MS 264 Medical Evacuation Procedures

Effective Date: March 4, 2024
Responsible Office: Office of Health Services (OHS)
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1.0 Purpose

The purpose of these Procedures is to provide guidance for the implementation of Manual Section (MS) 264 *Medical Evacuation*.

2.0 Related Policies and Guidelines

The following Peace Corps policies and Medical Technical Guidelines also inform the handling of medical evacuations:

(a) MS 243 *Responding to Sexual Assault;*

(b) MS 261 *Medical Offices and Peace Corps Medical Officers;*

(c) MS 262 *Peace Corps Medical Services Program;*

(d) MS 294 *Confidentiality of Volunteer Information;*

(e) Technical Guideline (TG) 150 *Medical Confidentiality;*

(f) TG 167 *Patient Safety Events;*

(g) TG 212 *Clinical Escalation;*

(h) TG 380 *Medical Evacuation;*

(i) TG 385 *Medical Action Plan;*

(j) TG 385 *Questions to Ask an Air Ambulance Vendor*, Attachment F;

(k) TG 530 *Managing Psychiatric Emergencies;* and

(l) TG 550 *Suicide Risk Management: From Field Through Medevac.*

3.0 Definitions

The terms defined below have the same meanings when used in MS 264.

(a) **Accompaniment:** Individual assigned to travel with a Volunteer to provide medical monitoring, care, and/or physical or emotional support during travel, as per the judgment of the Peace Corps Medical Officer (PCMO) in consultation with the Office of Health Services (OHS).

(1) **Medical Accompaniment:** The PCMO, a medical assistant, or a Peace Corps medical consultant.

(2) **Non-Medical Accompaniment:** Spouse, family member, or a PC staff or US Embassy staff member. The specific person is determined by the PCMO, in consultation with the Country Director (CD).

(b) **Emergency Medical Evacuation or "Air Ambulance:"** Emergent medical evacuation by a chartered aircraft to ensure timely delivery of care in the case of medical and psychiatric emergencies, life or limb, and organ-threatening emergencies that require emergent medical evaluation and treatment.

(c) **Medical Action Plan (MAP):** A comprehensive, country-specific resource designed to address the urgent or emergent medical needs of the Volunteers.

(d) **Medical Evacuation (Medevac):** The transfer of a Volunteer across an international border in order to reach an appropriate level of care, which is beyond the scope of care available in-country through the Peace Corps health unit, field consultation, and/or approved in-country consultants and resources.

(e) **Medevac Support Program**: The provision of resources and support to the medically evacuated Volunteer.

(f) **Medical Review Board:** Weekly team meeting led by the Field Support Manager and attended by FSCs, Medical Officers, BHO clinicians, and representatives from the Post Services Unit (PSU), where evacuee clinical information and treatment plans are reviewed, and determinations regarding return to Post are made.

(g) **Office of Health Services (OHS):** Includes Headquarters Medical Officers (MO), Field Support Clinicians (FSC), Behavioral Health and Outreach (BHO) Clinicians, and, Regional Medical and Mental Health Officers (RMO), unless otherwise specified.

(h) **PCMEDICS:** Peace Corps Medical Electronic Documentation and Inventory Control System.

(i) **Psychiatric Emergency:** An acute disturbance in thought, behavior, mood, or social relationship that requires immediate intervention to save the Volunteer and/or others from imminent danger.

(j) **Safety Monitoring:** The continuous and uninterrupted monitoring of a Volunteer who is at risk of suicide, harming oneself or harming another, as per TG 530: *Managing Psychiatric Emergencies.*

(k) **Life-threatening illness:** A serious medical condition that could result in death.

(l) **Life-threatening Injury**: A trauma-related condition that could result in death.

(m) **Volunteer:** Includes Trainees, Volunteers and Peace Corps Response Volunteers unless otherwise indicated.

4.0 Roles and Responsibilities

4.1 Post

(a) **Peace Corps Medical Officer (PCMO)**

(1) Provides clinical care management for the Volunteer at Post.

(2) In close consultation with OHS, leads Post's efforts to expeditiously and appropriately conduct the medical evacuation of a Volunteer.

(3) Coordinates completion of necessary medical procedures based on OHS Medical Technical Guidelines.

(4) Provides safety monitoring of the Volunteer who is at risk of suicide, harming oneself or harming another as per TG 530 *Managing Psychiatric Emergencies*.

(5) Informs the CD and Director of Management and Operations (DMO) of a planned medical evacuation so they may assist in providing administrative and logistical support.

(b) **Country Director (CD)**

(1) Ensures that Post has a Medical Action Plan that is developed and implemented according to OHS guidelines. At a minimum, the CD must:

(i) Review and approve the plan annually to ensure the MAP is complete and current in all respects;

(ii) Ensure all staff are familiar with the MAP and understand their respective roles and responsibilities, especially those in life-threatening medical emergencies, and have a copy of the MAP with their specific duties highlighted and available to them at all times;

(iii) Ensure responsibilities related to preparation of the MAP are included in the PCMO position description or contract; and

(iv) Conduct annual drills in the form of a table-top exercise, as described in TG 385, to ensure that staff can perform their assignments. The exercise must involve all essential members of the Post team including, but not limited to, the PCMOs, Medical Secretary/Assistant, CD, Safety and Security Manager (SSM) and DMO.

(2) Must take all appropriate steps to expedite the medevac as necessary, including providing administrative and logistical support that enables the PCMO to have sufficient staff support and resources to arrange and carry out a medical evacuation, including any necessary accompaniments.

(3) Ensures vehicles and drivers are available at all times for PCMOs.

(4) Facilitates staff assistance and may provide 24-hour safety monitoring (as per TG 550) of the Volunteer who is at risk of suicide, harming oneself or harming another, if requested by the PCMO.

(5) If warranted, communicates with the U.S. Embassy to facilitate the medical evacuation and with the Embassy's Public Affairs section to provide assistance with local press inquiries.

(6) Ensures staff comply with the confidentiality requirements of Peace Corps confidentiality policies.

(7) If warranted, develops, in consultation with the Region, talking points for notification of Volunteers, staff, the host family and community.

(8) Ensures OHS and the respective Regional Director or Chief of Operations are informed promptly of any non-medical issues that might affect the return to service by an evacuated Volunteer.

(c) **Director of Management and Operations (DMO)**

(1) Facilitates logistical assistance with 24-hour safety monitoring of the Volunteer who is at risk of suicide, harming oneself or harming another, if requested by the PCMO.

(2) Manages administrative and financial matters necessary to support the medical evacuation as requested by the PCMO and OHS.

(3) Consults as necessary with the Region and the Office of the Chief Financial Officer to ensure funding for all allowable expenses.

(4) Manages logistics for local and international travel for the Volunteer, PCMO and, if needed, the medical evacuation accompaniment This may include maintaining appropriate contracts for local air and ground ambulance services (not international).

(5) Ensures vehicles are maintained with 24-hour access and appropriate space for emergency equipment and medications for PCMO transport.

(d) **Medical Secretary/Medical Assistant or Med Hub Coordinator as applicable:**

(1) Assists PCMO with administrative, logistical, and clinical support of a sick or injured Volunteer.

(e) **Driver**

(1) Assigned by supervisor to be available to transport a sick or injured Volunteer as necessary.

(f) **Safety and Security Manager (SSM)**

(1) Keeps PCMO, CD, DMO and other key personnel at Post informed of Volunteer safety planning, security assessments and procedures and/or concerns prior to and during an urgent medical event.

(2) Develops and maintains relationships with key partners who are integral to the evacuation process, such as: airport security, customs, and immigration officials.

(g) **For Posts with Regional Medical Hub**

(1) Regional Medical Officer (RMO) performs the roles identified above for PCMOs and serves a liaison role with OHS.

(2) Med Hub Coordinator assists RMO with administrative, logistical, and clinical support of a sick or injured Volunteer.

4.2 Headquarters Roles and Responsibilities

(a) **Office of Health Services (OHS):**

(1) Provides consultation and clinical and logistical support to PCMOs caring for sick or injured Volunteers.

(2) Authorizes medevacs where clinically indicated.

(3) Manages all aspects of per diem, payment, and reimbursement for medical expenses, including health benefits coordination.

(4) Provides ongoing support and case management for Volunteers medically evacuated to the U.S. with a minimum of weekly communication with an assigned Field Support Clinician.

(5) Ensures that a Medevac disposition is made by the 45th day of medical evacuation status.

(6) Coordinates with other agency offices to provide services to medically evacuated Volunteers and assists Volunteers in scheduling meetings with other agency staff, as indicated, including the Office of Victim Advocacy and with the Office of Sexual Assault Prevention and Response (OSAPR) for Volunteers who are survivors/victims of sexual assault.

(7) Regularly communicates with Post and provides updates to the PCMO and CD as indicated, informing them of the likelihood and date of the Volunteer's return to Post.

(8) Maintains medevac medical records via PCMEDICS, including documenting treatment and uploading medical records and imaging.

(9) Ensures that evacuated Volunteers have acute medical, behavioral health and dental care needs met, including medication refills if needed.

(i) For medically separated Volunteers:

a. Delivers and reviews with the Volunteer the medical separation letter.

b. Ensures that care is provided for pre-existing and ongoing conditions, including medication refills and prophylaxis as needed.

c. Facilitates continuity of care for ongoing health needs via the Post Service Unit support and assistance with FECA claims, and by providing Health Benefits information.

(ii) Conducts after-action reviews as necessary.

(b) **On Call Medical Team:** Includes HQ Medical Officer, Field Support Clinician, BHO Officer, RMHO, RMO if applicable. Others may be added at the discretion of the team. Provides support and guidance to PCMOs responding to medical and behavioral health urgent and emergent conditions.

(c) **Office of Chief Financial Officer (OCFO):** Works with OHS and the Region, as needed, to ensure the availability of funds necessary for the support of emergency response efforts and provides information and support regarding V/T financial matters.

(d) **Office of General Counsel (OGC):** Provides legal and policy advice.

(e) **Office of Victim Advocacy (OVA):** Provides support, including accompaniment if requested, to Volunteers who are a victim/survivor of a sexual assault, stalking or other serious crime.

5.0 Medevac Approval and Notification

(a) OHS must approve any medical evacuation of a Volunteer, including the medevac destination, whether any accompaniments are necessary or appropriate, and the need for special travel arrangements such as air ambulances.

(1) OHS must provide written authorization and documentation in PCMEDICS.

(2) OHS contacts the contracted air ambulance provider, when indicated.

(3) OHS contacts the State Department for medevacs requiring biocontainment in case of deadly, infectious diseases or for critical cases if the contracted air ambulance provider is unavailable or delayed.

(4) In case of air ambulance, OHS approves the flight quote and logistics.

(b) Whenever a medevac is planned, the PCMO must inform the CD and other appropriate staff members in accordance with Peace Corps medical confidentiality policies. *See* TG 150 *Medical Confidentiality* and MS 294 *Confidentiality of Volunteer Information* and *Confidentiality of Volunteer Information Guidance.*

(c) If a Volunteer has a life-threatening illness or injury, as quickly as feasible:

(1) The PCMO shall inform the CD and other appropriate Post staff members.

(2) Both the CD and the AD/OHS or designee shall inform the Designated Security Specialist within Headquarters, who notifies the Regional Director, Regional Security Advisor, and Agency Duty Officer.

(3) The Regional Director shall inform the Associate Director, Office of Global Operations, who shall inform the Director and determine further notifications needed within Headquarters.

6.0 Victims of Sexual Assaults and Other Serious Crimes

(a) If a Volunteer is the victim/survivor of a sexual assault, stalking or other serious crime, OVA may be consulted prior to finalizing medical evacuation plans.

(b) In cases involving sexual assault, stalking or other crime, OVA may assist the Volunteer by making them aware of the services available to them, facilitating their access to such services, and informing them how the availability of such services could be affected by the medevac destination.

(c) A Volunteer who is the victim of a sexual assault has the right to be evacuated for medical treatment from the country of assignment if requested by the Volunteer. *See* MS 243 *Responding to Sexual Assault Policy* and *Responding to Sexual Assault Procedures* and TG 545 *Sexual Assault Mental Health Assessment and Care*.

7.0 Funding

OHS funds Volunteers' medevac travel (U.S. and intermediate), medevac care (U.S. and intermediate), and emergency leave travel for all Volunteers. OHS manages a centrally managed account at HQ for these costs. Funds are not transferred to Posts for these purposes, with a few exceptions. (*See* Chapter 61, Overseas Financial Management Handbook.)

8.0 Travel

8.1 Visas

In anticipation of the need for a medical accompaniment for a Volunteer who is medically evacuated, all PCMOs must maintain active visas for entry into the United States, unless an exception is given from OHS. Any expenses required to maintain an active visa will be borne by the Post.

8.2 Travel Options

(a) Volunteers may be evacuated via commercial flights, air ambulance, military aircraft, or overland transportation, as defined in the Post's medical evacuation plan. Military

assistance is not guaranteed. Most Volunteers who are medically evacuated will travel from the Post to the medevac location via economy class on a commercial airline.

(b) In a life-threatening emergency requiring evacuation, where suitable air ambulance transportation is not adequate or available in a timely manner, the assistance of other emergency evacuation options may be used, including but not limited to other Federal agencies.

(c) As necessary, the CD will contact the U.S. Embassy to expedite U.S. Immigration clearances of the Volunteer and non-U.S. PCMO accompaniment and to request U.S. Embassy assistance in other countries connected to the medical evacuation travel arrangements.

(d) The selection of appropriate travel options will be based on the Volunteer's medical condition and needs, and the proximity of a medically appropriate facility, as determined by OHS.

8.3 Selection of Medevac Destinations

(a) Peace Corps generally evacuates Volunteers to either the United States or a regional medevac location. However, in emergency situations, the Peace Corps may evacuate a Volunteer to another appropriate location as determined by the OHS on call medical team and the contracted air ambulance provider, and other key consultants as necessary.

(b) The selection of an evacuation destination will be based on the Volunteer's medical condition and needs, and the proximity of a medically appropriate facility, as determined by OHS.

8.4 Medevac to the United States

Medical evacuees to the United States will generally go either directly to Washington, D.C., or to the Volunteer's home of record, but may go to another location in the United States, as determined by OHS in consultation with the PCMO as appropriate.

8.5 Medevac to Locations Outside the United States

(a) Regional medevac locations are approved by OHS after consideration of the level of services available and the Post's ability to support the site as a regional medical evacuation location. A decision to medically evacuate a Volunteer to an approved regional medevac location is appropriate when the PCMO (or Regional Medical Officer, as appropriate), in consultation with OHS, determines that the regional location facilities are adequate to treat the medical condition of the Volunteer.

(b) In extraordinary circumstances, as determined by OHS, a Volunteer may be medically evacuated to a non-Peace Corps country.

(c) If a Volunteer's home of record is outside the United States, the Volunteer may be medically evacuated there, following consultation with OHS.

8.6 Special Travel Arrangements

When the medical condition of the Volunteer requires special arrangements during travel, the OHS on call medical team may approve and authorize the following special arrangements:

(a) business or first-class seating on the airplane,

(b) stretcher or more than one seat,

(c) medications enroute,

(d) an accompaniment, and/or

(e) other medically necessary arrangements.

8.7 Accompaniments

The majority of Volunteers who are medically evacuated travel without an accompaniment from the Post to the medevac destination. In some cases, however, it is necessary for an accompaniment to travel with the Volunteer at Peace Corps expense.

(a) The OHS On call Medical Team must approve the need to appoint an accompaniment, whether such an accompaniment must be a medical professional, and the level of care the accompaniment needs to provide the Volunteer.

(b) A second accompaniment may be selected in unusual circumstances only if determined as necessary by the OHS On call Medical Team.

(c) The accompaniment must be a healthcare professional or a Post staff member.

(d) As appropriate for the Volunteer's medical condition and the accompaniment's qualifications, the accompaniment may provide clinical care enroute, continuous monitoring for the Volunteer, emotional support, and/or physical assistance.

(e) In the case of sexual assault, stalking or other serious crime, the Volunteer must be accompanied by a Peace Corps staff member, unless declined by the Volunteer.

(f) If the PCMO selects a Post staff member for the accompaniment, the PCMO must obtain the concurrence of the CD so that Post staffing and program needs are considered, and the staff member's international travel and leave are approved.

(g) The PCMO must ensure that the accompaniment:

  (1) Understands the accompaniment responsibilities.

(2) Is aware of the medical support needs of the Volunteer and is capable of providing the support.

(3) Hand-carries the medical files and related evacuation documents and provides the receiving clinical staff with all necessary information.

(4) Physically accompanies the Volunteer from the point of overseas departure to the designated destination.

(5) Understands that responsibility for the Volunteer remains with the accompaniment until the Volunteer is accepted by a medical facility or by the OHS staff or PCMO at the destination.

(6) Is aware of confidentiality requirements of the Privacy Act, HIPAA, and Peace Corps confidentiality policies.

(7) Is appropriately briefed and given written instructions concerning contact telephone numbers and any other pertinent clinical information.

(h) The DMO must determine that the accompaniment:

(1) Has all necessary visas for the travel requirements.

(2) Is given written instructions concerning airports, hotels, taxis, contact telephone numbers and any other pertinent logistical information.

(i) In the event of a psychiatric emergency, an accompaniment of the same gender must accompany the Volunteer, unless otherwise recommended by BHO.

(j) Once the accompaniment has delivered the Volunteer to the appropriate destination, the accompaniment is generally expected to return to Post. If the accompaniment is another Volunteer or Post staff, the accompaniment is allowed a maximum of 72 hours at the medevac destination to recover from the trip before returning to Post. Any additional leave must be approved by the CD.

(k) In rare situations in which the PCMO from another Post accompanies a Volunteer, the OHS shall contact the CD of the second Post and request the CD authorize the PCMO's accompaniment.

8.8 Volunteer Spouse Travel

(a) Independent of whether or not a medical evacuee is provided an accompaniment, a Volunteer spouse may be authorized to travel with the Volunteer if the PCMO, in consultation with OHS and with the CD's concurrence, determines that the spouse's presence will enhance the Volunteer's well-being or the cause for the evacuation is likely to result in medical separation or death. The PCMO's determination must be based on such

factors as the severity of the injury or illness, the need for major surgery, and/or the emotional status of the couple and their need for mutual support.

(b) The CD must authorize the Volunteer spouse's international travel and leave.

(c) Once authorized by the CD, the DMO or designee will arrange travel arrangements and provide per diem for the Volunteer spouse to the extent permitted by Peace Corps policies.

(d) In the case of a Volunteer who is the victim of sexual assault, stalking or other serious crime, the PCMO and OHS should consult with the OVA prior to approving accompaniment by a spouse or other family member.

8.9 Other Travel Companion

(a) In life-threatening circumstances in which there is the possibility of the Volunteer's death, the PCMO may recommend a non-Volunteer spouse or family member accompany the Volunteer. In such situations the PCMO must provide justification to the Associate Director of OHS. The Deputy Director or the Chief of Staff are the final approving officials for all invitational travel. (*See* MS 812 *Peace Corps Staff Travel and Transportation Procedures* subsection 25.9.)

(b) If OHS determines a non-spouse Volunteer should travel with the evacuee in order to provide emotional support, the PCMO must obtain the concurrence of the CD so that the Volunteer's international travel and leave are approved prior to traveling.

9.0 Transfer and Care of Medevac Documents and Information

(a) When OHS has authorized a medevac to the United States or another country, the PCMO, with support from the Medical Assistant/Secretary and the DMO as necessary, must send the following information to OHS:

(1) The evacuee's name, Volunteer ID, date of birth, status (Volunteer or Trainee), enter-on-duty date, and projected close-of-service date.

(2) The evacuee's departure and arrival information, including:

(i) the airline carriers, flight numbers, and airports;

(ii) the estimated time of arrival to the evacuation destination airport (ETA);

(iii) information about an accompaniment or accompanying spouse or family member, if any;

(iv) whether hospitalization is required upon arrival;

(v) whether the medical condition requires being met upon arrival with an ambulance and attendant; and

(vi) any special logistical needs required from the Behavioral Health Outreach Unit or the Medevac Support Program.

(3) Whether the situation warrants notification to emergency contacts, and if so, whether and when they have been notified and what information has been conveyed to them.

(b) PCMOs are responsible for ensuring:

(1) Medevac field consult is sent in PCMEDICS and OHS/RMO concurrence and/or authorization number is received.

(2) Itinerary and Travel Authorizations (TAs) are sent to OHS or regional medevac site and uploaded to PCMEDICs.

(3) The evacuee or accompaniment hand-carries the evacuee's health record, including Continuity of Care document from PCMEDICS, relevant reports and in-country x-rays, in a sealed envelope to the designated healthcare provider at the medevac destination.

(4) The evacuee has their International Certificate of Vaccination or Prophylaxis (ICVP), e.g., World Health Organization Yellow Card if indicated, immunization records, the Medevac Guide and instructions, and the Health Benefits identification card.

(5) The evacuee has a 45-day supply of routine medications, malaria prophylaxis, malaria RAT, COVID RAT, Coartem, praziquantel and primaquine if indicated, as well as special arrangements for controlled substances and injectable medications, if indicated.

(i) The evacuee and accompaniment are fully briefed and given written instructions concerning medical appointments and contact telephone numbers at the medevac destination.

(ii) In the case of victims of sexual assault, stalking and other serious crime, OVA is informed of any non-medical issues that might affect the return to service by an evacuated Volunteer.

(iii) The Volunteer is provided with an explanation of medical clearance and medical separation policies.

(c) The DMO is responsible for ensuring:

(1) The evacuee has their official passport and visas.

(2) The Volunteer's home of record (HOR) is confirmed in VIDA.

(3) The evacuee has transportation to and from Post to medevac site.

(4) Each medical evacuee and accompaniment is given an advance of at least three days per diem for immediate expenses (*see MS 221 Volunteer Allowances,* Exhibit A) and has a Travel Authorization (TA).

(5) The Volunteer and/or accompaniment hand-carries all appropriate travel and administrative documentation or forms necessary for the medevac travel and care of the Volunteer.

(6) The applicable Country Desk is informed of the Volunteer's medical evacuation and departure date from Post.

(7) The evacuee and accompaniment are fully briefed and given written instructions concerning airports, hotels, taxis, contact telephone numbers and any other pertinent information related to arrival and travel to the medevac destination.

(8) Post staff reviews status of personal belongings left in country; e.g., secure, itemized list received.

(9) If Volunteer will medically separate/COS at end of medevac, issues copies of the following completed forms:

(i) Form PC-477: Certificate of Non-Indebtedness and Accountability for Property.

(ii) Explanation of personal effects shipment policy i.e., weight limits, personal property insurance.

(iii) Prepares final termination document and explains any deductions that will be made from the Readjustment Allowance for overpaid living allowance, leave allowance, and other indebtedness.

(d) OHS is responsible for ensuring:

(1) The Medevac Program Specialist is informed of the medevac itinerary as soon as it is made available by Post.

(2) The Chief of BHO or their designee is informed of the itinerary of any Volunteer who is medically evacuated for mental health concerns as soon as the information is provided by Post.

(3) The OVA is informed of the medevac itinerary if the Volunteer is a victim of sexual assault, stalking or other serious crime as soon as the information is made available by Post.

(4) The PCMO, CD and Region are informed of the ongoing and final status of the Volunteer including, as appropriate, the return date and arrival time of a Volunteer

medically cleared to return to Post or the termination date of a medically separated Volunteer.

10.0 Volunteer Status and Return to Service

(a) Peace Corps staff (PCMO or RMO) at a regional medevac site will routinely provide the Volunteer's PCMO and OHS staff with information on the status of the Volunteer.

(b) OHS will determine whether a Volunteer can be medically cleared to return to service or will be medically separated pursuant to MS 284 *Early Termination*.

(c) The PCMO is responsible for keeping the CD apprised of the Volunteer's ongoing and final status.

(d) In cases of sexual assault, stalking and other serious crime, OHS will inform OVA of the Volunteer's ongoing and final status.

(e) The CD must keep the Region, PCMO and OHS apprised of any non-medical issues that might affect the Volunteer's return to service.

(f) In consultation with the Region, OGC, OHS, and OVA as necessary, the CD will expedite decisions regarding the early termination of an evacuated Volunteer for non-medical issues.

(g) A Volunteer who is medically cleared for further service by OHS will return to Post as soon as possible unless the Volunteer elects to resign or is subject to early termination for other non-medical issues.

(h) OHS will notify the PCMO, Region's Country Desk Officer, and as necessary OVA, not less than three (3) business days before the anticipated end of a medevac.

(i) In situations in which non-medical issues have not been resolved by the time the Volunteer is medically cleared to return to Post, the Volunteer will no longer be on medevac status and the Region will be responsible for determining the status of the Volunteer.

(j) Medically evacuated Volunteers who have less than ninety days of service remaining may be given an advanced completion of service (COS) date per MS 281 *Completion of Service Date Advancement and Extension of Service*. In cases of sexual assault, stalking and other serious crime, the CD or the Region must consult with OVA prior to granting an early COS.

11.0 Medical Action Plans at Post

The Medical Action Plan required by MS 264 must comply with TG 385 *Medical Action Plan* and include the following:

(a) In-country medical facilities and physicians and, if applicable, medical facilities and physicians in neighboring countries that provide regular and specialized services.

(b) Local resources that could be used in an emergency.

(c) Available transportation (U.S., host country or neighboring country) systems; this should include information on availability, request procedures and landing field capabilities; and

(d) Current State Department regulations and procedures concerning medical evacuations, if relevant.

12.0 Medevac Support Program

It is the responsibility of the Medevac Support Program to ensure that medically evacuated Volunteers are treated holistically with compassion. The Medevac Support Program provides resources and a support structure that helps Volunteers who are medically evacuated to the United States maintain a connection to the Peace Corps. The objectives of the Medevac Support Program are as follows:

(a) Maintain daily communication with OHS staff to confirm arrivals, departures and issues with medically evacuated Volunteers to ensure that they are receiving appropriate support while they are evacuated in the U.S.

(b) Provide Volunteers who are medically evacuated to the United States with logistics and medical payment and reimbursement information.

(c) Provide written information packets to better inform Volunteers and their families, as appropriate, on how to cope with medevac status and more easily transition back into life in the United States should they be medically separated.

(d) Ensure airport pick-up as necessary for Volunteers who are medically evacuated to Washington D.C.

(e) Arrange for an OVA or OHS staff member or other appropriate Peace Corps representative to meet at the airport a Volunteer who is a victim of sexual assault, stalking or other serious crime and provide accompaniment to the hotel.

(f) Inform the appropriate Country Desk when Volunteers are medically evacuated to Washington D.C. or their home of record.

(g) Keep medically evacuated Volunteers informed and updated on Peace Corps news as it pertains to them, such as emergencies and evacuations that occur in the D.C. area.

13.0 After Action Reviews

As necessary, OHS shall conduct an After Action Review, with the engagement of third party facilitators or consultants if appropriate. All medical evacuations via air ambulance will have a review to assess the performance of the air ambulance vendor as facilitated by the OHS Contracting Officer's Representative, and in accordance with the OHS protocol on Air

Ambulance Follow-up Meetings. If there is a patient safety event, the Quality Improvement Unit will lead the review, with engagement of the Patient Safety Organization as needed as per TG 167 *Patient Safety Events.*