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

Supports: System S6 (Patient transfers and referrals), criterion S6.9, S6.23

At a glance

- Air transport is authorised by the clinical lead before it is booked.
- Confirm seats for the patient and escort, equipment, oxygen and the airline’s acceptance.
- Only use an operator with a current contract and aviation certificate.
- Record the authorisation and the confirmations.
- Stop and get help straight away if: an air transfer is booked or flown with no authorisation, or with the airline’s acceptance not confirmed.

1. Purpose

To make air transport planned, authorised and controlled (S6.9, S6.23).

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 patient on a commercial flight needs seats, oxygen and medical equipment agreed with the airline in advance. Without that agreement, the patient can be refused boarding or travel without what they need.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead	Authorises the air transfer	Clinician
Dispatch lead	Books and confirms the arrangements	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. Authorise.

- The clinical lead signs the authorisation with the reason for air transport.

Key point: Air is a decision, not a default.

Step 2. Confirm.

- Confirm seats, equipment, oxygen and the airline’s acceptance for the patient’s condition, in writing.

Key point: Confirmed in writing.

Step 3. Check.

- Complete the aircraft and cabin check (PTR-FRM-004) before departure.

Key point: Checked before it flies.

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
Air transfers with authorisation before booking	100%	Monthly	Clinical lead	Escalate to chief executive
Air transfers with airline acceptance confirmed	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-004	Aircraft and cabin check	Check form
PTR-POL-002	Transfer insurance, cross-border and data sharing rules	Insurance

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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