



# RI EMS COVID-19 Screening Flow

## Obtain Patient Information

(via dispatch (PPE Alert) or one SCOUT provider with PPE on scene from safe distance)

**Concerning Symptoms?** (fever, cough, shortness of breath, sore throat, diarrhea / vomiting OR chest pain, headache, cardiac or respiratory arrest, weakness, syncope, altered mental status WITH any of the above)

## Higher Transmission Risk Circumstances?

- **Contact** with person suspected or confirmed COVID-19 in the past 14 days.
- **Congregate living situation** (nursing home, assisted living, shelter, group home, incarcerated, dormitory, barracks, etc.)

Symptoms OR Circumstances ?

YES

### COVID RED

- Use minimum necessary personnel. Appropriate PPE (N95, eye shield, gown, gloves).
  - Care per RI Statewide EMS Protocols.
  - Evaluate for non-transport using Guidelines
- If transported:
- Early hospital notification by telephone and PTS.
  - Transport to appropriate facility

NO

### COVID GREEN

- Appropriate PPE (gloves).
- Care per RI Statewide EMS Protocols.
- PTS Hospital Notification.
- Transport to nearest appropriate facility.