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

Supports: 10.10

At a glance

- Each patient has a named clinician with access to their plan, reachable at all hours.
- The number is given to the patient and family in writing.
- Each out-of-hours contact is recorded (HSP-REG-003) with the time and the advice given.
- A crisis is escalated at once to the on-call doctor.
- Stop and get help straight away if: a family calls out of hours and no clinician with the plan is reachable.

1. Purpose

To give a named, reachable clinician for symptom crises at any hour (10.10).

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

Symptoms at night can be frightening and dangerous. A named clinician, reachable at any hour and with the patient’s plan, gives the family a safe answer instead of a crisis.

5. Responsibilities

Role	Responsibility	Competence
Lead palliative clinician	Owns the on-call rota	Clinician
On-call clinician	Answers and records each contact	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. Name the clinician.

- Name the on-call clinician for each patient on the plan, and give the number in writing.

Key point: A named person and number.

Step 2. Answer.

- Answer each call with access to the patient’s plan, and advise.

Key point: With the plan in hand.

Step 3. Record.

- Record each contact on HSP-REG-003 with the time and the advice given.

Key point: Every contact.

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
Out-of-hours calls answered with a record	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-REG-003	Out-of-hours contact log	Log

17. Evidence

Reference	Note
E-009	Based on the WHO Palliative Care guidance and the WHO Package of Essential Noncommunicable Disease interventions (2020).
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

- Emergency Response During Transport (MT-06)
- **Credentialing, Competence and the Training Matrix** (T-14)

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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