Policy · HMG-POL-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 25.6

At a glance

- Use the guidelines written for refugee and migrant health where they exist.
- Record where the evidence is missing, and adapt practice with care.
- Check the guidance list each year for updates.
- Apply the screening for each population, such as TB screening for a patient from a high-burden country.
- Stop and get help straight away if: TB screening is skipped for a patient from a high-burden country.

1. Purpose

To make sure care uses guidance written for migrant populations, and that gaps are recognised (25.6).

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

Some health problems in migrant and refugee populations need specific guidance, such as TB screening or mental health after displacement. Using that guidance where it exists, and saying where it does not, keeps the care evidence-based.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for migrant health	Keeps the guidance list and the gap record	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. Use specific guidance.

- Use the migrant-specific guideline for each condition where it exists.

Key point: Used.

Step 2. Record gaps.

- Record where no migrant-specific evidence exists, and how practice was adapted.

Key point: Recorded.

Step 3. Review.

- Review the guidance list each year.

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
Patients from high-burden countries screened as the guidance requires	100%	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

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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