Policy · HMG-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 25.1

At a glance

- Care is adapted to each patient’s migration and displacement experience (HMG-FRM-001).
- Examinations are explained first, and the patient can ask for the way they are done to change.
- Barriers to access from legal status are identified and addressed.
- Continuity of care is supported when the patient moves.
- Stop and get help straight away if: a traumatised patient is examined in a way that repeats past harm.

1. Purpose

To make sure care is adapted to each patient’s migration and displacement history, and does not repeat harm (25.1).

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 person who has fled war or been displaced often carries trauma and mistrust of institutions. Care that does not take this into account can be harmful even when it is technically correct.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for migrant health	Owns the migration-informed care rule	Clinician
Treating clinician	Adapts care and records the history	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. Take the history.

- Record the migration and displacement history, with the patient’s consent (HMG-FRM-001).

Key point: Recorded.

Step 2. Adapt the care.

- Explain each examination first, and adapt the way it is done.

Key point: Adapted.

Step 3. Address barriers.

- Identify any barrier from legal status and act to address it.

Key point: Addressed.

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
Patients with a migration history recorded where relevant	95%	Monthly	Clinical lead for migrant health	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
HMG-FRM-001	Migration history and trauma-aware assessment record	Record

17. Evidence

Reference	Note
E-009	Based on the WHO and IOM Global Competency Standards for Refugee and Migrant Health and the WHO mhGAP Intervention Guide (2019).
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

- **Refugee & Migrant Health — Endorsement Course** (H-09)

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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