

**RDSTF – Region 5**  
**Standard Principles and Guidelines**  
**for Managing & Transporting COVID-19 (+) Patients**

**These are meant as guidelines and are not a requirement**

1. A specific dispatch alert such as “Viral Alert” should be issued indicating that a possible COVID-19 infected patient is being transported to the hospital/trauma center.
2. Trauma patient that have altered mental status are COVID-19 (+) patients until proven otherwise.
3. Aerosolized medication should be avoided if possible and discontinued once entering the hospital.
4. Medical patients that have altered mental status, unless informed by family/healthcare workers that the AMS is chronic, are COVID-19 (+) until proven otherwise.
5. Suspected COVID-19 (+) trauma patients could be met outside by someone from the trauma team before entering the trauma bay for secondary screening if staff available. This recommendation may be difficult to implement based on existing hospital system cultures and patient flow logistics.
6. Suspected COVID-19 (+) medical patients could be met outside by someone from the ED staff before entering the ED if staff available.
7. Unless more than one paramedic is needed for ongoing patient resuscitation, one paramedic should enter with the patient and then exit expeditiously.
8. Upon arrival to a hospital with a COVID-19 (+) patient, paramedic should not enter the hospital without communication regarding a bed assignment or interfacing with trauma/ED personnel for a secondary screening prior to entering the hospital. This process may vary with increasing COVID-19 patient volumes.

**The Region 5 Trauma Advisory Board Clinical Leadership Committee would appreciate your feedback on these guidelines. Please click on the link below to take a 1 minute survey to provide your input.**

<https://www.surveymonkey.com/r/RDSTF5-CLC-ProtocolsFeedback>