

FRAMEWORK: SUPPORTING COVID-19 PATIENTS AFTER MEDICAL EVACUATION (Post-MEDEVAC Support)

Version 01: 01 October 2020

INTRODUCTION

1. This Framework addresses the provision of adequate non-medical support to COVID-19 patients who have been medically evacuated to a location outside of their home or duty location, as well as to eligible escorts who have accompanied them.

Release and Recuperation

8. The referring entity retains full responsibility for supporting the patient during the required recuperation period following discharge from the Treating Medical Facility, and for supporting any eligible accompanying escort.

During Hospitalisation

4. During the period when a COVID-19 patient is hospitalised:

- a) The medical welfare of the patient will be overseen by the appropriate Treating Medical Provider (TMP) at the receiving Treating Medical Facility (TMF), in line with any agreed terms of reference.
- b) The Patient Coordination Officer will maintain an overview of the status of the patient and will update the Patient Focal Point, and any non-medical escorts as appropriate.
- c) The Patient Coordination Officer will convey any administrative or other non-medical information or requests made by the T

- b) The patient receives any required security briefing or orientation that is specific to the location they are in, and;
 - c) The patient and any non-medical escort continue to receive psycho-social support as required, and that they are directed to any appropriate religious or cultural support available.
6. The Patient Focal Point should liaise with both the patient and the Patient Coordination Officer to understand the possible patient repatriation timeline.
7. The Patient Focal Point should ensure that regular updates are shared with appropriate personnel within the referring entity, and with the Resident Coordinator or other Designated Official as required
8. The Patient Focal Point should ensure that the patient and any non-medical escort continue to hold valid visas and travel documentation. Identify any possible issues associated with the expiration of these before the anticipated date of repatriation and address this proactively.
9. The Patient Coordination Officer will continue to convey any administrative or financial queries from the treating medical facility to the Patient Focal Point.

Repatriation

10. The referring entity, through the Patient Focal Point retains responsibility for overseeing all administrative, logistical and financial aspects of the planning and implementation of the repatriation of the patient and any non-medical escort. This includes the confirmation of the repatriation location, in consultation with the patient and in accordance with the rules and regulations of the referring entity, and any required liaison with the duty station.
11. The Patient Focal Point should confirm to the Resident Coordinator / Designated Official and the Patient Coordination Officer the repatriation schedule, and should provide confirmation to these parties when a repatriation has been completed.
12. In the unfortunate event that a patient dies, the referring entity, through the Patient Focal Point is also responsible for overseeing all administrative, logistical and financial aspects of planning and implementation of the repatriation of remains, and the repatriation of any non-medical escort. Considerations associated with the repatriation of remains are captured in a dedicated Guidance Framework [SOP](#).

Regulatory framework

13. The above responsibilities are to be completed in accordance with the relevant regulations, rules, policies and procedures of the entity with which the patient is associated, including those pertaining to confidentiality.

