NETEC COVID-19 Webinar Series:
Rapid Ambulatory COVID Testing: From A to PPE
Welcome

Mark Kortepeter, MD, MPH
Welcome: Mark Kortepeter, MD MPH

Bellevue: Ambulatory COVID-19 Assessment and Testing Center: Isaac Holmes, MD

Emory: Drive Up COVID-19 Testing Site: Ariona V. Day, MS

Nebraska Medicine: Drive Through COVID-19 Testing Clinic: Jamie Rudd, BSN, RN
Kelli Kooyman, BSN, RN-BC
Alisha Dorn, BSN, RN, CIC

NETEC Resources: Mark Kortepeter, MD MPH

Questions and Answers with NETEC
Welcome

National Emerging Special Pathogens Training and Education Center

Mission Statement
To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information

Please visit us at www.netec.org
or email us at info@netec.org
NETEC Overview

**Assessment**
- Empower hospitals to gauge their readiness using **Self-Assessment**
- Measure facility and healthcare worker readiness using **Metrics**
- Provide direct feedback to hospitals via **On-Site Assessment**

**Education**
- Provide self-paced education through **Online Trainings**
- Deliver didactic and hands-on simulation training via **In-Person Courses**
- COVID-19 focused **Webinars**

**Technical Assistance**
- **Onsite & Remote Guidance**
- Compile **Online Repository** of tools and resources
- Develop customizable **Exercise Templates** based on the HSEEP model
- Provide **Emergency On-Call Mobilization**

**Research Network**
- **Online Repository** Built for rapid implementation of clinical research protocols
- **Develop Policies, Procedures and Data Capture Tools** to facilitate research
- Create infrastructure for a **Specimen Biorepository**

Cross-Cutting, Supportive Activities
Bellevue: Ambulatory COVID-19 Assessment and Testing Center

Isaac Holmes, MD
Bellevue: Ambulatory COVID-19 Assessment and Testing Center
Daily Counts: This chart shows the number of positive cases by diagnosis date, hospitalizations by admission date and deaths by date of death from COVID-19 on a daily basis since March 3.
Ambulatory Care Asked to Start COVID-19 Testing Clinic

Space Requirements:

- Good air circulation
- Ability to avoid patients congregating while waiting
- Minimal downtime for cleaning of space
- Ability to facilitate rapid throughput of patients
Bellevue: Ambulatory COVID-19 Assessment and Testing Center

Ambulatory COVID-19 Testing and Assessment Center
Welcome to Our New Home!

Bellevue: Ambulatory COVID-19 Assessment and Testing Center
Three Major Issues with Original Design:

• Large queues formed outside the gate

• Gathering relevant history took much longer than specimen collection

• RN’s were better suited and more available to do specimen collection
Revised Design Layout

Patient Enters

REGISTRATION

Clerical Associate

Clerical Associate

Station 1

CLINICAL ASSESSMENT

Provider

Provider

Provider

Station 2

Patient

Patient

Patient

RN preforms specimen collection

TESTING

Station 3

Patient Exits
Revised Design Layout: Station 1

- RN performs specimen collection
- Provider
- CLINICAL ASSESSMENT
- Patient
- Provider
- REGISTRATION
  - Clerical Associate
  - Patient Enters
  - Station 1
  - Patient Exits
Revised Design Layout: Station 1

**Patient arrives to Station 1 – Registration:** Ask for ability to complete mini-registration. Patient verbally identifies their name and DOB to Clerical Associate. Clerical Associate visually inspects patient’s ID card to verify identity. Patient signs consent for treatment using E-signature device. Patient directed to Station 2

**Personnel required:** 2 Clerical Associates

**PPE required:** Non-sterile latex gloves, isolation gown, surgical mask, face shield

**Supplies required:** 2 Workstations; E-signature devices; hand sanitizer, Sani-Cloth wipes

**Cleaning required:** Sani-Cloth wipe for E-signature pads
Bellevue: Ambulatory COVID-19 Assessment and Testing Center
Revised Design Layout: Station 2

- **Station 2**
  - Provider
  - Provider
  - Provider
  - CLINICAL ASSESSMENT

- **Station 3**
  - Patient
  - RN performs specimen collection

- **Station 1**
  - Patient Enters
  - Patient
  - Clerical Associate
  - Clerical Associate

- **REGISTRATION**
  - Patient Enters

- **TESTING**
  - Patient
  - Patient

- **Patient Exits**
Patient arrives to Station 2 – Clinical Assessment: Provider takes history of symptoms, duration of illness, exposures, travel, home environment, medical comorbidities using interpreter phone if necessary. Clinical decision for testing made by provider. If appropriate for testing, test ordered. If testing is not appropriate patient discharged. Instructions given to patient for how to self-isolate at home. Patient directed to Station 3

**Personnel required:** 4 Medical providers (MD, NP, PA), 1 Medical Assistant

**PPE required:** 4 Plexiglass dividers between provider and patient; Provider: Ear-loop surgical mask; PCA: Ear-loop surgical mask, non-sterile latex gloves

**Supplies required:** 4 workstations, 4 interpreter phones with extra-long cords, Sani-cloth wipes

**Cleaning required:** Medical Assistant wipes down patient seat/area (including phone if necessary) with Sani-Cloth wipes
Revised Design Layout: Station 3

Station 3

RN performs specimen collection

Patient

CLINICAL ASSESSMENT

Provider

Provider

Provider

Patient

Patient

REGISTRATION

Clerical Associate

Clerical Associate

Patient Enters

Station 1

Patient Enters

Station 2

Provider

Patient Exits

Station 1
Revised Design Layout: Station 3

Patient arrives to Station 3 – Specimen Collection: Patient called to the testing station when the RN is ready for them. Patient seated by RN. Nasopharyngeal specimen collected using appropriate PPE. Patient discharged

Personnel required: 1 RN trained in PPE and specimen collection, 1 Medical Assistant

PPE required: RN: non-sterile latex gloves, isolation gown, CAPR or N95 + face shield; Medical Assistant: Ear loop surgical mask, non-sterile latex gloves

Supplies required: Patient chairs, Nasopharyngeal swab kits with viral transport media, specimen bags, label printing, PPE supplies, Sani-Cloth wipes, biohazard and traditional waste bins, interpreter phone.

Cleaning required: Medical Assistant will Sani-Cloth wipe the patient chairs between swabs
Bellevue: Ambulatory COVID-19 Assessment and Testing Center
Emory: Drive Up COVID-19 Testing Site

Ariona V. Day, MS
Emory: Drive up COVID-19 Testing Site

Three Check point tents
- 2 Patient service coordinators
- 1 Traffic controller

Three Screening tents
- 1 Provider per tent
- 2 Clinical staff members per tent
  - 1 individual dedicated to documenting in the chart for the provider
  - 1 individual dedicated to packaging lab specimens

Dedicated lab courier with specimen pick up every 25 minutes

Air traffic controller - Admin

10-minute appointment visits per provider per tent
- A total of 150 patients per day

Drive Up EP 6 Staff per Patient Ratio
- 1 Provider
- 2 MA
- 1 PSC

Per 50 Patient
How do Patients Schedule an Appointment?

All patients call our COVID Hotline

( 404-71-COVID )
## Daily Call Volumes to the COVID Hotline

### COVID Contact Center Performance Update

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Forecasted Volume</th>
<th>Actual Volume</th>
<th>% Variance</th>
<th>Forecasted Service Level %</th>
<th>Actual Service Level %</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/27/20</td>
<td>Mon</td>
<td>686</td>
<td>706</td>
<td>3%</td>
<td>92%</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>4/28/20</td>
<td>Tue</td>
<td>605</td>
<td>545</td>
<td>-10%</td>
<td>94%</td>
<td>95%</td>
<td>1%</td>
</tr>
<tr>
<td>4/29/20</td>
<td>Wed</td>
<td>562</td>
<td>560</td>
<td>0%</td>
<td>95%</td>
<td>97%</td>
<td>2%</td>
</tr>
<tr>
<td>4/30/20</td>
<td>Thu</td>
<td>498</td>
<td>441</td>
<td>-11%</td>
<td>96%</td>
<td>94%</td>
<td>-2%</td>
</tr>
<tr>
<td>5/1/20</td>
<td>Fri</td>
<td>464</td>
<td>473</td>
<td>2%</td>
<td>97%</td>
<td>93%</td>
<td>-4%</td>
</tr>
<tr>
<td>5/4/20</td>
<td>Mon</td>
<td>698</td>
<td>476</td>
<td>-32%</td>
<td>96%</td>
<td>96%</td>
<td>0%</td>
</tr>
<tr>
<td>5/5/20</td>
<td>Tue</td>
<td>501</td>
<td>367</td>
<td>-27%</td>
<td>94%</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>5/6/20</td>
<td>Wed</td>
<td>414</td>
<td>414</td>
<td>0%</td>
<td>96%</td>
<td>94%</td>
<td>-2%</td>
</tr>
<tr>
<td>5/7/20</td>
<td>Thu</td>
<td>386</td>
<td>415</td>
<td>8%</td>
<td>95%</td>
<td>96%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Prioritization Schedule Tiers

- **Tier 1 (HMS):** Providers (including residents, fellows, APPs, and attending MDs) and nurses who work in the ED, the ICUs, the hospital medicine services/floors, Anesthesia, and OB providers.
- **Tier 2 (EMS):** Other HCWs who provide direct inpatient care and Oncology, specifically infusion and Rad Onc
- **Tier 3 (MOS):** Very high-risk patients (symptomatic with ≥1 comorbidities per the prior algorithm)
- **Tier 4 (EMS):** HCWs who provide direct outpatient care (must be currently providing direct patient care)
- **(CMS):** CDC Employee Mobile Screening
- **Surgery (PWS):** Pre-Op patients who must be screened one day prior to their scheduled surgery at Emory
Emory: Drive up COVID-19 Testing Site

Location

Drive Up Testing Site is location in the Parking Garage Between Two Emory Clinic Sites

6 Executive Park Atlanta
Ga 30329
Patient Flow Through the Drive-Up Site

Runway (outside Garage)

Station 1: PSC confirms patient is on the schedule. Discharge instruction given.

Station 2: PSC arranges patient, retrieves patient, places patient labels on

Blue Tent: 1 Provider 2 MA's
Orange Tent: 1 Provider 2 MA's
Red Tent: 1 Provider 2 MA's

(Inside Garage)

Patient Entrance

Patient Exit

Air Traffic Controller

Section 3: Patient takes all set of supplies from bag

Signs and posted
# Personal Protective Equipment (PPE)

## Dedicated Donning and Doffing Area

<table>
<thead>
<tr>
<th>Details</th>
<th>Supplies Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Keep hands away from face</td>
<td>✓ Coverall</td>
</tr>
<tr>
<td>- Work from clean to dirty</td>
<td>✓ PAPR hoods</td>
</tr>
<tr>
<td>- Limit surfaces touched</td>
<td>✓ PAPR helmets</td>
</tr>
<tr>
<td>- Change when torn or heavily contaminated</td>
<td>✓ Gloves</td>
</tr>
<tr>
<td>- Perform hand hygiene frequently</td>
<td></td>
</tr>
</tbody>
</table>

1. **PAPR helmet and shroud and battery pack**
   - 1. Don belt & battery pack on left hip
   - 2. Plug in & check helmet motor for 3 green lights
   - 3. Size helmet to fit
   - 4. Place helmet into PAPR hood and snap helmet to shroud brim
   - 5. Secure ties around the neck
   - 6. Ensure adjustable headband sits a little above the forehead

2. **Coveralls**
   - 1. Don biohazard coverall
   - 2. Ensure mobility and fit

3. **Gloves**
   - 1. Use non-sterile for isolation
   - 2. Select according to hand size
   - 3. Double glove
### Personal Protective Equipment (PPE)

#### Dedicated Donning and Doffing Area

<table>
<thead>
<tr>
<th>Details</th>
<th>Supplies Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Battery pack must be charged daily</td>
<td>1. Storage bins for coveralls, gloves PAPR hoods, PAPR helmets, batteries</td>
</tr>
<tr>
<td>2. Donning and Doffing area needs to be a dedicated space away from specimen collection</td>
<td>2. Red tape/ dividers to identify doffing location</td>
</tr>
<tr>
<td><strong>If PAPR Helmet Malfunction switch to N95s with masks and face shields</strong></td>
<td>3. Table to place disinfectant wipes and PAPR helmet while cleaning</td>
</tr>
<tr>
<td>1. Battery pack must be charged daily</td>
<td>4. Balancing aid while removing coveralls (for example, CPR stand)</td>
</tr>
<tr>
<td>2. Donning and Doffing area needs to be a dedicated space away from specimen collection</td>
<td>5. Chair for donning coverall</td>
</tr>
<tr>
<td><strong>If PAPR Helmet Malfunction switch to N95s with masks and face shields</strong></td>
<td>6. Ability to lock equipment and charge overnight</td>
</tr>
<tr>
<td>1. Storage bins for coveralls, gloves PAPR hoods, PAPR helmets, batteries</td>
<td>7. Labeled bins to place dirty coveralls and PAPR shrouds, PPE that will be reprocessed</td>
</tr>
<tr>
<td>2. Red tape/ dividers to identify doffing location</td>
<td>8. Trash can (gloves, wipes)</td>
</tr>
</tbody>
</table>

**Links Below show Current Practice for Donning and Doffing PAPR Hood and Coveralls**

Donning: https://www.youtube.com/watch?v=F2i0P-8fybQ&feature=youtu.be

Doffing: https://www.youtube.com/watch?v=NLGPy0GmCc8&feature=youtu.be

**If PAPR Helmet Malfunction switch to N95s with masks and face shields**
### Supplies

#### Specimen Collection Supplies

1. Hand sanitizer
2. Disinfecting wipes
3. Gloves
4. Tissues

#### Tent Supplies

1. Two 6ft folding tables
2. Two folding chairs
3. Laptop computer
4. Doffing trash can
5. Tent trash bin
6. Bin for PHI
7. Locking storage container
8. Label printer

9. Ink pens
10. Small refrigerator for specimen storage
11. Extension cords
12. Power strip
13. Walkie talkie
14. Lamp
15. heating and cooling fans

4. Surgical mask
5. Para film
6. Lab requisition form
7. Biohazard bags
# Staff PPE

## Clinical Staff PPE

1. Surgical mask
2. Gloves

## Tent Supplies

1. Surgical mask
2. Gloves
3. Neon safety vest
Nebraska Medicine: Drive Through COVID-19 Testing Clinic

Jamie Rudd, BSN, RN
Kelli Kooyman, BSN, RN-BC
Alisha Dorn, BSN, RN, CIC
Nebraska Medicine: Drive Through COVID-19 Testing Clinic

Drive Thru Rationale

- Minimize burn rate of PPE
- Efficient use of supplies and staff
- High throughput rate for patients and testing
- Less patient contact decreases chance of COVID transmission
<table>
<thead>
<tr>
<th>Multi-disciplinary Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Security/police</td>
</tr>
<tr>
<td>✓ Facilities</td>
</tr>
<tr>
<td>✓ Environmental Health &amp; Safety</td>
</tr>
<tr>
<td>✓ Lab</td>
</tr>
<tr>
<td>✓ Ambulatory leadership</td>
</tr>
<tr>
<td>✓ Infection control</td>
</tr>
<tr>
<td>✓ IT Logistics</td>
</tr>
<tr>
<td>✓ Workstation support</td>
</tr>
<tr>
<td>✓ Marketing</td>
</tr>
<tr>
<td>✓ Nursing educators</td>
</tr>
<tr>
<td>✓ Human Resources</td>
</tr>
<tr>
<td>✓ Legal/Risk</td>
</tr>
<tr>
<td>✓ EMR support</td>
</tr>
</tbody>
</table>
Nebraska Medicine: Drive Through COVID-19 Testing Clinic

Ground Rules

- Not open to the general public
- Must have an order from PCP at organization
- No children
  - Unpredictable behavior when being swabbed
  - Laws vary by state
  - Unable to consent themselves and parents have almost no access to child's portal account
- Patients with S/S of severe illness should be seen in-person either in ED or clinic
Crowd Control

- Needed to control the number of people arriving
  - Limited testing capacity/supplies and
  - Stagger arrival to avoid bottleneck
- Accomplished by forcing patients to a schedule
- Started with 40 available slots 8 a.m. - 12 p.m.
- Moved up to 120 available slots from 9 a.m. - 3 p.m.
  - Approximately 1 patient every 3 minutes
  - Also open Saturday and Sunday from 9 a.m. - 12 p.m.
# Location: Determining the Proper Site for Drive Through Testing

- Covered area to protect workers and supplies from the elements
- Accommodate long line of cars, multiple lanes
- Check-in/Validation area before patients get to testing lot
- Access to electricity, internet
- Adequate place for supply storage
- Bathroom for staff
- Storage for staff’s personal items
- Adequate lighting
- Heating and air
- Specimen storage
- Designated areas for courier, trash and biohazard pick up

## Considerations

| Some tents and garages act as wind tunnels | Location next to existing clinical area is ideal |
Location: Patient Flow
<table>
<thead>
<tr>
<th>Supplies List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation gowns</td>
</tr>
<tr>
<td>Tissues</td>
</tr>
<tr>
<td>Face shields/eye protection</td>
</tr>
<tr>
<td>Coolers with reusable ice packs</td>
</tr>
<tr>
<td>Gloves (some X – long)</td>
</tr>
<tr>
<td>Fine point permanent markers</td>
</tr>
<tr>
<td>Procedure masks</td>
</tr>
<tr>
<td>Computer paper</td>
</tr>
<tr>
<td>N-95s</td>
</tr>
<tr>
<td>Laptops</td>
</tr>
<tr>
<td>Disinfecting wipes</td>
</tr>
<tr>
<td>Label printers</td>
</tr>
<tr>
<td>Hand sanitizer</td>
</tr>
<tr>
<td>Extension cords</td>
</tr>
<tr>
<td>Viral transport swabs/media</td>
</tr>
<tr>
<td>Tables</td>
</tr>
<tr>
<td>Sharps container</td>
</tr>
<tr>
<td>Chairs</td>
</tr>
<tr>
<td>Bins for PHI</td>
</tr>
<tr>
<td>Fans/Heat source</td>
</tr>
<tr>
<td>Trash cans/trash bags</td>
</tr>
</tbody>
</table>
EMR Build for Scheduling

- Reactivated a department not being used
- Created Schedule Template which can be adjusted easily for testing capacity
- Created New Visit Type DRIVE THRU SWAB
- Created Generic Provider SWAB STATION
- Created Order Panel
  - COVID-19 lab order
  - Ambulatory Referral to Swab Station
    - Rule evaluates if patient is active on portal
      - If YES: Referral order auto creates a schedule ticket for patients using the portal
      - If NO: Patients appear on a Schedule Orders Work queue to be called and scheduled manually
- Telecom team set up a phone line with voice mail for patients returning calls to schedulers or for those who need further instruction
EMR Build for Billing

- Lab is "walked-in" using standard workflow
- No documentation required by swab team
- Specimen collection charge is added to all tests through automated process
<table>
<thead>
<tr>
<th>Referred by</th>
<th>Patient Grouping</th>
<th>Order/Patient Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Health</td>
<td>Colleague</td>
<td>Employee Health places the COVID-19 lab order and directly schedules patient into the swab center schedule. Employee Health provides patient instructions.</td>
</tr>
<tr>
<td><strong>Organizational</strong></td>
<td><strong>Portal ACTIVE</strong></td>
<td>Provider role: Orders and signs the DRIVE THRU SWAB STATION ORDER PANEL; a scheduling ticket is automatically created and sent to the patient's portal. Directions on how to schedule and where to go can be sent to the patient as a letter communication using the NM COVID DRIVE THRU SWAB LETTER. Patient role: The patient must log in to their patient portal and select a time slot from the scheduling ticket to create their drive-thru appointment.</td>
</tr>
<tr>
<td><strong>Provider</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Portal NON-ACTIVE** |                      | Provider role: Orders and signs the DRIVE THRU SWAB STATION ORDER PANEL  
Inform the patient a scheduler from the swab center will be calling them to schedule a time for their specimen collection appointment.  
Swab Center Scheduler role:  
Contacts patient  
Completes scheduling process  
Provides additional patient instructions. |
| Labor & Delivery  | L&D Dept               | OB provider places the COVID-19 lab order and team directly schedules patient into the desired swab center appointment slot. Scheduler provides patient instructions. |
|                   | Dept of Family Med     | FM provider places the COVID-19 lab order and team directly schedules patient into the desired swab center appointment slot. Scheduler provides patient instructions. |
How Does a Patient Get Here?

1. Patient is an employee
   - Order placed by Employee Health
   - Scheduled directly in EMR

2. Patient does an E-visit or telehealth visit with PCP
   - Provider places a panel order
   - Scheduling method depends on if patient is active on Portal

3. Patient is scheduled for a procedure
   - Surgeon places lab order
   - Schedule directly in EMR
Patients arrive at Validation Station
Show ID through rolled up car window
Name and date of birth is "walkied" to team member in clinic who verifies order is active and patient is on the schedule
Once validated – patient is directed to swab collection area
Patients who present to the swab center without a valid order are given a card.

Phone number on the card is for scheduling center.

Can complete an e-visit or telehealth appointment and then proceed to swab station.

Patients who have an order entered, but did not get scheduled, can be placed on schedule immediately.
Pulled staff from newly created flex float pool
  • Made up of specialty area staff that were displaced r/t COVID

Mix of roles
  • RN (required to be on site for supervision)
  • Rad tech
  • Patient care tech
  • Medical receptionists
  • MA
  • LPN
  • Educator – ad hoc
  • * Designate team member to inventory and order supplies
"Swab Squad" Education/Hands-on Training

Staff training focused primarily on the technique of nasopharyngeal swabbing.

Various types of education were used to support the training:

- PowerPoint presentation
- Demonstration Video
- Hands On Swabbing practice with cross section manikin and simulation manikin
- 'Real time' training support/feedback with actual patients
# Nebraska Medicine: Drive Through COVID-19 Testing Clinic

## Training and PPE

<table>
<thead>
<tr>
<th>PPE Needed</th>
<th>Check Point</th>
<th>Desk Staff (Inside)</th>
<th>Swab Station</th>
<th>Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validator</td>
<td>✓ Procedure mask*</td>
<td>✓ No PPE is needed</td>
<td>✓ N95 respirator* ✓ N95 respirator* ✓ Procedure mask*</td>
<td>✓ Procedure mask*</td>
</tr>
<tr>
<td>✓ Gloves and gown available, but does not have donned</td>
<td>✓</td>
<td>✓ Face shield* ✓ Face shield* ✓ Eyewear*</td>
<td>✓ Gown* ✓ Gown* ✓ Gown*</td>
<td>✓ Gloves and gown available, but does not have donned</td>
</tr>
</tbody>
</table>

*PPE highlighted in yellow indicates extended use
Extended Use of PPE

Drive thru swabbing staff practiced extended use to help conserve PPE

- Gowns, N95 masks and Eyewear/ Face shields remained in place between each patient (unless visibly soiled)
- Hand hygiene and Glove removal was performed between each patient

<table>
<thead>
<tr>
<th></th>
<th>Extended use</th>
<th>Single use</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-95</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Face shield</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Gown</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Gloves</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>
Desk staff walkies that patient has active order and is on schedule
Location: Patient Flow

Desk Staff

Has an appointment?
Yes
  Right click on visit, select Edit EOD Stats
No

Has Lab Order?
Yes
  Schedule Patient
No

Is Employee?
Yes
  Call Occupational Health to place order/release order
  Occupational Health to schedule patient
No
  Walkie Talkie to Check Point - Patient CANNOT proceed Patient to follow up with their Provider

Mark Visit Status as Complete
Walkie Talkie to Check Point Patient IS cleared to proceed

Right Click on Visit to Edit EOD Stats, Mark Status as Complete
Setup and Tear Down Electronic Equipment

- Laptop at each station
- Lab label printers
- Printer for discharge instructions
- Access to a phone
- Wires for data jacks
- Extension cords
- Power source
Considerations

Who will notify patients of results?
- Ordering provider
- Pool of RNs/APPs

Dealing with Mother Nature
- Equipment broken/damaged by wind, rain
- Temperature
  - Need equipment to heat and cool work area
  - Reach out to hardware stores for donations
- Severe weather plan in place

Check on staff frequently. They may be wearing PPE for hours

Transportation of specimens to lab for processing
Considerations Continued

- Offering other testing
  - Influenza
  - RPP
  - Bloodwork (CBC, routine)

- WIFI versus hard wire

- Using walkie talkies on a secure police channel for HPI

- Issues with swabbing
  - Angles
  - 3D printing
NETEC Resources

Mark Kortepeter, MD, MPH
NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners.

**Ask for help!**

- Send questions to **info@netec.org** - they will be answered by NETEC SMEs
- Submit a Technical Assistance request at **NETEC.org**
Questions and Answers