Standard operating procedure (SOP) · PRO-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 11.5

At a glance

- Each procedure has a written complications pathway, with a named contact reachable at the time of the procedure.
- Serious reactions have a route to hospital, agreed in advance (AMC-SOP-001).
- Each complication is recorded (PRO-FRM-004) with its outcome.
- Each complication is reviewed within the set time.
- Stop and get help straight away if: a serious complication has no named contact or route to hospital.

1. Purpose

To manage complications through a defined pathway, with a route to hospital (11.5).

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

Complications happen even in a safe centre. A defined pathway, with a named contact available at the time, means the patient is treated quickly and the team learns from it.

5. Responsibilities

Role	Responsibility	Competence
Medical director	Owns the pathway and the hospital route	Clinician
Named contact	Available at the time of each procedure	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 contact.

- Name the on-call contact for each day of procedures and give the number to the team.

Key point: Named and reachable.

Step 2. Follow the pathway.

- Treat the complication as the pathway sets, and transfer to hospital for a serious reaction.

Key point: Pathway, then hospital.

Step 3. Record and review.

- Record each complication on PRO-FRM-004 and review it within the set time.

Key point: Recorded and reviewed.

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
Complications with a recorded outcome	100%	Monthly	Medical director	Escalate to chief executive

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
PRO-FRM-004	Complication record	Record
AMC-SOP-001	Clinic emergency response and transfer to hospital (existing, reused)	Procedure

17. Evidence

Reference	Note
E-009	Based on the ASF Expert Committee consensus and the WHO Guidelines for Safe Surgical Care and Safe Procedures (2009).
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

- **Medical Emergency Protocol Development** (MED-01)
- **Gastroenterology & Endoscopy Safety Standards** (AMB-22)

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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