

Purpose: For COVID viral testing in an environment of lowest possible viral transmission of COVID-19.

Background: Providing a separate site for testing patients who screen positive for potential COVID 19 will allow for OP/NP testing and limited exams while also limiting risk for exposure to staff and other patients. The Fiesta clinic is set up for SRCH referred patients by appointment to receive testing and an exam by a clinician while remaining in their vehicle. Staff will use full PPE while taking advantage of the open air space to minimize risk for transmission of the virus while providing care.

Considerations:

- Only SRCH patients who are referred and provided an appointment will be seen here. All patients will be instructed to wear a mask when coming to the site if available.
- The Fiesta COVID Testing Team will minimally consist of 1 Nurse, 1 MA, and 1 Clinician (PA, NP, or MD). Security personnel are an additional part of this team for safety or directing patients as needed. Additional team members may be added if needed.
- All patients will be provided a mask if needed, and will receive a temperature check, O2 Saturation, and respiratory and heart rate evaluation as part of the evaluation. Checking a Blood Pressure is NOT included to avoid contamination of health care provider in an encounter for viral testing setting, and avoids an additional piece of contaminated equipment.
- The patient's clinical status will be assessed and if it is determined that the patient is too unstable to continue the evaluation or be discharged home – Patient will be referred to a higher level of care as quickly as possible.
- Signage on site will direct patients to where they should park for their in-car appointment, and that they should remain in their car and call the nurse using the posted phone number.
- All of the work at this site is done as a team to ensure the safety of staff and patients.

Procedure by Role:

Clinician

1. Onsite clinician will review referred patient chart in advance to gain understanding of the clinical picture and determine if this patient is a candidate for a Quest or County DHS testing process and refer to separate procedures for how to conduct each test.
2. Clinician should prepare for the visit by donning full PPE following the PPE procedure with supportive observation by the site nurse and MA.
3. Clinician will have a long stethoscope, O2 Sat Monitor, the forehead thermometer, surgical mask, and the appropriate testing kit. These instruments will be available on a clean tray.
4. Clinician greets patient, and requests patient to roll down window to initiate the visit.
5. If patient is not wearing a mask, clinician will provide one to the patient immediately for use.
6. Clinician takes a history first to assess status, takes vital signs, and listens to heart and lungs.
7. Clinician will call out history and exam findings for the MA to document.
8. Clinician should exercise precautions to minimize potential exposure by positioning the patient with their back towards the clinician while listening to the lungs.
9. At the end of the exam, the clinician will conduct the NP/OP swabbing according to the detailed instructions.

Medical Assistant (MA):

- 1) MA dons gown and gloves after washing hands.
- 2) MA will prep for the visit by ensuring clean equipment is ready in the clean tray for the clinician and will bring a tray to collect the used equipment.
- 3) MA will bring a clipboard with charting form out to the vehicle site to document on the form during the visit.
- 4) MA will position themselves at least 6 feet away from the patient but close enough to hear the exam findings.
- 5) MA will collect used equipment and will return to the dirty cart for cleaning.
- 6) MA is responsible for cleaning and maintaining the equipment between each patient and will follow best practices to minimized exposure.
- 7) Between visits, MA will conduct robust confirmation calls which will include instructions on where the clinic is, no restroom facilities, to stay in car, and that staff will be dressed in full PPE.

Nurse:

1. Nurses role is to provide clinic coordination to ensure information needed for each patient referral is available.
2. Nurse will assist in prepping for the visit by loading appropriate templates
3. Nurse will call DHS when needed for questions related to COVID testing and/or consultation for patient concerns or issues such as isolation or quarantine.
4. Nurse will complete PUI form when required.
5. Nurse will assist in coordinating follow up care for the patient.
6. As time allows, nurse will address TEs sent to Fiesta nurse inbox and will call patients for triage as requested.
7. If there is a need for changes in staffing, nurse will contact nurse/medical leaders to assure safe staffing levels are maintained.

Security Guard:

1. The Security guard role will be to direct patients to the correct parking slot, while also assuring that patients coming to Fiesta remain in their vehicles during the entire transaction.
2. The security guard will ensure that only patients with appointments will be allowed into the dental clinic by asking patients that walk up to the entrance.
3. The Security guard will also be available to address any altercations if they occur.

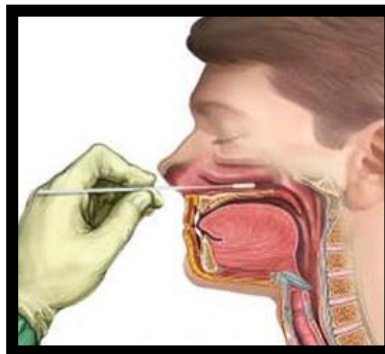
Procedure for COVID testing:

All patients will be tested using the green top vial. Tests from patients who meet the criteria for the surveillance study will be picked up by the DHS Courier, when called by the onsite Nurse or MA. Follow the eligibility criteria for the Surveillance study on the attached document.

CLINIC VIRAL TESTING ENCOUNTER:

1. Provider dons appropriate full PPE (N95-provider only, face shield (preferred) or goggles, gown, and gloves)
2. Nurse or MA can pre-label viral reservoir tubes.
3. Provider hands the patient(s) a mask to wear if not already worn.
4. Provider confirms 2 patient identifiers: Name and Date of Birth.
5. Provider confirms with patient that the label on the vials is correct.
6. Provider reviews or takes Vital Signs: **surface or ear Temperature, O2 Sat** (which also records **Heart Rate**) and visually takes **Respiratory Rate**. NO BLOOD PRESSURE IS COLLECTED.
7. Provider records vital signs on paper/EHR to document the encounter in the EHR record. Use "COVID-19: FIESTA for Quest" or "COVID-19: FIESTA for CDC/DPH" test irdertemplate.
8. Provider completes exam as needed.
9. In order to preserve limited availability of tests, you can collect the sample by using only one swab and one vial. First take an OP sample, followed by an NP sample using the same swab.
10. Be sure to stand facing the patient but slightly to one side to protect yourself from droplets if patient has a strong cough reflex.
11. Open the packaged swab being careful not to contaminate the sample end. Then open the labeled vial using clean technique .
12. Using the dominant hand, the clinician obtains the OP sample in the back of the throat. Then using the same swab inserts it into the nares as far back as you can go until it stops in the back of the NP cavity. Twist swab to ensure sufficient contact and then retract out the nares. In some situations, it may be helpful to use a tongue blade to aid access to the posterior pharynx.
13. MA hands vial to clinician who then places swab into vial.
 - a. Provider breaks off the swab stick at the pre-creased site??
 - b. Provider will cap the viral media container, ensuring it is closed securely.

NP/OP AUTOMOBILE COLLECTION PROCEDURE



14. Provider asks patient to place mask back on.
15. Provider and MA step away 6 feet from the patient and MA opens the 1st of two specimen bags.
16. The provider drops the labeled vial into the biohazard bag #1 and seals this bag. Then MA opens second bag and places the first bag with vials inside into the biohazard bag #2 and seals that bag.
17. Clinician documents encounter in the EHR.
18. MA brings biohazard bag to refrigerator, the outside biohazard bag labeled bio-hazard plastic bag is labeled with a sharpie pen "COVID-19 DPH/CDC".
19. Based on VS data, lung exam and clinical judgement, provider makes the following disposition decisions:
 - a. Patient is not significantly ill (LEVEL 1) and can be instructed to go HOME.
 - i. **Patient is not significantly ill (LEVEL 1) and can be instructed to go HOME. Patient given handout "10-Steps to Self-Quarantine"**
 - ii. **According to current advice from CDC and Public Health Department, those who meet criteria for COVID-19 testing should remain at home until test results are available**
 - iii. Patient is notified that they will receive a call in the next 24-48 hours to check on their condition, and will be notified by phone when the results of the OP/NP swabs, when the results are available in 3-5 days.
 - b. Patient is not ill enough for ED but needs more comprehensive exam and/or treatment than can be done in the car.
 - i. patient is transferred to an exam room at Fiesta in the specified exam room (clinic CANS).
 - ii. While still wearing PPE, provider or nurse leads the patient to the designated examination room with exam room door open. Caution: Patient and donned PPE provider should avoid touching environment to avoid contamination of surfaces.
 - iii. Staff will close exam room door when provider and patient are in the exam room, and then staff performs hand hygiene.
 - iv. Once exam is completed, Patient is accompanied back to vehicle and advised to return home with instructions for home care, isolation, and/or quarantined if indicated.
 - v. Room cannot be used for 2hours and must be thoroughly cleaned before another patient or staff allowed in. Cleaning staff must wear PPE.
 - c. Patient is too ill for clinic care (LEVEL 3) is instructed to proceed to an Emergency Room.
 - i. MD or RN will doff PPE --except N95 respirator—and discard used PPE into garbage bag, performs hand hygiene, and then leaves the room.
 - ii. Provider removes mask and discards it in trash nearest room then performs hand hygiene.

- iii. Provider calls the Emergency Department to notify them of incoming patient. Also call EMS if indicated to alert to patient screened positive and ill with possible covid-19 infection.

AFTER THE VISIT:

1. Provider can now doff PPE (except N95 respiratory), discards PPE into garbage bag, performs hand hygiene with alcohol gel while in the room.
2. Provider leaves the room and then removes N95 respirator. It is discarded in trash outside patient room.
3. Other reasons to remove PPE
 - a. Remove for any patient that soils PPE during a visit from respiratory droplets.
 - b. Remove if there is a defect in PPE and replace.
4. All equipment used in the room is left there and wiped down with cleaning wipes per protocol. This includes stethoscopes, o2 sat, thermometer.

SPECIMIN MANAGEMENT

1. Please store the labeled specimen in the “refrigerated box” and follow guidelines for pickup by courier.