



TERMS OF REFERENCE FOR PATIENT FOCAL POINTS IN THE POST-MEDEVAC SUPPORT PROCESS

This document sets out Terms of Reference for the role of the Patient Focal Point in managing and supporting COVID-19 patients who are being treated in the location for which the Patient Focal Point has responsibility, and any accompanying escorts.

1. The **Patient Focal Point** serves as a focal point for COVID-19 patients who have been medically evacuated under the MEDEVAC System and any accompanying escorts to the location for which the Focal Point has responsibility. The Patient Focal Point should be proactively designated by the country Head of each UN system entity with a presence in the receiving location, or where no representative is present, at the Headquarters of the entity with which the patient is affiliated.
2. Where no Patient Focal Point is physically present in the country where the patient is undergoing treatment, the Resident Coordinator may also wish to designate an in-country Patient Focal Point who can work in conjunction with the HQ Patient Focal Point of the entity in question. In such cases, the allocation of the responsibilities outlined below should be agreed between these parties.
3. The Patient Focal Point is responsible for overseeing the non-medical needs of and making administrative and logistical arrangements for individual COVID-19 patients who have been medically evacuated to the country and any non-medical escorts. This includes all aspects of repatriation.
4. The Patient Focal Point will work with the In-country Patient Coordination Officer or Global Patient Coordination Officer as appropriate, the office of the Resident Coordinator, the Treating Medical Facility, any in-country UN Medical Advisor, the UN Staff Counsellors Network, the Critical Incident Stress Management Unit and others to share information and examples of best practise of the provision of support to COVID-19 patients.
5. Key functions of this role are outlined in the following sections.

A. Preparatory activity: Communication and Information-gathering

6. The Patient Focal Point will:
 - i. Work with the Patient Coordination Officer to ensure that he/she is familiar with the protocols (including any relevant requirements and constraints) that are in place at the Treating Medical Facility;
 - ii. Ensure that they are familiar with any relevant established in-country Standard Operating Procedures outlining in-country coordination of COVID-19 patients as developed by the Patient Coordination Officer.
 - iii. Ensure that sufficient preparations have been made to ensure the safety and comfort of any escorts who have accompanied the COVID-19 patient, as per the rules and regulations of the referring organisation. This should include the confirmation of any quarantine restrictions that may be in place in the receiving location and may apply to the escorts, and;



- iv. Establish a checklist of responsibilities allocated to them, and proactively address in gaps in knowledge or capacity. This should be informed by the Framework for Post-MEDEVAC Support, and the indicative checklist below.

B. During Hospitalisation: Active Engagement, Coordination, and the provision of Support:

7. The Patient Focal Point will:

- i. Regularly liaise with the Patient Coordination Officer to maintain an overview of the status of any associated COVID-19 patients who are being treated at the receiving facility, and respond to any non-medical requests associated with the patient;
- ii. Proactively liaise with associated patient as appropriate, and ensure that the associated patient has access to a means of communication (e.g. internet enabled prepay mobile phone¹) to ensure they can remain contact with family and others as required;
- iii. Identify and address as far as is possible any specific non-medical needs of the associated patient;
- iv. Ensure that the family of the associated patient receives regular updates on the status of the patient, including contact with an informed medical professional as far as is possible;
- v. Ensure that both the associated patient and the family of the patient (to include any accompanying non-medical escorts) have access to psycho-social support;
- vi. Regularly liaise with any accompanying escorts, and provide them with logistical support, as per the rules and regulations of the organisation. Should the escort(s) be subject to quarantine requirements, the Patient Focal Point should ensure these are understood by the non-medical escort(s), and that the requisite amount of support is provided to ensure these can be effectively observed;
- vii. Actively identify options for the provision of any necessary linguistic support to the associated patient and/or any accompanying escort, including through other UN system organisations, partner entities or the relevant consulate or embassy if this is required;
- viii. Address all queries regarding administrative and financial issues associated with the associated patient and any non-medical escort, including seeking any required internal authorisations required;
- ix. Provide updates within the referring entity, in line with the rules and regulations of the organisation;
- x. In conjunction with advice from the Patient Coordination Officer, in advance of any anticipated discharge of the patient from the treating medical facility, identify any specific convalescence requirements, initiate and confirm arrangements for the initial appropriate accommodation of the patient, and ensure the timely disbursement of allowances for which the patient is eligible, and;
- xi. Ensure that the patient has access to clothing and shoes at the point that he / she is to be discharged.

¹ This may be pre-programmed with key contacts, including psycho-social support, Focal Point telephone number, and other useful contact information (e.g. the local number of any accompanying escort)



C. Post-Discharge: Active Engagement, Coordination, and the provision of Support:

8. The Patient Focal Point will:

- i. Arrange transportation for patient to initial accommodation upon discharge;
- ii. Ensure that the basic needs of the patient are met, and that the patient has access to a means of communication, internet, toiletries and reasonable financial means;
- iii. Ensure that the patient receives a local security briefing if required;
- iv. Maintain regular contact with the patient and any escorts, and ensure they continue to have access to psycho-social and any other appropriate religious or cultural support as required;
- v. Maintain contact with the Patient Coordination Officer and address any ongoing administrative requirements, and proactively understand the projected recovery timeline of the patient;
- vi. Ensure that patient understands repatriation options (e.g. to duty station or other location), and explore these on behalf of the patient and any escorts as per the rules and regulations of the referring entity, and;
- vii. Ensure that patient and any escorts continue to hold valid visas and travel documentation. Identify any possible issues associated with expiration of these prior to the anticipated date of repatriation and address this proactively.

D. Planning for and Implementation of Repatriation

9. The Patient Focal Point will:

- a) Oversee all administrative, logistical and financial aspects of the planning and implementation of the repatriation of the patient and eligible any non-medical escort, in line with the rules of the referring entity.

Regulatory Framework

10. The above responsibilities are to be completed in accordance with relevant UN regulations, rules, policies and procedures, including in particular those pertaining to confidentiality.

Indicative Activity Checklist for Focal Point

11. The indicative checklist on the following page sets out key considerations for Patient Focal Points.

Stage		Activity	Comments
Preparation	A	Liaise with Patient Coordination Officer to understand context, requirements and any constraints	
	B	Identify any quarantine requirements which may impact patient escorts, and ensure these are accounted for in any planning	
	C	Ensure preparations to provide accommodation and other logistical support (including transportation from airport) to escorts are underway	
Hospitalisation	D	Liaise with Patient Coordination Officer and respond to requests	
	E	Proactively identify yourself to and liaise with the patient and any escorts	
	F	Provide patient with means of communication (e.g. internet-enabled prepay phone), and identify and address any additional specific non-medical needs if possible	
	G	Identify any specific linguistic requirements and address if possible	
	H	Address all administrative and financial issues associated with the patient, including seeking all necessary entity authorisations	
	I	Provide updates to the referring entity as required	
	J	In conjunction with the Patient Coordination Officer, understand the specific convalescence needs of the patient, and ensure that arrangements are in place to facilitate this	
	K	Initiate planning of initial post-discharge accommodation and immediate requirements of the patient, in line with feedback from Patient Coordination Officer and treating medical provider.	
Recovery in treating location (recuperation)	L	Ensure that the discharged patient has appropriate accommodation into which they can be discharged and that transportation to this is arranged	
	M	Provide for any immediate non-medical basic needs of the patient (e.g. clothes, toiletries, food, access to communication means, funds)	
	N	Ensure patient receives local security briefing	
	O	Maintain contact with the patient and any escorts	
	P	Ensure patient and any non-medical escort continue to have access to psycho-social support	
	Q	Should the patient have specific religious or cultural needs, assist in identifying ways in which these can be met locally	
	R	Liaise with Patient Coordination Officer and understand possible patient repatriation timeline	
	S	Ensure patient understands repatriation options and work with the patient to confirm what is appropriate/permitted	
T	Monitor the validity of the travel documentation and visas of the patient and any non-medical escort and ensure early action is taken to avoid these becoming invalid prior to repatriation		
Repatriation	U	Oversee and implement all administrative, logistical and financial arrangements, including authorisations, associated with the repatriation of the patient and any non-medical escort	