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## MEDICAL EVACUATION PROTOCOL

**Overview:** Medical referral, medical assistance, and in rare but serious cases, medical evacuation is available to staff and visitors traveling on behalf of your institution and its entities' who are in need of essential medical care or treatment that is locally unavailable or inadequate. *\*If medically necessary\**, staff and visitors may be evacuated to the nearest place where adequate medical facilities exist, as determined by the affiliated physician on site and the patient's insurance company. A person may elect to travel to a hospital/country other than that approved by their insurance coverage, with the understanding that this will most likely result in out-of-pocket expenses. Please make sure you understand what is covered, or not covered, by your insurance *well before* arriving to your international site.

**Please note:** In order to be able to assist you, it is important that your organization and onsite partners has the necessary information on file. Before arriving to the international site, please ensure that you have completely filled out the Visitor Information form. A link to this live document is available from your in-country host/supervisor/contact person. **It is each traveler's responsibility to provide the necessary information. Failure to do so can severely compromise, or make it impossible, to provide appropriate assistance in case of an emergency. Please do your part – it is your responsibility to fill out the online form with the necessary information, including:**

- **Travel Medical Assistance (Evacuation) Insurance** – company name, policy number and contact number
- **Personal Health Insurance** – company name, policy number and contact number
- **Emergency Contact** – full name, relationship, contact number and email address

**If you are in need medical attention:**

- **Please contact the international site based Program Director or another affiliated physician on site.** The affiliated physician, in coordination with yourself (or your emergency contact), a local-based logistician, and your insurance provider will work together to ensure you receive the necessary treatment. Any medical information that is shared will be held with the standard patient confidentiality rules.
- **Also contact your Travel Insurance company (xxx) xxx-xxxx**
- When in doubt, call someone! It is much better to give everyone early warning that action may be required.

**If a person's condition is severe enough to warrant evacuation**, based on recommendation by a physician, consider the following factors that may complicate the medical evacuation process:

- Medical status/stability of the patient – may be too unstable to fly
- Urgency of medical evacuation/repatriation

For more information please contact MGH – Global Health, Global Disaster Response; [globaldisasterresponse@partners.org](mailto:globaldisasterresponse@partners.org) or visit our website, [bit.ly/MGHGlobalDisasterResponse](http://bit.ly/MGHGlobalDisasterResponse)

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- Patient location
- Transport and airport accessibility (e.g. weather conditions, prohibition of nighttime flying)
- Flight and clearance restrictions
- Aircraft and trained medical team availability
- Visa entrance/exit requirements (e.g., flying to Kenya or South Africa)
- Political and security situation on the ground

**Steps for medical evacuation, if deemed necessary:** In order to ensure a smooth evacuation process and adequate medical care prior to evacuation, an MGH affiliated physician and Mbarara-based logistician will work hand-in-hand following the steps below. The steps below are to be followed concurrently:

Institutional affiliated physician responsibilities		Local-based logistician responsibilities	
<i>Pre-evacuation</i>			
<i>Ensure the safety of all staff</i>			
<b>1. As soon as possible, contact travel medical assistance/evacuation or insurance provider to inform them of the situation and that an emergency evacuation may be needed.</b>			
2	If not done so already, transfer patient to nearest hospital.	2	In assistance with the affiliated physician, help transfer patient to hospital, if not done so already.
3	Coordinate with local medical providers to conduct a medical assessment of patient and identify chief concerns. With logistician, fill out the Remote Health Medical Evacuation Form and, if necessary, the Trauma Form.	3	If not already done so, contact the patient’s travel medical evacuation insurance and a member of the Safety and Security Team.
4	Attend to the medical needs of the patient and continue to do so throughout this entire protocol. <i>Local colleagues will know the resources and capacity of the local hospital well and partnering with them will be of vital importance during this process.</i>	4	Gather insurance, passport, health and emergency contact information. This information should be on the Visitors Google Document. If the internet is not working, the Safety and Security Team has access to the information.
5	Coordinate with logistician to provide the insurance company with the correct medical information.	5	Re-contact the patient’s travel medical assistance/evacuation insurance company to update them on the patient’s condition and needs. If not gathered already, they will most likely ask for the following information: <ul style="list-style-type: none"> <li>- patient’s passport</li> <li>- patient’s medical information</li> <li>- evacuation insurance information</li> <li>- primary insurance information</li> </ul>
6	Determine, with the insurance company, if the patient needs to be evacuated, and the location that would best meet their medical needs. <i>If possible, it is good practice to get</i>	6	Contact the patient’s emergency contact person or ensure a member of the Safety and Security team does so. <i>If possible, it is good practice to get consent to evacuate from patient; however, if not</i>

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	<i>consent to evacuate from patient; however, if not possible, it is presumed to be 'informed consent.'</i>		<i>possible, it is presumed to be 'informed consent.' It may also be prudent to get consent to evacuate from emergency contact if patient cannot provide, however do not delay on this point alone.</i>
<b>Evacuation, if deemed necessary</b>			
7	If the travel insurance company has been called, the response operations center will notify members of the Safety and Security team to inform them of the situation. Provide regular updates as warranted and as time allows.	7	Work with the insurance company to determine evacuation route and destination via charter flight. <i>In most cases, a visa will be required. Ensure this is obtained for both the patient and anyone accompanying him/her at the local immigration office.</i>
8	Prepare the patient for transfer (via car or ambulance) to local airstrip. Pack all necessary medical equipment for safe transfer.	8	In addition to the visa, collect a hard copy of patient's passport and personal effects such as clothes, toiletries and money that may be required for travel/hospital stay. Collect the same items for anyone escorting the patient.
9	Escort patient and logistician to local airstrip.	9	Ensure the evacuation company knows the patient's full name and weight (for aircraft) as well as for the escort, if applicable.
10	Brief arriving evacuation medical team on patient's condition, medical needs and provide them with Remote Health Medical Evacuation Form.	10	Drive the patient and affiliated physician, or contact a private hire driver or ambulance, to the nearest airstrip. Make sure to bring all necessary documents.
11	If appropriate, accompany patient to pre-determined facility/hospital.	11	Hand over passport, visas, insurance information, personal effects and emergency contact information to arriving insurance medical team.
12	Contact the Safety and Security team to update them on evacuation status.	12	Contact evacuation insurance company to update them on evacuation status.
<b>Post-evacuation, arrival at hospital</b>			
13	Ensure smooth transition between flight crew and hospital staff.	13	Upon receiving update from receiving physician, update evacuation insurance company.
14	Update Logistician on patient's status.	14	Update Safety and Security team.
15	Stay with patient until no longer necessary.	15	Update emergency contact.
16	Debrief the entire team.	16	Write and circulate "after action report and recommendations".

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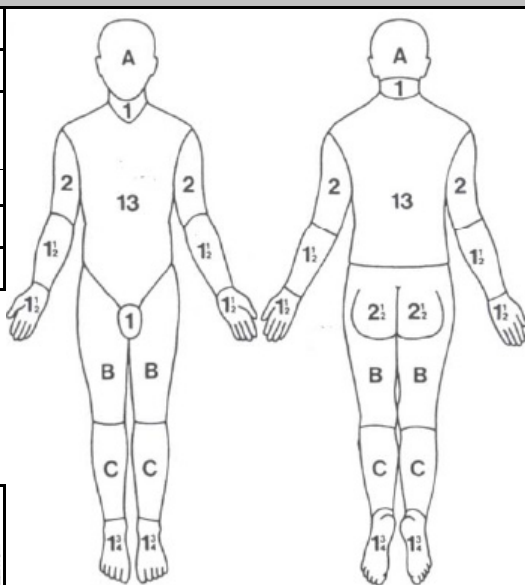
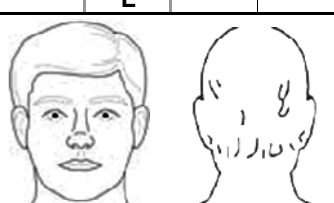
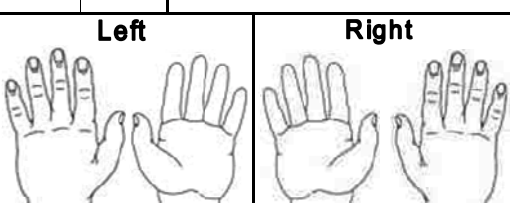
**REMOTE HEALTH TRAUMA FORM**

PRINCIPAL NAME		OTHER NAMES		HRN
COMMUNITY		ALLERGIES / ALERTS		DOB / /
<input type="checkbox"/> Male <input type="checkbox"/> Female	Approximate Weight: kgs	ATTENDED BY: (Print Name/s)		<input type="checkbox"/> RN <input type="checkbox"/> AHW <input type="checkbox"/> Doctor

DATE of accident: / /	<b>ACCIDENT / INJURY NOTES</b> e.g. Location / Mechanism of injury
TIME of accident: hrs	
First call received: hrs	
Arrival at scene: hrs	
Departed scene: hrs	

<b>MVA</b>		<b>MBA</b>		<b>OTHER</b>	
Driver <input type="checkbox"/>	Seatbelt <input type="checkbox"/> Yes <input type="checkbox"/> No	Rider (Driver) <input type="checkbox"/>	Helmet <input type="checkbox"/> Yes <input type="checkbox"/> No	Cyclist <input type="checkbox"/>	Assault <input type="checkbox"/> Fall <input type="checkbox"/>
Passenger <input type="checkbox"/>	Seatbelt <input type="checkbox"/> Yes <input type="checkbox"/> No	Pillion (Passenger) <input type="checkbox"/>	Helmet <input type="checkbox"/> Yes <input type="checkbox"/> No	Burns <input type="checkbox"/>	Industrial <input type="checkbox"/> Other <input type="checkbox"/>
Pedestrian <input type="checkbox"/>		Pedestrian <input type="checkbox"/>		Describe: Workers Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TIME : hours	<b>PRIMARY SURVEY</b>					
<b>AIRWAY</b>	<input type="checkbox"/> Clear <input type="checkbox"/> Obstructed	Airway <input type="checkbox"/> Guedel <input type="checkbox"/> Naso/Pharyngeal <input type="checkbox"/> LMA <input type="checkbox"/> ETT	Type: Size: _____	Size: _____	Size: _____	Size: _____
<b>C-SPINE COLLAR</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____				
<b>BREATHING</b>	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Laboured <input type="checkbox"/> Absent <input type="checkbox"/> Stridor <input type="checkbox"/> Assisted	Respiratory Rate: _____ /min				O <sub>2</sub> Sats: _____ %
<b>OXYGEN</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> High Conc. <input type="checkbox"/> Nasal Cannula	Flow Rate: _____ litres/minute				
<b>CIRCULATION</b>	<input type="checkbox"/> Pulse Present <input type="checkbox"/> Pink <input type="checkbox"/> Cyanosed <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Sweaty	Pulse Rate: _____ /min				
<b>HAEMORRHAGE</b>	Controlled: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cannula size: _____	Initial Fluids: _____		
<b>DISABILITY (NEUROLOGICAL)</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Responds to Voice <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unresponsive	Notes: _____		R pupil: Reacting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Size (mm) _____	
				L pupil: Reacting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Size (mm) _____	
<b>EXPOSURE</b>	<input type="checkbox"/> Expose patient for physical examination <input type="checkbox"/> Protect from environmental conditions (keep warm / keep cool)					
	Notes: _____					

TIME : hours	<b>SECONDARY SURVEY - Mark all injuries/burns on diagrams below*</b>																							
<b>HEAD</b>	<input type="checkbox"/> NAD <input type="checkbox"/> Abrasion <input type="checkbox"/> Laceration <input type="checkbox"/> Swelling <input type="checkbox"/> Pain																							
<b>NECK</b>	<input type="checkbox"/> NAD Notes: _____																							
<b>CHEST</b>	<input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Injury																							
	Sounds R _____ L _____																							
<b>ABDOMEN</b>	<input type="checkbox"/> NAD <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Injury <input type="checkbox"/> Pain																							
<b>BACK</b>	<input type="checkbox"/> NAD <input type="checkbox"/> Injury NOTE: <input type="checkbox"/> Tick if log roll required																							
<b>EXTREMITIES</b>	Movem <sup>t</sup>	Sensat <sup>n</sup>	Strength	Pulse	<b>* Key for notes:</b> A = Abrasion      B = Burn D = Deformity    F = Fracture H = Haematoma    L = Laceration N = Numbness      P = Pain S = Swelling																			
Arm	R																							
	L																							
Leg	R																							
	L																							
																								
<table border="1"> <thead> <tr> <th colspan="3">Body Surface Area %</th> </tr> <tr> <th>Age:</th> <th>0</th> <th>5</th> <th>Adult</th> </tr> </thead> <tbody> <tr> <td><b>A</b></td> <td>9.5</td> <td>6.5</td> <td>4.5</td> </tr> <tr> <td><b>B</b></td> <td>2.75</td> <td>4</td> <td>4.5</td> </tr> <tr> <td><b>C</b></td> <td>2.5</td> <td>2.75</td> <td>3.25</td> </tr> </tbody> </table>						Body Surface Area %			Age:	0	5	Adult	<b>A</b>	9.5	6.5	4.5	<b>B</b>	2.75	4	4.5	<b>C</b>	2.5	2.75	3.25
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## RELEVANT HISTORY / MEDICAL HISTORY


## EXAMINATION


### POSSIBLE DIAGNOSIS:

Referred to: <small>eg RDH</small>	RMP consulted: <small>Name</small>
------------------------------------	------------------------------------

## OBSERVATIONS

Time	BP	Pulse	SpO2	Resp	GCS	L Pupil		R Pupil		Notes <small>e.g. Temp, BGL, MEWS / PEWS scores etc.</small>
						Size	React	Size	React	
	/									
	/									
	/									
	/									
	/									
	/									
	/									
	/									
	/									
	/									
	/									
	/									
	/									

## TREATMENT / DRUGS / FLUIDS

ADT Date: given? / /

Time		Dose / Vol.	Route	Sign (Initial)

<b>INFORMATION ONLY:</b>			<b>MODIFIED GLASGOW COMA SCALE</b>		
	Eye opening	Talking, knowing name		What movements can they do?	
4	Opens eyes by themselves	5	Knows name, where they are, what happened	6	Does everything you ask.
3	Only if you ask them to	4	Not sure of name, place or what happened	5	Tries to avoid pain - push you away, keeps eyes shut
2	Only when you pinch the person	3	Talking rubbish only	4	Pulls away the arm or leg you pinch
1	Will not open their eyes at all	2	Making strange sound only	3	Bends (flexes) their arms or legs when pinched
		1	Makes no sounds at all	2	Straightens (extends) arms or legs when pinched
				1	Does not move at all

**Pupil Guide :**

•	•	•
1mm	2mm	3mm
•	•	•
4mm	5mm	6mm
•	•	
7mm	8mm	

**GCS 8 or less = Severe head injury,    9-12 = Moderate,    13-15 = Minor    *Watch for changes!***