

Referral and evacuation route plan

Plan | FLD-PLN-001

Document type	Plan
Title	Referral and evacuation route plan
Document ID	{{facility.code}}-FLD-PLN-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 9 (Field Hospital), criterion 9.5
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Each type of care the unit cannot give has a named receiving facility and route.
2. Each route is tested at least every six months.
3. Each referral and evacuation is recorded with its time and the receiving facility.
4. The route plan names the transport owner and the back-up route.

Stop and get help straight away if: a patient needing care the unit cannot give has no route, or a route has never been tested.

1. Purpose

To make sure every patient who needs more care has a defined way to get it (9.5).

2. Scope

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

3. Definitions and abbreviations

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

4. Background and rationale

To make sure every patient who needs more care has a defined way to get it (9.5).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Field unit lead	Owns the plan and names the receiving facilities	Clinician
Transport lead	Tests the routes and names the back-up	Transport

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

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

8. Before you start

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

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Name the routes.	• List each care need, the receiving facility, the route and the transport owner.	A route for every need.
2	Test the routes.	• Test each route at least every six months and record the result in FLD-REG-001.	Tested, not just written.
3	Record each referral.	• Record each referral and evacuation in FLD-REG-001 with the time and the receiving facility.	Every move is recorded.

Decision points

- No decision points in this procedure.

10. Special situations

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

11. Problems and escalation

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

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Routes tested in the last six months	100%	Quarterly	Field unit lead	Escalate to the coordinating authority

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

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

15. Related documents

ID	Title	Relationship
FLD-REG-001	Referral and evacuation log	Log
PTR-SOP-012	Contingency, breakdown, surge and diversion (existing, reused)	Procedure

16. Evidence

ID	Source and status
E-009	Based on WHO classification and minimum standards for emergency medical teams (2013).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval