



UNMD
UNITED NATIONS MEDICAL DIRECTORS



**DEPARTMENT OF
OPERATIONAL
SUPPORT**



Guidance on UN MEDEVAC protocol for COVID-19 infected personnel and dependents

**Training Session for designated Country and Field Duty Stations COVID-19
Coordinators**

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Please note this guide may
be subject to revisions & updates

CLINICAL DECISION MATRIX FOR UN DUTY STATIONS IN EVALUATING AND TREATING ACUTE RESPIRATORY ILLNESS DURING COVID 19 PANDEMIC

Clinical severity category	Defining Symptoms	Defining Signs	UN recommended treatment centre	Threshold clinical signs to escalate to next	Needed level of equipment	Needed manpower expertise	Disposition
Mild (by WHO + CCDC) day ^{oo} 1 of illness (5 days av post exposure)	Upper respiratory tract symptoms, Fever, cough, myalgias, headache, nausea anosmia, anorexia, etc.	Temp over 37.5 - 38°C	Phone contact with COVID 19 Medical hotline or personal physician	Worsening symptoms: dyspnea, higher temp.	Supplies for self-isolation, paracetamol, thermometer, pulse oximeter, medical masks	Family care giver, access to provider via phone/ Telehealth	Maintain at home, monitor temp and O2, close f/u if risk factors* if multiple pts, set priority list ^o for MEDEVAC
Moderate (CCDC) Day 5 of illness	Fever, cough, shortness of breath	Fever, labored breathing (Respirations 20-25/min) early pneumonia on CXR	Screening center isolated from clinic/hospital facility (level 1)	Pulse ox SO<93 % at rest Respirations greater than 30/min at rest	PPE, isolation room or ward, Pulse oximeter, Vital sign equipment, access to CXR, lab services	Nursing staff with triage skills with physician back up	Isolation room or home with O2, <i>if risk factors*</i> , <i>test for COVID 19**</i> , plan early MEDEVAC to Level 2 or higher level of care
Severe (by WHO + CCDC) Day 7 to 10 of illness	Fever, worsening SOB, severe fatigue, decreased mental acuity	CXR shows bilateral pneumonia, low lymphocyte count	Isolation ward of UN clinic/ hospital (level 2), on oxygen (nasal cannula)	Severe respiratory distress with severe hypoxia refractory to oxygen therapy Pulse ox SO<90%	Oxygen, intravenous access, pulse oximeter monitoring, cardiac monitoring, resuscitation/intubation equipment, ventilator COVID 19 Test	Physician with RSI/ARDS treatment skills and nursing staff	Hospitalisation in Isolation unit prior to MEDEVAC to SARI treatment facility
Critical (by WHO + CCDC)	Shortness of breath, obtundation, loss of consciousness	ARDS, sepsis and septic shock severe hypoxia on oxygen, deteriorating vital signs, decrease renal function/output	ICU unit dedicated to covid 19 + cases SARI Treatment Center	Worsening hypoxia and deteriorating vital signs despite intubation and PEEP	Oxygen, Ventilator, ICU monitoring, cardiac defibrillator, all the above	ICU staff and resp therapist /technician	MEDEVAC TO SARI Treatment facility

* Risk factors: age >60, underlying co-morbidities e.g. diabetes, cardiovascular and chronic lung disease, cancer and immunocompromised individuals.

** COVID 19 tests: depending on availability: rapid test (IGG/IGM) vs PCR as per WHO recommendations

^o: Set Priority MEDEVAC list based on clinical factors: onset of illness, clinical status trend, risk factors, etc...

^{oo}: timeline is meant to be a guide on when to expect changes in clinical status. Onset of symptoms as well as their worsening will vary between patients





The UN MEDEVAC Cell

Approves, Manages and Coordinates all COVID-19 MEDEVAC requests

MCU

- Engages with COVID-19 Coordinators
- Receives and triages MEDEVAC requests
- Identifies receiving hospital
- Overall clinical management of MEDEVAC
- Any required medical follow-up until patient arrives at receiving facility

SAOC

- Identifies airframes
- Defines timelines for MEDEVAC
- Coordinates flights clearances (in country of departure / destination)
- Arranges aircraft logistics with ports / authorities

**COVID-19
Coordinators**



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**Medical
Coordination
Unit (MCU)**

Geneva



**Strategic Air
Operations
Centre (SAOC)**

Brindisi



Practice Guidelines, SOPs, Resources



The United Nations flag flies in Juba, South Sudan during a commemoration of the International Day of United Nations Peacekeepers. UN Photo/JC McIlwaine

COVID-19 Coordinators

- [COVID-19 Coordinator's terms of reference in the COVID-19 medical evacuation process](#)
- [Current list of COVID-19 Coordinators](#) (28 May 2020)
- [UN Model of Care \(MOC\) Checklist for UN Duty Station in Response to COVID-19 Pandemic](#) (10 April 2020)
- [Preserving the privacy and confidentiality of COVID-19 infected UN personnel and dependents](#)
- [MEDEVAC request form for COVID-19 Coordinator \(MS Word document\)](#)
- [COVID-19 MEDEVAC: Framework for an SOP at the country level](#)
- [Guidance: Entity Focal Point Terms of Reference in the COVID-19 Medical Evacuation Process at Country Level](#)
- [MEDEVAC Process Flowchart](#)

More content coming soon

Main

I'm Sick

Telehealth

Home care and isolation

Reference documents for
Administrators, managers and staff



Eligibility for COVID-19 MEDEVAC

Current eligibility for MEDEVAC under the Framework*:

- ❖ International and national staff of UN system organizations and their eligible dependents**;
- ❖ International and national personnel of INGOs implementing a coordinated Humanitarian Response Plan (HRP) and/or COVID-19 Global Humanitarian Response Plan (GHRP) programme, and the dependents of those international INGO personnel
- ❖ Internationally deployed personnel of international vendors/contractors providing goods and/or services directly to UN system organizations under existing contractual arrangements;
- ❖ Military and police personnel and dependents deployed by the United Nations;
- ❖ United Nations Guard Unit personnel (Military or Police personnel who are deployed as part of a UN Guard Unit to protect UN personnel, premises and assets in the field);
- ❖ Troops of the African Union (Somalia – AMISOM)

Eligibility for COVID-19 MEDEVAC



COVID-19 Coordinators and confirmation of who is eligible for MEDEVAC:

In the case of UN Personnel and dependents:

- ❖ Requests for MEDEVAC of UN personnel and eligible dependents will be requested and authorized by the UN entity with which the patient is associated. The eligibility for COVID-19 MEDEVAC should be verified on a case-by-case basis.

In the case of INGOs:

- ❖ COVID-19 Coordinators, in collaboration with the RC/HC will maintain and reference a list of INGOs who are eligible under the Framework. As needed, the COVID-19 Coordinator may request or receive written confirmation of eligibility from the partner UN entity or the RC/HC. The eligibility of patients for COVID-19 MEDEVAC should be verified on a case-by case basis.

In the case of other eligible entities:

- ❖ COVID-19 Coordinators should **proactively** request from UN entities confirmation of partners who are eligible under the Framework. The eligibility of patients for COVID-19 MEDEVAC should be verified on a case-by case basis.



If in doubt about the eligibility of a patient, the COVID-19 Coord. should **immediately** seek verification from the Focal Point of the partner UN Entity. Note also that confirmation of the **clinical need** for a patient to be MEDEVACed is a critical aspect of any MEDEVAC request.

Determining the Clinical Need for COVID-19 MEDEVAC



COVID-19 Coordinators and clinical need for MEDEVAC:

In the case of entities with a dedicated Medical Advisor:

- ❖ The COVID-19 Coordinator will enable the exchange of medical information between the Medical Advisor and the Medical Coordination Unit of the UN MEDEVAC Cell
- ❖ The Medical Advisor will provide clinical information regarding the status of the COVID-19 patient to the Medical Coordination Unit of the UN MEDEVAC Cell

OR

In the case of entities with no dedicated Medical Advisor or no access to a UN Medical Advisor:

- ❖ The COVID-19 Coordinator will enable the exchange of medical information between the Treating Medical Provider (TMP) and the Medical Coordination Unit of the UN MEDEVAC Cell
- ❖ The TMP will provide clinical information regarding the status of the COVID-19 patient to the Medical Coordination Unit of the UN MEDEVAC Cell

In ALL cases:

- ❖ The UN MEDEVAC Cell will in conjunction with the entity Medical Advisor and/or TMP, determine whether there is a clinical need to MEDEVAC the patient.
- ❖ The UN MEDEVAC cell will confirm this to the COVID-19 Coordinator.

Initial steps in the COVID-19 MEDEVAC process

1 Alert

- Entities with a **corporate medevac alert system**, notify the COVID-19 Coordinator **through their standard procedures**

or

- Entities with **no corporate medevac alert system**, notify the COVID-19 Coordinator **through their designated Focal Point or local Medical Advisor**

2 Initiate

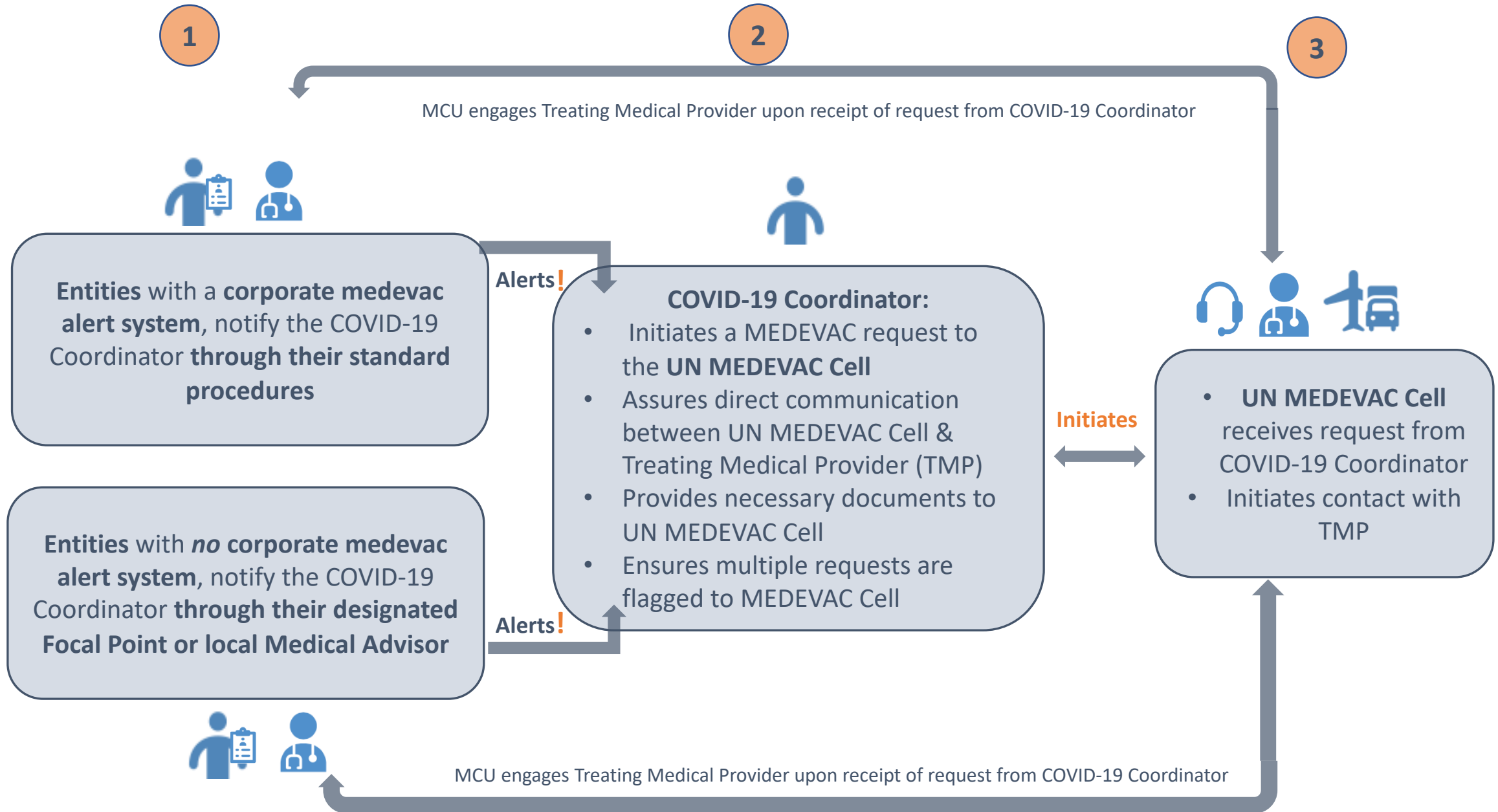
The COVID-19 Coordinator

- Initiates a MEDEVAC request to the **UN MEDEVAC Cell**
- Assures direct communication between UN MEDEVAC Cell & Treating Medical Provider (TMP)
- Provides necessary documents to UN MEDEVAC Cell
- Ensures that multiple requests emanating from the same country are flagged to MEDEVAC Cell

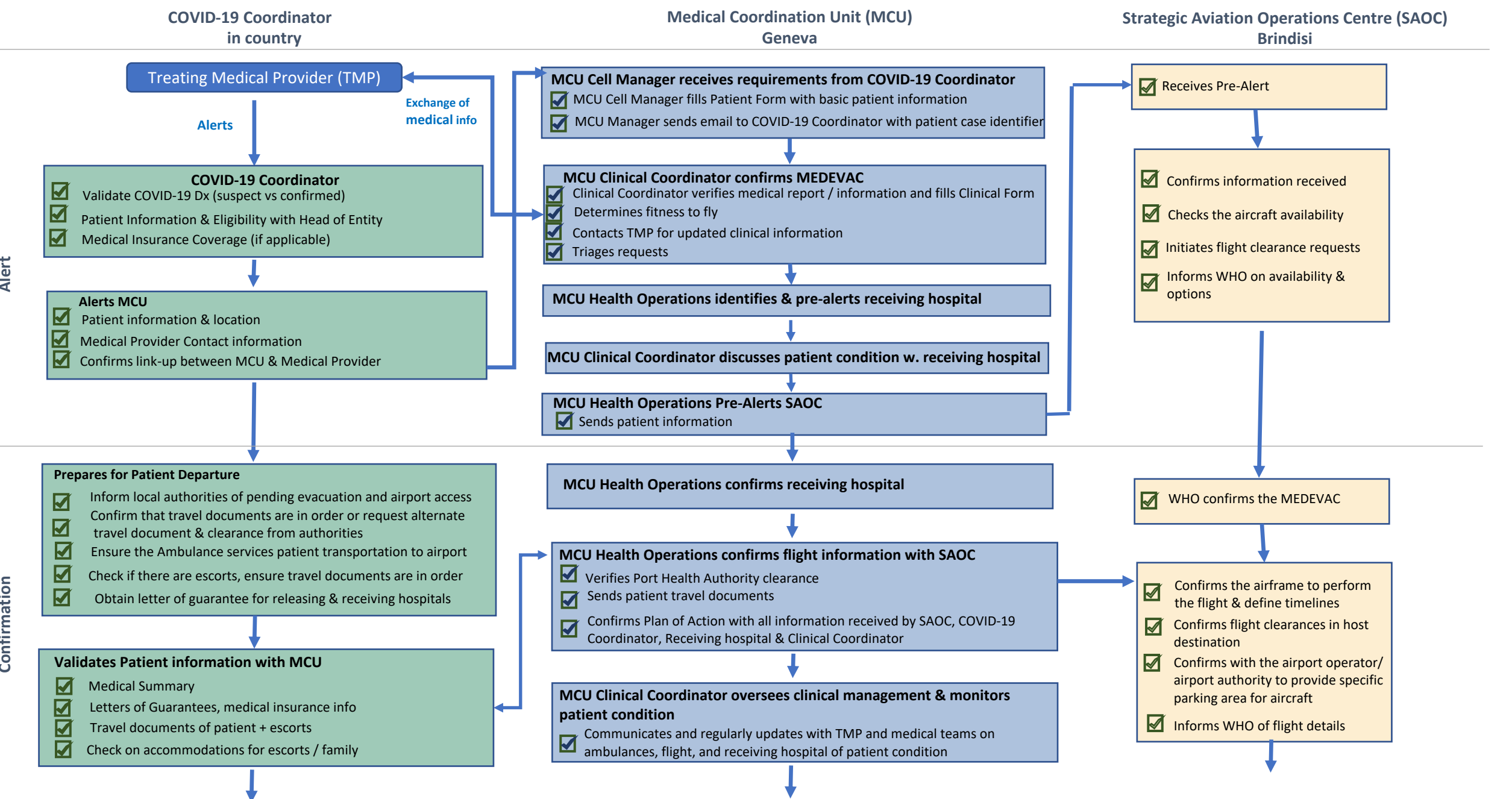
3 Assess and Activate

- **UN MEDEVAC Cell** receives request from COVID-19 Coordinator
- Initiates contact with the **Treating Medical Provider**

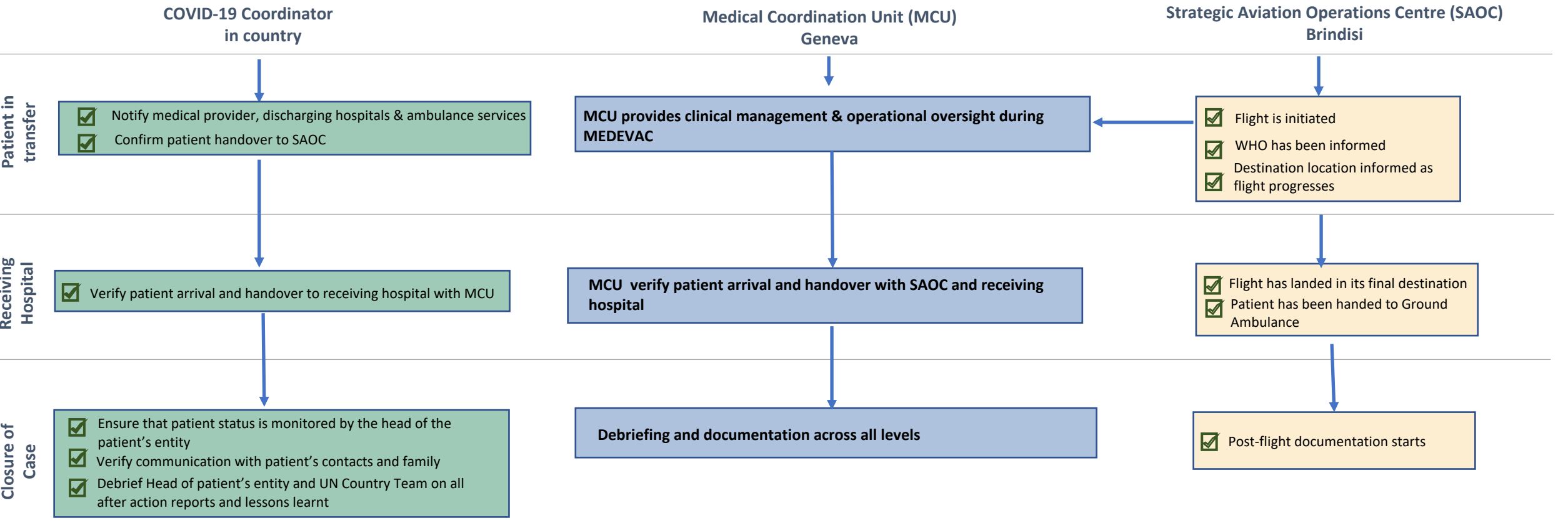
Initial steps of the COVID-19 MEDEVAC process



COVID-19 MEDEVAC PROCESS (1 OF 2)



COVID-19 MEDEVAC PROCESS (2 OF 2)





Workflow for COVID-19 Coordinators

Steps to initiate a COVID-19 MEDEVAC request:



- COVID-19 Coordinator is **notified** of request by Head of Entity/ entity Focal Point / Treating Medical Provider (TMP)
- COVID-19 Coordinator **confirms the eligibility** of the Referring Entity under MEDEVAC Framework
- COVID-19 Coordinator **verifies patient eligibility** for a COVID-19 MEDEVAC with the entity Focal Point
- COVID-19 Coordinator **confirms the clinical necessity** for a COVID-19 MEDEVAC with the TMP/entity Medical Advisor
- COVID-19 Coordinator **initiates a COVID-19 MEDEVAC** request with the UN MEDEVAC Cell



Workflow for COVID-19 Coordinators

Steps to prepare for a COVID-19 MEDEVAC:



- COVID-19 Coordinator **communicates** with referring entity, and local and national authorities
- COVID-19 Coordinator **ensures completion of relevant documents** to enable MEDEVAC (see checklist)
- COVID-19 Coordinator **confirms communication** between the TMP/Medical Advisor & the UN MEDEVAC Cell MCU
- COVID-19 Coordinator **supports in-country communication** between Focal Point, TMP/Medical Advisor and patient
- COVID-19 Coordinator **ensures readiness of all required travel documentation**
- COVID-19 Coordinator **transmits all required documentation** to UN MEDEVAC Cell (see checklist)



Workflow for COVID-19 Coordinators*

Steps to support implementation of a COVID-19 MEDEVAC:



- COVID-19 Coordinator **provides documentation to facilitate handover of patient** from facility to MEDEVAC team
- COVID-19 Coordinator **facilitates release, and transportation of patient** to the location from which the MEDEVAC flight will depart
- COVID-19 Coordinator **obtains relevant medical summaries from facility** and submits them to UN MEDEVAC Cell

*The COVID-19 Coordinator should coordinate with & be supported by Focal Points and TMPs/entity Medical Advisors throughout the process



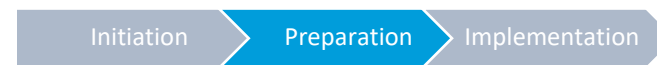
COVID-19 Coordinators - Checklist

COVID-19 MEDEVAC: Stage-by-Stage checklist



Upon receipt of request from Referring Entity

- Validate COVID-19 diagnosis
- Confirm Referring Entity eligibility
- Verify patient eligibility for MEDEVAC
- Alert UN MEDEVAC Cell to MEDEVAC request
- Provide docs as per MEDEVAC Req form
- Ensure travel docs are ready/being processed



Upon conf. of MEDEVAC from UN MEDEVAC Cell

- Obtain patient consent (designated forms)
- Initiate contact w. national authorities
- Obtain any required legal authorities/ waivers
- Obtain docs as per MEDEVAC Req form
- Ensure direct comms btwn TMP & MEDEVAC Cell
- Confirm transport for patient to departure point
- Support comms btwn patient, Entity and TMP
- Ensure travel docs are ready/ being processed
- Check w. Referring Entity on any family/escorts
- Ensure arrangements for family/escorts in place
- Ensure all parties are clear on the MEDEVAC plan



Implementing MEDEVAC

- Inform authorities of pending MEDEVAC
- Facilitate patient release from medical facility
- Submit medical release docs to UN MEDEVAC Cell
- Confirm patient release to UN MEDEVAC Cell
- Work w. TMP, Entity to transfer patient to airport
- Confirm to UN MEDEVAC Cell handover of patient
- Verify patient arrival at destination with UN MEDEVAC Cell



Workflow for COVID-19 Coordinators*

COVID-19 MEDEVAC – After Action review:



- COVID-19 Coordinator **provides debrief to UN Country Team** with the Focal Point and if appropriate, the TMP
- COVID-19 Coordinator **incorporates significant lessons** into any subsequent COVID-19 MEDEVAC process
- COVID-19 Coordinator **provides any significant feedback** to DHMOSH (Covid19coordinators@un.org)

Workflow for Heads of Entity/Focal Points

(All entities are required to proactively identify confirm a 'Focal Point' for the process)



Steps to initiate a COVID-19 MEDEVAC request:



- Entity Focal Point **provides regular updates to COVID-19 Coordinator** on confirmed and possible COVID-19 cases among entity personnel and eligible dependents
- Entity Focal Point **confirms** to the COVID-19 Coordinator **the eligibility of COVID-19 patients** for possible MEDEVAC, noting that MEDEVAC would be considered only when deemed clinically necessary
- Entity Focal Point, in conjunction with Treating Medical Provider (TMP), **alerts the COVID-19 Coordinator to any request for the MEDEVAC** of a COVID-19 patient. All such requests must be in line with the **UN Model of Care**.

! The COVID-19 Coordinator will initiate requests with the UN MEDEVAC Cell on behalf of all referring entities



Workflow for Entity Focal Points

Steps to prepare for a COVID-19 MEDEVAC:



- The Entity Focal Point **ensures the COVID-19 Coordinator has access to all necessary medical and supporting documents** required for a MEDEVAC
- The Entity Focal Point **addresses all MEDEVAC-related administrative and human resources issues** associated with the patient and any eligible non-medical escort, inline with entity rules and regulations
- The Entity Focal Point **coordinates with the COVID-19 Coordinator to ensure the readiness of all required travel documentation**, including coordination on the timely request for and acquisition of any required visas
- The Entity Focal Point **liaises** with the COVID-19 Coordinator, the Treating Medical Provider and the patient or the patient's family throughout the process.



Workflow for Entity Focal Points

Steps to support implementation of a COVID-19 MEDEVAC:

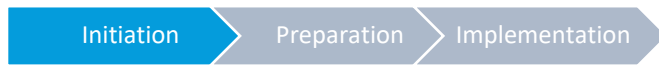


- The Entity Focal Point will **work with the COVID-19 Coordinator to support the transportation** of the patient from their location to the point from which the MEDEVAC flight will depart.
- The Entity Focal Point will **ensure the status of the patient is monitored** by the entity while patient is in the MEDEVAC location
- The Entity Focal Point will **provide updates** to any other persons as per specific arrangements at the country level, in line with organizational rules and in line with confidentiality requirements.



COVID-19 Entity Focal Point - Checklist

COVID-19 MEDEVAC: Stage-by-Stage checklist



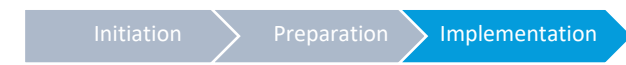
Monitoring patients & requesting MEDEVAC

- Liaise with TMP entity / Medical Advisor on status of COVID-19 patients
- Provide regular updates on eligible COVID-19 patients to COVID-19 Coordinators
- Review status of travel docs (eg passport / LP) held by patients with COVID-19
- Take steps to acquire any missing travel documentation for COVID-19 patients
- Alert all required PoCs in Referring Entity and confirm authorization to request MEDEVAC
- Alert COVID-19 Coordinator to MEDEVAC request (in conjunction with TMP / entity Medical Advisor). Note poss 72-hour window



Upon conf. of MEDEVAC from UN MEDEVAC Cell

- Confirm patient consent for MEDEVAC (completion of consent & any reqd. liability* form)
- Provide COVID-19 Coord with any required docs
- Progress any required travel doc applications
- Make all administrative arrangements for patient, including system and HR requirements
- Ensure comms w. COVID-19 Coord. & TMP
- Liaise with patient / patient family
- Confirm any non-medical escorts and make travel and other arrangements for them
- Support any patient transport requirements
- Ensure all parties are clear on the MEDEVAC plan, including other required PoCs in Referring Entity



Implementing MEDEVAC

- Ensure COVID-19 Coord has access to all necessary documentation for patient
- Support patient release from medical facility
- Work w. COVID-19 Coordinator, TMP to transfer patient to airport
- Liaise with patient family and any escort
- Verify patient arrival at destination with COVID-19 Coord
- Follow-up with family, and Referring Entity PoCs as required



Workflow for Entity Focal Points

COVID-19 MEDEVAC – After Action review:



- The Entity Focal Point will work with the COVID-19 Coordinator to **provides a debrief to UN Country Team**
- The Entity Focal Point will **contribute to the identification of any lessons learned**, in conjunction with the COVID-19 Coordinator.



Developing a country level SOP

COVID-19 MEDEVAC SOP – Describing the process at a country level

- The COVID-19 Coordinator should **proactively develop a dedicated SOP**, outlining the steps in the COVID-19 MEDEVAC process. This should be informed by, but not limited by the Framework SOP.
- Development of the SOP should be **informed by the operating context**, and any relevant experience /lessons
- The SOP should **include the contact details** of the COVID-19 Coordinator, and any nominated alternate.
- As far as possible, the SOP should be developed **in coordination with participating entities, entity Medical Advisors, and where appropriate UNDSS**, to ensure there is a shared understanding of and buy-in to the process.
- The finalized SOP should be **cleared at an appropriate level and promulgated** among all entities who have personnel or dependents eligible for COVID-19 MEDEVAC.



Developing a country level SOP (1)

COVID-19 MEDEVAC SOP – Information gathering in the preparatory stage

- **Identify, confirm and list the resources available** to support the COVID-19 Coordinator (human, technical, other)
- Confirm the **identity and contact details of the Focal Point from each eligible entity** and **confirm the geographic footprint** of these entities within the country*. This may be attached as an Annex to the SOP.
- Confirm the **identity and contact details of entity Medical Officers** and **confirm their location in the country**. This may be attached as an Annex to the SOP.
- Confirm the **identity and contact details of contacts in key functions with the national authorities**. This could include but not be limited to: health, aviation, security, and immigration/ emigration.
- Confirm the **identify and contact details** (including if possible out-of-hours) **for consulates** which may be required to issue a visa.
- If time permits, **proactively identify possible points of departure for a MEDEVAC flight** within the country (the MEDEVAC cell will make aviation-related decisions, however this can help inform these). Can be annexed.



Developing a country level SOP (2)



COVID-19 MEDEVAC SOP – Other details for the SOP

- Where possible, **draw from in-country expertise to inform the development of the SOP**. It should not be developed in a vacuum.
- Ensure that all **security requirements** (e.g. movement permissions) are understood and incorporated into the relevant stage of the SOP.
- Ensure that the SOP is **directive, outlines clear responsibilities and is not ambiguous**.
- Ensure that the SOP **does not contradict existing rules and regulations**



COVID-19 MEDEVAC: Some Dos and Don'ts



DOs

- **Do** ensure Points of Contact are identified and shared as soon as possible
- **Do** proactively gather documents information. Ensure docs are valid
- **Do** work collaboratively
- **Do** draw from existing experience in country
- **Do** respect patient confidentiality
- **Do** revise the effectiveness of your SOP after it has been put to use



DON'Ts

- **Don't** wait until you need to request a MEDEVAC to get organised
- **Don't** ignore gaps / possible points of failure
- **Don't** contact the MEDEVAC Cell unless it is with a legitimate MEDEVAC request



COVID-19 Coordinators briefing

QUESTIONS?