

**Application for Approval Pursuant to
Louisville COVID-19 Order 20-004 & 20-005**

Applicability:

All entities purposing to perform Drive-Through and/or Pop-Up testing must submit a “Temporary Activity Application” to Louisville Metro Department of Planning and Design, and receive approval of traffic plans, zoning, and registration before testing is performed or advertised.

For entities purposing to perform Pop-Up testing who are not already approved by Louisville Metro Public Health & Wellness (LMPHW) or established in, contiguous to, or operated by a Health Facility as defined by KRS 216B.015(13) must also submit an application and receive approval from Planning & Design and LMPHW before testing is performed or advertised. Metro reserves the right to require any entity performing Pop-Up or Drive-Through testing to submit an application or additional information as deemed necessary by LMPHW, Planning & Design, and/or Louisville Metro Government.

Process:

Those entities proposing to operation a pop-up or drive-through testing site should contact Jeff Mosley 502-574-2019 per Order 20-004. Alternatively, entities may request an “Temporary Activity Application” from IMTLabTesting@louisvilleky.gov. Applicants shall provide the information outline on this document. IMT Lab Testing will determine whether entity needs to submit an 20-004 application based on the initial correspondence. Once all applicable information is gathered, the application will be submitted to Planning & Design for review and approval. The applicant must provide any and all additional information request for by LMPHW or Planning & Design. Once all materials have been approved, LMPHW will issue a letter of approval to the applicant containing a Planning record number to reference.

Testing Site Temporary Activity Application and Traffic Approval

All testing sites to perform pop-up or drive-through testing must register with Louisville Metro and receive approval of a traffic plan before performing or advertising testing. Entities shall submit a “Temporary Activity Application” along with a detailed traffic plan following the instructions below to IMTLabTesting@louisvilleky.gov. Applications will be filed with Louisville Metro Planning & Designed for review and approval of traffic plans and zoning. Approved registration and traffic plans will receive an approval letter from LMPHW and be limited to the activities and dates identified in the application.

Temporary Activity Application - Instructions

Due to the emergent nature of the COVID-19 public health emergency, Planning & Designed will use the “Temporary Activity Application” form to process notifications for

operating a Testing Site. The following fields and attachments should be filled out on the application:

- Form <https://louisvilleky.gov/file/temporaryactivityapp062019docx>

- **Project Information**

- Project Name – Provide distinguishable identification of the testing site (name).
- Address – Provide the address of the proposed testing site
- Additional Address – List other addresses contiguous to the primary address if needed.
- Parcel & Zoning - Use <https://www.lojic.org/lojic-online> parcel and zoning info.
- General Description – Attach description of the proposed testing activity to occur at site.
 - Include the Following:
 - Identify and provide credentials of organization and persons responsible to managing and ensuring safety of staff and individuals being tested.
 - Describe intent and purpose of testing site – medical care, screening, surveillance, study or medical trial, etc.
 - Description of how testing will be conducted
 - What type of testing will be performed
 - Measure and PPE plan to ensure safety of Staff and individuals being tested.
 - All testing must be performed by appointment ONLY. Describe or state that testing will only be performed by appointment.
 - Describe detailed traffic plan to ensure safety of motorist and pedestrians, and avoid traffic congestion.

- **Contact Information**

- Owner – provide test site owner or operator info for property – entity granting permission.
- Applicant – provide information of entity submitting application
- Owner Signature – Property owner signature required or attach written approval of property owner or operator
- Attorney – Optional
- Plan prepared by – Optional
- Check Primary Contact or Identify in Name.

- **Certification Statement**

- I – Property owner or applicant name
- Capacity – Property owner or Test Site Manager
- Certify that – Owner Entity Name or Test Site Name
- Signature – Property owner or applicant
 - Applicant signatures must be accompanied by a letter granting permission form property owner or operator.
- Date – Date signed.

- **Please Submit the completed application along with the following items:**

- Current Photos
 - Photos (google maps is fine) showing ingress, egress, and other staging
 - Should be able to illustrate traffic plan along with description provided above.
- Public Works approval
 - N/A
- Three Copies (One will is fine)

- Type of Activity – Description above
- Hours & days – Please ensure dates and times of operation are listed in description.
 - Must contain an end or reapplication date.
- Boundary Lines of activity Area
 - Display in pictures, otherwise provide here.
- Entrances & exits to event
 - Display in pictures, otherwise provide here.
- Temporary parking area (if applicable)
 - Display in pictures, otherwise provide here.
- All effected streets, alleys and ROW (including temporary closures)
 - Display in pictures, otherwise provide here.
- Alternate routes of traffic, if there are street closures
 - Display in pictures, otherwise provide here.
- Location of temporary structures (tents, vendors, stages, trailers, etc.)
 - Display in pictures, otherwise provide here.
- Location of all dumpsters & Trash receptacles
 - Display in pictures, otherwise provide here.
- Location of all temporary fencing or barricades
 - Display in pictures, otherwise provide here.
- Application Fee – waived.

Order 20-004 Application Instructions

Entities who are not already approved by LMPHW or established in or with a Health Facility will be required to submit additional information concerning the proposed testing sites. All items should be addressed to clearly outline the proposed testing activity. No assumptions may be made by the reviewer, and all activities and description must be clearly articulated in writing. The submitted material will become the limitation of the approval, and any deviations from which must be submitted for approval before implementation.

1. Company / Practice submitting application. Include:
 - a. Name of Company / Practice
 - b. Address
 - c. Phone Number
 - d. Email
 - e. Primary Contact (Phone & Email)
 - f. Kentucky License Number
2. Company / Practice supervising and performing testing.
 - a. Name of Individual
 - b. Address
 - c. Phone Number
 - d. Email
 - e. Primary Contact (Phone & Email)

- f. Kentucky License Number
3. Address of site where testing will be performed.
 - a. Submit proof of ownership, or
 - b. Proof of consent to use property.
 4. Testing Purpose Description
 - a. List type of testing/devices to be performed, test manufacturer, and FDA approval of proposed test methods, etc.
 - b. Please provide a description of testing purpose (diagnostic testing, surveillance testing, preventative testing, etc.)
 - i. No test centers are being permitted to offer drive-up, unscheduled testing any longer. Please describe how scheduling and appointment with be made and verified after arrival.
 - c. Proposed Operation Dates and times
 - i. Must contain an end or reapplication date
 5. Testing Procedure Plan
 - a. Name health facility managing Testing Site (if different from above) (must be present at testing site).
 - i. Name of Company / Practice
 - ii. Address
 - iii. Phone Number
 - iv. Email
 - v. Primary Contact (Phone & Email)
 - vi. Kentucky License Number or copy of certification
 - b. Name health service provider managing Testing Site (if different from above) (Must be present at site).
 - i. Name
 - ii. Address
 - iii. Phone Number
 - iv. Email
 - v. Primary Contact (if different from above) (Phone & Email)
 - vi. Kentucky License Number or copy of certification
 - c. Name laboratory performing testing analysis.
 - i. Name
 - ii. Address
 - iii. Phone Number
 - iv. Email
 - v. Primary Contact (Phone & Email)

- vi. Kentucky License Number or copy of certification
- vii. Copy of CLIA Certification with appropriate Lab Certifications for each type of diagnostics being performed.

d. List and describe testing procedures of all tests to be performed.

- viii. Specimen collection procedures.
- ix. Specimen storage at collection site.
- x. Specimen transportation to diagnostic laboratory.
 - 1. Rapid serology/antibody testing to be analyzed at testing location must list CLIA certification for the specific test location.

6. Specimen Collection Plan.

a. List and describe person protective measures to be taken during collection for all testing types/devices to be administered.

- i. Describe personal protective equipment (PPE) to be used by person performing specimen collection.
 - a. (Aerosolizing procedure (NP swab) must comply with N95 and all other appropriate PPE per CDC guidelines.)
 - b. (Non-aerosolizing, must comply with PPE guidelines minus N95. PPE must be changed in accordance to CDC guidance in order to protect the spread of disease from one client to the next.)
- ii. Describe appropriate handwashing and sanitation capabilities available to staff performing collection. (water and soap must be available on site).
- iii. Describe appropriate handwashing and sanitation capabilities available to clients completing any forms or touching any equipment. (separate water and soap capabilities must be available on site if patients are asked to exchange material to fill out forms.)
- iv. Describe appropriate sanitation measures for equipment/materials to be used by patients.
- v. Describe plan for disposal of medical waste.

7. Results Processing and Delivery Plan

- a. Describe communications plan for receiving and reporting test results from laboratory.
- b. Describe communications plan for receiving and reporting test results to Louisville Metro Department of Public Health & Wellness.

- c. Describe communications plan for receiving and reporting test results to persons tested.
 - d. Describe plan for follow up care in the event of a positive patient (both rapid serology test and PCR).
 - b. Unexpected Emergency Plan
 - i. Describe plan for unexpected medical emergency.
8. Traffic Planning
- a. Map showing proposed testing location.
 - b. Traffic management plan for entering and exiting testing center.
 - c. Describe plan for preventing traffic from backing up onto active roadways.
 - d. Describe actions that will be taken if traffic does begin to back up onto active roadways.