Standard operating procedure (SOP) · HOS-SOP-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.4

At a glance

- Use the named structured tool for every handover between teams and shifts.
- Give the handover verbally, face to face or by phone.
- The receiver asks questions and confirms the plan back.
- Record the handover, the giver and the receiver.
- Stop and get help straight away if: a patient is transferred between teams with no handover given.

1. Purpose

To make sure every transfer of care between teams or shifts is complete, understood and confirmed (S1.4).

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

Handoffs lose information when they are unstructured. A structured handoff, with time for questions, keeps the plan and the risks.

5. Responsibilities

Role	Responsibility	Competence
Giver	Gives the structured handover; answers questions	Trained in the tool
Receiver	Asks questions; confirms the plan back	Trained in the tool

6. Materials and equipment

Item	Requirement	Condition
Named structured handover tool	Current	On the wall of each handover area

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. Prepare.

- Look at the record and the current risks before the handover.

Key point: Preparation is what makes it short.

Step 2. Give the handover.

- Cover the patient, the situation, the background, the assessment and the plan, in the tool order.

Key point: Use the tool every time, even when busy.

Step 3. Receive and question.

- Ask at least one question.
- Repeat back the plan and the risks.

Key point: A handover with no question is not finished.

Step 4. Record.

- Record the handover on HOS-FRM-004, with both names and the time.

Key point: The record shows who has the patient now.

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
Transfers with a recorded handover	100%	Monthly	Ward manager	Escalate to clinical director
Observed handovers using the tool	At least 70%	Quarterly	Clinical governance lead	Retrain the team

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-004	Handover record	Record used in step 4

17. Evidence

Reference	Note
E-007	WHO Nine patient safety solutions (2007): communication during handovers.
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)
- World Health Organization (2007). Nine patient safety solutions, including correct patient identification. Geneva: WHO. **Open source** (E-007)

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Related standard

- **Standard 63: Safe Handover**

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