

TERMS OF REFERENCE FOR IN-COUNTRY PATIENT COORDINATION OFFICERS IN THE POST-MEDEVAC SUPPORT PROCESS

This document sets out the Terms of Reference for in-country Patient Coordination Officers and their management of COVID-19 patients who are being treated in a location with which the UN has a formal arrangement.

1. The **in-country Patient Coordination Officer** (In-country PCO) serves as a point of contact for the coordination and provision of non-medical support to COVID-19 patients who have been medically evacuated to a treatment facility or facilities in their location under the UN MEDEVAC System.
2. Responsibility for making administrative and logistical arrangements for individual COVID-19 patients who have been medically evacuated to the country (COVID-19 patients) and any non-medical escorts, including all aspects of repatriation, lies with the Patient Focal Point of the entity with which the patient is affiliated or another officially designated Point of Contact (hereafter 'Patient Focal Point').
3. The role of the In-country PCO is to work with the Patient Focal Points, the Treating Medical Facility, any in-country UN Medical Advisor, the UN Staff Counsellors Network, the Critical Incident Stress Management Unit, the Resident Coordinator's Office, and others to compile and share information. The In-country PCO will also be an intermediary between the Treating Medical Facility, the patient and Patient Focal Points as needed, will engage with the Global PCO in the UN MEDEVAC Cell, and will provide non-medical logistical assistance, including examples of best practise, to those who are responsible for supporting COVID-19 patients. It is suggested the reporting line of the In-country PCO includes the Resident Coordinator / Designated Official and the Global PCO.
4. Key functions of this role are outlined in the following sections.

A. Preparatory activity: Communication, Information-gathering and Documentation

5. The Patient Coordination Officer will:
 - i. Establish and maintain a list of focal points and their contact details for the following:
 - Local authorities focal points who may be able to provide guidance, logistical and any other required support, including but not limited to health, any local COVID-19 related restrictions, and ports or customs requirements;
 - Recognised faith-based organisations in the location who can be called upon to provide guidance and any requisite services;
 - Patient Focal Points for UN system entities which have a presence in the country, and;
 - Patient Focal Points for non-UN system entities which are able to access the UN MEDEVAC System and which have a presence in the country.
 - ii. Identify and communicate to the relevant focal points any relevant access protocols (including any relevant requirements and constraints) that are in place at the Treating Medical Facility in which patients are undergoing treatment.



- iii. Identify any quarantine restrictions which may impact non-medical patient escorts and ensure these are promptly communicated to the UN MEDEVAC Cell and the relevant Patient Focal Point.
- iv. In conjunction with any in-country UN Medical Advisor and other colleagues as appropriate, and informed by the Framework for Post-MEDEVAC Support, develop tailored in-country Standard Operating Procedures (SOPs), to be shared with all Patient Focal Points to inform effective in-country oversight and coordination of the following:
 - Non-medical support to hospitalised COVID-19 patients and to any escorts
 - Non-medical support to medically discharged but convalescing COVID-19 patients
 - The repatriation of COVID-19 patients to another country
 - The notification of death and repatriation of the remains of a COVID-19 patient¹

B. Active Engagement, Coordination, and the provision of Support:

The Patient Coordination Officer will:

- i. Liaise daily with the Treating Medical Facility to maintain a current overview of the status of COVID-19 patients;
- ii. Proactively ensure that each COVID-19 patient and any accompanying escort is assigned to and is being actively supported by a designated Patient Focal Point;
- iii. Ensure that any non-medical needs of the COVID-19 patient are communicated to the Patient Focal Point and are as far as is possible, being met;
- iv. Convey any administrative or financial queries from the Treating Medical Facility to the Patient Focal Point, or in the case of financial queries to Cigna as appropriate;
- v. Provide regular updates on the status of patients up to the point of their repatriation to the Global Patient Coordinator;
- vi. Monitor patient progress and ensure the Patient Focal Point makes the requisite preparations to meet the basic needs of the patient following discharge from the Treating Medical Facility, and;
- vii. If needed, support the Patient Focal Point to plan and facilitate the repatriation of recovered COVID-19 patients and if required, the repatriation of remains.

C. Identify Best Practises, Challenges And Promote Lessons Learned:

The Patient Coordination Officer will:

- i. Actively monitor the non-medical support provided to COVID-19 patients and any escorts, identify best practises, challenges and promote lessons learned and share these with the Global PCO.

Regulatory Framework

6. The above responsibilities are to be completed in accordance with relevant UN regulations, rules, policies and procedures, including in particular those pertaining to confidentiality.

¹ See also the dedicated guidance on [Repatriating the Remains of COVID-19 Patients who have been Medically Evacuated](#)



Access to Resources

7. In the exercise of their functions the In-country PCO will rely on the respective personnel and resources of UNCT/UN system organizations, under arrangements to be agreed at country level.