

COVID-19 MEDEVAC: Overview of Key Lessons/Tips

Summary from Questionnaire & Panel sessions, May 2021

Please note that this document is intended to supplement existing COVID-19 MEDEVAC guidance

Standard Operating Procedure (SoP)



- Make sure you have a **COVID-19 MEDEVAC SoP** in place
- Ensure the SoP reflects the need for any **specific permissions** from Government Ministries / Agencies (e.g. Health, Foreign Affairs, Aviation) and identify and confirm optimum route to obtain these
- **Involve others** in developing / confirming / updating it to incorporate lessons as needed
- Ensure the **RC is aware of and in agreement with the SoP**

Awareness & Training



- Encourage Entities to remind personnel (and eligible dependents) to where possible ensure they have **valid travel documentation**, and if not, **two passport photos**
- Ensure everyone who had a role in facilitating a MEDEVAC **understands** it and that their **contact details** are readily available and **up to date**
- Ensure that **UN medical personnel** and **staff counsellors** are aware of and understand the process
- Provide **briefings** or **training** to staff / Entity Focal Points who will be involved in a MEDEVAC. A briefing to the UNCT or other similar meeting can be helpful in getting the buy-in of Heads of Entities.
- Ensure an **alternate COVID-19 Coordinator** is nominated, clearly identified and trained so that there is cover if the usual COVID-19 Coordinator is unavailable.
- Make sure everyone understand that **MEDEVAC is a fast-moving process**, and they need to remain **responsive and engaged** throughout
- Use the **tabletop exercise** to support this and to health check your SoP

Documentation and Planning



- Encourage Entities to remind personnel (and eligible dependents) to where possible ensure they have **valid travel documentation**, and if not, **two passport photos**
- Consider creating a **SharePoint** file where all necessary blank forms/ templates are stored and can be easily accessed by those who may need it. Share the link as needed
- Establish a **checklist and/ or a log of activities**, allocate responsibilities and maintain this during the Medevac process. This can help track progress and make sure nothing is forgotten
- Explore whether **e-signatures** (e.g. DocuSign, Adobe) can be utilized by Doctors or other officials who may need to sign documentations

Communication



- Take time to reach out to those who may be involved in a MEDEVAC as a way of making initial contact. A **quick introduction during a calm period** can be a nice way to build a relationship which may need to work under stress (and check contact details are correct)
- Keep **key contact details** easily to hand. Store telephone numbers in your phone under a dedicated group
- **Advise** the key group if the Covid-19 Coordinator is away (e.g. AL) and clearly identify and provide contact details for alternate Covid-19 Coordinator in advance
- Create **dedicated email groups**, to make information sharing easier
- A dedicated group on a **mobile messaging** platform (e.g. Signal, Telegram, or WhatsApp-although this is less secure) is also a good way to maintain rapid practical communication*
- Have someone available who can **speak the local language** to assist with any outreach that may be necessary to facilitate the MEDEVAC
- Involve a **staff counsellor / mentor** at an early stage to offer any necessary support to the patient / their family. Cultural familiarity can be a helpful asset.
- Do not share confidential information unnecessarily, and **respect patient confidentiality**

Practical Tips for Implementation



- Consider early whether the **assistance of Security** colleagues will be needed to help facilitate the MEDEVAC, and engage them as needed
- Ensure **early engagement of family of patient** by Referring Entity. Information should be shared with them, and where available **counselling / psycho-social support** made available
- Consider using open-source **flight tracking** to help ensure that ground transportation links up well with aircraft arrival (e.g. Flightaware.com). Note that if used, this should complement not replace engagement with Medevac Cell.
- Consider having **umbrellas** available during transportation of patient to departure flight, in case infrastructure limitations create need to shield patient from sun/rain
- Conduct an **inclusive and constructive Lessons Learned** after every MEDEVAC. Capture any key lessons, share them and as needed incorporate them in your SoP.

*We encourage you to be pragmatic, however would remind you that mobile messaging apps should be used in accordance with the rules and regulations of your organisation. and should reflect any context-specific security considerations

Additional Tips from the UN Medevac Cell



- Don't hesitate to **alert the MCU** at an early stage
- If you have any doubts about the process reach out and **ask the MCU**. Better to ask early and get it right than guess and cause a potential delay to the MEDEVAC.
- Get **patient measurements** early in the process (height, weight, shoulder to shoulder, hip to hip, elbow to elbow)
- Patients should be encouraged to **prepare a small go-bag** with personal essentials in advance (e.g. travel docs, medication, hygiene items, mobile phone + charger, clothing)
- Make the [WHO epishuttle video](#) available to patient and their family **at an early stage**
- Ensure the **treating physician is aware in advance of what the MEDEVAC will entail** and what may be required from them to facilitate it. Enable them to **clearly inform patient**
- Ensure **patient and treating physician** are informed in advance of any technical procedures that may be required to enable a specific MEDEVAC (e.g. intubation, catheterization, other)
- **Limit the number of people in contact** with the **treating physician in-country** about the case to avoid overwhelming them. This also helps **preserve patient confidentiality**

The Medevac Cell can be contacted 24/7

Email: unmedevac@who.int

Tel: **+41 22 79 15555**