Organisation name Site or unit		STANDARD OPERATING PROCEDURE Beds and mobility equipment check	
Document ID	ACS-SOP-002	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Standard operating procedure (SOP) · ACS-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

At a glance

- Beds are set to the low position when the patient is in them, with brakes locked.
- The call system and personal items are within reach.
- Mobility equipment is available in the sizes needed and is in working order.
- Each item is checked on the schedule, and faulty items are taken out of use.
- Stop and get help straight away if: a patient is left in a high bed with brakes off, or a faulty mobility aid is in use.

1. 1. Purpose

To keep beds and mobility equipment safe for each patient to use (4.6, 4.7).

2. 2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. 3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. 4. Background

A patient who needs a walking frame or a wheelchair but finds none, or finds one that is broken, is put at risk. Having the right aids, in the right sizes, and checking them on a schedule keeps them ready.

5. 5. Responsibilities

Role	Responsibility	Competence
Ward nurse	Sets the bed and checks the call system	Nurse
Equipment lead	Checks and tags mobility equipment	Technician

6. 6. Materials and equipment

Item	Requirement	Condition

Records and forms named in this document	Current version	Checked before use

7. 7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. 8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. 9. Procedure

Step 1. Bed.

- Set the bed low, lock the brakes and check the call system is in reach (ACS-FRM-003).

Key point: Low, locked, in reach.

Step 2. Mobility equipment.

- Check each walking aid and wheelchair on the schedule.
- Tag and remove any item that is faulty (EQP-FRM-001).

Key point: Faulty means out of use.

Step 3. Size.

- Check that the sizes in stock meet the needs of the patients on the ward.

Key point: The right size is available.

10. 10. Decision points

- No decision points in this procedure.

11. 11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. 12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
Beds checked each shift	At least 90%	Monthly	Ward manager	Escalate to clinical director
Mobility equipment checked on schedule	100%	Monthly	Equipment lead	Escalate to chief executive

14. 14. Records

Record	Kept in	Retention

Record named in this document	Patient record or the area file	the period set by the facility's records policy years

15. 15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. 16. Related documents

ID	Title	Use
ACS-FRM-003	Bed, mobility equipment and call system check	Check
ACS-REG-001	Mobility equipment register	Register

17. 17. Evidence

Reference	Note
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. 18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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Related standard

- **Standard 2: Governance and Safety Culture**