

TERMS OF REFERENCE FOR IN-COUNTRY PATIENT COORDINATION OFFICERS IN THE POST-MEDEVAC SUPPORT PROCESS

This document sets out the



- iii. Identify any quarantine restrictions which may impact non-medical patient escorts and ensure these are promptly communicated to the UN MEDEVAC Cell and the relevant Patient Focal Point.
- iv. In conjunction with any in-country UN Medical Advisor and other colleagues as appropriate, and informed by the Framework for Post-MEDEVAC Support, develop tailored in-country Standard Operating Procedures (SOPs), to be shared with all Patient Focal Points to inform effective in-country oversight and coordination of the following:

Non-medical support to hospitalised COVID-19 patients and to any escorts Non-medical support to medically discharged but convalescing COVID-19 patients

The repatriation of COVID-19 patients to another country

The notification of death and repatriation of the remains of a COVID-19 patient¹

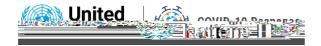
B. Active Engagement, Coordination, and the provision of Support:

The Patient Coordination Officer will:

Foooa.416isRGbalhospitalised Galvil Medical Facility to maintain a current overview of the status of COVID-19 patients;

- ii. Proactively ensure that each COVID-19 patient and any accompanying escort is assigned to and is being actively supported by a designated Patient Focal Point;
- iii. Ensure that any non-medical needs of the COVID-19 patient are communicated to the Patient Focal Point and are as far as is possible, being met:
- iv. Convey any administrative or financial queries from the Treating Medical Facility to the Patient Focal Point, or in the case of financial queries to Cigna as appropriate;

Management of the regular upd



Access to Resources

7. In the