9th Global Humanitarian Aviation Conference

United Nations
Aviation CASEVAC/MEDEVAC Procedures

UN Aviation Safety Section
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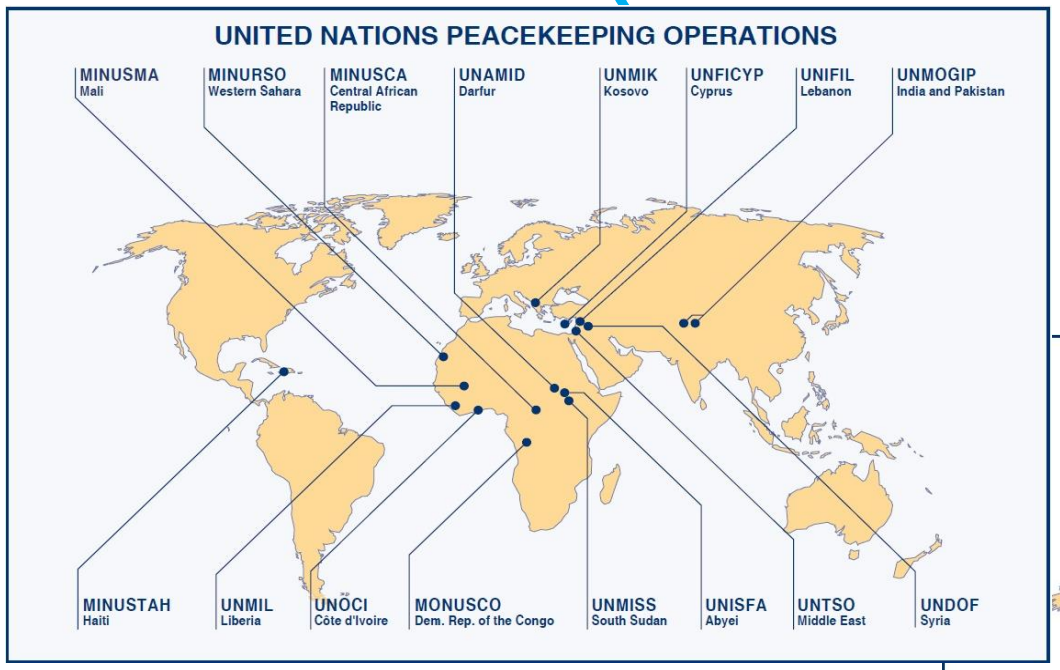
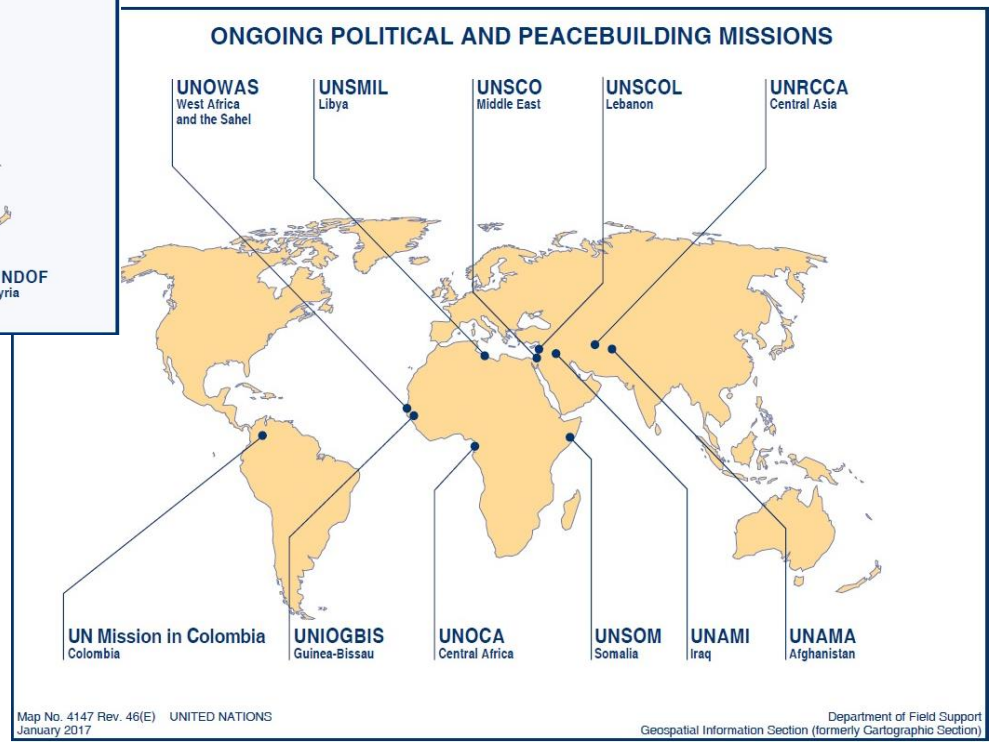
Purpose

→ to provide information on UN Aviation CASEVAC/MEDEVAC capabilities with possible support to humanitarian and other actors in UN field missions

UN Peacekeeping Operations/ Political Assistance Missions (UN DPKO/DPA)



DPKO/DFS Missions – 16
Political Missions – 11



UN Field Environment
Peacekeeping/Political/Special Missions

- Fatalities
- Casualties
- Diseases/Sickness
- Pandemic

Definitions

- CASEVAC

  From the zone or point of injury/illness, where a threat to life or limb exists, to the next suitable level of care by using any type of aircraft.

- Battle Field CASEVAC

  During military operations, where a threat to life or limb exists.

- MEDEVAC

  Evacuation of medical cases between levels of care (triage) established in theatre or to medical facilities out of theatre that do not constitute an emergency. Evacuation may be performed by using a medically equipped aircraft able to provide a certain level of treatment on board by certified medical staff or an ordinary aircraft with basic medical equipment.

- Special MEDEVAC

  Evacuation of specific/pandemic medical cases requiring specialized handling/aircraft to specialized/isolated medical facilities.

UN Aviation Passenger Priority

- CASEVAC/MEDEVAC patients and accompanying medical personnel
- VIPs
- UN civilian and military personnel on official/duty travel
- UN leave personnel, civilian and military
- Non-UN personnel

CASEVAC - Survival Chain Timelines 10 - 1 - 2 Model

- **10 - Within 10 minutes**. The time immediate lifesaving measures are to be applied at the POI after the onset of injury/illness. This is often referred to as the ‘platinum’ 10 Minutes.
- **1 - Within 1 hour.** The maximum time that advanced lifesaving support (ALS) and damage control resuscitation (DCR) are provided by emergency medical personnel. This allows for life saving intervention and en-route stabilization until arrival at appropriate medical facility. This should be completed within 1 hour of the onset of injury/illness and is often referred to as the ‘golden hour’.
- **2 - Within 2 hours**. The time a casualty should receive damage control surgery (DCS). Ideally, casualties should have access to this treatment within 2 hours of the onset of injury/illness.

UN Missions CASEVAC Plans

- The evacuation priority
- The type of medical support needed at POI and transportation
- The most appropriate means of evacuation (road, air, combination)
- The closest MERT to assist at the POI and during transportation
- The appropriate receiving medical treatment facility (levels)

UN Medical Facilities

Medical facilities - Levels

- Level 1: First level of medical care that provides primary health care, and immediate lifesaving and resuscitation services. Provides treatment to 20 ambulatory patients/day.

- Level 2: The next level of medical care and the first level where basic surgical expertise is available, and life support services. Performs 3 to 4 surgical operations per day. (AMET)

- Level 3: The third and highest level of medical care deployed within a mission area. At this level, all capabilities of multidisciplinary surgical services, specialist services and specialist diagnostic services. (AMET)

- Level 4: Outside Mission Area.

UN MEDEVAC

MEDEVAC

It is essential that approval for medical evacuation be delegated to the lowest possible level when matters of life are at stake.

UN Aviation

- UN missions are required to position adequate number and type of air assets and ambulances to reach any POI within 1 hour after the onset of injury/illness.

- The medical equipment, kits and supplies shall be ISO-compliant for air transportation and comply with the United Nations Aviation Safety Standards.

UN Aviation Framework for CASEVAC/MEDEVAC

Air Operator

- Air Operator Authorization and certifications

UN Aircraft Contracts

- Fixed wing and rotary wing
- Contracts

Aircraft Capability

- The type of aircraft, range, speed and load capacity
- NVGs, ballistic protection, external tanks and other enhancing features

Aircrew and AMET

- Aircrew's and AMET training
- Aircrew knowledge of the local environment at night is kept up to date

UN Aviation Framework for CASEVAC/MEDEVAC

Threat - Operational Situation

While some commercial operators can provide a night CASEVAC capability, military aircraft and crews are normally better equipped, self-protected and trained to meet these requirements for high-risk or combat areas flying with night vision.

AMET Teams

- Total – 6 (Mil/Civ)
  - 2 x doctors
  - 4 x paramedics/nurses
  - With level 2 and 3 or independent
  - Trained as aviation to operate at night and with NVGs

UN Mission Role
with AFPs and Diplomatic Community

- UN attempts that host governments create the enabling environment to conduct timely CASEVAC and MEDEVAC.

  - Non-United Nations patients should, in principal, be evacuated by the host nation emergency medical services, Red Cross, Red Crescent, or by the civil defense.
  - For each mission, where CASEVAC support is to be extended to UN AFPs, governmental and non-governmental organizations, members of diplomatic corps, or to nationals and other unentitled entities on humanitarian grounds, the terms and conditions such as administrative, financial and logistics parameters are to be spelled out in UN Country Team plans.

Challenges

- Aircraft – cost and capabilities
- CASEVAC/MEDEVAC flight approval – Host country challenges
- Infrastructure – Airports/ HLS (24/7)
- Medical facilities vs. deep field locations
- Night 24/7 / military operations (!0-1-2 concepts)
- Training/marrying up of AMET with aviation team

Questions?

THANK YOU