Policy · URG-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 21.1

At a glance

- Each patient is sorted by clinical urgency on arrival, using a recognised triage tool (URG-FRM-001).
- A patient with a potential emergency is seen at once, not left in the waiting room.
- Patients who need emergency care are sent to a hospital without delay.
- The triage decision and the time are recorded for every patient.
- Stop and get help straight away if: a patient with a potential emergency is left in the waiting room unseen.

1. Purpose

To make sure every patient is sorted by urgency on arrival, and emergencies are seen and sent on at once (21.1).

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

In an urgent care service, the patient who is having a heart attack may arrive behind a patient with a sprain. Sorting patients by clinical urgency on arrival is what makes sure the sickest are seen first.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead	Owns the triage tool and the rule	Clinician
Triage nurse or doctor	Triages each patient on arrival	Clinician

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. Triage on arrival.

- Triage each patient with the recognised tool, and record the category and time (URG-FRM-001).

Key point: Triaged.

Step 2. Act on emergencies.

- See a potential emergency at once. Send an emergency to hospital without delay.

Key point: Acted on.

Step 3. Review the rule.

- Review triage records each month against the rule.

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
Patients triaged on arrival with time recorded	100%	Monthly	Clinical lead	Escalate to medical 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
URG-FRM-001	Triage record	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Emergency triage, assessment and treatment (ETAT) manual (2005) and the WHO Emergency care systems for universal health coverage (2016).
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

- **Acute & Same-Day Care** (PHC-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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