# COVID-19: Testing Site Action Plan (TEMPLATE)

NOTE: This form is a template, designed to be modified/edited to suit the district’s needs/venues.

## Command Operations

### District Incident Management Team

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **E-mail & Cell** |
| **Incident Command** | (*Insert District Health Director or designee)* |  |
| **Operations Section** |  |  |
| **Community Testing Branch Officer** |  |  |
| **Planning Section** |  |  |
| **Logistics/Supply Section** |  |  |
|  |  |  |

### Testing Site Location

|  |  |
| --- | --- |
| **Site Name**  **Point of Contact:** | **Site Address/Phone:** |

### Test Site Core Team

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **Phone (cell)** |
| **District COVID Clinical Site Leader** |  |  |
| **District COVID Clinical Tester** |  |  |
| **District COVID Site Planner** |  |  |
| **District Testing Team Screener** |  |  |
| **District Specimen Processor** |  |  |
| **Safety Officer** |  |  |
| **Traffic Flow Officer** |  |  |

### **Testing Site Activation Time Schedule**

**(Leadership/Supervisors/supplies should arrive ~1 hour prior other staff)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Initial Site Arrival**  **(Leader)** | **Test Site Set-Up** | **Arrival Test General Staff** | **Briefings/JITT** | **Open Site to Public** | **Breakdown of Site** |
| /\_\_\_/ |  | to |  | to | To |  |

### **Major Testing Site Activation Resource Notes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resource** | **Needed (Yes/No)** | **Date of Request** | **Available (Yes/No)** | **Date to be Received** |
| Supply Pick-Up/Drop Off |  |  |  |  |
| Testing on Site |  |  |  |  |
| Testing Supply Kits |  |  |  |  |
| Line List of Staff and Residents |  |  |  |  |
| Tents |  |  |  |  |
| Vehicle to transport supplies |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Test Site Information

### Testing Site Configuration/Stations to Establish

|  |  |
| --- | --- |
| **Primary Testing Stations** | **Support Testing Stations (Add as Needed)** |
| Greeting & Form Distribution | PPE Donning and Doffing |
| Registration | Mental Health Evaluation/Support |
| Screening | Testing Supply Preparation |
| Test Sample Collection | Test Sample Packaging/Storage |
| Health Education | First Aid / EMS |
| Employee Rostering |  |

### Expected Number of Screenings and Test Kits to Administer

|  |  |
| --- | --- |
|  | **First Operational Period (8 to 12 hours)** |
| Expected Number of Persons to be Tested |  |
| Expected Hourly Flow |  |
| **Total Test Kits Available** |  |

### Personal Protective Exposure (PPE) Protection Measures

|  |
| --- |
| **Equipment To Use (N-95, gloves):**   * Registration: Gloves, Surgical Mask. [Face Shields & Gowns Optional] * Testing: Gloves, N95, Face Shield, Gown |
| **Other:** |

### External Agency Support at Test Site (Local Emergency Management, Local EMS/LE Contacts)

|  |  |  |
| --- | --- | --- |
| **Agency** | **Lead Contact Name** | **Phone (cell)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Test Kit Information

### **Lab Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Lab to Be Utilized** | **Contact Person** | **Phone Number** | **Who Pick-Up/Drop-Off** |
|  |  |  |  |

### Test Kits to Site

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specimen Collection Name** | **Quantity** | **Source Location** | **Staff Assigned (Name, Cell Phone)** | **Expected Arrival Time** |
|  |  |  |  |  |
|  |  |  |  |  |

### Test Kits from Site to Lab

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lab Specimen Drop-off** | **Test Destination (Lab)** | **Agency of Transport (Courier)** | **Staff Assigned (Name, Cell Phone)** | **Expected Departure Time** |
|  |  |  |  |  |

### Supply Control

|  |
| --- |
| **Inventory Control Recommendations (paper, database)**  None – No Additional Supply available for site |
| **Re-Supply Request Procedure**  None – No Additional Supply available for site |

## Supplies for Site

### Supplies to Site (Modify to fit your venue)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items to Deploy** | **Source/Location** | **Staff Assigned To Pick-up & Deliver Item** | **Staff Cell Phone** | **Expected Arrival Time** |
| **Transport vehicle (e.g., van, RV followed with bulleted items to take to site)**   * Traffic Cones * 1 Table * 4 Chairs * 2 Pop-Up Tents | *(Indicate supplier, e.g., health district, jurisdiction)* |  |  |  |
| **Clinical Supplies (*e.g.,* gloves (with sizes), surgical masks)**   * S/M/L gloves * face shields * gowns * hand sanitizer * surgical masks * N-95 * Mobile radios |  |  |  |  |
| **Clerical Supplies**   * tissues * Post-It notes * fine point sharpies * pens (one will be given to each person tested) * stapler and staples * binder clips * paper clips * scissors * regular and duck tape * sani-hands wipes * cavi wipes (or sanitizer and wipes for clipboards) * clipboards * Mobile radios |  |  |  |  |
| **Directional (*e.g., VDOT*) Signs \***   * 2 Stop * 2 <-- / --> Entrances/Exit   \*should be in in district’s top 3 multiple languages, such as English, Spanish, Korean |  |  |  |  |
| **(#) Coolers & Ice Packs for Site Storage** |  |  |  |  |
| **(Other)** |  |  |  |  |

### Registration/Intake Forms to Use

|  |
| --- |
| **Forms To Use** |
|  |
|  |

### Health Threat Information

|  |
| --- |
| **Education Material for Clients -** (Fact sheets, pamphlets, further instructions, etc.)  Attach to packet if needed |

### Miscellaneous Test Site Supplies to Site

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items to Deploy** | **Source/Location** | **Staff Assigned To Pick-up & Deliver Item** | **Staff Cell Phone** | **Expected Arrival Time** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Staffing Estimate

|  |  |  |
| --- | --- | --- |
| **Number to be Tested in 4 Hour Increment** | **Clerical Tasks** | **Clinical** |
| 0-50 | 1 | 1 |
| 51-100 | 2 | 2 |
| 100-200 | 4 | 4 |
| 200-300 | 6 | 6 |
| 300+ | 8 | 8 |

## Staff Assigned/Deployed to Test Site

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Agency** | **Expected Role**  **(Screener, Specimen Collection, Clerical)** | **Expected Arrival**  **Time** | **Phone (cell)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Site Map