

Fitness & Wellness Standards

The complete ASF accreditation standard for fitness & wellness facilities. Every criterion is published in full — statement, classification, and the verification questions used by Monitors and supervisors. Free. No account required.

8 standards · 46 criteria · 34 non-negotiable · 12 core · 0 standard · Version 3.1



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How to read this page: Each standard groups related criteria. Each criterion has a classification — **Non-Negotiable** (all must be met; any single failure bars accreditation), **Core** ($\geq 85\%$ for accreditation, $\geq 70\%$ for certification), or **Standard** ($\geq 70\%$ for accreditation). The verification questions show what a Monitor checks. To test your facility against these criteria, use the free self-assessment tool.

STANDARD 1 · MANDATORY

Pre-Participation Screening & Risk Assessment

1.1 Every New Member Completes a Validated Pre-Participation Screening Before Starting

Non-Negotiable

Every new member completes a validated pre-participation health screening — covering current activity level, signs or symptoms of disease, and desired exercise intensity — before beginning any exercise program, not after, and not skipped because the member seems visibly fit or healthy.

1. Does every new member complete a validated screening tool before beginning any exercise program? — A real, validated tool, not an informal conversation or assumption based on appearance.
2. Does the screening genuinely cover activity level, disease signs and symptoms, and intended exercise intensity? — Genuine, complete coverage of all three risk factors, not a partial or generic check.
3. Is screening completed before the member's first exercise session, not retroactively after they've already started? — Real, advance completion, not a formality completed after participation has already begun.

1.2 A Positive Screening Result Leads to Genuine Medical Clearance, Not Waived Through

Non-Negotiable

When a pre-participation screening identifies a genuine risk indicator, the member is genuinely required to obtain medical clearance before beginning exercise — not permitted to proceed anyway because they're eager to start, or because staff feel the risk seems unlikely to matter.

1. Does a positive screening result genuinely require medical clearance before the member begins exercising? — A real, enforced requirement, not a recommendation the member can simply decline.
2. Is this requirement consistently enforced, not waived based on staff judgement or member preference? — Genuine, consistent enforcement, not exceptions made informally.
3. Is clearance documentation genuinely verified before the member is permitted to begin, not just requested? — Real, confirmed documentation, not an assumption clearance was obtained.

1.3 Screening Is Repeated When a Member's Health Status Genuinely Changes

Non-Negotiable

Pre-participation screening is genuinely repeated when a member's health status changes in a way that could affect exercise risk — not performed once at initial sign-up and treated as valid indefinitely regardless of what happens afterward.

1. Is there a specific process for members to report a genuine health status change after initial screening? — A real, known process, not an assumption members will volunteer this information unprompted.
2. Does a reported change genuinely trigger rescreening, not simply get noted without further action? — Real, active rescreening, not passive documentation of a reported change.
3. Is screening periodically refreshed even without a specifically reported change, for long-term members? — Genuine, periodic reassessment, not reliance solely on members proactively reporting changes.

1.4 Risk Stratification Reflects Real, Evidence-Based Criteria

Core

Risk stratification following screening genuinely follows evidence-based criteria — current activity level, disease signs and symptoms, desired exercise intensity — not informal staff judgement about who seems likely to be at risk.

1. Does risk stratification genuinely follow the evidence-based model, not informal staff judgement? — A real, structured process using established criteria, not subjective impression.
2. Are staff conducting stratification genuinely trained on the evidence-based criteria, not relying on general fitness knowledge alone? — Specific, documented training, not assumed competence.
3. Is stratification consistently applied across different staff members, not varying based on who happens to review it? — Genuine, consistent application, not results that vary depending on which staff member conducts the review.

1.5 Screening Results Genuinely Inform the Individual Exercise Program

Core

Pre-participation screening results genuinely, actively inform the member's individual exercise program design — not collected as a compliance formality and then filed without any real connection to the actual program the member follows.

1. Do screening results genuinely, actively inform the member's individual exercise program? — Real, demonstrated connection between screening findings and actual program design.
2. Can staff explain how a specific screening finding shaped a specific member's actual program? — A real, specific, traceable connection, not a general assumption that screening is considered.
3. Is program individualization revisited if screening results change, not left fixed from the original assessment? — Genuine, ongoing responsiveness, not a program based only on the initial screening, never revisited.

STANDARD 2 • MANDATORY

Exercise Supervision & Instructor Qualification

2.1 Every Instructor Holds a Genuine, Accredited Certification

Non-Negotiable

Every staff member directing exercise — personal trainer, group instructor, specialist coach — holds a genuine, accredited certification from a recognised body, not an informal qualification, a brief in-house orientation, or no formal credential at all.

1. Does every staff member directing exercise hold a genuine, accredited certification, not an informal or in-house qualification? — A real, externally accredited certification, not internal training alone.
2. Is the specific certifying body and credential genuinely verifiable, not just claimed? — A real, checkable credential, not an assumed or unverifiable qualification.

3. Does the certification genuinely match the specific activity the instructor directs — a Pilates certification for Pilates, not a general credential applied broadly? — Specific, matched qualification, not a general certification stretched to cover unrelated specialties.

2.2 CPR and AED Certification Is Current for Every Instructor, Verified Not Assumed

Non-Negotiable

Every instructor directing exercise holds a current, genuinely verified CPR and AED certification — not a certification that has quietly lapsed, or one assumed current without actually checking the expiration date.

- 1.** Does every instructor hold a genuinely current CPR and AED certification? — Real, current certification, not one assumed valid without checking the actual expiration.
- 2.** Is certification currency actively, specifically verified, not just assumed from initial hiring? — Real, active verification, not an assumption certification obtained at hire remains valid indefinitely.
- 3.** Is there a specific process for identifying and addressing a certification that's about to lapse? — A real, proactive process, not discovering a lapse only after it's already occurred.

2.3 Scope of Practice Is Respected, Not Exceeded

Non-Negotiable

Instructors genuinely stay within their actual scope of practice — providing exercise guidance and general fitness nutrition information, not individualized medical or clinical nutrition advice that belongs to a licensed dietitian or physician.

- 1.** Do instructors genuinely stay within their actual certified scope of practice? — Real, respected boundaries, not advice that quietly exceeds what the certification actually covers.
- 2.** Are instructors specifically trained on the boundary between general fitness guidance and clinical advice requiring referral? — Specific, documented training on this real boundary, not an assumption instructors will intuit it.
- 3.** Is there a clear referral pathway when a member's need genuinely exceeds an instructor's scope? — A real, known referral pathway, not the instructor attempting to address something beyond their actual competence.

2.4 A Class or Session Is Never Run Without a Qualified Instructor Actually Present

Non-Negotiable

Every group class and supervised session has a genuinely qualified instructor actually present and actively supervising for its full duration — not a class run unsupervised, or supervision handed off to an unqualified staff member when the certified instructor is unavailable.

- 1.** Is a genuinely qualified instructor actually present for the full duration of every class or supervised session? — Real, continuous presence, not supervision that lapses partway through.
- 2.** Is there a specific, defined process for what happens if the scheduled instructor becomes unavailable? — A real, defined backup process, not the class running unsupervised or handed to an unqualified staff member.
- 3.** Is supervision genuinely active — attentive, engaged — not merely nominal presence in the room? — Real, active supervision, not passive presence while attention is elsewhere.

2.5 Instructor Credentials Are Verified Before Hire and Periodically Reconfirmed

Core

Instructor credentials are genuinely verified before hire — confirmed directly with the certifying body, not accepted on the instructor's own representation alone — and periodically reconfirmed thereafter, not verified once and assumed to remain accurate indefinitely.

- 1.** Are instructor credentials genuinely verified directly with the certifying body before hire, not accepted on self-report alone? — Real, direct verification, not simply trusting what the applicant claims.

2. Is verification periodically reconfirmed after hire, not treated as permanently established? — Real, periodic reconfirmation, not a one-time check assumed to remain valid indefinitely.
3. Is there a specific process for what happens if reconfirmation reveals a credential has changed or lapsed? — A real, defined response, not discovery without any resulting action.

STANDARD 3 · MANDATORY

Emergency Preparedness & Cardiac Event Response

3.1 An AED Is Genuinely Within a Two-Minute Round Trip of Every Exercise Area

Non-Negotiable

An automated external defibrillator is genuinely positioned within a two-minute walking round trip of every area where exercise takes place, verified directly by physically walking the actual route, not estimated or assumed from the facility's general layout.

1. Is an AED genuinely positioned within a two-minute walking round trip of every area where exercise occurs? — A real, verified distance, not an estimate based on general facility layout.
2. Has this distance been physically walked and timed, not just measured on a floor plan? — Real, physical verification, not a theoretical calculation.
3. For a multi-floor or large facility, are multiple AEDs positioned to genuinely meet this standard everywhere, not just near the main entrance? — Genuine, complete coverage of every exercise area, not concentrated in one convenient location.

3.2 AED Function Is Verified Through Regular, Documented Maintenance Checks

Non-Negotiable

The AED's function is genuinely verified through regular, documented checks — battery status, pad expiration, device readiness — not assumed functional because it's present, given most AED models lack built-in connectivity and require active, manual verification.

1. Is AED function genuinely verified through regular, documented checks, not assumed from presence alone? — Real, scheduled, documented verification, not an assumption the device works because it's there.
2. Are battery status and pad expiration specifically checked, not just general device presence? — Specific, genuine verification of these particular components, not a general glance at the device.
3. Is there a specific, immediate process for what happens if a check identifies a problem? — A real, defined response, not a problem identified without resulting action.

3.3 Every Staff Member Present Can Actually Use the AED and Perform CPR

Non-Negotiable

Every staff member present during operating hours — not only certified instructors — is genuinely trained and able to use the AED and perform CPR, not limited to whichever certified instructor happens to be nearby when a cardiac event occurs.

1. Can every staff member present during operating hours, not only certified instructors, actually use the AED and perform CPR? — Genuine, broad capability across all staff, not limited to certified instructors alone.
2. Is this training genuinely current for every staff member, not lapsed for those in non-instructor roles? — Real, current training for everyone present, not only those whose primary role involves direct exercise instruction.
3. Would a staff member confidently know what to do if a cardiac event occurred and no certified instructor were immediately nearby? — Genuine, confident readiness, not uncertainty about acting without an instructor present.

3.4 A Cardiac Event Triggers an Immediate, Practiced Response, Not Improvisation

Non-Negotiable

The facility maintains a specific, practiced emergency response protocol for a cardiac event — clear roles, a defined communication process, a rehearsed sequence of actions — not a general expectation that staff will respond appropriately in the moment without ever having practiced it.

1. Does the facility maintain a specific, defined emergency response protocol for a cardiac event? — A real, specific protocol with defined roles, not a general expectation of appropriate response.
2. Has this protocol genuinely been practiced through a real drill, not only described in a written document? — Real, rehearsed practice, not a protocol that exists only on paper.
3. Are staff roles specifically defined for this scenario — who calls emergency services, who retrieves the AED, who begins CPR? — Specific, practiced role clarity, not general awareness that everyone should help.

3.5 Post-Event Review Genuinely Examines Response Time and Outcome

Core

Following any real cardiac event or drill, the facility genuinely reviews actual response time and outcome — how long until the AED arrived, how long until the first shock — with real, resulting improvement where warranted, not an event that passes without any structured reflection on what actually happened.

1. Does the facility genuinely review actual response time following a real event or drill? — Real, specific measurement of actual time, not a general sense that response was adequate.
2. Is genuine, resulting improvement made where review identifies a real gap? — Real, resulting action, not review without any consequence.
3. Are drills specifically reviewed the same way as real events, not treated as a lesser exercise? — Genuine, equal attention to drills, not only real emergencies.

STANDARD 4 · MANDATORY

Equipment Safety & Facility Environment

4.1 Equipment Inspection Follows a Genuine, Tiered Schedule

Non-Negotiable

Exercise equipment is inspected on a genuine, tiered schedule — a quick check before each use, a more thorough inspection daily or weekly covering bolts, cables, and belts, and a deep maintenance inspection following manufacturer guidelines — not a single, informal check treated as sufficient for every level of real wear.

1. Is there a genuine quick check performed before each use, not skipped as a formality? — Real, consistent practice, not an assumption equipment is fine because it was fine yesterday.
2. Does a more thorough inspection — bolts, cables, belts — genuinely happen daily or weekly, documented? — A real, documented, scheduled inspection, not an informal glance.
3. Does deep maintenance inspection genuinely follow manufacturer guidelines on the recommended schedule? — Real, scheduled compliance with manufacturer-specific requirements, not a generic interval applied to all equipment.

4.2 Treadmill Safety Features Are Verified Functional, Not Assumed Present

Non-Negotiable

Every treadmill's emergency stop mechanism — the safety key or clip designed to immediately halt the belt — is verified genuinely present and functional through active testing, not assumed to work because it's physically attached to the machine.

1. Is every treadmill's emergency stop mechanism actively tested, not just visually confirmed as present? — Real, active functional testing, not an assumption it works because it's attached.

2. Is this testing genuinely part of the scheduled inspection process, not a separate, easily overlooked step? — Integrated, scheduled testing, not something that can quietly be skipped.
3. Is a treadmill with a non-functional emergency stop immediately taken out of service, not left available? — Real, immediate removal from use, not continued availability with a known, unresolved safety gap.

4.3 Equipment Spacing Genuinely Supports Safe, Accessible Pathways

Core

Cardio and strength equipment is genuinely spaced to maintain safe, accessible pathways between machines — a real, measured minimum distance, not equipment positioned as closely together as physically possible to maximize floor capacity.

1. Is equipment genuinely spaced to maintain the recognised minimum distance for safe, accessible pathways? — A real, measured spacing standard, not equipment positioned for maximum density.
2. Has this spacing been physically measured, not just visually estimated as adequate? — Real, physical measurement, not a general impression of sufficient space.
3. Do pathways genuinely accommodate a member using a mobility aid, not just an able-bodied member moving freely? — Genuine accessibility for mobility aid users specifically, not assumed adequate from general spacing alone.

4.4 Malfunctioning Equipment Is Immediately Tagged Out of Service

Non-Negotiable

Equipment identified as malfunctioning — through inspection, staff observation, or member report — is immediately, visibly tagged out of service and genuinely prevented from use, not left available while awaiting repair or treated as a minor issue members can work around.

1. Is malfunctioning equipment immediately, visibly tagged out of service upon identification? — Real, immediate, visible action, not equipment left available while awaiting eventual repair.
2. Is this equipment genuinely, physically prevented from use, not just marked while remaining accessible? — Real, physical prevention of use, not a sign alone without actual access restriction.
3. Are staff and members alike aware that a tagged item is genuinely off-limits, not an informal suggestion? — Genuine, clear communication that use is prohibited, not merely discouraged.

4.5 Facility Environment Genuinely Supports Safe Exercise

Non-Negotiable

The facility's physical environment — flooring condition, ventilation, cleanliness of shared surfaces — genuinely supports safe exercise, not merely meets a minimum documented standard while real, everyday conditions tell a different story.

1. Does flooring genuinely support safe exercise — free of damage, appropriate for the activity — not just appear acceptable? — Real, verified flooring condition, not a general visual impression.
2. Is ventilation genuinely adequate for exertion-level activity, not just comfortable at rest? — Real, activity-appropriate ventilation, not assumed adequate from general comfort.
3. Are shared equipment surfaces genuinely, regularly cleaned, not left to member self-wipe alone? — Real, facility-driven cleaning practice, not sole reliance on individual members to maintain hygiene.

STANDARD 5 · MANDATORY

Program Design & Individualization

5.1 Every Program Is Built Using the FITT-VP Framework, Not a Generic Template

Non-Negotiable

Every member's exercise program is genuinely designed using the FITT-VP framework — frequency, intensity, time, type, volume, and progression, each specifically set for that individual — not a generic template applied to every member regardless of their actual goals, fitness level, or health

status.

1. Is every member's program genuinely designed using the FITT-VP framework, not a generic template? — Real, individual-specific design across all six variables, not a template applied uniformly.
2. Are frequency, intensity, time, type, volume, and progression each specifically, deliberately set for this individual? — Genuine, deliberate setting of every variable, not some left at a generic default.
3. Can staff explain why this specific program's variables were set the way they were for this specific member? — A real, individual rationale, not a generic justification applicable to any member.

5.2 Progressive Overload Is Genuinely Gradual, Not "Too Much, Too Soon"

Non-Negotiable

Program progression genuinely increases demand gradually, allowing real recovery between increases — not advancing intensity, volume, or frequency faster than the member's actual body can adapt to and recover from.

1. Does progression genuinely increase demand gradually, allowing real recovery between increases? — Real, gradual progression matched to actual recovery capacity, not advancement faster than the body can adapt.
2. Is progression pace specifically adjusted for an individual member, not a fixed schedule applied to everyone? — Genuine, individual pacing, not a generic progression timeline regardless of individual recovery.
3. Is there a specific process for recognising signs a member's progression is outpacing their genuine recovery? — A real, active recognition process, not progression continuing regardless of warning signs.

5.3 Programs for Members With Identified Health Conditions Are Specifically Adapted

Non-Negotiable

A member with an identified health condition — from pre-participation screening or otherwise disclosed — receives a program specifically adapted to that condition, ideally under medical guidance where genuinely warranted, not a standard program applied as though the condition weren't a factor.

1. Does a member with an identified health condition receive a program specifically adapted to that condition? — Real, condition-specific adaptation, not a standard program applied regardless.
2. Is this adaptation genuinely informed by medical guidance where the condition warrants it? — Real, appropriate medical input, not staff independently determining adaptation beyond their own scope.
3. Is the connection between screening findings and program adaptation genuinely traceable, not assumed? — A real, specific, traceable connection, not an assumption that adaptation generally happens.

5.4 Rest and Recovery Are Genuinely Built Into the Program

Core

Program design genuinely includes scheduled rest and recovery, appropriate to the individual's training load — not treated as an optional afterthought the member is left to arrange for themselves, disconnected from the actual program.

1. Does program design genuinely include scheduled rest and recovery, not left to the member to arrange independently? — Real, specific rest scheduling as part of the program, not an unaddressed gap.
2. Is recovery scheduling genuinely appropriate to this individual's actual training load and recovery capacity? — Genuine, individual appropriateness, not a generic rest interval applied regardless of load.
3. Are members genuinely educated on why recovery matters, not just told to rest without explanation? — Real, genuine education on the purpose of recovery, not an instruction without context.

5.5 Programs Are Actively Reviewed and Adjusted as Fitness Changes

Core

A member's program is genuinely, actively reviewed and adjusted as their fitness level changes — not designed once and left fixed indefinitely, applying an initial assessment's conclusions to a body

that has since genuinely adapted.

1. Is a member's program genuinely, actively reviewed and adjusted as their fitness level changes? — Real, active review and adjustment, not a program fixed from initial design.
2. Does review happen on a genuine, defined schedule, not only when a member happens to raise a concern? — A real, proactive schedule, not reliance solely on member-initiated review.
3. Does adjustment genuinely reflect the member's actual, current fitness level, not the original assessment? — Real, current-state adjustment, not conclusions carried forward from an outdated initial assessment.

STANDARD 6 · MANDATORY

Member Rights & Informed Consent

6.1 Waiver Language Is Genuinely Clear and Conspicuous, Not Hidden or Ambiguous

Non-Negotiable

Assumption-of-risk and liability release language is genuinely clear, conspicuous, and unambiguous — not buried within a longer document, written in dense legal language, or presented in a way that makes it easy for a member to sign without genuinely noticing what they're agreeing to.

1. Is assumption-of-risk and liability release language genuinely conspicuous, not buried within a longer document? — Real, prominent placement, not language a member could reasonably overlook.
2. Is the language genuinely clear and unambiguous, not dense legal phrasing difficult for an average member to understand? — Real, plain language, not technical drafting that obscures actual meaning.
3. Is the member given genuine, sufficient time to actually read the document before signing, not rushed through it? — Real, adequate time, not a process that moves the member past the document quickly.

6.2 Informed Consent Actively Corrects the Misconception That Exercise Is Inherently Safe

Non-Negotiable

The informed consent conversation actively, specifically addresses the genuine, real risks of exercise — not relying on a signature alone to convey this, given many people carry a real, documented misconception that exercising in a gym is somehow inherently safe.

1. Does the consent conversation actively, specifically address real exercise risks, not rely on a signature alone? — Real, active conversation, not a document handed over for signature without discussion.
2. Is the misconception that a gym setting itself makes exercise inherently safe genuinely, specifically addressed? — Specific, genuine correction of this real misconception, not assumed unnecessary.
3. Can a member explain back genuine, specific risks associated with their activity, not just confirm they signed something? — Real, demonstrated understanding, not confirmation of signature alone.

6.3 Consent Scope Is Specific to the Actual Activity, Not Assumed to Cover Everything

Non-Negotiable

Consent obtained for one activity or location is not treated as automatically covering a different activity, a different location, or a third-party event — with specific, additional consent genuinely obtained when a member's actual participation extends beyond what the original consent reasonably covered.

1. Is specific, additional consent genuinely obtained when a member's activity extends beyond the original scope? — Real, additional consent for genuinely different activities, not an assumption original consent covers everything.
2. Does consent for a specialty class or higher-risk activity specifically address that activity's distinct risks? — Specific, genuine risk disclosure for the actual activity, not generic fitness consent applied broadly.
3. Is consent scope genuinely reconsidered for a third-party event or off-site activity, not assumed covered by general membership consent? — Real, specific reconsideration, not an assumption of automatic

coverage.

6.4 Minor Participation Follows the Legally Sound Consent Construction

Non-Negotiable

Consent for a minor's participation follows the legally sound construction — a parent or guardian assuming risk and releasing their own claims — not the weaker, less reliable construction of a parent purporting to waive the minor's own future claims on the minor's behalf.

1. Does minor consent documentation genuinely use the stronger construction — parent assumes risk and releases their own claims? — The specific, legally sound construction, not the weaker attempt to waive the minor's own future claims.
2. Is a parent or guardian's signature genuinely obtained for every minor's participation, not assumed unnecessary? — Real, obtained signature, not an assumption of implied consent.
3. Is minor consent documentation genuinely reviewed for legal soundness, not simply adapted from adult consent language? — Real, specific review for minor-appropriate construction, not adult language applied without adaptation.

6.5 Members Can Genuinely Access and Review Their Own Signed Consent Documents

Core

A member can genuinely obtain a copy of their own signed consent and waiver documents on request — not told the facility doesn't provide copies, or made to navigate a difficult, unclear process to access what they themselves agreed to.

1. Can a member genuinely obtain a copy of their own signed consent documents on request? — Real, genuine access, not a difficult or discouraged process.
2. Is this process genuinely clear and known to members, not something they'd struggle to discover? — Real, communicated awareness of how to request documents, not an obscure or undisclosed process.
3. Is a request fulfilled within a genuinely reasonable timeframe, not delayed indefinitely? — Real, prompt fulfillment, not a request that goes unanswered or significantly delayed.

STANDARD 7 • MANDATORY

Governance & Staffing

7.1 Every Incident Is Documented With Genuine, Specific Detail

Non-Negotiable

Every incident — injury, equipment failure, near-miss — is documented with genuine, specific detail: precise location, objective factual description, injury details, response actions, and relevant environmental factors — not a vague summary that fails to actually capture what happened.

1. Does incident documentation genuinely include precise location, not a vague general area? — Real, specific location detail, not a general description like "the gym."
2. Is the description genuinely objective and factual, not a vague summary or a conclusion instead of facts? — Real, factual detail, not an imprecise summary or unsupported conclusion.
3. Does documentation genuinely capture response actions and relevant environmental factors, not just that an incident occurred? — Complete, specific detail across all genuinely relevant categories, not a partial record.

7.2 Incident Notification Meets Insurance-Required Timeframes

Non-Negotiable

A significant incident is reported to the facility's insurance carrier within the genuinely required timeframe — not delayed until it's convenient, or handled informally without meeting the specific notification window insurance coverage actually depends on.

1. Does the facility know its specific insurance carrier's required notification timeframe? — Real, specific knowledge of the actual requirement, not a general assumption of adequate timing.
2. Is a significant incident genuinely reported within this required timeframe, not delayed? — Real, timely reporting matching the actual requirement, not informal or delayed notification.
3. Is there a specific, defined process ensuring notification happens even outside normal business hours? — A real, defined process covering any time an incident might occur, not limited to convenient hours.

7.3 The Facility Carries Both General and Professional Liability Insurance

Non-Negotiable

The facility genuinely carries both general liability insurance, covering physical incidents like slips and equipment injuries, and professional liability insurance, covering claims arising from actual instruction and program design — not general liability alone, leaving claims about instructor competence or program safety genuinely uncovered.

1. Does the facility genuinely carry both general liability and professional liability insurance? — Real, active coverage of both distinct types, not general liability alone.
2. Is professional liability coverage genuinely adequate to the facility's actual scope of instruction and programming? — Real, appropriate coverage level matched to actual operations, not a minimal or mismatched policy.
3. Is coverage genuinely current, not lapsed or allowed to expire without renewal? — Real, active, current coverage, not a policy that has quietly lapsed.

7.4 Incident Patterns Are Actively Reviewed for Genuine Prevention

Core

Incident reports are genuinely, actively reviewed for patterns — a specific piece of equipment, a specific area, a specific time — with real, resulting preventive action, not filed individually without ever being analyzed collectively for what they might reveal.

1. Are incident reports genuinely, actively reviewed collectively for patterns, not only individually? — Real, collective pattern analysis, not reports filed and reviewed only one at a time.
2. Does genuine pattern review lead to real, resulting preventive action? — Actual, resulting change, not pattern identification without any consequence.
3. Is pattern review conducted on a genuine, regular schedule, not only occasionally or after a serious event? — Real, scheduled, ongoing review, not reactive analysis only after something serious occurs.

7.5 Staff, However Few, Receive Genuine Training Beyond Instructor Certification Alone

Core

Every staff member, including those in administrative, reception, or support roles — not only certified instructors — receives genuine, documented training relevant to their actual role and safety responsibilities, not left to informal, on-the-job learning alone.

1. Does every staff member, not only certified instructors, receive genuine, documented training for their actual role? — Real, structured training extending to administrative and support roles, not instructors alone.
2. Does this training genuinely cover relevant safety responsibilities specific to each role? — Specific, role-relevant safety content, not generic orientation alone.
3. Is training genuinely refreshed periodically, not completed once and never revisited? — Real, ongoing training, not a single initial session treated as sufficient indefinitely.

7.6 Member and Customer Feedback Has an Independent Channel, Not Just an Internal One

Core

Members and customers have a genuine, independent channel to raise concerns, praise, and ideas — one that reaches a body outside the facility's own management, not only an internal suggestion

box or feedback form the facility itself reviews and answers.

1. Do members have a channel that reaches a body genuinely independent of the facility's own management? — A real external channel, not an internal form the facility reviews itself.
2. Are concerns raised through it genuinely acknowledged and answered, not left to sit? — Real, timely responses, not silence after submission.
3. Do patterns in what members raise genuinely inform real changes at the facility? — Evidence of at least one real change traceable to member feedback.

STANDARD 8

Medical Tourism

8.1 Pricing Transparency for International Wellness Guests

Non-Negotiable

An international guest receives a complete, written, all-inclusive cost estimate before travel is booked — covering the full program and commonly needed extras — not a partial quote that grows once the guest has already committed to travelling.

1. Does every international guest receive a complete, written, all-inclusive estimate before booking travel? — Written and complete, not a verbal figure that leaves room to grow later.
2. Does the estimate cover commonly needed extras, not just the base program fee? — Genuinely all-inclusive, not a narrow quote that predictably grows.
3. Is there a specific process for handling a genuine, unforeseeable cost change once the guest has arrived? — A defined, transparent process, not an unexplained addition to the bill.

8.2 Language Access for International Guests

Non-Negotiable

International guests have access to a genuinely competent interpreter for program orientation, safety instructions, and any consent conversation — not an ad hoc arrangement using whichever staff member happens to speak some of the guest's language.

1. Is a genuinely competent interpreter used for program orientation, safety instructions, and consent conversations? — Trained interpreter competency, not ad hoc bilingual staff pressed into service.
2. Is interpreter access arranged before the guest arrives, not improvised on the day? — Planned in advance, matched to the guest's actual language.
3. Can the guest explain back key safety instructions in their own words? — Tests genuine understanding, not just that interpretation technically occurred.

8.3 Booking Agent and Facilitator Verification

Non-Negotiable

Any wellness tourism booking agent or facilitator referring guests to this facility is specifically verified — real business registration, a real, checkable track record — with the verification documented, not accepted based on the volume of guests they refer or how professional their marketing appears.

1. Is each booking agent or facilitator specifically verified for legitimate business registration and a checkable track record? — Genuine, specific verification, not accepted based on referral volume or marketing professionalism alone.
2. Is verification documented and periodically reconfirmed, not done once and assumed to remain valid indefinitely? — An active, periodically reconfirmed process, not a one-time check.
3. Is there a specific process for reviewing what a facilitator actually tells guests about program intensity and content? — Active oversight of facilitator representations, not an assumption they accurately represent the program.

8.4 International Guest Complaint and Redress Process

Non-Negotiable

International guests have access to a genuine complaint and redress process reachable from their home country, with real evidence complaints are addressed — not a process that functionally only works for a guest still physically present at the facility.

1. Is there a specific complaint channel genuinely reachable from the guest's home country? — Genuine remote accessibility, not a channel that functionally only works locally.
2. Is the complaint channel accessible in relevant languages and time zones? — Genuine accessibility accounting for real language and time zone barriers.
3. Is there real, documented evidence that complaints from returned guests are actually addressed? — Genuine follow-through, not a channel that exists but produces no real response.

8.5 Travel Fatigue Is Factored Into Program Intensity, Not Ignored

Non-Negotiable

Program intensity for an arriving international guest genuinely accounts for real travel fatigue — jet lag, disrupted sleep, dehydration from flight — not beginning a high-intensity program immediately on arrival as though the guest hadn't just traveled at all.

1. Does program intensity for an arriving guest genuinely account for real travel fatigue, not assume full readiness immediately? — Real, deliberate adjustment for arrival fatigue, not intensity beginning as though travel hadn't occurred.
2. Is there a specific, structured adjustment period before full-intensity programming begins? — A real, defined adjustment period, not immediate full participation on arrival.
3. Are guests specifically asked about their own travel experience — flight length, time zones crossed — to inform this adjustment? — Genuine, individual assessment of actual travel impact, not a generic assumption applied to everyone.

8.6 Extreme or High-Intensity Wellness Programming Requires Genuine Medical Oversight

Non-Negotiable

Any program pushing toward genuine physical extremes — intensive detox, extended fasting, high-altitude exertion, extreme temperature exposure — is genuinely overseen by a trained medical professional, not delivered by wellness staff alone regardless of how experienced they are in non-medical wellness practice.

1. Is any genuinely extreme or high-intensity program overseen by a trained medical professional, not wellness staff alone? — Real, medical oversight specifically, not general wellness expertise substituted for it.
2. Is the medical professional genuinely present or immediately accessible during the actual extreme activity, not consulted only in advance? — Real, active presence or immediate accessibility during the activity itself, not a prior consultation alone.
3. Is there a specific, defined threshold for what counts as "extreme," triggering this requirement, not left to informal judgment? — A real, defined threshold, not an assumption staff will recognise when oversight is needed.

8.7 Thermal and Mineral Spring Facilities Follow Updated Safety Regulation

Non-Negotiable

Thermal and mineral spring bathing facilities genuinely follow current, updated safety regulation and international best practice — water quality, temperature monitoring, bather capacity — not outdated practice assumed adequate because it hasn't caused a documented problem yet.

1. Does the facility genuinely follow current, updated water quality and safety regulation for thermal or mineral spring bathing? — Real, current regulatory compliance, not outdated practice assumed adequate.
2. Is water temperature genuinely, actively monitored, not assumed stable without verification? — Real, active monitoring, not an assumption based on the source's general reputation.

3. Is bather capacity genuinely enforced, not exceeded during high-demand periods? — Real, enforced capacity limits, not capacity guidance ignored when demand is high.

8.8 Travel Insurance and Emergency Evacuation Coverage Is Verified

Core

Before high-intensity or remote-location programming, the facility genuinely verifies that an international guest holds adequate travel insurance, including emergency medical evacuation coverage — not assuming guests have arranged this themselves without confirming it.

1. Does the facility genuinely verify travel insurance and evacuation coverage before high-intensity or remote programming? — Real, active verification, not an assumption guests have arranged adequate coverage themselves.
2. Does verification specifically confirm emergency medical evacuation coverage, not general travel insurance alone? — Specific, genuine confirmation of evacuation coverage, not general insurance assumed to include it.
3. Is there a specific process for what happens if a guest lacks adequate coverage, not simply proceeding regardless? — A real, defined response, not intensive programming proceeding despite an identified coverage gap.

8.9 Substance-Related Wellness Practices Follow Genuine Safety Disclosure and Legal Compliance

Non-Negotiable

Any wellness practice involving substances with genuine physiological or psychoactive effect — including those marketed as natural or traditional — follows genuine safety disclosure and confirmed legal compliance in the jurisdiction where it occurs, not offered without the guest genuinely understanding real risk or legal status.

1. Does any substance-related wellness practice come with genuine safety disclosure, not assumed safe from natural framing? — Real disclosure of actual risk, not an assumption natural framing means no risk.
2. Is legal compliance in the actual jurisdiction genuinely confirmed, not assumed? — Real, confirmed legal status, not assumed from traditional use elsewhere.
3. Does the guest genuinely understand both risk and legal status before participating? — Real, demonstrated understanding, not participation offered without informed context.

8.10 Facilitator Representations About Program Intensity Match Actual Reality

Non-Negotiable

What a booking facilitator represents about a program's actual physical intensity and demands genuinely matches the program guests actually experience — not marketed as gentler or less demanding than reality to secure a booking, leaving guests to discover the genuine intensity only on arrival.

1. Does the facility specifically verify that facilitator representations of program intensity match actual reality? — Real, specific verification of intensity representation, not general facilitator legitimacy checking alone.
2. Is there a specific process for identifying and correcting a facilitator who consistently misrepresents intensity? — A real, active process, not passive tolerance of a pattern of misrepresentation.
3. Are guests specifically asked, on arrival, whether the program matches what they were told to expect? — Real, direct verification from the guest's own perspective, not assumed accuracy.