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

Supports: 29.10

At a glance

- A criminal history finding is assessed for its relevance to care work: its nature, age and link to the role.
- No caregiver is refused automatically for an old or unrelated finding.
- The assessment and decision are recorded (HC-FRM-005).
- The decision can be reviewed by a second manager.
- Stop and get help straight away if: a person is refused automatically for an old, unrelated finding.

1. Purpose

To make sure criminal history findings are assessed individually, not applied as a blanket rule (29.10).

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 criminal record does not always mean a person cannot work safely. Each finding should be looked at individually, for its real relevance to the job, rather than an automatic refusal.

5. Responsibilities

Role	Responsibility	Competence
Home care service lead	Owns the assessment rule	Clinician or manager
Recruiting manager	Carries out and records the assessment	Manager

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. Assess.

- Assess the finding’s nature, age and relevance to the caregiver role.

Key point: Assessed.

Step 2. Decide.

- Decide and record the outcome, with the reason.

Key point: Decided.

Step 3. Review.

- Have a second manager review any refusal.

Key point: Reviewed.

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
Criminal history findings with an individual assessment recorded	100%	Quarterly	Home care service lead	Escalate to medical director

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
HC-FRM-005	Caregiver screening record	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Global strategy and action plan on ageing and health 2016-2030, WHO Integrated care for older people (ICOPE) guidelines (2017), and WHO guidance on migrant health.
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

- **Governance & Staffing for Home-Based Care** (HC-07)

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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