Standard operating procedure (SOP) · FLD-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 9.2

At a glance

- Triage uses the same recognised tool at peak volume as on quiet days.
- A team lead is named for each triage area in every shift.
- Triage continues at peak; it is not paused to treat.
- Surge triage is rehearsed with the mass-casualty plan (HOS-PLN-001).
- Stop and get help straight away if: triage stops, or patients are treated without being triaged at peak volume.

1. Purpose

To keep sorting patients by clinical need when the numbers are high (9.2).

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

When patients arrive in numbers, the unit must still sort them by clinical need. A triage system that works only on quiet days fails the patients who need it most.

5. Responsibilities

Role	Responsibility	Competence
Triage team lead	Runs triage in each shift	Clinician
Field unit lead	Calls surge and rehearses it	Clinician

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. Sort.

- Triage every arrival with HOS-SOP-001 and record it on HOS-FRM-001.

Key point: Every arrival is sorted.

Step 2. Keep going at peak.

- Keep one triage lead on duty at all times, even when treatment areas are full.

Key point: Triage does not stop.

Step 3. Call a surge.

- Call the surge when arrivals exceed capacity, and follow HOS-PLN-001.

Key point: Surge is called early.

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
Peak-hour arrivals triaged	100%	Each shift	Triage team 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
HOS-FRM-001	Triage record and log (existing, reused)	Record
HOS-PLN-001	Mass-casualty and utility failure plan (existing, reused)	Plan

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

- **Medical Emergency Protocol Development** (MED-01)
- **Safety & Emergency Preparedness** (H-05)

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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