

COVID-19 MEDEVAC

**Protocols for all WHO, UN and frontline workers /
NGOs covered by the COVID-19 MEDEVAC
Arrangement**

Version 13 March 2020

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ACRONYMS:

APF:	Agencies, Programmes and Funds
COVID-19:	Coronavirus Disease 2019
HQ:	Headquarters
IM	Incident Manager
(I)NGO:	(International) Non-Governmental Organization
IPC	Infection Prevention & Control
MEDEVAC:	Medical Evacuation
POC:	Point of Contact
RSP	Regional Staff Physician
SHW:	WHO Staff Health and Wellbeing
SOP:	Standard Operating Procedure
UN:	United Nations
WHO:	World Health Organization

BACKGROUND AND PURPOSE:

As part of the response to the COVID-19 outbreak declared by WHO Director-General a Public Health Emergency of International Concern on 30 January 2020, WHO and Partners have established a medical evacuation (MEDEVAC) protocol for all eligible WHO and United Nations personnel within or outside of the country.

The eligible personnel for COVID-19 MEDEVAC include all UN personnel as defined in the “United Nations Security Management System – Security Policy Manual” , the WHO, UN Agencies, Funds and Programs (AFPs), and staff, consultants and frontline healthcare personnel from Partners.

CONCEPT OF OPERATIONS (CONOPS):

All agencies and organizations 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 AFPs 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.

The MEDEVACs will be conducted on a case by case basis depending on the availability of appropriate recipient health facilities as well as the authorization of public health authorities in recipient countries. The UN physician (where present) or RSP where no UN physician present will act as the COVID-19 MEDVEAC COORDINATOR.

CRITERIA AND CONSIDERATIONS FOR COVID-19 MEDEVAC

COVID-19 may present with mild, moderate or severe illness with severe cases presenting with severe Pneumonia, ARDS, 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 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 in accordance with country specific public health regulations.

WHO recommended [Infection Prevention and Control \(IPC\) guidelines](#) will be maintained throughout patients’ initial care, transfer and admission to definitive health facility.

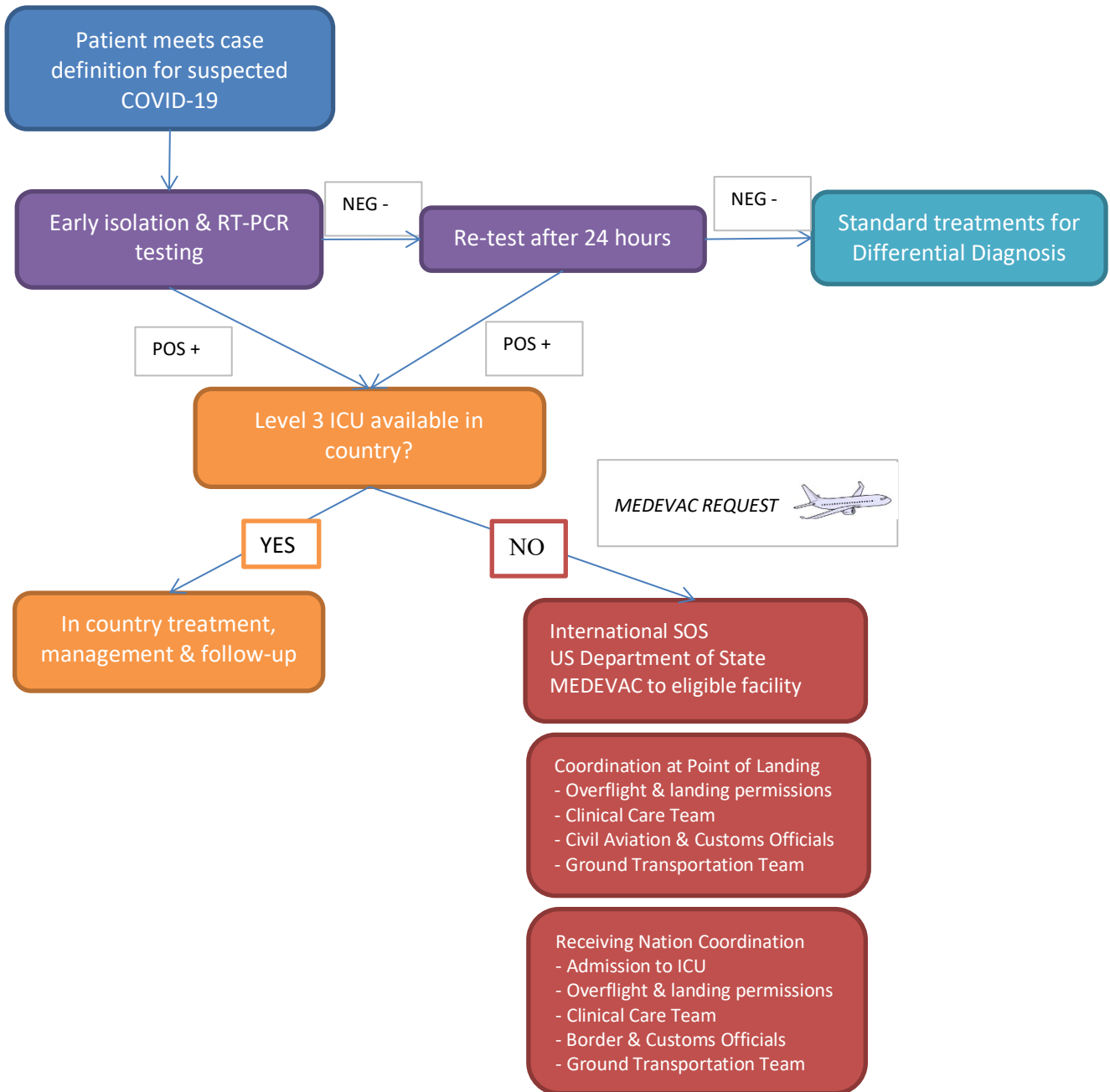
Confirmed cases in countries with Level 3 ICU facilities available will be managed in-country at the appropriate facility.

PAYMENT AND INSURANCE:

Unless otherwise agreed, all costs will be the responsibility of the requesting organization including ground transport to the airport and to the receiving hospital, air ambulance, and medical treatment in EU/EEA following recipient country regulations. The WHO have an MOU with partners for cost recovery approach avoiding unnecessary delays in the MEDEVAC process.

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:



Administrative Eligibility	Medical Eligibility	Point of Contact
all UN personnel as defined in the “United Nations Security Management System – Security Policy Manual”, the WHO, UN Agencies, Funds and Programs (AFPs), and as staff, consultants and frontline healthcare personnel from Partners.	COVID-19 Lab Confirmed Case	<ul style="list-style-type: none"> • WHO MEDEVAC Coordinator • WHO Incident Manager • Head of WHO Country Office • WHO Regional Staff Physician (RSP) • WHO Director Staff Health & Well-Being Services (SHW)

ACTIONS AND PHASES OF EXECUTION:

There are four phases in the execution of this protocol, namely the alert phase, transfer to Isolation facility, testing and 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
<ul style="list-style-type: none"> • Symptomatic or high risk exposure patient calls the WHO MEDEVAC Coordinator central hotline.... • The patient can also call the local Alert number.... • Individual risk assessment and a decision as to whether the case meets COVID-19 suspect case definition will be taken • The patient should isolate self until the clinical team arrives to transfer the patient to appropriate health facility. Patient can also safely transport herself to the COVID-19 treatment center if able. 	<ul style="list-style-type: none"> • COVID-19 suspect is transferred to the nearest designated isolation health facility for testing and initial care 	<ul style="list-style-type: none"> • Done 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 	<ul style="list-style-type: none"> • The Phoenix Air Ambulance through the US State department or International SOS Air Ambulance will be activated for International MEDEVACs using agreed WHO protocols.

TRANSFER AND MEDEVAC OPTIONS FOR COVID-19

- Transport must be coordinated with the Ministry of Public health 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.
- A portable isolation unit is recommended to contain infected materials and minimize contamination of the aircraft.
- Personnel providing care during transport should be trained in clinical management, infection control, and correct use of personal protective equipment (PPE).
- PPE should be used by all those in the patient care area or who may have contact with patients or their body fluids; infection control guidelines should be followed, and procedures that could increase the risk of exposure to the patient’s body fluids should be avoided.

Ground transport of a confirmed case should be by appropriate Ambulance. Local arrangements for an Ambulance will be made in consultation with public health authorities as well as the UN-WHO Physicians in country.

The international MEDEVAC is operated by the US State Department Phoenix /Air Ambulance and International SOS. The Director SHW decides which option to use on a case by case basis.

NON-COVID-19 PATIENT MANAGEMENT:

These cases (Non COVID-19 suspects and trauma cases etc.) will be seen at appropriate health facilities including UN level I, II or Level 3 facilities and a designated facilities as advised by the WHO SHW.

KEY ROLES AND RESPONSIBILITIES:

MEDEVAC COORDINATOR (UN PHYSICIAN AT COUNTRY OFFICE OR RSP AT REGIONAL OFFICE)

- Activation of the algorithm will be initiated through contact with the WHO MEDEVAC Coordinator by the 24/7 telephone number
- Informs the WHO Incident Manager (IM), the WHO SHW HQ, the RSP and the local alert /surveillance team
- Identifies and notifies the designated Isolation/testing and treatment facility and verifies the Level 3 ICU availability.
- Compiles all necessary paperwork for the MEDEVAC, including patient reports
- Arranges the ground transportation from the Treatment centre of reference for the case to the 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 SHW Emergency
- Assists with airport coordination
- Assists the requestor to obtain visas and border crossing formalities
- Informs contact tracing team to begin investigation of staff contacts, and IPC team for cleanup procedure assistance.

SHW EMERGENCY HQ FOCAL POINT:

- Receives all eligible patients in case of MEDEVAC requests 24/7 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/ International SOS.
- Informs and maintains contact with DG Sante/Echo and collates relevant paperwork including medical reports of the patient.
- SHW Emergency focal point makes a Pre-Alert to Phoenix Air-US State Department or International SOS.
- SHW Emergency works with MEDEVAC Coordinator to obtain all necessary paperwork from requestor organization including Letter of guarantee, passport copies.
- SHW Emergency notifies Phoenix Air /International SOS with details of receiving country and hospital and requests a flight plan.
- SHW Emergency focal point notifies the MEDEVAC coordinator in country on the flight plan. At the same time
- Organization at HQ level informed on developments until the patient is under the care of the international receiving hospital
- Coordinates the MEDEVAC with the Emergency Response Coordination Centre

SHW MEDICAL DIRECTOR:

- Overall management of both the clinical and organizational structures of the MEDEVAC
- Determines and approves MEDEVAC
- Manages the required public health authorization between countries and key actors
- Is responsible for the financial management of the MEDEVAC
- Post MEDEVAC follow up and regular interface with Recipient country health authorities

THE INCIDENT MANAGER (IM):

- Notifies UN security, the Parent organization and the WHO Representative
- Obtains Security clearance
- Assists with coordination of local health authorities

SECURITY MANAGER:

- Advises on security clearance
- Ensures MOSS compliance
- Coordinates military/police escort if required

PARENT ORGANIZATION / MEDEVAC REQUESTOR:

- Assists in getting the necessary signatures and letter of authorization signed and sent to SHW HQ
- Assists in obtaining appropriate visa paperwork
- Informs the staff member's next of kin
- Begins assessment of possible contacts within their organization and works with WHO SHW team on IPC and contact tracing as relevant.

ACTIONS AND PHASES OF EXECUTION (follows the checklist of actions-Annex)**The stepwise activation and management of COVID-19 MEDEVAC is as follows**

- The requestor organization informs the MEDEVAC Coordinator giving details of the case and need for MEDEVAC.
- The MEDEVAC Coordinator notifies SHW Emergency focal point upon verification of the clinical details and relevant demographic information. Medical reports if available should be emailed to SHW Emergency.
- SHW Emergency focal point consults with SHW Director to determine need for MEDEVAC
- SHW Director approves MEDEVAC and informs appropriate authorities including RSP and IMST HQ
- SHW Emergency notifies DG ECHO/DG SANTE with relevant details to aid search for appropriate health facility.
- SHW Emergency focal point makes a Pre-Alert to Phoenix Air-US State Department or International SOS.
- SHW Emergency works with MEDEVAC Coordinator to obtain all necessary paperwork from requestor organization including Letter of guarantee, passport copies.
- DG Sante 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 /International SOS with details of receiving country and hospital and requests a flight plan.
- SHW Emergency focal point notifies the MEDEVAC coordinator in country on the flight plan. At the same time, SHW Medical director informs the Requestor organization, RSP and WHO IMST
- MEDEVAC Coordinator arranges ground transportation to the airport ensuring the patient arrives at least 1 hour before the flight lands at the country airport. The MEDEVAC Coordinator also assists with Immigration paperwork for the patient in coordination with the Requestor Organization in-country focal point.
- MEDEVAC Coordinator regularly updates SHW emergency on the clinical state of the patient including medical reports.
- MEDEVAC Coordinator ensures smooth handover of the patient to the International MEDEVAC team and informs SHW emergency.
- International MEDEVAC team informs SHW emergency once they depart for the Receiving country/Destination and regularly updates SHW emergency 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)
WPRO Regional Medical Services		
Regional Staff Physician: Dr BAUTISTA, Marcia	bautistal@who.int	+63 2 8 5289620 89620 (GPN number)
Clinical Nurse: Mrs. ROMERO, Abigail	romeroab@who.int	+63 2 8 5289621 89621 (GPN number)
EURO Regional Medical Services		
Regional Staff Physician: DR DONDOGLIO, Pierre-Olivier	dondogliopi@who.int	+4545336816 76816 (GPN number)
Clinical Nurse: MS. ELMER, Jeanett	elmerj@who.int	+4545336661 76661 (GPN number)
AFRO Regional Medical Services		
Regional Staff Physician: Dr RIZET, Roland	rizetro@who.int	+4724139959 39959 (GPN number)
Clinical Nurse: MRS. TRAORE, Minata	traoremi@who.int	+4724139461 39415 (GPN number)
AMRO Regional Medical Services		
Regional Staff Physician: Dr SELOD, Anne-Gaëlle	selodann@paho.org	+1 202-974-3904
Clinical Nurse: MRS. CORCUERA, Norma	corcuernor@paho.org	+1 202-974-3392
EMRO Regional Medical Services		
Regional Staff Physician: DR MAKLAD, Sahar	maklads@who.int	+20-2-22765207 65207 (GPN number)
Clinical Nurse: MS. ELBAKRY, Maha	elbakrym@who.int	+202 227 65208 65208 (GPN number)
SEARO Regional Medical Services		
Regional Staff Physician: Dr SOBTI, Rohit	sobtir@who.int	+911143040135/+911143040136 26135 (GPN number)
Clinical Nurse: MRS. TRIPATHI, Indira	tripathii@who.int	+911123370804 26136 (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 (Annex 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

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

UNITED NATIONS SECURITY MANAGEMENT SYSTEM
Policy Manual

Chapter



APPLICABILITY

**Applicability of United Nations
Security Management System**

A. Introduction:

1) Policies, procedures, standards and other arrangements of the United Nations Security Management System are applicable to the following categories of individuals:

a) United Nations personnel:

- (i) All United Nations system staff members, including temporary staff, in posts subject to international or local recruitment (except those who are both locally-recruited and paid by the hour);
- (ii) United Nations Volunteers (UNVs);
- (iii) Individually deployed military and police personnel in DPKO- or DPA-led missions¹, including, but not limited to:
 - (a) United Nations police officers, military observers, military liaison officers, military advisors and staff officers; and
 - (b) Military members of national contingents or members of formed police units when not deployed with their contingent or unit.
- (iv) Consultants, individual contractors and experts on mission when actually employed by an organization of the United Nations system; and
- (v) Officials other than United Nations Secretariat staff members and similar non-staff officials of other organizations of the United Nations system with a direct contractual agreement with a United Nations System organization;

b) Other Individuals Covered:

- (i) Eligible family members (as determined by the staff rules and regulations of the organizations comprising the United Nations System);
- (ii) Eligible family members (who are authorized to be at the duty station) of United Nations Volunteers;
- (iii) United Nations fellows, either non-resident fellows studying in the country, or nationals who are on leave from the country of study;
- (iv) Personnel and their eligible family members of Intergovernmental Organizations that have signed a Memorandum of Understanding (MOU) with an organization of the United Nations system to cooperate on security matters.

¹ It does not cover military members of national contingents or members of formed police units when deployed with their contingent or unit nor does it cover any spouses or other family members of the military and police personnel listed in subparagraphs (a) and (b).