Liverpool Archdiocesan Lourdes Pilgrimage Association

Emergency Repatriation Procedure

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Introduction

This policy is designed to provide a safe and effective framework for the planning and execution of an emergency repatriation journey to the UK from Lourdes.

Scope

This policy covers the repatriation of an Assisted pilgrim only, where this is determined to be most appropriate course of action for their onward care, or following on from the pilgrimage if an assisted pilgrim has been admitted to the local hospital.

Undertaking an unplanned repatriation journey at short notice is not without risk, and all alternatives should be explored prior to the commissioning of such a journey. Suitable expertise must be made available so that it can be conducted in a timely, safe and effective manner, but it is important that due consideration is also given to the community of Supported Pilgrims who remain in Lourdes, if the repatriation is envisaged before the end of the annual pilgrimage, and a team of clinicians are needed to accompany the pilgrim being repatriated.

Repatriation will occur rarely, and it is likely that many, if not all, of those involved in planning and delivering the journey will not have been in these roles before. Clear guidance and the use of protocols is the key to ensuring that all aspects of the journey are considered and that safety of all involved in the process is paramount.

For the avoidance of doubt, this policy and protocol will only be used in circumstances where it is not possible for the sick Supported Pilgrim to return to the UK via the mode of transport that they used on their outbound journey or the individual has been taken to Lourdes without travel insurance, or the travel insurance has an exclusion with regard to the repatriation.

If the individual's travel insurance provider is willing and able to provide the medical support and team to affect the repatriation, without our assistance, the process should be placed in the hands of the insurer, and our role should purely be one of support in making the appropriate preparations in Lourdes, and advising the final destination in the UK of the plans that have been agreed with the insurer.

Duties

Pilgrimage Director and the Executive: These, along with the Senior Health Care Team members, retain overall responsibility for the arrangements necessary to repatriate a sick pilgrim, and ensuring that this is the safest, and most effective way to manage the pilgrim's care and return to the UK. They must ensure that there is an appropriate policy and procedure prior to the pilgrimage leaving the UK. They will need to liaise with all external agencies required to assist with the journey, and consult with the Senior Healthcare Team Leader, to ensure that the pilgrim's care needs are met at all times. They must ensure that communication with all external parties, including the family and the UK destination whether it be a hospital or nursing home, is clear and understood. This includes articulating any risk that cannot be mitigated. They will also need to liaise with the tour operator and travel insurers, before any repatriation plan is agreed and executed.

The Healthcare Team Lead: The HCTL, which will include the Senior Medical Officer and the Healthcare Team, are responsible for providing expert clinical advice necessary to plan the required repatriation. This includes the decision to repatriate, making a risk assessment both of undertaking and also not

undertaking the repatriation, and advising the Pilgrimage Director accordingly of what measures need to be in place for safe clinical care throughout the process.

Health Care team. Any HCT staff travelling as part of the repatriation team must be acting within their clinical competence. They must ensure that their medical defence organisation and travel insurer will provide them with cover, not only for the clinical care they give during the journey, but also for their own personal safety in the event of an accident.

Duty of Care

A member of the HCT who has agreed to undertake care of a patient (and by implication a pilgrim under their care), has a duty of care. One important aspect of this is to act within their own competence.

Some of the HCT on a pilgrimage will not have the competence or relevant recent experience to manage the risks of a repatriation journey. Nevertheless, they may well feel a strong emotional wish to fulfil what they see as the pilgrim's wishes. It is important that all of those involved in considering a repatriation journey understand their own and other's limitations in this regard.

Identification and Assessment

In most situations where repatriation is considered, this will be because the clinical condition of the Assisted Pilgrim has deteriorated, and their known or assumed wish is to be in the UK in the case of their death. In a few cases, there is no immediate risk to the pilgrim's life, but they may have developed acute mental health or other needs, and it is felt that these can most easily be met close to home.

It is very important to be clear about what method and why the repatriation journey is being considered. Do not make assumptions about the wishes of the pilgrim. Indeed, these may have changed with their condition. Where possible, ascertain what a pilgrim's wishes are, without raising their expectations about what is possible. If the pilgrim is deemed to have lost capacity to express a wish, or has lost consciousness, so is unable to express a wish, then the next of kin must be contacted to discuss the options available to the family.

A number of other people may be able to make valuable contributions to the assessment of the benefits of repatriation, for example, their hotel carers, and the clinicians caring for them, who should all be encouraged to give their views. All options for on-going care should be explored, not just repatriation, to give the most balanced view possible.

It is also extremely important to note again that the tour operator and the pilgrim's travel insurer is included in all discussions from the outset, in the event that they are willing to cover the cost of repatriation.

Where the conclusion suggests that repatriation is desired, the Senior Medical Officer must then carefully assess the level of care the pilgrim would need en-route, considering both the duration and the method of travel. This information should be shared with the Pilgrimage Director at an early stage. In addition, a risk assessment of the journey should be made:

- Is there a chance of the patient dying or deteriorating en-route? What plans are in place for this, and are they appropriate in France?
- Could the pilgrim become a danger to themselves or others on the journey?

- Does the pilgrim have any medical conditions that could be made worse by a prolonged journey? e.g. pressure sores, painful legs/back, etc.
- Can the pilgrim be made comfortable for the journey? What about bladder and bowel function, as well as nutrition and hydration?

If there are outstanding issues that cannot be resolved, then repatriation may not be appropriate, and further consideration should focus on alternative approaches to repatriation, for example, flying family members out to Lourdes to be with the pilgrim.

Journey Planning

Where it is decided that emergency repatriation is appropriate, planning must encompass:

- Timing/urgency
- Mode of travel
- Clinical Care required
- On-going care/referral
- UK Contingency plans for journey
- Costs
- Insurance

Timing:

In part this will depend on the availability of the transferring HCT and accompanying relatives and the chosen mode of transport. It is important that proper planning occurs prior to departure, and that all those travelling are rested. If the pilgrimage is nearing end of life, but the pilgrim cannot travel with the main pilgrimage for clinical reasons, and has expressed a wish to be repatriated, rather than cared for in a French hospital, then there is a time imperative to arrange the transfer quickly.

Mode of travel:

The two most likely options are air and road travel. Air travel can be achieved more quickly, but the pilgrim may not be able to tolerate the altitude of a short-haul flight. However, the journey time by land to the UK is a minimum of 12 hours without any stops or delays, making the actual journey time by road between 15 - 20 hours. There may be significant implications to the comfort of a very ill pilgrim from such a long journey in a confined space. Rail travel is not likely to be appropriate, although could also be considered.

Clinical Care required:

If the journey is to be undertaken by land ambulance, then a professional crew, supported if necessary by a pilgrimage clinician is the preferred choice. For air flights, medical repatriation may also be required, and should be arranged in conjunction with the pilgrim's travel insurers if the individual has insurance cover. A commercial flight with support may also be appropriate.

Contingency plans for the journey**:**

There must be clear escalation plans and parameters of care in place for the entire journey. It may become necessary to divert and appropriate arrangements should be in place for this. For anyone travelling with the pilgrim, there should be adequate plans for their arrival and they should have their passports, money, and luggage if space permits.

Costs:

If the pilgrim does not have travel insurance, or if the insurance in place is not sufficient to affect the repatriation safely and effectively, the costs of repatriation will be met by the Pilgrimage. This is co-ordinated by the Pilgrimage Director and Treasurer.

Insurance:

Any medic providing clinical care must ensure they hold adequate professional insurance. They may also need to ensure they have adequate personal insurance. The Pilgrimage underwrites additional insurance cover for our Healthcare Team members. There will also need to be clear arrangements for any accompanying persons.

Onward Referral

The full duty of care of the pilgrimage is not discharged until clinical care is handed over in the UK, as the pilgrimage and insurers (if there is one) clinical team retain responsibility for the commissioning of appropriate clinical care for the journey and for arranging suitable onward care arrangements for the arrival in the UK. Confirmed arrangements must be in place for the pilgrim's on-going care, even if no members of the pilgrimage are travelling with the pilgrim. Consent should be obtained from the pilgrim or if this is not possible their health and welfare representative prior to a referral to other medical professionals. If there is no-one with authority to give consent, the pilgrimage must discuss plans for repatriation with the next of kin, and carefully document this.

Legal Requirements

All those involved in planning or providing a repatriation must be clear on the legal requirements involved. Drugs carried to support a pilgrim's repatriation may include controlled medicines, and the law relating to these in France must be known and understood.

In the event of the pilgrim's death in France, a clear plan must be in place to alert the French authorities. The body will need to remain in France until released by the coroner. The Pilgrimage Director must be kept informed of any unexpected developments on the journey.

Training and Assessment

The main responsibilities of this policy fall to the Pilgrimage Director, Executive Committee and the Senior Medical Officer, should be familiar with its contents and be prepared to provide others with advice as required.

Since repatriations are likely to be rare events, they should all be formally reviewed afterwards to identify learning points for the pilgrimage.

Appendix

Useful contact details:

ERS Medical

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The Oval

Hunslet

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