A PROPOSITION FOR COMMUNITY ORGANIZATION + LOCAL GOVERNMENT PARTNERSHIPS FOR ESTABLISHING OR MANAGING COVID-19 TEST SITES

HOW TO: LESSONS LEARNED COMPILED BY LOS ANGELES-BASED CORE (COMMUNITY ORGANIZED RELIEF EFFORT) FOR NGO’S + COMMUNITY FOUNDATIONS

JUNE 2020

CORE
Community Organized Relief Effort
"We, the healthcare workers, are not your frontliners any longer. We are YOUR LAST LINE OF DEFENSE. YOU, my fellow people, are the frontliners now. The war has shifted to the community and it is up to you. This cannot be won in the confines of a hospital..."

- Dr. B Calinawagan
FOUNDERS MEMO

Welcome to the Community Organized Relief Effort (CORE) COVID-19 test site manual here on offer. Most reasonable people recognize that until a vaccine is produced there will be continued infection, suffering and death. For others their very human fear leaves them vulnerable to messages of scientific denial. When those reckless messages are disseminated by those entrusted with leadership, calamity follows. When, however, an entrusted leadership looks science and potential human suffering in the eye, they build life-saving coalitions. Nothing of what follows would be possible without the essential leadership of our California Governor Gavin Newsom, Mayor Eric Garcetti and the LAFD. Their trust and extraordinarily committed service and skill sets (along with the commitment of Californians to each other) allowed this first field tested model to be replicated. We hope any adopting organization may find or inspire the same commitment in their own government leaderships.

This manual is fluid, and must be considered as a developing and adaptable guide. The size and impact of your organization will be measured by the will and compassion of its volunteers in partnership with your local municipal authorities. The dynamics of your area of operations will not likely be a cardboard cutout of the methods suggested in this manual. Adjustments therefore are best addressed by you and your selected local consultants and partner organizations.

When we say, "Slow is smooth, smooth is fast, and blood is slippery," we are borrowing from the extreme conflict zone metaphor suggesting that it is no use to have a slippery finger on a hot trigger, nor on a scalpel. It suggests that everything you do, you do deliberately. We leave the "getting in the weeds" to the experts and lessons-learned that have compiled the pages that follow, but also offer a reminder that we as a people at large are in challenging days. We have to make the best efforts to not add harm emotionally or physically. In so many ways, the ultimate tragedies will be those that long outlast and outnumber those we face today. We need only look to historic lessons from the impact of PTSD -- Be that on first responders, families of the lost, the imprisoned (literally or economically), the heroic parent(s) isolating with lost jobs.

In this CORE/LAFD/LA Mayor’s office model, CORE (a non profit organization), is committed to work with a Voice of Clarity and NOT a Voice of Command. Those being voluntarily tested at our sites are our citizen partners in the fight against this pandemic. In volunteering to be tested, they too are offering equal public service. We are NOT authorities over them. We are custodial guides. Our Fire Dept and Police partners are tasked for situations requiring civil authority. We hope this manual will be value added. And remember that rest is a weapon -- so, remind your volunteers and staff to get their rest each evening so they may deliberately approach each new test day with their compassion and training "weaponized"!

Sean Penn, Chairman of the Board
Ann Lee, Chief Executive Officer
CORE Community Organized Relief Effort
INDEX

1 GOALS

2 COMMUNICATIONS IS KING

3 OVERVIEW

4 BEFORE WE PROCEED

5 KEY STEPS FOR TESTING

6 GENERAL WORKFLOW FOR ALL MODELS

7 GENERAL STAFFING FOR ALL MODELS

8 GENERAL MATERIALS FOR ALL MODELS

9-10 SIGNAGE FOR TEST SITES

11-12 THE NASOPHARYNGEAL MODEL

13 THE WALK-UP MODEL

14 THE MAYOR’S MODEL

15 THANK YOU

ANNEX: Site Managers Manual
GOALS

Our goal is to increase COVID-19 testing, especially targeting vulnerable communities, which due to structural inequalities are most vulnerable to the virus’ impacts. CORE looks to support local first responders, relieving them of the management of the testing sites to allow their return to their continued presence in the larger community and to offer value added to local, state and national surveillance.

In determining how to respond to the COVID-19 pandemic, CORE identified the gap in the quantity of tests administered in the country as an opportunity where improvement could be leveraged. Initially, the organization planned to set up an independent testing site with a private clinic; providing philanthropic funds to purchase test kits to be administered for free, prioritizing first responders and essential workers, and also the uninsured, undocumented, underserved communities across Los Angeles. In identifying a site in Los Angeles, the Mayor’s office offered an opportunity to assume management of their existing sites, and open new sites in coordination with the city and the Los Angeles Fire Department, with CORE’s funding and other resources. To date, CORE has taken over operations of 12 sites throughout Los Angeles, including one mobile test site and the "super site" at Dodger Stadium with the capacity to test up to 6,000 people each day.

This program has expanded across the country through partnerships with local governments and community-based organizations, to include 32 stationed sites and nine mobile sites. Locations include: Bakersfield, Oakland, Napa, Detroit, Chicago, North Carolina, Georgia, New Orleans, and Navajo Nation, with additional test sites continuing to open in new regions over the coming months.
COMMUNICATIONS IS KING

Nearly everything in emergency response is counterintuitive. This is especially true when the response is to an infectious disease. Each day, we are learning new information as new scientific findings are emerge. In an environment like this we are in a constant state of rewiring our mindsets and changing our behaviors, and in no area is this more vital than communications. In a culture so reliant on electronic communications, often old school phone calls make things move much faster. Case in point: if your organization is operating the positive/negative notification system, when you receive a POSITIVE lab result, it is not enough to notify immediately by text or email. When capacity allows, your staff or government/medical liaison must notify simultaneously by telephone and, when available, initiate contact tracing.
OVERVIEW

CORE is currently operating 8 sites in Los Angeles County alone, with the capacity to test 15,000 people per day using the L.A. “Mayor’s Model” of drive-through testing. The organization also worked with the Mayor and City Manager of Malibu to set up a smaller site for first responders and essential workers, administering the “Nasopharyngeal Model” in partnership with a private clinic.

THE MODELS

The Nasopharyngeal model of drive-through testing uses nasal swabs, and best for testing at smaller volumes, of under 1,200 tests per week. It requires trained medical staff to administer the nasal swab and requires more PPE than the Mayor’s Model.

The Walk-Up Model is designed for urban areas with heavy foot traffic, which rely on public transportation. It is also useful in low income areas where residents do not have access to a car.

The Mayor’s Model allows the highest volume of tests to be administered, utilizing drive-through testing and the self-administered oral swab test. It can accommodate up to 10,000 to 36,000 tests per week/per site based on the size of the sites and the teams.

THE TESTS

The Nasopharyngeal Test should be administered by trained medical assistant. The swab is inserted in the nose first, then it is pushed to the back of the throat. The swab is then rotated to collect any viral specimens that are usually found in that section.

The Oral Swab Test is self-administered and does not require a trained medical assistant. The swab is used to collect saliva from the mouth and is then inserted, by the patient, into a test tube and medical grade storage container.

PILOT CONTACT TRACING

Increasing testing is only the first part of a strategy to more aggressively combat the virus. Using test results for Contact Tracing allows public health officials, supported by appropriate technology solutions and volunteers, to identify people that may have been exposed to a COVID-19 carrier. This program developed by CORE and local health authorities is best facilitated when directly integrated with the Electronic Intake System.
BEFORE WE PROCEED

The relative dependability of FDA/CDC approved test kits is only as consistent as their proper administration. As a culture saturated with DNA analysis references we emphasize that swabbing for COVID-19 is NOT simply sampling for one's own cells or ancestry. Swabs must retrieve the virus itself from sensitive tissues be they oral swabs or nasopharyngeal.

For all of us, overseeing the staffing or training of those who will administer our tests, we must be in constant and deliberate scrutiny of our practices. While mis-notifying a patient of a false POSITIVE would create a reckless upset we should all strive to avoid, it is the false NEGATIVE that will create vulnerabilities that are calamities.
KEY STEPS FOR TESTING

Electronic Intake System
Establish an intake portal where people can sign up for testing if they meet identified criteria for prioritization (i.e., symptoms, age, underlying medical conditions, occupation, etc.). Further, prioritize those that meet the criteria for testing based upon availability of kits, lowering the criteria as possible if there are more kits available than people signed up. The intake software is also responsible for the “back end,” providing the intake information to the lab, which delivers the results of the test to the patients directly. After signing up through the intake portal, the test takers either selects their preferred location and date/time or they are provided with a location and a date/time for their appointment. This varies depending on the intake system and city guidelines.

This third party function will meet all FDA and HIPPA compliance requirements, and mitigates the need for the local government and/or nonprofit partner to manage result notification. The intake portal and test tracking system should be integrated with local, state and federal health systems to ensure effective data collection, and with the lab partner to provide test results directly to the test taker.

Testing Kit Supply Chain
Oral swabs that are self-administered are the preferred testing method for a drive-through model. A supply chain partnership is critical in the procurement of testing kits; however, the cost of the test kits will need to be covered by local or state government, or FEMA. Each test kit and corresponding lab work is estimated to cost between $125 and $150 per patient.

Location Acquisition
Local government and Fire Department provide testing site locations (usually a parking lot), permits, insurance, and logistical support including portable bathrooms, hand-washing stations, traffic control, Police officers for safety and security, and a Base Camp Manager if needed.

Site Operations
CORE and our local partners will manage sites, logging in the patients and linking them electronically to the test kit, administering demonstrations at the drive-through for the patients do inside their cars (with the windows rolled up), and ensuring samples are placed in a designated bin by the patient before they leave the site. All personal protective equipment (PPE) is provided by CORE and PPE donors, such as Direct Relief.

CORE or the Police Department are responsible for delivering samples to the lab.
GENERAL WORKFLOW FOR ALL MODELS

1. PATIENT REGISTRATION
   - Operated by electronic intake platform
   - Registration via designated Electronic Intake System
   - Appointment confirmed, lab requisition forms completed and location provided
   - Test kit prepared with patient ID and demographic

2. TEST ADMINISTERED
   - Operated by CORE
   - Patient identity is confirmed at time of appointment
   - Patient enters designated tent for test administration
   - Completed test is stored in temperature controlled bin
   - Kits are shipped/delivered to lab

3. TEST RESULTS DELIVERED
   - Operated by local government and electronic intake platform
   - Lab results are delivered to Electronic Intake System
   - Negative results delivered to patient via email or text
   - Positive results delivered to patient via physician phone or video conference
GENERAL STAFFING FOR ALL MODELS

Minimum Site Staffing Outline Per Drive-Through Lane for Receiving 5000 Patients Per Day with Mayors Model
1 Site Manager
1 Site Manager Assistant
1 Staff/Volunteer at Pre-check
2 Staff/Volunteers at Check-in
2 Staff/Volunteers at Demonstration (new sites are recommended to provide 1-2 additional team members for demonstration area)
2 Staff/Volunteers directing traffic (depending on the site)
2 Staff/Volunteers for Relief of Team Members and Mandated Breaks

ANNEX: Site Manager Manual
GENERAL MATERIALS FOR ALL MODELS

Quantities vary from site to site, depending on size, scale, and number of staff.

MATERIALS
Cones
Kit Bins
Used PPE Bins
Western Tent(s)
Easy-Up Tents
Grabbers
Tables
Chairs
Supplies for Decon
Caution Tape
Bathroom(s) (Staff/Volunteers)
Bathroom (Patients)
Wash Stations (Outside of Bathrooms)
Laptop Computers
Wifi Hot spots
Shelves (Inside Western Tent)
Printer
Office Supplies
Chalk to mark the floor

PPE MATERIALS
PPE Coveralls,
N95 Masks
Surgical Masks
Examination Gloves
SIGNAGE FOR TEST SITES

Signs in English, Spanish, Arabic or any other common languages specific to your demographic

Make sure you have your confirmation number ready and forms are completed
Asegúrese de tener listo su número de confirmación y de completar todos los formularios.

No food or water 20 minutes before taking the test
No se puede comer o tomar nada 20 minutos antes de tomar la prueba.

Place completed kit in the bin
Coloque el kit completo en el contenedor azul

Put your vehicle in park (x2 signs per site)
Permanezca en su vehículo en todo momento.

Stay in your car at all times (x2 signs per site)
Permanezca en su vehículo en todo momento

Please open your window only 2 inches
Por Favor abre su ventana 10 cm solamente

Staff Only

Enter
Entrar

Exit
Salida

STOP (x3 signs per site)
Wash your hands and take off PPE before entering tent

LOGO SIGN (x2, SMALL per site) (x2 BIG per site)
CORE logo
SIGNAGE FOR TEST SITES

Signs in English, Spanish, Arabic or any other common languages specific to your demographic

4"x 36"(Vertical)
How to take off safety gear in the HOT zone:
1. Spray your soles of your shoes (you can lift the want up)
2. Unzip your protection suits and peel it off (so you are not touching the outside of your suit-place in trash
3. Remove outer surgical mask- place in trash
4. Remove your goggles and place them in the bleach solution bucket
5. Remove your gloves inside out- place in trash
6. Sanitize your hands in the WARM zone
7. You may remove your mask in the COLD zone and keep our mask for your next shift

24" x 36" (Vertical)
TESTING SITE

12" x 18"
Clean Goggles
Dirty Goggles

Lane 1 (x2 signs per site, depending on site size and/or layout)
Carril 1

Lane 2 (x2 signs per site, depending on site size and/or layout)
Carril 2

Directional signs
THE NASOPHARYNGEAL MODEL

The Nasopharyngeal model of drive-through testing uses nasal swabs tests administered by medical professionals while patient remains either inside of their own car on at a designated testing test or seated in the designated testing area. It requires trained medical staff to administer the nasal swab and requires higher volume PPE than other models due to interaction with patients. This model is most effective for testing smaller populations administering under 1,200 tests per week.

THE NASOPHARYNGEAL MODEL WORKFLOW

Personnel & Staffing
Supervising Doctor + Patient Follow Up
Medical Assistants to Perform Preparation and Administration
Volunteers to Assist with Check-in, Test Kit Preparation, and Delivery
In emergency response, mistakes are made and we are always learning.

When taking this nasopharyngeal test, the subject's mask was removed from his face. There is no reason for the mask to be removed in its entirety and no reason for it NOT to cover his mouth during the test.

Our standard protocol recommends that the mask should be covering the mouth during this type of testing, offering maximum protection during the nasal pharyngeal test model.

This is a teaching moment for us all and an opportunity for CORE's active self-reporting to be demonstrated. We are constantly learning and strive to be overly diligent during this time.
Our goal is to increase COVID-19 testing in vulnerable urban areas that currently have little access to testing. Inspired by the successful urban testing platforms designed in South Korea, CORE has designed individual test pods that can deliver safe and high quality tests at scale. This model can deliver effective walk-up testing in urban setting that in manner that allow for appropriate social distancing during wait periods. The test provided in this program can be the nasopharyngeal swab or the oral swab.

THE WALK-UP MODEL

THE WALK-MODEL WORKFLOW

1. PATIENT REGISTRATION
2. TEST KIT PREPARATION
3. TEST PERFORMED

Personnel & Staffing
Supervising Doctor + Patient Follow Up
Medical Assistants to Perform Preparation and Administration
Volunteers to Assist with Check-in, Test Kit Preparation, and Delivery
THE MAYOR'S MODEL

The Mayor's Model allows the highest volume of tests to be administered, utilizing drive-through testing and the self-administered oral swab test. It can accommodate approximately 10,000 to 36,000 tests per week/per site and is recommended for high density populations, low-income communities, and areas with high traffic volumes.

THE MAYORS MODEL WORKFLOW

WORKFLOW IS CONDUCTED WHILE PATIENT REMAINS IN CAR. STAFF MEMBERS ARE STATIONED TO CONDUCT INTAKE, GUIDANCE OF SELF-ADMINISTERED TEST, AND TEST DISPOSAL.
THANK YOU

CORE hopes this will be a useful starter kit. We are all struggling with supply chain from PPE to the test units themselves. Burn rates on all and any potential de-con should be factored into plan and projections. You will have to adapt according to your pipeline access, but even where a site may be limited to 50 kits per day, it will be a high impact.

CORE's hope is that testing capacity and structures will continue to evolve, and more communities will have access to free COVID-19 testing. TODAY, we are where we are. We will update this open source manual as CORE capacity provides.