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

Supports: System S1 (Hospital), criterion S1.1

At a glance

- Triage every arrival with the named triage tool, within the set time.
- Write the category and the time on the record.
- Keep triage staffed whenever the emergency area is open, including nights.
- The most urgent patient is seen first, whatever the arrival order.
- Stop and get help straight away if: a patient is waiting with no triage category or no triage nurse is on duty.

1. Purpose

To sort every patient who arrives for emergency or urgent care by clinical urgency, so that the most urgent are seen first (S1.1).

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
Triage tool	The named, recognised tool used to assign a category at arrival

Category	The urgency level given by the tool

4. Background

Triage decides who is seen first. Without a recognised tool, the sickest patient can wait behind the least sick, and nobody can show why.

5. Responsibilities

Role	Responsibility	Competence
Triage nurse	Triages every arrival; records category and time	Trained in the named tool
Duty clinical lead	Reviews any patient waiting beyond the set time	Senior 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. Greet and start the record.

- Record the arrival time and name.
- Check the immediate danger signs at the door.

Key point: Danger signs are acted on before the full triage.

Step 2. Apply the tool.

- Score the patient with the named tool.
- Assign the category.

Key point: The tool decides, not the first available nurse.

Step 3. Record and place.

- Write the category and the time on the record.
- Place the patient in the waiting order for that category.

Key point: The record is the proof.

Step 4. Re-triage while waiting.

- Re-check each waiting patient at the interval set for the category.
- Upgrade if the condition changes.

Key point: A waiting patient can get worse.

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
Arrivals with a category and time recorded	100%	Monthly	Triage lead	Escalate to clinical director
Patients seen within the time for their category	At least 70%	Monthly	Triage lead	Review triage staffing

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	Record used in step 3

HOS-SOP-002	Vital signs and deterioration response	Re-triage and observations

17. Evidence

Reference	Note
E-009	Set time limits set by the ASF Expert Committee by the Committee and the national triage tool.
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

No e-learning course is linked to this document yet.

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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>
> - **Standard 36: Hospital Emergency Department**

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