

## UW COVID-19 Drive Thru Clinic AKA “The CARVID Clinic”

Early and high throughput testing for COVID-19 among employees with respiratory symptoms is essential for preventing nosocomial spread of COVID, keeping our workforce healthy, and maintaining staffing during the COVID epidemic. The CARVID clinic tests up to 75-100 employees per day.



### Information Technology & Pre-Clinic Symptom survey

We distributed a redcap survey link to all employees out sick with respiratory symptoms including cough, shortness of breath, fever, sore throat, and/or myalgias. We are currently not testing employees who are asymptomatic, regardless of exposure history.

Video of our set-up can be viewed [here](#)

For the occasional non-employee who requires screening for public health purposes, patients are registered ahead of time, orders placed electronically, and labels are pre-printed prior to the visit.

**Survey variables:** Name, Employee ID, DOB, Gender, Age, SSN, Phone, Email, Supervisor’s name, Supervisor’s phone/email, essential staff designation, department, COVID exposure, travel screen, symptom screen, pregnancy or breastfeeding, immunocompromised, congregant living status, other concerns.

### Staffing for clinic

- 1-2 people serve as testers (usually nurses) along with 1-2 intake members.
- Coordinators and clinic manager. Consideration should be given to having multiple coordinators and schedulers depending on catchment area
- Medical director

**Coordinator Preparation:** Once survey is complete, our coordinator reviews the records and emails an appointment to the sick staff member (staff can confirm the appointment in that email). Staff who do not confirm their appointments are called to confirm.

Next the coordinator prepares labels, creates lab requisition slip, assembles lab biohazard bags and packages it with 1 swab 1 tube (after applying label) and the lab requisitions slip.

## Materials

- 3 - 10 ft. x 10 ft. Pop-up tents with four walls.
  - Table and 2 chairs
  - Electric heater inside the tent (takes chill out of the air)
  - Lights
  - New 50amp panel installed to support 3 spider boxes to provide electricity at each tent.

**NOTE:** Set-up was done on first floor of a parking garage, the tent provided a space if needed to do walk-in testing. Consider having an awning to keep tester and intake team member from the elements if setting up outside.

- 2 – Propane patio heaters (keeps greeter and tester warm)
  - 6 total Propane Tanks (refilled by hospital’s Landscaping Team)
- 2 – Porta-Potties
- 1 – handwash station
- 1 - Refrigerator
- 4 - garbage cans with biohazard bags.
- Gauze (in the event of epistaxis)
- Personal Protective Equipment
  - For intake team member: standard/droplet/contact precautions: gloves, gown, mask with face-shield
  - For Tester: standard/droplet/contact precautions: gloves, gown, mask with face-shield
- Universal transport media (UTM) with flexible (MS#51264) or standard Minitip FLOCKED swab with universal transport media (Do NOT use bacterial flocked swabs),
  - NOTE: Check expiration date prior to use
- Biohazard bags

## PPE Donning

1. Perform hand hygiene
2. Don blue isolation gown
3. Don mask and eye protection:
  - a. Mask with integrated eye-shield OR Mask and Goggles/Face shield
  - b. Mold the nose piece of the mask over the bridge of your nose to obtain a tight seal
4. Don gloves
5. Inspect all PPE

## Set-up

1. All members assemble in front of tents in full PPE
2. Intake team member in front of tent 1 greets cars, confirms name, DOB, appointment time and directs traffic to tents 2 or 3 for testing. Cars are instructed to keep windows rolled up until they pull up next to a tent.
3. Intake team member delivers pre-labeled lab form, media and swab to tester station.

4. Drivers are instructed to roll down their windows and keep their head inside the car.
5. Appointments are done in q5 minute intervals

### Swab Procedure

1. Ensure that all infection prevention & control steps are followed including
2. Hand hygiene before and after the procedure and before and after the patient encounter
3. If the patient has nasal congestion or a moderate-large amount of rhinorrhea, ask them to clear their nose into a tissue
4. Assure label is affixed to the UTM tube (done in previous steps)
5. Tilt their head back slightly and ask them to close their eyes, if possible
6. Insert the Minitip flocced swab into the nostril PARALLEL to the palate until resistance is met by contact with the nasopharynx.
7. Leave swab in place for 2-3 seconds then rotate completely around for 10-15 seconds. Note: Although not painful, patients generally feel very uncomfortable with this procedure. Be prepared for them to pull their head and/or body away. This procedure may also generate a cough so prepare to move to the side if possible, especially after completing the process.
8. Remove swab and repeat the **same** process in the other nostril with the **same** swab.
9. After the swabbing is completed, immediately place into the sterile vial containing the universal transport media. The shaft of the swab is snapped off at the red line. This line usually aligns with the length of the swab that can fit into the tube.
10. Ensure that cap is closed tightly
11. Place the tube into a biohazard bag without touching outside of bag

### Post-testing

1. Employees are asked to wait at home for their results. Negative tests are emailed, phone calls are made for positive tests.
2. Employees are given post procedure directions; this sheet of paper is shown to the parking attendant so that the window does not need to be rolled down when exiting the campus.

### PPE Doffing

1. Remove **GOWN** and **GLOVES** by first pulling at the waist, then at the shoulders and rolling gown inside out, removes gloves last. Gloves should be bundled inside the gown and disposed in red biohazard bin.
2. Leave mask and eye protection on
3. Performs hand hygiene

### Other Considerations

1. Specimens are held in refrigerator, then picked up by a representative from the lab and processed.
2. Security
  - a. Tents bolted to the ground to prevent from moving, and to secure from theft. Portable equipment removed at the end of each testing session and stored in a locked area adjacent to the testing site and set-up the next morning.
  - b. Security Team rounds at night and during the day during the sessions.
  - c. Testing site equipped with a portable radio to contact onsite security if needed
3. No data connection is required on site.
4. Waste removed at the end of each shift, and as team ramped up visits, trash removed more often throughout the day.
5. Employee Health responsible for assuring all equipment ready at the beginning of the day.
6. All volunteers trained in donning and doffing.
7. Positive tests are called to clinic where designated staff or the medical director provide guidance and counseling to employees diagnosed with COVID-19.
8. Location was picked for many reasons.
  - a. Able to block spots, and had space if a lineup of cars occurred
  - b. Covered parking kept team out of the rain.
9. The size of this clinic can be scaled based on demand and staffing availability

