SOP · DIS-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 46.5

At a glance

- After each real activation, or a drill with significant findings, a structured review is held within 14 days.
- The review records what worked, what did not and why.
- Each finding becomes a written change to the plan, with an owner and a date.
- Serious incidents also go through root cause analysis (INC-SOP-001).
- Stop and get help straight away if: a finding from an activation has no written change to the plan.

1. Purpose

To make sure every activation or significant drill improves the plan in writing (46.5).

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

After a real disaster, or a drill that exposes gaps, the plan must be changed. Reviewing it after each activation keeps it realistic.

5. Responsibilities

Role	Responsibility	Competence
Incident lead	Holds the review and owns the changes	Hospital director
Staff involved	Take part and give their account	Incident 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. Hold.

- Hold the structured review within 14 days, with the staff involved.
- Record the debrief (PTR-FRM-007).

Key point: Held.

Step 2. Change.

- Write each change to the plan with an owner and a date.

- Carry out a root cause analysis for any serious incident (INC-SOP-001).

Key point: Changed.

Step 3. Check.

- Confirm each change is in the approved plan before the next drill.

Key point: Checked.

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
Activations and significant drills with a review within 14 days	100%	Each event	Incident lead	Escalate to the hospital director
Review findings with a written plan change	100%	Each event	Incident lead	Reopen the review

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
PTR-FRM-007	Post-incident debrief record (existing, reused)	Record
INC-SOP-001	Root cause analysis of serious incidents (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

- **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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