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

Supports: 38.5

At a glance

- Discharge or transfer is planned in advance (SUB-FRM-003).
- Each person is referred to community support.
- A relapse plan is agreed with the person and recorded.
- The plan is shared with the receiving service with consent.
- Stop and get help straight away if: a person is discharged with no community referral and no relapse plan.

1. Purpose

To keep people connected to support after treatment ends, and prepared for a relapse (38.5).

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

Leaving treatment without a link to community support is a common reason for relapse. A planned discharge with referrals keeps the person connected after the service ends.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for addiction services	Owns the discharge standard	Clinical director
Keyworker	Plans the discharge and agrees the relapse plan	Clinical lead for addiction services

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. Plan.

- Start the discharge plan early and record the date.

Key point: Planned.

Step 2. Refer.

- Refer the person to community support and record the referral (PHC-SOP-003).

Key point: Referred.

Step 3. Agree relapse plan.

- Agree the relapse plan with the person and record it (SUB-FRM-003).

Key point: Agreed.

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
Discharges with community referral and relapse plan	100%	Monthly	Clinical lead for addiction services	Escalate to the clinical director

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
SUB-FRM-003	Discharge and relapse plan record	Record
PHC-SOP-003	Referral criteria and referral tracking (existing)	Procedure

17. Evidence

Reference	Note
E-009	Based on the WHO guidelines for the psychosocially assisted pharmacological treatment of opioid dependence (2009), the WHO Guidelines on HIV and harm reduction for people who inject drugs, and the ASF Ambulatory standard for addiction services.
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

- Narcology & Addiction Treatment (AMB-21)

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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