

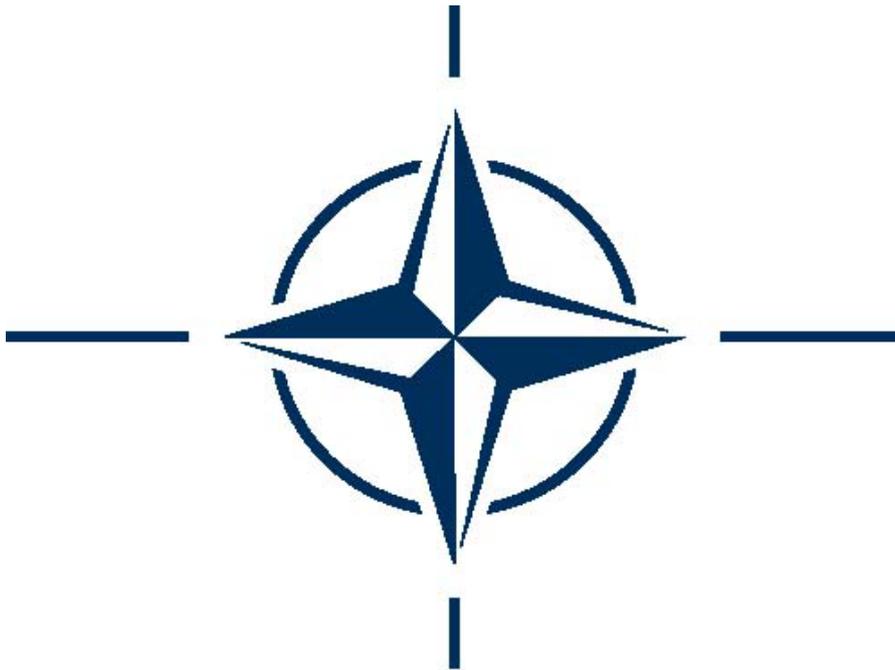
NATO STANDARD

AMedP-2.2

**HIGHLY INFECTIOUS PATIENT(S)
EVACUATION AND TRANSPORTATION
OF POTENTIALLY INFECTIOUS SAMPLES**

Edition A, Version 1

MARCH 2026



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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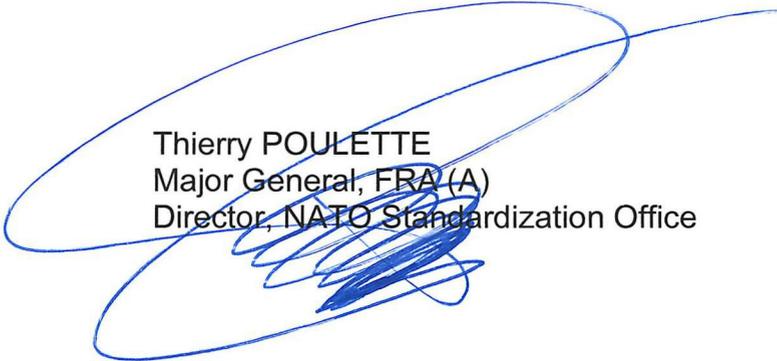
NORTH ATLANTIC TREATY ORGANIZATION (NATO)

NATO STANDARDIZATION OFFICE (NSO)

NATO LETTER OF PROMULGATION

3 March 2026

1. The enclosed Allied Medical Publication AMedP-2.2 Edition A, Version 1, HIGHLY INFECTIOUS PATIENT(S) EVACUATION AND TRANSPORTATION OF POTENTIALLY INFECTIOUS SAMPLES, which has been approved by the nations in the MILITARY COMMITTEE MEDICAL STANDARDIZATION BOARD, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 6529.
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CHAPTER 1 INTRODUCTION

1.1. INTRODUCTION

This publication concerns the movement of a patient with a high consequence infectious disease¹ (HCID) ('highly infectious patient'), or the movement of samples associated with a HCID and/or human remains from an individual who had a confirmed/suspected HCID, across the continuum of the evacuation process.

1.2. CONTEXT

The NATO Smart Defence Project (SD 1.1045), NATO Operational Biological Responsiveness and the COVID-19 pandemic resulted in an increased focus on the movement of patients. A raft of documents have been produced from international, NATO and national sources that address this issue. Whilst focusing on COVID-19, it is expected that many of the standard operating procedures and guidance will apply to any generic HCID pathogen.

1.3. SCOPE

1. This publication covers the basic principles to be considered when transferring between transport modalities and acts as a guide to the extant policy and doctrine, and support capability development.
2. Annexes A - D detail examples of the extant documentation related to this subject area. This covers both military and multi-lateral civilian documentation, but it should be noted that the list is not exhaustive. Annex A includes documents specifically written for COVID-19 but with relevance to HCID whilst Annex B lists documents related directly to HCID.
3. This publication does not consider the triggers for evacuation or the identification/diagnosis of disease, instead it focuses on the movement of patients/tissues/remains once the need for special precautions has been identified.

1.4. APPLICATION

This publication is applicable to all personnel involved in HCID evacuation. The principles should be considered in all evacuations and transfers of patients and samples.

¹ Note – there is variation between National definitions of the term 'highly infectious disease' – 'HCID' is used based on MC 0693 NATO Biological Preparedness and Response Concept and is an ECDC and UK Government recognised term. A Terminology Tracking Form (TTF) will be raised to establish HCID as a NATO *Term*.

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CHAPTER 2 PRINCIPLES FOR TRANSFER BETWEEN TRANSPORT MODALITIES

2.1. INTRODUCTION

This chapter outlines the principles associated with the transfer of a patient with a high consequence infectious disease (HCID), samples associated with a HCID and/or human remains from an individual who had a confirmed/suspected HCID, between different transport modalities including maritime/littoral, ground and air assets.

2.2. PRINCIPLES OF TRANSFER

1. **Communication.** The recipient² needs to be aware that the patient/remains/sample is potentially highly infectious and has adequate time to put in place preventive measures to protect personnel, other passengers and the vehicle (including airframe).

2. **Containment.** The recipient must have the capability, including appropriately trained personnel, to contain³ the patient/sample/remains so that the risk of spread and/or contamination is reduced to as low as reasonably practicable (ALARP).

3. **Agreement.** There needs to be a process by which the recipient accepts responsibility for movement of the patient/sample/remains and understands the risk therein. Transfers should not go ahead if the recipient does not accept responsibility. There also needs to be agreement about who has responsibility for disposal of waste, including clinical waste, generated in the transfer.

4. **Interoperability.** Interoperability between capabilities, equipment, and medical treatment facilities (MTF) (sending and receiving) must be considered. This includes the initial packaging of a patient, transfer between systems, and final reception into the receiving MTF.

2.3 MECHANISM OF TRANSFER

1. The mechanism of transfer needs to follow the following principles:

a. **Safe**

- (i) The safety of personnel involved in the transfer should be paramount. All necessary precautions should be taken during the transfer including provision of appropriate personal protective equipment (PPE) and/or

² The term recipient refers to the transport modality or vehicle, and team, which receives the patient/sample/remains for onward transportation.

³ There are a range of potential containment processes including distancing (i.e. personnel maintain a minimum distance from the patient when not actively involved in care), PPE for care givers, PPE for the patient such as face masks or a containment unit like a patient isolator.

containment to ensure that the risk is ALARP. It is recommended that transfers are rehearsed (for example during an exercise) where possible, to ensure that personnel understand their roles and are well versed in the PPE/containment requirements.

- (ii) Patient safety must be prioritised. This includes the capacity to delay or postpone the transfer if the patient's condition deteriorates, and clear courses of action if there is a delay in transfer. The most appropriate response must be identified in advance e.g., is there a place of safety to deliver clinical care if a transfer is delayed?
- (iii) An appropriately qualified and trained medical team should be present during the transfer to ensure that the patient is adequately supervised and supported.
- (iv) Patient and personnel safety has to be maintained at the interface between different types of transport (land/air, land/maritime, air/maritime). These interfaces should be included in the procedures for transportation of HCID patients and rehearsals should take into account these interfaces to complete personnel readiness.

b. Rapid

- (i) Delays during transfer should be minimised – particularly when patients are being transferred. All necessary preparations should be made before any transfer is begun. The patient's condition should be closely monitored throughout the transfer.

c. Secure

- (i) Patient remains and clinical samples should be packaged in an appropriate manner to ensure they are suitably contained and do not pose a contamination risk.

2.4 DISPERSAL

1. There needs to be a clear mechanism of dispersal and tracking of the patient/sample/remains when they arrive at the destination, which needs to be established in advance of any transfer. This should include agreement that the receiving unit (hospital or laboratory) will accept the patient or sample.

2. It should also be noted that there may be movement restrictions in accordance with International Health Regulations (see IHR 2005⁴) which need to be considered before the transfer. For example; some countries may have overfly restrictions for cases of HCID. Diversion options and alternative receiving units should be considered when planning the transfer.

⁴ [International Health Regulations \(who.int\)](http://www.who.int)

<p style="text-align: center;">ANNEX A TRANSPORT OF SARS-COV-2 PATIENTS/SAMPLES/REMAINS</p>

Civilian guidance documents

European Union

Considerations related to the safe handling of bodies of deceased persons with suspected or confirmed COVID-19. ECDC. 2020. [Considerations related to the safe handling of bodies of deceased persons with suspected or confirmed COVID-19](#)

Infection prevention and control and preparedness for COVID-19 in healthcare settings - sixth update. ECDC. 2021. [Infection prevention and control and preparedness for COVID-19 in healthcare settings - sixth update](#)

COVID-19 Aviation Health Safety Protocol: Operational guidelines for the management of air passengers and aviation personnel in relation to the COVID-19 pandemic. EASC-ECDC. 2022. [Joint EASA-ECDC Aviation Health Safety Protocol](#)

International Air Transport Association

Guidance Information on the Transport of COVID-19 Human Remains by Air. IATA. 2020. [Guidance Information on the Transport of COVID-19 Human Remains by Air](#)

US Centers for Disease Control and Prevention

Interim Guidance for Transporting or Arranging Transportation by Air into, from, or within the United States of People with COVID-19 or COVID-19 Exposure. CDC. 2021. [Interim Guidance for Transporting or Arranging Transportation by Air into, from, or within the United States of People with COVID-19 or COVID-19 Exposure | Quarantine | CDC](#)

Guidance for Preventing Disease Spread During Transport of Patients at High Risk for COVID-19 Illness CDC 2020. [Guidance Preventing Disease Spread During COVID-19 Patient Transport.pdf \(ems.gov\)](#)

World Health Organization (WHO)

Operational considerations for managing COVID-19 cases or outbreak in aviation. Geneva, WHO. 2020. [WHO-2019-nCoV-Aviation-2020.1-eng.pdf](#)

The Operational Framework for COVID-19 Medical Evacuations (MEDEVAC) and Related Services. United Nations. 2021. [covid-19 medical evacuation framework.pdf](#)

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ANNEX B TRANSPORTATION OF HIGHLY INFECTIOUS PATIENTS

NATO documents

STANAG 2546 / AJMedP-2,
Allied Joint Doctrine for Medical Evacuation

STANAG 2596 / AJMedP-7
Allied Joint Medical Doctrine for Support to Chemical, Biological, Radiological and Nuclear (CBRN) Defensive Operations.
Chapter 6: Medical Evacuation

STANAG 2461 / AMedP-7.1
Medical Management of CBRN Casualties
Chapter 15: Transport
Sub-chapter 15.4: Aeromedical Evacuation of CBRN Casualties

STANAG 2873 / AMedP-7.6
Commander's Guide on Medical Support to Chemical, Biological, Radiological and Nuclear (CBRN) Defensive Operations
Chapter 7: Hazard Management and Medical Operations
Sub-chapter 7.2: Medical Evacuation in a CBRN Environment

STANAG 3204 / AAMedP-1.1
Aeromedical Evacuation
Chapter 7: Management of Chemically Contaminated or Highly Infectious Casualties
Sub-chapter 7.2: Patients with Highly Communicable Infectious Diseases
Annex B: Clinical Signs Suggestive of a Highly Communicable Infectious Disease
Annex C: High-level Containment Care

Civilian guidance documents

European Centre for Disease Prevention and Control

Assessing and planning medical evacuation flights to Europe for patients with Ebola virus disease and people exposed to Ebola virus. ECDC. 2014. [ebola-guidance-air-transport-update-decontamination.pdf \(europa.eu\)](#)

European Union

Clinical Management of Highly Infectious Diseases: a EUNID consensus guideline. EUNID. 2007.
[Clinical management of highly infectious diseases: a EUNID consensus guideline](#)

US Centers for Disease Control and Prevention.

Interim guidance for air medical transport (AMT) of patients with Ebola virus disease (EVD). CDC. 2024. [Interim guidance for Air Medical Transport \(AMT\)](#)

ANNEX C MANAGEMENT OF CONTAGIOUS HUMAN REMAINS
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NATO documents

STANAG 2596 / AJMedP-7 Allied Joint Medical Doctrine for Support to Chemical, Biological, Radiological and Nuclear (CBRN) Defensive Operations.
Chapter 7: Sustainment of CBRN Medical Operations
Sub-chapter 7.2.1: Management of Human Remains

STANAG 2461 / AMedP-7.1
Medical Management of CBRN Casualties
Chapter 16: Exploitation and Recovery
Annex 16A: Management of CBRN Fatalities

Civilian guidance documents

European Federation of Funeral Services

Intra-community transport of bodies – guidance supporting European Standard CEN/BT/TF139 ‘Funeral Services’. EFFS. 2007. [Intra-community transport of bodies](#)

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ANNEX D TRANSPORTATION AND HANDLING OF CONTAGIOUS SAMPLING
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NATO documents

STANAG 2461 / AMedP-7.1
Medical Management of CBRN Casualties
Annex 29A – The Handling of Diagnostic Samples
Annex 29B – Shipping of Diagnostic Samples

STANAG 2551 / AMedP-7.4
MEDICAL DEPLOYABLE OUTBREAK AND INCIDENT INVESTIGATION TEAMS
(MED-DOIIT)

STANAG 4701 / AEP66 (*Classified*)
NATO Handbook for Sampling and Identification of Biological, Chemical and
Radiological Agents

Civilian documents

European Council

Directive 2008/68/EC of the European Parliament and of the Council of 24 September
2008 on the inland transport of dangerous goods. EU. 2008. [Directive 2008/68/EC](#)

Intergovernmental Organisation for International Carriage by Rail

Regulation concerning the international carriage of dangerous goods by rail (RID).
OTIF. 2024. http://otif.org/en/?page_id=1105

International Air Transport Association (IATA)

IATA Infectious Substances Shipping Regulations (ISSR). IATA. 2025. [IATA -
Infectious Substances Shipping Guidelines](#)

International Civil Aviation Organization

Technical instructions for the safe transport of dangerous goods by air (Doc 9284).
ICAO. 2023. [http://www.icao.int/safety/DangerousGoods/Pages/technical-
instructions.aspx](http://www.icao.int/safety/DangerousGoods/Pages/technical-instructions.aspx)

International Maritime Organization

International Maritime Dangerous Good (IMDG) code. IMO. 2025
[IMDG Code Overview](#)

United Nations

United Nations Economic Commission for Europe Agreement concerning the International Carriage of Dangerous Goods by Road (ADR). UNECE. 2025.
[ENECE Dangerous Goods](#)

US Department of Transportation

Transporting Infectious Substances Safely. US DOT. 2022. [Transporting Infectious Substances Safely](#)

World Health Organization

Guidance on regulations for the Transport of Infectious Substances 2021-2022. Geneva, WHO. 2021. [Guidance on regulations for the transport of infectious substances 2021-2022](#)

Laboratory Biosafety Manual 4th Edition. Geneva, WHO.2020.
[Laboratory biosafety manual, 4th edition](#)

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