

Unit security and evacuation plan

Plan | FLD-PLN-002

Document type	Plan
Title	Unit security and evacuation plan
Document ID	{{facility.code}}-FLD-PLN-002
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 9.9
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. A security risk assessment is done before opening and reviewed each year.
2. The plan names who protects patients and staff, and how.
3. The whole unit can be evacuated, and the evacuation is rehearsed each year.
4. Each security incident is reported.

Stop and get help straight away if: the unit has no evacuation plan, or a security incident is not reported.

1. Purpose

To protect patients and staff from violence and the security situation, including evacuation of the unit (9.9).

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 protect patients and staff from violence and the security situation, including evacuation of the unit (9.9).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Field unit lead	Owns the plan and the evacuation	Clinician
Security lead	Runs the risk assessment	Security

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	Assess the risk.	• Do the security risk assessment before opening, and review it every year.	Dated and reviewed.
2	Plan the evacuation.	• Name the exit routes, the assembly point and the transport for patients.	The whole unit can leave.
3	Rehearse and report.	• Rehearse the evacuation each year (HOS-REG-004) and report each incident (WRK-FRM-003).	Practised and reported.

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
Security assessments reviewed in the last 12 months	100%	Yearly	Security 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
WRK-SOP-006	Violence and aggression prevention and response (existing, reused)	Procedure
HOS-REG-004	Rehearsal and drill record (existing, reused)	Record

16. Evidence

ID	Source and status
E-009	Based on the Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response (2018).
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