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

Supports: System S6 (Patient transfers and referrals), criterion S6.7, S6.8

At a glance

- Neonatal and paediatric transfers use a specialist team and equipment.
- Critically ill patients travel with staff and equipment matched to their condition.
- Confirm the receiving specialist unit has accepted before departure.
- Record the specialist arrangement on the plan.
- Stop and get help straight away if: a neonate, child or critically ill patient is moved without the specialist team or matched equipment.

1. Purpose

To send the most vulnerable patients with the team and equipment they need (S6.7, S6.8).

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

Newborns and children are not small adults. Their transfers need equipment, drugs and staff trained for their size and condition, or the risk of harm rises sharply.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead	Arranges the specialist team and equipment	Clinician
Dispatch lead	Confirms specialist cover on the plan	Trained dispatcher

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. Arrange the team.

- Book the neonatal or paediatric team for the transfer.
- Record the team on the plan.

Key point: Specialist cover is booked, not hoped for.

Step 2. Match equipment.

- Check the specialist equipment and drugs for the patient’s weight and condition before departure.

Key point: Equipment matches the patient.

Step 3. Confirm acceptance.

- Confirm the specialist unit accepts the patient before departure, and record the name of the person who accepted.

Key point: Accepted before moved.

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
Neonatal and paediatric transfers with specialist team	100%	Quarterly	Clinical lead	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
PTR-SOP-002	Care level classification and crew matching	Matching
HOS-SOP-015	Resuscitation equipment checks	Equipment

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 37: Neonatal and Paediatric Hospital Care**

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