



# DRAFT STANDARD OPERATING PROCEDURE

## COVID-19 MEDEVAC AT THE COUNTRY LEVEL

(TEMPLATE - TO BE TAILORED AND FURTHER DEVELOPED ACCORDING TO THE OPERATING CONTEXT)

VERSION XX DATE XX

### Purpose

1. This document outlines the process by which COVID-19 Coordinators, in conjunction with referring entities can prepare for, initiate and support the implementation of the medical evacuation (MEDEVAC) of eligible COVID-19 patients under the COVID-19 Medical Evacuation Framework<sup>1</sup>.

### Scope

2. The process outlined in this document is specific to the COVID-19 MEDEVAC process and does not replace existing guidance and rules relating to medical evacuation activities not related to COVID-19.

### General Principles

3. Treatment of COVID-19 patients at the country level remains the first line of defence, and should be supplemented by the option of COVID-19 MEDEVAC only when the latter is deemed clinically necessary.
4. The MEDEVAC of COVID-19 patients will be conducted on a case-by-case basis, and only when the patient is deemed eligible under the COVID-19 MEDEVAC Framework **and** where there is a confirmed clinical need.
5. The COVID-19 Coordinator has overall responsibility for the MEDEVAC process of COVID-19 cases at the country level. COVID-19 Coordinator serves as a focal point for all COVID-19 MEDEVAC logistics, coordination, technical aspects and administrative questions related to COVID-19 MEDEVAC on a 24/7 basis.
6. The COVID-19 Coordinator will convey requests for the MEDEVAC of COVID-19 patients to the UN MEDEVAC Cell, comprising of the World Health Organisation-affiliated Medical Coordination Unit and the Strategic Air Operations Centre/ World Food Programme Joint Aviation Team. The UN MEDEVAC Cell also operates on a 24/7 basis.
7. The UN MEDEVAC Cell is responsible for authorising COVID-19 MEDEVACs and can provide the necessary clinical, aviation and other logistical support required to implement a MEDEVAC.
8. The COVID-19 Coordinator is responsible for ensuring that he/she is in receipt of any preparatory information required to enable the initiation of a MEDEVAC request.

<sup>1</sup> Those eligible under the Framework include: All international UN staff and dependents (including UNVs, gratis personnel, individual contractors, consultants, individual service providers, and laborers on an hourly fee); All National UN staff and dependents (including UNVs, gratis personnel, individual contractors, consultants, individual service providers, and laborers on an hourly fee); All personnel of INGOs that are engaged by UN system organizations in the implementation of their respective mandates; All dependents of international personnel of INGOs that are engaged by UN system organizations in the implementation of their respective mandates; Personnel or contractors of vendors that are engaged by UN system organizations in the implementation of their respective mandates; Military and police personnel and dependents deployed by the United Nations; United Nations guard units; Troops of the African Union (Somalia – AMISOM)



## Preparatory Stage

9. A designated COVID-19 Coordinator (hereafter the “COVID-19 Coordinator”) should be identified by the Resident Coordinator at a country level. An alternate should also be identified in case of need.
10. The COVID-19 Coordinator should proactively familiarise themselves with the COVID-19 MEDEVAC process, and the role and responsibilities in it, as described in the COVID-19 Coordinator’s Terms of Reference.
11. The COVID-19 Coordinator should undergo dedicated training on the COVID-19 MEDEVAC process to be provided by the Division of Healthcare Management and Occupational Safety and Health (DHMOSH).
12. Sufficient resources should be made available to the COVID-19 Coordinator by the Resident Coordinator to enable him / her to effectively carry out the role. This may include establishing a dedicated team to provide the requisite support.
13. The identity of the COVID-19 Coordinator and his / her contact details should be made available to the Heads of all entities included in the COVID-19 MEDEVAC Framework.
14. COVID-19 Coordinators should proactively request from UN entities a list of eligible INGO implementing partners in their country under the Global Humanitarian Response Plan (GHRP) and should check MEDEVAC requests against this. Patient eligibility should be verified with the partner UN Agency on a case-by case basis.
15. The COVID-19 Coordinator should compile a list of entity Focal Points (the Head of entity or a nominee designated by them) and share this with DHMOSH. These should be listed in Annex A of this document.
16. The COVID-19 Coordinator should compile a list of locations in the country in which entities who have personnel eligible for MEDEVAC are located. This should be listed at Annex B of this document.
17. The COVID-19 Coordinator should compile a list of any entity Medical Advisors and confirm their location in the country. These should be listed at Annex C of this document.
18. The COVID-19 Coordinator should, in conjunction with colleagues, identify and compile a list of contact details for focal points in key functions, including those in UN system entities, as well as functions with the national authorities, including but not limited to: health, aviation, security and immigration / emigration. This should also include details of consulates (including out of hours details) for those countries to which MEDEVACs may be initiated. These should be listed in Annex D of this document.
19. As a preparatory measure, entities included in the COVID-19 MEDEVAC Framework should remind their personnel to ensure that their relevant travel documents are on hand and in good order.
20. The COVID-19 Coordinator should proactively make contact with entity Focal Points and ensure they understand the COVID-19 MEDEVAC process.

## Monitoring and Coordination

21. Personnel and eligible dependents should be informed by their respective entity of the need to proactively update their entity Focal Point, any entity Medical Advisor or Treating Medical Provider (TMP<sup>2</sup>) of instances of COVID-19.
22. The entity Focal Point or, where appropriate, entity medical advisor is responsible for proactively monitoring and tracking instances of possible and confirmed COVID-19 cases among personnel and

<sup>2</sup> The Treating Medical Provider (TMP) is the medical professional directly responsible for providing care for the COVID-19 patient who is being considered for MEDEVAC. The TMP provides the necessary clinical information to the UN MEDEVAC Cell to validate the need for MEDEVAC, and the fitness of the patient to fly.

eligible dependents, and for ensuring that the COVID-19 Coordinator is updated promptly with relevant information.



## Requesting a COVID-19 MEDEVAC

23. Only those persons identified under the COVID-19 MEDEVAC Framework may be considered eligible for COVID-19 MEDEVAC.
24. The requesting entity is responsible for ensuring any request relates to an eligible patient, is in line with the Model of Care (MOC), and has been approved by the relevant organisational process.
25. All requests for COVID-19 MEDEVAC must be directed from the entity Focal Point in conjunction with the TMP and any entity Medical Advisor to the COVID-19 Coordinator.
26. Requests will be considered on the basis of clinical need, in conjunction with the TMP and any entity Medical Advisor. Only requests relating to patients who are eligible under the COVID-19 MEDEVAC Framework can be considered.
27. The COVID-19 Coordinator is responsible for liaison with the UN MEDEVAC Cell, and (with the support of the entity Focal Point, the TMP and any entity Medical Advisor) for compiling and sharing with the UN MEDEVAC Cell all documents necessary to progress the COVID-19 MEDEVAC request.
28. Failure by a responsible entity to provide written confirmation of the eligibility of a patient for COVID-19 MEDEVAC may lead to a delay in the initiation of a request for MEDEVAC by the COVID-19 Coordinator.

## Implementing a COVID-19 MEDEVAC

29. Upon receipt of confirmation of the MEDEVAC from the UN MEDEVAC Cell, the COVID-19 Coordinator is responsible for overseeing:
  - I. Preparations for patient departure;
  - II. The validation of patient information with the MEDEVAC Cell;
  - III. The transfer of the patient from the discharging medical facility to the airport from which the MEDEVAC flight will depart. This includes working with the UN MEDEVAC Cell, entity Focal Points, TMPs, and any entity Medical Advisor to identify options for transport from remote locations should this be required.This is to be undertaken in conjunction with the entity Focal Point, the TMP, the local authorities, UNDSS (if needed) and others as required.
30. In line with entity rules and regulations, the entity Focal Point is responsible for all addressing all necessary COVID-19 MEDEVAC-related administrative and human resources issues, including liaison with the family of the patient, and arrangements any related to any eligible non-medical escort. The entity Focal Point will work 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.
31. The UN MEDEVAC Cell will arrange transportation from the airport at the MEDEVAC destination to the receiving hospital.
32. The UN MEDEVAC Cell will confirm with the COVID-19 Coordinator the arrival and handover of the patient to the receiving hospital.

## Post-MEDEVAC

33. The entity Focal Point will ensure the patient's status is monitored and maintain communication with the family of the patient. The referring entity retains responsibility for all aspects of repatriation for both the patient and any escort.



34. The COVID-19 Coordinator, the entity Focal Point and if appropriate, any entity Medical Advisor or the TMP will debrief the Head of the patient's entity and the United Nations Country Team, providing an after action report and highlighting lessons learned.

### Regulatory framework

35. The responsibilities and functions of COVID-19 Coordinators, entity Focal Points, and other personnel involved in the implementation of the COVID-19 MEDEVAC Framework are to be carried out in accordance with relevant entity regulations, rules, policies and procedures, including in particular those pertaining to confidentiality.

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#### ATTACHMENTS (AMEND AS APPROPRIATE)

ANNEX A: LIST OF FOCAL POINTS IN ELIGIBLE ENTITIES

ANNEX B: GEOGRAPHIC FOOTPRINT OF ELIGIBLE ENTITIES

ANNEX C: LIST OF ENTITY MEDICAL ADVISORS

ANNEX D: LIST OF KEY CONTACTS, INCLUDING NATIONAL AUTHORITIES

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APPROVED BY (PRINT NAME)

APPROVAL SIGNATURE

DATE OF APPROVAL



## ANNEX A: LIST OF FOCAL POINTS IN ELIGIBLE ENTITIES

### UN System Entities

Entity Name	Focal Point Name	Tel no	Email address

### INGOs

Entity Name	Focal Point Name	Tel no	Email address

### Contractors & Vendors

Entity Name	Focal Point Name	Tel no	Email address

### Other

Entity Name	Focal Point Name	Tel no	Email address



## ANNEX B: GEOGRAPHIC FOOTPRINT OF ELIGIBLE ENTITIES

Entity Name	Location (1 location per line)



## ANNEX C: LIST OF ENTITY MEDICAL ADVISORS (if appropriate)

Entity affiliation	Name	Location	Tel no	Email address



## ANNEX D: LIST OF KEY CONTACTS, INCLUDING NATIONAL AUTHORITIES

Organisation	Foca Point Name	Function	Tel no	Email address