# Evidence for refugee and migrant health

Policy | HMG-POL-004

| | |
|---|---|
| Document type | Policy |
| Title | Evidence for refugee and migrant health |
| Document ID | {{facility.code}}-HMG-POL-004 |
| 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<br>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 25 (Health and Migration), criterion 25.6 |
| 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. Use the guidelines written for refugee and migrant health where they exist.
2. Record where the evidence is missing, and adapt practice with care.
3. Check the guidance list each year for updates.
4. Apply the screening for each population, such as TB screening for a patient from a high-burden country.

Stop and get help straight away if: TB screening is skipped for a patient from a high-burden country.

## 1. Purpose

To make sure care uses guidance written for migrant populations, and that gaps are recognised (25.6).

## 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 care uses guidance written for migrant populations, and that gaps are recognised (25.6).

## 5. Responsibilities

| Role | Duties in this SOP | Competence needed |
|---|---|---|
| **Clinical lead for migrant health** | Keeps the guidance list and the gap record | Clinician |

## 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** | Use specific guidance. | • Use the migrant-specific guideline for each condition where it exists. | Used. |
| **2** | Record gaps. | • Record where no migrant-specific evidence exists, and how practice was adapted. | Recorded. |
| **3** | Review. | • Review the guidance list each year. | Reviewed. |

### 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 |
|---|---|---|---|---|
| **Patients from high-burden countries screened as the guidance requires** | 100% | Monthly | Clinical lead for migrant health | Escalate to medical director |

## 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 |
|---|---|---|

## 16. Evidence

| ID | Source and status |
|---|---|
| **E-009** | Based on the WHO and IOM Global Competency Standards for Refugee and Migrant Health and the WHO mhGAP Intervention Guide (2019). |
| **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 |