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

Supports: 9.1

At a glance

- No patient is admitted until the minimum set-up checklist (FLD-FRM-001) is signed.
- The unit has separate areas for triage, treatment and isolation.
- Water, sanitation and waste disposal meet the minimum before admission.
- Any item that fails is recorded and fixed before admission, or admission is limited.
- Stop and get help straight away if: a patient is admitted before the set-up checklist is signed, or with no isolation area.

1. Purpose

To make sure a field unit is safe before the first patient arrives (9.1).

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 field hospital opened in a hurry can be unsafe before the first patient arrives. A defined minimum set-up, checked before admission, means the basics are in place from the start.

5. Responsibilities

Role	Responsibility	Competence
Field unit lead	Owns the set-up and signs the checklist	Clinician
Water and sanitation lead	Confirms water, sanitation and waste	Engineer

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. Check the set-up.

- Complete FLD-FRM-001 before admission, covering structure, areas, water, sanitation, waste and power.

Key point: Checked before the first patient.

Step 2. Separate the areas.

- Keep triage, treatment and isolation areas separate, with a floor plan on file.

Key point: Three areas, kept apart.

Step 3. Test the water and waste.

- Test water (WAT-FRM-001) and record waste disposal (WST-FRM-001) before admission.

Key point: Tested, not assumed.

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
Units admitted with a signed set-up checklist	100%	Each opening	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-FRM-001	Minimum set-up checklist	Checklist
WAT-PLN-001	Water interruption contingency plan (existing, reused)	Plan

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

- **Safety & Emergency Preparedness** (H-05)
- **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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