

# MS 264 Medical Evacuation

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**Effective Date:** March 8, 2013

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

**Supersedes:** 4/13/12; 6/22/05; MS 264 (5/2/84); MS 425 (4/1/82)

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Issuance Memo (03/08/2013)

Issuance Memo (04/13/2012)

Issuance Memo

*MS 264 Medical Evacuation Procedures*

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## 1.0 Purpose

This Manual Section sets out the Peace Corps policies for the medical evacuation (medevac) of Trainees, Volunteers, and dependents (collectively referred to as Volunteers). Procedures implementing this Manual Section are contained in the *MS 264 Medical Evacuation Procedures*.

## 2.0 Authority

Peace Corps Act, 22 USC 2504 (e)

## 3.0 Policies

- (a) It is the policy of the Peace Corps to evacuate Volunteers from the country of assignment to the United States or third countries when illness, injury, or other medical necessity requires evaluation and/or treatment beyond the scope of care available in-country. Under no circumstances should a Peace Corps Medical Officer (PCMO) hesitate to evacuate an individual, if that is the medically sound course of action.

- (b) In the case of a Volunteer who is the victim of a sexual assault, the Volunteer has the right to be evacuated for medical treatment from the country of assignment if requested by the Volunteer.
- (c) Medical evacuation is not to be used in lieu of administratively separating a Volunteer. *See* MS 284.
- (d) Medical decisions concerning whether and how to medevac all Volunteers are made by the Office of Health Services (OHS) after consultation with the PCMO. In the case of a Volunteer who is the victim of a sexual assault, stalking or other serious crime, the Office of Victim Advocacy (OVA) must also be consulted.
- (e) The majority of medevaced Volunteers travel without an escort from the post to the medevac location. In some cases, however, it is necessary for an escort to travel with the Volunteer at Peace Corps expense. The PCMO, with OHS approval, will determine the need to appoint a medical or nonmedical escort. In the case of a medevac resulting from a sexual assault, stalking or other serious crime, the Volunteer must be accompanied by a Peace Corps staff member, unless declined by the Volunteer.
- (f) OHS makes the determination of whether a Volunteer is medically cleared to return to service or will be medically separated pursuant to Section 3.0 of MS 284.
- (g) Each post must prepare a country-specific Medical Action Plan in accordance with TG 385-“Medical Action Plan (MAP)”, keep it current, and adjust it according to changes available in commercial transportation or conditions at the medevac locations that could impede or prevent medevac to such locations. The MAP is intended to be a comprehensive, country-specific reference guide designed to assist the Post with the safe and efficient medical evacuation of Volunteers, in individual cases and/or as a group. The MAP should be prepared by the PCMO in consultation with embassy medical personnel as appropriate, and approved by the Country Director (CD).

## **4.0 Roles and Responsibilities**

### **4.1 Office of Health Services**

OHS is responsible for overseeing the health care provided to Volunteers, including medical services for Volunteers who need to be medically evacuated. Responsibilities assigned to OHS may be assigned as appropriate.

#### **(a) Office of Medical Services (OMS)**

OMS reports to OHS and is responsible for managing and providing the health care required by Volunteers, including the health care for Volunteers who are undergoing a medical evacuation or who are in medevac status.

## **(b) Counseling and Outreach Unit/Medevac Support Program**

The Counseling and Outreach Unit is responsible for managing the Medevac Support Program, which provides resources and support structure to help medevaced Volunteers maintain connection to the Peace Corps. COU also provides counseling and other care to Volunteers on medevaced status as appropriate.

## **(c) Peace Corps Medical Officer**

PCMOs are managed by OHS and provide day-to-day management of health care services for Volunteers. PCMOs consult with and make recommendations to OHS concerning medevacs. They prepare the post's Medical Action Plan for approval by the CD. PCMOs consult with CDs regarding the logistical and administrative aspects of medically evacuating a Volunteer.

## **4.2 Country Director**

CDs are responsible for responding to the needs of Volunteers. CDs are responsible for taking all appropriate steps to expedite the medevac of Volunteers, including providing all necessary administrative and logistical support.

## **4.3 Office of Safety and Security**

The Office of Safety and Security has numerous responsibilities under policies and procedures that address Peace Corps' response to Volunteers who are victims of sexual assault or crime. This includes notification of the incident to appropriate parties. In such situations, when the responsible parties determine to medically evacuate a victim, it cooperates as necessary to facilitate the medevac.

## **4.4 Office of Victim Advocacy**

For Volunteers who are victims of sexual assault, stalking and other crimes, OVA facilitates access to the support services to which they are entitled under applicable law and Peace Corps policy, including medical evacuation.

## **4.5 Regions**

Regions, in collaboration with OHS, are responsible for tracking and monitoring medevaced Volunteers. Region staff coordinate and liaise with all parties to determine and arrange for the desired outcome.

## **5.0 Procedures**

Procedures implementing this Manual Section are set out in MS 264 *Medical Evacuation Procedures*. The Health Care Quality Assurance Council oversees the MS 264 *Medical Evacuation Procedures* and is delegated authority to amend them.

## **6.0 Effective Date**

The effective date is the date of issuance.