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

Supports: 37.2

At a glance

- Each neonatal area is assigned a defined level of care (NEO-REG-001).
- Staffing is set for that level and checked each shift.
- A documented pathway moves a baby to a higher level of care (NEO-FRM-001).
- The step-up decision and the time it was made are recorded.
- Stop and get help straight away if: a neonatal area has no defined level of care or no staff to match it.

1. Purpose

To make sure each newborn is cared for in a unit and with staff that match the baby’s needs (37.2).

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

A newborn needs the right level of care for their condition. A neonatal unit that is staffed for a lower level of care cannot keep a sick baby safe.

5. Responsibilities

Role	Responsibility	Competence
Neonatal lead clinician	Owns the level of care and the step-up pathway	Clinical director
Nurse in charge of the unit	Checks staffing each shift and records it	Neonatal lead 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. Assign.

- Assign the level of care for each neonatal area and publish it.

Key point: Assigned.

Step 2. Staff.

- Set staffing for the level and record it on each shift (NEO-REG-001).

Key point: Staffed.

Step 3. Step up.

- When a baby needs more care, follow the pathway and record the decision (NEO-FRM-001).

Key point: Stepped up.

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
Shifts meeting the level of care staffing	100%	Monthly	Neonatal lead clinician	Escalate to the 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
NEO-FRM-001	Neonatal level of care assessment record	Record
NEO-REG-001	Neonatal staffing against level of care register	Register

17. Evidence

Reference	Note
E-009	Based on the WHO recommendations on newborn health (2017), the WHO Global Patient Safety Action Plan 2021–2030, and the ASF Ambulatory and Hospital standards for paediatric and neonatal care.
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

- **Pediatric Ambulatory Care** (AMB-23)

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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