Policy · HUM-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 39.2

At a glance

- Each deployment has a written exit plan, handover or a defined time limit (FLD-PLN-003).
- The handover is agreed with the local health system before it takes place.
- Continuity after handover is tracked (HUM-REG-001).
- A deployment with no exit plan does not start.
- Stop and get help straight away if: a deployment ends with no handover and no agreed continuity.

1. Purpose

To make sure services do not stop abruptly when a deployment ends (39.2).

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

Humanitarian services are often meant to be temporary. Without a planned exit, the population is left without care when the team leaves. A written handover makes the end of the service safe.

5. Responsibilities

Role	Responsibility	Competence
Deployment lead	Writes and agrees the exit plan	Operations director
Local health authority liaison	Agrees the handover with the local system	Deployment lead

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. Plan the exit.

- Write the exit plan with the handover or the time limit, before services start.

Key point: Planned.

Step 2. Agree handover.

- Agree the handover with the local health system and record the agreement.

Key point: Agreed.

Step 3. Track.

- Track the continuity of each handed-over service (HUM-REG-001).

Key point: Tracked.

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
Deployments with an agreed exit plan	100%	Quarterly	Deployment lead	Escalate to the operations 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
HUM-REG-001	Handover tracking register	Register
FLD-PLN-003	Closure and handover plan (existing)	Plan

17. Evidence

Reference	Note
E-009	Based on the Sphere Handbook (2018) minimum standards, the IASC Six Core Principles relating to sexual exploitation and abuse (2019), and the WHO Global Patient Safety Action Plan 2021–2030.
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

- **Refugee & Migrant Health — Endorsement Course** (H-09)

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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