

Organisation name Site or unit		STANDARD OPERATING PROCEDURE Electronic system downtime	
Document ID	HOS-SOP-016	Version	1.0
Status	Blank form, to adapt	Issue date	
Review date		Replaces	
Owner		Approved by	
Signature			

Standards > **Standard S1** > **Standard operating procedures (SOPs)**

Standard operating procedure (SOP) · HOS-SOP-016 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.22

At a glance

- When the system is down, slow or wrong, switch to the paper route at once.
- Use the paper prescription and dispensing form.
- Make the checks the software normally makes, by hand.
- Enter the paper records into the system when it is back, and check them.
- Stop and get help straight away if: prescribing or dispensing continues with no paper route and no checks.

1. 1. Purpose

To keep medicines safe when the electronic system is not working (S1.22). The checks the software normally makes must still happen.

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

When the software fails, medicines still need to be safe. A written downtime procedure, tested, keeps high-alert medicines checked by hand.

5. 5. Responsibilities

Role	Responsibility	Competence
Duty manager	Declares the downtime and tells staff	Senior manager
Chief pharmacist	Owens the paper route and its checks	Pharmacist

6. 6. Materials and equipment

Item	Requirement	Condition
Downtime prescription and dispensing form (HOS-FRM-014)	Current	In each area

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. Declare.

- The duty manager declares the downtime and tells the wards and pharmacy.

Key point: Everyone switches at once.

Step 2. Prescribe on paper.

- Use HOS-FRM-014.
- Check allergies, weight, renal function and interactions by hand.

Key point: The software checks are now yours.

Step 3. Dispense and check.

- Check each item against the paper prescription.
- Record the check on the form.

Key point: Two signatures for high-alert items.

Step 4. Return to the system.

- Enter the paper records when the system is back.
- Check the entries against the paper.

Key point: Nothing is left unentered.

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
Downtime events with paper route used	100%	Each event	Chief pharmacist	Escalate to chief executive
Drills of the paper route in the last 12 months	100%	Yearly	Chief pharmacist	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
<u>HOS-FRM-014</u>	Downtime prescription and dispensing form	Form
<u>HOS-REG-004</u>	Rehearsal and drill record	Drill record

17. 17. Evidence

Reference	Note
E-007	WHO Nine patient safety solutions (2007).
E-009	Medication Without Harm (WHO 2017).
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

No e-learning course is linked to this document yet.

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)
- World Health Organization (2007). Nine patient safety solutions, including correct patient identification. Geneva: WHO. [Open source](#) (E-007)

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Related standard

- Standard 46: Hospital Disaster and Emergency Preparedness