Policy · INC-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 2A.6

1. Purpose

To record, investigate and learn from incidents, so that harm is reduced and patients and staff are protected [E-006, EC].

2. Scope

All incidents affecting patients, staff, visitors, equipment, data or the building at the facility.

3. Responsibilities

Role	Responsibility
quality lead	Reviews every incident and keeps the incident log.
risk manager	Scores risk and tracks corrective actions.
ward or department head	Reports within 24 hours and starts immediate action.

4. Procedure

- Make the scene safe and give immediate care. Report the incident verbally to the ward head at once [EC].
- Complete the incident report within 24 hours [E-006].
- Quality lead logs the incident and grades harm and risk [EC].
- Investigate serious incidents with a root-cause review within 45 days [EC].
- Tell the patient or family and record the disclosure (see the disclosure procedure) [EC].
- Share the lesson learned with the team and check the action is done [EC].

5. Records

Incident report, incident log, investigation report, action log (kept for the period set by the facility’s records policy years).

6. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2.
E-009	ASF Expert Committee consensus. Timeframes are EC decisions.

7. Change history

Version	Date	What changed	Approval
1.0	—	First approved version	Approved by the ASF Expert Committee

E-learning for this document

- **Incident Reporting, Just Culture and Open Disclosure** (T-09)
- **Nonconformity, Corrective Action and Risk** (T-04)

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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