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?

**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

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