Policy · FLD-POL-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 9.6

At a glance

- Each volunteer and temporary worker has a written scope before first duty (FLD-FRM-002).
- Each shift has a named supervisor.
- A volunteer works only within their scope, and calls a supervisor outside it.
- Credentials for clinical roles are checked (STF-FRM-001).
- Stop and get help straight away if: a volunteer performs a procedure outside their scope, or works with no supervisor.

1. Purpose

To keep volunteers and temporary staff within a defined scope and under supervision (9.6).

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 hospitals rely on volunteers and temporary staff. They must work within a defined scope and under supervision, because their experience and their licences may differ.

5. Responsibilities

Role	Responsibility	Competence
Field unit lead	Approves each scope and names the supervisors	Clinician
Rota lead	Keeps the rota with a supervisor on each shift	Nurse

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. Define the scope.

- Record each person’s scope and supervisor on FLD-FRM-002 before their first duty.

Key point: Scope before duty.

Step 2. Name the supervisor.

- Put a named supervisor on every shift in the rota.

Key point: No unsupervised shift.

Step 3. Check credentials.

- Check the credentials of clinical volunteers and record them.

Key point: Clinical roles are checked.

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
Volunteers with a signed scope before first duty	100%	Each shift	Rota lead	Escalate to field unit lead

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-002	Volunteer scope and supervision record	Record
STF-FRM-001	Staff credential record (existing, reused)	Record

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

- **Credentialing, Competence and the Training Matrix** (T-14)
- **Safety Training Programme & Competency Assessment** (TRAIN-01)

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)

Download this document as PDF

Download this document as an editable Word file