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

Supports: System S2 (Ambulatory clinic), criterion S2.3

At a glance

- Call for help at once when a patient becomes unwell in the clinic.
- Start resuscitation with the clinic equipment while help arrives.
- Transfer the patient to the named hospital under the written agreement.
- Send the patient record with them, and record the transfer.
- Stop and get help straight away if: a patient needs urgent transfer and no transfer route or agreement is in place.

1. Purpose

To make sure the clinic can respond to an emergency, and get a patient who needs admission to the named hospital safely and quickly (S2.3).

2. Scope

Applies to	All clinical and reception staff on clinic days
Locations	All rooms of the clinic
When	Any emergency during clinic hours, and any procedure where a complication may occur
Does not apply to	Routine referrals that are not urgent (see HOS-SOP-010)

3. Definitions

Term	Meaning
Named hospital	The hospital named in the written transfer agreement
Transfer agreement	A signed agreement with the named hospital on acceptance and route

4. Background

When a patient stops breathing, minutes matter. Equipment that is missing or broken, or staff without current life-support training, cost lives.

5. Responsibilities

Role	Responsibility	Competence
Lead clinician on the day	Leads the response and decides on transfer	Doctor with resuscitation training
Nurse	Starts resuscitation equipment and records the time	Current life support
Reception	Calls the emergency services and the named hospital	Trained in the call route

6. Materials and equipment

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

7. Safety

- 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

Step 1. Call for help.

- Use the call route posted in the room.

- Call the emergency number and the named hospital.

Key point: Call first, then treat.

Step 2. Start care.

- Start resuscitation or first aid with the clinic equipment.
- Record the time of each step.

Key point: The clinic is never without care while waiting.

Step 3. Transfer.

- Transfer under the written agreement.
- Send the record and a copy of the medicines given.

Key point: The receiving team needs the record.

Step 4. Record and review.

- Record the event on the incident system the same day.
- Review it within 2 weeks.

Key point: Every event is a learning point.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Emergency drills in the last 12 months	100%	Yearly	Clinic lead	Escalate to chief executive
Transfers with the record sent	100%	Each transfer	Clinic lead	Escalate to clinical director

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. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HOS-SOP-015	Resuscitation equipment checks	Equipment checks
HOS-REG-004	Rehearsal and drill record	Drill record

17. Evidence

Reference	Note
E-009	Transfer time limits to be confirmed by the Committee and the named hospital.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

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

E-learning for this document

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

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 21: Urgent Care**

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