

MS 264 Medical Evacuation Procedures

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1.0 Medevac Approvals

- (a) OHS must approve any medical evacuation of a Volunteer, including the medevac destination, whether any escorts are necessary or appropriate, and the need for special travel arrangements. However, 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.
- (b) OHS must authorize in writing any medical evacuation to a non-Peace Corps country or involving medical or other private charter flights (air ambulance).
- (c) The PCMO must inform the Country Director (CD) of a planned medevac.
- (d) The CD must take all appropriate steps to expedite the medevac as necessary, including providing administrative and logistical support.
- (e) In cases involving sexual assault, stalking or other crime, OVA may assist Volunteers by making such victims 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 location.
- (f) If the CD and/or OVA has concerns with a medevac decision made by OHS and the PCMO, the concerns may be addressed directly to the Director of Medical Services.

2.0 Travel

2.1 Travel Options

Volunteers may be evacuated via commercial flights air ambulance, military air craft, or overland transportation, as defined in the post's medical evacuation plan. Most Volunteers are medically evacuated on regular commercial airline flights. In a life-threatening emergency requiring evacuation, where suitable commercial transportation is not available or adequate, the assistance of other emergency evacuation options may be used, including but not limited to other Federal agencies. If necessary, the CD must contact the American embassy to expedite emergency evacuation.

2.2 Medevac Locations

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. The selection of an evacuation point will be based on the Volunteer's medical condition and needs, and the proximity of a medically appropriate facility. In the case of a Volunteer who is the victim of sexual assault, stalking or other serious crime, the PCMO and OHS must also consult with the OVA in determining the medevac location.

2.3 Medevac to the United States

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

2.4 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 RMO, as appropriate), with approval of 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 medevaced to a non-Peace Corps country. Such a medevac must be authorized in writing by OHS.

2.5 Special Travel Arrangements

The majority of medevaced Volunteers will travel from the post to the medevac location via economy class on a commercial airline. Where the medical condition of the Volunteer requires special arrangements during travel, OHS 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 en-route;
- (d) An escort; and
- (e) Other medically necessary arrangements.

2.6 Escorts

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 may recommend and OHS must approve the need to appoint an escort, whether such an escort must be a medical professional, and the level of care needed for the Volunteer. A second escort may be selected in unusual circumstances only if determined as necessary by the PCMO and OMS. As appropriate, the escort may provide clinical care en-route, continuous monitoring for the Volunteer, emotional support, and/or physical assistance. The escort must be a healthcare professional or a post staff member, except that OHS may determine in rare or special circumstances that a Volunteer or family member should accompany the evacuee at Peace Corps expense.

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.

In anticipation of the need for a medical escort for a medevaced Volunteer, all PCMOs must maintain active visas for entry into the United States, unless an exception is given from OMS. Any expenses required to maintain an active visa will be borne by the post.

If the PCMO selects a post staff member or another Volunteer as an escort, the PCMO must obtain the concurrence of the CD so that the post staff and program needs are considered. OHS must approve the use of a Volunteer as an escort.

The PCMO must ensure that the escort:

- (a) Understands the escort responsibilities;
- (b) Is aware of the medical support needs of the patient, and is capable of providing the support;
- (c) Hand-carries the medical files and related evacuation documents, and provides the receiving clinical staff with all necessary information;
- (d) Physically accompanies the patient from the point of overseas departure to the designated destination;
- (e) Understands that the responsibility for the Volunteer remains with the escort until the Volunteer is accepted by a medical facility or by the OHS staff or PCMO at the destination;

- (f) Complies with the confidentiality requirements of the Privacy Act, HIPAA, and Peace Corps confidentiality policies;
- (g) Is fully briefed and given written instructions concerning airports, hotels, taxis, contact telephone numbers and any other pertinent information; and
- (h) In the event of a psychiatric emergency, an escort of the same gender must accompany the medevaced Volunteer/Trainee.

Once the escort has delivered the Volunteer to the appropriate destination, the escort is generally expected to return to post. If the escort is another Volunteer or post staff, the escort is allowed a maximum of 72 hours at the evacuation site to recover from the trip before returning to post. Any additional leave must be approved by the CD.

2.7 Accompaniment by Volunteer Spouses, Dependents, and Volunteer Parents of Dependents

Independent of whether or not a medical evacuee is provided an escort, the medical evacuee may be accompanied by his or her Volunteer spouse, if the PCMO, in concurrence with the CD, determines that the Volunteer spouse's presence is advisable; or may be accompanied by the Volunteer spouse and dependent, if the cause for the evacuation is likely to result in a 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. In the case of a Volunteer who is the victim of sexual assault, stalking or other serious crime, the PCMO and CD should consult with the OVA.

In all cases involving the medical evacuation of a minor child of a Volunteer, one parent must accompany the child. If the PCMO determines, in consultation with OMS, that the child's condition is life-threatening, the PCMO must determine whether both Volunteer parents should accompany the child. In cases where the child's condition is not life-threatening, and where accompaniment by only one Volunteer parent would cause a hardship to the parents (not mere inconvenience), the CD may authorize travel and allowances from post funds for the other Volunteer parent.

2.8 Transfer and Care of Medevac Documents and Information

- (a) When OMS has authorized a medevac to the United States, post must send the following information to OMS:
 - (1) The evacuee's name, Volunteer ID, date of birth, and status (Volunteer, Trainee, or dependent), the date the Volunteer entered on duty (EOD), and the projected close-of-service date (COS); the evacuee's departure and arrival information, including:
 - (i) the airline carrier and flight numbers and airport;
 - (ii) the estimated time of arrival (ETA);

- (iii) information about an escort or accompanying spouse, dependent, or parents of dependent, if any;
 - (iv) whether hospitalization is required upon arrival;
 - (v) whether the medical condition requires being met upon arrival with an ambulance and attendant;
 - (vi) any special logistical needs required from the Counseling and Outreach Unit/Medevac Support Program; and
- (2) 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 that:
- (1) The diagnosis of the evacuee is sent to OMS;
 - (2) The CD and the Director of Management Operations (DMO) at post have been notified of the decision to medevac a Volunteer or dependent and provided the name of the evacuee, departure information and any special transportation needs;
 - (3) The evacuee or escort hand-carries the evacuee's health record, including reports and in-country x-rays, in a sealed envelope to the medevac destination;
 - (4) The evacuee has his or her passport with the World Health Organization card, the Medevac Guide, and the health benefits card; and
 - (5) The evacuee and escort 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 location.
- (c) CDs are responsible for ensuring that:
- (1) Each medical evacuee has been given an advance of at least three days per diem for immediate expenses (see MS 221);
 - (2) Each evacuee or escort hand-carries all appropriate administrative documentation or forms necessary for the medevac and care of the Volunteer or dependent;
 - (3) The applicable Country Desk is informed that a Volunteer is on medevac.
 - (4) If indicated, the local U.S. Embassy has been contacted to expedite U.S. Immigration clearances of the Volunteer and non-U.S. PCMO escort;
 - (5) 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; and

- (6) 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.
- (d) OHS is responsible for ensuring:
- (1) The Program Specialist/Medevac Team Lead is informed of the itinerary of all medevaced Volunteers, as soon as it is made available by post.
 - (2) The Chief of Counseling and Outreach Unit or designee is informed of the itinerary of all Volunteers medevaced for mental health concerns, as soon as it is made available by post.
 - (3) The OVA is informed of the itinerary of all medevaced Volunteers who are victims of sexual assault, stalking or other serious crime, as soon as it is made available by post.
 - (4) That the appropriate Regional Director or Chief of Operations has been informed of OMS's decision on cases under 2.8(c)(5) above.

The OHS staff will provide the PCMO information on the ongoing and final status of the Volunteer. Once final decisions are made, OHS will inform the PCMO of either the Volunteer's time of arrival (ETA) in country if the Volunteer has been medically cleared, or the termination date of a medically separated Volunteer. The PCMO is responsible for keeping the CD apprised of the ongoing and final status.

The 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 and, in consultation with OHS, the final decision regarding return to country or date of termination for a medically separated Volunteer. The Volunteer's PCMO is also responsible for apprising the Volunteer's CD of this information. In cases of sexual assault, stalking and serious crime, OVA will be responsible for keeping the CD apprised of the coordinated Peace Corps response with the exception of privileged clinical information.

3.0 Return to Service

OHS will determine whether a Volunteer can be medically cleared to return to service or will be medically separated pursuant to MS 284. In cases of sexual assault, stalking and other serious crime, OHS will keep OVA informed.

A Volunteer who is medically cleared for further service by OMS will return to post as soon as possible unless the Volunteer elects to resign or the CD has, pursuant to subsection 2.8 (3)(e), informed OHS of any non-medical issues that might affect the return to service by an evacuated Volunteer. In consultation with OHS, the Regions will seek to resolve non-medical issues during the medevac. In cases where 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. OHS will

give the Regions not less than three (3) business days notice before the anticipated end of a medevac. In cases of sexual assault, stalking and other serious crime, the CD or the Region must consult with OVA.

Medically evacuated Volunteers who have less than ninety days of service remaining will usually be given an advanced completion of service (COS) date. Such a Volunteer will be returned to post only where the CD determines that the Volunteer's absence would adversely affect the project or Peace Corps' effectiveness in the host country. In cases of sexual assault, stalking and other serious crime, the CD or the Region must consult with OVA.

4.0 Medical Action Plans at Post

4.1 The Medical Action Plan required by [MS 264.3](#) must comply with TG 385 Medical Action Plan and include the following:

- (a) In-country medical facilities and physicians and 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;

4.2 The CD must ensure that all staff members are familiar with Medical Action Plan (MAP). At a minimum, the CD must:

- (a) Review and approve the plan annually to ensure the MAP is complete and current in all respects;
- (b) Brief all new employees concerning the MAP's contents;
- (c) Include responsibilities for Plan preparation in the PCMO position description or in the contract;
- (d) Provide key staff (SSM, DMO, CD, PCMO and Medical Secretary/Medical Assistant) with their assignment and responsibilities in the case of a life threatening medical emergency. Each team member must have a copy of the Medical Action Plan (MAP) with their specific duties highlighted and available to them at all times; and
- (e) Hold 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 critical members of the post team including but not limited to the PCMOs, Medical Secretary/Assistant, CD, SSM and DMO.

5.0 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 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 medevaced Volunteers to ensure that they are receiving appropriate support while they are medevaced in the U.S.
- (b) Provide a personalized orientation packet for those medevacs who are sent to Washington D.C. This packet will have essential ancillary information.
- (c) Provide written information packets to better inform medevaced 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 for Volunteers who are medevaced to Washington D.C.
- (e) Arrange for a Peace Corps staff member or representative to meet Volunteers who are victims of sexual assault, stalking or other serious crime at the airport and escort them to the hotel.
- (f) Create a medevac support group at Headquarters to provide additional assistance to Volunteers. Organize a regular meet and greet with medevaced Volunteers and Headquarters staff.
- (g) Ensure a welcoming environment by establishing an area in the Headquarters building to accommodate medevaced Volunteers, such as a Medevac Lounge/Waiting area.
- (h) Facilitate interactions with Returned Peace Corps Volunteer networks.
- (i) Inform Country Desk Units when Volunteers are medevaced to Washington D.C. or Home of Record (HOR).
- (j) Keep medevaced Volunteers informed and updated on Peace Corps news as it pertains to them, such as emergencies and evacuations (see SOP for emergency procedures for medevaced Volunteers who are located in D.C. area).

6.0 Effective Date

The effective date is the date of issuance.