Policy · FLD-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

**Supports: 9.3, 9.4**

### At a glance

- Some steps change under constraint, such as equipment and supplies. Safety steps do not change.
- The surgical checks, sterilisation, anaesthesia monitoring and identity checks always apply.
- Each shortage has a written, approved alternative, approved before use by the field unit lead.
- Any alternative is recorded at the time it is used.
- Stop and get help straight away if: a safety step (checklist, sterilisation, monitoring, identity check) is skipped, or a shortage is handled with no written alternative.

## 1. Purpose

To make clear which safety steps are never relaxed, and which alternatives are allowed (9.3, 9.4).

## 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

Blood and medicines are scarce in a field hospital, and the temptation to skip checks is strong. Standards adapted to the setting keep them safe without pretending the setting is a hospital.

## 5. Responsibilities

| Role | Responsibility | Competence |
|---|---|---|
| Field unit lead | Approves each alternative | Clinician |
| Pharmacist or supply lead | Records shortages and alternatives | Pharmacist |

## 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 the non-negotiables.**

- Keep the surgical checklist, sterilisation, anaesthesia monitoring and two-person identity checks at every site.

**Key point:** These never change.

**Step 2. Use approved alternatives.**

- Where blood or a medicine is short, use only an alternative the field unit lead has written down and approved before use, and record the use.

**Key point:** Only listed alternatives.

**Step 3. Record the use.**

- Record each alternative used, the reason and the approving clinician.

**Key point:** Every use 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 |
|---|---|---|---|---|
| Alternatives used that were approved in writing before use | 100% | Monthly | 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 |
|---|---|---|
| **SRG-POL-001** | Surgical safety checklist and team pause (existing, reused) | Policy |
| **BLD-SOP-006** | Emergency release of blood (existing, reused) | Procedure |

## 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

- **Care & Treatment: Clinical Standards for Accreditation** (H-04)
- Emergency Medical Equipment & AED Readiness (MED-02)
- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

- Medication Safety & Storage in Guest Facilities (MED-03)

## 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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