Organisation name Site or unit		STANDARD OPERATING PROCEDURE Community consent and privacy	
Document ID	MOB-SOP-001	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Standards › **Standard 13** › **Standard operating procedures (SOPs)**

Standard operating procedure (SOP) · MOB-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 13.6

At a glance

- Consent is obtained before each treatment, as CON-SOP-001 sets out.
- Privacy is protected at each site as far as the conditions allow, with a screen or a separate space.
- A patient who cannot speak for themselves is supported by a named person, with the reason recorded.
- Information is shared only with the patient's agreement.
- Stop and get help straight away if: a treatment is given with no consent, or a patient is examined in the open with no privacy and no reason recorded.

1. 1. Purpose

To respect consent and privacy in homes and open settings (13.6).

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

Patients in the community are often seen in their homes or in the open. Consent and privacy must be protected at every visit, not only in a clinic room.

5. 5. Responsibilities

Role	Responsibility	Competence
Clinician	Obtains consent and protects privacy	Clinician
Team leader on the day	Sets up the space	Nurse

6. 6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

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. Consent.

- Obtain consent before each treatment, recorded on CON-FRM-001.

Key point: Before each treatment.

Step 2. Privacy.

- Set up a screen or separate space at each site, and record where none was possible.

Key point: As far as conditions allow.

Step 3. Share.

- Share information only with the patient's agreement.

Key point: With agreement.

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
Treatments with consent recorded	100%	Monthly	Outreach lead	Escalate to clinical director

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
CON-FRM-001	Consent record (existing, reused)	Record

17. 17. Evidence

Reference	Note
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.

18. 18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

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)

Download this document as PDF