Plan · FLD-PLN-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 9.9

At a glance

- A security risk assessment is done before opening and reviewed each year.
- The plan names who protects patients and staff, and how.
- The whole unit can be evacuated, and the evacuation is rehearsed each year.
- Each security incident is reported.
- Stop and get help straight away if: the unit has no evacuation plan, or a security incident is not reported.

1. Purpose

To protect patients and staff from violence and the security situation, including evacuation of the unit (9.9).

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

Field units can be targets of violence or exposed to the security situation around them. A plan to protect patients and staff, written and known, reduces the chance of harm.

5. Responsibilities

Role	Responsibility	Competence
Field unit lead	Owns the plan and the evacuation	Clinician
Security lead	Runs the risk assessment	Security

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. Assess the risk.

- Do the security risk assessment before opening, and review it every year.

Key point: Dated and reviewed.

Step 2. Plan the evacuation.

- Name the exit routes, the assembly point and the transport for patients.

Key point: The whole unit can leave.

Step 3. Rehearse and report.

- Rehearse the evacuation each year (HOS-REG-004) and report each incident (WRK-FRM-003).

Key point: Practised and reported.

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
Security assessments reviewed in the last 12 months	100%	Yearly	Security 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
WRK-SOP-006	Violence and aggression prevention and response (existing, reused)	Procedure
HOS-REG-004	Rehearsal and drill record (existing, reused)	Record

17. Evidence

Reference	Note
E-009	Based on the Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response (2018).
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

- Security Protocols & Incident Response (SEC-01)
- **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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