

Standards adapted under constraint: what may change and what may not

Policy | FLD-POL-002

Document type	Policy
Title	Standards adapted under constraint: what may change and what may not
Document ID	{{facility.code}}-FLD-POL-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 9.3, 9.4
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. Some steps change under constraint, such as equipment and supplies. Safety steps do not change.
2. The surgical checks, sterilisation, anaesthesia monitoring and identity checks always apply.
3. Each shortage has a written, approved alternative, listed in this policy.
4. Any alternative is recorded at the time it is used.

Stop and get help straight away if: a safety step (checklist, sterilisation, monitoring, identity check) is skipped, or a shortage is handled with no written alternative.

1. Purpose

To make clear which safety steps are never relaxed, and which alternatives are allowed (9.3, 9.4).

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 clear which safety steps are never relaxed, and which alternatives are allowed (9.3, 9.4).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Field unit lead	Approves each alternative	Clinician
Pharmacist or supply lead	Records shortages and alternatives	Pharmacist

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	Hold the non-negotiables.	• Keep the surgical checklist, sterilisation, anaesthesia monitoring and two-person identity checks at every site.	These never change.
2	Use approved alternatives.	• Where blood or a medicine is short, use only the alternatives listed in Appendix A, and record the use.	Only listed alternatives.
3	Record the use.	• Record each alternative used, the reason and the approving clinician.	Every use 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
Alternatives used that are on the approved list	100%	Monthly	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
SRG-POL-001	Surgical safety checklist and team pause (existing, reused)	Policy
BLD-SOP-006	Emergency release of blood (existing, reused)	Procedure

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