


Policy & Procedure			
Title:	Covid-19 Rapid Testing – Curbside Testing		
Policy #:	HS-IEC-045		
Issuing Dept.:	Infection Prevention	Effective Date:	05/04/2021
Approved by:	AltaMed Quality Committee	Revision Date:	6/4/2021
Distribution:	<input checked="" type="checkbox"/> AltaMed Health Services Corporation <input type="checkbox"/> AltaMed Primary Care Services <input type="checkbox"/> AltaMed PACE/Senior BuenaCare <input type="checkbox"/> Other:	Review Date:	6/4/2021

Contact Information

- For further information about this policy and procedure, contact the Infection Prevention Department, at the Office of Health Services.

Purpose


- The purpose of this policy is to provide guidance for administering rapid testing for upper respiratory tract infections and COVID-19 testing in Alternative Care Sites and or parked cars if unable to accommodate such testing in recommended clinic spaces. Clinic locations may have a volume of patients requiring COVID-19 Isolation that is higher than the in clinic Isolation Room availability. Alternative Care Sites and car testing would be utilized if the anticipated volume of patients requiring isolation AND testing on any given day exceeds the in clinic isolation room availability. Every effort should be made to maximize the use of existing exam rooms in the building or internal building spaces prior to using external Alternative Care Sites.

Policy

- It is the Policy of Altamed to provide a safe patient care environment for members, staff, visitors and patients by following the guidelines developed by the CDC, WHO, OSHA and TJC for Infection Prevention and Control.
- The IPC program provides proactive processes, strategies and activities for the AltaMed Primary Care Clinics, to perform Rapid Influenza Testing, Rapid Strep Testing, and COVID PCR Testing outdoors.

Definitions

- Alternative Care Site** - Areas outside of our regular waiting rooms or exam rooms that can be used for rapid testing of our patients requiring isolation.
- Back Office Staff** -LVN supervisor, RN manager, RN, LVN, or MA completing the Nurse Visit testing.

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3. **Front office Staff** - Patient service advocate available by phone to verbally complete registration with patient Personal Protective Equipment (PPE)

Procedure


1. Personal Protective Equipment Requirements

Back Office Staff	Front Office
N95	Surgical Face Mask
Face Shield or Goggles	Face Shield, Goggles or Plexi-glass between staff member and visitor
Gown	
Gloves	

2. Testing Supply Requirements
 - 2.1. COVID-19 Test Kits
 - 2.2. Strep and/or Influenza Rapid Test Kits
 - 2.3. Additional laboratory supplies as indicated
3. Additional Supplies
 - 3.1. Sanitizer wipes/cleaner
 - 3.2. Sanitizer hand wash
 - 3.3. Gloves
 - 3.4. Trash can
 - 3.5. Mayo trays: one for dirty and second to place clean supplies
 - 3.6. Walkie-Talkie or phones for communication
4. Outdoor Specimen Collection (During Daylight hours only) as required
 - 4.1. Patient will present to the clinic for testing either by calling a designated phone number for the clinic front office or by coming to the front of the clinic and notifying the front screener.
 - 4.2. The patient will be instructed to wait in a designated parking spot in anticipation of the nurse visit.
 - 4.3. Patient will be registered as needed for nurse visit encounter.

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- 4.4. Front office will call primary back office team member assigned to nurse visits.
- 4.5. Primary back office team member assigned to nurse visit will release orders, gather necessary supplies including lab supplies and label testing materials with appropriate labels per protocol.
- 4.6. Primary back office team member assigned to nurse visit will practice hand hygiene and don N95 or equivalent respirator, face shield, gown and gloves per CDC guidelines.
- 4.7. Primary back office team member will exit clinic and walk to patient's parked car or Alternative Care Site.
- 4.8. Patient will roll down window only as necessary to complete testing
- 4.9. Primary back office team member will confirm patient's identity using 2 patient identifiers.
- 4.10. Primary back office team member will assess for worsening high risk symptoms (shortness of breath/chest pain/fever) and take vitals, if high risk symptoms present. If vitals are abnormal (refer to abnormal vitals chart) provider will be notified and visit turned into provider visit as deemed necessary by provider.
- 4.11. Specimen will be collected according to collection requirements.
- 4.12. All specimens will be deposited into labeled specimen bags.
- 4.13. Discharge instructions will be provided to the patient and they will be discharged outside
- 4.14. Follow up appointments will be made over the phone as needed with front office staff members.
- 4.15. A garbage receptacle will be placed outside in preparation for primary back office team member to doff PPE prior to entering clinic facility.
- 4.16. Hand sanitizer will be available for use prior to entering clinic facility.
- 4.17. Specimens will be taken to appropriate location for testing.
- 4.18. Primary back office team member will practice hand hygiene.
5. Covid-19 Workflow Disposition
 - 5.1. When a Higher Level of Care is required and/or Patients at a High risk for COVID-19 Call EMS, alert them of risk for COVID-19.
 - 5.2. Alert them to call ahead to the hospital they will be going to in order to alert the hospital of the patient and risk.
 - 5.3. Disposition Documents can be found on epic and inserted into our patient instructions.

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Education & Training Plan

1. Initial New Hire Orientation shall introduce Basic Infection Prevention and Control practices. Aspects of care required to manage rapid POCT testing for Influenza Strep and COVID and the handling of other potentially infectious material, OPIM shall be provided as needed.
2. Additional Training shall be conducted annually for AHSC employees, using the Learning Management System, Presentations, Videotapes, written materials and In-service class instruction.
3. The following person(s) shall be responsible for ensuring that the training is completed:
 - 3.1. The Organization and Clinic Leadership teams, and the Infection Prevention Department.

Implementation Monitoring Plan

1. The Infection Control Committee reviews and approves IPC activities that are conducted between meetings by various communication methods. These activities are reported to the AltaMed Quality Committee (AQC) by the committee chairs quarterly.

Forms & Resources

1. Infection Prevention COVID workflow

References & Citations

1. Centers for Diseases Control and Prevention (CDC) <http://www.cdc.gov/>
2. Occupational Safety and Health Administration (OSHA) <http://www.osha.gov/>