

EVACUATIONS & REPATRIATIONS IN A COVID-19 WORLD

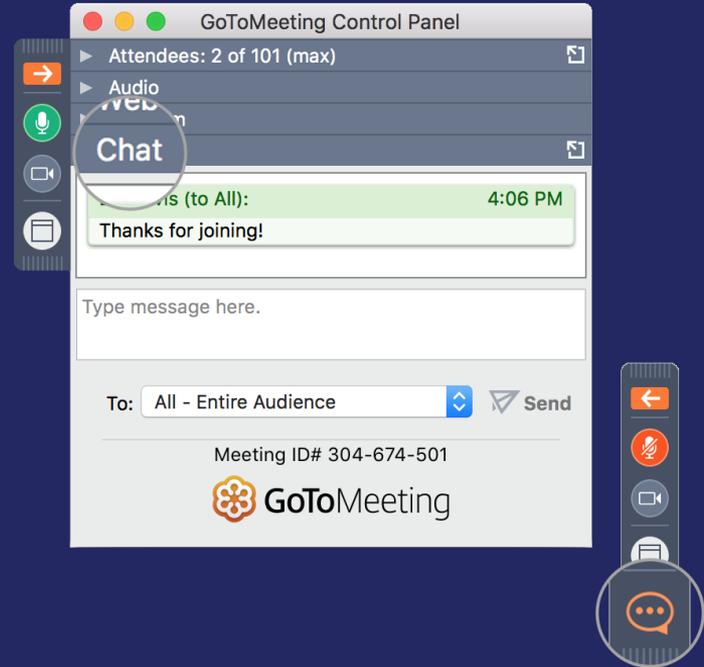
July 15, 2020



INTERNATIONAL
SOS

INSTRUCTIONS

- All participants are in “listen only” mode
- Please submit your questions via the ‘chat box’ on the right hand side of the control panel



AGENDA

- Situational update
- Organisational preparedness & needs during periods of extreme restrictions & international border closures
- Criteria for movement
- Case study examples and their unique challenges
- Q&A



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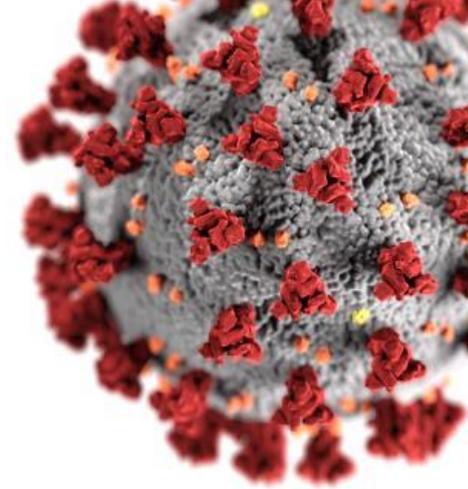


Usman Qureshi
Regional Operations Director
International SOS

GENERAL UPDATE

The disruption caused by COVID-19 has impacted us globally and on an unprecedented scale

- Global case numbers
- Pandemic remains dynamic
- Quick 'lockdowns' left many stranded
- Healthcare systems responding: Health Care Workers, Testing, PPE, Hospital Beds, Ventilators
- Waves around the world at different times and peaks
- Return to Operations and Travel
- Need to stay vigilant with physical distancing policies and hand hygiene
- Access 24/7 assistance and information



PHASES OF ORGANISATIONAL NEEDS DURING AN OUTBREAK



Based on historical tracking of requests for assistance (RFAs), for our Assistance Centres (ACs) globally, the phases of client requests during an outbreak are as follows:

1. Outbreak declared: Questions around how to respond. Should we leave? Can you evacuate us if we get sick?
2. Outbreak exacerbated: Requests to evacuate healthy and sick people.
3. Return to base: Employees now back in their home country.
4. New daily cases appear to decrease
5. Follow-up outbreaks: Employees have returned to site.

TRANSPORTATION ASSISTANCE REQUESTS DURING AN OUTBREAK



1. Security: Entirely healthy individuals requesting proactive movement because of local medical or security concerns.
2. Medical - non outbreak related: Conditions entirely unrelated to an outbreak, such as cardiac or trauma situations.
3. Medical - mimicking outbreak illness symptoms: Conditions that present similar to the outbreak, like the flu, malaria or dengue.
4. Medical - exposed or infected, but without symptoms.
5. Medical - infected and symptomatic.

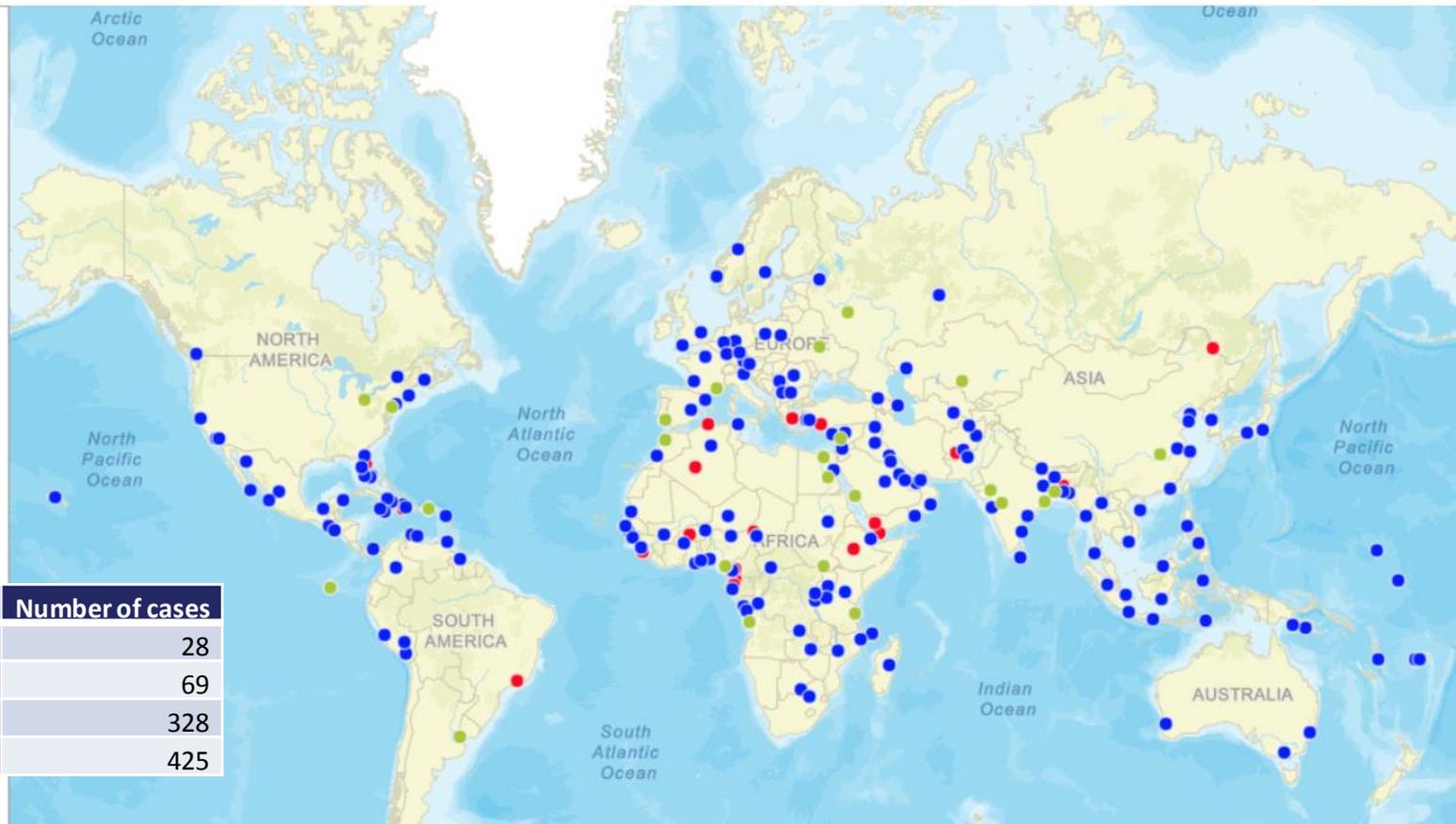
EVACUATIONS YTD 2020

Evacuations 2020

Layers

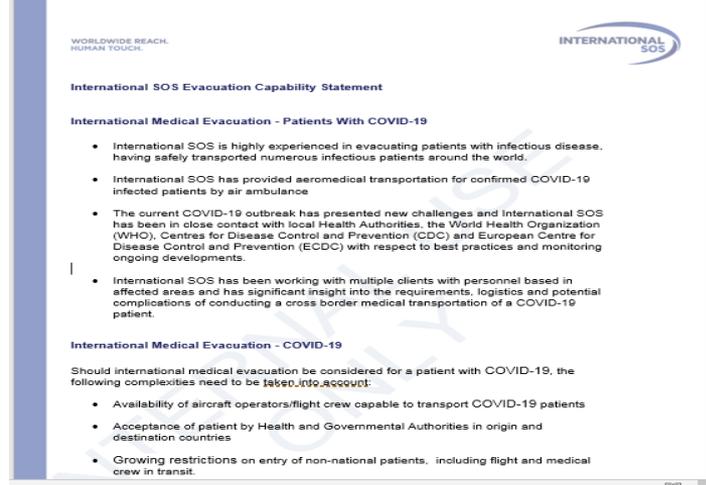
^ From City

- Medical - Other
- Medical - COVID-19
- Passenger Charter
- others



Type of movement	Number of cases
Passenger Charter	28
Medical - COVID-19	69
Medical - Other	328
Grand Total	425

COVID-19 EVACUATION CAPABILITY STATEMENTS & AVIATION ALERTS



MEDEVACS IN AN ERA OF HIGHLY INFECTIOUS DISEASES

- Patient fit to fly, commercially or by air ambulance.
- If COVID-19+, transportable in portable isolation unit.
- Availability of aircraft operators/flight crew.
- Acceptance of patient by Government Authorities in origin and destination countries.
- Restrictions on international flights; exemptions for AA missions are not always provided.
- Over-flight and landing permissions, including refueling stops.
- Restrictions on entry of non-national patients, including flight and medical crew in transit. Direct repatriation to home country often required.
- Availability and acceptance of medical facilities and hospital beds.
- Quarantine requirements for crew post mission.



COVID-19 CASE STUDIES

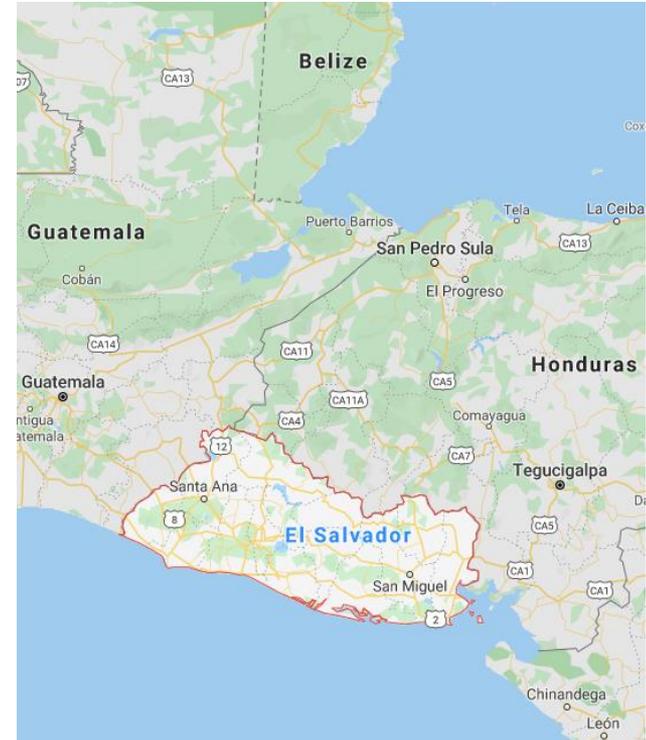


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CASE 1: Suspected COVID-19 in El Salvador

April 2020

- Located outside of the capital
- Fever, cough, & sore throat
- Dyspnea, fatigue, fever & chills
- Testing not immediately available.
- Concerns with the health care system not equipped to deal with a mass outbreak with complicated respiratory diseases.
- Others showing early symptoms too
- Request: evacuation to the U.S.



Challenges & considerations

Need for a rapid response

- Coordination with local authorities
- Confirmed receiving care in the US
- Coordination with local medical team in El Salvador

Transfer

- Ground ambulance to the airport
- Air ambulance from El Salvador to Texas using a Portable Medical Isolation Unit (PMIU)

A second, near identical movement with another suspected case was completed the next day



CASE 2: COVID-19 from Africa to China

May 2020



28
May

Notified of multiple COVID patients in Lagos. Triage most serious patients for repatriation.

31
May

Client approved the repatriation of 1 patient in the isolation unit.

2
June

Secured permits from Nigeria and China for the mission to proceed.

4
June

Formal activation of the Air Ambulance and firming up the flight plan

10
June

Air Ambulance depart home base and arrive Lagos

13
June

Arrived into Shenzhen

First Chinese national with COVID-19 repatriated back to China from abroad

Challenges & considerations



Long lead time

- First COVID-19 Chinese national repatriation from Africa
- Additional approval levels from authorities
- Chinese Government approval for allowing patient to return landing permits.

Long mission – 21.5 hours flying with the patient between Nigeria and China

Heavy reliance on **International SOS clinic** staff to monitor patient awaiting the repatriation

International SOS Beijing supporting the engagement with the authorities and coordinating ground logistics.

Preparation and orientation of the patient and treating facility for the PMIU (portable medical isolation unit).



CASE 3: Repatriation of Assignees & Dependents

April 2020



43 Malaysian Assignees and Dependents based out of Argentina – request to return home to Malaysia



Incident: COVID-19 Impact in Argentina: Closed borders and restricted inter-city transfers – indications of no travel before September 2020



Arrangements: Secure Ground Transfers followed by Wing-to-Wing transfer from Neuquén-Buenos Aires and onwards to Kuala Lumpur.

Challenges & considerations



Aviation Resources

- Domestic sector required a local aircraft (limited runway and immigrations)
- Wide-bodied airframe for international flights given distance & passenger count
- Assignees – extra luggage and larger items



Poor coordination between authorities

Heavy reliance on **Malaysian Embassy and diplomatic process**

Local Police, Local Secure Ground Transfer provider and Ministry of Health involved for inter-city transfers

International SOS Philadelphia and Kuala Lumpur supporting the engagement with the authorities and coordinating ground logistics in respective locations

CASE 4: Repatriation of Mortal Remains

July 2020

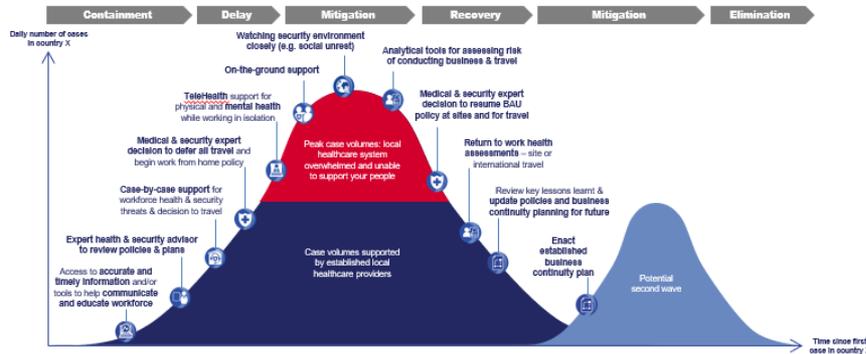
- Three different clients requested our help to assist with repatriation of mortal remains of their employees from three locations in Saudi Arabia to the Philippines.
- Engaged with our agent in Riyadh as well as the Philippines Embassy. Cargo space was secured on a Saudi Arabia repatriation flight through Philippines Airlines.
- Our Assistance Centre in Manila coordinated with the consignee to receive the remains in Manila and managed all domestic arrangements.



Challenges & Considerations

- Three deceased in three locations in Saudi
- Lack of funeral home infrastructure within the country
- Curfews and limited working hours
- Embassy overwhelmed with over 70 requests
- Documents obtained by post only
- Lack of regular commercial flights

COMBATTING THE CURVE



Q&A session

Thank you for joining us.

<https://pandemic.internationalsos.com/2019-ncov>