Establish the following processes:

1. Testing site
   - Consider testing site near or on hospital grounds in the event more acute patients need further medical support

2. Staffing with appropriate PPE:
   - CDC PPE guidelines:
   - WA DOH PPE guidelines:

3. Getting patient test ordered:
   - Establish and communicate eligibility for testing: Provider or testing facility discretion
   - WA DOH on testing:
   - Pre-register and/or prescreen online. This can be done through nurse call line, clinic triage, primary care provider call line and online patient portal OR staff register patients while they sit in the car

4. Supplies for testing and testing site (See also Appendices):
   - Supplies for non-covered area if needed (tent, etc.)
   - Computer
   - Swabs
   - Transport tubes w/viral media
   - Label printers and labels
   - Computer to view and retrieve orders and signal labeling
   - Desk and chair
   - Printer for patient instructions
   - Registration and screening forms if being completed on site by staff
   - Writing utensils for staff
   - Hand sanitizer or handwashing station
• Disinfection agents and supplies for cleaning surfaces
• Receptacles for potentially infectious and non-infectious waste and PPE
• Signage designating workflow areas
• Specimen bags for collected specimens
• Gowns, gloves, face shields, masks
• Refrigerator to keep collected specimens until transported to lab
• 1-2 tables for supplies
• Consider privacy screens
• Consider patient interpreter needs

5. Directing traffic, appropriate signage or staff available to support

6. Collecting, storing and sending specimens for testing
   • Have all car windows open for ventilation
   • Proof of ID at time of testing
   • Follow lab guidance from hospital lab and/or lab vendor processing tests
   • Regarding viral transport tubes and swabs: Swabs should be plastic not wooden and not calcium alginate: https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html
   • Reagent required by testing labs
   • RNs collecting specimens most commonly, at times MAs
   • Sites have preferentially obtained nasopharyngeal specimens as the sensitivity appears higher than from oropharyngeal swabs-follow lab guidance
   • Collector to follow organizational PPE guidelines when collecting specimens
   • Consideration: When mask supplies have been adequate patient has been given mask to put on and asked to pull down off nose for collection, mask remained over mouth
   • Please consider sending tests to lab throughout the day in order conserve resources such as rooms, waiting areas etc.

7. Donning and doffing PPE for staff with waste collection available:
   • Due to PPE shortages most sites are doffing, hand washing, and donning gloves and gown after each patient. Surgical masks are used repeatedly unless soiled or contaminated.

8. Receiving results from lab:
   • Ensure results are provided when available and not batched.
   • Consider funneling results through a single portal.

9. Process for reporting lab results to patient;
• From clinician to patient or designated caregiver.
• Have supporting guidelines for patient ready for distribution in multiple languages if possible.

10. Communicating with clinic and/or hospital staff when patient needs further treatment if applicable

11. Securing site after hours

**Best practices to consider:**

• Patients touch nothing
• Preregistration and screening questionnaires completed prior to arrival if possible
• Labels, specimens pre-prepared
• Extra printer on site for labels
• Labs will notify public health
• Need a plan to notify positives; consider having key personnel to retrieve results and notify patients
• Create processes for patients that need to come back in for treatment or admission. Create a clear standardized process to transport patients to hospital when immediate treatment is required.
Appendix A

Some example processes from facilities that have implemented drive-thru testing:

A. UW Medicine:


B. EvergreenHealth Medical Center

DYP2 Set Up

2 Security
1 Greeter
1 Reviewer
2 Registrars
1 RN
2-3 MA’s

Set Up: A designated open air parking garage was used and blocked off for patient privacy where we have sections designated for station check-in points. Parking stalls were created by utilizing tarps to section off horizontal privacy screens where patients were alerted they were next in line.

We have 3 tables. One for registration (computer & printer set up) – non clinical, 1 table for supplies – non clinical, and 1 table for the clinical staff for performing specimen collection.

At beginning and end of day, all chairs and tables are disinfected. We have 2 designated biohazard bins and 1 regular garbage bin. All bins are disposed of every 2 hours and end of day.

Security: (mask only) - for traffic at both entrance and exit

Greeter: (mask and face shield) – has the list of patients for the current day. Verifies name and appointment time as patients arrive by car. Also asks patients to roll down all windows. The greeter uses the walkie-talkie to inform staff of arrival by time only – no names. If additional patients are add-on for the day, staff is informed that the “10:15 add-on” has arrived. The registrar will walk over to the greeter station to give names and appointment times for any add-on patients throughout the day.

Reviewer: (N95 mask, face shield, gloves and gown) - Patient given a mask and tissue. Reviewer requests to validate identity with ID. (Employee badges not a valid form of ID) Informative flyer given to patient. (We have one for Evergreen employees and one for non-Evergreen employees – the only difference being who will call you with results)

Collection Station: (N95 mask, face shield, gloves, gown) - One clinical staff explains process to patient and obtains specimen collection. Patient identifier labels are placed on specimen tubes, put into a
biohazard bag and added to the cooler. The patient will then exit the collection station where security will direct them to the exit route. *The cooler is sent to the lab by end of day.

**Specimen Collection Process:**

1. When patient arrives have them verify birthdate and name.
2. Write sample collection time on label before putting label on specimen.
3. Give patient yellow mask and tissue.
4. Instruct patient to blow their nose before collections.
5. Place yellow mask below patient’s nostrils but cover their mouth.
6. Perform nasopharyngeal collection, making sure to turn swab 3 turns and in nostril for 10-15 seconds. This serves as a countdown to patient before taking swab out.
7. After sample is collected, break swab off in viral media.
8. Place sample in clean lab bag with absorvent pad.
9. Samples should be placed on ice or coolant.

Approximately 15 privacy screens located around the collection station to maintain privacy for patients. Patient’s vehicle and collection stations are completely closed by the privacy screens.

**Registrars:** (mask only) – Receives the appointment list from HealthLine before the day starts. Enters patient info into Downtime Mini-Reg conversation (for non-employees) or Employee Exposure conversation (for Evergreen employees). Once entered into the system, patient ADT labels are printed. Patient paperwork consisting of Department of Health form, HealthLine submission form, Evergreen lab requisition form (EH employees only) and patient labels are made for clinical staff. The registrar continues to add patients to the schedule as add-ons are forwarded via email from HealthLine. They are also responsible for letting the greeter know of any add-ons as well. A spreadsheet with all patient information has been created and is kept up to date.

*IT has provided a “mobile” computer/printer/copier. Please contact IT and they will set up.

**Additional Learnings:**

1. Our process was predicated on having patient information before arrival so no paperwork had to be completed during the process. This made things faster and reduced risk of exposure to staff.
2. I would ensure you have printed information to give to patients informing them about self-quarantine, how long testing takes to complete, who will call them with results, and who the patient should call if they don't hear about results.
3. In addition to heaters, I would add portable lights and extension cords to your list as well as bottled water for staff.
Appendix B

Preliminary Site Broad Supply List - Per Site

Logistics Support Recommendations - Local Responsibility
Items

- Large Tent 19x35 (insulated) w/ Environmental Control Unit
- Mifi/ Wireless Internet for 10 users
- Surge Protectors
- Extension Cord 25ft
- Chalk
- Cable path Tape
- Fire Extinguishers (A/B/C)
- Pallet Jacks
- Trash Bags (weekly)
- Bio Bags (weekly)
- Copier/Scanners/Printers
- toner cartridges (weekly)
- Duct Tape
- Folding Chairs
- Folding Tables
- Cross-cut Shredders
- Trash cans
- EZ Up Tents
- White Board
- Duct Tape
- Whistle
- caution tape
- Cones
- broom handle
- Safety Vest
- SIGN Forward Arrow
- SIGN Left Arrow
☐ SIGN Right Arrow
☐ SIGN No Parking
☐ Paper (weekly)
☐ Pens (weekly)
☐ Staplers
☐ Folders (weekly)
☐ Filing Cabinet 3/4 drawers
☐ Refrigerators
☐ Laptop Computers + chargers
☐ Garbage Cans (55 Gal)
☐ Trash Bags (55 Gal)
☐ Sharpies (thin point, regular)
☐ Duct Tape Rolls

**Contracted-based Services**

☐ Biological Waste Service
☐ Dumpster Service
☐ Porta John w/ Hand Wash Station 2 Reg 2 ADA 2 HWS (multiple)
☐ 5 KT Forklift
☐ Potential Shredder Bins
☐ Retail Fuel Capability
☐ Fuel
☐ Refrigerated Trailer

**Testing Supplies**

☐ Test Kits
☐ Non-contact infrared thermometer
☐ Gloves (Nitrile) *for those with allergies
☐ Gloves (Latex) 6,700 per size
☐ Shoe Covers
☐ Scrub top (all sizes) 100 Small, 100 Large, 100 2XL
☐ Scrub pants (all sizes)
☐ Socks - mid calf or higher
- PAPRs
- PAPR Visors
- Face shields
- N-95 Respirators (S, M, L)
- Surgical Gowns
- Tyvek Suits - Size L
- Tyvek Suits - Size xxL
- Goggles (Anti-fog)
- Sleeves
- Handwashing Stations
- Biohazard Burn Boxes
- Biohazard Bags (25/wk x2 = 50 boxes)
- Shrouds
- Earloops Surgical Masks
- Plastic Aprons (Not Surgical Aprons)
- Cooling vests for swabbers to wear in warm climates