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

Supports: 10.4

At a glance

- Family and carers are told about the illness, the plan and what to expect, in a language they understand.
- The family is given a named contact and the out-of-hours number.
- Support in the carer role is offered and recorded (HSP-FRM-003).
- Bereavement support is offered (HSP-SOP-005).
- Stop and get help straight away if: a family is not told about the plan or given no named contact when the patient is dying.

1. Purpose

To keep families informed and supported in their role (10.4).

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

Family and carers carry much of the burden of palliative care. Telling them what to expect, and supporting them, keeps the plan working at home and in the last days.

5. Responsibilities

Role	Responsibility	Competence
Lead palliative clinician	Gives the information and the plan	Clinician
Social worker or nurse	Offers carer support	Nurse

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. Inform.

- Explain the illness, the plan and what to expect, and check understanding.

Key point: Understood, not just given.

Step 2. Name a contact.

- Give the named contact and the out-of-hours number.

Key point: A name and a number.

Step 3. Support.

- Offer carer support, and record the offer on HSP-FRM-003.

Key point: Offered and recorded.

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
Families with a named contact recorded	100%	Monthly	Lead palliative clinician	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
HSP-FRM-003	Family support and bereavement follow-up record	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Palliative Care fact sheet and the Lancet Commission on the Global Access to Palliative Care and Pain Relief (2017).
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

- Patient Rights and Responsibilities (A-01)
- **Patient Identification, Informed Consent and Patient Rights** (T-07)

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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