Standard operating procedure (SOP) · TRM-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 41.3

At a glance

- Warning signs are screened for at each visit (TRM-FRM-002).
- A patient with a warning sign is referred to conventional care without delay.
- Complementary treatment does not replace a conventional diagnosis or treatment that is needed.
- Each referral is recorded and followed up.
- Stop and get help straight away if: a patient with a warning sign is kept on complementary treatment alone.

1. Purpose

To make sure serious conditions are found and treated conventionally, and not delayed (41.3).

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 with a serious illness who uses only traditional treatment may be harmed by delay. A service must refer the patient to conventional care when it is needed.

5. Responsibilities

Role	Responsibility	Competence
Practitioner	Screens for warning signs and refers	Service lead
Service lead	Owns the referral pathway and follow-up	Clinical director

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. Screen.

- Screen each visit for the warning signs the service lists (TRM-FRM-002).

Key point: Screened.

Step 2. Refer.

- Refer any patient with a warning sign to conventional care without delay.

Key point: Referred.

Step 3. Follow up.

- Follow up each referral and record the outcome.

Key point: Followed up.

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
Warning signs with referral within the set time	100%	Monthly	Service lead	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
TRM-FRM-002	Referral and warning sign record	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Traditional Medicine Strategy 2014–2023, the WHO guidance on substandard and falsified medical products, and the ASF Hospital standard for informed consent and incident reporting.
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

- **Complaints Handling and Patient Feedback** (T-12)

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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