Consent and the right to decline transport

Standard operating procedure (SOP) | PTR-SOP-013

Document type	Standard operating procedure (SOP)
Title	Consent and the right to decline transport
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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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	System S6 (Patient transfers and referrals), criterion S6.10
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 patient is told about the transfer and can decline it.
2. The reason for the transfer and the risks of declining are explained.
3. For a patient who cannot consent, the route in the consent policy applies.
4. The decision is recorded.

Stop and get help straight away if: a competent patient is transferred against their decision without the route in the consent policy being followed.

1. Purpose

To respect the patient's right to decline transport and to set the route when the patient cannot consent (S6.10).

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

Patients have the right to refuse transport. The transfer detail adds the right to decline and the route to a decision for a patient who cannot give consent themselves.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Clinician	Explains the transfer and the risks of declining	Doctor or nurse
Crew lead	Records the decision	Trained crew

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	Explain.	• Explain the transfer, why it is needed, the risks and the alternatives, in a language the patient understands.	Informed before agreed.
2	Decide.	• The patient agrees or declines. • If declined, record it and inform the referring clinician.	The patient decides.
3	Cannot consent.	• Follow the consent policy for a patient who cannot consent (T-07 applies).	A legal route exists.

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 consent or decline recorded	100%	Monthly	Clinical lead	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
T-07	Patient identification, informed consent and patient rights	Course

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