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

Supports: 46.1

At a glance

- A written disaster plan covers the whole facility (HOS-PLN-001).
- A named incident lead is responsible for the plan and can act at any hour.
- A deputy incident lead is named for when the lead is unavailable.
- The plan is reviewed each year and whenever the facility, services or risks change.
- Stop and get help straight away if: no named incident lead can be reached at any hour, or the plan does not cover the whole facility.

1. Purpose

To make sure one named person owns the disaster plan and can activate it at any hour (46.1).

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

A hospital hit by a disaster must know who leads the response and what to do. A written plan that covers the whole facility, with a named lead, is the basis of the response.

5. Responsibilities

Role	Responsibility	Competence
Hospital director	Names the incident lead and deputy and approves the plan	Board or owner
Incident lead	Owns the plan, keeps the contact rota and activates the plan when needed	Hospital director

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. Name.

- Name the incident lead and deputy, and record their contact details on the on-call rota.

Key point: Named.

Step 2. Write and cover.

- Keep the written plan current, covering every building, service and department (HOS-PLN-001).

Key point: Covered.

Step 3. Review.

- Review the plan each year and after any change to the facility, services or risks.

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
Incident lead reachable at any hour in a test call	100%	Quarterly	Hospital director	Name a new lead within 7 days
Plan reviewed on schedule	100%	Yearly	Incident lead	Escalate to the hospital 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-PLN-001	Mass-casualty and utility failure plan (existing, reused)	Plan
FAC-PLN-002	Climate and health emergency continuity plan (existing, reused)	Plan

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

- **Emergency Preparedness and Fire Safety** (T-10)

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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