Plan · FLD-PLN-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 9.11

At a glance

- The plan names the permanent service that receives each patient and record.
- Each patient is transferred with a written handover (HOS-FRM-004).
- Records are transferred or stored under REC-POL-001.
- Closure is recorded with the count of patients and records transferred.
- Stop and get help straight away if: the unit closes with a patient or record unaccounted for.

1. Purpose

To move each patient and record to a permanent service when the unit closes or hands over (9.11).

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 unit is temporary, but its patients are not. When it closes, the patients and their records must go to a permanent service, or care stops.

5. Responsibilities

Role	Responsibility	Competence
Field unit lead	Owns the closure and names the receiving services	Clinician
Records lead	Checks every record moves	Records

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 receiving service.

- Name the permanent service for each open patient before closure.

Key point: A service for each patient.

Step 2. Hand over.

- Hand over each patient with HOS-FRM-004, and move each record.

Key point: A written handover each.

Step 3. Close and count.

- Count patients and records transferred, and record the closure.

Key point: Nothing unaccounted for.

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
Patients and records accounted for at closure	100%	Each closure	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
HOS-FRM-004	Handover record (existing, reused)	Record
REC-POL-001	Records management and retention (existing, reused)	Policy

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

- **Handover & Communication for ASF Accreditation** (MT-04)
- Document Control and the Records System (T-02)

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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