

## COVID-19 Operations Resource Packet

### Sample procedures for health center drive thru clinic

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Health centers are serving on the frontline, providing critical health care services in communities dealing with the coronavirus and covid-19. This packet contains procedures developed by or contributed to by health centers who are currently implementing drive-thru COVID-19 screening clinic sites.

These materials are offered as general samples for health centers to consider as they determine the most appropriate and tailored operations appropriate for their organization, staff, patients and community. Refer also to your applicable State, Local, Organizational regulations. Health centers may be considering drive up, drive thru or walk up COVID-19 screening/testing sites.

#### Enclosed are:

1. Script for Patient Phone Calls
2. Drive Thru Clinic Procedures
3. Patient Screening Tool
4. Patient Self-Monitoring Tool
5. Sample Budget for Drive Thru Clinic

#### Additional information and resources can be found at:

- **Centers for Disease Control and Prevention (CDC) COVID-19**  
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html> including strategies for **optimizing the supply of PPE** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- **Health Resources and Services Administration (HRSA) Health Center Program COVID-19 Frequently Asked Questions (FAQ)** – includes **Federal Torts Claim Act (FTCA)** updates  
<https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>
- **Centers for Medicare and Medicaid Services (CMS) FAQs** – includes information on diagnostic lab services and hospital services  
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- **NACHC's Coronavirus webpage** - information, event postings and resources for health centers  
<http://www.nachc.org/coronavirus/> or email [preparedness@nachc.org](mailto:preparedness@nachc.org)
- **Health Center Resource Clearinghouse Priority Page COVID-19** – includes training events and tailored materials for serving special populations  
<https://www.healthcenterinfo.org/priority-topics/covid-19/>

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- |  |  |
|--|--|
| -Ammonoosuc Community Health Services, Inc. (NH) | -Moses Lake Community Health Center (WA)     |
| -Cabarrus Health (NC)                            | -Roanoke-Chowan Community Health (NC)        |
| -HealthLinc (IN)                                 | -Washington Association for Community Health |

*NOTE: For inquiries about this document, contact [trainings@nachc.org](mailto:trainings@nachc.org)*

## SCRIPT FOR ALL PATIENT PHONE CALLS

Every staff member in the organization that has contact with a patient (either by phone or in person) will share the following information with patients. This pertains to all departments including non-patient care departments.

*“There is a lot of information about the Coronavirus going around, we want to help you understand how to keep yourself healthy. We are here for you, if you develop fever and a cough, **please call us before coming into the clinic.** Wash your hands often with warm water and soap or use hand sanitizer with 60% alcohol or more. Cover your mouth and nose with tissue or your elbow when you cough and sneeze. Avoid contact with people who are sick. Please call if you have any questions.”*

## SCRIPTING FOR RESCHEDULING ADULT WELLNESS EXAMS FOR PATIENTS 60+ YEARS OF AGE

*“You have an appointment on (Date and Time) with (Provider). In light of the recent concern of coronavirus situation in our state, we are taking the extra precaution of giving our patients the option to reschedule their routine wellness visit. Are you interested in rescheduling your wellness visit?”*

## Other Script Considerations

- If your health center offers Telehealth/Virtual/Remote Monitoring, consider how these options can be inserted into your script to provide alternatives for your patients and staff.
- It is important to use distinct physical signage at the clinic site that can be clearly communicated verbally over the phone prior to patient arrival e.g., “The drive-thru clinic parking spaces are well designated with Yellow Signs”.
- In closing the above scripts, consider adding two questions that enhance the patients sense of having been listened to:
  1. *Did you receive what you needed today?*
  2. *Is there anything else I may help you with?*

**NOTE:** Consider how best to document Procedures for your staff, i.e.:

- Color coding the Procedure Steps (**Green** = Yes; **Yellow** = Decision Point; **Red** = No or Critical Action)
- Convert procedures into a process flow/visual map (i.e.: Visio software)

## Drive Thru Clinic Procedures

### **Patients with Respiratory Symptoms Interim Screening Process**

Contact (*insert appropriate staff role or department here*) at xxx-xxxx any time you have a question or concern regarding this process.

1. Every patient presenting to the clinic for an appointment will be screened utilizing COVID\_CCR (Customer Care Representative) Screening tool.
  - a. If medical patient says **Yes** to any of the questions, Customer Care Representative (CCR) directs the patient to drive up in their vehicle to our **Drive-Up Patient Care Area** and asks to stay in the car until approached by medical assistant.
  - b. If **dental** patient says **Yes** to any of the questions, Dental CCR will reschedule appointment as directed by Dental Chief Medical Officer.
2. When the patient calls in to schedule an appointment to see a provider the CCR asks 3 questions. Script: "In order to ensure you receive the best treatment, I need to ask you three questions and your responses are very important so you receive the correct care."
  - a. Do you have a cough?
  - b. Do you have a fever?
  - c. Have you been exposed to Coronavirus?
3. If they answer **yes to question a**, then the CCR transfers the patient with the nurse for further triage
4. If they answer **yes to question b**, then the CCR transfers the patient with the nurse for further triage
5. If they answer **Yes to all 3 questions**, then the CCR transfers the patient with the nurse for further triage
6. If they answer **Yes to question a. and b. but No to question c.**, Ask patient 5 W's (who, what, when, where, why) and what do they think on how severe their symptoms are. If patient has **mild to moderate severity level of symptoms**, ask patient to **stay home and provide self-care**. If **symptoms are higher than moderate or patient really wants to be seen**, direct the patient to drive up in their vehicle to the **Drive-Up Patient Care Area** 15 minutes before their appointment time.

**NOTE: Insert a graphic of car/patient flow and/or Site-specific instructions, for example:**

- a. In Site X, instruct drivers to the NE corner of the parking lot marked by orange cones
- b. In Site Y, instruct drivers to the Employee Parking area close to the back door.
- c. A designated MA will attend to them upon arrival; the designated MA will be monitoring the parking lot by camera.

**NOTE: Use distinct signage** that may be clearly communicated verbally over the phone prior to patient arrival e.g., "The parking spaces are well designated with Yellow Signs".

**When patient walks in and is requesting to see provider with any of the respiratory symptoms, initiate Yellow card process and have patient wait in the car. Once appointment is scheduled for them, they can be directed to the Drive-Up Patient Care area 15 minutes prior to their appointment.**

- **NOTE: Consider posting the three questions** (see #2 above) on the facility door with a red STOP SIGN asking the three questions. If yes to any, instruct patient to please return to car, to call/text specific number. Indicate that a staff person will be shortly in touch to speak with patient further.

**If walk-in patient with respiratory symptoms does not have transportation to wait in, connect patient with designated MA so patient can be brought back to the room immediately.**

- **NOTE: Consider having patient place on mask and gloves** (vinyl gloves may be sufficient to minimize contact contamination).
- **NOTE: If your Center uses Scribes**, consider having scribe on an internal phone so the scribe is not in the room with the provider and patient.

**When the patient arrives in the Drive-Up Patient Care Area:**

7. The designated MA utilizes Instant Messaging system with designated CCR notifying them of the patient arrival
  8. The designated CCR arrives and checks-in the patient in the Patient Management System (PMS) or Electronic Medical Record (EMR) and prints consent to treat form, etc. as needed, to the printer that is closest to the designated MA.
  9. The designated MA does the following:
    - a. Puts on an N-95 mask and gloves
    - b. Takes a surgical mask and gloves for the patient
    - c. Goes out to the patient's car and while the patient remains in the car the MA follows the regular rooming routine.
    - d. Remove everything from the room except that which is critical to have available.
- **NOTE: Utilizing an Instant Messaging** service (i.e.: Jabber) helps staff to stay connected outside and inside the facility, as well as between Customer Care Reps and the Medical Team
  - **NOTE: Security cameras** provide additional monitoring surveillance of outside activity

**If the patient has a cough and a fever:**

10. An MA wearing a N-95 mask, gloves, and face shield/goggles will perform an influenza swab as ordered by the provider. If the patient is actively coughing, wear a gown.
  11. The designated MA notifies the designated provider of the findings and the provider proceeds with all necessary recommendations. These recommendations include
    - a. Preferred Choice - An outside limited physical exam
    - b. Inside physical exam
    - c. Home instructions
  12. The designated MA will disinfect all testing equipment and supplies with Vindicator Plus disinfectant after every patient use
- **NOTE: Consider utilizing a dedicated sick room** and all equipment will stay in that designated room for the duration of this pandemic, including stethoscope, etc.. Do not transfer equipment from sick to well rooms.
  - **NOTE: Consider covering the air return from the sick room** and vent the room out a window (using a fan) to minimize air transfer and building a **quasi-negative pressure room**.

**If patient has met Person Under Investigation (PUI)\* criteria:**

13. Nurse notifies designated MA of scheduled patient
14. Designated MA attends to the patient upon arrival. Designated MA will be monitoring the parking lot through the camera.
15. Designated MA jabbars designated CCR notifying them of the patient arrival
16. The designated CCR arrives and checks-in the patient in Centricity
17. The designated MA does the following:
  - a. Puts on N-95 mask, face shield/goggles, gloves, and gown
  - b. Takes a surgical mask for the patient,
  - c. Goes out to the patient's car and while the patient remains in the car the MA follows the regular rooming routine.

18. Under direction supervision of ***insert assigned Name/Dept/Contact Info*** the Designated MA obtains all necessary swabs per CDC guidelines and Health Department (if applicable) approval

**If patient needs to be brought into an SDC exam room for further assessments and testing:**

19. The designated MA will bring patient into the room and place an isolation sign on the door
20. The designated MA will notify provider of patient arrival
21. Provider will evaluate patient in the room while wearing a N-95 mask
22. When the patient leaves the room, the MA disinfects room with Vindicator Plus disinfectant including all testing equipment and supplies.
23. Doff PPE in appropriate sequence
  - **NOTE: Short videos on proper donning and doffing of gear** available on YouTube, search “Donning and doffing instructions: PPE for novel pathogens” [www.youtube.com](http://www.youtube.com)
24. If the patient has been tested for Coronavirus, then the room needs to be terminally cleaned and locked down for at least 1 hour before the next use.

**If patient needs to have an x-ray:**

**NOTE: If your health center does not have diagnostic services,** utilize your referral arrangements (i.e.: hospital, etc.). Ensure advance communication and coordination with your diagnostic services partner as soon as possible.

25. The designated MA notifies x-ray technologist that an x-ray order was prepared and places the patient on the schedule. Appointment note should include location of the patient (Exp. Rm #) and future disposition (back to the room or home).
26. The MA will escort the patient to x-ray once the x-ray room is available. If the x-ray tech is available, they can pick up patient as well
27. X-ray tech wears appropriate PPE (i.e. N-95 mask, gloves) while attending to the patient
28. Once the x-ray is completed, the x-ray tech will escort the patient back to the room that is designated for this patient. If the patient can be sent home the MA will provide the tech with this information.
29. X-ray tech disinfects the x-ray room with wipes.
  - **NOTE:** Consider stratifying the day for well and sick patients (i.e.: well in morning, sick in the afternoon) as an additional precaution.

**If patient needs to pick up prescription from our pharmacy**

30. Provider places an order for the prescription
31. The designated MA contacts the pharmacy (Site X Ext. **xxx**; Site Y Ext. **xxx**) and notifies them of the prescription for the patient in isolation and provides them with the information on where to locate the patient (Rm #, or car license plate #, car color, model)
32. Pharmacy staff prepares the prescription and puts charge of the co-pay to the Medical account
33. Pharmacy staff delivers medication to the patient wearing appropriate PPE (i.e. N-95 mask, gloves)
34. The designated MA will assist pharmacy staff with interpretation as needed

All staff must change gloves and perform hand hygiene in between patient care and disinfecting work area and equipment.

\***PUI** is the person who meets specific screening criteria and approved for testing by CGHD.

Photo - Drive Thru Check-In Station (Moses Lake, WA)



Photo - Provider Visit in Drive Thru Clinic (Moses Lake, WA)



**NOTE:** (Above Photo) If supplies exist, a face shield and gown is preferred in addition to the N-95 mask.

## Patient Screening Tool

**\*Check CDC Screening Guidelines regularly as they are updated based on emerging COVID-19 information.** <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

- **Revise tool accordingly**
- **Clarify process for integrating the data below into the EMR or EHR System**

**COVID-19 Phone Screening Toolkit**  
3.3.2020

|                            |  |
|----------------------------|--|
| <b>Patient Name</b>        |  |
| <b>Date of Birth</b>       |  |
| <b>Contact Information</b> |  |

| QUESTION   | YES (Please check)       | NO (Please check)        |
|--|--------------------------|--------------------------|
| Do you have a fever?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a cough?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been exposed to anyone who has been diagnosed with a laboratory-confirmed case of COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| *Have you traveled internationally at any point within the last 14 days?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently experiencing difficulty breathing?   | <input type="checkbox"/> | <input type="checkbox"/> |

If the patient presents with **fever, cough, and Coronavirus exposure** connect patient with the nurse for triage.

If patient presents with **cough, fever, and NO coronavirus exposure** patient should be directed to the patient drive up screening area.







## Temporary Clinic Space Budget

Insert Activity Date(s)

| Expense Category                          | Projected   | Actual      | Variance    | Description/Comments                                     |
|---|-------------|-------------|-------------|--|
| <b>Communications</b>                     |             |             |             |  |
| Mailing lists                             |             |             | \$ -        |  |
| Brochure                                  |             |             | \$ -        |  |
| Posters                                   |             |             | \$ -        |  |
| Postage, bulk mail charge                 |             |             | \$ -        |  |
| Other, specify                            |             |             | \$ -        |  |
| Other, specify                            |             |             | \$ -        |  |
| <b>Subtotal - Communications</b>          | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |  |
| <b>Clinic Space and Logistics</b>         |             |             |             |  |
| Tent Rental/Purchase                      |             |             | \$ -        | Tent for Screening, Containing, and Seeing patients      |
| Working stations                          |             |             | \$ -        | Include cost for Laptop, monitor, etc. for each employee |
| Patient care room                         |             |             |             | This could be tables, chairs, paper to cover tables      |
| Additional cybersecurity needs            |             |             |             |  |
| Hotspot                                   |             |             | \$ -        |  |
| Cones                                     |             |             | \$ -        |  |
| Lighting                                  |             |             | \$ -        |  |
| Dividers                                  |             |             | \$ -        |  |
| PPE                                       |             |             | \$ -        | Include equipment for clinical and non-clinical staff.   |
| N95                                       |             |             | \$ -        |  |
| Signage                                   |             |             |             |  |
| Lab equipment                             |             |             | \$ -        |  |
| Masks                                     |             |             | \$ -        |  |
| Tables                                    |             |             | \$ -        |  |
| Other, specify                            |             |             | \$ -        |  |
| <b>Subtotal - Meeting Space Logistics</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |  |

| Staffing                               |    |   |    |   |
|--|----|---|----|---|
| <b>Greeter</b>                         |    |   | \$ | - |
| Medical Assistants                     |    |   | \$ | - |
| Nurses                                 |    |   | \$ | - |
| Mid-Level providers                    |    |   | \$ | - |
| Providers                              |    |   | \$ | - |
|  |    |   | \$ | - |
| <b>Subtotal - Honoraria/Travel Exp</b> | \$ | - | \$ | - |
| Admin                                  |    |   |    |   |
| Administrative                         |    |   | \$ | - |
| Communications Director                |    |   | \$ | - |
| Other admin                            |    |   | \$ | - |
| <b>Subtotal - Admin</b>                | \$ | - | \$ | - |
| <b>Total Expenses</b>                  | \$ | - | \$ | - |

Note: Costs may vary based on geographic markets

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