Plan · MOB-PLN-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 13.3

At a glance

- Each deployment has a named route to the nearest hospital, with the transport and the time it takes.
- The communication method is named, and a back-up is set out (PTR-SOP-012).
- The team knows the plan before the first session.
- Where the unit cannot reach a hospital quickly, a second route is agreed before the deployment.
- Stop and get help straight away if: a deployment starts with no route to a hospital, or the team does not know the plan.

1. Purpose

To make sure a patient who becomes unwell far from a hospital can be moved in time (13.3).

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

When a patient in a remote site becomes unwell, the route to a hospital decides whether they survive. The route must be defined before each deployment, not worked out on the day.

5. Responsibilities

Role	Responsibility	Competence
Outreach lead	Owns the plan for each deployment	Clinician
Team leader on the day	Briefs the team and confirms the transport	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. Plan the route.

- Write the route to the hospital, the transport and the travel time on MOB-FRM-003.

Key point: Route, transport, time.

Step 2. Name communication.

- Name the communication method and a back-up.

Key point: Two ways to call.

Step 3. Brief.

- Brief the team on the plan before the first session.

Key point: Team knows it.

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 a written transfer plan	100%	Each deployment	Outreach lead	Escalate to clinical 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
MOB-FRM-003	Deployment plan record	Record
PTR-SOP-012	Contingency, breakdown, surge and diversion (existing, reused)	Procedure

17. Evidence

Reference	Note
E-009	Based on WHO classification and minimum standards for emergency medical teams (2013).
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)
- **Handover & Communication for ASF Accreditation** (MT-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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