

Organisation name Site or unit		STANDARD OPERATING PROCEDURE Consent and the right to decline transport	
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Signature			

Standards > **Standard S6** > **Standard operating procedures (SOPs)**

Standard operating procedure (SOP) · PTR-SOP-013 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S6 (Patient transfers and referrals), criterion S6.10

At a glance

- The patient is told about the transfer and can decline it.
- The reason for the transfer and the risks of declining are explained.
- For a patient who cannot consent, the route in the consent policy applies.
- 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. 1. Purpose

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

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 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. 5. Responsibilities

Role	Responsibility	Competence
Clinician	Explains the transfer and the risks of declining	Doctor or nurse
Crew lead	Records the decision	Trained crew

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. Explain.

- Explain the transfer, why it is needed, the risks and the alternatives, in a language the patient understands.

Key point: Informed before agreed.

Step 2. Decide.

- The patient agrees or declines.
- If declined, record it and inform the referring clinician.

Key point: The patient decides.

Step 3. Cannot consent.

- Follow the consent policy for a patient who cannot consent (T-07 applies).

Key point: A legal route exists.

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

17. 17. Evidence

Reference	Note
E-009	ASF Expert Committee consensus.
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)

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Related standard

- [Standard 7: Emergency Dispatch](#)