

# UTHSC COVID-19 Testing Site Manual

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**Statement of Purpose:**

As a novel coronavirus has caused a pandemic in early 2020, testing functions as a major tool for both public health and medical care. That is, testing gives answers to both individuals and the community. Drive-through testing is the safest way to monitor for this respiratory disease in individuals and for the prevalence in a population because of the nature of the spread of the virus.

Our foremost goal is to provide a safe testing environment for patients and allied healthcare workers and volunteers. We also work to utilize resources (testing materials, employees, and volunteers) in the most efficient manner to reach those who need to be tested. We give precedence to front-line healthcare workers, at-risk individuals, and essential personnel. We strive to test as many patients as possible so that the disease can be accurately monitored in our community.

We seek to provide testing to our entire community. We provide testing at no cost to patients and engage in community outreach and strategic planning in order to ensure our efforts reach those who are often medically underserved.

The purpose of the UT COVID-19 call center is to screen the general public, first responders and healthcare workers to determine their current need for testing. If they qualify for testing we will get them registered in the EHR, complete appropriate documentation, schedule them for an appointment at our testing site and educate them about the testing process.

**Research:**

- Data from these projects is being collected for research purposes according to approved IRBs

**Clinical Experience:**

- Currently, no experiences with COVID-19 testing sites or the call center will provide clinical academic credit for COM students

**UTHSC Tiger Lane Mobile Testing Site Policies**

Updated: 4/2/2020

## **Exposure of Personnel**

### **Policy overview:**

As of 3/30 all volunteers and staff have been mandated to wear a surgical mask while in the tents and call center to help avoid spread of COVID-19 among staff members. All staff and volunteers are screened upon arrival for symptoms, so on campus should all be asymptomatic with surgical mask coverage. Any member of the staff who has been tested for COVID-19 due to an exposure or symptoms should leave the tent or remained quarantined at least until their test results are known and any symptoms are resolved (details below). The staff members who worked on the same team and shifts should be assessed for potential high risk exposure for possible need to be quarantined.

### **If a member of the testing team develops symptoms consistent with COVID-19 or tests positive for COVID-19:**

- The list of symptoms should be broad, including anything that can be associated with an acute viral illness including: in the last 7 days new onset fever (can be subjective), new cough, new shortness of breath, sore throat, myalgias, anosmia, diarrhea.
- Any team member who is tested for COVID-19 should be quarantined immediately until at least until their result is known.

As soon as symptom onset, the volunteer should leave and be quarantined from the testing center, and notify their team leader or Dr. Schwartz. The volunteer can choose to either be tested as a symptomatic healthcare worker or be quarantined under assumed diagnosis of COVID-19 (NP swab is not mandated). They can be swabbed immediately by one of the teams in PPE. To get registered as a patient please have them call the student leader at the Call Center. The schedule should be checked to determine who was working on the same work team (testing team, computer team, etc) with this individual within 3 days of symptom onset, and should be assessed for possible exposures to the symptomatic person not wearing a mask, as written in the next section. Those individuals who did not interact closely with the symptomatic or positive teammate (working in another work team for example) do not need to be quarantined unless they have had other contact with the symptomatic person outside of their work duties. See also Duration of Quarantine below.

### **If a member of the testing team was exposed to a confirmed or highly suspected case of COVID-19:**

Ensure that is a true (moderate to high risk) exposure, which involves having moderate to high risk of aerosol, droplet or fomite contact with the COVID-19 positive person (see Table 1 below for examples).

### **SINGLE EVENT EXPOSURE:**

Specific examples of **SINGLE-EVENT** high risk exposures from patients that apply to the testing tent include:

- Approaching the car of a patient to be screened without wearing mask and eye protection
- Being near the car (<6 feet) and not having an N95 or PAPR on while the NP swab is being conducted

If a **SINGLE EVENT EXPOSURE** from a patient occurs the staff member should doff if applicable, checkout with the team and leave to be quarantined for a minimum of 7 days. They may be tested for COVID-19 after 7 days of quarantine, or anytime they develop symptoms consistent with COVID-19. See Duration of Quarantine below.

#### PROLONGED EXPOSURE:

As soon as a staff member (A) becomes aware of a **PROLONGED EXPOSURE** within the past 7 days then that staff member should be sent home and quarantined (see Duration of Quarantine below). The exposed staff member (A) should be either tested for COVID-19 or quarantined for 14 days from resolution of symptoms if any develop. Testing should occur 7 days after first identifying symptoms if present or positive test result if asymptomatic in person (B).

#### Examples of **PROLONGED EXPOSURE:**

- Having prolonged close conversation with another staff member (B) who was not wearing a surgical mask, if staff member (B) developed symptoms or found to be COVID-19 positive
- Staff member (A)'s household contact is found to be COVID-19 positive or has symptoms consistent with COVID-19

#### **Duration of Quarantine for testing tent:**

The staff member should be quarantined at minimum until their results are known. Due to a not insignificant rate of false negatives with the current methods of testing, if at any time the staff member becomes symptomatic, even if they have a recent negative test, they must be quarantined. Policies at all healthcare centers are different, but ours for the tent is that any positive or symptomatic swab-negative person should stay quarantined until they are *symptom free* at least 7 days, then may return to the testing tent and continue to wear a surgical mask at all times, as are all other staff members. No re-test is required.

## Assessing risk level of exposure

Table 1: Risk Categories for Exposures Associated with International Travel or Identified during Contact Investigations of Laboratory-confirmed Cases		
Risk Level	Exposures Identified through Contact Investigation	Work Examples (ADDED by A. Green)
High	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with <b>symptomatic</b> laboratory-confirmed COVID-19 infection <b>without using recommended precautions</b> for <a href="#">home care</a> and <a href="#">home isolation</a>	Riding in the same car as confirmed COVID-19 case, prolonged close physical contact (altercation, hugging), sharing small office/cubicle
Medium	<ul style="list-style-type: none"> <li>•Close contact with a person with <b>symptomatic</b> laboratory-confirmed COVID-19</li> <li>•Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with <b>symptomatic</b> laboratory-confirmed COVID-19 infection <b>while consistently using recommended precautions</b> for <a href="#">home care</a> and <a href="#">home isolation</a></li> </ul>	•Eating at the same table, shaking hands without washing after, having close prolonged conversation <6 feet apart without surgical masks on.
Low	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with <b>symptomatic</b> laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact	Working in the same office floor or building but not the same cubicle
No identifiable risk	Interactions with a person with <b>symptomatic</b> laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Walking next to or passing someone on foot, sitting >6 feet away in a meeting

Adapted from CDC.gov March 27 2020

Updated: 4/1/2020

### **On Site Emergencies**

#### **In case of a medical emergency:**

The testing tent is not equipped to provide treatment or advanced life support measures for patients or staff members. If a medical emergency occurs, 911 should be called right away to send for an ambulance. All medical students and physicians on site have had BLS training and can, in a safe manner, initiate CPR if needed.

Should a patient require medical attention or assessment while in the testing tent, the Observer and Medical Lead should be notified immediately, and the Order station will call 911, and alert the Fire Department on site. The Swabbers and Helpers can help get the patient out of the car if need be. The Observer and Medical Lead will don PAPRs or their previously fit-tested N95 mask and help assess the patient. If CPR is started chest compression only method will be initiated until a bag-mask is available. Any other first responders may use the PPE available from the tent if needed.

After medical assessment or care, all members of the response team must perform a full doff of PPE.

**UTHSC Tiger Lane Mobile Testing Volunteer Procedures**

Updated: 4/1/2020

### Glossary for Volunteers:

**Student Response Team (SRT):** the group of student volunteers assisting with the UTHSC COVID-19 response initiative

**Chief:** SRT leaders responsible for organizing volunteer recruitment, scheduling, orientation/training and day-to-day operations

**Station Leader:** One volunteer per shift on each team who is trained in all positions on that team. In addition to their assigned position for the shift they will assist with the turnover and training of other positions on their team, set-up/breakdown of site and communicate directly with chiefs about any issues. They will also communicate with the other Station Leaders throughout their shift to problem solve and ensure smooth flow of the testing site.

**Shift Leader:** Chief who is responsible each shift for volunteer check-in/screening, orientation, briefing and check-out. Point person for any issues regarding students or organization. They will communicate with the other Chiefs to ensure all shifts are on the same page.

**Trainer:** Volunteer who has been credentialed to train other volunteers in a specific role

**Trainee:** Volunteer who is learning a specific role from a trainer

**Credentialer:** Chief who is responsible for certifying that a volunteer can train other students in that skill

**Credential:** Received by volunteer when they have been trained in given skill

**Policies:** Establish the overall goals and priorities of the initiative

**Procedures:** Explain how overall tasks are accomplished, reference instructions

**Instructions:** Specific directions for each role, station or task

**Intake Station:** Located at intake tent- Includes intake greeter, intake check-in and intake traffic. Is led by intake leader.

**Order Station:** Located inside main tent in the zone designation outlined by black curtain drapes. Includes order printer, order packer and order traffic. Is led by order leader.

**Testing Station:** Located behind red line inside main tent. Includes testing runner, testing helper and testing swabber. Is led by testing leader.

Updated: 4/23/2020

### **Job Descriptions and Training Procedures:**

#### **Shift Leader: (2 Per Shift)**

- Checks in and Checks out all volunteers
- Completes safety briefing at start of each shift:
  - Communicates all safety procedures to all volunteers and checks for understanding
  - Communicates any procedure changes to volunteers and checks for understanding
- Organizes set-up and breakdown ensuring all tasks are completed
- Orientates new volunteers
- Communicates with Station Leaders to resolve any problems
- Ensures all volunteers are appropriately trained in both job activities and safety protocols including proper PPE
- Communicates directly with Physician leadership on site
- Collect any safety concerns or other concerns and communicates those with Student Chiefs

#### **Station Leader:**

- Job Description:
  - Assists with Set-up and Tear Down of their Station (if shifts 1 or 3)
  - Wipes down Station between shifts
  - Ensures training of all volunteers at your station for that shift
  - Ensures smooth transition during shift change
  - Communicates with other Station Leaders and Shift Leaders if problems arise
  - Able to trouble shoot problems at your station.
- Training Competencies:
  - All PPE required for station
  - Any training required for any role at station, including EMR

#### **Intake Greeter:**

- Job Description
  - Approaches arriving vehicle and introduces herself/himself.
  - Asks patient if they have an appointment and verifies MRN number with check-in. Verifies name and DOB.
  - Once given the go-ahead by check-in, communicates lane number with patient and tells them they may proceed. Trained in all roles at station
  - Assists with turnover and training of all roles at station
  - Assists with set-up and breakdown of station
  - Communicates directly with chiefs and supervisors about any issues at station
  - Reminds patient to keep windows rolled up and to honk three times if there is an emergency
- Training Competencies
  - PPE level 2
  - Intake script

#### **Intake Check-In:**

- Job Description
  - Communicates with the greeter via walkie talkie and looks up patient in EMR using MRN. Verifies patient's name and DOB.
  - Verifies COVID order is placed correctly

- Update scheduling sheet by changing status to “arrived,” updating lane number, phone number, patient’s position within the car, and car description
- Training Competencies
  - EMR Access
  - Scheduling Sheet Access
  - EMR general training
  - EMR Intake Processing Training

**Intake Traffic:**

- Job Description
  - Communicates with Intake station to coordinate flow of vehicles into lanes
  - Ensures safety of patients and volunteers by controlling flow of traffic and reminding patients to keep windows up
- Training Competencies
  - Traffic flow training
  - Traffic safety training

**Order Traffic:**

- Job Description
  - Communicates with order station and testing runners to coordinate flow of vehicles into the tent
  - Ensures safety of patients and volunteers by controlling flow of traffic and reminding patients to keep windows up
- Training Competencies
  - Traffic flow training
  - Traffic safety training

**Order printer:**

- Job Description
  - Monitor for arrived patients and then access their EMR chart and print their order for Covid-19 test.
  - Problem solve with Intake Station if unusual circumstance arise.
  - Liaison between doctors in the main tent and Intake Station.
- Training Competencies
  - EMR Access
  - Scheduling Sheet Access
  - EMR general training
  - EMR Order Processing Training

**Order packer:**

- Job Description
  - Prepare Covid-19 Testing Kits
  - Coordinate with Printers to ensure correct patient order is given to Testing Station.
  - Liaison between Order Station and Testing Station.
- Training Competencies
  - Prepare Testing Kits
  - General flow of main tent

**Testing runner:**

- Job Description
  - Transports testing kits from the order station to the testing helper
  - Directs patient vehicles to testing station
  - Facilitates communication between testing team and other volunteers

- Training competencies
  - Testing kit and sample transport
  - Level 1 PPE

**Testing helper:**

- Job Description
  - Assists in the transport and opening/re-packaging of test kits
  - Confirms patient identity and reads back to patient and swabber
  - Only volunteer directly interacting with swabber
- Training competencies
  - Level 2 PPE
  - Facilitating Level 3 PPE for swabber
  - Proper transfer of test tube

**Testing swabber:**

- Job Description
  - Explains procedure to patients
  - Collects NP swab and re-packages in test kit
  - Explains discharge instructions to patients
- Training competencies
  - Level 3 PPE
  - Testing script
  - NP swab collection
  - Proper transfer or test tube
  - Discharge instructions

**Testing observer:**

- Job Description: MD actively supervising all testing
- Training competencies/requirements:
  - Resident or physician
  - Full PPE training

**Floater:**

- Job Description: Available to assist in any unfilled role for which they are trained

Updated: 4/23/2020

**Recruiting and Onboarding Procedures:**

- One SRT chief will oversee the recruiting and onboarding of UTHSC student volunteers.
- Students will be contacted via list serve to gauge interest in involvement and desired level of patient contact. Students will also be contacted by their class representatives via email to ask if they are interested in volunteering.
- Students are screened using volunteer survey to assess:
  - Medical conditions or social factors that could put them at an increased risk
  - Level of clinical training
  - Health professions college (Medical Students, DNP students, PA students)
- UTHSC student volunteers must complete UTHSC waiver located on GivePulse when they sign up as a new volunteer.
- All new volunteers will receive communication the night before their shift with directions about attire, timing, site location and parking as well as their assigned role

**First Visit to Site:**

- Brand new volunteers will receive orientation as outlined in the orientation instructions at the start of their first site visit
- They are only eligible for non-PPE positions on their first shift. (traffic, packer, and floater)
- After successful and safe completion of the first shift, volunteers will receive information on how to sign up for subsequent volunteer shifts

Updated: 4/1/2020

**Volunteer Orientation Procedures:**

- At the beginning of each shift in which there are volunteers who are new to the site, one shift leader will complete New volunteer orientation for all new volunteers when they arrive to their site before they begin training
- SRT Chiefs will track the orientation, training and credentialing of all volunteers
  - Orientation, credentials and training will be updated during check out for each shift
  - Any changes to orientation, training or credentialing will be communicated to all volunteers by chiefs

Overview of Volunteer orientation (per orientation script):

- Introduction to site, COVID and testing process
- Safety and security
  - If you feel sick or could have been exposed, please do not come, just let someone know that you can't come in
  - If you ever feel unsafe or are uncomfortable with something you were asked to do please let someone know
  - If you see anyone who looks like they shouldn't be here – let someone know & contact Dr. Schwartz (give everyone his cell phone number)
- Overview of Levels of PPE and zones of testing site PPE overview of levels

Job dependent training and credentials

- Any volunteers who need PPE training then get PPE training inside main tent before going to be trained at their station.
- All volunteers go to stations to be trained; station leaders should oversee all training. Incoming trainees should:
  1. Observe the outgoing volunteer in their role at least 2 times
  2. Perform their role under the supervision of the outgoing volunteer and/or “dry run” with mock patient before taking over the role independently

Updated: 4/23/2020

### **Volunteer Credentialing Procedures:**

Student volunteers will be credentialed as follows:

- NexGen/technology:
  - Credentialing is overseen by SRT chief and UCH IT representative
  - Required for intake computer, order computer and call center
  - Completed at or before the start of the first shift in which volunteer role requires credentialing
- PPE:
  - Credentialing is overseen by SRT chief or volunteer who has been designated a credentialer
  - Required for any job that requires any level of PPE beyond level 0
  - Completed at or before the start of the first shift in which volunteer role requires PPE credential
- Swabbing:
  - All new swabbers must first be fully trained as a helper and complete at least 1 shift as a helper
  - All new swabbers require level 3 PPE credentialing
- Station Leaders:
  - Station leaders must be trained/credentialed in all roles at the station they will lead
  - Intake station leaders must have:
    - Level 2 PPE credential
    - NexGen access and credential
    - Worked as Greeter and Intake computers prior to becoming a station leader
  - Order station leader must have:
    - NexGen access and credential
    - Worked as Order computers and Order packer prior to becoming a station leader
  - Testing station leaders must have:
    - Level 3 PPE credential
    - Worked as testing runner, helper and swabber prior to becoming a station leader
- Shift Leaders:
  - Shift leaders must be trained and credentialed as station leaders for all stations

Updated: 4/1/2020

**Volunteer Scheduling Procedures:**

Volunteer scheduling will be conducted on **GivePulse** under the UTHSC page. The various events for returning volunteers (I.e call center, testing site) will only be accessible to members of the subgroup “Student Response Team” in order to ensure safety. Students may sign up for shifts up to 12 hours in advance.

Students sign up for individual day to day positions. Students can only register for the positions for which they are credentialed. Credentialing is monitored, updated, and controlled by the SRT chiefs. The daily schedule is sent to a GivePulse administrator to be inputted into the returning volunteer page.

New volunteers receive a link to a New Volunteer GivePulse Page, where they can register to volunteer for a shift at Tiger Lane or Frayser. Only three new volunteer positions are open per shift to ensure a safe onboarding process. New volunteers receive an email from an SRT chief the night before their shift with details (I.e where to park, what to wear, who to contact if they have questions, etc.) Once a new volunteer has successfully completed a non-PPE shift, they will be eligible to sign up for subsequent shifts. For the time being, positions requiring PPE are limited to specific students based on their level of academic and clinical training.

All volunteers are checked in using GivePulse at the start of their shift by a shift leader or SRT chief. All volunteers must confirm their hours after they finish their shift via GivePulse.

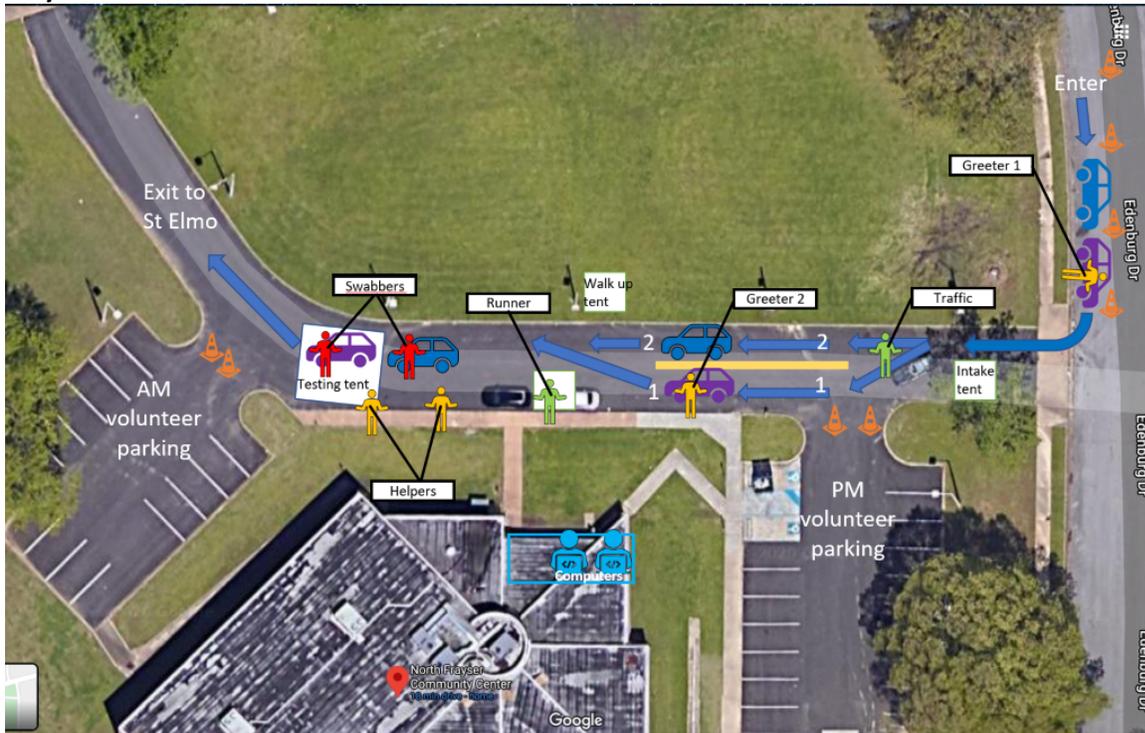
## Daily Operational Needs

Please note that all needs are per shift.

### Tiger Lane

Position	Description	#
Greeter	PPE level 2. Confirms appt, name, and DOB with Computers via walkie talkie. Gives patient Driver Instructions. Gives discharge instructions and answers questions. Provides QR code sheet if person has no appointment. Assigns patient to lane 1 or 2.	2
Intake - Traffic	PPE level 0. Directs patient to lane 1 or lane 2	1
Intake – Check In	Communicates with greeter to verify patient has appointment and that orders are placed correctly via EMR. Updates scheduling sheet and communicates with orders station. Communicates with orders station if unusual circumstance presents itself	2
Order- Packer	Prepare Covid-19 Testing Kits and coordinates with Printers to ensure correct patient order is given to Testing Station.	1
Order - Printer	Monitor Scheduling sheet for arrived patients, prints and sends their order through EMR, scans test QR code into EMR and pass test kit on to Packer.	2
Testing - Traffic	PPE level 0. Communicates with runner via walkie to direct car into testing tent	1
Runner	PPE level 1. Receives test kit from Computers and takes it to the helper. Radios to traffic when testing team is ready for the next car to come into the tent. Puts samples in cooler and transfers samples from cooler to fridge every hour.	1
Helper	PPE level 2. Assists Swabber with testing. Coordinates with Runner. Confirms Name and DOB of patient. Radios to computers if there is an issue.	2
Swabber	PPE level 3. Completes NP swab.	2
Shift Leader	Assists with operations. Helps with set up and clean up. Checks volunteers in via GivePulse. Address safety concerns at check out.	1
SRT Chief	Oversees all operations. Coordinates set up and clean up. Gives orientation to all new student and physician volunteers. Coordinates pick up with Blue Sky and AEL couriers. Manages inventory. Communicates with labs about the number of samples completed. Addresses any safety concerns. Works closely with police and fire department to address logistics. Communicates with call center about scheduling of patients. Works closely with medical director to handle safety issues that arise.	1
Total		16

## Frayser Site



Position	Description	#
Greeter 1	PPE level 2. Confirms appt, name, and DOB with Computers via walkie talkie. Gives patient Driver Instructions. Provides QR code sheet if person has no appointment. Assigns patient to lane 1 or 2	1
Traffic	PPE level 0. Directs patient to lane 1 or 2	1
Greeter 2	PPE level 2. Gives discharge instructions and answers questions. Directs patients to testing when told ready by runner.	1
Computers	PPE level 0. Confirms and processes order. Maintains radio contact with volunteers in the testing area.	2
Runner	PPE level 1. Receives test kit from Computers and takes it to the helper. Radios to Greeter 2 when ready for car. Puts samples in cooler and transfers samples from cooler to fridge every hour.	1
Helper	PPE level 2. Assists Swabber with testing. Coordinates with Runner. Confirms Name and DOB of patient. Radios to computers if there is an issue.	2
Swabber	PPE level 3. Completes NP swab.	2
Shift Leader	Assists with operations. Helps with set up and clean up. Checks volunteers in via GivePulse. Address safety concerns at check out.	1
SRT Chief	Oversees all operations. Coordinates set up and clean up. Gives orientation to all new student and physician volunteers. Coordinates pick up with Blue Sky and AEL couriers. Manages inventory. Communicates with labs about the number of samples completed. Addresses any safety concerns. Works closely with police and fire department to address logistics. Communicates with call center about scheduling of patients. Works closely with medical director to handle safety issues that arise.	1
Total		12

## **UTHSC Tiger Lane Mobile Testing Site Procedures**

Updated: 4/3/2020

**Intake Station Procedures:**

- All intake station activities are overseen by intake station leader and carried out according to intake station instructions
- Intake station leaders will be trained and credentialed according to Volunteer Procedures

**Order Station Procedures:**

- All order station activities are overseen by order station leader according to order station instructions
- Order station leaders will be trained and credentialed according to Volunteer Procedures

**Testing Station Procedures**

- All Testing station activities are overseen by order station leader and carried out according to testing station instructions
- Testing station leaders will be trained and credentialed according to Volunteer Procedures

## **On Site Instructions**

Updated: 4/23/2020

**Intake Station:**

*Intake Greeter:*

**Requires:** Level 2 PPE = Booties, Gown, Mask, Face Shield, Gloves (single), Walkie Talkie (Ch. 11 = Greeter 1, Ch. 12 = Greeter 2), earpiece, COVID discharge sheet & Mobile Testing Half Sheet

1. Approach driver of vehicle and introduces herself/himself as a medical student.
2. Ask if they are here for COVID testing and if they have an appointment. **If yes to both proceed to third step.** If they do not have an appointment and have not taken the screening questionnaire, you may give patient the handout with QR code or tell the patient to text "COVID" to 901-203-5526 to take our COVID symptom questionnaire. Instruct the patient to go home and wait for the call center to contact them to set up an appointment and direct them to turn around to exit the site
3. If patient has an appointment ask them if they have a ticket number (should be their MRN). Communicate MRN number to check in. Verify date of birth and name with patient via some form of identification (i.e drivers license). If no MRN number, obtain name and DOB and communicate that to check in.
4. Verify patient's position within the car (i.e driver, passenger, both, etc).
5. Give COVID-19 discharge form and mobile testing half sheet to patient.
6. Talk through discharge form and any questions the patient has.
7. Check-in will give you the lane number and the go ahead to proceed after they have verified the orders are placed correctly in the EMR.
8. Instruct the patient to proceed down lane 1 or 2 until they reach the traffic stop. Remind the patient to keep windows rolled up and to honk three times if there is an emergency.
9. If you have touched the vehicle occupants or touched your face mask you must clean your gown and face shield and change your gloves. (see instructions for Doffing)

*Intake Check-in:*

**Requires:** Computer, EMR Access, Scheduling Sheet Access, Walkie Talkie (Ch. 11 = Greeter 1, Ch. 12 = Greeter 2, Ch. 10 = Orders Team Leader)

1. Log into EMR.
2. Receive Patient information from Intake Greeter via walkie talkie. Greeter 1 = Channel 11, Greeter 2 = Channel 12.
3. Find patient on Scheduling Sheet with "Ticket Number"
4. Verify patient name and DOB match MRN via walkie talkie. Verify COVID-19 test is ordered.
5. In scheduling sheet, confirm car description and update if necessary. Type in assigned Lane number. Update patient's position within the car (i.e driver, passenger, etc). Of note, be sure to

send large trucks down lane number 2, as they will travel outside of the tent via the right hand side.

6. Finally, change status in scheduling sheet to arrived (in yellow).
7. If abnormal situations arise, use extra walkie talkie on channel 10 to alert the order station of those situations. Please make note of abnormal situations in the far R column on scheduling sheet.

Updated: 4/13/2020

**Order Station:**

*Order Printer:*

Requires: Computer, Printer, Sticker Paper, EMR Access, Scheduling Sheet Access

1. Log into EMR.
2. Open patient's chart. Verify Covid-19 order is placed correctly.
3. Open inner test kit bag and find the two lab stickers (one with QR code)- scan the sticker and confirm that the test kit number is in the details section within the orders window.
4. Click save and send. Click save and print.
5. Place the test kit stickers under the "send results to" heading on the requisition form.
6. Write the patients Date of Birth on the patient labels and apply one label to the inner bag and one to the outer bag
7. Write the lane number, car, patient position (driver/passenger) on the top of the requisition form and hand off to the packer.
8. If the order is STAT write this under the vehicle information and tell the packer so that they can apply a stat sticker to the requisition form

*Order Packer:*

Requires: Biohazard bags, tubes, swabs, 4x4s

1. Prepare Testing Kits
  - a. Receive the testing kit and requisition form from the printer
  - b. Ensure both biohazard bags are labeled
  - c. Put the inner bag inside the outer bag
  - d. Communicate the vehicle/patient information to the runner when you hand off the test kit
2. Ensure the correct patient is handed off to the testing runner

*Traffic:*

Requires: Reflective safety vest, weather appropriate clothing, walkie talkie (channel 3)

1. Ensure every car stops at the stop sign before the testing tent and keeps their windows rolled up.
2. Remain at least 6 feet away from vehicle at all times.
3. Wait for radio confirmation from inside the tent to send in a car. Confirm the specific lane that you are sending a car down.
4. Wave the next car into the tent.

Updated: 4/23/2020

## Testing Instructions

### Safety:

1. Red Zone – in the testing tent past the double red line
  - a. Only the testing station volunteers (helper, runner, swabber, observer) and appointed MDs can be in the red zone
  - b. This zone is clearly marked by a red line on the pavement inside the testing tent
  - c. All staff and volunteers must enter & exit the tent through the clean side only (the side cars drive into).
2. Levels of PPE
  - a. Levels are described in detail in the orientation and PPE instructions
  - b. Swabber – “Level 3:” Airborne Precautions
  - c. Helper – “Level 2:” Droplet Precautions + eye protection
  - d. Runner – “Level 1:” Gloves
  - e. MD Observer – “Level 2 ready” Droplet Precautions, No gown, No gloves
3. Limits to Movement
  - a. Swabbers remain in a defined zone between tent opening and second redline
  - b. Helpers remain between second redline and end of the table
  - c. Runners remain between end of table, refrigerator, and first red line

### General protocols:

- The runner is in charge of ensuring readiness of all team members, running the testing kit from the packer, placing the testing kit in the refrigerator, assisting the Helper and traffic inside the tent.
- The Swabber and Helper are the only people who communicate with the patient when the window is rolled down inside the testing tent.
- The MD Observer must maintain a 6-foot distance from open cars, and can communicate with the patient and swabbing team, but should not approach the car without donning a gown.

### General flow:

- The runner indicates to the Traffic controller that the testing lane is ready for the next patient
- Patient is signaled to move her car into the testing tent under direction of the runner, driving from the clean to the dirty side (to the red zone)
- The swabber instructs the patient to stop moving her vehicle, roll down her window, and turn off her car
- The swabber and helper introduce themselves and confirm the patient’s name and DOB

- The swabber explains the procedure and conducts the swab; while all other team members are >6 feet away
- The swabber closes the tube after sample collection and puts it into the interior baggie.
- The Helper accepts the sample inside the interior baggie into the exterior, clean biohazard baggie.
- The helper hands off the clean biohazard bag with requisition form to the runner
- The runner places the clean biohazard bag with sample and req. form in the refrigerator
- The helper and swabber prepare for the next patient with an Intermediate Doff (AKA Half Doff)
- The runner ensures readiness of all team members before proceeding to next patient

### **Position Instructions:**

#### **Runner**

1. Receives testing kit from packer and ensures the car description matches the next car in their lane.
2. Ensures that Testing Station is prepared for next patient
3. Hands off testing kit to Helper
4. Shouts 1 time that there is a "CAR LANE 1 (or 2)" approaching
5. Radios to Traffic to send car down respective lane.
6. Wave car into tent and up to testing area.
7. After procedure, receives clean bag places it in the container
8. Continuously communicates between Testing Station and Order Station to ensure safety.

#### **Helper**

1. Receive testing kit from runner.
2. Approach patient once window is rolled down and confirm patient name and DOB matches the label on the testing kit.
  - a. Should ask the patient to say identifying information first and then confirm by reading back what is on the label. This duty should never be performed by the swabber because of the lack of ability to hear the patient with the PAPR.
3. Helper hands off swab and media tube to swabber and steps away to safety, >6ft from car window while swab is underway.
4. Helper hands off interior bag to swabber.
5. Helper accepts sample in interior baggie from swabber into inside out exterior biohazard baggie, and turns baggie right side out to facilitate a clean exterior.
6. Helper hands off clean bag to runner.
7. Helper cleans their own gloves then assists the Swabber with half-doff between patients or full doff at end of shift.

## Swabber

1. Wave car to final stopping position with window of driver crossing the line on the ground demarcating the red zone.
2. Instruct to roll window down and turn off engine.
3. Introduce yourselves.
4. Wait for Helper to confirm patient identity and that the test tube is labeled
5. Explain Swabbing procedure per script.
6. Conduct swab per script and video
7. Secure swab in test tube. Ensure cap is securely screwed on.
8. Place closed tube in interior baggie, roll it up and then snap closed.
9. Put sample in interior rolled up baggie into clean biohazard bag held out by the Helper. If the exterior bag is contaminated either get a third baggie or the helper wipes down the outside.
10. After handoff, ask patient if they have questions about the instructions they received at intake per script. If no questions- instruct patient to start car, roll up windows and proceed to exit on Southern Ave.

## MD Observer

1. Maintains safe distance (minimum 6 feet) from swabbing procedure
2. Oversees and instructs swabber as necessary
3. Oversees donning and doffing and safe practices of swabbing team
4. Can answer basic medical questions and instruct patient to communicate with PCP or supervisor if healthcare personnel
5. Is prepared to help in medical emergency
6. Helps troubleshoot if there are troubles with equipment, testing kits, need for more supplies, etc.

## Medical Lead

1. Maintains safe distance (minimum 6 feet) from swabbing procedure
2. Is available on site for duration of shift, and acts as point person for medical or safety related questions and issues for both tents and any Call Center questions.
3. Must be familiar with SOPs for all working teams at the testing site
4. Is prepared to help in medical emergency
5. Helps troubleshoot if there are troubles with equipment, testing kits, need for more supplies
6. In conjunction with team in the tent and Site Commander (Dr. Schwartz) makes decisions on stopping, ramping up or changing testing flow, protocols as needed based on changing circumstances or available PPE.

## **PPE:**

All members in the tent should be wearing a surgical mask to help prevent spread of coronavirus among staff members. Anyone outside the testing tent who cannot maintain 6 feet distance while doing their jobs should also be wearing a surgical mask.

Donning, Intermediate Doffing, and Doffing:

1. Level 1 (Runner)
  - a. Donning: gloves placed on clean hands
  - b. Doffing: removes gloves in clean fashion and uses hand sanitizer
2. Level 2 (Helper, Intake Greeter)
  - a. Donning: Surgical mask, face shield, inner gloves, thumb-hole gown, outer gloves
  - b. Intermediate Doffing: decontaminates gloves
  - c. Doffing: In order, wipes down face shield, chest, front, sleeves, gloves. Removes gown and outer gloves. Decontaminate inner gloves. Removes face shield by touching plastic shield. Removes inner gloves. Removes mask by ear loops or straps.
3. Level 3 (Swabber) – **Using PAPR**
  - a. Donning: Put on gloves and perform PAPR check (see below). Put on surgical hair cap or bouffant hair cover. Ensure you have either non-porous wipeable shoes or shoe covers on. Put on PAPR, Tyvek gown over PAPR (ensure that there are thumb holes), outer gloves. May require some help from someone with gloves on to get gown tied.
  - b. Intermediate Doffing between patients (AKA “half doff”): In order, receives first wipe from Helper, wipes down outside gloves and removes them and first wipe. Receives second wipe and wipes face shield, chest, front, sleeves of Tyvek gown, and wipes inner gloves and discards wipe. Receives third wipe from Helper (in Level 2 PPE: gown, gloves, face shield and surgical mask) and decontaminates inner gloves. Discards wipe. Dons new 2<sup>nd</sup> pair of gloves.
  - c. Doffing at end of shift: Receives first wipe handed from Helper and decontaminates outer gloves, removes outer gloves and discards first wipe. Receives second wipe from Helper and wipes, in order, face shield and front of PAPR hood, chest, front, sleeves of Tyvek gown. Removes gown into doffing bin. Receives third wipe and wipes down entirety of external PAPR hood while still wearing it, followed by wiping the inner gloves. Using cleaned gloved hands removes PAPR hood, which will dangle while connected. Wipes down front of PAPR waist band and removes with gloved hands and places entire PAPR apparatus in the dirty bin to be cleaned by still-gowned Helper. Take off hair cover and shoe cover/wipe shoes, remove inner gloves and clean hands. Helper (still in Level 2 PPE: gown, gloves, face shield and mask) wipes down PAPR hood outside and inside, tubing motor and belt. When it is cleaned, PAPR put back in bin.

PAPR check:

- Battery connected and airflow tested with red ball tube. This indicates health of HEPA filters.
- Battery should be the first thing to be replaced should ball tube fail.
- HEPA filters should last for several months but can be replaced with back-up, packaged, new filters. Tabs must be removed from new filters for adequate airflow.

Updated: 4/13/2020

### **Intake Greeter Script**

1. Confirm that the patient is seeking COVID testing and has an appointment:

“Hello, my name is \_\_\_\_ and I’m a UT medical student. Are you here for COVID testing? :

- If no, please turn car away.

“Do you have an appointment? “

2. If the patient has an appointment- proceed to step 4
3. If patient does not have appointment:

“We are sorry, but we cannot take patients without appointments at this time. Please use the mobile app to complete our screening process; if you qualify for testing we will contact you to schedule an appointment. In the meantime if you are in need of medical treatment please contact your primary care physician or go to the emergency room if you become critically ill.”

*Give patient the sheet with information about how to access the mobile app (text COVID to 901-203-5526) and ask them to turn around and exit the site.*

4. If patient does have appointment

“Do you have a ticket number? “

*Radio to intake: “Patient’s MRN is \_\_\_\_.”*

5. Intake will give you the go ahead once they are ready to verify the patient.

“Can you show me a form of photo identification in order to verify your name and date of birth? “

*Radio to intake to verify patient information. Verify if the patient is the driver or a passenger and confirm position with Intake.*

6. *Hand patient discharge instructions and tell them you are going to go over the instructions with them as check-in verifies patient’s orders. Give patient discharge instructions as follows:*

1. **“Go home and stay home.** Until your results come back, please act as if you have the virus. Don’t leave your house for any reason except to seek medical attention. If anyone lives or stays with you, they should also act as if they have coronavirus and not leave the house either until you know your results. Even people who have no symptoms can have the virus and be contagious.”
2. **“Do everything you can to prevent the spread of the virus.** Wash your hands thoroughly and clean surfaces as frequently as possible. Avoid contact with anyone else, including people in your house.”
3. “If you ever feel emergently short of breath or that you need medical attention, call either your doctor’s office or 911. **But MOST IMPORTANTLY: when you call, make sure you tell**

- them that you may have COVID-19 so that they can take the necessary steps to be safe while they take care of you or when they come to help you.”**
4. “We will call you with your results. If you are negative you will receive an e-mail with directions to login to your patient portal and view your results. If you don’t access that link you will be put into a queue to receive a phone call. You should expect your results in 3-7 days.”
  
  7. Check-in will communicate when they are ready to send the patient to traffic stop and what lane to use. “We are ready for you to proceed to the traffic stop. Please use lane \_\_\_\_\_. Just as a reminder, please keep your windows rolled up and honk three times if there is an emergency.”

Updated: 4/1/2020

### Testing Station Swabber Script

As the car pulls up:

1. Ask them to roll down the window, and turn off their vehicle. Remind them to stay in their vehicle throughout the process.
2. Introduce yourself; Helper (Testing #2) confirms name and DOB with the patient.
  - a. *Helper should ask patient for name and DOB and then REPEAT it back*
3. “Today I’ll be giving you a nasopharyngeal swab for COVID-19, the coronavirus. What that means is that I’ll be sticking a swab far back into your nose, for about 5 seconds on each nostril. **This will be uncomfortable.** It’s a harmless test, but you may experience some nose-bleeding; we have gauze for you if you need it. It’s very important that we do this test correctly on the first try to ensure accurate results. **If at any point you feel like you might pass out or throw up, please let me know.** Do you have any questions?”

Swabbing procedure:

1. As you complete NP swab collection, narrate what you will do aloud for the patient
2. Remember this is a nasopharyngeal swab. Not inner nares. You will be deep in their nose.
3. Proper positioning (no need to stabilize patient’s neck):



- a.
4. Desired depth:



a.

5. Feel free to pause between each nostril to give the patient a break.
6. Check in with the patient before turning to put the swab into the transport tube.

When testing is complete and tube is handed off:

1. Confirm with patient that they received discharge instructions at intake “You should have received some instructions and an orange information sheet when you got here, did you have any questions about them?”
2. If they do not have questions: instruct patient to start car, roll up windows and proceed to exit testing site ahead
3. If patient had a question or did not receive instructions, give discharge instructions as below:
  1. Confirm the patient has the printed information from intake
  2. **“Go home and stay home.** Until your results come back, please act as if you have the virus. Don’t leave your house for any reason except to seek medical attention. If anyone lives with you, they should also act as if they’ve been exposed and not leave the house either. Even people who are asymptomatic can have the virus and be contagious.”
  3. **“Do everything you can to prevent the spread of the virus.** Wash your hands thoroughly and clean surfaces as frequently as possible. Avoid contact with anyone else, including people in your house.”
  4. If you ever feel emergently short of breath or that you need medical attention, call either your doctor’s office or 911. **But MOST IMPORTANTLY: when you call, make sure you tell them that you may have COVID-19 so that they can take the necessary steps to be safe while they take care of you or when they come to help you.”**
  5. “Results have been coming back in about 48 hours but it could take up to 5 days.”

If asked any questions:

“We are only here to conduct testing; we cannot give medical advice. You should call your doctor for questions about symptoms or other medical issues.”

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Updated: 4/13/2020

**Initial Volunteer Orientation:**

1. Overall flow:
  - a. Check that everyone was screened for symptoms and checked in.
  - b. Check that new volunteers completed the waiver
  - c. Every new volunteer to the site gets this orientation
  - d. After this you will go to your testing station and observe the person currently doing your job at least 2 times, then switch and have them observe you and give you feedback at least 1 time
    - i. Anyone doing a job that requires PPE needs PPE credentialing
    - ii. At the end of your shift make sure you check out with one of the chiefs
  - e. Before the end of your shift, try to learn the duties of the other positions at your station.
2. What are we doing here?
  - a. We are doing drive up testing for corona virus – patients already screened and have known exposures or are symptomatic which makes this an inherently high-risk population – you should assume that everyone in a car has COVID
  - b. This is an area where we, as students, can be of a huge help to city of Memphis. Us helping here allows providers to continue taking care of patients in hospitals and helps keep potentially infected patients out of emergency rooms.
3. Safety is our priority
  - a. Coronavirus infectivity:
    - i. Spread through droplets (coughing/breathing heavily, or aerosol generating procedure i.e. intubating, hi-flow, BiPAP, or NP swabbing) sneezing etc.
    - ii. Not spread at distances through the air when it has not been aerosolized
    - iii. If not in appropriate PPE (Level 2 or 3) do not talk to patients or approach cars if the window is rolled down.
  - b. If you are ever asked to do something you aren't comfortable with, say something. If you have a question please ask it
  - c. You were all asked some screening questions when you got here - If you feel sick or might have been exposed let someone know and stay home
  - d. If at any point you think you have been exposed while here – don't panic. go home, call one of us and let us know and stay home quarantining
    - i. If you think you touched something contaminated, ask someone to help you purell or wash your hands
  - e. If at any point you feel unsafe or see someone approaching who shouldn't be here please contact Dr. Schwartz ASAP (give Schwartz cell number)
  - f. As much as possible while on site practice good social distancing - when it is not possible to be > 6 feet from others you should wear a surgical mask
  - g. If someone has a high-risk exposure – that person needs to quarantine for 14 days from the exposure, should you experience symptoms you should seek appropriate medical attention.
4. Overview of process:
  - a. Scheduling – Patients are screened and scheduled by the call center. Only patients who have made an appointment through the call center are currently being seen/tested at this site.
    - i. Patients are greeted and checked in at the intake tent, they receive discharge instructions when they are checked in

- ii. Orders are received and printed in the main tent
  - iii. Test kits are labeled and packaged and given to the testing team
  - iv. The test is performed in Main tent in the red zone- patients already received discharge instructions up front, once the test is done they are sent home to quarantine and wait on their test results.
5. Four levels of protection – Every volunteer should know the different zones and adhere to PPE requirements.
- a. Level 0: no ppe required. Should be at least 6 feet away from all patients, practice good social distancing and hand hygiene. These people should not touch any objects that patients or the testing team have touched.
    - i. Cannot pass the double red lines into the Red Zone in the Testing tent.
    - ii. NOTE: anyone who cannot stay 6 feet away from one another to do their jobs must wear a surgical mask (this includes anyone inside the testing tent) to prevent spreading coronavirus among staff members
  - b. Level 1: gloves and surgical mask only. This person should be “clean” at all times but out of precaution they are wearing gloves because they are working past the double red line and have the potential to touch something “dirty”.
    - i. It is important for them to be very mindful of what they do touch and change gloves if they do accidentally touch anything “dirty”. They should more than 6 feet from open car windows.
    - ii. Only applies to Testing Station Runners
  - c. Level 2: Gown, gloves, face shield/eye protection and surgical mask. These people can talk to patients, exchange items with patients (information sheet, check ID, etc.) but cannot perform any aerosol generating procedures (NP swab).
    - i. Includes Intake Station Greeters and Testing Station Helpers
    - ii. These people should only be in front of the intake tent or behind the double red line in testing tent. Do not walk between tents in this level of PPE.
    - iii. Possible exposure – if you are in level 2 ppe and a patient coughs on/at you- this does not count as a high risk exposure but your face shield and gown does need to be cleaned
  - d. Level 3: gown, gloves, hair cover, booties, face protection and respirator (shield/N95 or PAPR) These are the only people with aerosol protection. They will interact with the patient and collect actual NP swab. They should not touch anyone else; if they do, they will require cleaning/changing of their PPE.
    - i. Only the Testing Station Swabber
    - ii. PPE is cleaned but not taken off between each patient (Half Doff). If someone coughs or sneezes on you that is not an exposure
    - iii. These people should only be in the red zone (back of the tent).
  - e. Please don/doff PPE in the appropriate area, no one should be freely walking around testing site in PPE.
6. **Privacy: these are real patients and all HIPPA rules apply, you cannot discuss any information about a patient or their results.**
- a. **Photos: In the interest of protecting both patients and students. No volunteers should be taking photos at any point when there are patients anywhere on site.**
7. Re-iterate: if you have a question ask it, if you feel unsafe say something, thank you for volunteering your time to be here doing this important work.

Any volunteers who need PPE training then get PPE training inside main tent before going to be trained at their station.

All volunteers go to stations to be trained; station leaders should oversee all training. Incoming trainees should:

1. Observe the outgoing volunteer in their role at least 2 times
2. Perform their role under the supervision of the outgoing volunteer and/or “dry run” with mock patient before taking over the role independently

Updated: 4/21/2020

### Setup, Breakdown and Shift Changes

#### **Set up:**

All volunteers check-in as in shift change

Station Leaders (Intake, Orders & Testing) are responsible for:

- Collecting boxes for your station from supplies
- Confirming that each station has supplies needed including technology and PPE
- Inspecting PPE for adequacy

#### Station Specifics

Intake:

- Lane signs set up for lane 1 and lane 2
- Bags in biohazard bin and trash
- WiFi plugged in & turned on
- Check walkie-talkie batteries
- Greeter PPE intact and available
- On table:
  - Laptops plugged in/charging
  - WiFi plugged in and turned ON
  - Wipes + sanitizer
  - Procedure masks

Orders:

- On computer table:
  - Laptops + printers plugged in
  - Scanners and Mice plugged in
  - WiFi plugged in and turned ON
  - Order requisition forms (label paper)
  - Procedure masks
  - Wipes
  - Hand sanitizer
- Packing station:
  - Count test kits
  - Ensure enough biohazard bags
  - Ensure STAT stickers available

Testing:

- 4 backup PAPR batteries plugged into power strip at front of tent
- Bags in biohazard bins and trash
- Doffing bins in place
- Testing tables in each lane have:
  - Gloves
  - Wipes

- Tissue/4x4s
- Hand sanitizer

Safety briefing with MD lead, Fire/EMTs, faculty and volunteers

- What's happening today: shifts, numbers, trainings etc.
- What happened yesterday: numbers, any safety concerns/exposures
- What changes were made from previous day
- Brief updates and safety recap

**Breakdown** - after last patient of the day

Station leaders (Intake, orders & testing) are responsible for organizing:

- All "dirty" supplies and spaces decontaminated
- Inventory supplies and pack station into labeled boxes – complete inventory via QR code/Google Form
  - Counts of supplies at station
  - Needs at station
- Confirm that technology is properly packed and stored
- All trash removed from stations, biohazard bags sealed

All volunteers check-out to shift leader as in shift change

Shift Leaders:

- All boxes moved to storage and placed in station specific location (indicated by tape on the ground)
- All boxes restocked:
  - Assess supply from station inventory google form
  - Add supplies to reach par level which is found on the station inventory document
- Record all supplies removed from storage on appropriate google form (QR code is in the testing binder)
- Ensure all samples have been collected by courier
- Ensure that all perishable food is removed from blue tent

**Shift change**

Incoming station leaders arrive at least 10 minutes early:

- Check-in & screening with shift leader (brief updates/safety recap)
- Check-in with outgoing team leader for updates/changes
- Assist with volunteer turnover
- Ensure training of all new volunteers at their station
- **Clean all tables and computers**

**Check-in**

Every volunteer on each shift will be checked in by shift leader:

- Shift leader will mark each volunteer as present in the schedule
- All volunteers will be symptom screened at check in

- Screening Questions: Have you had fever/chills, new cough, new sore throat, exposure to anyone who has tested positive for SARS-CoV2, or exposure to anyone who is symptomatic and quarantining for suspected SARS-CoV2?
- indicate that each volunteer has been symptom screened with a mark on their wrist

All new volunteers will be given initial orientation according to orientation and training for their role according to documented procedures

#### Hand-off

- Incoming volunteer check-in with outgoing volunteer & outgoing checks-out to incoming
- Outgoing volunteers check out to shift leader
  - Trained in any new roles?
  - Safety concerns
  - Any exposures
  - Comments/questions
- Outgoing team leaders check-out with shift leader once their entire team has turned over to next shift

Updated: 4/3/2020

**Check Out:**

1. Open "Testing Volunteers" Excel sheet
2. Find the Volunteers Tab
3. Go to the person's name, make sure they have a "y" in the Oriented column
4. Update their Credentials
  - a. If they have EMR Access, "y" in EMR Column
  - b. If they wore a PAPR today, "Y" in "PAPR" column
  - c. If they were a Helper today, "Y" in the "PAPR Ready" column
  - d. If they feel confident in every role at a station, put a "Y" in that station's column  
(Indicates station leader credentialed)
5. Do they speak another language? Update "Language" column
6. Ask about any safety concerns or general concerns or comments and keep a running doc of everyone's comments. Label that doc "Check Out \*date\*" (ex: Check Out 3.25). Save that doc in Check Out folder on Covid-19 OneDrive Folder

Updated: 4/23/2020

### **Station Leaders:**

#### **Station leaders at shift change**

Station Leaders should arrive at least 10 minutes early for their shift in order to help facilitate turnover – check in and complete symptom screening when you arrive

Incoming Station leaders are responsible for :

- ensuring adequate training of new trainees at their station during their shift.
- overseeing volunteer turnover and communicating any changes in protocol to volunteers at their station
- Ensuring that every volunteer at their station has the PPE training their job requires and that every volunteer in PPE is properly attired and protected before they start their job

Outgoing Station leaders are responsible for:

- Ensuring station is adequately cleaned between shifts
- overseeing volunteer turnover and communicating any changes in protocol to volunteers at their station
- Staying on site to facilitate turnover until every volunteer from their station has turned over

#### **Station leaders during shift**

- Ensure the safety of everyone at station
- Oversee operations at station
- Answer questions of volunteers at your station or direct them to someone who can

#### **Station leaders during setup and breakdown**

##### **Setup:**

- Collecting boxes for your station and unpacking contents
- Confirming that each station has supplies needed including technology and PPE
  - Check that all supplied on the inventory sheet are at your station.
- Inspecting PPE for adequacy

##### **Breakdown:**

Station leaders (Intake, orders & testing) are responsible for organizing:

- All “dirty” supplies and spaces decontaminated
- Inventory supplies and pack station into labeled boxes and update inventory counts on station inventory forms (via QR code)
- Confirm all supplies are present and identify any needs (running low/out of any supplies). Note needs on station inventory form (via QR code)
- Confirm technology gets packed and stored appropriately
- All boxes closed and packed in storage building
- All trash removed from stations, biohazard bags sealed

Updated: 4/1/2020

### **Tiger Lane COVID-19 Nasopharyngeal testing procedure Instructions**

The following videos are helpful tools to begin training:

From Tiger Lane testing site: <https://youtu.be/tSpC7c5UNHE>

From the New England Journal of Medicine: <https://www.youtube.com/watch?v=DVJNWefmHjE>

Nasopharyngeal swab:

1. Obtain approved swab and collection tube with media
2. Ensure it is labeled with patient ID
3. Explain procedure to patient (see script in Swabber roles), as well as most likely side effects: tears, coughing, gagging, sneezing, and rarely bloody nose
4. Give patient a tissue in advance, and have them hold onto something while you do the procedure, and raise their hand if they want you to stop.
5. Have the patient lay their head back against the head rest and look toward you, with head slightly tilted upward (not looking straight up).
6. Ensure that other team members are away from the car before beginning
7. Insert the flocked end of the swab along the inferior nasal septum until you meet soft resistance. Ideally the swab should be inserted at least half the distance between the ear and nare.
8. Count out loud five seconds while you rotate the swab, and withdraw the swab
9. Check in with the patient, and give them a rest if they need it before doing the second side
10. Repeat steps 5-8 for the second side.
11. Congratulate the patient on finishing with their swab
12. Place the swab immediately into the viral media, snap off the end of the swab and secure the cap.

Quality control:

If for some reason you cannot obtain a two-sided true NP swab specimen, minimum requirements for an acceptable sample:

- NP swab from one side
- Oropharyngeal swab can be obtained if NP swab is not possible/not tolerated – but if OP swab is obtained instead the lab requisition form sample type must be changed
- Anything less will not be accepted

Trouble shooting:

- We do have smaller flocked (FLOQ) swabs available that may be used as equivalent swabs. These are less available at this time, so we reserve them for pediatric patients, or those who cannot tolerate or structurally cannot have a NP swab with these larger swabs.

Last Updated: 4/6/2020

### **Special Circumstances- Walking Patients**

1. Patient should be indicated on Scheduling Sheet that they will be walking, as the Call Center asks for their car information.
2. Notify the police officers, intake tent, testing tent and Medical Director that there is a Walk-up patient expected, and time of their appointment. Make sure all teams are aware that no one should approach the patient within 6 feet unless they are wearing Level 2 or higher PPE (face shield, surgical mask, gown, gloves).
3. Intake leader should alert Shift Leader when the walking patient arrives.
4. Shift Leader will drive the golf cart with a new surgical mask and a chair for the patient and pick up one Greeter who will interact with the patient. The Greeter should ensure their current PPE is clean before getting on the golf cart. Greeter must sit on the back seat of golf cart. They will then ride together to meet the patient.
5. Shift Leader will drop off the Greeter and the chair and surgical mask in a way that will allow safe distance away from the patient. Greeter will give a surgical mask to the patient to wear and keep, set up the chair for the patient, and then do their regular intake procedures. (If it is raining, offer the waiting room tent to the patient (white tent near the intake tent). It is a long walk, so they may not be willing/able to walk there). Once patient is confirmed, Orders should immediately begin processing their order. Walking patients “jump the line” in this respect to process them as soon as possible. Intake Station Leader can communicate this to order Station Leader.
6. Shift Leader will drive the golf cart back to main tent. Once the order and testing kit is ready and given to a Helper. The Helper and Swabber in their PAPR will ensure they have completed their half-doff decontamination between patients prior to getting on golf cart. The Helper and Swabber must ride on the back of the golf cart and be driven up to meet the walk up patient.
  - a. Make sure the Swabber leaves the tent from the dirty end, and they do not interact with anyone else on site.
7. Put the Walking Patient kit and biohazard bin on the golf cart, making sure the driver is not exposed to the biohazard bin. Spray or wipe down the chair.
  - a. Walking patient kit contents: cannister of wipes, 1 extra pair of gloves, 1 extra discharge sheet, facial tissues, lysol spray
8. Drive the Swabber, Helper, and supplies down to where the Greeter and Patient are waiting.
9. Drop everyone off and pick up the Greeter (must sit in the back)
10. Swabber and Helper will do their normal routine of swabbing the patient as if they were in the tent. Shift Leader will act as Observer – maintaining more than 6 feet away during the entire procedure. Greeter can be driven back to Intake tent when the swabbing is complete.
11. Shift Leader will drive back to the patient to pick up the Swabber and Helper when they are done decontaminating in a half-doff. Return everything to the Intake tent. Drive the volunteers and the completed test back to the testing tent.

**Supply Management**

**Inventory/Supply Instructions:**

1. At the end of each day, supplies at each station are inventoried by workers at that station and packed into labeled boxes
2. Shift leaders collect boxes from stations and replenish them from storage boxes so that all supply totals are correct (see station supply lists below)
3. Shift leaders document what supplies were removed from storage and sent to individual stations
4. Shift leaders are responsible for documenting any supplies that were acquired and storing them in the appropriate bins
5. When supply is running low of any item, shift leaders communicate with appropriate UCH staff to acquire additional supply.

**Station Supply Lists:**

**ORDERS STATION**

**Technology:**

Box	ID #	Item	Total #
O-1	T1A + T1B	Laptop + power cord	2
O-1	T4	Printer + 2 cords	2
O-1	T2A +T2B	Mouse + Mousepad	2
CHARGE	T5B	Walkie Talkie	5
CHARGE	T5A	Walkie Talkie charger cords	3
O-1	T7	USB splitter	2
O-1	T6	Scanner Gun	2
O-1	T3	Wifi Hotspot	1
O-1	T8	Surge Protector	1

**Tests**

Box	ID #	Item	Total #
O-2		UT Path Testing Kits	~120
O-2		AEL testing Kits	~50
O-2	PPE2	Small biohazard bags	~200
O-3	PPE1	Large Biohazard bags	~10
O-2	P3	NP swabs	1 bag (10)
O-3	O11	STAT Stickers	5 sheets

**Office**

Box	ID #	Item	Total #
O-3	O1	Printer Paper	1 Ream
O-3	O18	EMR Paper (with labels)	1 stack (200)
O-3	O10	Extra Labels	1 pack
O-3	O2	Bag of 10 pens	1
O-3	O5	Orders instructions (Red Folder)	1
O-3	O5	EMR Instructions (Red Folder)	1

**Misc**

Box	ID #	Item	Total #
O-3	M1	HiVis Vest	1
O-3	O9	Orange Discharge instructions (Red Folder)	10
O-3	C2	Hand Sanitizer – small	3
O-3	C1	Wipes Cannister	1
O-3	N/A	Small plastic box	2
O-3	PPE9	Box of Masks	1
O-3	M8	Batteries	1 pack

**TESTING STATION:****Reusable PPE**

Box	ID #	Item	Total #
T-2	PPE8G	Regular PAPR Hoods (white)	4
T-2	PPE8A	Large PAPR Hoods (blue)	2
T-2	PPE13D	Tyvek Gowns – XL	6
T-2	PPE13B	Tyvek Gowns – XXL	2
T-2	PPE3	Face Shields	8
T-1	PPE8B	PAPR Air Intake Machines with HEPA filters	4
n/a	PPE8C	PAPR Batteries	5
n/a	PPE8D	PAPR Battery Chargers	3
T-1	PPE8F	PAPR testing tubes	2

**Extinguishable PPE**

Box	ID #	Item	Total #
T-3	PPE7	Box of Gloves – Small	2
T-3	PPE6	Box of Gloves – Medium	4
T-3	PPE5	Box of Gloves – Large	4
T-3	PPE4	Box of Gloves – X-Large	2
T-3	PPE9	Box of Masks	1
T-2	PPE10	Bag of 10 Scrub Caps/Bouffants	2
T-2	PPE11	Bag of 10 Shoe Covers	2
T-4	PPE12	Roll of white tape	1

**Cleaning**

Box	ID #	Item	Total #
T-4	C2	Large Hand Sanitizer	2
T-4	C1	Wipes Cannister	4
T-4	C3	Spray Sanitizer (Lysol)	2
T-4	O4	Large Black Trashbag	1 Roll
T-4	C4	Large Red Biohazard Bag	1 Roll
T-4	P2	Kleenex Box	4
T-4	P1	Emesis Bags	2

**INTAKE STATION:****PPE**

Box	ID #	Item	Total #
I-2	PPE13C	Tyvek Gown – Large	2
I-2	PPE13D	Tyvek Gowns – X-Large	2
I-2	PPE3	Face Shields	4
I-2	PPE7	Gloves – Small	1
I-2	PPE6	Gloves – Medium	1
I-2	PPE5	Gloves – Large	1
I-2	PPE9	Box of Masks	1
I-2	PPE10	Scrub caps	20

**Cleaning**

Box	ID #	Item	Total #
I-2	C1	Cannister Wipes	1
I-2	C2	Hand Sanitizer	2
I-2	C3	Lysol Spray	1
I-2	O4	Black Trash bag	1 roll
I-2	C4	Red biohazard bag	1 roll

**Technology**

Box	ID #	Item	Total #
I-1	T1A + T1B	Laptops + cords	2
I-1	T3	Wifi hotspot	1
I-1	T2+T4	Mouse + Mousepad	2
n/a	T5B	Walkie Talkies	7
n/a	T5A	Walkie Talkie Charger cords	4
I-1	T8	Surge protector	1

**Office supplies**

Box	ID #	Item	Total #
I-1	O19	QR code sheets	50
I-1	O9	Orange discharge sheets	200
I-1	O20	Driver instruction sheets	200
I-1	O8	Intake instructions	1

**Transferring supplies to to Frayser Site:**

- Supplies are packed in bins for Frayser (or other smaller) Testing site.
- IT supplies are transferred by UCH IT personnel
- Walkie Talkies and PAPR batteries need to be charged overnight
- Supplies are placed in MFD trailer to be transferred to site
- Supplies are then unloaded at satellite location for testing
- Because there is not a central storage at this site, supplies are all in bins and packed/Inventoried each day

### Inventory list (for 3 days of Testing)

- Technology:
  - Printer x2
  - usb printer cable
  - Printer power cable
  - Computer x2 (orders computers)
  - Mouse **x2** + mousepad **x2**
  - Scanner gun x2
  - Computer power cable
  - usb splitter x2
  - Intake WiFi Hotspot
  - 2 black + 2 color printer cartridge
  - 7 radios + chargers
- Office supplies:
  - NexGen paper (5 packs)
  - 1 ream copy paper
  - Label sticker sheets (2 packs)
  - Pens (1 box)
  - Red dot stickers (all)
  - Orange sheets (600)
  - Driver instruction sheets (600)
  - QR code sheets (100)
- Testing
  - UT kits: 100 (replenished daily)
  - NP swabs: 60
  - Tissues: 6 boxes
  - Small biohazard bags: 400
  - Medium biohazard bags: 20
- PPE
  - Procedure masks: 2 boxes (of 50)
  - Gloves: -
    - L = 12 boxes
    - M = 12 boxes
    - XL = 5 boxes
    - S = 5 boxes
  - Face shields: 8
  - Tyvek gowns: 12 ( 8 for testing, 2 for intake, 2 backup)
  - Shoe covers: 40
  - Scrub caps: 40
  - 4 PAPR units
  - 2 filter test tubes
  - PAPR Hoods: 3 R, 1 L
- Cleaning
  - Wipe: 12
  - Sanitizer: several small, 3 large –
  - Lysol: 5
  - Doffing bins: 1

- Biohazard bins: 2
  - Biohazard bags: 1 roll
  - Trash bags: 1 roll
- Signs
  - Roll window up
  - Stop sign **x2**
  - Turn here sign?
- Misc
  - Cooler
  - Icepacks
  - Emesis bags: 3
  - Cones: 2 towers

## **Call Center Procedures**

### General Procedures:

- Any patient who desires Covid-19 testing can complete our screening assessment. See below.
- Patients who meet our current testing criteria will then populate into the Trello© Dashboard.
- UCH Registrars will input patient information into EMR and then assign to a work station for scheduling.
- We will call the patient at the number provided during the screening assessment. We will talk with them about their symptoms, exposures and risk factors as pertinent. All of this will be appropriately document in EMR
- When a patient is confirmed to need testing we will schedule them for an appointment and educate them on what to expect at the testing site.
- Patient will report to the appropriate mobile site for testing.

### Job Description:

- This is a great job for people who want to play an essential role in the COVID-19 response and involves no direct exposure to symptomatic or directly exposed patients
  - **Please note: this is a very fluid situation, so the information to follow is subject to frequent change. Please bear with us as we grow!**
  - About the call center:
- The call center is located at University Clinical Health headquarters at 1407 Union Ave, Suite 700.
- The current role of the call center within the task force includes:
  - § Screening patients to determine if they qualify for testing at our facility
  - § Scheduling appointments for those who qualify for testing
  - § Placing orders for COVID testing of qualifying patients in the EMR
  - § Educating patients on the logistics of testing (where to go, what to expect, etc.)
  - Responsibilities:
- Arrive at 8AM to 1407 Union Ave, Suite 700
  - § We hope to soon offer 3-4 hour shifts, but we ask that you be flexible as we start up.
- Gain access to the EMR and learn to use it to add new patients, fill out a screening questionnaire, and put in the COVID-19 testing lab order
- Call patients or pickup calls to screen/schedule them for testing (you will be given a script to help you!)
- Update the scheduling sheet with each appointment you make so that those working at the site can see who is scheduled
- Train others to perform the above tasks!
- Offer valuable input to ongoing discussions about improvement of the call center and COVID-19 screening/scheduling.

### **Volunteer Management:**

- Contact student body via email with link to COVID-19 Response Task Force interest form
- Review interest form (see below) for those selecting “Screening”
- Reach out via text to those selected via the phone number they provided in the interest form.
- Follow up with a phone call to address questions
- Send email with logistical information day prior to first shift (location, parking, attire, what to bring)
- Volunteers will be documented in shared scheduling sheet and attendance will be confirmed each day at check in.

### **Onboarding/Orientation:**

- Send new volunteers’ names and emails to IT >24h prior to first shift
  - Day of first shift:
    - Log on to EMR for the first time and troubleshoot
    - 1. Work through in-person EMR tutorial detailing how to search patients, create new patients, fill out screening questionnaire, and put in COVID test lab order
    - 2. Reference appropriate testing site specific script
    - 3. Share document detailing how to get remote access on personal computer if desired
    - 4. Demonstrate how to use Trello©
    - 5. Demonstrate how to use scheduling sheet
    - 6. “Shadow” an experienced volunteer for 2-3 calls
    - 7. Perform 2 observed calls with experienced volunteer
    - 8. Function independently at personal workstation\*
- \*Necessary to have at least one experienced volunteer in each work room available to answer questions from new volunteers as they field calls independently

### **General Procedures for Established Volunteers:**

(for established volunteers):

1. Arrive to call center at 8AM
2. Meet in conference room for symptom screening of volunteers and updates/opening remarks
3. Assist in onboarding and orienting new volunteers as needed
4. Pick a workstation (1-7) to use
5. Sanitize workstation (keypad, mouse, phone, desk)
6. Open up EMR, Trello© , and scheduling sheet
7. Tend to Trello© queue that corresponds to your workstation number, and begin scheduling patients for same-day appointments

- a. Schedule appointments from 9:10-16:30 same-day, and 9:10-11:00 next-day. It is helpful to testing center volunteers if you try to fill the earliest possible appointments first so that they have a steady stream of patients
  - b. Call patients that populate your workstation's queue. They should say "registered" meaning that they have already been established as a patient in our EMR. All you have to do is fill out the COVID questionnaire in the EMR, put the order in for testing, schedule them in the google sheet, and give them their ticket number and information about testing. [see script and tutorials provided]
8. Field incoming calls [see script]
  9. If Trello® queue is slow, call those who you previously were unable to reach
  10. We stop answering incoming calls at 16:00
    - a. Our office hours are technically 8:00-16:00 (we have an answering service that lets callers know this)
  11. Attend debrief meeting (16:00). We want to hear your input!

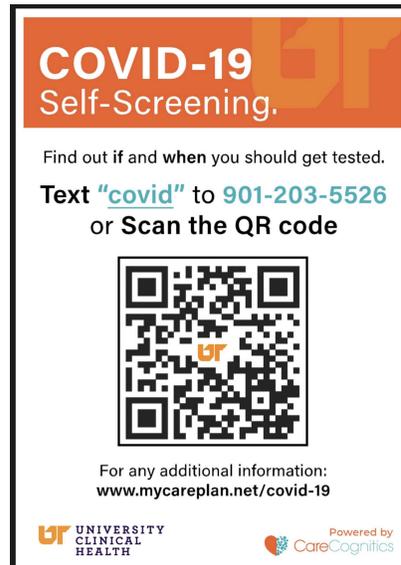
**Safety Statement:**

- Special effort will be made to ensure the safety of our volunteers.
- Prior to working each day volunteers will be screened for any symptoms (see check in procedures document).
- Workstations will be cleaned prior to use and following use.
- Social distancing will be observed.

## **Technology Procedures:**

### **Screening Assessment:**

- Software developed to screen patients and determine their need for testing according to our testing criteria.
- This assessment can be accessed via cell phone or computer as below.



### **Trello© :**

- This is our dashboard which populates from our screening assessment.
- see Trello© instruction document for details

### **EMR Documentation and Scheduling:**

- We utilize an EMR to input answers from the screening assessment into the patient's medical record.
- Initially we used a login protected live excel sheet to schedule and track appointments. (3/20/2020-4/25/2020)
- We transitioned to Practice Manager for scheduling on 4/27/2020
- see scheduling document for details

### **Google Voice:**

- We utilize Google Voice to make calls to patients from our personal devices.
- see Google Voice instruction document for details

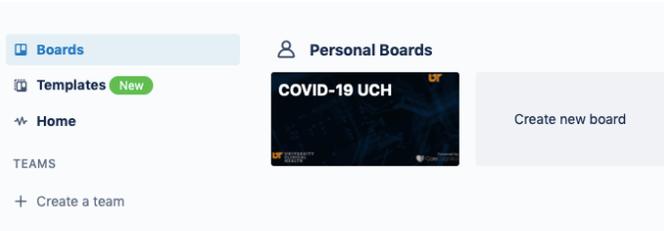
## **Call Center Instructions**

## Call Center User Guide for EMR

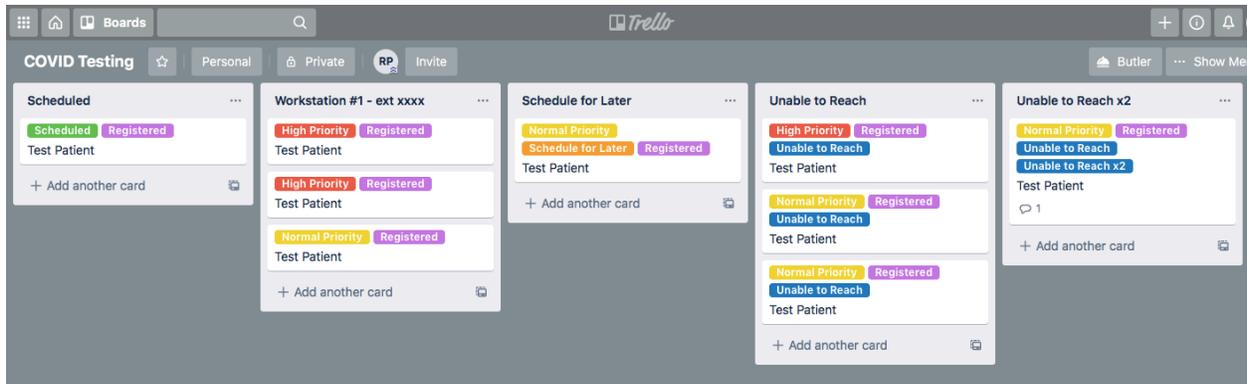
1. Search for the patient in the EMR using first name, last name, and DOB.
2. If not found, create a new patient in the EMR using the patient-provided information.
3. Add new encounter and screen the patient, filling out the screening template.
4. Obtain consent from the patient to perform the swab. Check the appropriate box.
5. Verify the patient's phone number, email address, and home address in the EMR.
6. Schedule the patient for the agreed upon time and location using the electronic appointment book. Be sure to include the make and model of car the patient will arrive in, or if they will be on foot.

## Trello® Dashboard Instructions

1. Go to [www.trello.com](http://www.trello.com)
2. Sign up for an account.
3. Gain access to COVID Testing Trello® Board from Lead via email.
4. Go to COVID-19 UCH Board.



5. Each of the workstations is labeled (ie Workstation#1) and there is a corresponding list for each station in Trello® .
6. The Lead will assign patients to each worker's list to call. See example Trello® dashboard and discussion of lists and labels below.
7. Once the patient has been called, appropriately label the Trello® card and drag the it to the correct list.



The registrars fill out the Trello® cards with the answers from each patient's online questionnaire including name, DOB, and contact information. The MRN will be added to the card once the patient is registered. Comments can be entered below the card, if needed. See example Trello® card below:

Atlassian. (2020). Trello. [Computer software]. Retrieved from <http://www.trello.com>.

Created by: Andrew McBride, Austin O'Connor, Chloe Hundman, Hannah Allen, Lydia Makepeace, Sophia Lavie

**TEST PATIENT**  
in list Scheduled 5-9-20 Bartlett

LABELS

**HIGH PRIORITY** **REGISTERED** +

☰ Description Edit

Are you a healthcare worker or first responder?  
true

Are you a frontline worker (work in an occupation where you are required to have direct contact with a customer or coworker)?  
true

Do you have any new fevers, cough, shortness of breath, loss of smell/taste, aches, fatigue, chills, diarrhea, or sore throat in the past 7 days?  
true

Have you been in close contact (sharing household items or within 6 feet) with a known case of COVID-19 without protective equipment?  
No

Are you currently quarantined from work?  
false

Are you 60 years or older?  
false

Do you have chronic lung disease or a history of recurrent respiratory infections?  
true

Are you diabetic?  
false

Are you immunocompromised? (currently receiving Chemo, a transplant recipient, HIV positive)?  
false

Do you have heart disease?  
false

Do you have chronic kidney disease or chronic liver disease?  
false

Do you have a Primary Care Physician?  
true

Your Primary Care Physician's name  
XXXXXX

Your full name  
TEST PATIENT

Your date of birth  
XX/XX/XXXX

Your gender  
Female

Your race/ethnicity  
White

Street address (and unit number) where you live  
XXXXXXX

Zip code where you live  
XXXXXX

Best phone number to contact you  
XXX-XXX-XXXX

Your email  
XXXXXXXX

☰ Activity Show Details

RP Write a comment...

**LABELS:**

**Registered**

**REGISTERED**

Registered patients are those who have been entered into the EMR. You will only need to search this MRN ("Ticket Number" in their Trello® card) and begin the COVID screening. Do not process patients who haven't been registered.

**High Priority (Red)**

**HIGH PRIORITY** **REGISTERED**

These patients met criteria to be considered "high priority" for testing and are to be called first. They will be placed at the top of the queue.

**Normal Priority (Yellow)**

**Normal Priority** **REGISTERED**

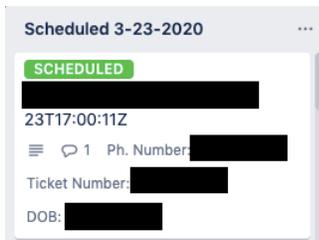
These patients will be placed below any high priority patients in your queue. Please call them after calling the high priority cases.

Atlassian. (2020). Trello. [Computer software]. Retrieved from <http://www.trello.com>.

Created by: Andrew McBride, Austin O'Connor, Chloe Hundman, Hannah Allen, Lydia Makepeace, Sophia Lavie

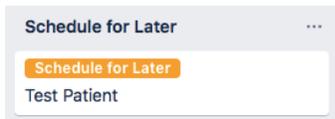
## LISTS:

### Scheduled patients (Green)



Label and drag cards to this queue for patients who have been called and scheduled for an appointment at a testing site.

### Schedule for Later Date (Orange)



Label and drag cards to this queue for patients who would like to be called back to schedule in the future. Indicate the patient's preference for when to be called/scheduled in the notes section of their Trello© card.

### Unable to reach (Blue)



Label and drag cards to this queue for patients who didn't answer the call. Indicate if you left a voicemail in the comments section of the Trello© card. For patients who do not have a working voicemail box, please indicate this in the comments as well so contact via email can be attempted.

### Unable to reach x 2 (Blue)

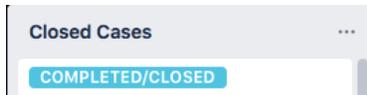


Move patients from the "unable to reach" queue to the "unable to reach x2" queue if they have been contacted twice and have not answered the call. If patient is unable to be reached for a third time, please leave a voicemail and close the case. Put at comment in Trello© and EMR indicating "Attempted to contact patient three times unsuccessfully. Left voicemails with number to call back. Will close case.

### Completed/Closed (Teal)

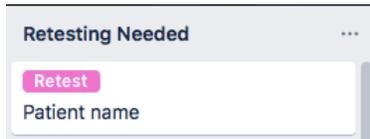
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Created by: Andrew McBride, Austin O'Connor, Chloe Hundman, Hannah Allen, Lydia Makepeace, Sophia Lavie



Label and drag cards to this queue if a patient has been unable to reach after three attempts or no longer desires testing.

### Retesting Needed (Pink)



Label and drag cards to this queue if a patient needs to be tested again. Please refer to the criteria to determine whether the patient is a candidate to be retested.

### Does Not Meet Criteria (Grey)



Label and drag cards to this queue for those who have been found not to meet criteria for testing.

## **Supplemental Resources**

### Algorithm/Criteria for testing:

After the initial launch of our testing site the algorithm went through multiple iterations as follows based on testing capacity and new data regarding the virus.

#### Initial Algorithm (Implemented 3/20/2020)

- Public Servants (hospital personnel, EMS, firefighters, police officers):
  - Threshold for screening = 20 points
  - Do you have **ANY** new fevers, cough, shortness of breath, sore throat, or muscle aches in the last 7 days? 20 points (only one symptom required)
  - Have you been in close contact (sharing household items or within 6 feet) with a known case of COVID-19 without protective equipment? 10 points
  - Are you currently quarantined from work? 10 points
  - Underlying health conditions each one = 1 point
    - Adult > 60
    - Diabetes
    - Heart disease (congestive heart failure, coronary artery disease, etc.)
    - Renal Disease
    - COPD or other chronic lung disease
    - Immuno-compromised (e.g. receiving chemotherapy, transplant, HIV)?
    - Pregnant Woman
  
- Non-Public Servants:
  - Threshold for screening = 20 points
  - Do you have **ANY** new fevers, cough, or shortness of breath in the last 7 days? 19 points (only one symptom required)
  - Have you been in close contact (sharing household items or within 6 feet) with a known case of COVID-19 without protective equipment? 0 points
  - Are you currently quarantined from work? 0 points
  - Underlying health conditions each one = 1 point
    - Adult > 60
    - Diabetes
    - Heart disease (congestive heart failure, coronary artery disease, etc.)
    - Renal Disease
    - COPD or other chronic lung disease
    - Immuno-compromised (e.g. receiving chemotherapy, transplant, HIV)?
    - Pregnant Woman

## Screening Criteria Version 1.0 (Implemented 3/22/2020)

Non-public servants				
Symptoms	Underlying health conditions	Significant exposure?	Test for CoVID-19	Do they need to be Quarantined?
Asymptomatic	High risk	Yes or No	No [3]	No [3]
	Young, otherwise healthy	Yes or No	No [3]	No [3]
Specific symptoms for CoVID-19 [1]	High risk	Yes or No	Yes	Yes
	Young, otherwise healthy	Yes or No	No [3]	Yes
Public servants				
Symptoms	Underlying health conditions	Significant exposure?	Are they quarantined from work?	Test for CoVID-19
Asymptomatic	All risk categories	No	Yes or No	No [3]
		Yes	Yes	Yes - at 7 days or more from known exposure [2]
Any respiratory illness symptoms [1]	All risk categories	Yes or No	Yes or No	No [3]
Previous positive CoVID-19 test	All risk categories	Yes or No	Yes	Yes
If negative test required for return to work: Yes, schedule the test either 1) when symptoms have resolved >48 hours AND >7 days from last test, or 2) 14 days of quarantine If negative test not required for work return, do not test; finish quarantine.				
Note: Recommendations made in the setting of continued community spread of CoVID-19				
<b>Definitions</b>				
Asymptomatic = no new cough, no new shortness of breath and no fever in the last 7 days				
Specific symptoms for CoVID-19 = within the last 7 days any fever (can be subjective), or new cough, or new shortness of breath				
Any respiratory illness symptoms = in the last 7 days: fever (can be subjective), new cough, new shortness of breath, sore throat, myalgias				
High risk = Age >60 years, diabetes mellitus, COPD or other chronic lung disease, immunocompromised state, heart disease, kidney disease				
Young, otherwise healthy = No underlying health conditions AND <60 years of age				
Significant exposure = within the last 14 days: travel to area with high COVID-19 case number, close contact (sharing household items or within 6' of a known or highly suspected COVID-19 case without appropriate PPE (face shield and surgical mask if routine care, N95 or PAPR if intubating or other aerosol-generating procedures).				
Public servant = firefighters, police, EMT, any healthcare worker with direct patient contact				
Quarantine = stay at home as much as possible including do not go to work - current WHO recommendation is for 14 days from resolution of symptoms.				
[1] Please ask all symptomatic patients if they are currently experiencing difficulty breathing, persistent chest pain, new onset confusion, or if they think they need to obtain urgent medical attention due to their symptoms. If so, they should be referred for immediate medical evaluation rather than to the drive-through testing.				
[2] If the public servant is quarantined from work due to exposure, can test at 7 or more days from known exposure. They should be counseled that a negative does not rule out CoVID-19, so if they work in a high risk population (nursing home, immunocompromised patients for example) it may not be appropriate to return to work until finishing 14 day quarantine.				
[3] Anyone who is not being quarantined or not tested now, should be counseled that if they develop new symptoms or worsening symptoms they should call their doctor to be reevaluated for possible need for medical attention or testing.				

Screening Criteria Version 2.0 (implemented 4/17/2020):

Non-public servants			
Symptoms	Household contact positive for COVID?	Test for CoVID-19	When to test
Asymptomatic	No	No [3]	N/A
	Yes	Yes	Test at 7 days from known exposure or 7 days from household member's onset of symptoms
Specific symptoms for CoVID-19 [1]	N/A	Yes	Test as soon as available

Public servants			
Symptoms	Significant exposure OR positive household contact OR quarantined from work?	Test for CoVID-19	When to test
Asymptomatic	No	No	N/A
	Yes	Yes	Test at 7 days from known exposure or 7 days from household member's onset of symptoms
Any COVID-19 symptoms [1]	N/A	Yes	Test as soon as available
Quarantined from work for any reason	N/A	Yes	Test at 7 days from known exposure or 7 days from household member's onset of symptoms
Previous positive CoVID-19 test OR quarantined due to symptoms for presumed COVID-19 illness over the past 14 days	N/A	If negative test required for return to work: Yes	Test either 1) when symptoms have resolved >48 hours AND >7 days from last test, or 2) 14 days of quarantine. If negative test not required for return to work, do not test. [3]
		If negative test not required for work return: Do not test	N/A

COVID-19 symptoms = in the last 7 days new onset fever (can be subjective), new cough, new shortness of breath, sore throat, myalgias, loss of sense of taste or smell without known cause, shaking chills, diarrhea

**Tiger Lane Call Center Script**

**Covid-19 Testing General Call Flow**

Call patient from your Trello® queue (1+(xxx)-xxx-xxxx)

“Hi I’m (first name only) from University Clinical Health. I’m calling in regard to your Covid-19 testing assessment.”

1. Verify name and date of birth
2. We have seen your survey and you qualify for testing. We would like to see you today. Today we are scheduling at our Tiger Lane location. Could you make an appointment at (time)?
3. Review symptoms with patient and check appropriate boxes in EMR.
4. Get CONSENT for testing (check box in EMR) “do we have your permission to perform a nasal swab to test for COVID-19? It can be a little uncomfortable, but most people do just fine.”
5. Get CONSENT for disclosure of results (check box) “do we have your permission to notify you with your results by phone, email, or mailed through USPS?”

6. Verify phone number, **email**, and home address
7. In order to be seen you will need to know your ticket number, do you have something to write this down? [Your ticket number is their MRN (if their account does not have an MRN use their patient number, make sure to put this in the scheduling sheet).]
8. Can you read it back to me? You will need to bring this number in your car with you to the testing site.
9. What vehicle will you be driving to the testing site today?
10. The testing site is located at Liberty Bowl Stadium. You will need to enter from Central Ave onto Early Maxwell. (701 Early Maxwell Blvd.) Look for signs.
11. When you arrive on site the police may stop you, let them know that you were referred through the call center and you have an appointment.
12. You will be required to remain in your vehicle at all times unless instructed to vacate by a member of our team. All testing will take place in your car.
13. The line may be long, please be patient with us.
14. Please bring a form of ID that you can share through the window of your vehicle.
15. If at any time you are in distress while on the site, please honk your horn and a member of our team will come to your car to assess you.
16. At this time, we are only testing those with ticket numbers. If there are other people in your vehicle who do not have ticket numbers they will not be tested.
17. If you are unable to make your appointment or get lost, please call us back at 901-866-8980.
18. Test results may take up to 3-7 days to process. We will notify you with the contact information that you have provided today. We recommend that you isolate while you are awaiting your result. Additional information will be provided at the testing site.
19. Should your symptoms worsen prior to receiving your test results, contact your primary care provider or report to the emergency dept with severe symptoms. Please let them know that there is concern for potential COVID infection.
20. In the case of severe weather, we will contact you if we have to cancel.
21. Do you have any additional questions?
22. Thank you, they will be ready for you at the testing site.

**What to say if the caller does not meet testing criteria:**

[refer to current criteria] “Sir/ma’am, at this time, you do not meet our criteria for COVID testing. Supplies are limited, so we will be unable to test you today.”

**What to say if patient cannot make any of the available appointments:**

“At this time, we cannot schedule future appointments. I will put a note in to call you closer to your desired appointment time [put note in and move to “Schedule for Later” queue]”

**FAQs:**

Q: “How do I get tested for COVID-19?”

A: “We are currently running appointment-only drive-through testing sites. At this time we are offering tests by appointment only to those who qualify based on our mobile survey. You can fill out this survey by texting Covid to (901)-203-5526. If you qualify for testing, a member of our team will call you back to

schedule an appointment. If they qualify, a member of our team will call them back to schedule an appointment for testing.”

Q: “How much will testing cost my patient?”

A: “We are not billing patients for testing.”

Q: [providers] “Will I be notified if my patient tests positive for COVID?”

A: “The test takes about 3 days to process. The patient will be contacted with their test result by phone. We encourage you to ask your patients to contact your office with their results.”

### **Frayser Call Center Script**

#### **Covid-19 Testing General Call Flow**

Call patient from your Trello® queue (1+(xxx)-xxx-xxxx)

“Hi I’m (first name only) from University Clinical Health. I’m calling in regard to your Covid-19 testing assessment.”

1. Verify name and date of birth
2. We have seen your survey and you qualify for testing. We would like to see you today. Today we are scheduling at our Frayser location. Could you make an appointment at (time)?
3. Review symptoms with patient and check appropriate boxes in EMR
4. Get CONSENT for testing (check box in EMR) “do we have your permission to perform a nasal swab to test for COVID-19? It can be a little uncomfortable, but most people do just fine.”
5. Get CONSENT for disclosure of results (check box) “do we have your permission to notify you with your results by phone, email, or mailed through USPS?”
6. Verify phone number, **email**, and home address
7. In order to be seen you will need to know your ticket number, do you have something to write this down? [Your ticket number is their MRN (if their account does not have an MRN use their patient number, make sure to put this in the excel schedule).]
8. Can you read it back to me? You will need to bring this number in your car with you to the testing site.
9. What vehicle will you be driving to the testing site today?
10. The testing site is located at North Frayser Community Center. Located at 2555 St. Elmo Memphis, TN 38127. You will need to enter from St. Elmo onto Edenburg Dr. Look for signs.
11. When you arrive on site the police may stop you, let them know that you were referred through the call center and you have an appointment.
12. You will be required to remain in your vehicle at all times unless instructed to vacate by a member of our team. All testing will take place in your car.
13. The line may be long, please be patient with us.
14. Please bring a form of ID that you can share through the window of your vehicle.
15. If at any time you are in distress while on the site, please honk your horn and a member of our team will come to your car to assess you.
16. At this time, we are only testing those with ticket numbers. If there are other people in your vehicle who do not have ticket numbers they will not be tested.
17. If you are unable to make your appointment or get lost, please call us back at 901-866-8980.

18. Test results may take up to 3-5 days to process. We will notify you with the contact information that you have provided today. We recommend that you isolate while you are awaiting your result. Additional information will be provided at the testing site.
19. Should your symptoms worsen prior to receiving your test results, contact your primary care provider or report to the emergency dept with severe symptoms. Please let them know that there is concern for potential COVID infection.
20. In the case of severe weather, we will contact you if we have to cancel.
21. Do you have any additional questions?
22. Thank you, they will be ready for you at the testing site.

### Frayser Testing Site Map

