SOP · RTH-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 57.2

At a glance

- Patient identity is verified before every fraction.
- The treatment site and set-up are checked against the plan (RTH-FRM-002).
- If the set-up differs from the plan, treatment is paused for review.
- Stop and get help straight away if: a fraction is given without identity and set-up verification.

1. Purpose

To make sure each fraction is given to the right patient, at the right site, as planned (57.2).

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

To make sure each fraction is given to the right patient, at the right site, as planned (57.2).

5. Responsibilities

Role	Responsibility	Competence
Radiographer	Verifies identity and set-up before each fraction	Radiation oncologist
Radiation oncologist	Reviews any set-up difference before treatment continues	Clinical lead

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. Identify.

- Verify the patient identity before the fraction.

Key point: Identified.

Step 2. Set up.

- Check the treatment site and set-up against the plan and record it (RTH-FRM-002).

Key point: Set up.

Step 3. Pause.

- If the set-up differs from the plan, pause and review before treatment continues.

Key point: Reviewed.

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
Fractions with identity and set-up recorded	100%	Monthly	Clinical lead	Stop treatment until recorded
Set-up differences with a pause and review	100%	Monthly	Clinical lead	Review the day’s treatments

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
RTH-FRM-002	Daily treatment verification record	Record

17. Evidence

Reference	Note
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

- **Oncology & Infusion Therapy Safety Endorsement** (AMB-11)

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)

Download this document as PDF

Download this document as an editable Word file