

ASF STANDARDS · MEDICAL TRANSPORT · STANDARD 9

Standard 9 — Sustainable Care

5 criteria · 1 core · 4 standard-level · Version 1.0 · Aligned to ISQua EEA
Principle 6, 6th Edition

CRITERIA IN THIS STANDARD

9.1 — Fleet Fuel Consumption and Emissions Are Genuinely Tracked, Not Left Unmeasured

9.2 — Route and Dispatch Planning Genuinely Considers Fuel Efficiency

9.3 — Vehicle Procurement and Maintenance Genuinely Consider Environmental Impact

9.4 — Crew Are Genuinely Engaged in Sustainability Practice

9.5 — Sustainability Commitments Are Genuinely Reviewed, Not Static

9.1 **Fleet Fuel Consumption and Emissions Are Genuinely Tracked, Not Left Unmeasured** CORE

Fleet fuel consumption and emissions are genuinely tracked across the vehicle fleet — not an unexamined, unmeasured cost of operating a transport service, with no real data informing whether consumption is reasonable or improving.

In plain terms: The service actually tracks how much fuel its vehicles use — not just paying the fuel bill with no real data on whether it's reasonable or improving.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

This is marked Core because fuel consumption is genuinely the single largest, most direct environmental impact of a medical transport service — and it is also the area where real, measurable data most readily translates into genuine operational improvement. A service with no real tracking has no real basis for knowing whether its fuel use is reasonable, improving, or quietly growing.

WHAT GOOD LOOKS LIKE

- Fuel consumption is genuinely tracked across the fleet.
- Data is genuinely reviewed on a real schedule.
- A real instance shows data genuinely informing a decision.

COMMON FAILURE MODES

- Fuel is purchased and paid for, with no genuine per-vehicle or fleet-wide consumption tracking at all.

WORKED EXAMPLE

IN PRACTICE	
A service with no fuel tracking system.	
BEFORE	Fuel purchases were recorded for accounting purposes only, with no genuine per-vehicle consumption data ever reviewed.
ACTION	A simple per-vehicle fuel log was introduced, genuinely reviewed monthly, revealing one vehicle with notably higher consumption that turned out to need maintenance.
AFTER	The Monitor reviewed the fuel log and the resulting maintenance action. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

The most common mistake: Fuel purchases recorded only for accounting, with no genuine consumption data ever actually reviewed.

SELF-ASSESSMENT QUESTIONS

1. Is fuel consumption genuinely tracked across the fleet? — *A real, documented tracking system.*

Evidence: Fuel consumption log

2. Is this data genuinely reviewed on a real schedule? — *A real, periodic review.*

Evidence: Review record

3. Is there a real instance of this data genuinely informing a decision? — *A concrete, real example.*

Evidence: Decision record

COMMON REASONS FOR A PARTIAL ANSWER

- **Fuel data is logged but genuinely never reviewed by anyone.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Introduce a per-vehicle fuel log and a monthly review schedule.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Fuel log review	Reviews the fuel log and evidence of genuine, periodic review.

SUPERVISOR TIPS

- **Ask to see the actual fuel data, not just confirmation that fuel is purchased.**

EVIDENCE BASE

World Health Organization. WHO Guidance for Climate-Resilient and Environmentally Sustainable Health Care Facilities. Geneva: WHO; 2020.

[ASF training courses on GMJ Academy →](#)

9.2

Route and Dispatch Planning Genuinely Considers Fuel Efficiency

STANDARD

Route and dispatch planning genuinely considers fuel efficiency alongside response time and patient need — not efficiency treated as entirely secondary with no genuine attention at all, while recognising that patient need and response time genuinely come first.

In plain terms: Patient need and response time always come first — but within that, dispatch planning has actually thought about fuel efficiency, including unnecessary idling.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Patient need and response time are genuinely non-negotiable priorities in medical transport — but this real priority can become an excuse to never genuinely consider efficiency at all, even in the many routine moments (idling between calls, non-urgent routing choices) where efficiency and patient care are not actually in tension.

WHAT GOOD LOOKS LIKE

- Dispatch planning genuinely factors in efficiency where safe to do so.
- A real instance shows a genuine efficiency improvement.
- Idling is genuinely addressed.

COMMON FAILURE MODES

- “Patient need comes first” is used as a reason to never genuinely consider efficiency even in routine, non-urgent moments.

IN PRACTICE

A service with a habitual idling pattern between calls.

BEFORE

Vehicles routinely idled for extended periods between calls, a habit never genuinely examined.

ACTION

A genuine idling-reduction practice was introduced for non-emergency waiting periods, with crew input on what was actually practical.

AFTER

The Monitor reviewed fuel data showing a genuine reduction. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Review idling patterns during non-emergency waiting periods and genuinely consider reduction with crew input.

The most common mistake: Treating “patient need comes first” as a blanket reason to never consider efficiency, even in clearly non-urgent moments.

SELF-ASSESSMENT QUESTIONS

1. Does dispatch planning genuinely factor in fuel efficiency where safe? — *A real, considered balance.*

Evidence: Dispatch policy

2. Is there a real instance of a routing adjustment genuinely improving efficiency? — *A concrete, real example.*

Evidence: Routing record

3. Is unnecessary idling genuinely addressed? — *A real, considered practice.*

Evidence: Idling policy

COMMON REASONS FOR A PARTIAL ANSWER

- **Idling is discussed informally but no genuine practice has actually changed.**

When	What
Week 1-2	Review idling patterns with crew input and introduce a genuine reduction practice.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Dispatch policy review	Reviews the dispatch policy and fuel data trends.

SUPERVISOR TIPS

- Ask about idling specifically — it’s often the easiest, most overlooked efficiency gain.

EVIDENCE BASE

Health Care Without Harm. Global Green and Healthy Hospitals Agenda. Reston: HCWH; 2020.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

Vehicle Procurement and Maintenance

9.3 Genuinely Consider Environmental Impact

STANDARD

Decisions about vehicle procurement and maintenance genuinely factor in environmental impact and fuel efficiency alongside cost and clinical suitability — not sustainability treated as entirely irrelevant to fleet decisions.

In plain terms: When the service buys or maintains vehicles, it actually considers environmental impact alongside cost and clinical needs.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

Vehicle procurement decisions compound across a fleet's entire operational life, and genuine environmental consideration at this stage — alongside the non-negotiable requirement of clinical suitability — is where real, lasting impact reduction is actually achievable, more so than any later operational adjustment.

WHAT GOOD LOOKS LIKE

- Procurement genuinely weighs environmental impact.
- Maintenance is genuinely proactive for efficiency.
- A real instance shows environmental impact genuinely influencing a decision.

COMMON FAILURE MODES

- Vehicles are purchased purely on cost and clinical specification, with environmental impact never genuinely considered.

WORKED EXAMPLE

IN PRACTICE	
A service replacing an ageing vehicle.	
BEFORE	Vehicle replacement decisions considered cost and clinical fit-out requirements only, with no genuine review of available fuel-efficient options.
ACTION	Fuel efficiency was added as a genuine, documented criterion in the procurement comparison.
AFTER	The Monitor reviewed the procurement comparison document. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Add fuel efficiency as an explicit criterion in your next vehicle procurement comparison.

The most common mistake: Procurement decisions based purely on cost and clinical specification, with environmental impact never genuinely part of the comparison.

1. Does procurement genuinely weigh environmental impact? —

Real, documented consideration.

Evidence: Procurement criteria

2. Is maintenance genuinely proactive for efficiency? — *A real,*

proactive practice.

Evidence: Maintenance schedule

3. Is there a real instance of environmental impact genuinely

influencing a decision? — *A concrete, real example.*

Evidence: Procurement decision record

COMMON REASONS FOR A PARTIAL ANSWER

- **Efficiency is mentioned informally but never actually appears as a documented decision criterion.**

IMPLEMENTATION PLAN

When	What
Before next purchase	Add fuel efficiency as a documented procurement criterion.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Procurement record review	Reviews the procurement comparison for genuine environmental consideration.

SUPERVISOR TIPS

- **Ask for the actual procurement comparison document from the last vehicle purchase.**

EVIDENCE BASE

NHS England. Delivering a Net Zero National Health Service. London: NHS England; 2022.

[ASF training courses on GMJ Academy](#) →

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

9.4

Crew Are Genuinely Engaged in Sustainability Practice

STANDARD

Crew genuinely understand and participate in the service’s sustainability practices — not a policy known only to management with no real reach to a workforce that spends most of its time on the road, away from any shared office.

In plain terms: Crew actually know what the service is doing to be more sustainable — not just the office staff who rarely see them.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Crew genuinely know actual road conditions, dispatch patterns, and idling habits in a way office-based management reviewing data from a distance may not — genuine engagement draws on this real, practical knowledge rather than treating sustainability as a policy decided entirely elsewhere.

WHAT GOOD LOOKS LIKE

- Crew can genuinely describe a real practice.
- Crew input is genuinely sought on road-level measures.
- Communication genuinely reaches road-based crew.

COMMON FAILURE MODES

- Updates are posted only at the dispatch office, which crew rarely visit in person.

WORKED EXAMPLE

IN PRACTICE	
A service whose sustainability updates never reached crew.	
BEFORE	Sustainability updates were posted on an office noticeboard crew almost never saw.

Updates were moved to the dispatch communication channel crew genuinely use daily.

AFTER The Monitor interviewed crew who could describe a recent update. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Check whether current communication genuinely reaches road-based crew.

The most common mistake: Internal communication designed around an office setting that road-based crew genuinely never see.

SELF-ASSESSMENT QUESTIONS

1. Can crew describe a genuine sustainability practice? — *Real, demonstrated awareness.*

Evidence: Crew interview

2. Is crew input genuinely sought? — *Real, two-way engagement.*

Evidence: Suggestion record

3. Does communication genuinely reach road-based crew? — *Real, functioning communication.*

Evidence: Crew interview

COMMON REASONS FOR A PARTIAL ANSWER

- Office staff are aware but road-based crew genuinely are not.

IMPLEMENTATION PLAN

When	What
Week 1	Move communication to a channel that genuinely reaches road-based crew.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Crew interview	Asks crew to describe a specific sustainability practice.

- Interview road-based crew directly, not only dispatch or management staff.

EVIDENCE BASE

United Nations Environment Programme. Sustainable Healthcare Facilities Guidance. Nairobi: UNEP; 2022.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

9.5

Sustainability Commitments Are Genuinely Reviewed, Not Static

STANDARD

The service’s sustainability goals and practices are genuinely reviewed and updated as circumstances change — not a document written once and never genuinely examined for whether it still reflects actual practice.

In plain terms: The service’s sustainability goals actually get revisited — not written once and left to go stale.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

A document written once stops genuinely reflecting current practice as the fleet, routes, or dispatch patterns change. Real, periodic review is what keeps the commitment meaningful.

WHAT GOOD LOOKS LIKE

- Goals are genuinely reviewed.
- A real revision instance exists.
- Responsibility is genuinely assigned.

COMMON FAILURE MODES

- A document was written once and never revisited.

IN PRACTICE

A service whose sustainability statement predated a fleet upgrade.

BEFORE

The statement made no mention of fuel-efficiency gains already achieved through newer vehicles.

ACTION

A named person was assigned annual review responsibility.

AFTER

The Monitor reviewed the updated, dated document. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Assign named review responsibility.

The most common mistake: A document nobody is specifically responsible for revisiting.

SELF-ASSESSMENT QUESTIONS

1. Are goals genuinely reviewed? — *A real, periodic review.*

Evidence: Review schedule

2. Is there a real revision instance? — *A concrete example.*

Evidence: Revision history

3. Is responsibility genuinely assigned? — *A real, named accountability.*

Evidence: Assigned responsibility documentation

COMMON REASONS FOR A PARTIAL ANSWER

- A schedule exists but hasn't been followed consistently.

IMPLEMENTATION PLAN

When	What
Week 1	Assign review responsibility and conduct the first review.

Method	What	Detail
DOCUMENT	Revision history review	Reviews the document's revision history.

SUPERVISOR TIPS

- Ask who is specifically responsible for review.

EVIDENCE BASE

World Health Organization. Global Strategy on Digital Health 2020-2025. Geneva: WHO; 2021.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

← Medical Transport Standards — all standards

Standard 10 — Digital Care & AI →

ASF STANDARDS · MEDICAL TRANSPORT · STANDARD 10

Standard 10 — Digital Care and Artificial Intelligence

3 criteria · 2 core · 1 standard-level · Version 1.0 · Aligned to ISQua EEA
Principle 7, 6th Edition

Medical transport's digital footprint is genuinely concentrated in dispatch and routing systems, not direct AI-assisted clinical interpretation. This standard is deliberately scoped to that real footprint, with three criteria rather than five.

CRITERIA IN THIS STANDARD

10.1 — Dispatch and Routing Systems Are Genuinely Evaluated for Reliability

10.2 — Patient Data Transmitted Electronically Is Genuinely Secure

10.3 — Route Optimisation Tools Never Override Genuine Clinical Judgement

10.1 Dispatch and Routing Systems Are Genuinely Evaluated for Reliability CORE

The dispatch and routing system is genuinely evaluated for reliability before and during use, with a real, functioning fallback when it fails — not a single point of failure that, if it goes down, genuinely leaves crews without a way to receive or respond to calls.

In plain terms: If the dispatch system goes down, crews still actually have a working way to get and respond to calls — not left stranded with no backup.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

This is marked Core because dispatch system failure in a medical transport service has genuinely direct, real patient safety consequences — a crew unable to receive a call, or a patient unable to be reached, is a real, immediate harm risk unlike almost any other digital system failure in this sector. A genuine, tested fallback is what stands between a system outage and a real gap in patient care.

WHAT GOOD LOOKS LIKE

- The dispatch system is genuinely evaluated for reliability.
- A real, functioning fallback exists.
- A real instance shows the fallback successfully used.

COMMON FAILURE MODES

- A fallback plan exists on paper but has genuinely never been tested in practice.

WORKED EXAMPLE

IN PRACTICE	
<i>A service whose dispatch fallback had never been tested.</i>	
BEFORE	A backup radio communication plan existed on paper, but had genuinely never been tested during an actual dispatch system outage.
ACTION	A planned outage drill was conducted, genuinely testing the fallback under real conditions and surfacing a radio coverage gap in one area.
AFTER	The Monitor reviewed the drill record and the resulting coverage fix. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

The most common mistake: A fallback plan that exists on paper but has genuinely never been tested under real conditions.

SELF-ASSESSMENT QUESTIONS

1. Is the dispatch system genuinely evaluated for reliability? — *A real, documented evaluation.*

Evidence: Reliability assessment

2. Is there a genuine, functioning fallback? — *A real, usable backup.*

Evidence: Fallback protocol

3. Is there a real instance of the fallback genuinely being used, successfully? — *A concrete, real example.*

Evidence: Drill or incident record

COMMON REASONS FOR A PARTIAL ANSWER

- A fallback plan exists but has never genuinely been drilled or tested.

IMPLEMENTATION PLAN

When	What
Week 1-2	Document and schedule a genuine dispatch outage drill.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Drill record review	Reviews the drill record and evidence the fallback genuinely worked.

SUPERVISOR TIPS

- Ask crew directly what they would actually do if dispatch went down right now.

EVIDENCE BASE

National Highway Traffic Safety Administration. Emergency Medical Services Communications. Washington DC: NHTSA; 2022.

[ASF training courses on GMJ Academy →](#)

10.2 Patient Data Transmitted Electronically Is Genuinely Secure CORE

Patient data transmitted electronically between the vehicle, dispatch, and the receiving facility is genuinely secure — not sent over an unsecured channel on the assumption that the urgency of transport makes security a secondary concern.

In plain terms: Patient information sent between the vehicle, dispatch, and the hospital is actually secure — urgency never becomes an excuse to skip real data protection.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

This is marked Core because patient confidentiality is a real, legal and ethical obligation that doesn't genuinely lessen simply because transport is urgent — and the mobile, on-the-road nature of data transmission in this setting genuinely creates distinct security considerations (unsecured public networks, lost devices) that deserve specific, real attention rather than an assumption that urgency excuses the gap.

WHAT GOOD LOOKS LIKE

- Data transmission is genuinely secure.
- Crew are genuinely trained on mobile-specific secure handling.
- A genuine reporting process exists for a suspected issue.

COMMON FAILURE MODES

- Patient data is sent over an unsecured public network or personal messaging app “because it's faster.”

IN PRACTICE

A service whose crew sometimes used personal messaging apps for speed.

BEFORE

In urgent situations, crew sometimes sent patient details via personal messaging apps as a genuinely faster alternative to the official, secure channel.

ACTION

A genuinely faster, secure mobile handover tool was introduced and crew were specifically trained on using it under time pressure.

AFTER

The Monitor confirmed the secure tool was genuinely in use, including under urgent conditions. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Confirm your secure data transmission tool is genuinely fast enough for urgent use, or crew will bypass it.

The most common mistake: Treating urgency as a genuine reason to bypass secure channels in favour of faster, unsecured alternatives.

SELF-ASSESSMENT QUESTIONS

1. Is patient data transmitted electronically genuinely secure? —

Real, verified security.

Evidence: Security protocol

2. Is crew genuinely trained on secure data handling for mobile transmission? — *Real, setting-specific training.*

Evidence: Training record

3. Is there a genuine process for reporting a suspected security issue? — *A real, usable reporting pathway.*

Evidence: Reporting protocol

- **A secure channel exists but crew genuinely bypass it when under time pressure.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Confirm the secure channel is genuinely usable under time pressure and train crew.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Crew interview	Asks crew what they actually use to transmit patient data under time pressure.

SUPERVISOR TIPS

- **Ask crew honestly whether they’ve ever used an unofficial channel “just this once.”**

EVIDENCE BASE

European Union. General Data Protection Regulation (GDPR), Article 32: Security of Processing. Brussels: European Union; 2016.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

10.3 **Route Optimisation Tools Never Override Genuine Clinical Judgement**

STANDARD

Where route optimisation or AI-assisted dispatch tools are used, crew and dispatch staff genuinely retain the authority to override a suggested route or decision based on real clinical or situational judgement — not a tool’s output treated as binding regardless of real, on-the-ground circumstances the tool cannot see.

In plain terms: Crew and dispatch can actually override a route-planning tool’s suggestion when real, on-the-ground circumstances call for it — the tool never has the

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

A route optimisation tool genuinely cannot see real, on-the-ground circumstances — a road closure it hasn't registered, a patient's real deteriorating condition changing the genuine urgency — and crew and dispatch staff need real, functioning authority to override its suggestion when their own judgement genuinely says otherwise.

WHAT GOOD LOOKS LIKE

- Crew and dispatch can genuinely override the tool.
- Staff are genuinely aware of this authority.
- A real instance shows a genuine override.

COMMON FAILURE MODES

- Staff follow the tool's suggestion by habit, genuinely unaware they have override authority.

WORKED EXAMPLE

IN PRACTICE	
A dispatcher following a route tool's suggestion despite known real conditions.	
BEFORE	Staff genuinely believed the suggested route had to be followed, even when they personally knew of a closure the tool hadn't registered.
ACTION	Staff were explicitly, genuinely briefed on their override authority, with a real example demonstrated during training.
AFTER	The Monitor interviewed staff who could clearly describe their genuine override authority. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Explicitly brief crew and dispatch staff on their genuine override authority, with a real example.

The most common mistake: Staff genuinely unaware they have override authority, following a tool's suggestion out of habit even when they know better.

SELF-ASSESSMENT QUESTIONS

1. Can crew and dispatch genuinely override a tool's suggestion? —

A real, functioning override.

Evidence: Override policy

2. Are staff genuinely aware of this authority? — *Real, demonstrated understanding.*

Evidence: Staff interview

3. Is there a real instance of a genuine override? — *A concrete, real example.*

Evidence: Override record

COMMON REASONS FOR A PARTIAL ANSWER

- **Override authority exists in policy but staff genuinely don't know it or feel empowered to use it.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Brief all crew and dispatch staff explicitly on override authority.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Staff interview	Asks staff whether they would override the tool, and under what circumstances.

SUPERVISOR TIPS

- **Ask a dispatcher directly: "Can you ignore the tool's suggested route? When would you?"**

EVIDENCE BASE

European Commission. Ethics Guidelines for Trustworthy Artificial Intelligence. Brussels: European Commission; 2019.

[ASF training courses on GMJ Academy](#) →

← **Medical Transport
Standards — all standards**

← **Standard 9 — Sustainable
Care**

**Standard 11 — Supporting
the Care Workforce** →

ASF STANDARDS · MEDICAL TRANSPORT · STANDARD 11

Standard 11 — Supporting the Care Workforce

5 criteria · 2 core · 3 standard-level · Version 1.0 · Aligned to ISQua EEA
Principle 8, 6th Edition

Scope of practice, certification, driver training, fatigue management, and crew complement are addressed in Standard 2. This standard addresses the additional workforce-support dimensions genuinely distinct to road-based transport work.

CRITERIA IN THIS STANDARD

11.1 — A Safety or Welfare Concern Can Genuinely Be Raised Without Fear of Reprisal

11.2 — Exposure to Traumatic or Distressing Calls Is Genuinely Supported

11.3 — Road Incidents and Near-Misses Are Genuinely Reported and Reviewed

11.4 — Crew Have Genuine Access to Ongoing Education Beyond Mandatory Certification

11.5 — Crew Feedback Is Genuinely Gathered and Acted On

11.6 — Equality, Diversity and Inclusion Across the Workforce Are Genuinely Monitored

A Safety or Welfare Concern Can

11.1 Genuinely Be Raised Without Fear of Reprisal

CORE

A genuine, protected process exists for crew to raise a safety or welfare concern — including about a vehicle defect, a dangerous dispatch decision, or pressure to drive while fatigued — with real protection from adverse treatment, not a reporting line that exists on paper with no real, demonstrated protection.

In plain terms: Crew can actually raise a real safety concern — a vehicle defect, a dangerous dispatch call, pressure to drive fatigued — without genuine fear of consequences.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

This is marked Core because a genuinely silenced safety concern in medical transport — a vehicle defect ignored, fatigue pressure accepted — has real, direct, physical safety consequences for crew, patients, and the public on the road. Genuine, demonstrated protection is what actually makes a reporting pathway real rather than theoretical.

WHAT GOOD LOOKS LIKE

- A genuine, accessible process exists.
- Crew are genuinely protected from adverse treatment.
- A real instance shows genuine investigation and resolution.

COMMON FAILURE MODES

- Crew genuinely believe, based on past experience, that raising a dispatch concern leads to fewer favourable shift assignments.

WORKED EXAMPLE

IN PRACTICE

A service where crew had genuinely stopped raising fatigue concerns.

BEFORE

Crew genuinely believed, based on past experience, that declining a shift for fatigue reasons led to real, informal consequences in future scheduling.

ACTION

A formal, protected fatigue-decline process was introduced, and leadership genuinely, visibly honoured a decline without any scheduling penalty.

AFTER

The Monitor interviewed crew who confirmed genuine confidence in the process. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a formal process for declining a shift or flagging a concern, with a genuine, demonstrated no-penalty commitment.

The most common mistake: A reporting line that exists on paper, with crew genuinely believing based on past experience that using it carries real, informal consequences.

SELF-ASSESSMENT QUESTIONS

1. Is there a genuine, accessible process to raise a concern? — *A real, known process.*

Evidence: Process documentation

2. Are crew genuinely protected from adverse treatment? — *Real, demonstrated protection.*

Evidence: Crew interview

3. Is there a real instance of a concern genuinely investigated and resolved? — *Genuine follow-through.*

Evidence: Resolution log

COMMON REASONS FOR A PARTIAL ANSWER

- A process exists but crew genuinely have no confidence based on past experience.

When	What
Week 1-2	Introduce or strengthen a formal, protected concern-raising process.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Crew interview	Asks crew whether they genuinely believe they could raise a concern safely.

SUPERVISOR TIPS

- Ask crew directly whether declining a shift for fatigue has ever led to any real consequence — trust their honest answer.

EVIDENCE BASE

International Labour Organization. Violence and Harassment Convention, 2019 (No. 190). Geneva: ILO; 2019.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

11.2

Exposure to Traumatic or Distressing Calls Is Genuinely Supported

CORE

Crew who respond to traumatic or distressing calls genuinely have access to real psychological support — not an unexamined assumption that crew simply develop resilience over time with no real, structured support offered.

In plain terms: Crew who respond to genuinely traumatic calls get real, actual psychological support — not just expected to “toughen up” over time.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

This is marked Core because medical transport crew genuinely and repeatedly encounter traumatic scenes — a real, documented occupational risk for serious psychological harm that an assumption of natural resilience does not actually address. Proactive, genuine support is what actually protects crew wellbeing over a real career, not an informal expectation that people simply cope.

WHAT GOOD LOOKS LIKE

- Crew genuinely have access to psychological support.
- Support is genuinely offered proactively.
- A real instance shows genuine difference made.

COMMON FAILURE MODES

- Support exists only if a crew member specifically, proactively requests it themselves.

WORKED EXAMPLE

IN PRACTICE	
A service with no proactive support after traumatic calls.	
BEFORE	Support existed in theory, but crew had to genuinely, actively request it themselves — something rarely done after a difficult call.
ACTION	A proactive check-in was introduced after any call meeting defined trauma criteria, offered automatically rather than on request.
AFTER	The Monitor interviewed a crew member who described this proactive support as genuinely valuable. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Define criteria for a “difficult call” and introduce an automatic, proactive check-in after any such call.

The most common mistake: Support that technically exists but requires crew to proactively request it, which rarely happens in

SELF-ASSESSMENT QUESTIONS

1. Do crew genuinely have access to support after a traumatic call?

— *Real, accessible support.*

Evidence: Support policy

2. Is support genuinely offered proactively? — *A real, proactive offer.*

Evidence: Check-in protocol

3. Can a crew member describe a real instance of this genuinely making a difference? — *A real, concrete example.*

Evidence: Crew interview

COMMON REASONS FOR A PARTIAL ANSWER

- **Support exists but is never genuinely offered proactively, only on request.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Define trauma criteria and introduce an automatic, proactive check-in.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Crew interview	Asks a crew member about genuine, proactive support received.

SUPERVISOR TIPS

- **Ask about the last genuinely difficult call and whether support was proactively offered.**

EVIDENCE BASE

World Health Organization. Health Worker Safety Charter. Geneva: WHO; 2020.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

11.3

Road Incidents and Near-Misses Are Genuinely Reported and Reviewed

STANDARD

A genuine process exists for crew to report a road incident or near-miss — including one caused by their own error — with a real, blame-aware review focused on genuine system improvement, not a punitive process that genuinely discourages honest reporting.

In plain terms: Crew can actually report a near-miss, even their own mistake, and the focus is genuinely on fixing the system — not punishing the person who was honest enough to report it.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

A near-miss genuinely represents one of the most valuable, real learning opportunities for preventing a future actual incident — but a punitive response to honest reporting genuinely teaches crew to stop reporting, which means the organisation loses real, valuable safety information exactly when it would help most.

WHAT GOOD LOOKS LIKE

- A genuine, accessible reporting process exists.
- Review is genuinely focused on system improvement.
- A real instance shows a report leading to genuine change.

COMMON FAILURE MODES

- Near-miss reporting genuinely leads to individual blame or disciplinary action, teaching crew to stop reporting.

WORKED EXAMPLE

IN PRACTICE

A service where near-miss reporting had genuinely declined.

PHIG	BEFORE	A past near-miss report had led to individual disciplinary action, and reporting had genuinely declined sharply afterward.
GILS		
Labour Studies		
GMJ		
Journal		
GMJ News		
GMJ Academy		
	ACTION	A genuinely blame-aware review process was introduced, with leadership explicitly, visibly committing to system-focused review.
	AFTER	The Monitor reviewed reporting rate data showing genuine recovery. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a genuinely blame-aware near-miss review process, explicitly communicated to crew.

The most common mistake: A near-miss report genuinely leading to individual blame, teaching crew to stop reporting honestly.

SELF-ASSESSMENT QUESTIONS

1. Is there a genuine, accessible reporting process? — *A real, known process.*
Evidence: Reporting protocol
2. Is review genuinely focused on system improvement, not blame? — *A real, blame-aware approach.*
Evidence: Review methodology
3. Is there a real instance of a report genuinely leading to a system change? — *A concrete, real example.*
Evidence: Change record

COMMON REASONS FOR A PARTIAL ANSWER

- A process exists but reporting rates are genuinely low, suggesting crew distrust.

IMPLEMENTATION PLAN

When	What
Week 1-2	Introduce or re-communicate a blame-aware near-miss review process.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Reporting rate review	Reviews near-miss reporting rates and resulting system changes.

SUPERVISOR TIPS

- Ask about a near-miss report that genuinely led to a system change, by name.

EVIDENCE BASE

National Highway Traffic Safety Administration. Emergency Medical Services Communications. Washington DC: NHTSA; 2022.

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Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

11.4

Crew Have Genuine Access to Ongoing Education Beyond Mandatory Certification

STANDARD

Every crew member has genuine access to ongoing professional education beyond mandatory certification renewal covered under Standard 2 — not education treated as complete once minimum regulatory requirements are met.

In plain terms: Crew can actually keep developing professionally — not just doing the bare minimum required certification renewal.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Mandatory certification renewal under Standard 2 confirms a real, minimum safety threshold — but genuine professional growth and engagement require real opportunity beyond this floor, which also

WHAT GOOD LOOKS LIKE

- Genuine, ongoing access to education beyond mandatory certification.
- Crew can genuinely describe an opportunity taken.
- Access is genuinely equitable across shifts.

COMMON FAILURE MODES

- Education opportunities genuinely only reach day-shift crew, with night and weekend crew effectively excluded.

WORKED EXAMPLE

IN PRACTICE

A service where education opportunities excluded night-shift crew.

BEFORE	All continuing education sessions were scheduled during day-shift hours, genuinely excluding night and weekend crew.
ACTION	Recorded sessions and a rotating schedule were introduced, genuinely reaching crew across all shifts.
AFTER	The Monitor interviewed a night-shift crew member who could describe genuine access. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Check whether current education access genuinely reaches crew on every shift.

The most common mistake: Education opportunities that genuinely only reach day-shift crew.

SELF-ASSESSMENT QUESTIONS

- 1. Does every crew member have genuine, ongoing access to education? — *Real, continuing access.***

2. Can a crew member describe a genuine opportunity taken in the past year? — *A real, specific example.*

Evidence: Crew interview

3. Is access genuinely equitable across shifts? — *Real, equitable access.*

Evidence: Night-shift crew interview

COMMON REASONS FOR A PARTIAL ANSWER

- **Opportunities exist but genuinely only reach day-shift crew in practice.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Build equitable access across all shifts.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Crew interview	Asks a night or weekend shift crew member about genuine education access.

SUPERVISOR TIPS

- **Specifically interview a night or weekend shift crew member.**

EVIDENCE BASE

World Health Organization. Global Strategy on Human Resources for Health: Workforce 2030. Geneva: WHO; 2016.

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11.5 Crew Feedback Is Genuinely Gathered and Acted On

STANDARD

The service has a genuine, systematic approach to gathering feedback from its crew, with real analysis and a genuine, implemented response — not feedback collected

occasionally with no real pattern of actual improvement particularly important given the genuine absence of informal, in-person feedback moments a road-based workforce naturally lacks.

In plain terms: Crew get genuinely asked how working here actually is, and real changes happen as a result — this can't rely on hallway conversations that simply don't happen on the road.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

A facility-based workplace naturally generates informal feedback moments that simply don't occur for a workforce spending its entire shift on the road. A provider relying on informal signals alone, without a genuine, structured feedback process, is effectively collecting no real feedback from its crew at all.

WHAT GOOD LOOKS LIKE

- Feedback is genuinely gathered systematically.
- Feedback is genuinely analysed.
- A documented instance shows a genuine, implemented change.

COMMON FAILURE MODES

- The service relies on informal signals that simply don't exist for a road-based workforce.

WORKED EXAMPLE

IN PRACTICE	
<i>A service with no structured feedback process for its crew.</i>	
BEFORE	Leadership believed they had a good sense of crew sentiment, based on informal interactions that, with a fully road-based crew, essentially never occurred.
ACTION	A quarterly structured survey was introduced, revealing genuine concerns about vehicle

AFTER

The Monitor reviewed the survey results and the resulting equipment adjustment. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

- 1. Introduce a structured, quarterly feedback survey.

The most common mistake: Assuming informal awareness of crew sentiment that, in a genuinely road-based workforce, doesn't actually exist.

SELF-ASSESSMENT QUESTIONS

- 1. Is feedback genuinely gathered on a systematic, recurring basis?
— *Real, ongoing collection.*

Evidence: Survey records

- 2. Is collected feedback genuinely analysed? — *A real, documented analysis.*

Evidence: Analysis notes

- 3. Is there a documented instance of feedback genuinely leading to a change? — *A real, concrete example.*

Evidence: Change record

COMMON REASONS FOR A PARTIAL ANSWER

- A survey exists but results are never actually shared back or acted on.

IMPLEMENTATION PLAN

When	What
Week 1-2	Design and launch a structured feedback survey.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Survey review	Reviews survey results and resulting changes.

- **Ask for a specific example of a change made because of feedback.**

EVIDENCE BASE

NHS England. NHS Staff Survey National Results. Leeds: NHS England; 2023.

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Equality, Diversity and Inclusion

11.6 Across the Workforce Are Genuinely Monitored

STANDARD

The service genuinely monitors and responds to real patterns of equity across recruitment, shift allocation, route assignment, and promotion — not an assumption that fair treatment exists simply because no formal complaint has been raised.

In plain terms: The service actually looks at real patterns — who gets hired, which shifts or routes people get, who gets promoted — not just assuming things are fair because nobody has formally complained.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Inequity in recruitment, shift allocation, or promotion can genuinely persist for years without a single formal complaint — people often don't report a pattern they can't fully see themselves, or don't trust reporting to change anything. This genuinely matters for a road-based workforce too, where crew have less natural visibility into organisational patterns than office-based staff. Genuine, proactive monitoring of real workforce data is what actually surfaces a pattern that individual complaints alone would likely never reveal.

WHAT GOOD LOOKS LIKE

- Workforce data is genuinely monitored for patterns.
- A genuine pattern triggers a real response.
- A real instance shows monitoring informing a change.

COMMON FAILURE MODES

- No formal complaint has been raised, so the service genuinely assumes no issue exists, with no actual data ever reviewed.

WORKED EXAMPLE

IN PRACTICE

A service that had never reviewed its own shift-allocation data across crew.

BEFORE	Shift and route assignment was managed informally with no genuine review of whether certain crew consistently received less favourable assignments.
ACTION	A quarterly equity review was introduced, which identified and corrected a genuine, unintentional pattern.
AFTER	The Monitor reviewed the review documentation and the resulting correction. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a regular review of recruitment, shift allocation, and promotion data across the crew.

The most common mistake: Assuming fairness exists because no one has formally complained, with no actual data ever reviewed.

SELF-ASSESSMENT QUESTIONS

1. Is workforce data genuinely monitored for patterns of inequity? —
A real, documented monitoring process.

2. Where a genuine pattern is identified, is there a real, defined response? — *A genuine corrective process.*

Evidence: Response record

3. Is there a real, documented instance of this genuinely informing a change? — *A concrete, real example.*

Evidence: Change record

COMMON REASONS FOR A PARTIAL ANSWER

- **Data exists but has genuinely never been reviewed specifically for equity patterns among road-based crew.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Introduce a quarterly equity review of recruitment, shift allocation, and promotion data.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Equity review record	Reviews the monitoring data and any resulting corrective action.

SUPERVISOR TIPS

- **Ask to see the actual data behind the last equity review, including road-based crew specifically.**

EVIDENCE BASE

World Health Organization. Gender Equity and Human Rights in the Health Workforce. Geneva: WHO; 2019.

[ASF training courses on GMJ Academy](#) →

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

← **Medical Transport Standards — all standards**

← **Standard 10 — Digital Care & AI**

