Standard operating procedure (SOP) · FLD-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 9.12

At a glance

- Each donated item is checked for source, expiry, storage condition and approval before use.
- An item that fails any check is withheld, labelled and recorded.
- A withheld item is not used, and is returned or destroyed as the rule requires.
- The check is recorded on FLD-FRM-005.
- Stop and get help straight away if: a donated medicine or item is used before it has been checked, or one that failed a check is used.

1. Purpose

To stop expired, unapproved or badly stored donations reaching patients (9.12).

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

Donated medicines and equipment often arrive with unknown history, expired stock and wrong storage. Checking each item before use prevents harm from something that looked helpful.

5. Responsibilities

Role	Responsibility	Competence
Pharmacist or supply lead	Runs the check	Pharmacist
Field unit lead	Withholds and approves disposal	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. Check each item.

- Check source, expiry, storage condition and approval for each donated item (FLD-FRM-005).

Key point: Every item, every time.

Step 2. Withhold a failure.

- Label and withhold an item that fails any check, and record it.

Key point: Failed means withheld.

Step 3. Dispose.

- Return or destroy withheld items as the rule requires, and record the disposal.

Key point: No failed item left in use.

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
Donated items checked before use	100%	Monthly	Pharmacist or supply 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-005	Donation check record	Record
PRC-FRM-001	Supplier review 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

- **Supplier Evaluation and Purchasing** (T-13)
- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

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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