MEDEVAC DURING COVID-19 PANDEMIC

Guidance for Missions and Country Offices on MEDEVAC in the context of COVID-19

Last updated 9 April 2020.

AMENDMENTS SINCE LAST VERSION

- WHO Guidance was updated 8 April and is included as Annex 4. Key changes are that it:
  - Confirms that this is exceptional mechanism and does not replace Organizations existing MEDEVAC protocols.
  - Clarifies that the mechanism is on a case by case basis and is planned to take up to 72 hours to finalize.
  - Adds severe probable cases to the eligibility criteria in locations where no testing is possible.
  - Adds life threatening non-COVID-19 cases to the eligibility criteria where no other MEDEVAC is available.
- Emphasizes RC office responsibility for overall coordination of MEDEVAC including via WHO.
- Amends and expands the checklist process to review each duty stations MEDEVAC plan.
- Adds brief information on a plan currently under development for regional medevac transport/treatment hubs.

EXECUTIVE SUMMARY

Normal MEDEVAC processes and procedures apply during the current COVID-19 pandemic, although normal MEDEVAC is likely to be significantly affected as countries close borders and dedicate medical resources to addressing pandemic issues. This will affect the normal ability to fulfil the MEDEVAC entitlement. Maintain current up to date information via osh@un.org.

Key considerations when initiating a MEDEVAC include:

- Special considerations for MEDEVAC of confirmed COVID-19 patients;
- Access rights for personnel or dependents (due to short notice visa restrictions or border closures);
- Availability of transport, whether by air ambulance, UN aircraft, charter or commercial flights; and
- Availability of suitable medical care in the receiving location

CONTACT DETAILS

See over

CONTACT DETAILS

The normal process for MEDEVAC is to be applied which requires that the procedure is initiated and managed from the duty station where the affected personnel or dependents are. Complete the following details as per duty station or Country Office.

For Mission MEDEVAC (page 3)	**For any injury/illness**	**(Your CMO)**
For HQ Air Transport Services (NY) (page 4)	**For HQ support on Air Transport issues**	**+ 39462261601, +393454774303 +39351970241.** **saoc@un.org**
For Country Offices MEDEVAC (with a local UN medical service0 (page 3)	**For any injury/illness**	**(Your Clinic Physician)**
For Country Offices MEDEVAC (without a local UN medical service) (page 3)	**For any injury/illness**	**(Your UNEP/WHO Rep)** **Or +1 212 963 6666 Security Operation Centre 24 hr for UNHQ Duty Medical Officer** **medevac@un.org**
For WHO MEDEVAC Process ONLY by Designated MEDEVAC Coordinator **(page 4)**	**For COVID-19 cases only**	**+41 22 791 1115** **shwemergency@who.int** **WHO Emergency Focal Point** **Your WHO Rep:**

CONTENTS

BACKGROUND

The 2019 coronavirus (COVID-19) has the potential to lead to increased rates of complex illness in personnel and recognized dependents, and hence to an increased need for medical evacuation (MEDEVAC). However wide-ranging limitations in movement between countries designed to slow the spread of COVID-19 globally requires that duty stations address an actual decrease in overall MEDEVAC capability.

Missions and Country Offices retain the primary responsibility for actively revising their administrative processes and MEDEVAC plan to accommodate changes that arise due to the COVID-19 pandemic, including:

- *Monitoring* for major changes in health care services available locally;
- *Monitoring* for changes in airline destinations or airline passenger requirements (e.g. will patients with fever or respiratory symptoms be able to board?);
- *Determining* if normal MEDEVAC locations still remain accessible based on visa and border control restrictions (if any), and seeking exemptions for MEDEVACS of UN personnel and dependents where appropriate;
- *Liaising constantly* with their normal air-medevac provider regarding capabilities and any changed requirements they may have for both regular and COVID-19 MEDEVAC.
- *Identifying* suitable alternative locations with the help of their insurer if regular MEDEVAC locations become unavailable;
- *Updating* their entitlements policies to cover alternate MEDEVAC locations (reference is made to Organizational HR policy guidance); and
- *Communicating* these changes to staff.

Missions and Country Offices may also consider limiting the need for MEDEVAC by implementing flexible or alternate work arrangements.

Whilst MEDEVAC for COVID-19 is high profile, there will be an impact on UN personnel due to limitations in travel and access to locations where regular MEDEVACs occur. Missions and Country Offices should focus their efforts equally on both MEDEVAC for COVID-19 and MEDEVAC for routine injuries and illnesses.

1. REGULAR MEDEVAC - ADMINISTRATIVE ISSUES

Authorization to travel: This is largely unchanged. Senior staff should actively review their own Organization's entitlement policies, which may have been updated specifically for the period of the COVID-19 outbreak. In brief, financial authority (approval) for a MEDEVAC:

- comes from the Head of Office (or delegate) for the staff members Organization, and
- should be based on a medical recommendation from an authorized medical officer.
  - In locations with a UN medical service this is from a UN Medical Officer with delegated authority from the Medical Director;
  - In other locations, the recommendation should come from DHMOSH, HQ New York, email MEDEVAC@un.org. If urgent, the DHMOSH Duty Medical Officer can be contacted via the UN DSS Security Operations Centre +1 (212) 963 6666 (24hr). Note however in very urgent cases Heads of Office *should not wait* to hear from the supporting medical service – initiate MEDEVAC on medical advice and follow up with the supporting UN medical service to ensure reports, sick leave and other requirements can be completed.

Destination / Visas: This requires constant review. Given that over 80 countries have restrictions of varying sorts in place it is recommended that HR Offices establish visas or other access arrangements in the destination country as soon as possible, and to be aware of short notice changes, or to potentially establish diplomatic agreements to allow MEDEVAC to continue. If a normal MEDEVAC location is unavailable, another location may need to be selected with the advice of the insurer and if necessary, DHMOSH NY. The current list of MEDEVAC locations is attached as Annex 2.

Hospital selection: This requires constant review. It is highly recommended to get confirmation from the staff members insurer to obtain confirmation of a suitable location. The insurer may also help arrange special assistance if needed and liaise with the receiving hospital regarding coverage.

Sick leave: No change. Sick leave is generally covered during MEDEVAC. In those cases when a MEDEVAC would normally end but the staff member cannot return as would usually be the case due to mandatory quarantine (well persons who need to stay away from work) requirements, further sick leave may be given, and if so, the MEDEVAC status may also be extended. If sick leave is not available, special leave with pay is recommended. Voluntary quarantine is covered solely under HR guidance.

Escorts: No change to eligibility Escorts who are required to undergo isolation will have DSA and related support according to individual Organizational policy for interrupted official travel.

2. REGULAR MEDEVAC - MEDICAL ISSUES

Who can be evacuated: No change. The usual requirements for MEDEVAC are:

- *Internationally recruited* personnel and their eligible dependents may be evacuated to access urgent and essential care when the local medical facilities are inadequate or unavailable.

- *Locally recruited* staff members and their eligible dependents have the additional requirement that the injury or illness must either be life-threatening or may result in loss of limb or eyesight.

COVID-19 cases that are hospitalized are always considered life threatening and therefore both national and international staff have equal access to MEDEVAC for this condition. Eligibility is not determined according to whether the patient has COVID-19 or some other condition. Note however some countries may require patients with respiratory illness to have negative COVID-19 tests before granting access.

Use of commercial aircraft: This requires case by case review. Commercial airlines are increasingly restricting flights to and from higher risk locations. HR/Travel services are strongly recommended to check beforehand if the patient needs a clearance or other medical documents to board the aircraft.

Use of UN Aircraft: No change. DOS ATS confirms that no UN aircraft will apply additional access restrictions in the event of MEDEVAC.

For field DOS/DPA offices the MEDEVAC policy and procedures currently in place will be upheld, however elements 2&3 below will be determined due to the prevailing COVID-19 travel restrictions imposed by countries.

Other UN offices/Agencies will apply the steps below.

1. For UN Offices/Agencies based in places DOS/DPA field offices: Contact SAOC/ATS directly.
2. SAOC/ATS will require proof (Verbal evidence) if normal MEDEVAC locations still remain accessible based on visa and flight restrictions during this COVID-19 era (documentation to follow)
3. SAOC/ATS will seek information regarding alternative locations if regular MEDEVAC locations become unavailable due to restrictions in item 3 (Verbal approval at present)
4. SAOC will coordinate the request by invoking either the SACA contractors or the LTCA air assets based in field missions in close proximity to the requestor. (12hrs maximum reaction time)
5. SAOC will invoke the existing Global Air Ambulance contract in case of a COVID-19 case (10hrs maximum reaction time)
6. SAOC Contact details:
    a. e-mail: saoc@un.org
    b. mobiles: + 93462261601, +393454774303 and +393511970241.

Use of Air Ambulance – Non COVID-19: No change expected. The use of air ambulance for injuries and illnesses unrelated to COVID-19 are as per the regular process that Missions and Country Offices may use. This will be affected however by hospital availability, visa access issues, and potentially by limitations in the aircraft itself.

Use of Air Ambulance – COVID-19: This requires contractual review. The use of air ambulance for a COVID-19 may require additional cost or limitations and should be confirmed with the provider. Many regular providers should be able to adapt procedures simply to accommodate a COVID-19 patient. Note however that each air ambulance services contract will allow them to set their own requirements for travel for infectious patients, and that this may or may not require additional measures such as a contained ‘ patient capsule’.

3. USING THE WORLD HEALTH ORGANIZATION FOR COVID-19 CASES

The World Health Organization has established an exceptional process to assist UN personnel who are suffering from significant, test positive COVID-19. This service is dependent on availability and on a cost recovery basis and is available to the UN 'workforce' i.e. UN/AFP personnel and consultants, but not to dependents. Any request to WHO should have a parallel submission to MEDEVAC@un.org

Eligibility criteria: Unique – Review; See attached WHO guidance for details.

- Administrative: All United Nations personnel, WHO, UN AFPs and personnel and frontline healthcare workers from partners as described by the Security Policy Manual Ch III (attached).
  Note 1 – dependents of UN personnel are routinely not eligible for the WHO process which is limited to the UN/AFP workforce, but may be considered on a case by case basis where no alternative exists.
  Note 2 – consultants are eligible for the WHO process but are not routinely covered by UNS or some AFP Organizations. Requestors should determine before requesting MEDEVACC if their Organization authorizes them to cover the cost of MEDEVAC for non-staff.

- Medical: Must be a hospitalized, laboratory confirmed COVID-19 case (by rtPCR), or a severe probable case of COVID-19 (per WHO criteria) in locations where testing is not available.

If in doubt, particularly for an emergency, contact shwemergency@who.int

Medical aspects: Unique – Review; The normal qualifying criteria for MEDEVAC for a respiratory illness like COVID-19 is that the patient suffers from a significant or deteriorating respiratory illness that cannot be managed locally and must be tested and positive. A mild or moderate illness would not be considered, however COVID-19 is known to progress quickly from moderate to severe illness, potentially during the space of 1-2 days. This provides an unusually small MEDEVAC window. Prior to this, the patient may appear well enough that the need for MEDEVAC is not considered, after this, the risks and complexity of MEDEVAC itself may be high. If MEDEVAC is to take place it needs to be identified and acted on quickly by both medical and administrative staff. To allow time to start the arrangements, **WHO recommend that initial notification takes place as soon as a patient is hospitalized for COVID-19 symptoms, without waiting for a COVID-19 test result as it is expected that request to MEDEVAC will take up to 72 hours.**

Authorization to travel: Unique – Review; Financial authority (approval) for use of the WHO MEDEVAC aircraft:

- Comes from the Head of Office (or delegate) for the staff members Organization, and
- Also requires medical recommendation from the WHO Staff Health and Welfare (SHW) Director

Location and Visas: Unique – Review; The SHW Director will determine the location of the MEDEVAC and the aircraft to be used based on availability and suitability. The SHW Emergency focal point will work with the parent organization and MEDEVAC coordinator to obtain the necessary letter of guarantee, passport copies and other paperwork in support of visa and payment. Note that the Mission or Country Office remains responsible for obtaining visas etc and will be supported by the WHO. Europe is the likely destination.

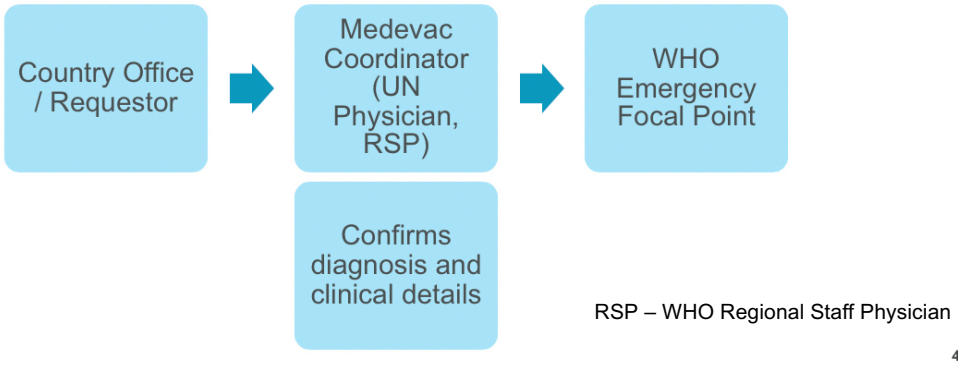
Sick leave: No change. Sick leave is as for other MEDEVAC's as described above.

Escorts: Not permitted. Family escorts will generally not be permitted on the WHO aircraft. Any travel of family escorts will need to be arranged separately by the parent organization.

Role of local WHO Representative: Missions and Country Offices remain responsible for initiating and managing all aspects of the MEDEVAC in co-ordination with the Emergency Focal Point in Geneva. Local WHO Representatives may provide guidance but have no primary role in initiating, arranging or managing COVID-19 MEDEVAC for UN/AFP personnel.

Process: Refer to the WHO guidance document Protocols for all WHO, UN and frontline workers / NGOs covered by the COVID-19 MEDEVAC Arrangement

Emergency Contact 24h 7/7: shwemergency@who.int Tel: +41 22 791 11 15



Where appropriate, contact SAOC/ATS to coordinate with WHO air transport saoc@un.org

4. UN SYSTEM MEDEVAC 'HUBS' (IN DEVELOPMENT)

The UN and World Food Program along with other partners are actively developing options based on 7 regional hubs with large scale COVID-19 capability. These hospitals will be supported by an enhanced combined air support capability using existing and chartered aircraft. The proposal services all UN, Agencies Funds and Programs staff, as well and International NGO's and implementing partners and dependents.

Once this capability is established it will be notified to Missions and Country teams along with necessary eligibility criteria and logistic and administrative requirements.

Annex 1

MEDEVAC HEALTH SUPPORT PLANNING

This checklist will create a brief, MEDEVAC focused health support plan. This may be done by a CMO in a mission, a Clinic Physician in a location with a UN medical service, or by a recognized UN Examining Physician (UNEP) where there is no local UN medical service.

1. **Reassess local health care capability to decrease dependence on MEDEVAC generally**
   (*in consultation with your medical advisor (CMO/CP/UNEP)*

- ☐ Determine if local hospitals can care for patients with the expected range of non-COVID conditions
  - ☐ If yes, no change. Document any limitations or special requirements at this hospital
  - ☐ If no, consider relocation of susceptible staff
- ☐ Identify RAC locations
  - ☐ Is the RAC location/country accepting travel from your DS?
  - ☐ Is travel available?
    Document when and any special requirements
  - ☐ Are the nominated facilities there still receiving patients?
    Document any limitations or special requirements
- ☐ Determine extent of home care available locally using UN Medical Directors *Model of Care* as a guide.
- ☐ Determine if local hospitals can care for patients with severe acute respiratory symptoms
  - ☐ If yes, no change to MEDEVAC plan but continue to identify capabilities should current capabilities change.
  - ☐ If no, consider measures to strengthen local capacity
  - ☐ If still unacceptable risk, consider relocation of susceptible staff
- ☐ Clarify any remaining entitlements or HR issues, such as support or travel time for RAC locations,
- ☐ Communicate this information to staff and ensure they understand how to undertake home care for ill household members and that they know the broad healthcare support plan for the location during the COVID-19 outbreak.

2. **Assess MEDEVAC for Non-COVID-19 conditions using the regular MEDEVAC provider**
   (*see your HR guidance and MEDEVAC provider contract)*

- ☐ Identify your MEDEVAC location(s)
  - ☐ Is the country accepting travel from your DS?
    Confirm if diplomatic approaches been made to retain access for UN personnel/dependents
  - ☐ Are there commercial flights available?
    Document when and any special requirements
  - ☐ Are the nominated hospitals there still receiving patients?
    Document any limitations or special requirements
- ☐ If no to any question above, develop an alternative location in conjunction with your insurer asking the same 3 questions for your primary MEDEVAC location.
- ☐ Identify a MEDEVAC coordinator (and backup) by name
- ☐ Instruct the MEDEVAC coordinator (and backup) to track (1) regional restrictions in travel visas, (2) the availability and frequency of flights, and (3) the availability of hospitals as often as is required

to ensure the MEDEVAC health support plan remains viable. This may be required daily in a rapidly progressing regional outbreak
- ☐ Clarify any remaining entitlements or HR issues, such as DSA for alternate locations
- ☐ Communicate Non-COVID-19 MEDEDVAC information to staff and ensure they know the overall MEDEVAC support plan for the location during the COVID-19 outbreak.

If MEDEVAC capabilities for location, aircraft and hospitals are retained, no change to MEDEVAC plan is required but continue to identify capabilities should current capabilities change.

3. Assess MEDEVAC for COVID-19 using your regular MEDEVAC provider
(see your HR guidance and MEDEVAC provider contract)

In addition to all the criteria in 2. above.
- ☐ Confirm with your MEDEVAC provider that their aircraft can accommodate a COVID-19 patient
  - ☐ If conditionally yes (e.g. requires transport 'pod'), determine how to achieve this with provider
  - ☐ If no, seek another MEDEVAC provider (Air ambulance)
- ☐ Confirm if your regular MEDEVAC locations will accept COVID-19 patients
  - ☐ If no, confirm if diplomatic approaches been made to retain access for UN personnel/dependents
  - ☐ If no, determine another medevac location
- ☐ Confirm if the nominated hospitals in your regular MEDEVAC locations can manage COVID-19 patients
  - ☐ If no, document any limitations or special requirements.
  - ☐ If no, develop an alternative location in conjunction with your insurer asking the same 3 questions for your primary MEDEVAC location.
- ☐ Identify a MEDEVAC coordinator (and backup) by name
- ☐ Instruct the MEDEVAC coordinator (and backup) to track (1) regional restrictions in travel visas, (2) the availability and frequency of flights, and (3) the availability of hospitals as often as is required to ensure the MEDEVAC health support plan remains viable. This may be required daily in a rapidly progressing regional outbreak
- ☐ Clarify any remaining entitlements or HR issues, such as DSA for alternate locations
- ☐ Communicate the COVID-19 MEDEDVAC information to staff and ensure they know the overall MEDEVAC support plan for the location during the COVID-19 outbreak.

If MEDEVAC capabilities for location, aircraft and hospitals are retained, no change to MEDEVAC plan is required but continue to identify capabilities should current capabilities change.

4. MEDEVAC COVID-19 Using the WHO mechanism
(see WHO guidance Annex 4)

- ☐ Identify a WHO MEDEVAC Coordinator (and backup) by name
- ☐ Determine if COVID-19 testing can be done in your DS
  - ☐ If yes, document where and how it is accessed
- ☐ Establish options for care should WHO MEDEVAC fail
  - ☐ Alternate MEDEVAC capability possible – see 3 above.
  - ☐ If no, identify the most suitable local hospital – see 1 above.

- ☐ If no, consider relocation of susceptible staff (see annex 2)
- ☐ Practice the MEDEVAC request process (familiarity with WHO document required)
- ☐ Clarify any remaining entitlements or HR issues, such as DSA for alternate locations or whether family members will be separately authorized for travel (as will not travel as escorts on WHO flight)
- ☐ Communicate the presence and limitations of the WHO mechanism to staff and ensure they know the overall MEDEVAC support plan for the location during the COVID-19 outbreak.

If there is a component that cannot be met in the checklist

If for example a DS cannot identify a suitable MEDEVAC location anywhere, or for dependents of staff with COVID-19 who cannot use the WHO mechanism but have visa restrictions for other travel, then the presumption is that the person will not be MEDEVAC'd and utilize whatever healthcare capacity is available in the country at the time. If this is not acceptable then senior management should consider:

- Relocation prior to illness
- Alternative work arrangements in another/home country
- Bringing in additional support (setting up its own facility)
- Seeking further support from host countries or attempting to resolve visa or transport issues.

Finally consider developing further options if either the healthcare support available locally, or the MEDEVAC capability changes significantly.

If you have questions regarding this brief health support planning process, please contact osh@un.org

Annex 2

MEDICAL CONDITIONS SUPPORTING RELOCATION

DHMOSH recommends that relocation is primarily a reason-neutral managerial decision. However if warranted, other conditions may be relevant to this decision depending on the health support available locally during the COVID-19 outbreak.

Suggested Level 1 (Highest priority group)
Chronic cardiac diseases (including ischemic, hypertensive, AF etc.)
Pulmonary heart disease
Poorly controlled diabetes
Active malignant neoplasm (cancer)
Recent cerebrovascular disease
Primary or secondary Immunodeficiency disease (including chemotherapy, AIDS etc.)
Moderate or severe chronic liver or kidney disease
Active treatment with biologics or immunosuppressive agents
Moderate or severe autoimmune diseases
Moderate or Severe metabolic disorders (such as cystic fibrosis, amyloidosis, etc.…)
Severe mental health condition (such as severe anxiety, post-traumatic stress disorder, IBD, etc...)
Cerebral palsy, paralytic syndromes and Moderate or severe demyelinating diseases

Suggested Level 2:
Hypertension, if managed with ACE-inhibitors or angiotensin II receptor blockers medications or if poorly controlled
Well-controlled diabetes
Chronic kidney disease (Stage 1 or 2)
Mild chronic liver disease (including cirrhosis), classified as Child–Pugh score A or equivalent scoring
Chronic obstructive pulmonary disease (COPD)
Sleep Apnea
Mild autoimmune diseases (such as multiple sclerosis, systemic erythematous lupus, IBD, etc...)
Mild demyelinating diseases or other degenerative disease of the nervous system
Pregnancy (third trimester)

Suggested Level 3:
Age over 50
Pregnancy (first and second trimester)

Annex 3

LIST OF MEDICAL EVACUATION CENTRES

Note: This is the current list of MEDEVAC locations published by DHMOSH. It does not indicate which locations are suitable or accessible during the current pandemic. Each Mission or Country Office should maintain close awareness of whether their nominal MEDEVAC location has any limitations on visa, travel or hospital availability

Countries – Africa	Regional Medical Centre (by priority)
Benin	1. Senegal 2. Tunisia 3. Morocco 4. South Africa
Burkina Faso	
Cape Verde	
Central African Republic	
Chad	
Congo	
Democratic Republic of the Congo	
Equatorial Guinea	
Gambia	
Guinea	
Guinea-Bissau	
Liberia	
Mali	
Mauritania	
Niger	
Sao Tome and Principe	
Sierra Leone	
Togo	
Ghana	1. Tunisia 2. Morocco 3. South Africa
Nigeria	
Libya	1. Tunisia 2. Morocco

Burundi	1. India 2. South Africa 3. Turkey (Consider visa issue before evacuating) 4. Kenya 5. Qatar 6. United Arab Emirates
Djibouti	
Eritrea	
Ethiopia	
Rwanda	
Somalia	
South Sudan	
Sudan	
Uganda	
United Republic of Tanzania	

Angola	1. South Africa

Botswana	
Lesotho	
Malawi	
Mozambique	
Namibia	
Swaziland	
Zambia	
Zimbabwe	

Comoros	1. Ile de la Reunion (ensure visa can be obtained)
Madagascar	2. Mauritius **3.** South Africa

Countries – Americas	**Regional Medical Centre (by priority)**
Haiti	1. Dominican Republic 2. Panama 3. Colombia
Belize	1. Mexico 2. Panama 3. Colombia
El Salvador	
Honduras	
Nicaragua	
Bolivia	1. Chile 2. Colombia
Guyana	1. Trinidad and Tobago 2. Panama 3. Colombia 4. Venezuela (not recommended)
Paraguay	1. Argentina 2. Colombia

Countries – Arab States	**Regional Medical Centre (by priority)**
Iraq	1. Jordan 2. Lebanon
Yemen	1. Kenya 2. Jordan 3. Lebanon 4. United Arab Emirates 5. Saudi Arabia

Countries – Asia	**Regional Medical Centre (by priority)**
Afghanistan	1. India 2. Thailand 3. United Arab Emirates
Bangladesh	1. India 2. Thailand
Bhutan	
Pakistan	

Democratic People's Republic of Korea	1. China 2. Thailand
Maldives	1. India 2. Sri Lanka
Mongolia	1. China 2. Republic of Korea
Nepal	1. India 2. Thailand
Cambodia Lao People's Democratic Republic Myanmar Viet Nam	1. Thailand 2. India 3. Philippines 4. Singapore

Countries – Europe	**Regional Medical Centre (by priority)**
Albania	1. Turkey 2. Italy 3. Austria 4. Germany
Republic of Moldova	1. Austria 2. Germany
Ukraine	1. Turkey 2. Austria 3. Germany

Countries – Commonwealth of Independent States	**Regional Medical Centre (by priority)**
Armenia Azerbaijan Georgia Kyrgyzstan	1. Turkey (For Armenia, ensure visa can be obtained) 2. India
Kazakhstan Tajikistan Turkmenistan Uzbekistan	1. India 2. Turkey

Countries – Micronesia and Melanesia	**Regional Medical Centre (by priority)**
All Countries	1. Philippines 2. Australia 3. New Zealand

Annex 4

World Health Organization

Exceptional WHO COVID-19 MEDEVAC Protocol

Version 08 April 2020

To replace 13 March 2020 Version

TABLE OF CONTENTS

ACRONYMS

AFP	Agencies, Funds and Programmes
CONOPS	Concept of Operations
COVID-19	Coronavirus Disease 2019
DG ECHO	European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG Sante	European Commission Directorate-General for Health and Food Safety
HQ	Headquarters
IM	Incident Manager
(I)NGO	(International) Non-Governmental Organization
IPC	Infection Prevention & Control
MEDEVAC	Medical Evacuation
MOSS	Minimum Operating Security Standards
POC	Point of Contact
RSP	Regional Staff Physician
SARI	Severe Acute Respiratory Infection
SHW	WHO Staff Health and Wellbeing
SOP	Standard Operating Procedure
UN	United Nations
WHO	World Health Organization

BACKGROUND AND PURPOSE

The WHO Director-General declared the COVID-19 outbreak a Public Health Emergency of International Concern on 30 January 2020. On March 11, 2020, WHO declared COVID-19 a pandemic. The COVID-19 situation is rapidly evolving and globally causing major implications on health care systems and supply chains.

To support the international humanitarian response to outbreaks of highly infectious diseases, WHO has entered into an agreement with the US Department of State and the European Commission Directorate-General for Health and Food Safety (DG Sante) and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) for all eligible WHO and United Nations (UN), Funds, Programmes, Specialized Agencies and others and frontline partners personnel. This is an exceptional mechanism and does not replace the existing MEDEVAC protocols.

CONCEPT OF OPERATIONS (CONOPS)

All UN and Funds, Programmes, Specialized Agencies and others and partner (I)NGOs should provide duty of care to their staff by fully informing them of preventive measures to reduce their risk of contracting COVID-19, and the warning symptoms and signs requiring them to present themselves for medical assessment. In addition, all UN and Funds, Programmes, Specialized Agencies and others and partner (I)NGOs should develop an individual risk assessment tool for their own staff to decide whether they meet the criteria of a suspect case (see Annex 3) and require testing, and to have a plan on where and how to safely send such patients to the nearest point of isolation and testing.

UN and (I)NGO Medical Directors should explore other MEDEVAC options before activating this exceptional process. If normal MEDEVAC procedures are unsuccessful, WHO/ Staff Health & Wellbeing Department (SHW) can offer support with the following:

a) Activate DG Sante/ DG ECHO to determine available receiving health care facilities within European countries for eligible personnel;
   And / or
b) Activate means of transport with US Department of State;
   And / or
c) WHO/SHW will reach out to the airlines and aviation authorities such as International Civil Aviation Organization (ICAO), International Air Transport Association (IATA), and Airport Council International (ACI) to try and facilitate the required regulatory and logistics support.

To activate this exceptional process, the WHO/SHW Medical Director (in consultation with the Field MEDEVAC Coordinator) of the requesting Organization must contact WHO/SHW through the 24/7 emergency contact number (+41 22 791 11 15).

In the current context of the COVID-19 pandemic, this MEDEVAC procedure will be conducted on a case by case basis. MEDEVACs will be highly dependent on the availability of receiving health care facilities. As the situation is rapidly evolving each day, WHO/SHW cannot provide a list of available health care facilities or countries available to accept patients. Additionally, MEDEVACs will depend on the authorization of public health authorities in recipient countries, country air space and border restrictions, availability of air ambulance providers and other unforeseen circumstances.

Due to these limitations, MEDEVACs are expected to take at least 72 hours from the time of identifying the receiving hospital to the patient being moved to the eligible facility.

In light of the rapidly evolving situation, this SOP is subject to regular review.

CONSIDERATIONS FOR EXCEPTIONAL COVID-19 MEDEVACS

COVID-19 may present with mild, moderate or severe illness with severe cases presenting with severe pneumonia, severe acute respiratory infection (SARI), sepsis and septic shock. Recognizing this varying natural progression of disease, early recognition and timely care is of essence. Cases meeting suspect COVID-19 case definition will be tested using RT-PCR. Availability of a level 3 intensive care unit (ICU) is important in ensuring optimal care for COVID-19 patients. MEDEVACs will be conducted on a case-by-case basis for COVID-19 confirmed patients in countries with no level 3 ICU capability or availability in accordance with country specific public health regulations.

COVID-19 is known to progress quickly from moderate to severe illness during the space of 1 to 2 days. Confirmed COVD-19 cases with mild COVID-19 illness but have known risk factors for severe disease should be considered for evacuation to a country with appropriate and available health care facilities, where possible and on a case by case basis.

Cases presenting with severe disease in probable/suspect cases of COVID-19, with no possibility of lab testing, may also be considered for evacuation to an appropriate health care facility.

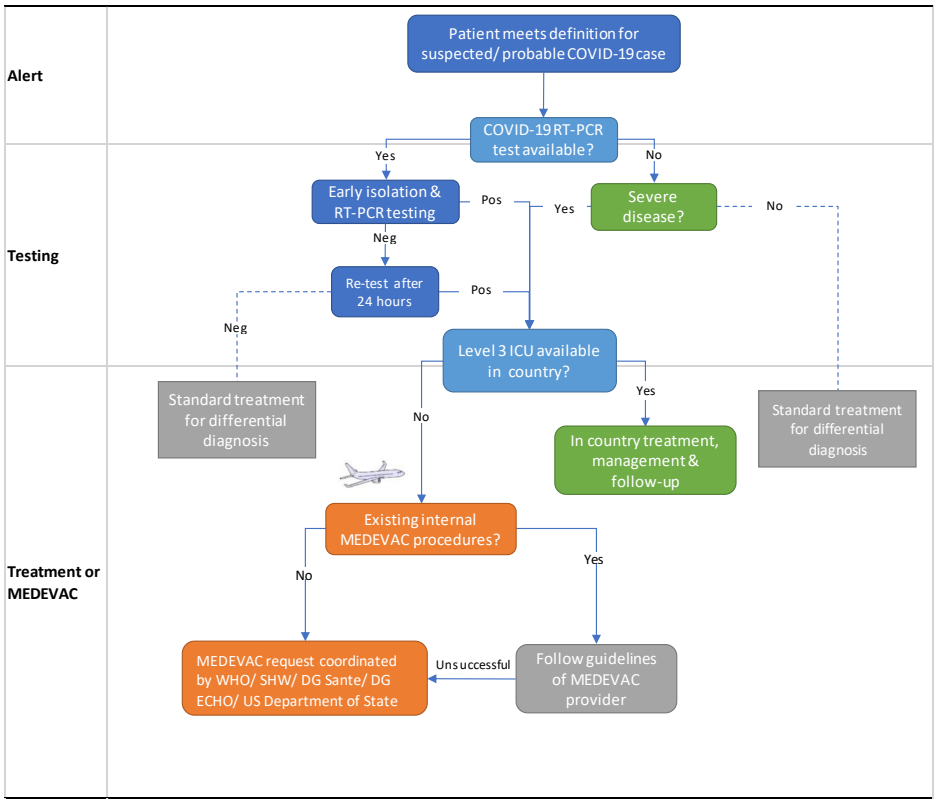
Confirmed or probable COVID-19 cases in countries with Level 3 ICU facilities available will be managed in-country at the appropriate facility.

PAYMENT AND INSURANCE

Unless otherwise agreed, all costs will be the responsibility of the requesting organization following the MEDEVAC, including ground transport to the airport and to the receiving hospital, air ambulance and medical treatment in European Union/European Economic Area following recipient country regulations. The supporting documents in Annex 4 must be completed and sent to WHO/SHW at the time of the MEDEVAC request.

EXCEPTIONAL COVID-19 MEDEVAC FLOW CHART

The chart below summarizes the process of a MEDEVAC from the initial alert of a suspect case to International MEDEVAC when appropriate:



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Version 8 April 2020
To replace 13 March 2020 Version

STAFF ELIGIBILITY

The exceptional WHO mechanism with DG Sante/ DG ECHO and the US State Department covers the below administrative and medical eligibility.

Mechanism & Coordination	Administrative Eligibility	Medical Eligibility	Initial Point of Contact in Country
WHO/DG SANTE/ DG ECHO/ US State Department	All UN personnel as defined in the "United Nations Security Management System – Security Policy Manual", the WHO, UN AFPS, and as staff, consultants and frontline healthcare personnel from Partners.	**1. COVID-19 confirmed case by RT-PCR** **2. Severe disease in suspect/probable case of COVID-19, with no possibility of lab testing**	WHO Field MEDEVAC Coordinator

FAMILIES AND DEPENDENTS ELIGIBILITY

Families and dependents of UN and Funds, Programmes, Specialized Agencies and others and partner (I)NGOs are not covered by this exceptional mechanism and Organizations should rely on usual MEDEVAC providers and existing rules and protocols.

ACTIONS AND PHASES OF EXECUTION

There are four phases in the execution of this protocol, namely the alert phase, transfer to isolation facility, testing, treatment and MEDEVAC. The following table summarizes actions for each of the phases:

Alert Phase	Transfer to nearest Testing and Treatment Centre	Testing and Treatment	MEDEVAC
• Requesting organization pre-alerts Field MEDEVAC coordinator as soon as a suspect/probable case is identified.	• COVID-19 suspect is transferred to the nearest designated isolation health facility for testing and initial care. • Field MEDEVAC Coordinator is informed by requesting agency.	• Tested at a designated health facility/treatment centre. • Confirmed cases continue supportive care management and begin on therapeutics, if available, awaiting MEDEVAC to a health facility with Level 3 ICU capacity in or out of the country. • Field MEDEVAC Coordinator is informed by requesting agency.	• Medical Director of the requesting organization should explore their existing MEDEVAC options. • If normal MEDEVAC procedures are unsuccessful activate the exceptional WHO mechanism through Field MEDEVAC coordinator

Ground transportation

- Ground transport of a confirmed case should be by appropriate ambulance following Prehospital Emergency Medical Services COVID-19 WHO/ PAHO guidelines.
- Local arrangements for transport in country of departure will be made by the Field MEDEVAC Coordinator in consultation with public health authorities and civil aviation authorities at origin and destination.
- Infection control policies and procedures should be established before and implemented during all phases of patient transport (see Annex 2).

Personal Protective equipment (PPE)

- Personnel providing care during transport should be trained in clinical management, infection control, and correct use of PPE following WHO technical guidelines.
- WHO guidelines on rational use PPE should be followed by all those in the patient care area.

Isolation Unit

- Where possible, a portable isolation unit is recommended to contain infected materials and minimize contamination of the ambulance or aircraft.

NON COVID-19 PATIENT MANAGEMENT

These cases (non COVID-19 suspects and trauma cases etc.) will be seen at appropriate designated health facilities, or as advised by the Medical Directors of supported entities. Non-COVID-19 MEDEVACs are primarily covered by existing MEDEVAC SOPs. Where no other MEDEVAC capability exists *and* the patient has a life threatening condition the COVID-19 MEDEVAC capability may be requested from the WHO SHW Director, subject to availability.

KEY ROLES AND RESPONSIBILITIES

UN, FUNDS, PROGRAMMES, SPECIALIZED AGENCIES, OR (I)NGO MEDICAL DIRECTOR

- Activates request of the exceptional WHO MEDEVAC SOP with details of the case received from the field MEDEVAC Coordinator to the WHO/SHW HQ Focal Point.
- Ensure that all administrative supporting documents (letter of authorization, letter of guarantee, visa paperwork, etc.) are fully completed and sent to WHO/SHW Emergency Focal Point.
- Informs WR or Head of Country Office.
- Informs the staff member's next of kin.

FIELD MEDEVAC COORDINATOR (available 24/7)

- One coordinator by country, that is nominated by Office of Resident Coordinator
- Verifies the Level 3 ICU availability in country.
- Compiles all necessary paperwork for the MEDEVAC, including patient reports.
- Obtains Security Clearance.
- Arranges the ground transportation from the treatment centre to the departing airport.
- Maintains communication with the MEDEVAC requestor/parent organization in country and WHO/SHW to ensure relevant information is communicated in a timely fashion.
- Disseminates MEDEVAC flight information received from WHO/SHW Emergency Focal Point.
- Assists with departing airport coordination.
- In collaborating with the requesting organization, assists the requestor to obtain visas and border crossing formalities.

WHO/SHW EMERGENCY HQ FOCAL POINT (available 24/7)

- Receives all eligible requests for MEDEVAC from the Field MEDEVAC Coordinator and verifies clinical details and relevant demographic information.

- SHW Emergency focal point consults with SHW Director to determine need for MEDEVAC.
- As soon as a potential case is declared a pre-alert the US Department of State for activation of Phoenix Air Ambulance.
- Informs and maintains contact with DG Sante/DG ECHO and collates relevant paperwork including medical reports of the patient.
- SHW Emergency works with Field MEDEVAC Coordinator to obtain all necessary paperwork from requestor organization including Letter of guarantee, passport copies.
- SHW Emergency notifies Phoenix Air with details of receiving country and hospital and requests a flight plan.
- SHW Emergency Focal Point notifies the Field MEDEVAC coordinator in country on the flight plan. At the same time.
- Continues follow-up until the patient is under the care of the international receiving hospital.

WHO/SHW MEDICAL DIRECTOR

- Overall management of both the clinical and organizational structures of the MEDEVAC.
- Determines and approves activation of exceptional WHO MEDEVAC protocol.
- Manages the required public health authorization between countries and key actors
- Coordinates the billing process of the MEDEVAC.
- Post MEDEVAC follow up and regular interface with recipient country health authorities.

RESIDENT COORDINATORS OFFICE

- Nominates Field MEDEVAC Coordinator in consultation with UN agencies and WRs
- Support overall coordination of MEDEVAC in country.

SECURITY MANAGER

- Advises on security clearance.
- Ensures Minimum Operating Security Standards (MOSS) compliance.
- Coordinates military/police escort if required.

ACTIONS AND PHASES OF EXECUTION

The stepwise activation and management of exceptional COVID-19 MEDEVAC is as follows:

- The Medical Director of the requesting organization (in consultation with the Field MEDEVAC Coordinator) contacts the SHW Emergency Focal Point for WHO/SHW to support or execute a COVID-19 MEDEVAC with all relevant clinical details and relevant demographic information. Medical reports if available should be emailed to SHW Emergency Focal Point.
- SHW Emergency focal point consults for approval of required support with SHW Director.
- SHW Director approves activation of exceptional WHO MEDEVAC mechanism and informs appropriate authorities, including RSP and IMST HQ.
- SHW Emergency notifies DG SANTE/ DG ECHO with relevant details to aid search for appropriate health facility.
- SHW Emergency focal point makes a Pre-Alert to Phoenix Air-US State Department.
- SHW Emergency works with Field MEDEVAC Coordinator to obtain all necessary paperwork from requestor organization including Letter of guarantee, passport copies.
- DG Sante/ DG ECHO obtains a recipient hospital and informs SHW Emergency with details of point of contact and planned Ground Transportation from the receiving airport.
- SHW Emergency notifies Phoenix Air with details of receiving country and hospital and requests a flight plan.
- SHW Emergency Focal Point notifies the Field MEDEVAC Coordinator in country on the flight plan.
- Field MEDEVAC Coordinator arranges ground transportation to the airport ensuring the patient arrives at least 1 hour before the flight lands at the country airport and verifies patient travel documents and authorization.
- Field MEDEVAC Coordinator regularly updates WHO/SHW Emergency Focal Point on the clinical state of the patient, including sending medical reports.

- Field MEDEVAC Coordinator ensures smooth handover of the patient to the international MEDEVAC team and informs SHW Emergency Focal Point.
- International MEDEVAC team informs SHW Emergency Focal Point once they depart for the receiving country/destination and regularly updates SHW Emergency Focal Point on patient's clinical state and flight plan until arrival at destination.

POST-MEDEVAC REPORT/LESSONS LEARNT SHARED (Teleconference)

- The SHW Director declares MEDEVAC is complete as soon as the patient is received at the recipient hospital and informs all parties involved.
- MEDEVAC summary of events report is generated and through a teleconference, lessons learnt are shared.
- SHW Director regularly monitors patient's recovery progress until final outcome.

ANNEX 1: KEY CONTACTS

WHO Staff Health & Wellbeing Department HQ Geneva		
Emergency Contact 24h 7/7	**shwemergency@who.int**	**+41 22 791 11 15**
SHW Director: Dr CROSS, Caroline	crossc@who.int (please copy shws@who.int)	+41 22 791 3040 13040 (GPN number)

ANNEX 2: IPC GUIDELINES FOR HEALTHCARE WORKERS

WHO Coronavirus disease (COVID-19) technical guidance: Infection prevention and control: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control

ANNEX 3: CASE DEFINITIONS

Case definitions

The latest WHO technical guidance can be found at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance

ANNEX 4: CONDITIONS TO REQUEST WHO ASSISTANCE FOR THE MEDICAL EVACUATION

Conditions to Request WHO Assistance for the Medical Evacuation in the Context of Emergency Response or the Investigation of Suspected Public Health Events

According to para 30 of WHO eManual XVII.7.2, "Exceptionally WHO may provide assistance for the medical evacuation of employees of implementing partners in the context of emergency response or the investigation of suspected public health events on conditions to be established on a case-by-case basis." This document outlines the conditions for the implementing partners of WHO if and when one or more employees of which request WHO assistance for the medical evacuation ("MEDEVAC") within the context of emergency response or the investigation of suspected public health events.

The following conditions must be met before an individual who is not contracted by WHO requests WHO assistance for MEDEVAC:

1. s/he is a current eligible employee of one of the WHO implementing partner organizations and is performing active duty in the place of assignment in response to a WHO graded emergency or as a part of joint WHO-Partner team for investigation of a suspected public health event, as acknowledged by a WHO authorized official (normally WHO Incident Manager or WHO Country Representative);
2. S/he is a current eligible personnel of the United Nations (as defined by the Security Policy Manual) and UN AFPs.
3. In case of the accident or illness affecting the individual, the illness or injury is judged by WHO-authorized medical professional to have the possibility of leading to a life threatening situation and/or a major disability and the facilities for medical treatment at the place of assignment are judged by Director SHW at WHO to be inadequate;
4. The requesting organization understands and agrees that WHO shall not be responsible for the payment or advance of any costs whatsoever in relation to the MEDEVAC unless a letter of guarantee of payment by the relevant partner organization is received in advance. To this end, a signed Letter of Guarantee is required certifying that the full cost related to the MEDEVAC will be covered by the implementing partner;
5. The requesting organization provides all medical and administrative information relevant to the MEDEVAC to WHO as requested and has transmitted the information to WHO;
6. The requesting organization undertakes to sign a MEDEVAC Request Form in Annex 1 and has transmitted the signed form and the Letter of Guarantee (Annex 2) to the WHO;
7. The requesting organization undertakes to sign any agreement requested by WHO with the third parties which provide either the air evacuation services or medical care services;
8. The requesting organization confirms that the patient has all the required visas issued on the basis of valid national passports or UN travel documents;
9. The location of the intended MEDEVAC destination with adequate available medical facilities is confirmed by Director SHW of WHO;

WHO assistance to the employees of implementing partners may take one or more of the following forms:

- in-country MEDEVAC transportation, escort and coordination from the location of the patient up to the in-country destination where adequate medical facility is judged to be available;
- in-country MEDEVAC transportation, escort and coordination from the location of the patient up to the international airport prior to international air evacuation;
- Arrangement of international air evacuation to the identified medical facility.

Appendix 1: MEDEVAC LETTER OF REQUEST (Employee of Implementing Partner)

This document is transmitted to the World Health Organization (WHO): shwemergency@who.int

The requesting organization, the undersigned, being duly authorized to that effect, hereby certify that the _____ **(name of the organization)** requests WHO to organize a medical evacuation under the provisions outlined in the WHO eManual XVII.7.2 for medical evacuation dated …….. for the following patient:

First Name:_____
Surname:_____
Date of birth:_____
Nationality: _____

The requesting organization confirms that ……(**name of the patient**):

1. s/he is either:
    a. a current international employee of one of the WHO implementing partner organizations (……..*specify the name of the partner organization*) and is performing active duty in the place of assignment in response to a WHO graded emergency or as a part of joint WHO-Partner team for investigation of a suspected public health event, as acknowledged by a WHO authorized official, who is ……(*specify the name of the WHO authorized official, normally WHO Incident Manager or WHO Country Representative*); OR
    b. S/he is a current eligible personnel of the United Nations (as defined by the Security Policy Manual) and UN AFPs.
2. In case of the accident or illness affecting the individual, the illness or injury is judged by WHO-authorized medical professional to have the possibility of leading to a life threatening situation and/or a major disability and the facilities for medical treatment at the place of assignment are judged by Director SHW at WHO to be inadequate;
3. The requesting organization understands and agrees that WHO shall not be responsible for the payment or advance of any costs whatsoever in relation to the MEDEVAC. To this end, a signed Letter of Guarantee (Appendix 2) has been received by Director SHW at WHO certifying that the full cost related to the MEDEVAC will be covered either by the individual (and his/her insurance company) or by the implementing partner;
4. The requesting organization provides all medical and administrative information relevant to the MEDEVAC to WHO as requested and has transmitted the information to WHO;
5. The requesting organization undertakes to sign a MEDEVAC Request Form in Annex 1 and has transmitted the signed forms to WHO;
6. The requesting organization undertakes to sign any agreement requested by WHO with the third parties which provide either the air evacuation services or medical care services;
7. when required s/he has all the required visas issued on the basis of valid national passports or UN travel documents;
8. The location of the intended MEDEVAC destination with adequate available medical facilities is confirmed by Director SHW of WHO;

_____ _____

Name, Title and the Organization of the Requestor **Date and Signature of the Requestor**

_____ _____

Name, Title of the WHO Authorized Official (IM or WR) **Date and Signature of the WHO Official [Email is sufficient]**

_____ _____

Director SHW, WHO **Date and Signature of Director SHW, WHO**

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Version 8 April 2020
To replace 13 March 2020 Version

Appendix 2: LETTER OF GUARANTEE FOR WHO

The requesting organization, the undersigned, being duly authorized to that effect, hereby certify that: _____ (fill out the name of your organization) undertakes to pay for 100% of the medical care after the transport in the country of destination.

For: _____ (name patient)

On discharge, the original invoice should be addressed to:
Name: _____
Address: _____
Postal code: _____ **City:** _____
For direct payment to the hospital.

Direct payment will be effected by bank transfer, for which complete banking details (IBAN+SWIFT code, ACH ABA code for USA, etc.) should be provided.

_____
Date Place

_____
Name Title Organization

_____
Signature + stamp