Standard operating procedure (SOP) · PTR-SOP-007 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S6 (Patient transfers and referrals), criterion S6.2, S6.32, S6.33, S6.34

At a glance

- Hand over in a structured way at pickup, at each change of segment, and at the destination.
- Use the handover record (HOS-FRM-004) at every handover.
- Written records travel with the patient at every stage.
- Record the name of the person who receives the patient.
- Stop and get help straight away if: a patient changes segment or arrives with no structured handover and no receiver’s name.

1. Purpose

To pass on the patient’s condition and needs clearly at every change, not only at final arrival (S6.2, S6.32, S6.33, S6.34).

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 whose records stay behind cannot be treated safely at the next stop. The paper or electronic record must go with the patient, and the receiving team must be able to find it.

5. Responsibilities

Role	Responsibility	Competence
Crew lead	Leads the handover	Trained crew
Receiver	Accepts the patient and signs for the record	Receiving team

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. Prepare.

- Gather the record, the drugs chart and the notes before the handover.

Key point: Records travel with the patient.

Step 2. Hand over.

- Use the structured verbal handover (HOS-SOP-004) and the handover record (HOS-FRM-004).

- Record the handover point and the time.

Key point: Same structure every time.

Step 3. Record the receiver.

- Record the name of the person who receives the patient on the transfer log.

Key point: A name closes the handover.

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
Segments with structured handover recorded	100%	Monthly	Crew lead	Escalate to clinical lead
Handovers with receiver’s name	100%	Monthly	Crew 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
HOS-SOP-004	Structured verbal handover	Handover
HOS-FRM-004	Handover record	Record

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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