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

Supports: 44.1

At a glance

- Public information states the address, opening hours, travel by public transport and by road, languages spoken and the emergency contact (WAY-FRM-001).
- Interpreter access is stated and provided on request (MTR-POL-002).
- Public information is checked each quarter against the current service.
- Printed and online information are kept the same.
- Stop and get help straight away if: public information gives an address or hours that are no longer correct.

1. Purpose

To make sure people can find the service and know how to reach it before they arrive (44.1).

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

A patient who cannot find the clinic before arriving may give up or arrive at the wrong place. Clear public information about the address, hours and how to get there helps the patient reach care.

5. Responsibilities

Role	Responsibility	Competence
Communications lead	Owns the public information and the quarterly check	Service director
Reception lead	Keeps the printed information and the listings current	Communications 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. Write.

- Write the public information with the address, hours, travel, languages and emergency contact.

Key point: Written.

Step 2. Check.

- Check each public source against the current service each quarter (WAY-FRM-001).

Key point: Checked.

Step 3. Correct.

- Correct any out-of-date information at once across every source.

Key point: Corrected.

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
Public sources matching the current service	100%	Quarterly	Communications lead	Escalate to the service 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
WAY-FRM-001	Public information check record	Record
MTR-POL-002	Language access and interpreters (existing)	Policy

17. Evidence

Reference	Note
E-009	Based on the WHO Global Patient Safety Action Plan 2021–2030 for communication and patient access, the WHO Emergency Care Systems framework for emergency access, and the ASF Hospital standard for facility access.
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

- Access & Arrival: Getting Patients Through the Door (H-01)

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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