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## Medical evacuation and transportation for medical purposes

### Introduction

1. The International Labour Office recognizes the need to ensure that staff members in all duty stations can access appropriate medical care to treat a severe or serious illness or injury. Where such appropriate medical care cannot be provided locally, the Office recognizes that transportation to a location away from the duty station may be required.
2. The purpose of this Directive is to set out the rules governing medical evacuation and transportation for medical purposes.
3. This Directive should be read in conjunction with Article 7(a) of Annex II of the ILO Staff Regulations, Office Procedure, *The administration of sick leave in the ILO*, IGDS No. 153 (version 1) of 15 July 2010 and the Schedule of Benefits of the ILO Staff Health Insurance Fund (SHIF), and Office Procedure, *Travel policies and procedures*, IGDS No. 437 (version 1), of 25 September 2015.
4. This Directive comes into effect on the date of issue.

### Scope and definitions

5. For the purpose of this Directive:
  - (a) "Medical evacuation" means transportation by air or ground ambulance or, by special arrangement, with accompanying doctor and/or registered nurse, through other means, from the official's duty station or location while on mission to a place determined by the ILO Medical Adviser to be the closest place where appropriate medical care is available, where a severe illness or injury requires emergency treatment.
  - (b) "Transportation for medical purposes" means transportation by common carrier (for example, regularly scheduled flight, train, etc.) from the official's duty station or location while on mission to a place determined by the ILO Medical Adviser to be the closest place where appropriate medical care is available, where a serious illness or injury requires treatment that is not locally available.
  - (c) "Appropriate medical care" means medical care consistent with the nature of the illness or injury to be treated, its seriousness or severity and the type of

treatment required, delivered in the nearest place where adequate medical facilities are available, as determined by the Medical Adviser.

- (d) "Place of medical evacuation" or "place of transportation for medical purposes" means the location and health-care provider or medical institution authorized for delivery of appropriate medical care under this Directive.
6. This Directive addresses exclusively evacuation or transportation, and not the reimbursement of medical expenses incurred at the place of medical evacuation or transportation, which is subject to the terms and conditions governing such reimbursement by SHIF, or by another health insurance scheme or under Annex II of the Staff Regulations.
7. This Directive applies to serving ILO officials, regardless of contract type, in the following categories:
- (a) staff members in the Professional category and above while assigned to a duty station, other than headquarters, outside their home countries;
  - (b) staff members in all categories while on mission, whether or not a bodily injury or sickness is attributable to the performance of official ILO duties, except where:
    - (i) a bodily injury or sickness has been sustained as a result of serious and wilful misconduct;
    - (ii) a bodily injury or sickness has been sustained during leave days attached to the mission; or
    - (iii) a bodily injury or sickness has been sustained during the practice, unrelated to the performance of official ILO duties, of a sport or leisure activity that carries an aggravated risk of fall, impact, injury or illness;
  - (c) staff members in all categories, where a bodily injury or sickness is attributable to the performance of official ILO duties, or has been sustained as a result of political violence targeting the ILO, or as a result of casualty to ILO premises or premises or sites occupied by the ILO.
8. This Directive also applies to the spouse and dependent children of staff members under paragraph 7(a) above, provided travel and installation allowance have been paid by the Office in respect of the family member and the latter is living with the staff member, or while the family member is at the staff member's duty station on statutory travel.
9. Staff members and their dependants who are not included in one of the entitlement categories under paragraphs 7 and 8 above but who are protected by the SHIF may be entitled to benefits in respect of medical evacuation or transportation for medical purposes under the SHIF Regulations and Administrative Rules (see Code 6 of the SHIF Schedule of Benefits ("Transport costs")).<sup>1</sup> Staff members employed under fixed-term (FT) or without limit of time (WLT) contracts, who are entitled to benefits under Code 6 of the SHIF Schedule of Benefits, are also entitled to payment of the daily subsistence allowance (DSA), subject to the conditions specified in paragraph 3 of the Annex to this Directive.

<sup>1</sup> When travelling privately, staff members are urged to contract adequate coverage of expenses in respect of medical evacuation or transportation for medical purposes. Staff members covered by the SHIF are reminded of certain limitations on Code 6 benefits. Staff members employed under short-term contracts are reminded that the short-term health insurance coverage provided through the Office does not include coverage of expenses in respect of medical evacuation or transportation for medical purposes.

10. The Annex to this Directive defines the costs and expenses covered by the Office for an authorized medical evacuation or transportation for medical purposes. The Office will pay no benefits other than those specified therein. Coverage by the Office of costs and payments associated with medical evacuation or transportation for medical purposes is subject to full compliance with this Directive.

### **Roles and responsibilities**

11. The roles and responsibilities of staff members, managers, the ILO Medical Adviser and the Human Resources Development Department (HRD) are defined below. Other members of ILO staff, such as the Head of the Security Unit (ILO Security Focal Point), the Staff Welfare Officer or regional or country office colleagues, may be called upon for assistance in the course of medical evacuations.

### **Staff members**

12. Staff members are responsible for:
  - (a) informing the Medical Adviser, HRD or their responsible chief as soon as possible of any situation affecting themselves or their eligible family members in respect of which they request a medical evacuation or transportation for medical purposes;
  - (b) promptly and accurately providing all information required under this Directive;
  - (c) ensuring that all necessary documents enabling them, or their family members, to travel unhindered to and from the place of medical evacuation or transportation for medical purposes are available as well as full medical records issued by the local treating physician or by a local physician referenced in the UN roster of approved physicians;
  - (d) authorizing their treating physician to provide the ILO Medical Adviser with all medical information necessary for the latter to ascertain that treatment of a severe or serious condition requires medical evacuation or transportation for medical purposes and to determine the place of evacuation or transportation.

### **Managers**

13. Department and bureau directors at headquarters, directors of ILO external offices, and managers of technical cooperation projects are responsible for:
  - (a) requesting medical evacuation or transportation for medical purposes on the staff member's behalf, as per paragraph 20 below;
  - (b) authorizing medical evacuation in the case of extreme emergency, as per paragraph 31 below; and
  - (c) generally cooperating and liaising with the ILO Medical Service and HRD in the implementation of the procedural steps associated with medical evacuation or transportation for medical purposes specified herein.

### **Medical Adviser**

14. The ILO Medical Adviser in Geneva (where applicable, in coordination with the SHIF Medical Adviser) is responsible for:
  - (a) establishing that treatment of a severe condition requires medical evacuation or that treatment of a serious condition requires transportation for medical purposes;
  - (b) determining the place of medical evacuation or transportation for medical purposes, as well as any medically necessary special arrangements;

- (c) determining whether the presence of a doctor and/or nurse to accompany the patient is required on medical grounds (the escorting physician should normally not be the physician requesting the evacuation and escort);
  - (d) determining whether the presence of a member of the patient's family is required, in view of the patient's health condition and level of independence;
  - (e) informing HRD, once the need for medical evacuation or transportation is established, of any medically necessary special arrangements to be made in relation to the medical evacuation or transportation for medical purposes; and of the expected duration of the stay in the place of medical evacuation or transportation for medical purposes, required to treat the severe or serious condition; and
  - (f) facilitating the organization of medical evacuations in coordination with HRD.
15. As required, the Medical Adviser liaises with the physician treating the severe or serious condition locally or obtains medical information with the assistance of a local physician referenced in the UN roster of approved physicians or assistance from another source.
  16. The Medical Adviser is responsible for maintaining an up-to-date UN roster of approved physicians.

#### ***Human Resources Development Department (HRD)***

17. HRD, through the Chief of the Staff Operations Branch (HR/OPS), or any other person designated by the Director of HRD (where applicable, in coordination with the SHIF Executive Secretary), is alone responsible for authorizing all medical evacuation or transportation for medical purposes, including special arrangements related to the medical evacuation or transportation for medical purposes, as well as any medically necessary special arrangements, where costs or benefits are paid by the Office.
18. HRD is responsible for contracting with the specialized service provider charged with organizing medical evacuations referred to in paragraph 27 below and for authorizing the specialized service provider to intervene in a medical evacuation. HRD is also responsible for ensuring that fees and costs charged by specialized service providers with whom the Office has contracted are paid from Geneva and any insurance claims associated with those fees and costs are handled in Geneva.

### **Procedural steps**

#### ***Requesting medical evacuation or transportation for medical purposes***

19. Medical evacuation or transportation for medical purposes requires prior authorization. All requests for medical evacuation or transportation for medical purposes must be directed to the ILO Medical Service in Geneva. If the Medical Service cannot be reached directly, then the ILO Control Centre in Geneva must be contacted at +41 (0)22 799 8014 or 8015.
20. Medical evacuation or transportation for medical purposes must be requested by the staff member or, in the event of the staff member's inability to do so, on the staff member's behalf by his/her department or bureau director, the director of the ILO external office or by the manager of the technical cooperation project to which the staff member is assigned.
21. Full contact information is required in respect of the requesting official, the treating physician and the person for whom evacuation or transportation is requested. This

includes private contact information for the person for whom evacuation or transportation is requested.

22. Travel must not take place until confirmation has been received that the necessary arrangements have been made for receiving the patient.
23. Based on the information received from the Medical Adviser, HRD notifies the staff member, the ILO Medical Adviser, the manager and, where applicable, the specialized service provider with which the Office has contracted to organize the evacuation or transportation, of:
  - (a) the authorized place of medical evacuation or transportation for medical purposes;
  - (b) the authorized means of evacuation or transportation;
  - (c) the person or persons authorized to accompany the patient, if any;
  - (d) the authorized duration of stay (from date of departure to date of return); and
  - (e) any authorized special arrangements.
24. Any actual duration of stay exceeding the authorized duration is subject to separate authorization before benefits in respect of the excess duration can be paid.
25. Return or onward travel following medical evacuation or transportation for medical purposes must be authorized by HRD on the recommendation of the Medical Adviser on the basis of medical information. Such return or onward travel should not take place until formally authorized.

#### ***Organization of medical evacuations***

26. Subject to the provisions of paragraphs 31 and 32 below, ILO offices should not attempt to organize medical evacuations locally. It is the ILO Medical Adviser's and HRD's joint responsibility to facilitate the organization of medical evacuations.
27. For reasons of promptness and reliability, the Office may contract with a specialized service provider to organize medical evacuations. The service provider is then required to consult with the ILO Medical Adviser and HRD on any medical evacuation arrangements and keep the Medical Adviser and HRD fully informed as to the progress and outcome of the medical evacuation.
28. The service provider and the Medical Adviser together determine whether the staff member's medical condition warrants medical evacuation, the place of medical evacuation and the means of evacuation. Where the opinions of the service provider and the Medical Adviser differ, the Medical Adviser shall decide.

#### ***Organization of transportation for medical purposes***

29. Other than in the exceptional cases described in paragraph 31, HRD alone may authorize transportation for medical purposes.
30. Although transportation for medical purposes may be organized locally, at the time of authorization, HRD may require that such organization be left to a specialized service provider with whom the Office has contracted. This may be required following a recommendation from the ILO Medical Adviser or for reasons of cost. In all cases, it is the ILO Medical Adviser that determines the place of transportation for medical purposes.



### ***Medical evacuation in the event of extreme emergency***

31. In cases of extreme emergency and only where, following all best efforts, it has been impossible to comply with the procedures above in respect of authorizations and organization of medical evacuations, department and bureau directors at headquarters, directors of ILO external offices, and managers of technical cooperation projects who are responsible for the application of this Directive may authorize a medical evacuation, a place of medical evacuation and medically necessary special arrangements on the recommendation and with the assistance of a local physician referenced in the UN roster of approved physicians.
32. Evacuations under these extreme emergency conditions must be fully documented and reported to the ILO Medical Adviser as soon as practicable. It is then the Medical Adviser's responsibility to inform HRD whose endorsement is required before benefits in respect of the medical evacuation can be paid.

### ***Administrative and funding procedure***

33. Where the Office contracts with assistance providers or takes out insurance coverage in respect of medical evacuation, coverage will be worldwide and will benefit all ILO offices, including project offices. The cost of the coverage will be reallocated to ILO offices (including project offices), on a pro rata basis, according to number of work-months. External or project offices should not contract with assistance providers or take out insurance coverage in respect of medical evacuation locally.
34. The travel authorization procedure must be followed for each medical evacuation or transportation for medical purposes. Where the actual stay exceeds the authorized duration, separate travel authorization must be requested in respect of the excess duration. When requesting travel authorization, costs in respect of air or ground ambulance transportation need not be taken into account, as these are either not applicable (in the case of transportation for medical purposes), or included in the cost of medical evacuation and covered separately.
35. Daily subsistence allowance (DSA) should be paid and claims for reimbursement of costs of accommodation, outward travel and return or onward travel should be settled by the office to which the staff member is assigned. Fees and costs invoiced by accompanying doctors and/or nurses should also be paid by the office to which the staff member is assigned.
36. All costs in respect of medical evacuations or transportation for medical purposes should be charged to a budget code to be obtained from BUD/REG.

### ***Queries***

37. All queries regarding the application of this Directive should be addressed to the Chief of HR/OPS.

Mark Levin  
Director,  
Human Resources Development Department

## **Annex**

### **Costs and expenses covered by the Office in respect of medical evacuations and transportation for medical purposes**

#### ***Patient's costs***

1. For ILO staff members referred to in paragraph 7 of this Directive (and, where applicable, their family members), the Office will pay:
  - (a) the cost of the patient's air or ground transportation by the most economical means to the nearest place where appropriate medical care can be received;
  - (b) the cost of the patient's transportation following medical evacuation, by the most economical means, to the staff member's home country or duty station, for in-patient or rehabilitative treatment necessary for recovery. Where the place of recovery is the staff member's home country, the Office will also pay for transportation, by the most economical means, to the duty station following recovery.

Where an alternative form of travel entitlement is available to the patient (home leave or advance home leave, scholastic travel, advance repatriation, etc.) such entitlement will supersede the travel entitlement specified above.

2. For ILO staff members referred to in paragraph 9 of this Directive, costs associated with the patient's air or ground transportation are covered as per the provisions of Code 6 ("Transport costs") of the Schedule of Benefits of the ILO Staff Health Insurance Fund (SHIF).
3. For all categories of ILO staff members referred to in paragraphs 7 and 9 of this Directive (and, where applicable, their family members), the Office will pay a daily subsistence allowance (DSA) in respect of the patient as follows:
  - (a) if not hospitalized, 100 per cent of the DSA applicable in respect of the place of medical evacuation or transportation for medical purposes;
  - (b) if hospitalized, 20 per cent of the DSA applicable in respect of the place of medical evacuation or transportation for medical purposes.

The payment of DSA where the patient is not hospitalized is subject to the presentation of invoices in respect of accommodation. Where invoices are not presented, the DSA payment is reduced by 50 per cent.

#### ***Persons accompanying the patient***

4. For ILO staff members referred to in paragraph 7 of this Directive (and, where applicable, their family members), the Office will cover the following costs in respect of an authorized accompanying doctor and/or nurse:
  - (a) fees in respect of the doctor and/or nurse accompanying the patient;
  - (b) outward and return air or ground transportation by the most economical means in respect of the accompanying doctor and/or nurse;

- (c) where justified by time constraints, a maximum of two days of the DSA applicable in respect of the place of medical evacuation or transportation for medical purposes.

For ILO staff members referred to in paragraph 9 of this Directive, reimbursement of costs in respect of an authorized accompanying doctor and/or nurse is subject to the provisions of the SHIF Schedule of Benefits.

- 5. For ILO staff members referred to in paragraph 7 of this Directive (and, where applicable, their family members), the Office will pay for air or ground transportation, by the most economical means, of an authorized accompanying family member. For ILO staff members referred to in paragraph 9 of this Directive, reimbursement of costs associated with transportation of an accompanying family member is subject to the provisions of Code 6 ("Transport costs") of the SHIF Schedule of Benefits and requires the Fund's prior approval.
- 6. For all ILO staff members referred to in paragraphs 7 and 9 of this Directive, the Office will pay a DSA in respect of the accompanying family member, as follows:
  - (a) if the patient is not hospitalized, 50 per cent of the DSA applicable in respect of the place of medical evacuation or transportation for medical purposes;
  - (b) if the patient is hospitalized, 100 per cent of the DSA applicable in respect of the place of medical evacuation or transportation for medical purposes.

The payment of DSA where the patient is hospitalized is subject to the presentation of invoices related to accommodation. Where invoices are not presented, the DSA payment is reduced by 50 per cent.

#### ***Costs in the event of death of the patient***

- 7. For ILO staff members referred to in paragraph 7 of this Directive (and, where applicable, their family members), in the event of death, the Office will pay for:
  - (a) either transportation of the deceased from the place of death to the staff member's home country, or, at the request of the patient's next of kin, to another place (in which case the Office will limit its payment to an amount equivalent to the cost of transportation to the staff member's home country); or
  - (b) if requested by the staff member or the staff member's next of kin, burial at the place of death.
- 8. However, the Office will not cover the cost of transportation of the deceased where death does not occur at a place of medical evacuation or transportation for medical purposes, or at the place of subsequent in-patient hospitalization or rehabilitative treatment. Where the Office has transferred a staff member to a duty station, as an accommodation, for medical reasons, no cost of transportation of a patient's mortal remains will be covered.

#### ***Restrictions and exceptions***

- 9. For ILO staff members referred to in paragraph 7 of this Directive (and, where applicable, their family members), in exceptional cases, HRD may authorize transportation for medical purposes to a place other than the place of transportation for medical purposes determined by the ILO Medical Adviser. However, where transportation for medical purposes is authorized, as an accommodation to the staff member or family member, to the staff member's home country, the cost of such transportation for medical purposes may be treated as an advance home leave, scholastic or repatriation travel. HRD may in such cases limit travel costs covered by



the Office to those applicable to the place of medical evacuation or transportation for medical purposes determined by the ILO Medical Adviser.

10. For ILO staff members referred to in paragraph 7 of this Directive (and, where applicable, their family members), DSA is payable in respect of the patient or an accompanying family member when the place of medical evacuation or transportation for medical purposes indicated by the Medical Adviser is the staff member's home country, or when medical evacuation or transportation for medical purposes has been allowed, at the request of the official or of the patient for their convenience, to another place, only if accommodation expenses are incurred in respect of the patient or an authorized accompanying family member and upon presentation of accommodation-related invoices and proofs of payment.
11. For all ILO staff members referred to in paragraph 7 of this Directive, except where the severe or serious condition whose treatment has required medical evacuation or transportation for medical purposes is covered under Annex II of the Staff Regulations, the combined duration of the medical evacuation or transportation for medical purposes itself, of the stay at the place of medical evacuation or transportation for medical purposes and of the return travel time following medical evacuation or transportation for medical purposes are considered as sick leave and subject to the terms of the Office Procedure, *The administration of sick leave in the ILO*, IGDS No. 153 (version 1) of 15 July 2010.

