

Transfer mode decision and right to refuse

Policy | PTR-POL-001

Document type	Policy
Title	Transfer mode decision and right to refuse
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
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Replaces	None (new document)
Standards and criteria supported	System S6 (Patient transfers and referrals), criterion S6.46, S6.28
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. The transfer mode (ground, air or escorted commercial flight) is decided by the named clinical lead.
2. The crew or escort may refuse a transfer judged unsafe, without penalty.
3. A diversion to the nearest appropriate facility is made when the condition or route requires it.
4. Every decision is recorded with its reason.

Stop and get help straight away if: a transfer goes ahead after a crew member has judged it unsafe, or a mode is chosen with no named decision maker.

1. Purpose

To make it clear who decides how a patient travels, and to protect the crew and the patient when a transfer is unsafe (S6.46, S6.28).

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

If the planned facility cannot take the patient, the crew must go to the next best one without delay. A set rule for diversion stops the crew from losing time arguing about where to go.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Clinical lead	Decides the mode and approves any diversion	Clinician
Crew and escort	May refuse an unsafe transfer and record why	Trained crew
Accountable manager	Protects anyone who refuses in good faith	Management

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	Decide the mode.	- Choose ground, air or escorted commercial flight based on the assessed needs. - Record the decision and the reason.	One named decision maker.
2	Refuse if unsafe.	- If the crew or escort judges the transfer unsafe, they stop it and tell dispatch. - Record the reason on the transfer log.	Refusal is protected.
3	Divert.	- If the patient deteriorates or the route is blocked, divert to the nearest appropriate facility. - Record the diversion and the receiver's name.	The nearest appropriate place, not the planned one.

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
Transfers with recorded mode decision	100%	Monthly	Clinical lead	Escalate to chief executive
Refusals recorded with reason and no penalty	100%	Quarterly	Accountable manager	Escalate to chief executive

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
AMT-SOP-001	Transfer logging, handover and record keeping	Log
PTR-SOP-001	Transfer planning	Plan

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.
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