

GUIDANCE/TEMPLATE DOCUMENT

FRAMEWORK FOR IN-COUNTRY STANDARD OPERATING PROCEDURES

REPATRIATING THE REMAINS OF COVID-19 PATIENTS WHO HAVE BEEN MEDICALLY EVACUATED

(TEMPLATE - TO BE TAILORED AND FURTHER DEVELOPED ACCORDING TO THE OPERATING CONTEXT)
VERSION 1 DATE 12 AUGUST 2020

Purpose

1. This document outlines key elements to be considered when planning and implementing the repatriation of the remains of a COVID-19 patient who has expired after having been medically evacuated from their duty location under the COVID-19 Medical Evacuation [Framework](#).¹

Scope

2. The steps outlined below refer only to the repatriation of the remains of a COVID-19 patient who has been medically evacuated as per the above. This document is not intended to be proscriptive or to replace or supersede any applicable national legislation relating to the handling of remains of COVID-19 patients, or established applicable organizational rules or regulations.² This document does not address the disposal of any remains within the country in which the COVID-19 patient expired.³

General Principles

3. Repatriation of remains should be carried out in a dignified and respectful manner and, as far as is practical, be informed by the preferences expressed by the patient and their authorized representatives.
4. In the unfortunate event of the need to repatriate the remains of a COVID-19 patient who has been medically evacuated, the entity which referred the patient for medical evacuation (hereinafter the “referring entity”) is responsible for all aspects of facilitating this.
5. It is recognised that proactive planning is an effective means of supporting those who may be responsible for facilitating the repatriation of remains. On this basis, this document outlines a number of preparatory steps to be taken in the country to which patients are being medically evacuated for treatment, the completion of which will generate a comprehensive set of information which can be drawn upon by those who may require it. This information should be included in the in-country Standard Operating Procedures (SOP) that should be prepared on the basis of this Framework, and approved by the Resident Coordinator or Designated Official.
6. The Resident Coordinator or Designated Official should ensure that responsibility for undertaking the preparatory steps outlined in this Framework is allocated, and that the person to whom responsibility has been allocated has sufficient resources to carry out this task.
7. The Resident Coordinator or Designated Official should approve the completed SOP, on the basis of this Framework, and ensure that it is circulated within the UN Country Team and is made available to those international non-governmental organizations (INGOs) and other entities that are present in-country, and have responsibility for the repatriation of remains as described in paragraph 4 above.

¹ https://www.un.org/sites/un2.un.org/files/covid-19_medevac_framework_document_160720.pdf

² Including but not limited to ST/AI/2011/9.

³ In the unfortunate event that a non-medical escort of a COVID-19 patient dies in the receiving country, the referring entity is responsible for all aspects of repatriation of the mortal remains, in line with established procedures and organisational rules and regulations.

Preparatory Steps

8. The following information should be gathered and incorporated into the in-country SOP:
 - a. Establish a list of focal points in UN system organisations (including UN Department of Safety and Security), in those facilities in which COVID-19 patients are being treated, and within the local authorities in-country who may be able to provide guidance and logistical assistance to support the repatriation of remains. This list should include contact details for those focal points and the details of their potential role. See Annex A for a table to assist with this.
 - b. Establish a list of Human Resources focal points within those UN entities and INGOs who are present in the country to which COVID-19 patients who have been medically evacuated are being treated. This list may be used to support the dissemination of information relating to the repatriation of remains, including but not limited to the approved in-country SOP. See Annex A for a table to assist with this.
 - c. Identify and monitor all regulatory requirements in the MEDEVAC location relating to the certification of death, handling,⁴ storage, and transportation of the remains of COVID-19 patients in that location.
 - d. Establish a tailored checklist of all key documents that are required, and any constraints or special requirements associated with these (e.g. number of duplicates of required documents). See Annex B for an indicative (but not exhaustive) list.
 - e. Establish a list of suitable options for the temporary storage of remains of COVID-19 patients. See Annex C for a table to assist with this.
 - f. Undertake an evaluation of the availability of body bags, coffins or hermetically sealed caskets in the location. Where this is deemed insufficient, an order to stock these should be placed to avoid possible shortages. In locations where a dedicated UN facility exists, the approach should be standardised.
 - g. Compile a list of documentary requirements established by commercial airlines associated with the handling and international transportation of deceased COVID-19 patients (including the number of copies of each document required). The International Air Transport Association (IATA) has, in conjunction with WHO, produced overarching [guidance](#) on this subject. See Annex D for a table to assist with this.
 - h. Identify and list the contact details of a range of recognised faith-based organisations that are in that location and can be called upon to provide guidance and any requisite services, in accordance with the religious beliefs of patients who are deceased. See Annex E for a table to assist with this.
 - i. Capture the contact details of any specialist company that may repatriate mortal remains, including those with which the UN may already have established an agreement.
9. A draft notification protocol should be established to ensure that in the event of the death of a COVID-19 patient, lines of communication are clear, and the matter is handled in a coherent and collaborative manner which demonstrates sensitivity and respect. This protocol should also account for the provision of psycho-social support and other assistance as required. See Annex F for additional considerations.

⁴ Note that as per WHO [guidelines](#), it is **not** recommended that the remains of COVID-19 be subject to preservation processes, such as embalming.

- Options to enable a non-medical escort to view the remains of the deceased should be proactively explored, contingent on the adoption of precautionary hygiene measures. Noting that the prevailing circumstances may not permit this, possible options for a 'virtual' viewing of the remains should also be identified. While it is acknowledged that the situation may be different from case to case, possible options (and constraints) should be reflected in the SOP, noting the need to communicate these with sensitivity and to account for cultural and/or religious preferences, as well as organisational rules and regulations.

Repatriation of Remains

- The referring entity is responsible for undertaking the repatriation of remains, and for informing the Resident Coordinator or Designated Official in the country of departure of the progress and the completion of the repatriation
- The initial steps of repatriation should be informed and guided by the information collected during the preparatory phase. Responsibilities relating to notification, documentary requirements, addressing any religious or cultural requirements, the storage of the remains and possible viewing options should all be adequately addressed.
- Following the death of a COVID-19 patient, proactive outreach to the consulate or embassy of the country to which the remains are to be repatriated should be initiated to identify any additional documentary requirements in that country that may need to be satisfied (if not already known), and to obtain any additional guidance or support as required.
- It should be confirmed that a protocol is in place to ensure that any personal effects of the deceased are thoroughly disinfected or washed, and appropriately sealed before being handled and passed to a non-medical escort, or a nominated proxy prior to transportation.
- In light of current movement restrictions and ongoing health risks associated with the pandemic, it should be noted that it is not at present recommended that an organisational representative be designated to accompany the remains on the repatriation flight.
- If the remains are to be transported to a country in which neither the referring entity nor the UN has a presence, and no external provider is to be engaged, the consulate or embassy representing that country may be able to provide guidance and support relating to the receipt of the remains.
- Should the remains be transported to a country in which the referring entity has no presence but there is a UN presence, the Resident Coordinator or Designated Official should be alerted to the repatriation plan in advance so that options to receive the remains may be considered.
- The transportation of the remains to the point of departure should be undertaken in line with existing organisational rules and regulations, informed by UNDSS locally and/or guidance from the national authorities as appropriate.

Regulatory framework

- The responsibilities and functions of those involved in undertaking preparatory work, providing support, and implementing the repatriation of remains should be carried out in accordance with relevant entity regulations, rules, policies and procedures, including in particular those pertaining to confidentiality.

LIST OF SUPPORTING DOCUMENTS

20. The following documents inform this SOP Framework.

- Guidance on Management of the Remains of Deceased United Nations Personnel in a Pandemic Environment⁵
- [United Nations Handbook for Action in Cases of Death in Service](#)
- Administrative Instruction on Coordination of action in cases of death of staff members: travel and transportation in cases of death or health related emergency ([ST/AI/2011/9](#))
- [Guidance Information on the Transportation of COVID-19 Human Remains by Air](#)
- [Infection Prevention and Control for the safe management of a dead body in the context of COVID-19](#)
- [Dead body management in the context of COVID-19](#)
- [Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19](#)

⁵ This document has been circulated by DOS to all UN field entities.

ANNEX A: LIST OF POINTS OF CONTACT IN COUNTRY

UN System Entities

Entity Name	Point of Contact & Role	Tel no	Email address

INGOs

Entity Name	Point of Contact & Role	Tel no	Email address

UN Contractors & Vendors (if relevant)

Entity Name	Point of Contact & Role	Tel no	Email address

Treating Medical Facility. Points of Contact

Facility Name	Point of Contact & Role	Tel no	Email address

Local authorities. Points of Contact

Entity Name	Point of Contact & Role	Tel no	Email address

ANNEX B: TABLE OF REQUIREMENTS TO CONSIDER

Requirement		Responsibility of	Comments
Regulatory Requirements (Note no. of copies of each certificate required)			
1	Death certificate		
2	Health / Medical Hygiene certificate		
3	Embalming certificate (if needed)		
4	Sealing of Casket certificate		
5	Export License		
6	Customs Clearance certificate		
7	Police Report (if needed)		
8	Passport, Visa and UNLP copies		
9	Freedom from Infection certificate		
Storage and Handling of Remains			
10	Establish list of temporary storage options		
11	Evaluate availability of body bags / caskets		
12	Identify options for viewing of the remains		
13	Identify a list of faith-based organisations		
14	Ensure patient's wishes are taken into consideration		
Notification of death			
15	Establish a notification protocol – to include psycho-social support (see Annex F)		
Transportation of Remains			
16	Understand possible options for handling by specialist company		
17	Identify a list of focal points (UN and external) who may be able to assist		
18	Understand airline requirements for transportation of remains		
19	Contact consulate or embassy of receiving country to understand requirements		
20	Ensure any personal effects are handled appropriately		
21	Alert RC / DO in country in which remains to be received		
22	Generate country-level SOP to guide and capture the above		

**ANNEX C: LIST OF LOCAL TEMPORARY STORAGE OPTIONS**

Entity Name	Point of Contact	Tel no	Email address



ANNEX D: LIST OF REQUIREMENTS OF COMMERCIAL AIRLINES

Airline	Requirements	Constraints	Date of info	Source of info



ANNEX E: LIST OF CONTACTS IN RECOGNIZED FAITH BASED / CULTURAL ORGANISATIONS

Organization name & religious/ cultural affiliation	Point of Contact	Function	Tel no	Email address

ANNEX F: CONSIDERATIONS FOR DRAFT NOTIFICATION PROTOCOL

In the event of the death of a COVID-19 patient, a draft notification protocol which at a minimum account for the following in an appropriate sequence should be established and agreed with the relevant parties:

- Who should the Treating Medical Provider notify upon the death of the COVID-19 patient?
- How will this be communicated to the Treating Medical Provider and by whom?
- Who will notify any escorts?
- Who will notify the patient's next of kin and/or legal representative?
- Who will notify the duty station?
- Who will notify the Headquarters of the referring entity?
- If the referring entity is a non-UN system entity, who in the UN Country Team should they notify?
- If the referring entity is not present in the location in which the patient died, who in the referring entity should be notified and who will notify them?
- Who else may need to be notified?
- What psycho-social support will be offered to any escorts and/or the next of kin or legal representatives and by whom?