



## **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 patient<sup>1</sup>

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

The Patient Coordination Officer will:

- i. Proactively ensure that each hospitalised COVID-19 patient is assigned to a designated Patient Focal Point 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;
- Priority to the regular upd



### Access to Resources

7. In the exercise of their functions