

ISO #####-#:####(X)

ISO TC304/WG3

Secretariat: ANSI

Healthcare Organization Management— Standard protocol of Drive--through screening station for infectious disease control

WD/CD/DIS/FDIS stage

Warning for WDs and CDs

This document is not an ISO International Standard. It is distributed for review and comment. It is subject to change without notice and may not be referred to as an International Standard.

Recipients of this draft are invited to submit, with their comments, notification of any relevant patent rights of which they are aware and to provide supporting documentation.

To help you, this guide on writing standards was produced by the ISO/TMB and is available at <https://www.iso.org/iso/how-to-write-standards.pdf>

A model manuscript of a draft International Standard (known as "The Rice Model") is available at <https://www.iso.org/iso/model document-rice model.pdf>

ISO #####-#:####(X)

© ISO 2020

All rights reserved. Unless otherwise specified, or required in the context of its implementation, no part of this publication may be reproduced or utilized otherwise in any form or by any means, electronic or mechanical, including photocopying, or posting on the internet or an intranet, without prior written permission. Permission can be requested from either ISO at the address below or ISO's member body in the country of the requester.

ISO copyright office
CP 401 • Ch. de Blandonnet 8
CH-1214 Vernier, Geneva
Phone: +41 22 749 01 11
Email: 5.1.2e@iso.org
Website: www.iso.org

Published in [5.1.2a](#)

Contents

To update the Table of Contents please select it and press "F9".

| | |
|--|--------------------|
| Foreword..... | iv |
| Introduction..... | v |
| 1 Scope..... | 1 |
| 2 Normative references..... | 1 |
| 3 Terms and definitions | 1 |
| 4 Abbreviation | 3 |
| 5 Overview of COVID-19 Drive-through Screening Station | 4 |
| 5.1 Basic principles | 4 |
| 5.2 Installation of DTSS..... | 4 |
| 5.2.1 Location..... | 4 |
| 5.2.2 Components..... | 4 |
| 5.2.3 Necessary arrangement | 4 |
| 5.3 Movement management in operating DTSS..... | 5 |
| 5.3.1 Purpose | 5 |
| 5.3.2 Principles..... | 5 |
| 6 Standard Protocol of DTSS..... | 5 |
| 6.1 Case definitions | 5 |
| 6.2 Infection Control | 7 |
| 6.3 Conditions for site space | 7 |
| 6.4 Considerations..... | 7 |
| 6.5 Operating protocol | 8 |
| 6.5.2 Registration..... | 8 |
| 6.5.3 Examination..... | 8 |
| 6.5.5 Test request..... | 8 |
| 6.6 Self-disinfection and education | 10 |
| 6.6.1 Self-disinfection | 10 |
| 6.6.2 Education | 10 |
| 6.7 Notification of test result..... | 10 |
| 7 DTSS operation method according to available resources..... | 11 |
| 7.1 Type A..... | 11 |
| 7.2 Type B..... | 12 |
| 8 Necessary Resources | 13 |
| 8.1 Type of installation | 12 |
| 8.2 Human Resource | 13 |
| Annex A (informative) Example of a DTSS..... | 14 |
| A.1 Current state of Drive-Thru screening stations in South Korea | 14 |
| Annex B (informative) Epidemiologic investigation and applied quarantine measure | 16 |
| Table A.1 — Example of Role & Responsibilities assignment..... | 18 |
| Table A.2 — Recommended PPE by situation in COVID-19 response..... | 19 |
| Bibliography | 19 |

ISO #####-#:####(X)

Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by ISO/TC 304, Healthcare Organization Management.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally. The World Health Organization declared the outbreak to be a Public Health Emergency of International Concern on 30 January 2020, and recognised it as a pandemic on 11 March 2020.

With the spread of COVID-19, the world is facing an unprecedented economic and health crisis. Many global leaders and economists view COVID-19 as “the gravest challenge since World War II.” On 16 March 2020, the G7 leaders issued a joint statement “acknowledging that the COVID-19 pandemic is a human tragedy and a global health crisis, which also poses major risks for the world economy.” In this extreme situation, 5.1.2a is becoming a sign of hope and a model to follow. According to major media outlets around the world, “South Korea took rapid, intrusive measures against COVID-19 and they worked” (Guardian, March 20 2). The Fortune evaluated that “South Korea has the highest rate of testing and the most comprehensive data for coronavirus in the world” (March 19).

On February 29, the number of new cases for the day surged to 909, mainly in a specific region due to a single religious group. However, on April 23, the number of new cases dropped to 8. So far, 5.1.2a

5.1.2a

5.1.2a

The 5.1.2a government is receiving many inquiries about 5.1.2a response against COVID19. The number of inquiries that 5.1.2a can address is certainly limited as the virus continues to spread in the country. What is 5.1.2a secret in tackling this challenge? The swift action can be summarized into 3 T's. These are: 1) widespread Testing, 2) contact Tracing and 3) rigorous Treating. The first is speedy and swift action. Just one week after the country confirmed its first case on January 27, government officials met with representatives from several medical companies. In late January, 5.1.2a CDC approved a diagnostic testing set of a company. Another company followed soon after. By February, 5.1.2a made an international headline for its very first drive-through screening stations for COVID-19 and the ability to test thousands of people each day. It is critical to act quickly before the situation aggravates.

Drive-through screening facility is a screening station where a patient can go through the screening process of medical interview, temperature check, and specimen collection through a car window without leaving his or her car. The 5.1.2a government is collecting testing specimens through about 70 drive-through stations to ensure greater efficiency and safety. This not only minimizes both the pressure on the hospitals and the risk of transmission by keeping potential patients out of hospital waiting rooms, but also reduces time by eliminating the need for the disinfection measures required for sample-taking within a hospital.

Standard protocol of Drive-through screening station for infectious disease control

1 Scope

The purpose of this document is to describe the standard protocol of Drive-through screening station to prevent the risk of infectious disease spread in healthcare organizations setting by keeping infectious disease patients from entering hospitals and protecting healthcare workers from being exposed to the virus.

The scope of this document as following:

- Basic concept and components of Drive-through screening station
- Physical design and layer of Drive-through screening station
- Applied quarantine method for healthcare workers who involved each including sample collection.
- Messaging and staffing of Drive-through screening station
- Considerations and Lessons Learned

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 20658:2017 *Medical laboratories-Requirements for collection, transport, receipt, and handling of samples*

ISO 22583:2019 *Guidance for supervisors and operators of point-of-care testing (POCT) devices*

ISO 35001:2019 *Biorisk management for laboratories and other organisations*

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1

Confirmed case

A person confirmed to be infected with the pathogen of the infectious disease according to the testing criteria for diagnosis, irrespective of clinical signs and symptoms

[SOURCE: Standard Operating Model of Drive-Thru Screening Station, Central Disaster and Safety Countermeasures Headquarters (CDSCHQ), South Korea]

3.2

Coronavirus

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

[SOURCE:WHO, Q&A on coronaviruses (COVID-19), <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>]

ISO #####-#:####(X)**.3.3****COVID-19**

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

[SOURCE: WHO, Q&A on coronaviruses (COVID-19), <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>].

3.4**Drive-through screening station**

A screening station where a patient can go through the screening process of medical interview, fever check, and specimen collection through a car window without leaving his or her car.

[SOURCE: Standard operation model for COVID-19 Drive-through screening station, Central Disaster and Safety Countermeasures Headquarters (CDSCHQ), South Korea]

Note 1 to entry: The “Drive-Thru” model provides a person who wants to be tested with a one-stop service to drive through a series of steps including “registration – examination – specimen collection – disinfection and education” by car. It is a screening station specialized in *large-scale sample collection* and exclusively dedicated to the function of specimen collection.

[SOURCE: Standard Operating Model of Drive-Thru Screening Station, Central Disaster and Safety Countermeasures Headquarters (CDSCHQ), South Korea]

3.5**Pandemic**

(adjective)occurring over a wide geographic area and affecting an exceptionally high proportion of the population

(noun)an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population

[SOURCE: Merriam-webster, <https://www.merriam-webster.com/dictionary/pandemic>]

3.6**Personal Protect Equipment**

equipment that can include, but is not limited to, clothing, gloves, helmets, footwear and face protection

[[SOURCE: ISO/TR 21808:2009, 2.1]

3.7**Standard Protocol**

all formal and informal descriptions of a specified workflow

Note 1 to entry: Text of the note.

[SOURCE: ...]

3.8**Suspected case**

A person exhibiting fever or respiratory symptoms (cough, sore throat, etc.) within 14 days of visiting China

A person with fever or respiratory symptoms (cough, sore throat, etc.) within 14 days of close contact with a confirmed case during the confirmed patient’s symptom-exhibiting period

ISO #####-#:####(X)

A person suspected of COVID-19 according to a physician's medical opinion (A person exhibiting fever or respiratory symptoms (cough, sore throat, etc.) within 14 days of visiting a country reporting local/community transmission of COVID-19 or with pneumonia of unknown cause, etc.)

Note 1 to entry: Text of the note.

[SOURCE: Standard Operating Model of Drive-Thru Screening Station, Central Disaster and Safety Countermeasures Headquarters (CDSCHQ), South Korea]

Note 1 to entry: It includes all processes by each protocol participant, all communications between them and their order

4 Abbreviation

4.1

CDC

Center for Disease Control and Prevention

4.2

DTSS

Drive-through or Drive-thru Screening Station

4.3

KCDC

Korea Centers for Disease Control and Prevention

4.4

WHO

World Health Organization

ISO #####-#:####(X)

5 Overview of COVID-19 Drive-through Screening Station

Drive-through screening facility is a screening station where a patient can go through the screening process of medical interview, temperature check, and specimen collection through a car window without leaving his or her car. This not only minimizes both the pressure on the hospitals and the risk of transmission by keeping potential patients out of hospital waiting rooms, but also reduces time by eliminating the need for the disinfection measures required for sample-taking within a hospital.

5.1 Basic principles

- 1) A notice (banner, poster, etc.) is displayed in the screening station.
- 2) PPE needs to be prepared.
 - Level D protection suit, mask (medical/surgical mask), face shield (goggles, etc.), disposable gown, disposable gloves, shoe cover, etc.
- 3) All the personnel involved in the operation of the screening station comply with the rules of the use of PPE and infection prevention. To this end, the relevant personnel shall be educated and trained in advance, followed by evaluation.
- 4) The screening station operating team is organized, and the roles and responsibilities are assigned.

5.2 Installation of DTSS

5.2.1 Location

It is recommended to install a screening station in an outside site located before reaching an emergency room or an outpatient area.

5.2.2 Components

- Posters, banners, notices, etc. that inform people of COVID-19 are installed.
- Information desk: Entrance of a main building, entrance of an emergency room
- screening station: Around an emergency room, etc. (subject to change depending on circumstances of a medical institution)
- A suspected COVID-19 patient is guided to the screening station before he/she reaches the emergency room or the outpatient area. Staff can be placed to guide visiting patients, if necessary.

5.2.3 Necessary arrangement

A screening station needs to have a waiting area for visitors, an examination room and an isolated area for a confirmed or suspected COVID-19 patient.

- If a specimen is collected in an individual institution, such institution shall have a designated space for specimen collection (an isolation room or a separate space inside a screening station).
- Skilful professionals for specimen collection need to be secured.
- A screening station is furnished with masks (N95/KF94 or higher), hand sanitizers, face shields, disposable gowns, gloves, shoe covers and Level D protection suits.
- A portable negative pressure facility is installed, if possible.

5.3 Movement management in operating DTSS

5.3.1 Purpose

The purpose of the movement management is to prevent the risk of COVID-19 spread in medical institution settings, resulting from healthcare workers or general patients' exposure to a suspected COVID-19 case.

5.3.2 Principles

1) Separation from other patients and health care workers

A. There shall be no contact between a suspected COVID-19 patient's movement and other patients and health care workers.

B. When a patient move, staff shall make sure that the patient wears a surgical mask (N95/KF94 or higher if the patient is in a condition to wear it), as well as a gown, a hair cap and gloves, if necessary.

2) If there is a negative pressure isolation facility inside a medical institution, a suspected COVID-19 patient shall be guided to go directly to the negative pressure room through a separately designated passage (that does not include an emergency room, as much as possible).

3) A suspected COVID-19 patient shall use a separately isolated examination area for individuals exposed to COVID-19.

4) When health care workers examine a patient exposed to COVID-19, they shall comply with the general guideline for COVID-19 response.

5) If a suspected COVID-19 patient accompanied by his/her parent or guardian moves to another location, the parent or guardian shall wear PPE same as those for the medical staff.

6 Standard Protocol of DTSS

6.1 Case definitions

1) Confirmed Case

- A person confirmed to be infected with the pathogen of the infectious disease according to the testing criteria for diagnosis, irrespective of clinical signs and symptoms.
- Diagnostic test: COVID-19 genetic (PCR) testing

2) Suspected Case

- ① A person exhibiting fever or respiratory symptoms (cough, sore throat, etc.) within 14 days of visiting China
- ② A person with fever or respiratory symptoms (cough, sore throat, etc.) within 14 days of close contact with a confirmed case during the confirmed patient's symptom-exhibiting period
- ③ A person suspected of COVID-19 according to physician's medical (A person with fever or respirator symptoms (cough, sore throat, etc.) within 14 days of visiting a country reporting local/community transmission of COVID-19 or with pneumonia of unknown cause, etc.)

ISO #####-#:####(X)

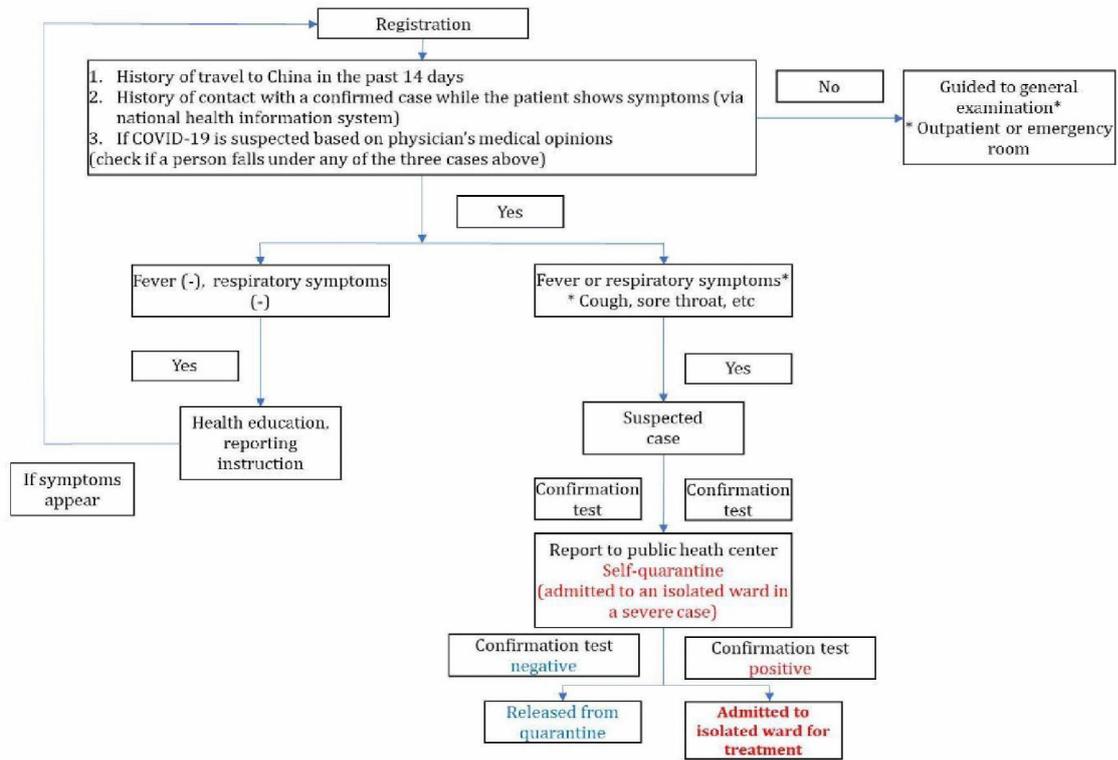


Figure 1 Epidemiologic investigation and applied procedure

6.2 Infection Control

A suspected COVID-19 patient shall be instructed to wear a surgical mask (N95/KF94 or higher if the patient is in a condition to wear it). The healthcare workers shall wear masks (N95/KF94 or higher), gloves, long-sleeve gowns, goggles or face shields and respirators (Level D or higher if a medical procedure involves droplets), and wash their hands with soap or hand sanitizer before and after the patient examination.

- 1) Be careful not to contact the body, body fluid, blood or respiratory secretion.
- 2) Use a personal item for each individual patient when using a thermometer, etc. to the extent possible.
- 3) Use disposable tools when examining a patient as much as possible and properly dispose of them, and thoroughly disinfect them if they are to be used again.

6.3 Conditions for site space

- 1) Size and area suitable for the standard screening station
- 2) A site remote from residential areas as much as possible, with good natural ventilation
- 3) Accessibility by residents to be considered
- 4) A site well-equipped with storage warehouse, electrical installation, communication system, water supply, etc.
- 5) A site immediately available for use
- 6) A site that has a sufficient space to store medical wastes
- 7) A site where it is easy to drive through and park

6.4 Considerations

- 1) A Drive-Thru screening centre targets an individual who drives alone to the screening site (without other family members on board). To take advantage of this concept, if a testee is unable to drive a car or needs to be accompanied by another family member or guardian, he or she should use other screening stations. If a testee is in the car together with another passenger, or if a driver is a parent or a guardian of a symptomatic individual (e.g. child), a testee needs to leave the car and has a specimen taken in a separate place, which will offset the advantage of the Drive-Thru screening.
- 2) In this model, the health care workers are required to wear personal protective equipment and perform the process of registration, examination, specimen collection and so forth, standing inside or outside the booth (the distance between the car and the booth needs to be kept close to each other for the purpose of easy specimen collection). If there are available manpower depending on circumstances of an individual screening site, two health care workers should be assigned to one booth so that they can take turns as they need.
- 3) Appointment to be made in advance to reduce the waiting time. COVID-19 report hotline needs to be in service in the emergency operation rooms of public health centres and medical institutions in order to check health conditions and overseas travel history of a testee in advance and schedule the visit, thereby reducing the waiting time.

ISO #####-#:####(X)

6.5 Operating protocol

6.5.1 Appointment

COVID-19 report hotline is in service in the emergency operation room of public health centers and healthcare organization. A testee is asked to check his/her physical conditions and overseas travel history in advance and makes an appointment to schedule the visit, which can reduce the time required for on-site registration and examination.

6.5.2 Registration

The testee is asked to confirm ID and to check travel history, contact history and symptoms, and answers a questionnaire. Name, address and contact number of the testee need to be obtained. Contact number must be confirmed again. The testee is instructed to keep the car ventilation mode as A/C internal circulation.

6.5.3 Examination

A healthcare worker interviews the testee and determines whether or not to run a test and to collect upper/lower respiratory tract specimen. In case of lower respiratory tract, a specimen is taken only if a patient has sputum and can expectorate sputum into a container by him/herself according to a physician's judgment

6.5.4 Specimen collection

1) Upper respiratory tract

A specimen of the patient in the car is taken at the booth. The health care worker is required to wear PPE and replace gloves after taking the specimen. (one nurse)

2) Lower respiratory tract

The patient closes the car window and releases sputum into the container by him/herself in the car. The health care worker needs to pack and manage the specimen, wear PPE, disinfect after collection and replace gloves. (one nurse)

6.5.5 Test request

1) Type of specimen and packaging

One lower respiratory tract specimen (sputum) and one upper respiratory tract specimen (mix of oropharyngeal and nasopharyngeal swabs), using a triple layer packing container.

2) The specimen is transported to a private laboratory or an in-house laboratory of the institution However, a public health centre requests a test to the Research Institute of Public Health and Environment until it enters into a contract with a private laboratory. Enter details of the test request in the menu path "Integrated Information Support for Infectious Disease Management – Test Request" in the [Integrated Management System of Disease and Health]

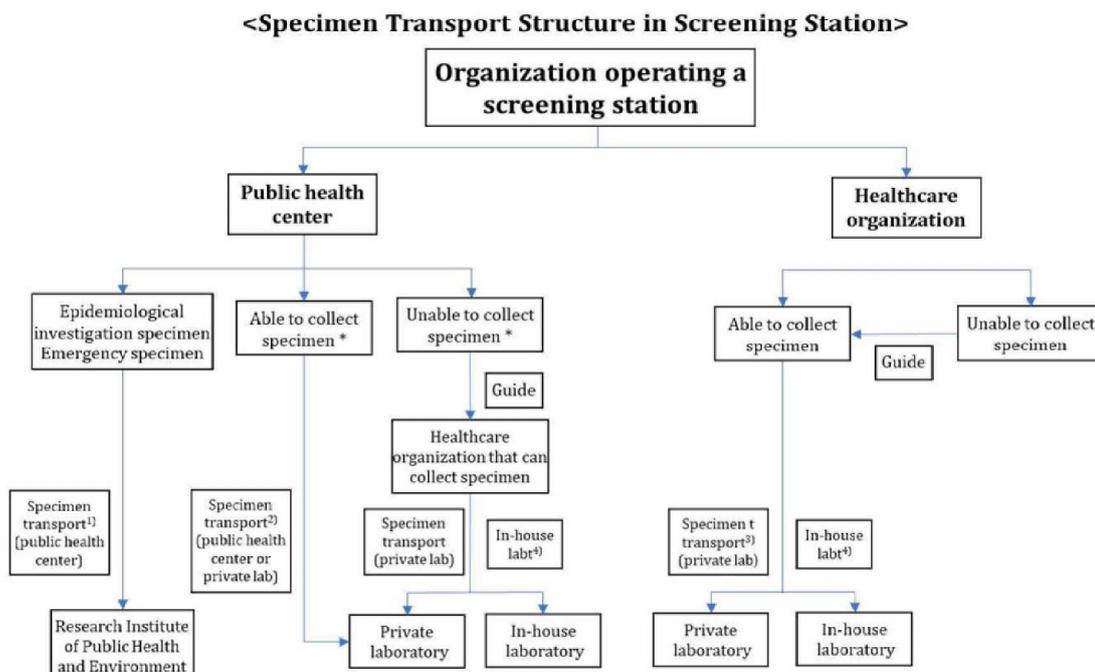


Figure 2. Specimen transport structure in screening station

<Cautions in specimen transport>

1. If a specimen from epidemiological investigation or emergency specimen is transported from a public health centre, it shall be transported without delay irrespective of specimen pickup schedule.
2. A public health centre that can take specimens determines a regular specimen pickup schedule (at least 2-3 times/day) to transport specimens.
3. In case a healthcare organization sends specimens to a private lab, they shall be transported as fast as possible.
4. If a healthcare organization is loaded with an excessive number of tests, it may request tests to a private lab (under review).

Figure 3. Cautions in specimen transport

ISO #####-#:####(X)

6.6 Self-disinfection and education

6.6.1 Self-disinfection

After the specimen is taken, the health care worker hands over one disinfectant wipe to the patient and instructs him/her to clean the inside of the car. The patient closes the car window through which the specimen was taken, and the outside of the car and the window are disinfected with a disinfectant spray.

6.6.2 Education

The patient is educated to stay in self-quarantine until he/she gets the test result, and to make sure that family members or other individuals do not use the same car.

6.7 Notification of test result

1) Patient

Medical staff in the medical institution notifies and explains the test result to the patient.

2) CDC

In case of a confirmed positive result, it is immediately notified to the CDC Emergency Operation Centre and the competent public health centre that has jurisdiction over the medical institution via wire communication.

- An institution (public health centre or hospital) that initially reported a case enters the result into the 「Integrated Management System of Disease and Health」 .

- In case a result of a test conducted by a medical institution is positive, it shall be notified to the CDC, Ministry of Health and Welfare or the competent public health centre without delay in accordance with Infectious Disease Control and Prevention Act.

3) Research Institute of Public Health and Environment

In case of a confirmed positive case, it is immediately notified to the CDC Emergency Operation Center and the competent public health centre that has the jurisdiction over the address via wire communication.

- Enter the test result in “Integrated Information Support for Infectious Disease Management” in the Integrated Management System of Disease and Health」 .

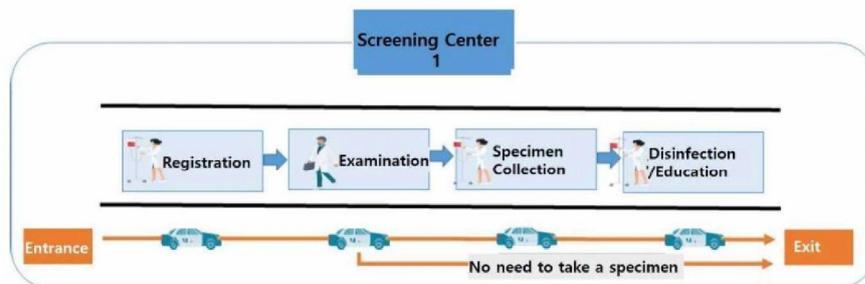
- Once the result is entered in the system, the public health centre and the medical institution can immediately check the result.

7 DTSS operation method according to available resources

Institutions may consider two types of DTSSS, and apply the most appropriate method depending on their circumstances.

7.1 Type A

To
separate
for each of
steps



operate
booths
four

“Registration → Examination → Specimen Collection → Self-disinfection and Education”, it takes approximately five minutes at each booth, which can reduce the waiting time and allow a large-scale specimen collection. Spaces and human resources sufficient to install and operate four separate booths are necessary.

Figure 4 — Physical layout of DTSS type A

ISO #####-#:####(X)

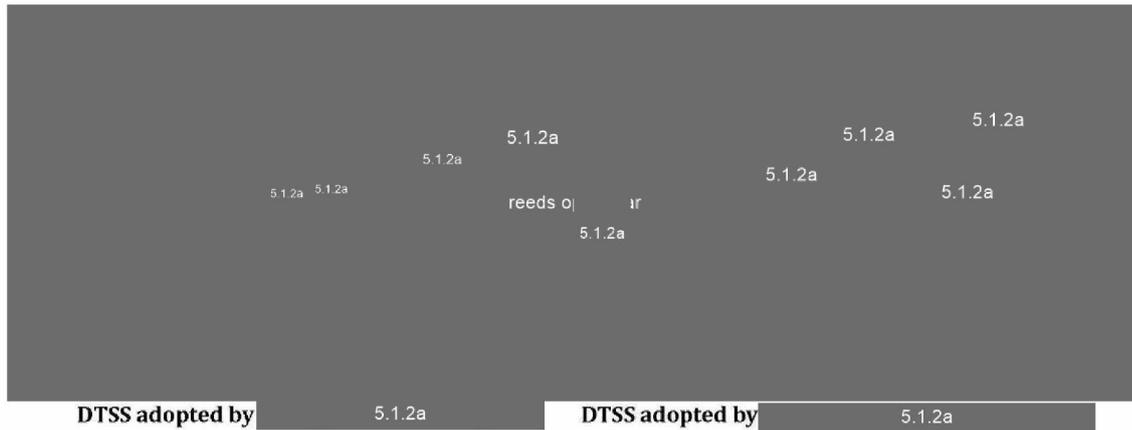


Figure 5 — Example of DTSS type A

7.2 Type B

To operate a streamlined process of two steps “Registration and Waiting → Examination, Specimen Collection, Disinfection and Education”, while the procedure is the same, this plan simplifies the process to use two booths, which enables an efficient use of spaces and human resources. One booth handles multiple steps, leading to some waiting time for individuals in cars. It is needed to schedule appointments in an efficient way through hotline call registration.

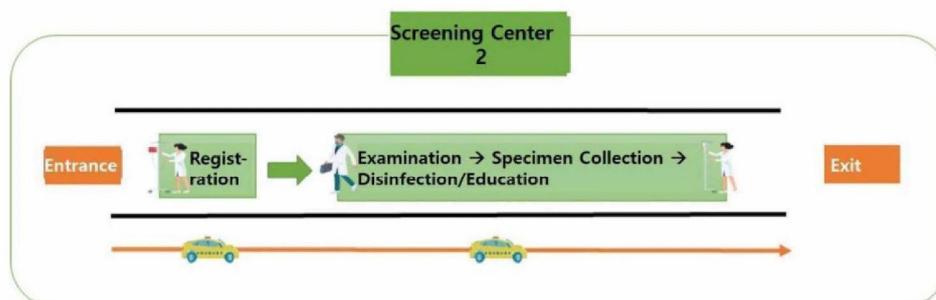


Figure 6 — Physical layout of DTSS type B



(Step 1) Confirmation of appointment and waiting

(Step 2) Examination, specimen collection,
disinfection/education

Figure 7 —DTSS type B adopted by

5.1.2a

8 Necessary Resources

8.1 Type of installation of DTSS

An individual institution may choose among a container type, an open tent type or other types, considering its own circumstances.

8.2 Human Resource

A Drive-Through screening station can be operated by four to eight staff members including one to three administrative workers (registration, education, facility management, vehicle control, etc.), one or two physicians (examination), one or two nurses (specimen collection), one disease prevention worker (disinfection), etc.

20 - 21

reeds openbaar

ISO #####-#:####(X)

Annex B (informative) Epidemiologic investigation and applied quarantine measure

B. 1 Epidemiologic investigation and applied quarantine measure

1) Classification based on history of travel to 5.1.2a and contact with a confirmed case

A. A person who has travelled to 5.1.2a (travel/residence) in the past 14 days

B. A person who has been in close contact in the past 14 days with a confirmed case while the patient is showing symptoms

- If a person has fever or respiratory symptoms: He/she is classified as a suspected case, gets tested for confirmation and is placed under self-quarantine.

- Move the (suspected) patient to an isolation room or (if an isolation room is not available) to an independent area and run a confirmatory test (novel coronavirus genetic (PCR) testing)

- Place the patient under self-quarantine (in a severe case, transfer the patient to a nationally designated inpatient treatment facility), and if the case is confirmed, transfer the patient to a nationally designated inpatient treatment facility.

- Report the suspected case of Emerging Infectious Disease Syndrome of Class 1 Infectious Disease to the relevant public health centre.

2) If a person does not develop fever or respiratory symptoms: He/she receives public health education including mask wearing and personal hygiene, and is instructed to report.

- Emphasis on the importance of wearing masks, washing hands, following coughing etiquette, and reporting the history of travel to China when visiting a medical institution, etc.

- Instruction to call the public health centre or CDC (Center for Disease Control and Prevention) Call Centre if developing fever or respiratory symptoms to look for information on a screening station.

3) Suspected COVID-19 patient according to a physician's medical opinion (example)

A. A patient with the history of travelling in the last 14 days to a country reporting local/community transmission (travel/residence)

- If a person has fever or respiratory symptoms: He/she is classified as a suspected case, gets tested for confirmation and is placed under self-quarantine.

- Move the (suspected) patient to an isolation room or (if an isolation room is not available) to an independent area

- Run a confirmatory test (novel coronavirus genetic (PCR) testing)

- Place the patient under self-quarantine (in a severe case, transfer the patient to a nationally designated inpatient treatment facility), and if the case is confirmed, transfer the patient to a nationally designated inpatient treatment facility.

- Report the suspected case of Emerging Infectious Disease Syndrome of Class 1 Infectious Disease to the relevant public health centre.

ISO #####-#:####(X)

- If a person does not develop fever or respiratory symptoms: He/she receives public health education including mask wearing and personal hygiene, and is instructed to report.

- Emphasis on the importance of wearing masks, washing hands, following coughing etiquette, and reporting the history of travel to China when visiting a medical institution, etc.

- Instruction to call the public health center or CDC (Center for Disease Control and Prevention) Call Center if developing fever or respiratory symptoms to look for information on a screening station.

B. A person suspected to have pneumonia of unknown cause, etc.

- The person is classified as a suspected case, and be transferred to a treatment facility and gets tested for confirmation. Move the (suspected) patient to an isolation room or (if an isolation room is not available) to an independent area . Run a confirmatory test (novel coronavirus genetic (PCR) testing). If the person is tested positive, he/she is admitted to a nationally designated inpatient treatment facility for hospitalization.

4) Criteria for releasing quarantine

- (Suspected case) If a person is tested negative for COVID-19. Additional test may be conducted according to the judgment of an epidemiological investigator or medical staff.

- (Confirmed case) If a person is tested negative twice in the 24-hour interval in respiratory specimen* PCR testing at least 48 hours after all symptoms disappeared.

* The type of specimen is determined, depending on clinical conditions.

- Report the suspected case of Emerging Infectious Disease Syndrome of Class 1 Infectious Disease to the relevant public health centre.

☞ If the examination result in a screening station concludes that the case does not fall under the case definitions for reporting and response, such person can receive normal medical consultation.

- Classification through basic epidemiological investigation of notifiable case

Basic epidemiological investigation is conducted by city/provincial epidemiological investigators in order to classify reported (suspected) cases. Investigation covers the history of travel to China, the history of travel to a country reporting local/community transmission of COVID-19, clinical symptoms, report details, actions taken by the public health centre, transfer (isolation) and testing, close contact, etc. If the basic epidemiological investigation result concludes that the case does not fall under the case definitions, such person can receive normal medical consultation. However, the public health centre shall provide education on health, reporting, active surveillance, etc.

ISO #####-#:####(X)

| Type | Role and Responsibilities |
|------------------------|--|
| Patient Examination | <ul style="list-style-type: none"> • Check a patient's exposure history, symptoms, and signs • Report a suspected case of Emerging Infectious Disease Syndrome of Class 1 Infectious Disease to the relevant public health center, once the case is confirmed to be notifiable |
| Examination Support | <ul style="list-style-type: none"> • Prepare the rules for patient management, announcement posters and handouts • Provide education on COVID-19 patient management in medical institutions • Manage the environment in the screening station including the management of PPE and supplies (hand sanitizer, etc.) and cleaning of examination facilities • Manage the air ventilation in the screening station |
| Administrative Support | <ul style="list-style-type: none"> • Support the management of preliminary examination facilities and reception • Support overall administrative affairs including staff assignment and work rules |

Table A.1 — Example of Role & Responsibilities assignment

es assignment

ISO #####-#:####(X)

Table A.2 —Recommended PPE by situation in COVID-19

ISO #####-#:####(X)

Bibliography

- [1] ISO 20658:2017 Medical laboratories-Requirements for collection, transport, receipt, and handling of samples
- [2] ISO 22583:2019 Guidance for supervisors and operators of point-of-care testing (POCT) devices
- [3] ISO 35001:2019 Biorisk management for laboratories and other organisations
- [4] ISO ##### #:20##, General title — Part #: Title of part
- [5] ISO ##### #, General title — Part #: Title of part
- [6] World Health Organization, Global Surveillance for human infection with coronavirus disease (COVID-19): interim guidance, 2020
- [7] Central Disaster and Safety Countermeasures Headquarters, South Korea, Standard operation model for COVID-19 Drive-through screening station, Mar 2020.
- [8] KCDC, Ministry Health and Welfare, South Korea, Guideline for operation and management of COVID-19 Drive-through screening station, Feb 2020.
- [9] Santa Clara Valley Health and Hospital System. Drive-through Medicine: Drive-through Triage Template, 2009.
- [10] Weiss EA, Ngo J, Gilbert GH, Quinn JV. Drive-through medicine: a novel proposal for rapid evaluation of patients during an influenza pandemic. *Ann Emerg Med* 2010;55(3):268-73.
- [11] Ki Tae Kwon, Jae-Hoon Ko, Heejun Shin, Minki Sung, and Jin Yong Kim., Drive-through Screening Center for COVID-19: a Safe and Efficient Screening System against Massive Community Outbreak, *J Korean Med Sci.* 2020 Mar 23;35(11):e123
- [12] Key considerations: quarantine in the context of COVID-19. In: *Social Science in Humanitarian Action: A Communication for Development Platform* [website]. New York: UNICEF, Institute of Development Studies; 2020