Standard operating procedure (SOP) · HOS-SOP-013 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.16

At a glance

- Identify children, people with disability and patients who lack capacity at admission.
- Flag them on the record and in the care plan.
- Refer any concern to the named safeguarding lead the same day.
- Check the protections are in place at each review.
- Stop and get help straight away if: a child or adult at risk is admitted and no safeguarding check is recorded.

1. Purpose

To protect the patients most at risk of harm in hospital (S1.16).

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

Children, people with disability and patients who lack capacity can be harmed without anyone noticing. A named safeguarding lead and a flag in the care plan protect them.

5. Responsibilities

Role	Responsibility	Competence
Admitting nurse	Identifies and flags vulnerable patients	Trained
Safeguarding lead	Receives referrals; acts; keeps records	Named senior clinician

6. Materials and equipment

Item	Requirement	Condition
Vulnerability flag (HOS-FRM-010)	Current	On the admission record

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. Identify.

- Ask the set questions at admission.
- Look for signs of abuse, neglect or lack of capacity.

Key point: Ask every patient.

Step 2. Flag and plan.

- Mark the flag on HOS-FRM-010.

- Write the protection in the care plan.

Key point: The flag must reach the care plan.

Step 3. Refer.

- Refer any concern to the safeguarding lead the same day.

Key point: Do not investigate alone.

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
Admissions with flag where it applies	At least 70%	Monthly	Safeguarding lead	Escalate to clinical director
Concerns referred the same day	100%	Monthly	Safeguarding lead	Escalate to chief executive

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-010	Vulnerability flag record	Record
CON-SOP-001	Informed consent before significant care	Consent for those who lack capacity

17. Evidence

Reference	Note
E-004	ASF Expert Committee consensus on safeguarding.
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)
- ASF Expert Committee (2026). Expert consensus. No external reference identified. (E-004)

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Related standard

- **Standard 2: Governance and Safety Culture**

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