Policy · DGN-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 49.4

At a glance

- Patients are treated with respect for privacy, dignity, and cultural and religious needs (HSP-SOP-002).
- Care is not withheld or delayed because of a patient's identity, status or background.
- Interpreters and cultural mediators are used where needed (HMG-POL-003).
- Breaches of dignity are reported, and each report is reviewed (DGN-FRM-001).
- Stop and get help straight away if: a patient is refused or delayed care because of their identity, status or background.

1. Purpose

To make sure every patient is treated with dignity, privacy and respect for their cultural and religious needs (49.4).

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. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Patients who are dying or seriously ill still have privacy, dignity and their own beliefs. Respecting them in every interaction is part of care, not an extra.

5. Responsibilities

Role	Responsibility	Competence
Every staff member	Treats each patient with dignity and reports any breach	Ward manager
Ward manager	Reviews breaches and makes sure privacy is protected	Clinical lead

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. Respect.

- Protect privacy and respect cultural and religious needs in every interaction.

Key point: Respected.

Step 2. Report.

- Report any breach of dignity or any refusal of care on identity or background.

Key point: Reported.

Step 3. Review.

- Review each report and act on the findings (DGN-FRM-001).

Key point: Reviewed.

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
Dignity observations with no breach	100%	Monthly	Ward manager	Review the ward’s practice within 7 days
Reports reviewed within 7 days	100%	Monthly	Ward manager	Escalate to the clinical lead

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
DGN-FRM-001	Dignity observation and report record	Record
HSP-SOP-002	Spiritual, cultural and psychological needs (existing, reused)	SOP

17. Evidence

Reference	Note
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

- **Patient Identification, Informed Consent and Patient Rights** (T-07)

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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