

Medical evacuation (Medevac) in emergencies

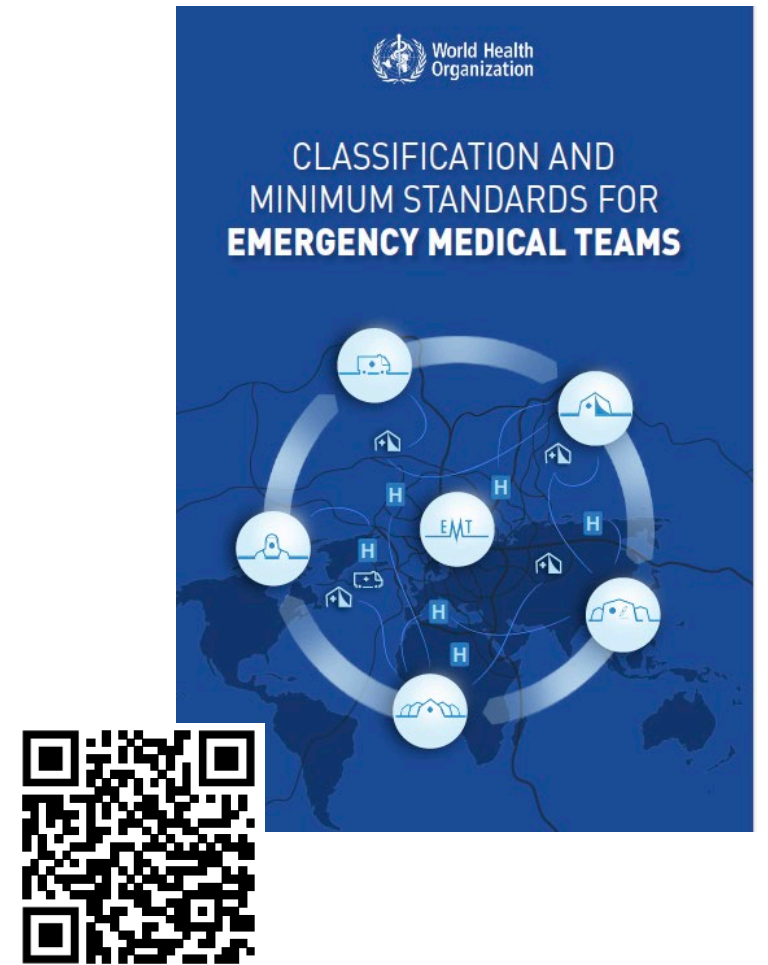


Purpose

The purpose of this document is to provide a framework for the safe and context -adapted coordination, clinical care, operational support and logistics relevant to key stakeholders operating in the Medevac space, or wishing to build this kind of capacity, and to define minimum standards and recommendations for the development and classification of respective specialized care teams (SCT) providing medevac or pre-hospital medical services in support of medevac.

In the context of this guidance, Medevac refers to a well standardized process of any clinically coordinated inter-facility transfer of initially stabilized patients using dedicated medical transport platforms with specialised clinical staff and adequate equipment for en-route patient care.

This guidance will complement and expand on the guidance provided by the [Classification and minimum standards for emergency medical teams \(Blue Book\)](#).



Challenges – why it is important

- Pre-existing capacities
- Standardization
- Decision making
- Data reporting and management
- Safety and Security
- Civil-military coordination
- Cross-border patient movements
- Repatriation
- Direct route evacuations/ hubs
- Research and best practices



Despite the pressure, make algorithms, establish rules and follow them.

Specialized coordination team: a necessary component.

Exacerbations of all healthcare issues.

Legislation.

Content

Medevac coordination in emergencies

Clinical care technical standards for medevac teams

- Clinical decision making
- Team capabilities and service provision
 - Medevac teams (Basic)
 - Medevac teams (Advanced)
 - Specialized transports for which teams need to demonstrate their ability to expand their services to provide context adapted specialized care for **critical care transports, highly infectious disease transports, CBRN, burns incident, and neonatal and paediatric transports**



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Regulations

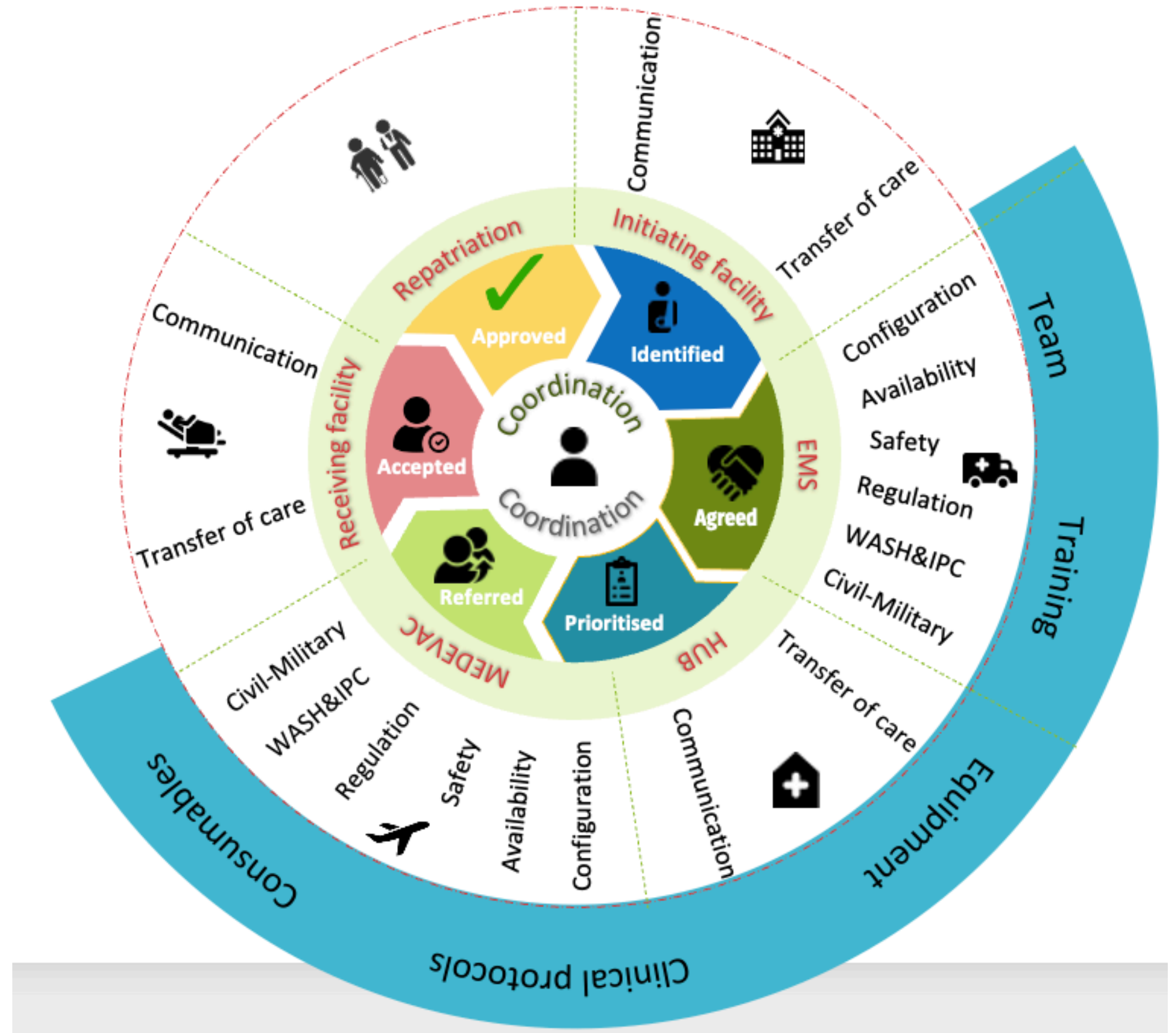
Operations support / logistics, WASH and IPC technical standards

Additional considerations

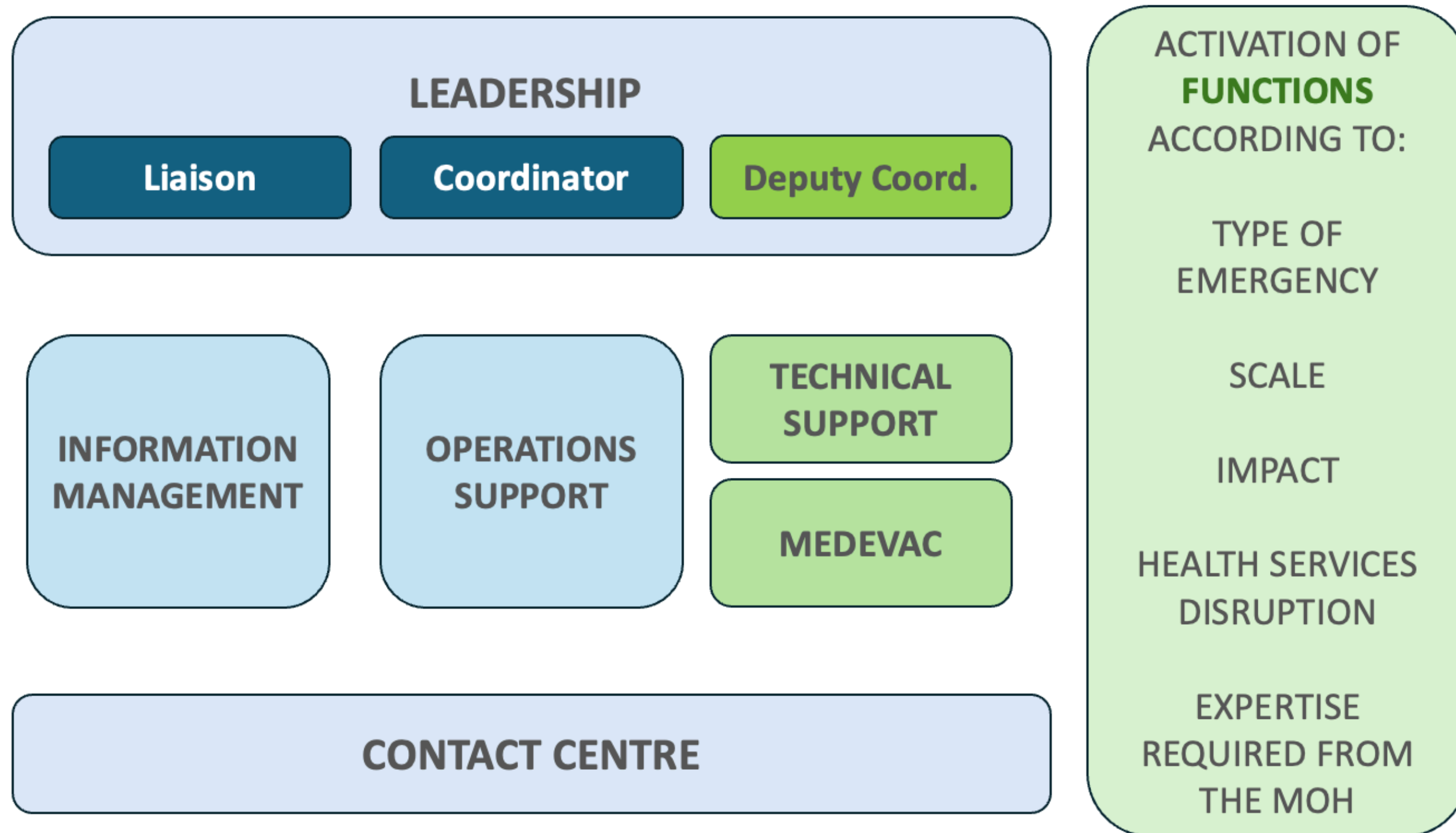
- Checklists for coordination, transfer of care, patient handover
- Example Patient Referral Form
- Example equipment and consumable list

Medevac Cycle

When establishing a coordination mechanism to support emergency medevac operations, all aspects of the medevac operation, including activation, referral & confirmation, end-to-end transfer and, in case of cross border medevac, repatriation of patients and potentially accompanying adults or family members need to be considered.



Activation of medevac coordination



Mapping the system

Scope of operations

As determined by affected area or state
 Agreed with stakeholders
 Confirmed transfer criteria

Communication

Coordination mechanism or dispatch centre
 Established networks or referral pathways
 Secure and confidential electronic messaging service, electronic records, email

Contacts

National Emergency Management Agencies
 National authorities, such as MoH, MoFA
 Regional network
 Initiating and receiving facilities
 Emergency Medical Services
 Dispatch or coordination mechanism



Initiating facility

Location
 Access
 Safety and security
 Functional state
 Capacities and Capabilities

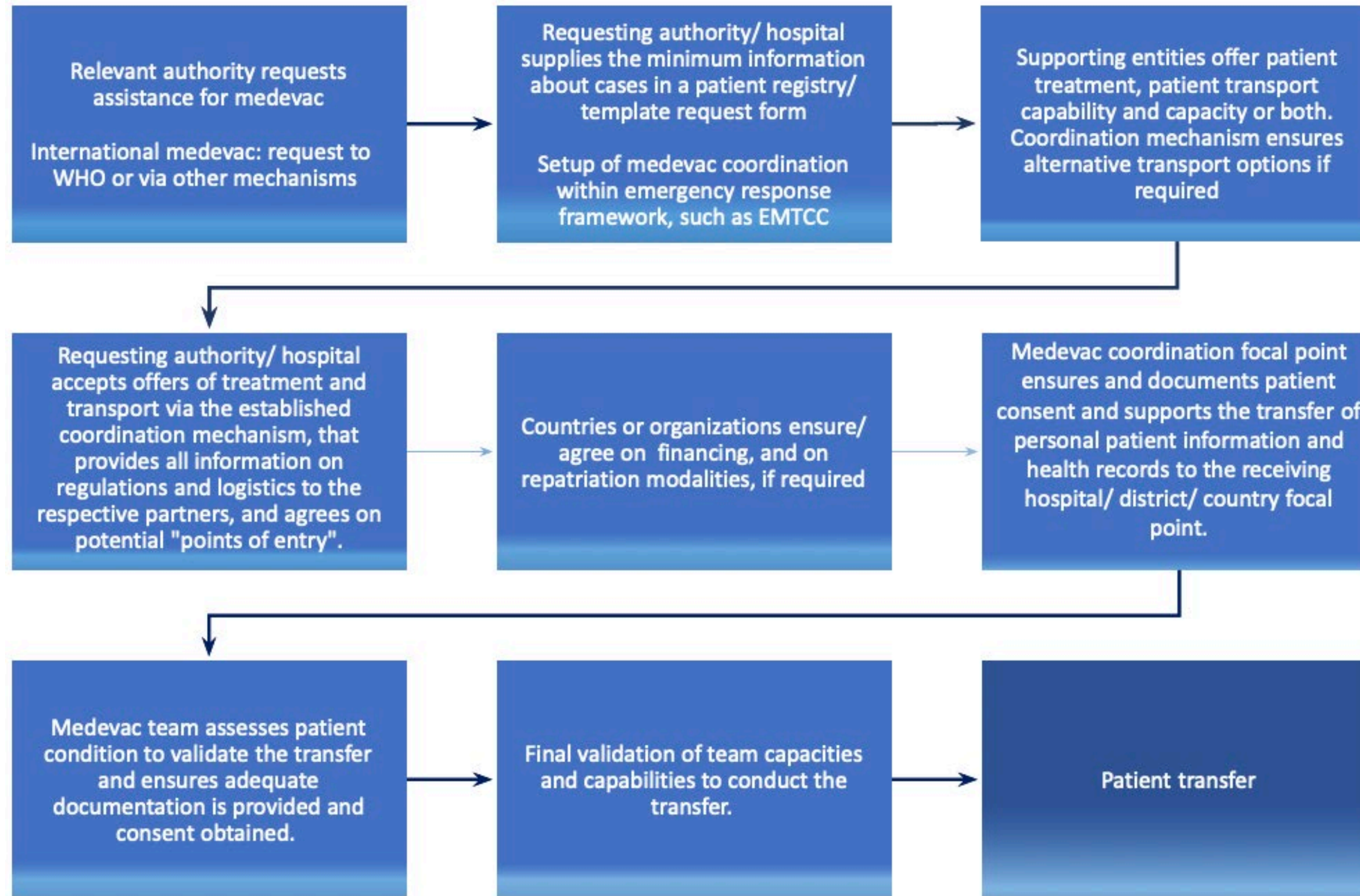
Patient transport provider

Local Emergency Medical Service
 Type of organisation (governmental, NGO, civil)
 Assessment of capacities and capabilities
 Number and type of available assets
 Level of care: basic, advanced or critical

Receiving facility

Location
 Access
 Capacities and Capabilities

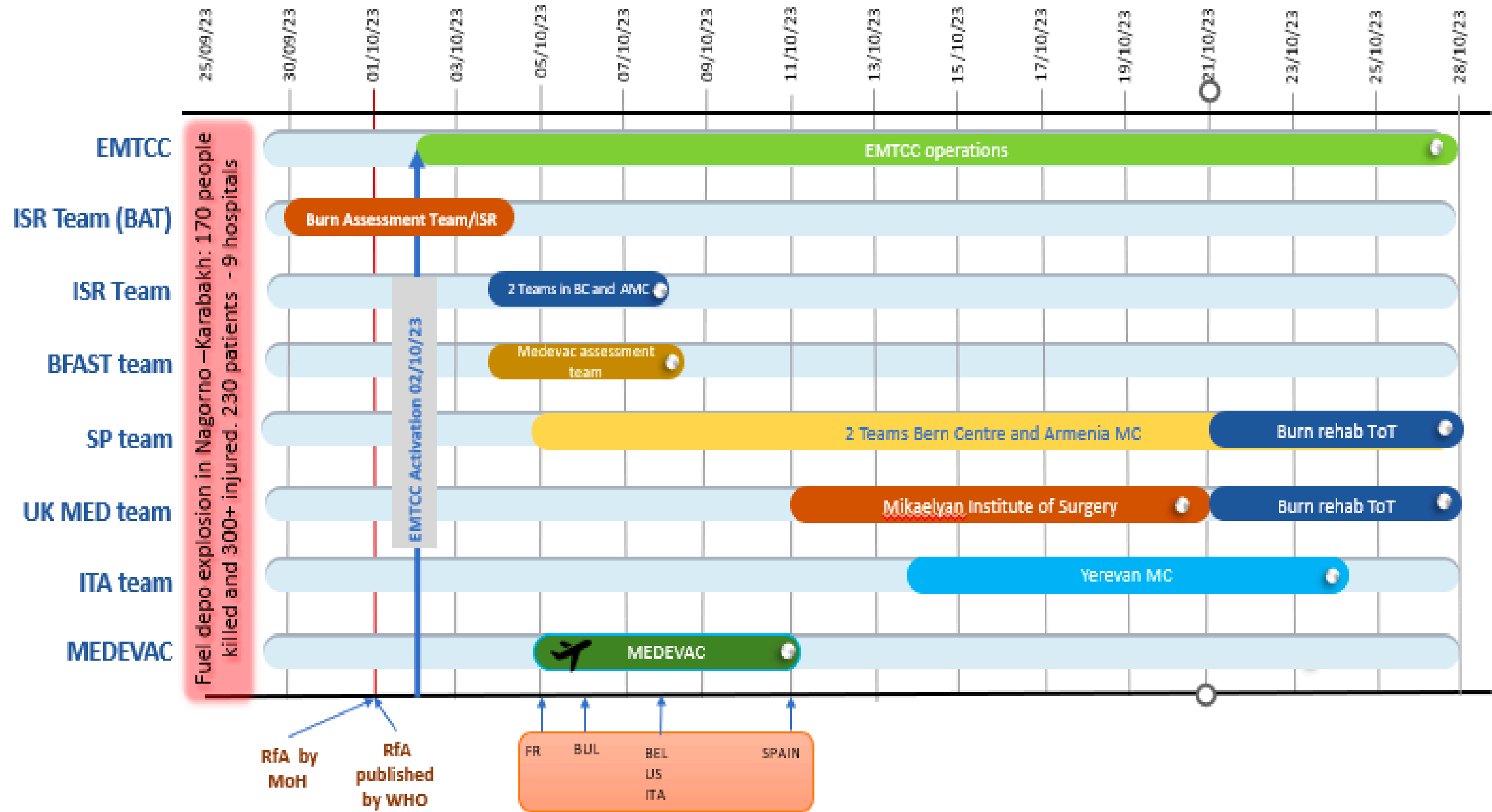
Request for assistance - Medevac process flow



Medevac teams

SCT MEDEVAC	KEY CHARACTERISTICS
SCT Medevac (Basic)	Transport and management of patients who require basic medical care, such as those with stable vital signs, minor injuries, or non-critical or non-life-threatening conditions, maintaining stability and preventing deterioration until the patient reaches a higher level of care.
SCT Medevac (Advanced)	Transport and management of patients who require advanced medical interventions and monitoring. This includes the management of critical illness or injuries, clinical deterioration and medical conditions that necessitate advanced airway management, medication administration, and invasive procedures.

Example: Armenia response (Burn SCT + MEDEVAC)





CONCLUSIONS

1. *Common language and system*
2. *Propose tools to be applied by both requesters and providers*
3. *Propose standards and recommendations for an end-to-end transfer and patient care*
4. *Coordination mechanism and its activation*

For more information on the EMT Initiative

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