Ambulatory Care Screening for COVID-19: Drive Through Screening/Testing

Pre-Planning

- Ensure that the call center and front office staff are aware of protocol
- Consider signage at location to direct patients of concern to location for automobile testing
- Signage should have number to call for attention
- Consider table, trash, laptop, and other office forms (consent, insurance, etc.) available near testing site
- Consider insurance verification process via phone if possible to create encounter in Cerner
- If you assess the patient and at any time the patient is unstable - increased respiratory effort, desaturation, elevated heart rate and/or high risk medical problems, consider sending patient to ER.

Identify High Risk Patients

Patient is positive for signs of respiratory illness and exposure – See VCMC checklist for details

| Has the patient had signs of respiratory illness (fever > 100.4, cough, shortness of breath etc.)? | OR | Has patient traveled to China, Iran, South Korea, Italy, or Japan or other high-risk area in the past 14 days? To where? | OR | Has patient has had close contact with a suspected/confirmed COVID-19 patient in the past 14 days? |
|---|---|---|---|

Isolate Patient with Car Triage

**Walk-in Patients:**
- If high risk, send patient back to their car to be tested, notify Designated Clinic Personnel.
- Pt should be directed to park in the designated testing area.
- High-risk testing/evaluation will be done by a nurse and/or MD wearing PPE (gloves, N95 mask, face shield, or goggles), see list below. Consider someone to transcribe with clipboard if MD not present.
- Registration for drive-through patient is “quick registration” with name and date of birth. Verbal consent for treatment is acceptable as passing the patient paperwork may contaminate it.
- Patient should be given the phone number to the designated contact at the clinic for questions or concerns so that the patient will not need to enter the clinic.
- Be sure to obtain working phone number and demographics for patient.
- Perform screening evaluation.
- Take samples for storage in refrigerator until courier pick-up; be sure specimens are labeled.
- If patient does not meet screening criteria, proceed with usual patient care protocol.

**Phone-in Patients:**
- Obtain patient phone number and demographic information.
- Direct patient by phone to designated parking area.
- Notify staff, who will perform screening of patient in parking area.

**Drive-Up Patients:**
- If number of affected patients seeking care increases, a full-time staffed drive-up system may be created that is location-specific.

### Points of Contact for COVID-19

<table>
<thead>
<tr>
<th>Nurse in Charge Will:</th>
<th>Attending Physician Will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather supplies: Car Kit.</td>
<td>Don PPE (gloves, gown, N95 mask, face shield or goggles).</td>
</tr>
<tr>
<td>Don PPE (gloves, gown, N95 mask, face shield or goggles).</td>
<td>Initiate patient interview and assessment.</td>
</tr>
<tr>
<td>Give patient and others in car a surgical mask.</td>
<td></td>
</tr>
<tr>
<td>Initiate patient interview, assessment, registration.</td>
<td></td>
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<tr>
<td>Notify Ambulatory Care AOD, Clinic Director, and AC Medical Director.</td>
<td></td>
</tr>
</tbody>
</table>

### Supplies for "Car Kit"

- Surgical mask for patient
- Gloves for patient or family member if needed to sign paperwork
- Clipboard and paperwork (insurance/consents)
- Thermometer - Ear or forehead wand better than oral
- Pulse oximeter
- Disinfectant/alcohol swabs/wipes
- Flu swabs with bio-bags and labels (1 flu, 2 oral, 3 nasal)
- Provider PPE - goggles or mask, gloves, respirator/mask, gown
- Trash bag or bin near location where car pulls up; Medical Checklist for car triage

### Basic Clinical Notes:

**Name, DOB, MRN, Phone number**

**History**

- Fever, URI symptoms – cough, nasal, throat, shortness of breath or wheezing, others
- Co-morbid conditions – diabetes, heart, lung or other organ dysfunction, smoking
- High-risk exposures - travel, contact with COVID pt. etc.
- Time between exposure and symptom onset
- Duration of symptoms/Onset time

**Vitals - HR (from pulse ox), Resp. Rate, Temp, O2 sat, others at discretion**

**EXAM**

- General - No apparent distress, alert, oriented, + diaphoretic
  - If the patient is unstable - increased respiratory effort, desaturation, elevated heart rate and/or high risk medical problems, consider sending patient to ER.

### Tracking Form:

- Date
- Name
- MRN
- DOB
- Flu or RSV test result
- COVID test result
- All staff in contact with patient that day

If patient does not meet VCMC COVID Checklist criteria you may consider Quest COVID testing.

**Handouts**
- Home Isolation instructions – See VCMC Website
- Public Health Number – (805) 981-5201, after hours (805) 214-7057

**Billing** - Bill for nurse visit at least and if doctor involved at least a level two visit or higher if documentation supports