Plan · FLD-PLN-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 9.5

At a glance

- Each type of care the unit cannot give has a named receiving facility and route.
- Each route is tested at least every six months.
- Each referral and evacuation is recorded with its time and the receiving facility.
- The route plan names the transport owner and the back-up route.
- Stop and get help straight away if: a patient needing care the unit cannot give has no route, or a route has never been tested.

1. Purpose

To make sure every patient who needs more care has a defined way to get it (9.5).

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

A field hospital cannot treat everyone. Each patient who needs more care must have a defined route for referral or evacuation, known before it is needed.

5. Responsibilities

Role	Responsibility	Competence
Field unit lead	Owns the plan and names the receiving facilities	Clinician
Transport lead	Tests the routes and names the back-up	Transport

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 the routes.

- List each care need, the receiving facility, the route and the transport owner.

Key point: A route for every need.

Step 2. Test the routes.

- Test each route at least every six months and record the result in FLD-REG-001.

Key point: Tested, not just written.

Step 3. Record each referral.

- Record each referral and evacuation in FLD-REG-001 with the time and the receiving facility.

Key point: Every move is recorded.

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
Routes tested in the last six months	100%	Quarterly	Field unit lead	Escalate to the coordinating authority

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
FLD-REG-001	Referral and evacuation log	Log
PTR-SOP-012	Contingency, breakdown, surge and diversion (existing, reused)	Procedure

17. Evidence

Reference	Note
E-009	Based on WHO classification and minimum standards for emergency medical teams (2013).
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 Response During Transport (MT-06)
- **Handover & Communication for ASF Accreditation** (MT-04)

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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