

**Changes to legislation:** There are outstanding changes not yet made to Commission Implementing Decision (EU) 2019/1930. Any changes that have already been made to the legislation appear in the content and are referenced with annotations. (See end of Document for details) [View outstanding changes](#)

## ANNEX

In Annex I, the following Sections 3, 4 and 5 are added:

### 3. Medical aerial evacuation capacities for highly infectious disease patients

Tasks	— Aerial transport, including in-flight treatment of highly infectious disease (HID) patients to specialised health facilities in the Union.
Capacities	— Aircraft with a capacity to transport one or more HID patient per flight; — Ability to fly day and night.
Main components	— System for safe in-flight medical treatment of HID patients, including intensive care <sup>a</sup> : <ul style="list-style-type: none"> <li>— Appropriately trained medical personnel to provide care for one or more HID patient;</li> <li>— Dedicated on-board technical and medical equipment to provide care to HID patients during the flight;</li> <li>— Appropriate procedures ensuring isolation and treatment of HID patients during the aerial transport.</li> </ul> — Support: <ul style="list-style-type: none"> <li>— Aircrew adapted to the number of HID patients and the timeframe of the flight;</li> <li>— Appropriate procedures ensuring the handling of equipment and waste as well as decontamination according to established international standards, including, where applicable, relevant Union legislation.</li> </ul>
Self-sufficiency	— Equipment storage and maintenance of the equipment of the module; — Equipment for communication with the relevant partners, notably those

<sup>a</sup> Such system may include the containerised approach.

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		in charge of the coordination on site.
Deployment	—	Availability for departure maximum 24 hours after the acceptance of the offer;
	—	For intercontinental evacuations, ability to perform a 12-hour flight without refuelling.
<p><b>a</b> Such system may include the containerised approach.</p>		

#### 4. Medical aerial evacuation capacities for disaster victims

Tasks	—	Aerial transport of disaster victims to health facilities in the Union.
Capacities	—	Aircraft with an overall capacity to transport at least six patients in need of intensive care and with a capacity to transport patients on stretchers or sitting patients, or both;
	—	Ability to fly day and night.
Main components	—	In-flight medical treatment, including intensive care: <ul style="list-style-type: none"> <li>— Appropriately trained medical personnel capable of providing on-board medical treatment for the different types of patients;</li> <li>— Dedicated on-board technical and medical equipment to provide continuous appropriate care for the different types of patients during the flight;</li> <li>— Appropriate procedures ensuring transport and in-flight treatment of patients.</li> </ul>
	—	Support: <ul style="list-style-type: none"> <li>— Aircrew and medical personnel adapted to the number and types of patients and the timeframe of the flight.</li> </ul>
Self-sufficiency	—	Equipment storage and maintenance of the equipment of the module;

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	—	Equipment for communication with relevant partners, notably those in charge of the coordination on site.
Deployment	—	Availability for departure maximum 24 hours after the acceptance of the offer;
	—	For airplanes, an ability to perform a 6-hour flight without refuelling.

### 5. Emergency medical team type 3 capacities: Inpatient Referral Care

Tasks	—	Provide inpatient referral care and complex surgery as described by the WHO global EMT initiative.
Capacities	—	Minimum treatment capability in accordance with the standards of the WHO global EMT initiative;
	—	Day and night services (covering 24/7 if necessary).
Main components	—	In accordance with the standards of the WHO global EMT initiative.
Self-sufficiency	—	The team should ensure self-sufficiency during the entire deployment time. Article 12 of Implementing Decision 2014/762/EU applies and, in addition, the standards of the WHO global EMT initiative.
Deployment	—	Availability for departure in maximum 48-72 hours after the acceptance of the offer, and ability to be operational on site within 5-7 days.
	—	Ability to be operational for at least 8 weeks outside the Union and for at least 14 days inside the Union..

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**Changes and effects yet to be applied to :**

- Decision revoked by [S.I. 2021/896 reg. 2\(i\)](#)