SOP · SHO-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 63.1

At a glance

- Every handover between clinicians uses a structured method (SBAR or I-PASS) at each shift change, team change and ward move (HND-FRM-001).
- Each handover covers identity, diagnosis, medicines, allergies, risks, set results and due actions, and the receiver reads back the key actions.
- A deteriorating or high-risk patient is handed over at the bedside, with the latest early warning score and the named senior clinician.
- A patient moved between wards or facilities travels with a written handover.
- Stop and get help straight away if: a clinician leaves a shift, or a patient is moved, with no handover given and received.

1. Purpose

To make sure care passes between clinicians and teams safely, with no key information lost (63.1 to 63.4).

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

Communication failures during handover are a recognised cause of patient harm. The WHO Patient Safety Curriculum Guide (2007) describes structured handover as a way of reducing omitted information and errors. A standard method means that every clinician knows what to expect, and what to ask.

5. Responsibilities

Role	Responsibility	Competence
Ward lead	Makes sure the handover method is used at each change	Clinical lead
Clinician giving handover	Gives the structured handover and asks for read-back	Ward lead
Clinician receiving handover	Repeats back the key actions and signs the record	Clinician giving handover

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.

- Check the observations, the early warning score, the medicines and the set results before the handover.

Key point: Prepared.

Step 2. Hand over.

- Give the structured handover face to face or by call, using the checklist (HND-FRM-001).

Key point: Handed over.

Step 3. Confirm.

- The receiver reads back the key actions, and both clinicians sign the record (HOS-FRM-004).

Key point: Confirmed.

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
Handovers using the structured method	100%	Monthly	Ward lead	Retrain and observe the clinician

Handovers with read-back and signatures	100%	Monthly	Ward lead	Review the handover with the team

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
HND-FRM-001	Structured handover checklist (existing, reused)	Form
HOS-FRM-004	Handover record (existing, reused)	Form

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

- **Handover & Communication for ASF Accreditation** (MT-04)

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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