings.
- 13.3.1.21 In addition to the legislation, it is recommended that the CONCESSIONAIRE has the resources, skills, and qualifications equivalent to the certifications:
  - 13.3.1.21.1 *ISACA Certified Security Manager (CISM)*;
  - 13.3.1.21.2 *ISC2 Certified Information System Security Professional (CISSP)*;
  - 13.3.1.21.3 *Internal Auditor ISO/IEC 27001*;
  - 13.3.1.21.4 *Certified in Risk and Information Systems Control (CRISC)*;

13.3.1.21.5 *Certified Data Privacy Solutions Engineer (CDPSE) da ISACA;*

13.3.1.21.6 *Certified Business Continuity Professional (CBCP) da DRII/ITIL/COBIT.*

13.3.1.22 In addition to the items listed, the CONCESSIONAIRE will be responsible for making available all the necessary resources, in a timely manner, for the GRANTING AUTHORITY, or another entity indicated by it, to carry out a continuous activity of auditing the privacy and security of the information related to the object of the CONCESSION.

#### **13.4 SERVICE DESCRIPTION**

##### **13.4.1 INFRASTRUCTURE**

13.4.1.1 The scope of the CONCESSIONAIRE provides for the implementation of a single *Data Center* infrastructure for the HOPE HEALTH COMPLEX, as detailed in the ICT Work Plan to be prepared by the CONCESSIONAIRE and approved by the GRANTING AUTHORITY, and this infrastructure must be integrated, avoiding the creation of distinct units, and including only logical separations, when necessary.

13.4.1.2 All information technology for the HOPE HEALTH COMPLEX must be interconnected, ensuring redundancy between the buildings, in order to ensure continuous access to the Data Center and the internet connection. The CONCESSIONAIRE is fully responsible for maintaining and ensuring the continuity of all information and communication technology (ICT) services.

13.4.1.3 All implementation and operation must follow the good market practices recommended in ITIL v4 and COBIT, national and international standards.

13.4.1.4 Models must be written within the ICT Infrastructure Plan for:

13.4.1.4.1 Availability management;

13.4.1.4.2 Capacity and performance management;

13.4.1.4.3 Change control;

13.4.1.4.4 Business analysis;

13.4.1.4.5 Incident management;

13.4.1.4.6 Asset management;

13.4.1.4.7 Monitoring and management of events;

13.4.1.4.8 Problem management;

13.4.1.4.9 Release management;

13.4.1.4.10 Management of service levels.

13.4.1.5 For the infrastructure, the CONCESSIONAIRE shall install a unified central with all the necessary structure of energy, cooling and ICT EQUIPMENT, which has at least, in a non-exhaustive manner, the following resources listed below, observing the guidelines contained in ANNEX 5 - MINIMUM GUIDELINES FOR PROJECTS AND WORKS regarding the areas to be implemented in the PROJECT:

13.4.1.5.1 *Local Data Center:* designed as a centralized structure of the ICT infrastructure of the HOPE HEALTH COMPLEX, where all critical data and systems will be stored and processed, minimally contemplating:

- 13.4.1.5.1.1 Sufficient Server Racks to accommodate *switches*, servers, *storages*, and other essential ICT EQUIPMENT, with expansion capacity;
- 13.4.1.5.1.2 *UPS* (Uninterruptible Power Supply) *UPS* with sufficient capacity to keep the Data Center equipment running during power outages, until the generators are activated;
- 13.4.1.5.1.3 Circuits connected to power generators to maintain the operation of critical areas, including the *Data Center*, in case of failures in the electricity supply;
- 13.4.1.5.1.4 Redundant and adequately sized Air Conditioning System (HVAC - *Heating, Ventilation, and Air Conditioning*) to support the thermal load generated by the ICT EQUIPMENT, ensuring the ideal temperature;
- 13.4.1.5.1.5 Access Control System using biometrics and RFID or similar technology to ensure physical security and monitoring of those who access the *Data Center area*;
- 13.4.1.5.1.6 Monitoring through CCTV (Closed Circuit Television) Systems, with temperature, humidity, and smoke detection sensors, integrated into the alarm system, to ensure safety and environmental stability;
- 13.4.1.5.1.7 Cabling Management, with the use of trays and cable trays to guide the cables in the *Data Center* and in all other environments of the HOPE HEALTH COMPLEX, bringing organization, facilitating maintenance;
- 13.4.1.5.1.8 Firefighting system with particle detection by the air conditioning system, smoke sensors and fire extinguishers.
- 13.4.1.5.2 Network Equipment Rooms (MDF *Main Distribution Frame*/IDF *Intermediate Distribution Frame*) to house the network equipment distributed by the HOPE HEALTH COMPLEX, ensuring connectivity in all areas and between buildings, and must minimally contemplate the core, distribution, and access equipment:
  - 13.4.1.5.2.1 *Network Core Switch* (*Network Backbone*):
    - i. *Switch* to layer 3 network;
    - ii. Ports with a capacity of 10GbE (*Gigabit Ethernet*) or higher, ensuring high connection speed between the *backbone*, the router, and the distribution equipment;
    - iii. Redundant power supply;
    - iv. Redundant equipment for instant *failover*;
    - v. Simple *Network Management Protocol* (SNMP) support for monitoring;
    - vi. Creation and management of Virtual Local Area Network (VLAN).
  - 13.4.1.5.2.2 *Network Distribution Switch* (*Aggregation and Control*):
    - i. *Switch* to layer 2 network;
    - ii. Ports with 10GbE (*Gigabit Ethernet*) capacity, ensuring high connection speed between core and access equipment;
    - iii. Support for network loop protocols such as *Spanning Tree Protocol* (STP)/*Rapid Spanning Tree Protocol* (RSTP)/*Multiple Spanning Tree Protocol* (MSTP);

- iv. Link aggregation support;
  - v. SNMP support for monitoring;
  - vi. Support for VLANs for segmentation.
- 13.4.1.5.2.3 Network Access Switch (Device Connection):
- i. *Switch* to layer 2 network;
  - ii. Ports with 10GbE (*Gigabit Ethernet*) capacity for connection to distribution equipment and 1GbE ports for connection to devices, ensuring high connection speed between distribution and access/access equipment and devices;
  - iii. Ports supporting PoE/PoE+ technical standards, when necessary, for supported equipment, avoiding source connections to end equipment;
  - iv. SNMP support for monitoring;
  - v. Support for VLANs for segmentation.
- 13.4.1.5.2.4 Network equipment that is not suitable for corporate network or unmanageable equipment, such as *hubs*, routers, or *home switches*, among others, will not be accepted.
- 13.4.1.5.3 Routers for link entry, which may be from the CONCESSIONAIRE or from companies contracted to provide internet access;
- 13.4.1.5.4 *Wireless coverage* for all environments of the HOPE HEALTH COMPLEX, using a wireless network in the latest generation IEEE 802.11 Wi-Fi protocol, focusing on three main points: i) service by mobile devices; ii) connection of USERS; and iii) use of mobile devices by the FINALISTIC SERVICES and SERVICES teams for various purposes.
- 13.4.1.5.5 Workstations: for all environments of the HOPE HEALTH COMPLEX, as provided for in ANNEX 5 - MINIMUM GUIDELINES FOR PROJECTS AND WORKS, the CONCESSIONAIRE must design and have:
- 13.4.1.5.5.1 Workstations with desktop computers (in order to comply with the obligation of technological up-to-dateness, according to the rules of the CONTRACT) and high-resolution monitors, to carry out administrative and care tasks, differentiated from each other by three types of desktop, allocated according to the needs of each activity, considering that access to the different systems must be aligned with the information security policy validated in the ICT Work Plan.
- i. *Basic desktop* with 4-core processor, 8GB of RAM and SSD storage, for use in assistance, support, navigation, e-mail, and PATIENT care systems;
  - ii. *Intermediate desktop* with 8-core processor, 16GB of RAM and SSD-type storage, for management, document preparation, data processing, use of multiple simultaneous applications;
  - iii. *Advanced desktop* with a processor with 12 cores or more, 16GB of RAM, SSD storage and, when necessary, use of an external video card. This *desktop* will be used in research, data analysis, video editing and exam reports (medical image monitor required).
- 13.4.1.5.6 Multifunction printers that must be spread throughout the HOPE HEALTH COMPLEX at strategic points where there are printing demands, for medical and administrative documentation.

- 13.4.1.5.6.1 Label printers that must be installed in the HOSPITAL COMPLEX and LACEN, for the printing of identification of patients, companions, samples, and supplies;
- 13.4.1.5.6.2 Wristband printers for PATIENT identification that must be installed in the HOSPITAL COMPLEX at strategic points, such as hospitalization receptions, nursing stations, among other places.
- 13.4.1.5.7 Self-service totems for issuing tickets and *check-in*, which must be installed at strategic points of the HOPE HEALTH COMPLEX, such as at receptions, for printing access labels and registering samples; and in internal waiting areas, for *checking in* patients for exams and/or consultations.
- 13.4.1.5.8 Consultation/exam rooms, such as offices, must have technological infrastructure to assist in the provision of FINALISTIC SERVICES:
  - 13.4.1.5.8.1 Computers and Medical Monitors, equipment certified for use in health environments, in the case of use for image reporting, ensuring safety and accuracy in data visualization;
  - 13.4.1.5.8.2 Connected Medical Devices, devices such as ECGs (Electrocardiograms), ultrasounds, CT scans, among others, connected to PACS for real-time transmission and storage of critical patient data;
  - 13.4.1.5.8.3 Tablets/Mobile Devices facilitating the access of the medical and multiprofessional team to electronic medical records, at the bedside.
- 13.4.1.5.9 Warehouse, CAF, and other support areas of the SERVICES:
  - 13.4.1.5.9.1 RFID readers, or a solution applicable in the case of the use of similar technology, and devices for real-time traceability of inventory items;
  - 13.4.1.5.9.2 Environmental Sensors for temperature and humidity monitoring;
  - 13.4.1.5.9.3 Smart cabinets for storage and dispensing of inputs, in areas where satellite pharmacies are not covered.
- 13.4.1.5.10 Linen: intelligent cabinets for the control and dispensing of hospital trousseau, private clothes, and uniforms of employees of the HOSPITAL COMPLEX and LACEN. *Hampers* with RFID readers, or applicable solution in the case of the use of similar technology, for return.
- 13.4.1.5.11 RFID coverage (or similar technology): through antennas at strategic points to monitor the internal movement of inventory, in an automated way, control of entries and exits of HOSPITAL MEDICAL EQUIPMENT, LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment, movement of samples and consumption of materials in LACEN.
- 13.4.1.5.12 High-speed infrastructure to meet the needs of NEP activities, with a dedicated internet link for video transmissions and videoconferences.
- 13.4.1.5.13 Individual meeting/training room: in a soundproofed cabin format, with a workstation and video and audio capture infrastructure, to carry out virtual activities at the HOPE HEALTH COMPLEX.
- 13.4.1.5.14 Group meeting/training room: with workstation and video and audio capture infrastructure, to carry out virtual activities in the HOSPITAL COMPLEX, LACEN and NEP.
- 13.4.1.5.15 Realistic Simulation Rooms: located in the NEP, it must have the necessary technology for training with high-performance computers equipped with fast processors, high-capacity RAM memory and advanced graphics cards to support *augmented and virtual reality* software; medical simulation software; online collaboration platform; virtual reality devices (VR glasses, controllers and motion

sensors); audio and video system, including high-resolution cameras and microphones for recording and broadcasting sessions; environmental control system (temperature, lighting and acoustic control); *backup* systems data and cybersecurity; high-fidelity mannequins that simulate human vital functions such as breathing, heartbeat, and drug reactions; and other accessories.

13.4.1.5.16 Real-Time Management Room – Operational Control Center (CCO): environment to be operated by the CONCESSIONAIRE with a resource for centralized monitoring, in real time, of the operation of the HOPE HEALTH COMPLEX, with a *videowall* for real-time exposure of information critical to the operation, such as sensor data, care information, among others.

#### 13.4.2 SOFTWARE

13.4.2.1 The CONCESSIONAIRE will be responsible for the operation of the systems of the HOPE HEALTH COMPLEX, however, aiming at data security and in accordance with the LGPD, the management of the databases of the systems linked to the FINALISTIC SERVICES, including the HOSPITAL INFORMATION SYSTEM, the LABORATORY INFORMATION SYSTEM (LIS), RIS and PACS, will be under the responsibility of the GRANTING AUTHORITY.

13.4.2.2 The CONCESSIONAIRE shall provide the GRANTING AUTHORITY with the manuals (configuration/use) of the new software that will be used after the decentralization process. In this way, the GRANTING AUTHORITY will be able to have an overview of the licenses, configurations, and functionalities of each *software*, among other things, optimize processes and ensure data security.

13.4.2.3 If, at any time, the GRANTING AUTHORITY deems it necessary, the CONCESSIONAIRE shall provide software training at no additional cost.

13.4.2.4 The LABORATORY INFORMATION SYSTEM (LIS) acquired by the GRANTING AUTHORITY in the SaaS (*Software as a Service*) modality, in the implementation of the basic modules, may have its scope expanded to meet the needs of the new LACEN.

13.4.2.5 The HOSPITAL INFORMATION SYSTEM already acquired in the *on-premise modality* by the GRANTING AUTHORITY – Tasy® Management System, containing the quality modules – indicators, documents and RNC, EIS, BSC, electronic medical record, electronic prescription, *home care* (home hospitalization – support for SAD/EMAD registration), pharmacy, nursing, emergency care, surgical center, MSC, SCIH, laboratory, exams, pathological anatomy, hemotherapy, nutrition, support to clinical decision, quality – patient safety, inventory (medicines, hospital medical supplies, health supplies and products), maintenance (MEDICAL-HOSPITAL EQUIPMENT), agendas, reception and hospitalization, authorization management, audit of billed accounts, billing, SUS (complementary billing module), costs, contract administration, visits, warehouse, purchases, assets, maintenance, hygiene, linen, CSSD and SAME – are the responsibility of the GRANTING AUTHORITY, including the management and availability of access (including licenses) to the modules already purchased, facilitating interactions between the manufacturer/supplier and the CONCESSIONAIRE regarding implementation, integrations, updates and maintenance, when necessary.

13.4.2.5.1 The acquisition of additional modules, if necessary, will be the responsibility of the CONCESSIONAIRE.

13.4.2.6 All systems specified in the ICT Systems Work Plan should focus on the automation of tasks, eliminating redundancy of registrations and duplication of information, always valuing the processing and availability of digital data, through portals, websites or platforms, for Intranet or Internet, contributing to

the reduction of physical documents.

- 13.4.2.7 The CONCESSIONAIRE, in the installation of systems and data storage, must use the *on-premise* or SaaS (*Software as a Service*) model, always ensuring the connection and availability of information.
- 13.4.2.8 The CONCESSIONAIRE must have an off-site backup, which ensures the preservation and continuity of the systems and data in case of total unavailability of the Data Center, if the data is stored in this structure.
- 13.4.2.9 A working group shall be created, formed by representatives of the CONCESSIONAIRE and the GRANTING AUTHORITY, dedicated to the establishment of feasible deadlines and measures within the reach of each one, to achieve an effective integration, as feasible, between the *software* under the responsibility of the GRANTING AUTHORITY – HOSPITAL INFORMATION SYSTEM and LABORATORY INFORMATION SYSTEM (LIS) – and others to be implemented by the CONCESSIONAIRE and the other government systems pre-existing services, also under the responsibility of the GRANTING AUTHORITY, such as:
  - 13.4.2.9.1 Connect SUS;
  - 13.4.2.9.2 SUS Easy MG;
  - 13.4.2.9.3 MGApp;
  - 13.4.2.9.4 Teaching Hospitals Evaluation System (SAHE);
  - 13.4.2.9.5 Secretariat of Health Care (SAS) – indicators of the National Neonatal Screening Program;
  - 13.4.2.9.6 Authorization System for High Complexity Procedures (APAC);
  - 13.4.2.9.7 Cervical Cancer Information System (SISCOLO);
  - 13.4.2.9.8 Breast Cancer Control Information System (SISMAMA);
  - 13.4.2.9.9 SUS Register System (CADSUS);
  - 13.4.2.9.10 National Registry System of Health Establishments (CNES);
  - 13.4.2.9.11 Women's Cancer System (SISCAM);
  - 13.4.2.9.12 Laboratory Tests Control System of the National Network of CD4+/CD8+ Lymphocyte Count and Viral Load (SISCEL);
  - 13.4.2.9.13 Notifiable Diseases Information System (SINAN/SINANet);
  - 13.4.2.9.14 Epidemiological Surveillance Information System (SIVEP);
  - 13.4.2.9.15 Information System of Reference Centers for Immunobiologicals (SICRIE);
  - 13.4.2.9.16 Tuberculosis Patient Control System (TB-Web);
  - 13.4.2.9.17 Multidrug-resistant tuberculosis information system;
  - 13.4.2.9.18 GAL (Laboratory Environment Manager);
  - 13.4.2.9.19 Harpya;
  - 13.4.2.9.20 SISCEL (Drug Logistics Control System).

#### 13.4.2.10 SYSTEMS OF GRANTING AUTHORITY

13.4.2.10.1 The ICT Work Plan, to be prepared by the CONCESSIONAIRE, with the approval of the GRANTING AUTHORITY, shall provide for the necessary integrations between the systems to be implemented by the CONCESSIONAIRE, as described in this ANNEX, the pre-existing systems and the systems under the responsibility of the GRANTING AUTHORITY:

- i. HR Management System: This system is the responsibility of the CONCESSIONAIRE, and must provide for integrations with the single sign-on system for managing access to the systems of the HEALTH COMPLEX, as well as being integrated with the SISAP, SIAD systems and the personnel administration system of the GRANTING AUTHORITY;

#### 13.4.3 HOSPITAL INFORMATION SYSTEM (HIS)

13.4.3.1 The GRANTING AUTHORITY shall make available the previously acquired licenses for the application of the HOSPITAL INFORMATION SYSTEM (Philips Tasy® Management System) in the case of on-premise installations, as well as provide support to the CONCESSIONAIRE in the intermediation between the supplier and the CONCESSIONAIRE.

13.4.3.2 It is the responsibility of the CONCESSIONAIRE to acquire and install the database licenses, according to the technical manual of the HOSPITAL INFORMATION SYSTEM made available by the manufacturer, acquisition of additional modules necessary for the operation, contracting of the migration process (if necessary), technical support to support the system and environment, implementation and integration of the HOSPITAL INFORMATION SYSTEM with the other systems, and technical support to users.

13.4.3.3 The HOSPITAL INFORMATION SYSTEM aims, among other functions, to contemplate and allow the monitoring of the patient's experience, from end to end of the hospital structure, from their arrival at the HOSPITAL COMPLEX to their departure.

13.4.3.4 Activities related to registration, scheduling, outpatient activities, use of the surgical center, CSSD services, nutrition, pharmacy, hemotherapy, supplies, billing, hygiene, and conservation, among others, are registered in the system.

13.4.3.5 The HOSPITAL INFORMATION SYSTEM used by the HOSPITAL COMPLEX must be a system that enables the collection, storage, processing, operation, and evaluation of the services provided, in a manner compatible with the *Health Level 7* (HL7) protocol.

13.4.3.6 In this way, the HOSPITAL INFORMATION SYSTEM should allow the generation, manipulation and recording of data for the care and support services of the HOSPITAL COMPLEX. The system should include the care provided to the patient, such as recording and monitoring the clinical history, medical and multiprofessional evolution, prescription, exams, nursing care, safe medication, among other activities.

13.4.3.7 All sequential and multidisciplinary care will compose the Electronic Patient Record (EHR), as a module of the HOSPITAL INFORMATION SYSTEM, which will store the history of one or several passages of the patient through the HOSPITAL COMPLEX based on information recorded by the FINALISTIC SERVICES team.

13.4.3.8 The HOSPITAL INFORMATION SYSTEM must be parameterized through a system interface, enabling managers and ICT professionals, appointed by the GRANTING AUTHORITY, to enable/change system parameters in accordance with the "business rules" for the operation of the HOSPITAL COMPLEX.

13.4.3.9 The scheduling module, to be acquired and implemented by the CONCESSIONAIRE, should have the intelligent scheduling functionality, which is based on and anchored in algorithms that follow the

average times of exams, travel time, among other parameters, considering the performance of multiple exams of the same patient in the day.

- 13.4.3.10 The supply module must be integrated with the radio frequency (RFID) traceability system or similar for input entry and stock write-off, in addition to issuing automatic alerts when necessary.
  - 13.4.3.11 In the Surgical Center, the cabinet for the surgical boxes must be integrated with the CSSD module. This module enables material control, quality monitoring of the sterilization process, management of material storage and distribution, and usage history.
  - 13.4.3.12 A BI (*Business Intelligence*) system must be implemented by the CONCESSIONAIRE and integrated with the HOSPITAL INFORMATION SYSTEM, enabling the creation of *dashboards* for visualization of data and indicators defined in the Work Plan, which allow the monitoring, in real time, of KEY PERFORMANCE INDICATOR (KPI) established between the GRANTING AUTHORITY and the CONCESSIONAIRE, which portray the operational performance of critical areas of the COMPLEX HOSPITAL. In addition to communicating about the status/situation of the physical facilities of the HOSPITAL COMPLEX, presenting an assessment of the availability of resources such as energy, water, gases, air conditioning, among others.
  - 13.4.3.13 The *dashboards* implemented in different areas/points of the HOSPITAL COMPLEX should monitor indicators relevant to the performance evaluation of the FINALISTIC SERVICES and SERVICES, such as management of stocks of materials and medicines, bed occupancy rate, average length of stay by medical specialty, hospital infection rates, among others.
  - 13.4.3.14 The list of indicators that must be measured and communicated to the public, as well as the sources of information, the frequency of calculation and communication via *dashboards* implemented at strategic points of the HOSPITAL COMPLEX will be defined between the PARTIES in the respective Work Plan.
  - 13.4.3.15 The CONCESSIONAIRE will also be responsible for the migration of the entire existing database to the new database server, in addition to ensuring the integration of information defined in the ICT Work Plan to the legacy database (query only), already existing.
  - 13.4.3.16 The CONCESSIONAIRE must also integrate the HOSPITAL INFORMATION SYSTEM with the LABORATORY INFORMATION SYSTEM (LIS) of LACEN, for the electronic submission of test requests and receipt of results.
- 13.4.4 LABORATORY INFORMATION SYSTEM (LIS)
- 13.4.4.1 The GRANTING AUTHORITY shall make available the licenses for use in the SaaS modality, and the database of the LABORATORY INFORMATION SYSTEM (LIS).
  - 13.4.4.2 The LABORATORY INFORMATION SYSTEM (LIS) aims to contemplate the entire process, from the moment the sample enters the system via registration, is received, separated, analyzed, released, stored and the result is sent to the LACEN requester.
  - 13.4.4.3 If necessary, the GRANTING AUTHORITY itself is responsible for the integration of the LABORATORY INFORMATION SYSTEM (LIS) with the GOVERNMENT systems:
    - 13.4.4.3.1 GAL (Laboratory Environment Manager): The GAL is a system developed by the Ministry of Health to manage and integrate Public Health laboratory information in Brazil. It allows the registration, monitoring and control of laboratory tests carried out by laboratories of the public health network;

- 13.4.4.3.2 Harpya: Harpya is an information system used by the National Health Surveillance Agency (ANVISA) for the control and monitoring of products subject to health surveillance, including medicines, food, cosmetics, and health products;
  - 13.4.4.3.3 SISCEL (Drug Logistics Control System): SISCEL is a system used by the Ministry of Health for the logistical control and management of drugs distributed by the Unified Health System (SUS). It allows the monitoring of the distribution, stock, and consumption of medicines throughout the country;
  - 13.4.4.3.4 Sirius: Sirius is an information system used by the National Cancer Institute (INCA) for the management of data related to cancer control in Brazil. It integrates information on diagnosis, treatment, and follow-up of cancer patients.
  - 13.4.4.4 The CONCESSIONAIRE must implement the radio frequency identification (RFID) solution or similar to perform the traceability of samples and the consumption of laboratory materials and supplies. RFID antennas, or a solution applicable in the case of the use of similar technology, must be installed on the benches and shelves to record the movement of samples.
  - 13.4.4.5 The CONCESSIONAIRE must perform the necessary integrations, directly or through middleware (intermediate systems) of the LABORATORY INFORMATION SYSTEM (LIS) with LACEN's LABORATORY EQUIPMENT.
  - 13.4.4.6 A BI system must be implemented by the CONCESSIONAIRE and integrated with the LABORATORY INFORMATION SYSTEM (LIS), enabling the creation of *dashboards* for visualization of data and indicators defined in the Work Plan, such as: production by PLATFORM, level of use of inputs, among others.
- 13.4.5 RADIOLOGY INFORMATION SYSTEM (RIS)
- 13.4.5.1 The CONCESSIONAIRE will be responsible for the acquisition and implementation of the RIS system. This system will display images of exams on monitors dedicated to medical reports and must be integrated with the HOSPITAL INFORMATION SYSTEM and PACS, so that the images generated and stored in the PACS can be accessed for the issuance of reports directly in the RIS. These finalized reports will be made available in the Electronic Patient Record (EHR), with access through the HOSPITAL INFORMATION SYSTEM. The digital image acquisition processes in the Hospital Complex must follow the DICOM (Digital Imaging and Communication in Medicine) and HL7 (Health Level 7) standardization.
  - 13.4.5.2 The RIS should be a system with a user-friendly graphical interface and with different levels of access for each type of user defined in the Work Plan.
  - 13.4.5.3 The RIS will be used internally in the HOSPITAL COMPLEX if there is an internal report center, however, the CONCESSIONAIRE will have flexibility regarding the reporting location, where the professionals will carry out the work of viewing and issuing reports, so that if the CONCESSIONAIRE chooses to issue external reports, the images will be sent from the CONCESSIONAIRE's PACS to the RIS of a third-party company.
- 13.4.6 PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS)
- 13.4.6.1 The CONCESSIONAIRE is responsible for the acquisition and implementation of the PACS system. This system is used for archiving and exposure of generated images, requiring a dedicated server for storage and integration interfaces with HOSPITAL INFORMATION SYSTEM and the RIS system. The identification of the image will be the responsibility of the HOSPITAL INFORMATION SYSTEM in the

standardized format of the DICOM protocol. In this way, the PACS should have the following functionalities and characteristics:

- 13.4.6.1.1 Search for exams and images by PATIENT;
  - 13.4.6.1.2 Prior registration of exams to be carried out based on a *worklist*;
  - 13.4.6.1.3 Web version of the PACS, enabling access by the patient (via portal) and by the FINALISTIC SERVICES team;
  - 13.4.6.1.4 Possibility of image reconstruction with MPR and 3D tools;
  - 13.4.6.1.5 Ability to preset parameters and display images using the hanging protocol;
  - 13.4.6.1.6 Possibility of image reconciliation in a controlled manner.
- 13.4.7 SUPPORT SYSTEMS (*BACKOFFICE*)
- 13.4.7.1 Other systems and *software* that the CONCESSIONAIRE will also be responsible for acquiring, implementing, making available and maintaining for the operation of the HOPE HEALTH COMPLEX, whose requirements and specifications will be presented in the ICT Work Plan.
- 13.4.7.2 BED MANAGEMENT SYSTEM
- 13.4.7.2.1 With integrated operation with HIS, the Bed Management System will enable the monitoring of the status of the beds in the HOSPITAL COMPLEX, between discharge and reoccupation, including the management of the activities of the cleaning and maintenance teams.
  - 13.4.7.2.2 The Bed Management System must also be integrated with the BI system of the HOSPITAL COMPLEX, enabling the monitoring of hospital bed occupancy.
- 13.4.7.3 TELEMEDICINE
- 13.4.7.3.1 The telemedicine system must be installed and integrated with the HOSPITAL INFORMATION SYSTEM by the CONCESSIONAIRE, using the agenda module to provide direct access to the physician for teleconsultations or teleservices. The configuration of this system should include the opening of discussion rooms, teleconsultations and inter teleconsultations, regardless of agenda. The implementation of this system must be previously defined with the GRANTING AUTHORITY, when preparing the ICT Work Plan, and be in accordance with the legal recommendations for its application in public health, such as:
    - i. Ordinance No. 2,546/2011 of the Ministry of Health;
    - ii. SAES/MS Ordinance No. 2,326/2024;
    - iii. Presidential Ordinance No. 1,836/2021 of FHEMIG;
    - iv. Telehealth Manual for Hospital Care, or regulations that may replace them.
  - 13.4.7.3.2 Telesurgeries are not considered in the PROJECT, in view of the need for specific EQUIPMENT and systems.

#### 13.4.7.4 NURSE CALL SYSTEM

13.4.7.4.1 The nursing call system should be implemented in the HOSPITAL COMPLEX, as a concept that encompasses equipment for monitoring beds. This system will allow the activation of sensors (buttons, card readers, presence detectors, specific equipment) in the beds, directing calls to a central distributed on the floors, strategically located in the nursing stations, and thus activating the nursing sector under the responsibility of the GRANTING AUTHORITY.

#### 13.4.7.5 LEARNING MANAGEMENT SYSTEM (LMS)

13.4.7.5.1 The Learning Management System (LMS) will be used in the areas of teaching and research to manage planning, scheduling and applied programs. This system should offer resources for student registration, activity management, attendance control and access to the content made available.

13.4.7.5.2 The LMS must also have a digital collection, facilitating access to the knowledge base produced, acquired, or donated. The use and feeding of the collection will be the responsibility of the GRANTING AUTHORITY.

#### 13.4.7.6 BUILDING MANAGEMENT SYSTEM (BMS)

13.4.7.6.1 The BMS (Building Management System) will be used for the automation of buildings, centralizing the monitoring and control of various systems of the HOSPITAL COMPLEX and LACEN. The system must be integrated with the control and monitoring devices of the lighting, air conditioning, ventilation, security, energy, and gas systems. This system will be operated by the CONCESSIONAIRE for the provision of the SERVICES.

#### 13.4.7.7 TRACEABILITY SYSTEM

13.4.7.7.1 The Traceability System must be carried out through RFID (*Radio Frequency Identification*) identification or similar technology that guarantees the security and tracking attributes of items, at a similar or lower cost.

13.4.7.7.2 The system will be responsible for managing and receiving information about the movement of items within the HOPE HEALTH COMPLEX, allowing better control over the traffic of such items between the environments (incoming, outgoing and location flows).

13.4.7.7.3 The system should make it possible to make customizations in the registration fields, in order to enable the integration of different types of items, such as inputs, EQUIPMENT, FURNITURE, materials and medicines, among others.

13.4.7.7.4 This system must be integrated with the HOSPITAL INFORMATION SYSTEM and the LABORATORY INFORMATION SYSTEM (LIS), with the cabinets for electronic dispensing of materials, trousseau control, control of materials of the CSSD, among other attributions defined in this ANNEX.

#### 13.4.7.8 ELECTRONIC DOCUMENT MANAGEMENT SYSTEM

- 13.4.7.8.1 System responsible for the storage and control of documentation, being a central point for processing documents in the COMPLEXO DE HOSPITALAR, LACEN and NEP, allowing the creation of flows for document approval, customized files to meet the specific needs of each sector, being accessed by single login.
- 13.4.7.8.2 This system will be the responsibility of the CONCESSIONAIRE and must be integrated with the other systems of the HOSPITAL COMPLEX, LACEN and NEP, considering the control of documents stored in companies contracted by the GRANTING AUTHORITY.
- 13.4.7.9 TRANSPORTATION SYSTEM
- 13.4.7.9.1 The system to be implemented by the CONCESSIONAIRE shall automate the activities of the Transportation Center, enabling an optimized management of the demands for transportation of patients, materials, and supplies in general of the HOSPITAL COMPLEX and LACEN.
- 13.4.7.9.2 Access to the system by the FINALISTIC SERVICES team must be via *login* and password (using single *login*) with request control, allowing users to request transport with their specificities, such as type, volume, urgency, among others.
- 13.4.7.9.3 The system must have compatibility with mobile devices and a *web* interface, to access requests, generating notifications to TRANSPORTATION AGENTS.
- 13.4.7.10 TICKET MANAGEMENT SYSTEM
- 13.4.7.10.1 The call management system must record all open calls to the HOSPITAL COMPLEX and to LACEN in relation to the SERVICES. The calls will be evaluated by the CONCESSIONAIRE for the respective solution under the terms of the AGREEMENT and its ANNEXES.
- 13.4.7.10.2 In this system, an inventory of EQUIPMENT and FURNITURE must also be maintained, for example, for the management of maintenance activities.
- 13.4.8 INFORMATION SECURITY
- 13.4.8.1 Regarding information security, the CONCESSIONAIRE must observe the following guidelines:
- 13.4.8.1.1 The information security system must ensure that unauthorized external access does not occur, using ICT EQUIPMENT as a *firewall*. For authorized external access, the connection must occur via VPN (Virtual Private Network), using the login associated with the user.
- 13.4.8.1.2 The login, which enables access to all systems, must be unique, standardized through technologies such as *Active Directory* or LDAP (*Lightweight Directory Access Protocol*), so that users are automatically blocked at the end of the contract or employment relationship, keeping the user in the system to track any access.
- 13.4.8.1.3 Access to the modules or functionalities of the systems must be hierarchized by profile, limiting usability to the enabled function, and it is possible to configure it by an administrator or internal manager, without the need for the manufacturer or supplier to call it.

- 13.4.8.1.4 All systems must have their access records controlled to identify any complications.
- 13.4.8.1.5 All data generated in the systems used in the HOPE HEALTH COMPLEX will be the property of the GRANTING AUTHORITY, and the CONCESSIONAIRE is responsible for ensuring availability, security, and restoration. The exception to this rule is the data for the exclusive use of the CONCESSIONAIRE, such as *Enterprise Resource Planning (ERP)* for the management of its employees and financial control of the CONCESSIONAIRE.
- 13.4.8.1.6 The CONCESSIONAIRE's IT team responsible for support may have access to all systems implemented but is limited to professionals authorized by the GRANTING AUTHORITY, as indicated in the Work Plan.
- 13.4.8.1.7 To ensure the integrity of the ICT EQUIPMENT installed throughout the project, whether they are servers or *endpoints* with Windows, Linux, Mac, Android, iOS or any other operating systems that may be used, it is essential to implement an antivirus system capable of identifying and blocking any threats. This system shall be actively managed and regularly updated by the CONCESSIONAIRE.
- 13.4.8.1.8 The logs of access to the corporate network and external networks must be recorded, and their storage must be carried out for at least 1 (one) year.
- 13.4.8.1.9 Documents for internal use or confidential in electronic support must be stored in environments with controlled access through single sign-on to prevent access by unauthorized persons.

#### 13.4.9 PRINT CENTER

- 13.4.9.1 The CONCESSIONAIRE shall implement a structure for printing documents and identification labels (USERS, samples, among others) in the HOSPITAL COMPLEX and LACEN, and shall provide for centers distributed in strategic locations of the HOSPITAL COMPLEX and LACEN.
- 13.4.9.2 The CONCESSIONAIRE will be responsible for the implementation of *hardware* and *software*, access control and permissions, in addition to the maintenance and replacement of paper, paints and other necessary supplies.
- 13.4.9.3 Considering the common objective of the PARTIES to implement a more paperless structure, the CONCESSIONAIRE may submit proposals that offer digital alternatives to meet the needs of information storage and exchange. These proposals should seek to reduce the use of paper, promoting a more efficient and sustainable management of resources.
- 13.4.9.4 The printouts must meet the operational needs of the HOSPITAL COMPLEX and LACEN, including, for example:
  - 13.4.9.4.1 Medical Prescriptions: Printing of medical prescriptions and prescriptions for patients;
  - 13.4.9.4.2 Exam Results: Printing of reports and results of laboratory and imaging tests;
  - 13.4.9.4.3 Hospitalization and Discharge Guides: Printing of hospitalization, medical discharge, and patient transfer guides;
  - 13.4.9.4.4 Attendance Certificates: Printing of attendance certificates to prove absence;
  - 13.4.9.4.5 Administrative Documents: Printing of reports, forms, and other administrative documents;
  - 13.4.9.4.6 Identification Labels: Printing of labels for identification of USERS, laboratory samples, medicines, EQUIPMENT, FURNITURE, and materials;

13.4.9.4.7 Inventory Labels: Printing labels for inventory control and inventory management.

13.4.9.5 The ICT Work Plan should include:

13.4.9.5.1 Number and location of printers;

13.4.9.5.2 Activities for printer maintenance;

13.4.9.5.3 Integration with the implemented systems, such as HOSPITAL INFORMATION SYSTEM, LABORATORY INFORMATION SYSTEM (LIS) and other systems;

13.4.9.5.4 Proposal of initiatives that make it possible to reduce the volume of printing and use of paper.

#### 13.4.10 TELEPHONY

13.4.10.1 The CONCESSIONAIRE shall provide the *hardware* and *software* necessary for the operation of the internal and external communication telephone system for the institutions, including:

13.4.10.1.1 IVR (Interactive Voice Response): System that automates telephone service, directing calls according to the options selected by the user;

13.4.10.1.2 Telephony Management System: Tool to manage and monitor telephone activities, including call control and recording;

13.4.10.1.3 Customer Service (SAC): Tool for attendance, by the CONCESSIONAIRE, of general calls from the external public to the HOPE HEALTH COMPLEX, to resolve doubts, for example;

13.4.10.1.4 Patient Contact System: Tool to make telephone contact with PATIENTS to inform and confirm the scheduling or rescheduling of appointments and exams, including the possibility of sending automatic reminders. The CONCESSIONAIRE will be responsible for contacting the PATIENTS to confirm the appointment or rescheduling of appointments and exams;

13.4.10.1.5 Attendant Information Portal: Interface that provides the CONCESSIONAIRE's attendants with quick access to standardized and relevant information for the service;

13.4.10.1.6 Tools for centralized management of the telephony system, including configuration of extensions, control of permissions and monitoring of use.

#### 13.4.11 TRAINING

13.4.11.1 The CONCESSIONAIRE shall provide theoretical and practical training to all users of the system (CONCESSIONAIRE employees, FINALISTIC SERVICES team and GRANTING AUTHORITY team) who will use any of the systems (software) to be implemented by the CONCESSIONAIRE, in a workload and methodology sufficient for training. Users will only participate in training for the systems that are effectively used in the execution of their activities.

13.4.11.2 The periodicity, date and place for the execution of the training must be presented in the ICT Work Plan, for validation by the GRANTING AUTHORITY, but with estimated dates in the period from 3 (three) months before the beginning of PHASE 3 to up to 3 (three) months after the beginning of PHASE 3.

#### 13.4.12 ANSWERING CALLS

- 13.4.12.1 The CONCESSIONAIRE must implement a structure of a Call Center to provide the necessary assistance, using the Call Management System to receive, classify, prioritize, manage and respond to requests (clarifications on the use of systems or EQUIPMENT, complaints, requests for improvements, among other demands to the ICT team) and calls related to these services, Sorting by service levels, offering remote and on-site support when needed, recording opening, progress, closing, and evaluating the quality of service provided.
- 13.4.12.2 The CONCESSIONAIRE must enable the opening of a call via the system and/or by telephone or other technology that it deems appropriate, such as *chat*, *chatbot*, self-service system, among others.
- 13.4.12.3 The CONCESSIONAIRE shall also implement an advanced service station at LACEN, which responds to the Call Center, but which will be equipped with tools and spare parts for ICT EQUIPMENT in common use, such as desktop parts and spare monitors.
- 13.4.12.4 The Call Center must manage the operation and maintenance of ICT as a whole, from system configuration, user problems, network access failures and maintenance of ICT EQUIPMENT (computers, accessories, printers), among others.

#### 13.4.13 OPERATION

- 13.4.13.1 The CONCESSIONAIRE shall ensure the operation of all structures and systems related to ICT 24 (twenty-four) hours a day, 7 (seven) days a week. For LACEN, it must be available according to the unit's opening hours, scheduled for 12 (twelve) hours a day, from Monday to Friday.

### 14 DIAGNOSTIC AND THERAPEUTIC SUPPORT SERVICE (“SADT”)

#### 14.1 DEFINITION

- 14.1.1 The Diagnostic and Therapeutic Support Service (“SADT”) of the HOPE HEALTH COMPLEX will consist of the following services:
  - 14.1.1.1 Clinical Analysis Laboratory;
  - 14.1.1.2 Laboratory of Pathological Anatomy and Cytology;
  - 14.1.1.3 Neonatal Screening (“heel prick test”);
  - 14.1.1.4 Graphic Methods;
  - 14.1.1.5 Imaging, including Endoscopy and Radiology;
  - 14.1.1.6 Hemodialysis, for the care of hospitalized PATIENTS;
  - 14.1.1.7 Specific Therapeutic Procedures, including Radiotherapy, Nuclear Medicine, and Chemotherapy.
- 14.1.2 The “SADT” must be implemented by the CONCESSIONAIRE in the form of a central structure to serve all the specialties that make up the HOSPITAL COMPLEX, providing for a flow of entries and exits segregated to the PATIENTS, considering the different care specialties served by the HOSPITAL COMPLEX.
- 14.1.3 The “SADT” of the HOSPITAL COMPLEX may assist inpatients (inpatients and/or outpatients with a medical

prescription) or outpatients referred by the GRANTING AUTHORITY.

- 14.1.4 For the laboratory services linked to the “SADT” services listed in this ANNEX, the CONCESSIONAIRE may process the exams externally, in its own unit with external headquarters or even at the headquarters of a third-party company hired by the CONCESSIONAIRE, observing the obligations described in this ANNEX, especially the maximum deadlines for the release of the reports after the exams are performed. The other services related to the “SADT” must be processed on the premises of the HOPE HEALTH COMPLEX.
- 14.1.5 The CONCESSIONAIRE will be responsible for the construction, acquisition, maintenance and supply of all EQUIPMENT, FURNITURE, and infrastructures related to the operation of the “SADT” on the premises of the HOSPITAL COMPLEX, observing the requirements of this ANNEX, ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS and ANNEX 6 – EQUIPMENT AND FURNITURE.
- 14.1.6 The CONCESSIONAIRE must ensure that PATIENTS receive humanized and quality care, through professionals, under its responsibility, trained and qualified to clarify doubts and offer adequate support.
- 14.1.7 The FINALISTIC SERVICES team will be responsible for emergency care, through the Rapid Response Team (RRT), in all areas of patient care, including the areas of responsibility of the CONCESSIONAIRE.
- 14.1.8 In the event of any medical complication during the performance of the exams under the responsibility of the CONCESSIONAIRE’s teams or their representatives, under the terms of the CONTRACT, the first service must be performed by the CONCESSIONAIRE’s local team, and the TRR of the FINALISTIC SERVICES must be activated immediately after the occurrence, by means of a protocol established between the CONCESSIONAIRE and the GRANTING AUTHORITY, as established in the Work Plan, so that the PATIENT care can be continued.
- 14.1.9 The waiting areas must be segmented by type of service (Radiology, Nuclear Medicine, Endoscopy, etc.), presenting visible, informative, and accessible signage about the type of service performed in that enclosure.
- 14.1.10 The waiting areas must have specific reception and waiting spaces for patients with diagnosed tuberculosis and under treatment, as well as for those with pathologies or being treated for infectious respiratory diseases.
- 14.1.11 The waiting areas must be dedicated and humanized, providing a welcoming and comfortable environment for USERS, with adequate seats, appropriate lighting, access to relevant information, and elements that promote well-being. In addition, accessibility conditions must be guaranteed for people with disabilities (PwD) or with reduced mobility and resources must be made available for effective communication with all USERS, including those with special needs.
- 14.1.12 The pediatric waiting area should be dedicated to this public and playful, providing colorful decoration, educational toys and furniture adapted to children, also having a recreation space with television that shows cartoons or children’s movies.
- 14.1.13 The areas for radiology and nuclear medicine must have controlled and restricted access to ensure the safety of people who circulate in these places, being equipped with adequate physical barriers and signage in accordance with the legislation, especially in radiation zones.
- 14.1.14 The Work Plan to be prepared by the CONCESSIONAIRE must comply with the guidelines of item 1.6, including the routine of procedures for receiving and registering the PATIENT, protocols for preparing and performing the exams, among other aspects of the “SADT”.

- 14.1.15 In addition to the guidelines, protocols, and operational procedures, among other aspects relevant to the complete functioning of the “SADT” in the HOSPITAL COMPLEX, the Work Plan must present the list of exams to be performed, in the different modalities, according to the list of this ANNEX.

## 14.2 GOVERNING LEGISLATION

- 14.2.1 The legislation applicable to this SERVICE is presented below, in a non-exhaustive manner, and the CONCESSIONAIRE is responsible for complying with the legislation and regulatory standards in force for the provision of the SERVICE:
- 14.2.1.1 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 611, of March 9, 2022 – Establishes the sanitary requirements for the organization and operation of diagnostic or interventional radiology services and regulates the control of medical, occupational, and public exposures resulting from the use of diagnostic or interventional radiological technologies;
- 14.2.1.2 CFBM Resolution No. 234, of December 5, 2013 – Provides for the attributions of qualified biomedical professionals in Imaging, radiology, biophysics, medical instrumentation that makes up diagnostic imaging and therapy;
- 14.2.1.3 Normative Instruction of the Collegiate Board of ANVISA/MS – IN No. 90, of September 29, 2020 – Provides for the sanitary requirements for ensuring quality and safety in conventional medical radiography systems;
- 14.2.1.4 Normative Instruction of the Collegiate Board of ANVISA/MS – IN No. 91, of October 1, 2020 – Provides for the sanitary requirements for quality and safety assurance in fluoroscopy and interventional radiology systems;
- 14.2.1.5 Normative Instruction of the Collegiate Board of ANVISA/MS – IN n° 92, of October 6, 2020 – Provides for the sanitary requirements for quality assurance and safety in mammography systems;
- 14.2.1.6 Normative Instruction of the Collegiate Board of ANVISA/MS – IN No. 93, of October 7, 2020 – Provides for the sanitary requirements for ensuring quality and safety in medical computed tomography systems;
- 14.2.1.7 Normative Instruction of the Collegiate Board of ANVISA/MS – IN No. 96, of June 30, 2021 – Provides for the sanitary requirements for ensuring quality and safety in diagnostic or interventional ultrasound systems;
- 14.2.1.8 Normative Instruction of the Collegiate Board of Directors of ANVISA/MS – IN No. 97, of July 2, 2021 – Provides for the sanitary requirements for ensuring quality and safety in nuclear magnetic resonance imaging systems;
- 14.2.1.9 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 6, of March 1, 2013 – Provides for the requirements of good operating practices for endoscopy services with access to the body through exclusively natural orifices;
- 14.2.1.10 CFM Resolution No. 2,221, of November 23, 2018 – Approves CFM Ordinance No. 1/2018, which updates the list of specialties and areas of medical practice approved by the Joint Committee on Specialties;
- 14.2.1.11 GM/MS Ordinance No. 1,675, of June 7, 2018 – Amends GM/MS Consolidation Ordinance No. 3, of September 28, 2017, and GM/MS Consolidation Ordinance No. 6, of September 28, 2017, to provide for the criteria for the organization, operation, and financing of the care of people with Chronic Kidney Disease

– CKD within the scope of the Unified Health System – SUS;

- 14.2.1.12 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 50, of February 21, 2002 – Provides for the Technical Regulation for planning, programming, preparation, and evaluation of physical projects of health care establishments;
- 14.2.1.13 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 786, of May 5, 2023 – Provides for the technical-sanitary requirements for the operation of Clinical Laboratories, Pathological Anatomy Laboratories and other Services that perform activities related to Clinical Analysis Exams (EAC) and provides for other provisions;
- 14.2.1.14 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 38, of June 4, 2008 – Provides for the installation and operation of "in vivo" Nuclear Medicine Services;
- 14.2.1.15 CFM Resolution No. 2,107, of December 7, 2014 – Defines and regulates Teleradiology and repeals CFM Resolution No. 1,890/09;
- 14.2.1.16 CNEN NN 3.01 standard; and CNEN Resolution 323/2024 – Provide for the general principles and basic requirements for the radioprotection of people and the environment and for the radiological safety of ionizing radiation sources;
- 14.2.1.17 State Law No. 23,554, of January 13, 2020 – Provides for the mandatory performance of the heel prick test in all newborns in the state of Minas Gerais, expanding the scope of the State Neonatal Screening Program;
- 14.2.1.18 Federal Law No. 14,154, of May 26, 2021 – Amends Law No. 8,069, of July 13, 1990 (Statute of the Child and Adolescent), to improve the National Neonatal Screening Program (PNTN), through the establishment of a minimum list of diseases to be screened by the heel prick test; and makes other provisions;
- 14.2.1.19 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC no. 8, of January 2, 2001 – Technical Regulation that establishes the good manufacturing practices of polyelectrolytic concentrates for hemodialysis – CPHD;
- 14.2.1.20 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC nº 11, of March 13, 2014 – Provides for the Requirements of Good Operating Practices for Dialysis Services and provides for other measures;
- 14.2.1.21 Resolution of the Collegiate Board of Directors of ANVISA/MS – RDC No. 919, of September 19, 2024 – Provides for the planning, programming, preparation, evaluation, and approval of Water Treatment and Distribution Systems for Hemodialysis in the National Health Surveillance System.

### 14.3 LABORATORY ANALYSIS

#### 14.3.1 SERVICE DESCRIPTION

- 14.3.1.1 The CONCESSIONAIRE may process the tests externally (including the report); however, the collection of samples must always take place on the premises of the HOSPITAL COMPLEX.
- 14.3.1.2 For the clinical examinations and analyses that are carried out at the HOSPITAL COMPLEX, the collection of all samples from the PATIENTS will be the responsibility of the CONCESSIONAIRE's team, except for the collection services of pathological anatomy and cytopathology exams, which will be the responsibility of the FINALISTIC SERVICES team linked to the GRANTING AUTHORITY.

- 14.3.1.3 The CONCESSIONAIRE will be responsible for carrying out the proper transportation of the samples collected for processing. In the respective Work Plan, the exam situations in which the collection will be the responsibility of the FINALISTIC SERVICES team must be indicated, as per the item above, and the procedures that must be followed.
- 14.3.1.4 The CONCESSIONAIRE must provide snacks to the PATIENTS who undergo tests that require fasting, ensuring their nutrition after the procedure.
- 14.3.1.5 The samples must be stored at the appropriate temperature, according to technical criteria for each type of sample and analysis to be performed, until transport for processing, being transported by the CONCESSIONAIRE or by a company hired by it in a safe manner, from collection to the analysis laboratories, using appropriate containers to avoid contamination or damage.
- 14.3.1.6 All EQUIPMENT, FURNITURE, inputs, materials, and items necessary for collection, transportation of samples, processing of exams, issuance, and delivery of reports, must be provided by the CONCESSIONAIRE.
- 14.3.1.7 For laboratory test samples collected at the HOSPITAL COMPLEX intended for processing and reporting at LACEN, the CONCESSIONAIRE will be responsible for collecting, storing, and transporting these samples to the receiving area at LACEN, according to the Work Plan and the health surveillance policy established. LACEN, under the responsibility of the GRANTING AUTHORITY, must process and report these samples.
- 14.3.1.8 The delivery of the results of the exams must be carried out in a format defined with the GRANTING AUTHORITY when the respective Work Plan is prepared, with preference for availability in electronic media. All exams must be registered by the CONCESSIONAIRE in the HOSPITAL INFORMATION SYSTEM, for management and billing by the GRANTING AUTHORITY with the SUS.
- 14.3.1.9 The CONCESSIONAIRE shall be able to perform, at least, the following list of exams for the PATIENTS of the HOSPITAL COMPLEX:
- 14.3.1.9.1 Group 1: Laboratory tests most frequently needed in clinical practice, including:
- 14.3.1.9.1.1 Biochemical Exams;
- 14.3.1.9.1.2 Hematological Tests and Hemostasis;
- 14.3.1.9.1.3 Serological and Immunological Tests;
- 14.3.1.9.1.4 Urinalysis Tests;
- 14.3.1.9.1.5 Hormonal Tests;
- 14.3.1.9.1.6 Toxicological Tests and Therapeutic Monitoring;
- 14.3.1.9.1.7 Microbiological Examinations;
- 14.3.1.9.1.8 Examinations in Other Biological Liquids;
- 14.3.1.9.1.9 Genetic Tests;
- 14.3.1.9.1.10 Exams for Neonatal Screening;
- 14.3.1.9.1.11 Immunohematology tests.
- 14.3.1.9.2 Group 2: Tests that represent a second level of diagnostic support in clinical pathology, including:

14.3.1.9.2.1 Pathological Anatomy and Cytopathology Exams;

14.3.1.9.3 Group 3: medium and high complexity exams, including the list of exams in the table below:

Table 14 - Minimum list of Group 3 exams

#	Examination
<b>Group</b>	<b>BIOCHEMISTRY</b>
1	3 METHYL HISTIDINE, DOSAGE
2	5-NUCLEOTIDASE, DOSAGE
3	ACETAMINOPHEN, DOSAGE
4	ERYTHROCYTE ACETYLCHOLINESTERASE
5	ACETONE, DOSAGE
6	ASCORBIC ACID (ASCORBATE, VITAMIN C)
7	BETA HYDROXYBUTYRIC ACID
8	FOLIC ACID (FOLATE), ERYTHROCYTE DOSAGE
9	GLYOXYLIC ACID
10	LACTIC ACID (LACTATE), DOSAGE
11	OROTIC ACID, URINE DOSAGE
12	OXALIC ACID (OXALATE), URINE DOSAGE
13	SIALIC ACID, DOSAGE
14	URIC ACID, DOSAGE
15	BILE ACIDS
16	FREE FATTY ACIDS
17	ORGANIC ACIDS (QUANTITATIVE PROFILE)
18	ACYLCARNITINES (Qualitative Profile)
19	ACYLCARNITINES (QUANTITATIVE PROFILE)
20	ALBUMIN
21	ALDOLASE, DOSAGE
22	AMINO ACIDS, FRACTIONATION AND QUANTIFICATION
23	AMIODARONE, DOSAGE
24	AMITRIPTYLINE, NORTRIPTYLINE (CADA)
25	ANTIBIOTICS, SERUM DOSAGE (EACH)
26	APOLIPOPROTEIN A (APO A)
27	APOLIPOPROTEIN B (APO B)
28	BARBITURATES, TRICYCLIC ANTIDEPRESSANTS (EACH)
29	BETA-GLICURONIDASE
30	TOTAL CALCIUM (CA), DOSAGE
31	CARNITINA BOOK
32	TOTAL CARNITINE AND FRACTIONS
33	CYCLOSPORINE, METHOTREXATE (EACH)

#	Examination
34	URIC ACID CLEARANCE
35	CLEARANCE DE CREATININA
36	PHOSPHATE CLEARANCE
37	CLEARANCE DE UREIA
38	CLEARANCE OSMOLAR
39	CLOMIPRAMINA
40	CHLORIDE (CHLORINE, CL), DOSAGE
41	COCAINE, DOSAGE
42	COTININE
43	CREATINE, DOSAGE
44	CREATINE PHOSPHOKINASE – MB FRACTION – MASS
45	AMINO ACID CHROMATOGRAPHY (QUALITATIVE PROFILE)
46	GLYCEMIC CURVE (4 DOSAGES) ORALLY OR INTRAVENOUSLY
47	ISOCITRIC DEHYDROGENASE
48	DIGITOXIN OR DIGOXIN
49	PROTEIN ELECTROPHORESIS
50	GLYCOPROTEIN ELECTROPHORESIS
51	ENOLASE
52	PHENYLALANINE (CONTROL/LATE DIAGNOSIS), DOSAGE
53	PHENOBARBITAL
54	TOTAL ACID PHOSPHATASE
55	ALKALINE PHOSPHATASE WITH ISOENZYME FRACTIONATION
56	ALKALINE PHOSPHATASE BONE FRACTION – ELISA
57	THERMOSTABLE ALKALINE PHOSPHATASE
58	PHOSPHOLIPIDS
59	PHOSPHORUS, TUBULAR RESORPTION TEST
60	FRUTOSAMINES (GLYCOSYLATED PROTEINS)
61	GALACTOSE 1-PHOSPHATOURIDYL TRANSFERASE, DOSAGE
62	GASOMETRY + HB + HT + NA + K + CL + CA + GLUCOSE + LACTATE (WHEN PERFORMED IN THE GASHOLDER)
63	BLOOD GLUCOSE AFTER DEXTROSOL OR GLUCOSE OVERLOAD
64	GLYCOSYLATED HEMOGLOBIN (A1 TOTAL)
65	FREE PLASMA HEMOGLOBIN
66	HEXOSAMINIDASE A
67	HOMOCYSTEINE
68	IMIPRAMINA – DESIPRAMINA
69	AMILASE (ALPHA-AMILASE), ISOENZIMAS
70	ISONIAZID
71	LACTOSE, TOLERANCE TEST

#	Examination
72	LIDOCAINE
73	LIPOPROTEIN LIPASE, DOSAGE
74	LIPOPROTEIN A - LPA
75	LITHIUM (LI), DOSAGE
76	MYOGLOBIN, DOSAGE
77	AMMONIACAL NITROGEN
78	TOTAL NITROGEN
79	OXCARBAZEPINE, DOSAGE
80	PIRUVATO QUINASE
81	QUANTITATIVE PORPHYRINS (EACH)
82	PREALBUMIN
83	PRIMIDONA
84	PROCAINAMIDA
85	PROPRANOLOL, DOSAGE
86	RETINOL-BINDING PROTEIN
87	TOTAL PROTEINS
88	ALKALINE RESERVE (BICARBONATE)
89	SUCROSE, TOLERANCE TEST
90	SODIUM (NA), DOSAGE
91	SUCCINIL ACETONA
92	FREE AND ACETYLATED SULFONAMIDES (% ACETYLATION)
93	TACROLIMUS
94	TALLIUM, DOSAGE
95	THEOPHYLLINE, DOSAGE
96	TRIAZOLAM, DOSAGE
97	TRIMIPRAMINA
98	TROPONIN, DOSAGE
99	UROBILINOGEN
100	VITAMIN A, DOSAGE
101	VITAMIN E, DOSAGE
102	XYLOSE, ABSORPTION TEST
103	TOTAL LIPIDS
104	MALTOSE, TOLERANCE TEST
105	OXYTOCINASE, DOSAGE
106	PROCALCITONIN
107	VLDL CHOLESTEROL, CALCULUS
108	ORAL GLUCOSE TOLERANCE TEST - 2 DOSAGES
109	HIGH-RESOLUTION PROTEIN ELECTROPHORESIS

#	Examination
110	IMMUNOFIXATION - EACH FRACTION
111	GLYCOSYLATED HEMOGLOBIN (A1C FRACTION)
112	LAMOTRIGINE
113	LIPID PROFILE/LIPIDOGRAM (TOTAL LIPIDS, CHOLESTEROL, TRIGLYCERIDES, AND LIPOPROTEIN ELECTROPHORESIS)
114	BRAIN NATRIURETIC PEPTIDE (BNP/PROBNP)
<b>Group</b>	<b>COPROLOGY</b>
115	ALPHA 1 ANTITRYPSIN (FECES)
116	FUNCTIONAL COPROLOGIC (TRAITS, PH, DIGESTIBILITY, AMMONIA, ORGANIC ACIDS, AND INTERPRETATION)
117	FECAL FAT, DOSAGE
118	FERRIC HEMATOXYLIN, PROTOZOAN RESEARCH
119	RED BLOOD CELLS IN FECES, RESEARCH
120	YEASTS, RESEARCH
121	PARASITOLOGICAL (PROTOPARASITOLOGICAL FECES, PPF), MULTIPLE COLLECTION WITH SUPPLY OF PRESERVATIVE LIQUID
122	SCHISTOSOMA (SCHISTOSOMIASIS), SEARCH FOR EGGS IN MUCOSAL FRAGMENTS AFTER RECTAL BIOPSY
123	TRYPSIN (DIGESTION OF GELATIN),
124	STEATOCRIT, SCREENING FOR FECAL FAT
<b>Group</b>	<b>HAEMATOLOGY</b>
125	LUPUS ANTICOAGULANT, RESEARCH
126	ANTI-A AND B, ANTIBODIES, RESEARCH
127	ANTIPLATELET ANTIBODIES, FLOW CYTOMETRY
128	IRREGULAR ANTIBODIES
129	IRREGULAR ANTIBODIES, RESEARCH (SALINE MEDIUM AT ROOM TEMPERATURE AND 37°C AND INDIRECT COOMBS TEST)
130	PLASMINOGEN TISSUE ACTIVATOR (TPA)
131	CD (DIFF. CELL PHONE, EACH DETERMINATION)
132	CYTOCHEMISTRY TO CLASSIFY LEUKEMIA: ESTERASE, LEUKOCYTE PHOSPHATASE, PAS, PEROXIDASE OR SB ETC. (EACH)
133	COOMBS DIRECT
134	ERYTHROCYTE ENZYMES
135	MODELING, TESTING
136	PLATELET FACTOR 4, DOSAGE
137	FACTOR XIII, RESEARCH
138	ABO GROUP, REVERSE TYPING
139	ABO+RH (ABO AND RH GROUP, BLOOD TYPING) (INCLUDES DU)

#	Examination
140	HAM TEST (ACID HEMOLYSIS)
141	FETAL RED BLOOD CELLS, RESEARCH
142	COMPLETE BLOOD COUNT (INCLUDES PLATELET COUNT)
143	HEMOSIDERIN (SIDEROCYTES), RESEARCH
144	CIRCULATING HEPARIN, DOSAGE
145	TPA INHIBITOR (PAI)
146	LEUKOCYTES, COUNT
147	PLASMODIUM (MALARIA), RESEARCH
148	FIBRIN BREAKDOWN PRODUCTS (PDF), RESEARCH
149	PROTEIN C, DOSAGE
150	PROTEIN S, FUNCTIONAL TEST
151	FREE ERYTHROCYTE PROTOPORPHYRINS (ZINC)
152	OSMOTIC GLOBULAR RESISTANCE CURVE (OSMOTIC GLOBULAR FRAGILITY CURVE)
153	COAGULATION TIME (CT)
154	REPTILASE TIME
155	THROMBOELASTOGRAM
156	ALPHA 2 ANTIPLASMIN, FUNCTIONAL TEST
157	ANTI-MYELOPEROXIDASE (MPO), ANTIBODIES, RESEARCH
158	FACTOR XIII, DOSAGE, FUNCTIONAL TEST
159	IMMUNOPHENOTYPING FOR MINIMAL RESIDUAL DISEASE (*)
160	IMMUNOPHENOTYPING FOR PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (*)
161	IMMUNOPHENOTYPING FOR ACUTE LEUKEMIA OR MYELOYDYSPLASTIC SYNDROME (*)
162	IMMUNOPHENOTYPING FOR NON-HODGKIN'S LYMPHOMA/CHRONIC LYMPHOPROLIFERATIVE SYNDROME (*)
163	IMMUNOPHENOTYPING FOR IMMUNE PROFILING (*)
164	FACTOR IX (INHIBITOR), DOSAGE
165	HEMOSTASIS FACTOR INHIBITOR, SCREENING
166	FIBRIN BREAKDOWN PRODUCTS (PDF), QUANTITATIVE
167	FREE PROTEIN S, DOSAGE
168	HEMOGLOBIN, SOLUBILITY (HBS AND HBD)
169	HEMOGLOBINOPATHY - SCREENING
170	STREPTOZYMA
171	INDIRECT COOMBS (INCLUDES QUANTITATIVE)
172	DIMER D
173	COAGULOGRAM
<b>Group</b>	<b>LABORATORY ENDOCRINOLOGY</b>

#	Examination
174	VITAMIN D, DOSAGE
175	17 KETOGENS (17 CGS)
176	17 KETOSTEROIDS (17 CGS), CHROMATOGRAPHY
177	17-KETOSTEROIDS ALPHA/BETA RATIO
178	17-HYDROXYPREGNENOLONE, SORO
179	5 HYDROXY INDOLE ACETIC ACID (5 OH INDOLE ACETIC ACID), DOSAGE
180	HOMOVANILLILIC ACID
181	CYCLIC AMP, DOSAGE
182	CORTISOL BOOK
183	DETERMINATION OF TUMOR HORMONE RECEPTORS (PROGESTERONE OR ESTROGEN)
184	ANGIOTENSIN-CONVERTING ENZYME (ACE)
185	ERYTHROPOIETIN
186	GAD-AB-ANTIDECARBOXYLASE DO ACID
187	GLUCAGON, DOSAGE
188	IGF BP3 (INSULIN-LIKE GROWTH FACTOR-BINDING PROTEIN)
189	LEPTIN DOSAGE
190	N-TELOPEPTIDE
191	PTH FRACTION (EACH), DOSAGE
192	PYRIDINOLINE
193	PREGNANDIOL
194	PREGNANTRIOL
195	DIABETES INSIPIDUS TEST (FLUID RESTRICTION, 3% NA CL, VASOPRESSIN)
196	TOTAL ESTROGENS (PHENOLESTEROIDS)
197	PROTEIN IODINE (PBI)
198	PLACENTAL LACTOGEN HORMONE (HPL), DOSAGE
199	THYROID FUNCTION TESTS (T3, T4, INDICES AND TSH)
200	CHORIONIC SOMATOTROPHIC HORMONE (HCS OR PHL)
201	11 DEOXYCORTICOSTERONE
202	QUALITATIVE BETA-HCG
203	MACROPROLACTIN, DOSAGE
<b>Group</b>	<b>IMMUNOLOGY</b>
204	ADENOVIRUS, IGG ANTIBODIES, RESEARCH
205	ADENOVIRUS, IGM ANTIBODIES, RESEARCH
206	ANTI-CANDIDA ANTIBODIES - IGG AND IGM (EACH)
207	ANTI-ACTIN ANTIBODIES
208	ANTI-DNA ANTIBODIES

#	Examination
209	ANTI-JO1 ANTIBODIES
210	ANTI-LA/SSB ANTIBODIES
211	ANTI-LKM-1, ANTIBODIES, RESEARCH
212	ANTI-RNP ANTIBODIES
213	ANTI-RO/SSA ANTIBODIES
214	ANTI-SM ANTIBODIES
215	ANTICARDIOLIPIN, IGA ANTIBODIES, RESEARCH
216	ANTICARDIOLIPIN ANTIBODIES - IGG
217	ANTI-CARDIOLIPIN ANTIBODIES - IGM
218	ANTI-CENTROMERE, ANTIBODIES, RESEARCH
219	ANTI-DNASE B, ANTIBODIES, RESEARCH
220	ANTI-GROWTH HORMONE ANTIBODIES
221	ANTI-HEPATITIS E VIRUS ANTIBODIES (TOTAL)
222	ANTI-ISLET OF LANGERHANS ANTIBODIES
223	ANTI-INFLUENZA A, IGG, ANTIBODIES, RESEARCH
224	ANTI-INFLUENZA A, IGM, ANTIBODIES, RESEARCH
225	ANTI-INFLUENZA B, IGG ANTIBODIES
226	ANTI-INFLUENZA B, IGM ANTIBODIES
227	ANTI-ENDOMYSIUM - IGG, IGM, IGA (EACH), ANTIBODIES, RESEARCH
228	NATURAL ANTIBODIES (ISOAGGLUTININS), RESEARCH
229	NATURAL ANTIBODIES (ISOAGGLUTININS), TITRATION
230	ANTI-ADRENAL CORTEX ANTIBODIES
231	ANTI-GLIADIN (GLUTEN) ANTIBODIES - IGA
232	ANTI-GLIADIN (GLUTEN) ANTIBODIES - IGG
233	ANTI-GLIADIN (GLUTEN) ANTIBODIES - IGM
234	ANTI-BASEMENT MEMBRANE ANTIBODIES
235	ANTI-MICROSOMAL ANTIBODIES
236	ANTI-MITOCHONDRIAL ANTIBODIES
237	ANTI-MITOCHONDRIAL ANTIBODIES, M2
238	ANTI-HEART MUSCLE, ANTIBODIES, RESEARCH
239	ANTI-STRIATED MUSCLE ANTIBODIES
240	ANTI-SMOOTH MUSCLE ANTIBODIES
241	ANTI-NEUTROPHILS (ANCA-C, ANTI-NEUTROPHIL CYTOPLASM), ANTIBODIES, RESEARCH
242	ANTI-NEUTROPHIL ANTIBODIES (ANCA) P
243	ANTIBODIES TO ANTIBODIES
244	ANTI-TPO (ANTI-THYROID PEROXIDASE), ANTIBODIES, RESEARCH

#	Examination
245	AGG AVIDITY, TEST FOR CYTOMEGALOVIRUS (CMV), MONONUCLEOSIS (EBV), RUBELLA, OR TOXOPLASMOSIS
246	BETA 2 MICROGLOBULIN, DOSAGE
247	BIOTINIDASE, ACTIVITY OF, QUALITATIVE
248	BLASTOMICOSE
249	BRUCELLA, IGG ANTIBODIES, RESEARCH
250	BRUCELLA, IGM ANTIBODIES, RESEARCH
251	BRUCELLA, QUICK TEST
252	CIQ
253	C3 PROACTIVATOR
254	C3A (FACTOR B)
255	CA 50, DOSAGE
256	CA 242, DOSAGE
257	CA 2729 (CA 27.29, CA 27-29), DOSAGE
258	MUMPS, IGG ANTIBODIES, RESEARCH
259	MUMPS, IGM ANTIBODIES, RESEARCH
260	CHLAMYDIA (CHLAMYDIA), IGG ANTIBODIES, RESEARCH
261	CHLAMYDIA (CHLAMYDIA), IGM ANTIBODIES, RESEARCH
262	CLOSTRIDIUM DIFFICILE, TOXINA A
263	COMPLEMENT C2, DOSAGE
264	COMPLEMENT C5, DOSAGE
265	CH-100 ADD-ON
266	CRYOAGGLUTININS, GLOBULINS, DOSAGE, EACH
267	CRYOAGGLUTININS, GLOBULINS, RESEARCH, EACH
268	CROSS MATCH (HISTOCOMPATIBILITY CROSS-TEST FOR KIDNEY TRANSPLANTATION)
269	IN VITRO LYMPHOCYTE CULTURE OR STIMULATION BY CONCANAVALIN, PHA OR POKWEED
270	DENGUE - IGG AND IGM (EACH)
271	ECHOVIRUS (PANEL), SEROLOGY FOR
272	ECHINOCOCCOSIS (INTRADERMAL REACTION)
273	SPOROTRICHOSIS, SEROLOGICAL REACTION
274	SPOROTRIQUINE (INTRADERMAL REACTION)
275	FILARIA, SEROLOGY
276	HLA, GENOTYPING
277	GIARDIA, SEROLOGICAL REACTION
278	HELICOBACTER PYLORI - IGA
279	HELICOBACTER PYLORI - IGG

#	Examination
280	HELICOBACTER PYLORI - IGM
281	HEPATITE C, IGM (ANTI-HCV IGM)
282	HEPATITIS C - IMMUNOBLOT
283	HEPATITIS DELTA, IGG
284	HEPATITIS DELTA, IGM
285	HEPATITIS DELTA, ANTIGEN
286	DELAYED HYPERSENSITIVITY (INTRADERMALATION - RDI), EACH
287	HISTAMINE DOSAGE
288	HISTONE, ANTIBODIES, RESEARCH
289	HIV, P24 ANTIGEN, RESEARCH
290	HIV1 OR HIV2, ANTIBODY TESTING
291	HIV1+HIV2, ANTIBODIES, RESEARCH (HIV-TR)
292	HLA-DR, GENOTYPING
293	HLA-DR+DQ, GENOTYPING
294	HTLV1 OR HTLV2 ANTIBODY TEST (EACH)
295	IGD, DOSAGE
296	RAST - IGE SPECIFIC GROUP, RESEARCH
297	RAST - ALLERGEN SPECIFIC IGE, RESEARCH
298	IMMUNOGLOBULIN G (IGG), DOSAGE
299	IGG, SUBCLASSES 1,2,3,4 (EACH)
300	CIRCULATING IMMUNE COMPLEXES
301	CIRCULATING IMMUNE COMPLEXES, WITH RAJI CELLS
302	IMMUNOELECTROPHORESIS (GAMMOPATHY STUDY)
303	ISOSPORA, ANTIGEN RESEARCH
304	ITO - SOFT CHANCRE (INTRADERMORATION)
305	SARCOIDOSIS, IDER
306	LEGIONELLA - IGG AND IGM (EACH)
307	LEISHMANIASIS - IGG AND IGM (EACH)
308	LEPTOSPIRA (LEPTOSPIROSIS) IGG ANTIBODIES, RESEARCH
309	LEPTOSPIRA (LEPTOSPIROSIS), IGM ANTIBODIES, RESEARCH
310	LEPTOSPIROSIS, AGLUTINATION
311	HELPER T LYMPHOCYTES COUNT (IF WITH OKT-4) (CD-4+) FLOW CYTOMETRY
312	SUPPRESSOR T LYMPHOCYTES COUNT (IF WITH OKT-8) (CD-8) FLOW CYTOMETRY
313	LYME - IGG
314	LYME - IGM
315	PLASMODIUM (MALARIA), IGG ANTIBODIES, RESEARCH

#	Examination
316	PLASMODIUM (MALARIA), IGM ANTIBODIES, RESEARCH
317	PPD (INTRADERMORATION FOR TUBERCULOSIS, MANTOUX)
318	MCA (CARCINO-MAMMARY ANTIGEN)
319	MYCOPLASMA PNEUMONIAE, IGG ANTIBODIES, RESEARCH
320	MYCOPLASMA PNEUMONIAE, IGM ANTIBODIES, RESEARCH
321	MONONUCLEOSIS, SEROLOGICAL REACTION
322	MONONUCLEOSE, ANTI-VCA (EBV) IGG
323	MONONUCLEOSE, ANTI-VCA (EBV) IGM
324	MONTENEGRO - LEISHMANIASIS (INTRADERMOREAÇÃO)
325	BIOCHEMICAL TEST TO DETERMINE FETAL RISK
326	PARVOVIRUS, IGG ANTIBODIES, IGM (EACH)
327	VASOACTIVE INTESTINAL PEPTIDE, DOSAGE
328	PROTEIN C, IMMUNOLOGICAL TEST
329	CATIONIC EOSINOPHILIC PROTEIN (ECP)
330	PSITTACOSIS, SEROLOGICAL REACTION
331	SEROLOGICAL REACTION FOR COXSACKIE, IGG NEUTRALIZATION
332	SCHISTOSOMA (SCHISTOSOMIASIS), IGG ANTIBODIES, RESEARCH
333	SCHISTOSOMA (SCHISTOSOMIASIS), IGM ANTIBODIES, RESEARCH
334	LYMPHOCYTE MIGRATION INHIBITION TEST (FOR EACH ANTIGEN)
335	BREATH TEST FOR H. PYLORI
336	TOXOCARA CANNIS, IGG ANTIBODIES, RESEARCH
337	TOXOCARA CANNIS, IGM ANTIBODIES, RESEARCH
338	TOXOPLASMIN (INTRADERMORATION)
339	HELICOBACTER PYLORI, RAPID TEST (UREASE)
340	RESPIRATORY SYNCYTIAL VIRUS, IGG ANTIBODIES (ELISA)
341	RHEUMATOID FACTOR (WAALER-ROSE), RESEARCH
342	WESTERN BLOT (ANTI-HTVI OR HTLVII ANTIBODIES) (EACH)
343	WIDAL (TYPHOID FEVER)
344	ALLERGENS - ANTIGENIC PROFILE (PANEL WITH 36 ANTIGENS)
345	ANTI-DMP ANTIBODIES
346	ANTI-HYALURONIDASE, ANTIBODIES, RESEARCH
347	ANTI-DEOXYRIBONUCLEASE B ANTIBODIES, QUANTITATIVE NEUTRALIZATION
348	ANTI-LIVER ANTIBODIES (GLOMERULUS, TUB. RENAL CUT RAT KIDNEY), IFI
349	SOLUBLE METHYL BCG ANTIGENS (1 APPLICATION)
350	CHAGAS, HEMAGGLUTINATION
351	C3A, DOSAGE

#	Examination
352	CRYOGLOBULINS, CHARACTERIZATION - IMMUNOELECTROPHORESIS
353	DNCB, PATCH TESTING
354	FREI (LYMPHOGRANULOMA VENEREUM), INTRADERMORATION
355	GONOCOCCUS, SEROLOGICAL REACTION
356	GONOCOCCUS, HEMAGGLUTINATION (HA)
357	HYDATIDOSIS (ECHINOCOCCOSIS) DUAL IDI
358	STIMULATED NBT (NITROBLUE TETRAZOLIUM)
359	RUBELLA, ANTIBODIES, RESEARCH
360	MEASLES, IGG ANTIBODIES, RESEARCH
361	MEASLES, IGM ANTIBODIES, RESEARCH
362	TOXOPLASMA (TOXOPLASMOSIS), ANTIBODIES, RESEARCH
363	TOXOPLASMA (TOXOPLASMOSIS), IGA ANTIBODIES, RESEARCH
364	CHICKENPOX, IGG ANTIBODIES, RESEARCH
365	CHICKENPOX, IGM ANTIBODIES, RESEARCH
366	CHICKENPOX, ANTIBODIES, RESEARCH
367	RESPIRATORY SYNCYTIAL VIRUS, DIRECT RESEARCH
368	WEIL FELIX (RICKETSIOSIS), AGGLUTINATION REACTION
369	ANTI-SACCHAROMYCES (ASCA), ANTIBODIES, RESEARCH
370	HER-2 - RECEPTOR DOSING
371	POLIO, ANTIBODIES, RESEARCH
372	AMYLOID PROTEIN A
373	SCHISTOSOMA (SCHISTOSOMIASIS), RESEARCH
374	SYPHILIS, TOTAL ANTIBODIES, RESEARCH
375	SYPHILIS, IGM ANTIBODIES, RESEARCH
<b>Group</b>	<b>FLUIDS (CEREBROSPINAL FLUID/CEREBROSPINAL FLUID, SEMINAL, AMNIOTIC/SYNOVIAL AND OTHERS)</b>
376	ADENOSINE AMINASE (ADA)
377	CEREBROSPINAL FLUID, BIOCHEMISTRY (PROTEINS + PANDY + GLUCOSE + CHLORINE)
378	CELLS, TOTAL AND SPECIFIC COUNT
379	CELLS, NEOPLASTIC CELL RESEARCH (ONCOTIC CYTOLOGY)
380	CRYPTOCOCCOSIS, CANDIDA, ASPERGILLUS (LATEX)
381	HAEMOPHILUS INFLUENZAE - ANTIBODY TEST (EACH)
382	IMMUNOPRODUCTION INDEX (IGG INDEX, BLOOD-BRAIN BARRIER STUDY)
383	LIQUOR AMBULATORIAL
384	LIQUOR NEUROLOGY
385	LIQUOR PS

#	Examination
386	ISOFOCAL OLIGOCLONAL BAND RESEARCH
387	ANTI-BASIC MYELIN PROTEIN, ANTIBODIES, RESEARCH
388	NONNE-APPLE, REACTION OF
389	TAKATA-ARA, REACTION OF
390	FETAL LUNG MATURITY
391	AMNIOTIC FLUID-AMNIOGRAM ROUTINE (CYTOLOGICAL, SPECTROPHOTOMETRY, CREATININE, AND CLEMENTS TEST)
392	URINARY CRYSTALS, POLARIZED LIGHT RESEARCH
393	ROCYTES, RESEARCH (SYNOVIAL FLUID AND EFFUSIONS)
394	SYNOVIOGRAM (SYNOVIAL FLUID) - PHYSICAL CHARACTERS, CYTOLOGY, PROTEINS, URIC ACID, LATEX FOR RHEUMATOID FACTOR, BACTERIOSCOPY
<b>Group</b>	<b>MICROBIOLOGY</b>
395	ANTIBIOGRAM FOR ABA - 2-LINE DRUGS
396	FUNGI (FUNGAL), ANTIGENS, RESEARCH
397	BACTERIOSCOPY (GRAM, ZIEHL, ALBERT, ETC.), BY SLIDE
398	CHLAMYDIA (CHLAMYDIA), CULTURE
399	CHOLERA (VIBRIO CHOLERAЕ), IDENTIFICATION (SEROTYPING INCLUDED)
400	DONOVANI, CORPUSCLES, RESEARCH
401	CRYPTOCOCCUS (CHINA INK), RESEARCH BY
402	CRYPTOSPORIDIUM, RESEARCH
403	CULTURE FOR BAAR
404	QUANTITATIVE CULTURE OF PULMONARY SECRETIONS, WITH PREVIOUS TREATMENT WITH A.N.C.
405	COPROCULTURE
406	STOOL CULTURE (FECES, CULTURE) FOR ENTEROPATHOGENIC SALMONELLA, SHIGELLA, AND E. COLI (SEROTYPING INCLUDED)
407	HERPESVIRUS OR OTHER CULTURE
408	CULTURE FOR MYCOPLASMA OR UREAPLASMA
409	QUANTITATIVE UROCULTURE
410	FUNGI, RESEARCH (FRESH LACTOPHENOL, CHINA INK)
411	AUTOMATED BLOOD CULTURE (BY SAMPLE)
412	BLOOD CULTURE FOR ANAEROBIC BACTERIA (PER SAMPLE)
413	HEMOPHILUS (BORDETELLA) PERTUSSIS
414	HANSEN, RESEARCH OF (BY MATERIAL)
415	LEPTOSPIRA, (DARK FIELD AFTER CONCENTRATION) RESEARCH
416	DRUG SUSCEPTIBILITY TESTING (MIC) FOR MICROORGANISMS, BY DRUG TESTED
417	PARACOCCIDIOIDES, RESEARCH
418	PNEUMOCYSTIS CARINII, SEARCH FOR SPECIAL STAINING

#	Examination
419	ROTAVIRUS, RESEARCH, ELISA
420	AUTOGENOUS VACCINE
421	CYTOMEGALOVIRUS - SHELL VIAL
422	MICROSPORIDIUM, RESEARCH
423	SARCOPTES SCABIEI, RESEARCH
424	AUTOMATED CULTURE
<b>Group</b>	<b>URINALYSIS</b>
425	CITRIC ACID (CITRATE), DOSAGE
426	HOMOGENOUS ACID
427	URINARY CALCULUS (QUALITATIVE EXAMINATION, QUALITATIVE ANALYSIS)
428	FRACTIONATED CATECHOLAMINES - DOPAMINE, EPINEPHRINE, NOREPINEPHRINE, DOSAGE (EACH)
429	CYSTINURIA (CYSTINE IN THE URINE), RESEARCH
430	COPROPORPHYRIN III, DOSAGE
431	KETONE BODIES, RESEARCH
432	SUGAR CHROMATOGRAPHY
433	ERYTHROCYTE DYSMORPHISM, RESEARCH (PHASE CONTRAST)
434	INBORN ERRORS OF METABOLISM BATTERIES OF CHEMICAL SCREENING TESTS IN URINE (MINIMUM OF 6 TESTS)
435	GALACTOSURIA, RESEARCH
436	URINARY LIPOIDS, RESEARCH
437	MELANIN, RESEARCH
438	URINARY METANEPHRINES, DOSAGE
439	INVESTIGATION OR DOSAGE OF A URINARY COMPONENT
440	UROPORPHYRINS, DOSAGE
441	2.5 HEXANEDIONE, URINE DOSAGE
442	CYSTINURIA (CYSTINE IN THE URINE), RESEARCH
443	TITRATABLE ACIDITY
444	BARBITURATOS, RESEARCH
445	BETA MERCAPTO-LACTATE-DISULFIDURIA, RESEARCH
446	PHENYL KETONE IN URINE (PHENYLKETONURIA), RESEARCH
447	HISTIDINE, RESEARCH (URINE)
448	CYTOMEGALIC INCLUSION CELLS, RESEARCH
449	MYOGLOBIN, RESEARCH
450	CONCENTRATION TEST (FISHBERG OR VOLHARD)
451	WATER OVERLOAD, PROOF
<b>Group</b>	<b>SUNDRY</b>

#	Examination
452	CERVICAL MUCUS CRYSTALLIZATION, RESEARCH
453	SEXUAL CHROMATIN, RESEARCH
454	SODIUM (NA) AND CHLORINE (CL) IN SWEAT (WITH COLLECTION), DOSAGE
455	MUCO-NASAL, EOSINOPHIL AND MAST CELL RESEARCH
456	METABOLIC PROFILE FOR RENAL LITHIASE: BLOOD (CA, P, AU, CR) URINE: (CA, AU, P, CITR, PESQ. CYSTINE) AMP-CYCLIC
457	HOLLANDER TEST ON GASTRIC JUICE
458	PANCREOZYME SECRETIN IN DUODENAL JUICE, TEST
459	ROUTINE OF BILE A, B, C, AND DUODENAL JUICE (PHYSICAL AND MICROSCOPIC CHARACTERS INCLUDING TUBING)
460	DUODENAL PIPING
461	RHEUMATIC PROFILE (URIC ACID, PROTEIN ELECTROPHORESIS, ANA, ESR, RHEUMATOID FACTOR, W. ROSE)
462	PH, DETERMINATION
463	RHEUMATIC ACTIVITY TESTS (ASLO, PROTEIN ELECTROPHORESIS, MUCOPROTEINS, AND C-REACTIVE PROTEIN)
464	LIVER FUNCTION TESTS (BILIRUBINS, PROTEIN ELECTROPHORESIS, AF, TGO, TGP, AND GAMMA-PGT)
<b>Group</b>	<b>TOXICOLOGY/THERAPEUTIC MONITORING</b>
465	PHENYLGLYOXYLIC ACID (FOR STYRENE)
466	HIPPURIC ACID, DOSAGE
467	MANDELIC ACID, DOSAGE
468	METHYLHIPPURIC ACID, DOSAGE
469	SALICYLIC ACID (SALICYLATES), DOSAGE
470	SODIUM AZIDE, TEST (FOR CARBON DISULFIDE)
471	CARBOXYHEMOGLOBIN, DOSAGE
472	COPROPORPHYRINS (FOR INORGANIC LEAD)
473	MALONIC DIALDEHYDE
474	FLUORINE (F)
475	FORMALDEHYDE
476	METALS, ATOMIC ABSORPTION DOSAGE (EACH)
477	METHANOL, DOSAGE
478	P-AMINOPHENOL (FOR ANILINE)
479	PARANITROPHENOL (FOR NITROBENZENE)
480	FREE ERYTHROCYTE PROTOPORPHYRINS
481	PROTOPORPHYRINAS ZINC
482	SELENIUM (SE), DOSAGE
483	ORGANIC OR INORGANIC SULFATES, RESEARCH (EACH)

#	Examination
484	TOTAL TRICHLOROCOMPOUNDS (FOR TETRACHLOROETHYLENE, TRICHLOROETHANE, TRICHLOROETHYLENE)
485	ACETIC ACID
486	METHYL MALONIC ACID, DOSAGE
487	CHROMIUM (CR), DOSAGE
488	ZINC (ZN), DOSAGE
489	SALICYLATES, RESEARCH
490	METHYL ETHYL KETONE
<b>Group</b>	<b>MOLECULAR BIOLOGY</b>
491	APOLIPOPROTEIN E, GENOTYPING
492	CYTOMEGALOVIRUS, QUALITATIVE PCR
493	CYTOMEGALOVIRUS, QUANTITATIVE PCR
494	PHILADELPHIA CHROMOSOME (TRANSLOCATION 9 - 22, PHILADELPHIA CHROMOSOME), RESEARCH
495	LEIDEN FACTOR V BY PCR
496	HEPATITIS B, QUALITATIVE PCR
497	HEPATITIS B, QUANTITATIVE PCR
498	HEPATITIS C, QUALITATIVE PCR
499	HEPATITIS C, GENOTYPING
500	HIV, GENOTYPING
501	HPV (HUMAN PAPILLOMAVIRUS) + SUBTYPING WHEN PCR IS NEEDED
502	HTLVI/2 PER PCR (EACH)
503	MYCOBACTERIA, QUALITATIVE PCR
504	PARVOVIRUS, QUALITATIVE PCR
505	TOTAL + FREE PROTEIN S, DOSAGE
506	RUBELLA, QUALITATIVE PCR
507	SYPHILIS, QUALITATIVE PCR
508	TOXOPLASMOSIS, QUALITATIVE PCR
509	X FRAGILE BY PCR
510	CHLAMYDIA (CHLAMYDIA) BY MOLECULAR BIOLOGY
511	BONE MARROW CYTOGENETICS
512	AMPLIFICATION OF MATERIAL BY MOLECULAR BIOLOGY
513	PCR SEARCH FOR OTHER AGENTS
514	ALLELE-SPECIFIC MUTATION, QUALITATIVE PCR
515	RESISTANCE TO ANTIVIRAL AGENTS BY MOLECULAR BIOLOGY (EACH DRUG)
516	QUANTITATIVE PCR, VARIOUS AGENTS
<b>Group</b>	<b>PATHOLOGICAL ANATOMY AND CYTOPATHOLOGY</b>

#	Examination
517	PERIOPERATIVE ANATOMOPATHOLOGICAL EXAMINATION WITHOUT PATHOLOGIST DISPLACEMENT
518	PERIOPERATIVE ANATOMOPATHOLOGICAL EXAMINATION (ADDITIONAL SPECIMEN OR SURGICAL MARGIN)
519	PERIOPERATIVE PATHOLOGICAL EXAMINATION WITH PATHOLOGIST DISPLACEMENT
520	NECROPSY OF ADULT/CHILD AND STILLBIRTH WITH SUSPECTED GENETIC ANOMALY
521	EMBRYO/FETUS NECROPSY UP TO 500 (FIVE HUNDRED) GRAMS
522	ELECTRON MICROSCOPY
523	ACT OF COLLECTING FAP FROM SUPERFICIAL ORGANS OR STRUCTURES - WITHOUT DISPLACEMENT OF THE PATHOLOGIST
524	ACT OF COLLECTING FAP FROM DEEP ORGANS OR STRUCTURES WITHOUT DISPLACEMENT OF THE PATHOLOGIST
525	ACT OF COLLECTING FAP FROM SUPERFICIAL ORGANS OR STRUCTURES WITH DISPLACEMENT OF THE PATHOLOGIST
526	ACT OF COLLECTING FAP FROM DEEP ORGANS OR STRUCTURES WITH DISPLACEMENT OF THE PATHOLOGIST
527	ANATOMOPATHOLOGICAL EXAMINATION IN SIMPLE BIOPSY ("IMPRINT" AND "CELL BLOCK")
528	ONCOTIC CYTOLOGY (SKIN FLUIDS AND SCRAPINGS)
529	ONCOTIC COLPOCYTOLOGY (CERVICAL-VAGINAL CYTOPATHOLOGY, PAP SMEAR)
530	SERIAL HORMONAL CYTOLOGY
531	REVISION OF SLIDES OR SERIAL HISTOLOGICAL SECTIONS
532	HORMONAL CYTOLOGY ALONE
533	ANATOMOPATHOLOGICAL EXAMINATION (IMMUNOHISTOCHEMISTRY PANEL (TWO TO FIVE REACTIONS))
534	ANATOMOPATHOLOGICAL EXAMINATION (IMMUNOHISTOCHEMICAL REACTION ALONE)
535	ANATOMOPATHOLOGICAL (MULTIPLE FRAGMENTS OF BIOPSIES OF THE SAME ORGAN OR TOPOGRAPHY, PACKED IN THE SAME VIAL)
536	ANATOMOPATHOLOGICAL (GROUPS OF LYMPH NODES, NEIGHBORING STRUCTURES, AND MARGINS OF SIMPLE OR COMPLEX ANATOMICAL SPECIMENS) (BY MARGIN)
537	ANATOMOPATHOLOGICAL EXAMINATION IN LIMB AMPUTATION (WITHOUT ONCOLOGICAL CAUSE)
538	ANATOMOPATHOLOGICAL EXAMINATION IN LIMB AMPUTATION (ONCOLOGICAL CAUSE)
539	PATHOLOGICAL EXAMINATION ON FA SLIDES (UP TO 5)
540	SPECIAL COLORING BY COLORING
541	ANATOMOPATHOLOGICAL EXAMINATION WITH IMMUNOFLUORESCENCE
542	ANATOMOPATHOLOGICAL (IN SITU HYBRIDIZATION PANEL)
543	PATHOLOGICAL ANATOMY (HYBRID CAPTURE)
544	ANATOMOPATHOLOGICAL EXAMINATION - FLOW CYTOMETRY (PER MONOCLONAL RESEARCHED)
545	ANATOMOPATHOLOGICAL EXAMINATION (IMAGE CYTOMETRY)
546	ANATOMOPATHOLOGICAL EXAMINATION IN LIQUID MEDIUM
<b>Group</b>	<b>RADIOIMUNOENSAIO (IN VITRO)</b>

#	Examination
547	3-ALPHA ANDROSTANEDIOL GLUCURONIDE (3ALPHADIOL)
548	VANILMANDELIC ACID (VMA), DOSAGE
549	ALDOSTERONE, DOSAGE
550	ANTI-TSH RECEPTOR ANTIBODIES (TRAB)
551	ANTI-INSULIN ANTIBODIES
552	ANTI-THYROID ANTIBODIES (THYROGLOBULIN)
553	PSA FREE (FREE PROSTATE-SPECIFIC ANTIGEN), DOSAGE
554	CALCITONIN, DOSAGE
555	CATECHOLAMINES, DOSAGE
556	COMPOUND S (11-DEOXYCORTISOL)
557	DIHYDROTESTOSTERONE (DHT)
558	DRUGS (IMMUNOSUPPRESSANT, ANTICONVULSANT, DIGITALIS, ETC.) EVERY
559	FOLLICLE-STIMULATING HORMONE (FSH), DOSAGE
560	SEX HORMONE BINDING GLOBULIN (SHBG)
561	TUMOR MARKERS: CA 125 (CA 12.5, CA 12-5), CA 153 (CA 15.3, CA 15-3), CA 199 (CA 19.9, CA 19-9), CA 724 (CA 72.4, CA 72-4), DOSAGE
562	OSTEOCALCIN, DOSAGE
563	PARATHYROID HORMONE (PTH), DOSAGE
564	T3 FREE (TRIIODOTHYRONINE FREE), DOSAGE
565	T4 FREE (FREE THYROXINE), DOSAGE
566	ADH (ANTI-DIURETIC HORMONE, VASOPRESSIN), DOSAGE

- 14.3.1.10 The laboratory responsible for processing the exams and/or clinical analyses, which may be internal or external to the HOSPITAL COMPLEX, must be licensed to carry out the respective exams and analyses, according to current legislation, in addition to having ISO 9001 certification and having current accreditation in the Clinical Laboratory Certification Program (PALC).
- 14.3.1.11 This laboratory must also have a quality control program in place for a comprehensive set of procedures, policies and practices that ensure the accuracy, reliability, and integrity of laboratory test results, including the definition of standard operating procedures, biosafety policies, maintenance and calibration plan for MEDICAL-HOSPITAL EQUIPMENT and proficiency tests.
- 14.3.1.12 The CONCESSIONAIRE shall provide a technically qualified medical interlocutor who will be responsible for the discussion of potentially complex diagnostic cases, resulting from these services, with the FINALISTIC SERVICES team. This professional must be available 24 (twenty-four) hours a day, remotely, 7 (seven) days a week, for any case discussions with the FINALISTIC SERVICES team.
- 14.3.1.13 The CONCESSIONAIRE shall use a computerized laboratory system (e.g., LIS) for recording and managing PATIENT data and test results and shall be integrated with the HOSPITAL INFORMATION SYSTEM.

#### 14.3.2 OPERATION

- 14.3.2.1 For outpatients, the opening hours of the clinical analysis sector for collections will be from Monday to Saturday, from 7 a.m. to 7 p.m., with an extra shift on a weekday from 7 p.m. to 11 p.m., as defined in the respective Work Plan.
- 14.3.2.2 For hospitalized PATIENTS, a continuous clinical analysis service must be offered, operating 24 (twenty-four) hours a day, 7 (seven) days a week, including to meet urgent and emergency demands.
- 14.3.2.3 The opening hours of the Pathological Anatomy and Cytopathology sector for receiving samples will be from Monday to Friday from 7 (seven) to 19 (nineteen) hours.

### 14.4 NEWBORN SCREENING

#### 14.4.1 DEFINITION

- 14.4.1.1 The CONCESSIONAIRE will be responsible for carrying out the Neonatal Screening exams, specifically the "heel prick test". The other exams, such as the "little heart test" (screening for congenital heart disease), "tongue test" (identification of ankyloglossia), and the "little ear test" (hearing neonatal screening – PNA) and the "little eye test" (ocular neonatal screening), are the responsibility of the FINALISTIC SERVICES team.

#### 14.4.2 SERVICE DESCRIPTION

- 14.4.2.1 The Neonatal Screening exam service, under the responsibility of the CONCESSIONAIRE, must meet the requests of the FINALISTIC SERVICES team, received through the HOSPITAL INFORMATION SYSTEM, considering the exams listed in item 14.4.1.
- 14.4.2.2 The collection of samples for the exams must be carried out on the premises of the HOSPITAL COMPLEX, between the third (3rd) and fifth (5th) day of the newborn's life, through heel puncture.
- 14.4.2.3 The responsibility for collecting the samples will be entirely the responsibility of the CONCESSIONAIRE, which must ensure that the procedure is carried out in accordance with the technical and normative standards in force.
- 14.4.2.4 The CONCESSIONAIRE may choose to process and analyze the samples in external laboratories, including the issuance of the corresponding reports.
- 14.4.2.5 The choice of external laboratories for the processing of samples must comply with the criteria of technical qualification and certification required by the GRANTING AUTHORITY, ensuring the quality and reliability of the results.
- 14.4.2.6 The samples must be stored in refrigerators until transport for processing, being transported by the CONCESSIONAIRE or by a company hired by it in a safe manner, from collection to the analysis laboratories, using appropriate containers to avoid contamination or damage.
- 14.4.2.7 The CONCESSIONAIRE must use specific materials for sample collection, according to the standards established by SUS, including the appropriate filter paper for the heel prick test.
- 14.4.2.8 All EQUIPMENT, FURNITURE, materials, and items necessary for collection, transportation of samples, processing of exams, issuance, and delivery of reports, must be provided by the CONCESSIONAIRE.

- 14.4.2.9 Each PATIENT attended, a terminal cleaning and disinfection of the areas, EQUIPMENT, FURNITURE, and other materials used must be carried out by the CONCESSIONAIRE.
  - 14.4.2.10 The delivery of the results of the exams must be carried out in a format defined with the GRANTING AUTHORITY when the respective Work Plan is prepared, with preference for availability in electronic media.
  - 14.4.2.11 The CONCESSIONAIRE shall keep detailed records, in the HOSPITAL INFORMATION SYSTEM, of all stages of the process of collection, processing and analysis of samples.
- 14.4.3 OPERATION
- 14.4.3.1 The opening hours of the Neonatal Screening sector for sample collection and processing will be from Monday to Friday from 7 (seven) to 19 (nineteen) hours.

## **14.5 GRAPHIC METHODS**

### 14.5.1 DEFINITION

- 14.5.1.1 The CONCESSIONAIRE will be responsible for performing the following graphic method exams: Electrocardiography (ECG); Electroencephalography (EEG); Cardiotocography; Spirometry; ABPM (Ambulatory Blood Pressure Monitoring) and HOLTER (Ambulatory ECG Monitoring).
- 14.5.1.2 The exams indicated above must necessarily be performed in the HOSPITAL COMPLEX.
- 14.5.1.3 Graphic methods are aimed at the diagnosis, treatment, and monitoring of various medical conditions, using specific tests to obtain detailed information about the functioning of the body. These methods include analyzing graphical data to identify heart, neurological, pulmonary, and other pathologies.

### 14.5.2 SERVICE DESCRIPTION

- 14.5.2.1 The graphic methods service will be located on the premises of the "SADT", serving PATIENTS.
- 14.5.2.2 The graphic methods to be performed in the HOSPITAL COMPLEX include the following exams:
  - 14.5.2.2.1 Electrocardiography (ECG): Provides detailed information about heart rate and rhythm, as well as detecting abnormalities in the heart, such as arrhythmias, infarctions, and other heart conditions;
  - 14.5.2.2.2 Electroencephalography (EEG): EEG detects and records the electrical signals produced by nerve cells in the brain. These records are presented as brainwave charts, which can be analyzed to identify normal and abnormal patterns of brain activity. The interpretation of these brain waves provides a possibility for the FINALISTIC SERVICES team to identify normal and abnormal patterns of electrical activity, which may be indicative of various neurological conditions, such as epilepsy, sleep disorders, and cognitive alterations. EEG can also be used to confirm the absence of electrical activity in the brain, one of the criteria necessary to declare brain death. This process is especially important in situations of organ donation, in which confirmation of brain death is a prerequisite for removing organs for transplantation. Although it is not the only test used, EEG offers an objective evaluation that, when combined with other clinical tests, strengthens the diagnosis of brain death, providing greater security and clarity in the decision-making process.

- 14.5.2.2.3 Cardiotocography: Graphically records fetal heart rate and uterine contractions, allowing visualization and analysis of this data in a continuous graph format. This method provides essential information for assessing fetal health and monitoring labor;
- 14.5.2.2.4 Spirometry: Measures the airflow in the lungs and produces charts that help diagnose conditions such as asthma, COPD (chronic obstructive pulmonary disease), and other respiratory diseases. These graphical representations provide detailed information on the respiratory capacity and efficiency of the lungs, and are essential for the diagnosis and monitoring of lung diseases;
- 14.5.2.2.5 ABPM: Records the PATIENT's blood pressure continuously for 24 (twenty-four) hours, creating a graph that shows the variations throughout the day and night. These charts are critical for diagnosing and monitoring hypertension and other blood pressure-related conditions;
- 14.5.2.2.6 HOLTHER: Records the electrical activity of the heart continuously, usually for 24 (twenty-four) to 48 (forty-eight) hours, and the results are presented in graphs. These charts allow the FINALISTIC SERVICES team to analyze heart rate and rhythms, identifying any irregularities or arrhythmias that may not be detected in a short-term electrocardiogram (ECG) exam.
- 14.5.2.3 On the day of the exam, the PATIENT not hospitalized in the HOSPITAL COMPLEX will be received at the reception by the CONCESSIONAIRE's team, to verify their information and receive instructions to perform the procedure, with subsequent receipt of the report.
- 14.5.2.4 For hospitalized PATIENTS, the FINALISTIC SERVICES team must previously schedule the scheduling of this PATIENT in the HOSPITAL INFORMATION SYSTEM and request the transportation of the PATIENT to the exam site by the Transportation Center. In exceptional cases, with the impossibility of care (for example, when the PATIENT is bedridden, without the possibility of movement) to transport the PATIENT, the exams may be performed in the bed itself with portable MEDICAL-HOSPITAL EQUIPMENT that allows it to be performed in this way.
- 14.5.2.5 All EQUIPMENT, FURNITURE, and items necessary for the examination, issuance, and delivery of the reports, must be provided by the CONCESSIONAIRE, according to ANNEX 6 - EQUIPMENT AND FURNITURE.
- 14.5.2.6 For each PATIENT attended, the CONCESSIONAIRE must carry out a concurrent cleaning of the EQUIPMENT, FURNITURE, or, for PATIENTS in isolation, a terminal cleaning and disinfection of the EQUIPMENT and FURNITURE.
- 14.5.2.7 The delivery of the results of the exams must be carried out in the format defined with the GRANTING AUTHORITY when the respective Work Plan is prepared, with preference for making them available in electronic media. All exams must be registered by the CONCESSIONAIRE in the PACS (*Picture Archiving and Communication System*) system.
- 14.5.3 OPERATION
  - 14.5.3.1 The opening hours must be from Monday to Saturday, from 7 (seven) to 19 (nineteen) hours, except as provided for in item 14.5.3.3.
  - 14.5.3.2 For hospitalized PATIENTS, the exams should be performed, preferably, at the time provided for in item 14.5.3.1.
  - 14.5.3.3 The following exams will not be performed outside the hours indicated in item 14.5.3.1. Keywords : Electroencephalography (EEG), Spirometry, ABPM and Holter.

- 14.5.3.4 In the case of need for Electrocardiography (ECG) or Cardiotocography exams, when on an urgent and emergency basis for hospitalized PATIENTS, in a regime outside the hours provided for in item 14.5.3.1, the examinations must be carried out by the GRANTING AUTHORITY team.
- 14.5.3.5 Emergency and EEG exams must be performed by the CONCESSIONAIRE during 24 (twenty-four) hours, 7 (seven) days a week.

## **14.6 IMAGING**

### **14.6.1 DEFINITION**

- 14.6.1.1 The CONCESSIONAIRE will be responsible for performing the following imaging exams, which will include endoscopy, radiography (X-ray), computed tomography (CT), ultrasonography (USG), nuclear magnetic resonance (MRI), mammography and bone densitometry.
- 14.6.1.2 For exams that require follow-up by an anesthesiologist (for example, in which the protocol requires "contrast" injection) or sedation, this professional must be made available, being the responsibility of the CONCESSIONAIRE, so that he/she can accompany the PATIENTS from the anesthetic evaluation to discharge after the exam is performed at the "SADT".
- 14.6.1.3 The anesthesiologists of the CONCESSIONAIRE must limit their activities to the areas belonging to the "SADT" services and may not provide services directly to the PATIENTS in the hospitalization beds ("bedside") and surgical center. If there is a need for this type of care, it will be the responsibility of the anesthesiologist who is a member of the FINALISTIC SERVICES team.
- 14.6.1.4 The CONCESSIONAIRE shall provide all the supplies and materials necessary for the sedation or anesthesia of the PATIENTS.
- 14.6.1.5 Except for the external reporting stage, all the exams indicated above must be carried out at the HOPE HEALTH COMPLEX.

### **14.6.2 SERVICE DESCRIPTION**

- 14.6.2.1 The Imaging service will be located on the premises of "SADT" for PATIENT care.
- 14.6.2.2 The reporting of the exams may take place outside the premises of the HOSPITAL COMPLEX, by professionals linked to the CONCESSIONAIRE.
- 14.6.2.3 On the day of the exam, the external PATIENT will be received at the reception by the CONCESSIONAIRE's team to verify their registration and scheduling information, as well as to receive instructions for performing the procedure and subsequent receipt of the report.
- 14.6.2.4 For hospitalized PATIENTS, the FINALISTIC SERVICES team must previously schedule the scheduling of this PATIENT in the HOSPITAL INFORMATION SYSTEM and request the transportation of the patient to the service / place of the exam by the Transportation Center.
- 14.6.2.5 The CONCESSIONAIRE must provide snacks to the PATIENTS who undergo tests that require fasting, ensuring their nutrition after the procedure.
- 14.6.2.6 All EQUIPMENT, FURNITURE, materials, and items necessary for the examination, issuance, and delivery of the reports, must be provided by the CONCESSIONAIRE.

- 14.6.2.7 For each PATIENT attended, the CONCESSIONAIRE must carry out a concurrent cleaning of the EQUIPMENT and FURNITURE or, for PATIENTS in isolation, a terminal cleaning and disinfection of the EQUIPMENT and FURNITURE.
- 14.6.2.8 The delivery of the results of the exams must be carried out in the format defined with the GRANTING AUTHORITY when the respective Work Plan is prepared, with preference for making them available in electronic media.
- 14.6.2.9 All exams must be registered by the CONCESSIONAIRE in the PACS (*Picture Archiving and Communication System*) system. and the RIS must be integrated with the HOSPITAL INFORMATION SYSTEM.
- 14.6.2.10 ENDOSCOPY
- 14.6.2.10.1 Endoscopy services involve procedures that use an endoscope, a flexible tube with a camera and light at the tip, to view the inside of organs and body cavities.
- 14.6.2.10.2 Endoscopy services, which include the performance of exams and the availability of an anesthesiologist to monitor these procedures, will be the responsibility of the CONCESSIONAIRE when performed in the endoscopy rooms at the Surgical Day Hospital.
- 14.6.2.10.2.1 The endoscopy exams performed in other locations of the HOSPITAL COMPLEX, such as the Surgical Center, will be the responsibility of the FINALISTIC SERVICES team, with the EQUIPMENT and FURNITURE being made available by the CONCESSIONAIRE.
- 14.6.2.10.2.2 The place where the exams will be performed must be established based on protocols previously established by the PARTIES in the SERVICE Work Plan, ensuring alignment and compliance with the operational and clinical needs of the PATIENTS.
- 14.6.2.10.3 At the end of the examination, the PATIENT will be sent to the anesthetic recovery bed and will wait until the moment of discharge by the professional in charge of the CONCESSIONAIRE and, if necessary, by the anesthesiologist of the CONCESSIONAIRE, or even referred to the bed of the hospitalized PATIENTS, accompanied by the TRANSPORT AGENT.
- 14.6.2.10.4 For bronchoscopy exams, the PATIENT will be monitored for a certain period, according to the reference clinical protocol, to ensure that there are no immediate complications.
- 14.6.2.10.5 The FINALISTIC SERVICES team will be responsible for emergency care through the Rapid Response Team (RRT) in all areas of PATIENT care, including the areas of responsibility of the CONCESSIONAIRE.
- 14.6.2.10.6 In the event of any medical complication during the performance of the exams under the responsibility of the CONCESSIONAIRE's teams, the first service must be performed by the CONCESSIONAIRE's local team and the TRR must be activated immediately after the occurrence through protocols established between the CONCESSIONAIRE and the GRANTING AUTHORITY, as defined in the Work Plan, for continuity of care for the PATIENT.
- 14.6.2.10.7 For each PATIENT attended, the CONCESSIONAIRE must carry out a concurrent cleaning of the EQUIPMENT and FURNITURE or, for PATIENTS in isolation, a terminal cleaning and disinfection of the EQUIPMENT and FURNITURE.
- 14.6.2.10.8 The CONCESSIONAIRE shall perform, at least, the endoscopy exams described in this ANNEX, including:

Table 15 - Minimum list of exams for Endoscopy

#	Endoscopy Exams
1	Bronchoscopy
2	Cystoscopy
3	Retrograde Endoscopic Cholangiopancreatography (ERCP)
4	Colonoscopy
5	Endoscopic ultrasound (endoscopic USG)
6	Upper Digestive Endoscopy
7	Urological endoscopy
8	Laparoscopy
9	Laryngoscopy
10	Mediastinoscopy
11	Nephroscopy
12	Pyeloscopy
13	Pleuroscopy
14	Detoxification
15	Ureteroscopy

#### 14.6.2.11 RADIOLOGY

- 14.6.2.11.1 For the construction of the service and its infrastructure, as well as for the provision of radiology exams, the CONCESSIONAIRE must comply with the legislation in force and other requirements indicated in ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS.
- 14.6.2.11.2 The radiology technicians will be part of the professional staff under the responsibility of the CONCESSIONAIRE and must be responsible for verifying the quality of the images extracted during the process of performing these exams and, if necessary, they must perform a new collection of images or adjust them in order to achieve the necessary sharpness for subsequent reporting.
- 14.6.2.11.3 The FINALISTIC SERVICES team will be responsible for emergency care through the Rapid Response Team (RRT) in all areas of PATIENT care, including the areas of responsibility of the CONCESSIONAIRE.
- 14.6.2.11.4 In the event of any medical complication during the performance of the exams under the responsibility of the CONCESSIONAIRE's teams, the first service must be performed by the CONCESSIONAIRE's team and the RRT must be activated immediately after the occurrence through protocols established between the CONCESSIONAIRE and the GRANTING AUTHORITY, as defined in the Work Plan, for continuity of care.

- 14.6.2.11.5 For each PATIENT attended, the CONCESSIONAIRE must carry out a concurrent cleaning of the EQUIPMENT and FURNITURE or, for PATIENTS in isolation, a terminal cleaning and disinfection of the EQUIPMENT and FURNITURE.
- 14.6.2.11.6 In the operation of radiology services, the CONCESSIONAIRE must also consider safety protocols, which include the use of personal protective equipment (PPE), dosimeters, radiation indicators (such as warning lights) and visual safety signs.
- 14.6.2.11.7 The CONCESSIONAIRE must provide a trousseau (radiological protection) for the PATIENT and his/her companion.
- 14.6.2.11.8 The CONCESSIONAIRE shall perform the radiology examinations described in this ANNEX, including:
  - 14.6.2.11.8.1 X-ray: Exams that use ionizing radiation to create images of bones and other internal tissues, and are widely used to detect fractures, infections, and bone anomalies;
  - 14.6.2.11.8.2 Computed Tomography (CT): Scans that combine X-rays with computer technology to produce detailed cross-sectional images of the body, useful for visualizing internal organs, bones, soft tissues, and blood vessels;
  - 14.6.2.11.8.3 Magnetic Resonance Imaging (MRI): Exams that use magnetic fields and radio waves to generate detailed images of internal organs and tissues, especially useful for visualizing the brain, spine, joints, and soft tissues;
  - 14.6.2.11.8.4 Ultrasound: Exam that allows real-time visualization of internal organs and tissues, helping in the diagnosis of conditions such as tumors, infections, and fetal anomalies.
  - 14.6.2.11.8.5 Mammography: Exams that use X-rays to obtain detailed images of breast tissue, allowing the identification of tumors and other breast conditions, such as cysts and calcifications;
  - 14.6.2.11.8.6 Bone Mineral Densitometry: Tests that measure the mineral density of bones, providing diagnoses for conditions such as osteoporosis.
- 14.6.2.11.9 The CONCESSIONAIRE will use Mobile X-ray equipment to perform this examination in PATIENTS hospitalized in critical areas and who are not in adequate transport conditions.
- 14.6.2.11.10 The CONCESSIONAIRE shall perform, at least, the radiology examinations described in this ANNEX, including:

Table 16 - Minimum list of X-ray exams

#	X-Ray Exams – Radiology
1	Skull – 2 incidences
2	Skull – 3 incidences
3	Orbits – Bilateral
4	Lower jaw
5	Facial bones
6	Bilateral temporomandibular joint
7	Cervical spine 3 views
8	Cervical spine 5 views

#	X-Ray Exams – Radiology
9	Backspine 2 views
10	Sacral loin column 3 views
11	Sacral loin column 5 views
12	Coccyx sacrum
13	External
14	Clavicular sternum joint
15	Ribs per hemothorax
16	Clavicle
17	Shoulder blade or scapula
18	Acromioclavicular joint
19	Humeral scapulum joint (shoulder)
20	Arm
21	Elbow
22	Forearm
23	Fist
24	Hand or fingernail
25	Basin
26	Sacroiliac joints
27	Hip joint (hip)
28	Thigh
29	Knee
30	Patella
31	Leg
32	Tibiotarsal joint (ankle)
33	Foot or toe
34	Calcaneus
35	Thorax 1 incidence
36	Chest 2 views
37	Thorax 3 incidences
38	Heart and vessels of the base
39	Larynx or hypopharynx or neck (soft tissues)
40	Oesophagus
41	Esophagus – hiatus – stomach and duodenum
42	Adult urethrocytography

#	X-Ray Exams – Radiology
43	Pediatric Cystourethrography
44	Simple abdomen
45	Acute abdomen
46	Opaque enema
47	Intestinal transit
48	Hysterosalpingography
49	Excretory urography
50	Fistulography
51	Angiography
52	Adult cholangiography
53	Paediatric cholangiography

14.6.2.11.11 The CONCESSIONAIRE shall also perform, at a minimum, the computed tomography (CT) examinations described in this ANNEX, including:

*Table 17 - Minimum list of exams for Computed Tomography*

#	Computed Tomography Exams – Radiology
1	Skull or sella turcica or orbits
2	Neck (soft tissues, larynx, thyroid, pharynx)
3	Thorax
4	Total abdomen (upper abdomen, pelvis, and retroperitoneum)
5	Upper Abdomen
6	Pelvis or pelvis
7	Cervical or dorsal or lumbar spine (up to 3 segments)
8	Column – additional segment
9	CT angiography (skull or neck or chest or upper abdomen or pelvis) – arterial or venous
10	Thoracic aortic CT angiography
11	Abdominal aortic CT angiography
12	Angio tomography of the upper and lower limbs
13	Coronary CT angiography
14	Computed tomography
15	Cardio CT scans

14.6.2.11.12 The CONCESSIONAIRE shall also perform, at a minimum, the magnetic resonance imaging (MRI) exams

described in this ANNEX, including:

*Table 18 – Minimum ratio of exams for Magnetic Resonance Imaging*

#	Magnetic Resonance Imaging – Radiology
1	Skull (brain)
2	Skull base
3	Upper abdomen (liver, pancreas, spleen, kidneys, adrenals, retroperitoneum)
4	Pelvis (does not include hip joints)
5	Leg (unilateral)
6	MRI angiography (skull or neck or chest or upper abdomen or pelvis) – arterial or venous

- 14.6.2.11.13 The ultrasound exams to be performed with the PATIENTS in the critical and bedside hospitalization units that do not require the issuance of a report, will also be carried out locally by the CONCESSIONAIRE team.
- 14.6.2.11.14 The CONCESSIONAIRE shall perform, at least, the ultrasonography examinations described in this ANNEX, including:

*Table 19 – Minimum list of exams for Ultrasonography*

#	Ultrasound Exams – Radiology
1	Total abdomen (includes lower abdomen)
2	Upper abdomen (liver, bile ducts, gallbladder, pancreas, spleen)
3	Female urinary tract (kidneys, ureters, and bladder)
4	Male urinary tract (kidneys, ureters, and bladder)
5	Female lower abdomen (bladder, uterus, ovary, and appendages)
6	Superficial organs (thyroid, scrotum, penis, or skull)
7	Superficial structures (cervical or armpits, muscle, or tendon)
8	Obstetric
9	Conventional obstetric with color Doppler
10	Obstetric multiple gestation: each fetus
11	Vaginal trans (includes female lower abdomen)
12	Color Doppler of bilateral arterial cervical vessels (carotid and vertebral)
13	Color Doppler of the aorta and renal arteries
14	Superior or inferior vena cava color doppler
15	Upper limb arterial color doppler – unilateral
16	Upper limb venous color doppler – unilateral

#	Ultrasound Exams – Radiology
17	Lower limb arterial color doppler – unilateral
18	Venous color doppler of the lower limb – unilateral
19	Obstetrics: fetal biophysical profile
20	Color Doppler of an isolated organ and/or structure
21	US-guided aspiration puncture
22	Doppler echocardiography

#### 14.6.3 OPERATION

- 14.6.3.1 For scheduled exams, the opening hours must be from Monday to Saturday, from 7 (seven) to 19 (nineteen) hours.
- 14.6.3.2 For hospitalized PATIENTS, a continuous service must be offered, which will operate 24 (twenty-four) hours a day, 7 (seven) days a week, to meet urgent and emergency demands emanating from the HOSPITAL COMPLEX, for X-Rays, Tomography, Magnetic Resonance Imaging and Ultrasonography exams.

### 14.7 HEMODIALYSIS

#### 14.7.1 DEFINITION

- 14.7.1.1 The CONCESSIONAIRE will be responsible for performing the Hemodialysis services, exclusively for PATIENTS hospitalized in the premises of the HOSPITAL COMPLEX.
- 14.7.1.2 Hemodialysis services will not be provided on an outpatient basis, being restricted to PATIENTS who need treatment during the period of hospitalization.
- 14.7.1.3 The CONCESSIONAIRE shall ensure that the Hemodialysis services are performed in accordance with the technical and normative standards in force, ensuring the quality and safety of the treatment for the PATIENTS.

#### 14.7.2 SERVICE DESCRIPTION

- 14.7.2.1 The hemodialysis service, under the responsibility of the CONCESSIONAIRE, must meet the requests of the FINALISTIC SERVICES team, received through the HOSPITAL INFORMATION SYSTEM. The CONCESSIONAIRE will have medical technical responsibility for the execution of this procedure on the PATIENTS referred to it.
- 14.7.2.2 Hemodialysis for hospitalized PATIENTS must be performed by a technical team under the responsibility of the CONCESSIONAIRE, in hospitalization beds, Intermediate Care Units (ICU) and/or Intensive Care Units (ICU), which must have the necessary human resources and infrastructure, including a team formed by a nephrologist, intensivist and specialized nurse. The FINALISTIC SERVICES team will be responsible for supervising the procedures and for the implantation and maintenance of catheters in the PATIENTS.

- 14.7.2.3 Due to the intermittent nature of the treatment, PATIENTS may experience significant variations in fluid and electrolyte levels, which may trigger symptoms such as fatigue, muscle cramps, and hypotension. The supervision of the FINALISTIC SERVICES team aims to ensure continuous monitoring of the PATIENT's vital signs and the ability to respond quickly and effectively to any complications, in order to minimize risks and improve the PATIENT's safety.
- 14.7.2.4 In Intermediate Care Units (ICU) and Intensive Care Units (ICU), PATIENTS may need continuous renal support due to multiple organ failures or severe complications, and it may be necessary to use continuous dialysis techniques, such as Continuous Venovenous Hemofiltration (CVVH).
- 14.7.2.5 All EQUIPMENT, FURNITURE, inputs, materials, and items necessary to perform hemodialysis in hospitalized PATIENTS must be provided by the CONCESSIONAIRE, according to ANNEX 6 – EQUIPMENT AND FURNITURE.
- 14.7.2.6 The CONCESSIONAIRE must provide treated water in accordance with the parameters established by legislation, and specific quality standards established by health authorities, such as the National Health Surveillance Agency (ANVISA), ensuring that it is free of contaminants that may adversely affect the treatment.
- 14.7.2.7 For each PATIENT attended, a terminal cleaning and disinfection of the areas and EQUIPMENT and FURNITURE used must be carried out by the CONCESSIONAIRE.
- 14.7.2.8 All Hemodialysis information must be registered by the CONCESSIONAIRE in the HOSPITAL INFORMATION SYSTEM.

#### 14.7.3 OPERATION

- 14.7.3.1 For hospitalized PATIENTS, a continuous Hemodialysis service must be offered, operating 24 (twenty-four) hours a day, 7 (seven) days a week, to meet urgent and emergency demands.

### 14.8 SPECIFIC THERAPEUTIC PROCEDURES

#### 14.8.1 DEFINITION

- 14.8.1.1 The CONCESSIONAIRE will be responsible for providing the infrastructure, EQUIPMENT, FURNITURE, inputs, and team of professionals to perform the therapeutic procedures of radiotherapy, nuclear medicine, and chemotherapy, mainly linked to oncology. The GRANTING AUTHORITY will provide the chemotherapy drugs.
- 14.8.1.2 The provision of FINALISTIC SERVICES to these PATIENTS will be the responsibility of the FINALISTIC SERVICES team, under the direct responsibility of the GRANTING AUTHORITY.
- 14.8.1.3 The CONCESSIONAIRE must implement strict protocols to protect USERS from radiation exposure, including the provision of the necessary PPE.

#### 14.8.2 SERVICE DESCRIPTION

##### 14.8.2.1 RADIO THERAPY

- 14.8.2.1.1 The indication and prescription of radiotherapy will be the responsibility of the FINALISTIC SERVICES,

under the responsibility of the GRANTING AUTHORITY. In turn, the CONCESSIONAIRE shall make available and shall be responsible for a complementary technical team, which shall include radiotherapists, medical physicists, dosimetrists, technologists, oncology nurses, nursing technicians, radiologists, radiology technicians and other necessary professionals, in accordance with the legislation in force, a team that will also participate in the activities aimed at the provision of this SERVICE.

- 14.8.2.1.2 All professionals of the CONCESSIONAIRE must have the necessary qualification and experience to provide these services, and the dosimetrists must have training in medical physics, radiology technician or related areas, and also specialization in dosimetry.
  - 14.8.2.1.3 Prior to the radiotherapy sessions, the PATIENT must be submitted to a series of simulations for treatment planning, which will be scheduled according to and motivated by the FINALISTIC SERVICES team, under the responsibility of the GRANTING AUTHORITY, according to the clinical protocol established by the professionals who prescribed the treatment. During these simulations, the body position will be fixed, and images will be taken to plan the treatment. With this data, a dosimetrist from the CONCESSIONAIRE must discuss the PATIENT's case with the FINALISTIC SERVICES team and calculate the necessary radiation dose and the angles of incidence of the radiation beams.
  - 14.8.2.1.4 With this information, the preparation for the treatment will begin, including the making of masks that ensure that the PATIENT remains immobile during the radiotherapy sessions.
  - 14.8.2.1.5 The FINALISTIC SERVICES team will be responsible for monitoring the PATIENT during and after each session.
  - 14.8.2.1.6 For each PATIENT attended, the CONCESSIONAIRE must carry out a concurrent cleaning of the EQUIPMENT and FURNITURE or, for PATIENTS in isolation, perform a terminal cleaning and disinfection of the EQUIPMENT and FURNITURE.
  - 14.8.2.1.7 All radiotherapy information must be registered by the CONCESSIONAIRE in the HOSPITAL INFORMATION SYSTEM.
- 14.8.2.2 NUCLEAR MEDICINE
- 14.8.2.2.1 Nuclear medicine is a medical specialty that uses radioactive substances, known as radiopharmaceuticals, for the diagnosis and treatment of various diseases. In addition to diagnoses, such as those performed with positron emission tomography (PET-CT) or scintigraphy, nuclear medicine can also be used in therapies, such as in the treatment of some types of cancer, offering less invasive and often more effective approaches.
  - 14.8.2.2.2 The CONCESSIONAIRE shall provide a qualified technical team, including a nuclear physician, medical physicist, radiology technologist, nurse, and specialized pharmacist, ensuring the safe supply and handling of radiopharmaceuticals, such as fluorine-18, used in PET-CT, and Iodine-131, used in therapies. The CONCESSIONAIRE will also be responsible for the supply of essential inputs.
  - 14.8.2.2.3 The CONCESSIONAIRE will be responsible for ensuring the proper hygiene of the EQUIPMENT and FURNITURE in accordance with the rigor of the biosafety protocols. This includes performing concurrent cleaning between one PATIENT and another, ensuring the removal of residues and disinfection of surfaces to prevent contamination. Additionally, the CONCESSIONAIRE must perform a terminal cleaning whenever the procedures involve PATIENTS in isolation, using specific and appropriate

disposable disinfectant products, in order to eliminate the risks of cross-infection and the maintenance of a safe environment for the PATIENTS and the professionals involved in the provision of this SERVICE.

14.8.2.2.4 All nuclear medicine information must be registered by the CONCESSIONAIRE in the HOSPITAL INFORMATION SYSTEM.

#### 14.8.2.3 CHEMOTHERAPY

14.8.2.3.1 The chemotherapy service will be performed, primarily, by the FINALISTIC SERVICES team, under the responsibility of the GRANTING AUTHORITY. It will be the responsibility of the CONCESSIONAIRE, through a complementary technical team composed of pharmacists specialized in oncology, the preparation of chemotherapy drugs, in the Pharmacotechnics environment.

14.8.2.3.2 Prior to the chemotherapy sessions, the PATIENT must be submitted to a clinical and laboratory evaluation by the FINALISTIC SERVICES team for treatment planning, which will be scheduled according to and by motivation of the FINALISTIC SERVICES team of the GRANTING AUTHORITY, according to the clinical protocol established by the professionals who prescribed the treatment. During this evaluation, tests will be performed to determine the general condition of the PATIENT and adjust the dosage of chemotherapy drugs.

14.8.2.3.3 With this data, a pharmacist from the CONCESSIONAIRE must prepare the necessary chemotherapy doses, following strict safety and manipulation protocols.

14.8.2.3.4 The medications will then be administered to the PATIENT by the nursing team of the FINALISTIC SERVICES, who will be responsible for monitoring the PATIENT during and after each session to observe possible adverse reactions and ensure the safety of the treatment.

14.8.2.3.5 For each PATIENT attended, a concurrent cleaning must be carried out by the CONCESSIONAIRE or, for PATIENTS in isolation, a terminal cleaning and disinfection of the areas and EQUIPMENT and FURNITURE used.

14.8.2.3.6 All information pertaining to the chemotherapy service must be registered by the CONCESSIONAIRE in the HOSPITAL INFORMATION SYSTEM.

#### 14.8.3 OPERATION

14.8.3.1 The opening hours will be from Monday to Saturday, from 7 (seven) to 19 (nineteen) hours, for the scheduled exams.

### 14.9 SCHEDULING SERVICE

14.9.1 The scheduling of diagnostic or therapeutic exams and procedures will be the responsibility of the CONCESSIONAIRE.

14.9.2 The exams and procedures performed on PATIENTS hospitalized in the HOSPITAL COMPLEX must be scheduled based on requests from the FINALISTIC SERVICES team of the GRANTING AUTHORITY, via the HOSPITAL INFORMATION SYSTEM.

- 14.9.3 The outpatients of the HOSPITAL COMPLEX who have requested an exam from the FINALISTIC SERVICES team may schedule the exams, through telephone scheduling, online scheduling, observing the provisions of item 13, or directly at the HOSPITAL COMPLEX, and the CONCESSIONAIRE is responsible for making all these channels available for scheduling, observing the requirements set forth in this ANNEX, especially for the ICT SERVICE.
- 14.9.4 If there is availability in the schedule for exams, the GRANTING AUTHORITY may request the scheduling of exams for external PATIENTS, who were not attended at the HOSPITAL COMPLEX, via the Internal Regulation Center.
- 14.9.5 Exams will not be performed for external PATIENTS who have not been referred by the GRANTING AUTHORITY in accordance with the previous paragraph.
- 14.9.6 To schedule the exams, the CONCESSIONAIRE must follow the following order of priority:
- 14.9.6.1 PATIENTS hospitalized in the HOSPITAL COMPLEX;
- 14.9.6.2 OUTPATIENTS of the HOSPITAL COMPLEX, provided that they have a medical prescription;
- 14.9.6.3 EXTERNAL PATIENTS, to be referred by the GRANTING AUTHORITY via the Internal Regulation Nucleus.
- 14.9.7 Depending on the criticality of the PATIENT, to be indicated by the GRANTING AUTHORITY, the order of priority above may be revised, considering the specific case.
- 14.9.8 The time windows for scheduling, considering the operating times indicated in this ANNEX, must be presented by the CONCESSIONAIRE in the respective Work Plan, with estimated times for each exam.
- 14.9.9 These procedures must be implemented by the CONCESSIONAIRE with an interface to the HOSPITAL INFORMATION SYSTEM, adding a solution that enables the scheduling of exams, preventing them from being marked with overlap or at inappropriate intervals, for cases of PATIENTS who need to perform multiple exams in a short period of time.
- 14.9.10 Except in the case of hospitalized PATIENTS, the HOSPITAL INFORMATION SYSTEM must send automatic reminders to the PATIENTS about the scheduled exams, dates, times, place to attend, including preparation instructions, such as fasting or suspension of medications, and warnings about any change in the schedule. These notifications must be sent via SMS (Short Message Service), email or dedicated applications, and must be defined in the Work Plan.

#### **14.10 REGISTRATION AND ADMISSION OF PATIENTS**

- 14.10.1 Under the terms of ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS, the CONCESSIONAIRE must implement a central reception structure for “SADT”, with an electronic call system to manage and direct the queues to the PATIENT service counters.
- 14.10.2 The CONCESSIONAIRE will be responsible for the registration and admission process of the PATIENT and directing him to the waiting area corresponding to the exams he must perform.

#### **14.11 AWARDS CENTER**

- 14.11.1 The CONCESSIONAIRE will be responsible for issuing the reports of all “SADT” exams, as defined in this ANNEX.

- 14.11.2 The CONCESSIONAIRE will have the flexibility to carry out the reporting procedures internally or externally to the HOSPITAL COMPLEX. That is, the reports under its responsibility may be issued externally without the need to implement a dedicated and centralized reporting structure in the HOSPITAL COMPLEX itself.
- 14.11.3 The reports generated must necessarily be stored in the PACS system integrated with the HOSPITAL INFORMATION SYSTEM, under the responsibility of the CONCESSIONAIRE.
- 14.11.4 For PATIENTS who may need to obtain a physical copy of the exam, the CONCESSIONAIRE must provide an option to pick them up at the HOSPITAL COMPLEX, upon prior request of this procedure by the PATIENT.
- 14.11.5 The Maximum Reference Time (RMR) for releasing results for routine and urgent exams performed at the "SADT", for different areas of the hospital, are established below:

Table 20 - Maximum reference time (MRT) for release of routine exams

Area	Laboratory Tests (Clinical Analysis, Pathological Anatomy and Cytology)	Imaging Exams	Graphic Methods Exams
Emergency Room	Up to 2 hours	Up to 2 hours	Up to 2 hours
ICU (Intensive Care Unit)	Up to 2 hours	Up to 2 hours	Up to 2 hours
Surgical Center	Up to 2 hours	Up to 2 hours	Up to 2 hours
Inpatient Unit	Up to 12 hours	Up to 12 hours	Up to 12 hours
Ambulatorial	Up to 72 hours	Up to 72 hours	Up to 72 hours

Table 21 - Maximum reference time (MRT) for the release of urgent tests

Area	Laboratory Tests (Clinical Analysis, Pathological Anatomy and Cytology)	Imaging Exams	Graphic Methods Exams
Emergency Room	Up to 2 hours	Up to 2 hours	Up to 2 hours
ICU (Intensive Care Unit)	Up to 2 hours	Up to 2 hours	Up to 2 hours
Surgical Center	Up to 2 hours	Up to 2 hours	Up to 2 hours
Inpatient Unit	Up to 4 hours	Up to 4 hours	Up to 4 hours
Ambulatorial	Up to 8 hours	Up to 8 hours	Up to 8 hours

- 14.11.6 For up to 5% (five percent) of the total number of examinations to be performed, in each of the defined groups (laboratory, imaging and graphics), the CONCESSIONAIRE may request the extension of the deadlines established above, justifiably, when it presents a statement about the need for an extension of time to carry out certain more complex and detailed analyses, such as: for example, genetic tests, tests

with incubation periods or prolonged chemical reactions, as in the case of microbiological cultures.

#### 14.12 SIZING

14.12.1 For the "SADT" services under the responsibility of the CONCESSIONAIRE, which will require not only the necessary infrastructure and EQUIPMENT and FURNITURE, but also the availability of labor and associated inputs, the following amounts of exams are estimated, and the provisions of ANNEX 10 – PAYMENT MECHANISM regarding the remuneration of the CONCESSIONAIRE must be observed:

14.12.1.1 Clinical Analysis: 66,000 (sixty-six thousand) exams per month;

14.12.1.2 Anatomopathological: 460 (four hundred and sixty) exams per month;

14.12.1.3 Endoscopy: 220 (two hundred and twenty) procedures per month;

14.12.1.4 In vivo nuclear medicine (PET/CT): 55 (fifty-five) procedures per month;

14.12.1.5 Radiotherapy: 50 (fifty) procedures per month;

14.12.1.6 X-ray: 4,300 (four thousand three hundred thousand) exams per month;

14.12.1.7 Magnetic Resonance Imaging: 360 (three hundred and sixty) exams per month;

14.12.1.8 Tomography: 1,300 (one thousand and three hundred) exams per month;

14.12.1.9 Ultrasound: 4,000 (four thousand) exams per month;

14.12.1.10 Mammography: 500 (five hundred) exams per month.

14.12.2 The CONCESSIONAIRE will be responsible for the dimensioning of the personnel necessary to perform the number of exams indicated above, under the terms of this CONTRACT.

14.12.3 For the endoscopy service, the CONCESSIONAIRE must necessarily provide an anesthesiologist who is available for each examination room during the entire opening hours of this service, as defined in this ANNEX, and for the other exams there must be at least one anesthesiologist available for 6 (six) hours a day.