Standard operating procedure (SOP) · PTR-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S6 (Patient transfers and referrals), criterion S6.1, S6.2, S6.4, S6.24, S6.29

At a glance

- Write a plan for every transfer, naming the party responsible at each segment.
- State the handover point where our responsibility ends.
- Cover route or flight, timings, crew, escort, equipment and what happens if the transfer fails midway.
- Plan the ground journey to and from the airport as part of the transfer.
- Stop and get help straight away if: a transfer departs with no plan, or with a segment whose responsible party is not named.

1. Purpose

To make responsibility, timing and contingency clear for every segment of a transfer before it starts (S6.1, S6.2, S6.4, S6.24, S6.29).

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 vehicle that breaks down or is in an accident leaves the patient exposed. A written contingency plan with a backup vehicle or service keeps care going.

5. Responsibilities

Role	Responsibility	Competence
Dispatch lead	Writes and holds the plan	Trained dispatcher
Clinical lead	Approves the clinical parts	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. Write the plan.

- Complete PTR-FRM-002 for the whole journey.
- Name the responsible party for each segment: pickup, ground to airport, air, destination airport, ground to the receiving facility.

Key point: Responsibility is named, not implied.

Step 2. Set the handover points.

- Write the handover point where our responsibility ends, for each change of segment.

Key point: One handover point per change.

Step 3. Plan the failure.

- Write what happens if the transfer fails midway or the escort cannot continue.
- Name the alternative escort or the diversion point.

Key point: The plan must cover failure.

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
Transfers with a complete plan	100%	Monthly	Dispatch lead	Escalate to clinical lead
Segments with a named responsible party	100%	Monthly	Dispatch lead	Escalate to clinical lead

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
PTR-FRM-002	Transfer plan	Plan form
PTR-SOP-004	Air transport planning and authorisation	Air

17. Evidence

Reference	Note
E-009	ASF Expert Committee consensus.
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

No e-learning course is linked to this document yet.

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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Related standard

- **Standard 7: Emergency Dispatch**

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