Standard operating procedure (SOP) · PRO-SOP-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 11.6

At a glance

- Adrenaline and the other emergency drugs are in a known place and ready before any procedure.
- The emergency response is practised, and the team knows its roles.
- Anaphylaxis is treated at once as the protocol sets, and the patient is observed after the event.
- Equipment and drugs are checked on the schedule in HOS-SOP-015.
- Stop and get help straight away if: a procedure starts without adrenaline and resuscitation equipment ready and checked.

1. Purpose

To make sure the unit can treat anaphylaxis and other emergencies in minutes (11.6).

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

Anaphylaxis and other emergencies can happen minutes after an injection. The centre must have the equipment and the training to respond at once.

5. Responsibilities

Role	Responsibility	Competence
Medical director	Owns the protocol and the drug list	Clinician
Nurse in charge	Checks the kit before each session	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. Check the kit.

- Check adrenaline, airway and resuscitation equipment before each session (HOS-FRM-013).

Key point: Before each session.

Step 2. Treat at once.

- Treat anaphylaxis at once as the protocol sets, and call for help.

Key point: At once.

Step 3. Observe and record.

- Observe the patient after the event and record the response and any transfer.

Key point: Observed and recorded.

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
Sessions with the emergency kit checked before use	100%	Monthly	Nurse in charge	Escalate to medical 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
HOS-FRM-013	Daily resuscitation check record (existing, reused)	Record
HOS-SOP-015	Resuscitation equipment checks (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

- Emergency Medical Equipment & AED Readiness (MED-02)
- **Medical Emergency Protocol Development** (MED-01)

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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