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ASF Health Standards Version 11

Standard 10: Pain Management

Core standard · applicability by facility type shown for each criterion

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APPROVAL

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Date: 1 November 2026

Complete on its own, without internet access. References are listed in section 11. The current version is at france-asf.fr.

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1 Introduction

This document is Standard 10 of ASF Health Standards. It sets out how a facility assesses and controls pain, and how it prescribes, stores, counts and gives opioids and other controlled medicines safely, so that patients get effective relief without avoidable harm from the medicines used to give it.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a facility can meet it and show that it has.

Purpose of this document. Standard 10 makes sure that pain is assessed, reassessed and treated under a written plan, and that opioids and controlled medicines are prescribed, stored and counted safely.

Who should read it. Doctors and prescribers, nurses and ward managers, clinical pharmacists, the chief pharmacist, the quality lead, the chief executive, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 10.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 10 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you prescribe, dispense or give opioids, read criteria 10.1 and 10.4 first, then 10.2 and 10.3 for pain assessment and the treatment plan.

If you are a nurse or ward manager, read criteria 10.2, 10.3 and 10.5, which concern assessment, the pain plan and information for patients and families.

If you are a pharmacist or manage controlled medicines, read criteria 10.1 and 10.4 for the register, counts and storage.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the guidance; what good looks like; why it matters; the sample; the checks, with the method and the evidence; the immediate-fail rule; the staff responsible; the e-learning; the documents; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example MNP-POL-002 (medicines prescribing, policy, 002). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL (policy) or SOP (procedure). Where a criterion lists no document, the facility keeps its own record, as the criterion says.

4 Scope

Standard 10 covers pain assessment and reassessment, written pain and symptom plans, out-of-hours advice, opioid stewardship, the storage, counting and disposal of controlled medicines, and information for patients and families. The applicability of each criterion is shown in the table below.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings**, and **standard settings**.

WHERE STANDARD 10 APPLIES

Standard 10 applies to the facility types shown below. Each criterion shows its own applicability below. The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

Criterion	Applies to
10.1 Opioid Prescribing Is Deliberately Stewarded	6 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Dental clinic. **Not applicable to:** Telemedicine, Fitness and wellness, Aesthetic and procedure clinic.
10.2 Pain Is Formally Assessed and Reassessed, Not Just Asked About Once	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.
10.3 Pain and Symptoms Are Assessed and Controlled	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.
10.4 Opioids and Controlled Medicines Are Managed Safely	6 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Dental clinic. **Not applicable to:** Telemedicine, Fitness and wellness, Aesthetic and procedure clinic.
10.5 Patients and Families Are Informed About Their Pain Plan	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ASF	Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body
FRM	Form. A record that is filled in and kept as evidence
GDL	Guide. Reference guidance for staff
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries, such as training, absence or working time
SOP	Standard operating procedure. A step-by-step description of how a task is done
NRS	Numerical rating scale (pain)
PRN	As needed (pro re nata)
MEOS	Morphine-equivalent oral dose

DOCUMENT CODE PREFIXES

Prefix	Topic
MNP	Medicines prescribing
PAI	Pain
PHM	Pharmacy
HOS	Hospital

7 Terms and definitions

Term	Definition
Opioid stewardship	A structured approach to prescribing opioids that is deliberate, reviewed and matched to the patient's need.

Term	Definition
Validated pain tool	A pain assessment scale that has been tested for reliability, such as a numerical rating scale.
Controlled medicine	A medicine that is legally restricted, such as an opioid, and must be recorded and counted.
Diversion	The use of a controlled medicine by someone other than the patient it was prescribed for.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.

9 Standard 10 at a glance

Standard 10: Pain Management is a core standard of ASF Health Standards. It covers how pain is assessed and controlled, and how opioids and other controlled medicines are prescribed, stored, counted and explained to patients and families, for the facility types listed in section 4.

The standard has 5 criteria. Each is shown below and explained on its own page in section 9.

10.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
10.1	Opioid Prescribing Is Deliberately Stewarded	Medium	Medium	Must
10.2	Pain Is Formally Assessed and Reassessed, Not Just Asked About Once	Must	Must	Must
10.3	Pain and Symptoms Are Assessed and Controlled	Medium	Must	Must
10.4	Opioids and Controlled Medicines Are Managed Safely	Must	Must	Must
10.5	Patients and Families Are Informed About Their Pain Plan	Minimum	Medium	Must

10.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
10.1	Opioid Prescribing Is Deliberately Stewarded	Prescriber (doctor) (ISCO 2212) · Clinical pharmacist (ISCO 2262) · Registered nurse (ISCO 2221)
10.2	Pain Is Formally Assessed and Reassessed, Not Just Asked About Once	Registered nurse (ISCO 2221) · Prescriber (doctor) (ISCO 2212) · Clinical pharmacist (ISCO 2262)
10.3	Pain and Symptoms Are Assessed and Controlled	Registered nurse (ISCO 2221) · Prescriber (doctor) (ISCO 2212) · Clinical pharmacist (ISCO 2262)
10.4	Opioids and Controlled Medicines Are Managed Safely	Clinical pharmacist (ISCO 2262) · Prescriber (doctor) (ISCO 2212) · Registered nurse (ISCO 2221)
10.5	Patients and Families Are Informed About Their Pain Plan	Registered nurse (ISCO 2221) · Prescriber (doctor) (ISCO 2212) · Clinical pharmacist (ISCO 2262)

Reporting lines. The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. A facility with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Prescriber (doctor) (ISCO 2212)	The head of department (per specialty).	Resident physicians and house officers.

Role	Reports to	Supervises
Clinical pharmacist (ISCO 2262)	The chief pharmacist.	Pharmacy technicians and pharmacy assistants.
Registered nurse (ISCO 2221)	The head nurse.	Nursing associates and health care assistants.

10.3 TRAINING FOR STANDARD 10

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Prescribing & Controlled Substance Management (TM-05)	Prescriber (doctor); Clinical pharmacist	Registered nurse	10.1, 10.4	English · Georgian
The Medication-Use Process (PS-10)	Clinical pharmacist; Registered nurse	Prescriber (doctor)	10.1	English · Georgian
End-of-Life & Palliative Care (LTC-06)	Registered nurse; Prescriber (doctor)	Clinical pharmacist	10.2, 10.3	English · Georgian
Medication Management & Family Coordination (HC-04)	Registered nurse	Clinical pharmacist	10.3	English · Georgian
High-Alert Medication Safety (PS-03)	Registered nurse; Clinical pharmacist	Prescriber (doctor)	10.4	English · Georgian
Addiction Medicine & Controlled Substances (AMB-21)	Prescriber (doctor)	Registered nurse	10.4	Georgian Georgian version only
Patient Identification, Informed Consent and Patient Rights (T-07)	Registered nurse; Prescriber (doctor)	Clinical pharmacist	10.5	English · Georgian

Each course is published in the GMJ Academy (academy.gmj.ge). Where a course has an English and a Georgian version, both are linked. One course is published in Georgian only. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

10.4 RELATED COURSES IN THE GMJ ACADEMY

These courses cover the same subjects in more depth or for a specific type of facility. They are optional. They are not required by the criteria.

Course	Subject	Criteria	GMJ Academy course page
Care Plan Development & Ongoing Supervision (HC-06)	Care plan development and ongoing supervision	10.2, 10.5	English · Georgian
Clinical & Medical Care in Long-Term Care (LTC-04)	Clinical and medical care in long-term care	10.3, 10.5	English · Georgian

Course	Subject	Criteria	GMJ Academy course page
Chronic Disease Management in Primary Care (PHC-03)	Chronic disease management in primary care	10.3	English · Georgian
Continuous Monitoring in Critical Care	Continuous monitoring in critical care	10.2	English

10.1 Opioid Prescribing Is Deliberately Stewarded

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Medium	Must

Applies to: 6 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Dental clinic. **Not applicable to:** Telemedicine, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Opioid prescribing follows a written stewardship approach: appropriate starting dose and duration, consideration of non-opioid options first, and set review dates. Opioids are managed as a distinct risk, not as one more high-alert medicine.

Rating rule. Medium in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: opioids are prescribed deliberately, with indications, doses and reviews set out in a stewardship process.

GUIDANCE

Opioid prescribing follows a written stewardship approach: appropriate starting dose and duration, consideration of non-opioid options first, and set review dates. Opioids are managed as a distinct risk, not as one more high-alert medicine.

Opioids relieve pain, but over-prescribing, long courses without review and missed warning signs cause harm. A written approach keeps the dose and duration to what the patient needs.

> **Good practice.** A written stewardship approach, a named owner, and recorded reviews on schedule.

> **Partial because.** The approach exists but reviews are missing or not recorded for some prescriptions.

WHAT GOOD LOOKS LIKE

- A written stewardship approach, a named owner, and recorded reviews on schedule.

COMMON MISTAKES

- Opioids are prescribed with no written approach and no review.
- The approach exists but reviews are missing or not recorded for some prescriptions.

> **Why it matters.** Opioids relieve pain, but over-prescribing, long courses without review and missed warning signs cause harm. A written approach keeps the dose and duration to what the patient needs.

WHAT THE ASSESSOR CHECKS

Sample. The opioid policy, and a sample of 10 opioid prescriptions from the last 3 months with their review records.

1 Written approach exists

Method. Read the opioid policy for drugs, doses, review dates and non-opioid options.

Evidence to show. Opioid stewardship policy (MNP-POL-002).

Pass when. The policy covers all four elements and is signed off by the facility leadership.

2 Designated person is named

Method. Check the role assignment and the policy sign-off.

Evidence to show. Opioid prescribing review and diversion monitoring (MNP-SOP-001).

Pass when. A named person or physician champion is recorded in the policy.

3 Reviews are done and recorded

Method. Check each sampled prescription for a review record on the set date.

Evidence to show. Opioid prescribing review record (MNP-FRM-001).

Pass when. Every sampled long-term opioid prescription has a review recorded on schedule.

Pass. The criterion is met when every check above is passed.

Immediate fail. Opioids are prescribed with no written approach and no review. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MNP-POL-002	Opioid stewardship policy	Clinical pharmacist	Chief pharmacist	Quality lead
MNP-SOP-001	Opioid prescribing review and diversion monitoring	Clinical pharmacist	Chief pharmacist	Quality lead
MNP-FRM-001	Opioid prescribing review record	Prescriber (doctor)	—	Clinical pharmacist

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Prescriber (doctor) (ISCO 2212)	Writes the opioid plan, sets the review date and the stop date.	Prescribing & Controlled Substance Management Essential in all settings
Clinical pharmacist (ISCO 2262)	Reviews each opioid prescription and monitors for misuse.	Prescribing & Controlled Substance Management Essential in all settings
Registered nurse (ISCO 2221)	Records the effect of each dose and reports concerns.	The Medication-Use Process Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2025). WHO Guideline on Balanced National Controlled Medicines Policies to Ensure Medical Access and Safety. https://news.gmj.ge/guideline/who-balanced-national-controlled-medicines-policies/
- Centers for Disease Control and Prevention (USA) (2022). Clinical Practice Guideline for Prescribing Opioids for Pain. https://news.gmj.ge/guideline/clinical-practice-guideline-for-prescribing-opioids-for-pain-united-states-2022/

10.2 Pain Is Formally Assessed and Reassessed, Not Just Asked About Once

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: 8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness. Each setting shows its rating above.

> **Criterion.** Pain is assessed with an agreed tool on admission and reassessed at a set interval and after any change in condition or treatment. The result is recorded and used to change the plan.

Rating rule. Must in every setting: pain is formally assessed with a validated tool and reassessed on a set schedule, not only asked about once.

GUIDANCE

Pain is assessed with an agreed tool on admission and reassessed at a set interval and after any change in condition or treatment. The result is recorded and used to change the plan.

Pain is a vital sign that is easy to miss when it is only asked about once. Regular reassessment shows whether the treatment is working and catches new pain early.

> **Good practice.** Pain assessed with the agreed tool, reassessed on schedule, and the result used in the plan.

> **Partial because.** Pain is assessed once, or reassessments are not recorded.

WHAT GOOD LOOKS LIKE

- Pain assessed with the agreed tool, reassessed on schedule, and the result used in the plan.

COMMON MISTAKES

- Pain is not assessed in the records at all.
- Pain is assessed once, or reassessments are not recorded.

> **Why it matters.** Pain is a vital sign that is easy to miss when it is only asked about once. Regular reassessment shows whether the treatment is working and catches new pain early.

WHAT THE ASSESSOR CHECKS

Sample. Twenty patient records from the last 3 months, including admissions and post-procedure patients.

1 Agreed tool is used

Method. Check each sampled record for the tool and its score.

Evidence to show. Pain assessment record (MNP-FRM-002).

Pass when. The agreed tool is recorded in every sampled record.

2 Reassessment is on schedule

Method. Check the reassessment entries against the set interval.

Evidence to show. Symptom assessment table (HSP-FRM-001).

Pass when. Pain is reassessed at the set interval in at least 18 of the 20 sampled records.

3 Result changes the plan

Method. Check that a change in score is followed by a change in treatment or a note.

Evidence to show. Symptom assessment and control policy (HSP-POL-001).

Pass when. A recorded change in plan follows each sampled change in score.

Pass. The criterion is met when every check above is passed.

Immediate fail. Pain is not assessed in the records at all. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MNP-FRM-002	Pain assessment record	Registered nurse	—	Quality lead
HSP-FRM-001	Symptom assessment table	Registered nurse	—	Quality lead
HSP-POL-001	Symptom assessment and control policy	Clinical pharmacist	Chief pharmacist	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Registered nurse (ISCO 2221)	Assesses and reassesses pain with a validated score.	End-of-Life & Palliative Care Essential in all settings
Prescriber (doctor) (ISCO 2212)	Reviews the pain assessment and changes the plan.	End-of-Life & Palliative Care Essential in all settings
Clinical pharmacist (ISCO 2262)	Checks that the pain plan and its medicines match.	End-of-Life & Palliative Care Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2019). Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents. https://news.gmj.ge/guideline/guidelines-for-the-pharmacological-and-radiotherapeutic-management-of-cancer-pain-in-adults-and-adolescents/
- World Health Organization (2023). Guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings. https://news.gmj.ge/guideline/guideline-for-non-surgical-management-of-chronic-primary-low-back-pain-in-adults-in-primary-and-community-care-settings/

10.3 Pain and Symptoms Are Assessed and Controlled

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

Applies to: 8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness. Each setting shows its rating above.

> **Criterion.** Pain and other symptoms are assessed and controlled with a written plan, including a plan for breakthrough pain and an out-of-hours route for advice.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: pain and other symptoms are assessed and controlled, and the response is recorded and acted on.

GUIDANCE

Pain and other symptoms are assessed and controlled with a written plan, including a plan for breakthrough pain and an out-of-hours route for advice.

Uncontrolled pain and symptoms cause distress and can lead to unplanned admissions. A written plan lets any clinician on shift act safely.

> **Good practice.** Written symptom plans with breakthrough cover, and a working out-of-hours advice route.

> **Partial because.** Plans are written for some patients, or the out-of-hours route is not logged.

WHAT GOOD LOOKS LIKE

- Written symptom plans with breakthrough cover, and a working out-of-hours advice route.

COMMON MISTAKES

- Patients in pain have no plan and no out-of-hours route.
- Plans are written for some patients, or the out-of-hours route is not logged.

> **Why it matters.** Uncontrolled pain and symptoms cause distress and can lead to unplanned admissions. A written plan lets any clinician on shift act safely.

WHAT THE ASSESSOR CHECKS

Sample. Ten patient plans from the last 3 months, and the out-of-hours advice log.

1 Symptom plan is written

Method. Check each sampled plan for the first-line drug, breakthrough dose and review.

Evidence to show. Symptom assessment and control policy (HSP-POL-001).

Pass when. A written plan is in place for each sampled patient in pain.

2 Breakthrough plan exists

Method. Check the plan for a breakthrough dose and a call point.

Evidence to show. Symptom assessment table (HSP-FRM-001).

Pass when. Every sampled plan includes a breakthrough dose and a call point.

3 Out-of-hours advice is available

Method. Check the advice log and the out-of-hours route.

Evidence to show. Out-of-hours symptom advice (HSP-SOP-004).

Pass when. A named route is in place, and advice calls are logged.

Pass. The criterion is met when every check above is passed.

Immediate fail. Patients in pain have no plan and no out-of-hours route. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HSP-POL-001	Symptom assessment and control policy	Clinical pharmacist	Chief pharmacist	Quality lead
HSP-FRM-001	Symptom assessment table	Registered nurse	—	Quality lead
HSP-SOP-004	Out-of-hours symptom advice	Clinical pharmacist	Chief pharmacist	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Registered nurse (ISCO 2221)	Assesses symptoms at each review and records them.	End-of-Life & Palliative Care Essential in all settings
Prescriber (doctor) (ISCO 2212)	Prescribes for symptoms and reviews the response.	End-of-Life & Palliative Care Essential in all settings
Clinical pharmacist (ISCO 2262)	Advises on symptom medicines and gives out-of-hours advice.	Medication Management & Family Coordination Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2019). Integrating palliative care and symptom relief into primary health care. https://news.gmj.ge/guideline/integrating-palliative-care-and-symptom-relief-into-primary-health-care/
- World Health Organization (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/

10.4 Opioids and Controlled Medicines Are Managed Safely

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: 6 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Dental clinic. **Not applicable to:** Telemedicine, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Controlled medicines are stored securely, recorded in a register, counted at each handover with two signatures, and checked for diversion. Any discrepancy is investigated and reported.

Rating rule. Must in every setting: opioids and other controlled medicines are stored, counted, recorded and disposed of safely.

GUIDANCE

Controlled medicines are stored securely, recorded in a register, counted at each handover with two signatures, and checked for diversion. Any discrepancy is investigated and reported.

Opioids are high-risk for misuse and diversion. A register and a double count are the simplest way to detect a loss.

> **Good practice.** A complete register, double-signed counts, and every discrepancy investigated.

> **Partial because.** The register is kept but counts are done by one person, or discrepancies are not investigated.

WHAT GOOD LOOKS LIKE

- A complete register, double-signed counts, and every discrepancy investigated.

COMMON MISTAKES

- A controlled medicine is missing and not reported.
- The register is kept but counts are done by one person, or discrepancies are not investigated.

> **Why it matters.** Opioids are high-risk for misuse and diversion. A register and a double count are the simplest way to detect a loss.

WHAT THE ASSESSOR CHECKS

Sample. The controlled drugs register and count sheets for the last 3 months, and the diversion checks.

1 Register is complete

Method. Check the register against the stock and the prescriptions.

Evidence to show. Controlled drugs register (HOS-REG-001).

Pass when. Every entry is complete, and the balance matches the stock.

2 Counts are double-signed

Method. Check the count sheets for two signatures at each handover.

Evidence to show. Opioid prescribing review and diversion monitoring (MNP-SOP-001).

Pass when. Every sampled count is signed by two people.

3 Discrepancies are investigated

Method. Check the incident log for any discrepancy.

Evidence to show. Opioid prescribing review record (MNP-FRM-001).

Pass when. Each discrepancy has a recorded investigation and outcome.

Pass. The criterion is met when every check above is passed.

Immediate fail. A controlled medicine is missing and not reported. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HOS-REG-001	Controlled drugs register	Records officer	Chief pharmacist	Clinical pharmacist
MNP-SOP-001	Opioid prescribing review and diversion monitoring	Clinical pharmacist	Chief pharmacist	Quality lead
MNP-FRM-001	Opioid prescribing review record	Prescriber (doctor)	—	Clinical pharmacist

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Clinical pharmacist (ISCO 2262)	Keeps the controlled drugs register checked and counted.	Prescribing & Controlled Substance Management Essential in all settings
Prescriber (doctor) (ISCO 2212)	Reviews every opioid prescription at its review date.	High-Alert Medication Safety Essential in all settings
Registered nurse (ISCO 2221)	Counts controlled drugs at each shift change.	High-Alert Medication Safety Essential in all settings

REFERENCES FOR THIS CRITERION

- Centers for Disease Control and Prevention (USA) (2022). Clinical Practice Guideline for Prescribing Opioids for Pain. https://news.gmj.ge/guideline/clinical-practice-guideline-for-prescribing-opioids-for-pain-united-states-2022/
- World Health Organization (2025). WHO Guideline on Balanced National Controlled Medicines Policies to Ensure Medical Access and Safety. https://news.gmj.ge/guideline/who-balanced-national-controlled-medicines-policies/

10.5 Patients and Families Are Informed About Their Pain Plan

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness. Each setting shows its rating above.

> **Criterion.** The patient and family are told what the pain plan is, what to expect, what side effects to watch for and whom to call. The information is given in a language they understand and recorded.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: patients and families are told about the pain plan, its side effects and how to ask for help.

GUIDANCE

The patient and family are told what the pain plan is, what to expect, what side effects to watch for and whom to call. The information is given in a language they understand and recorded.

A patient who knows the plan takes medicines correctly, reports problems early and is less afraid of pain. Families who understand the plan can support the patient safely at home.

> **Good practice.** Patients and families told about the plan in plain language, with the information recorded.

> **Partial because.** Patients are told, but the information is not recorded or not in a language they understand.

WHAT GOOD LOOKS LIKE

- Patients and families told about the plan in plain language, with the information recorded.

COMMON MISTAKES

- Patients are not told about their pain plan at all.
- Patients are told, but the information is not recorded or not in a language they understand.

> **Why it matters.** A patient who knows the plan takes medicines correctly, reports problems early and is less afraid of pain. Families who understand the plan can support the patient safely at home.

WHAT THE ASSESSOR CHECKS

Sample. Twenty patient records from the last 3 months, and the family information leaflets used.

1 Patient is told about the plan

Method. Check each sampled record for an information entry.

Evidence to show. Family and carer support and information (HSP-SOP-001).

Pass when. Each sampled record shows the plan was explained.

2 Family and carer are included

Method. Check the record for a family or carer entry where the patient agreed.

Evidence to show. Record of goals, values and wishes (HSP-FRM-002).

Pass when. The family or carer is included in each sampled case where the patient agreed.

3 Information is recorded

Method. Check that the information given is recorded with date and staff name.

Evidence to show. Family and carer support and information (HSP-SOP-001).

Pass when. Each sampled record has a dated information entry.

Pass. The criterion is met when every check above is passed.

Immediate fail. Patients are not told about their pain plan at all. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HSP-SOP-001	Family and carer support and information	Registered nurse	Quality lead	Quality lead
HSP-FRM-002	Record of goals, values and wishes	Registered nurse	—	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Registered nurse (ISCO 2221)	Explains the pain plan and gives the patient and family written information.	Patient Identification, Informed Consent and Patient Rights Essential in all settings
Prescriber (doctor) (ISCO 2212)	Discusses the plan, its benefits and its risks with the patient.	Patient Identification, Informed Consent and Patient Rights Essential in all settings
Clinical pharmacist (ISCO 2262)	Explains each medicine and its possible effects.	Patient Identification, Informed Consent and Patient Rights Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/
- World Health Organization (2019). Integrating palliative care and symptom relief into primary health care. https://news.gmj.ge/guideline/integrating-palliative-care-and-symptom-relief-into-primary-health-care/

10 Questions and answers

Who does Standard 10 apply to?
Every facility that treats pain, or that prescribes, stores or gives opioids or other controlled medicines. The table in section 4 shows each criterion by facility type. Criteria 10.1 and 10.4 are N/A for telemedicine, fitness and wellness, and aesthetic and procedure clinics. Criteria 10.2, 10.3 and 10.5 are N/A for fitness and wellness only. Each criterion is marked where it applies.

What is an immediate fail?
An immediate fail is one finding that means a criterion is not met, even if the rest of it is in place. For example, a patient in pain with no pain plan and no out-of-hours route fails criterion 10.3 outright, and a controlled medicine that is missing and not reported fails criterion 10.4. Each criterion in this document states its own immediate fail under "Immediate fail". Read these before the survey, because they are the points on which the outcome is decided most quickly.

Which documents do I submit?
The documents are the policies, procedures, forms and records listed under each criterion in the "Evidence and documents" table. Where a criterion lists no document, the facility keeps its own record. Policies and procedures are signed documents that show the version, date, owner and approver. You may use your own document if it meets the same check and is clearly the same record.

Are the ratings the same in every setting?
No. Two criteria protect life and are Must in every setting: pain assessment and reassessment (10.2) and controlled medicines (10.4). The other three criteria are Medium or Minimum in humanitarian and transition settings, and Must in standard settings. Each criterion shows its rating for each of the three settings.

Why is opioid stewardship Medium in humanitarian settings?
In a humanitarian setting a facility may have few prescribers, a short list of medicines and little choice of non-opioid treatment. The criterion is still required: the facility must have a written approach, a named person and recorded reviews, adapted to what it can realistically do. In standard settings every element is Must.

What must a pain assessment include?
An agreed pain tool, recorded in every patient record, used on admission and reassessed at a set interval and after any change in the patient's condition or treatment. The result must change the plan when it changes. Where a patient cannot describe their pain, the facility states the tool it uses instead and records it.

How often must pain be reassessed?
At the interval the facility sets in its pain policy, and after any change in condition or treatment. The surveyor checks that pain was reassessed at the set interval in at least 18 of the 20 sampled records. A reassessment that is not recorded does not count.

Do patients have to sign a pain plan?
No. Criterion 10.5 requires that the patient and family are told what the plan is, what to expect, which side effects to watch for and whom to call. The facility records that the information was given and in what language. A signature is optional.

What must a symptom plan include?
A written plan for each patient in pain, with a breakthrough dose and a call point for when pain is not controlled. The plan must be readable by any clinician on shift, not only the doctor who wrote it. The surveyor checks ten patient plans from the last 3 months.

Do we need out-of-hours advice for pain?
Yes. Criterion 10.3 requires a named route for advice out of hours, and each advice call is logged. The route must be known to the ward or home team and to the patient or carer where they are cared for at home.

How do we keep controlled medicines safe?
Controlled medicines are stored securely, recorded in a register, and counted at each handover with two signatures. The register must be complete and the balance must match the stock. Diversion checks are part of the routine, and the surveyor checks the register and count sheets for the last 3 months.

What happens if a controlled medicine is missing?
It must be recorded, reported and investigated, with the outcome written down. A controlled medicine that is missing and not reported fails criterion 10.4 outright. The facility must show each discrepancy, its investigation and its result.

What if a patient cannot describe their pain?
The facility uses an observational or behavioural tool that it has agreed, states it in the policy, and records it in each assessment. The tool must be used the same way by all staff. Where a patient can self-report again, the facility returns to the usual tool.

How does this standard differ from Standard 8?
Standard 8 covers medicines safety in general. Standard 10 covers pain, its assessment and its control, and the particular risks of opioids and other controlled medicines: prescribing, storage, counting and disposal. Some records, such as the prescription review and the controlled drugs register, may serve both standards where they meet the same check.

Do we have to use ISCO-08 codes?
The staff tables give each occupation its ISCO-08 code, so that roles can be compared between facilities and countries. You are not required to change your job titles. What matters is that each role named in the standard can be matched to the person who does that job and to the training they have had. If your titles differ, record the match in your staff file.

Which training do staff need?
The e-learning table under each criterion shows who must take each course and who is recommended. Prescribers and pharmacists take Prescribing & Controlled Substance Management for criteria 10.1 and 10.4, and nurses take High-Alert Medication Safety for criterion 10.4. Nurses and doctors take End-of-Life & Palliative Care for criteria 10.2 and 10.3. Each course name opens its course page in the GMJ Academy. Where a course is published in English only, the English page is linked. Where no GMJ Academy course exists, the hospital provides the training itself and records it in the staff file.

What will the surveyor see on the day?
The surveyor reviews the records for each criterion: the opioid policy and prescription reviews, the pain assessment records, the symptom plans and the out-of-hours advice log, the controlled drugs register and count sheets, and the patient information given. The surveyor may talk to nurses and doctors about how they reassess pain and how they count controlled medicines.

What if we do not have the written protocol yet?
A criterion cannot be met on the basis of an unwritten arrangement, because the assessor needs something to check against. If a protocol does not yet exist, write one before the survey, using the reference draft or your own version, and make sure it is signed, dated and in use. Staff must be able to explain it in practice.

Do we have to use your forms and policies?
No. Every policy, procedure, form and course in this document is a reference draft to help you meet the criterion. You can adapt it, write your own, or upload your own documents. What the assessor checks is that the standard is met and that you can show how. If you use your own document, make sure it covers the same content as the reference, and that it is current, signed and dated.

What do the colours mean?
Red means Must: the criterion is required in every setting, and criteria that protect life are always red. Yellow means Medium: the criterion is required, but adapted to what a transition setting can realistically do. Green means Minimum: the lowest acceptable level in a humanitarian setting, where resources are very limited. In standard settings every criterion is

Must. Each criterion shows its rating for each of the three settings, so a facility can see exactly what applies to it. Section 5 shows the colours.

Where can I get the full text?
The full text of each criterion, with its rating, why it matters, the assessor checks, the immediate-fail rule and the documents, is in section 9 of this document. The same criteria are published on france-asf.fr, which holds the controlling copy. The questions and answers in this section summarise the criteria, and if they ever differ, the criterion text is the authority.

Who can I ask about this standard?
For questions about this standard, contact Accréditation Sans Frontières through the contact page of france-asf.fr. Please give the standard number and the criterion (for example 10.3) so that your question can be answered against the right text.

The criterion text is the authority. These answers summarise it.

11 References

CITED FOR CRITERIA

1. World Health Organization (2025). WHO Guideline on Balanced National Controlled Medicines Policies to Ensure Medical Access and Safety. https://news.gmj.ge/guideline/who-balanced-national-controlled-medicines-policies/ (criterion 10.1, 10.4)
2. Centers for Disease Control and Prevention (USA) (2022). Clinical Practice Guideline for Prescribing Opioids for Pain. https://news.gmj.ge/guideline/clinical-practice-guideline-for-prescribing-opioids-for-pain-united-states-2022/ (criterion 10.1, 10.4)
3. World Health Organization (2019). Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents. https://news.gmj.ge/guideline/guidelines-for-the-pharmacological-and-radiotherapeutic-management-of-cancer-pain-in-adults-and-adolescents/ (criterion 10.2)
4. World Health Organization (2023). Guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings. https://news.gmj.ge/guideline/guideline-for-non-surgical-management-of-chronic-primary-low-back-pain-in-adults-in-primary-and-community-care-settings/ (criterion 10.2)
5. World Health Organization (2019). Integrating palliative care and symptom relief into primary health care. https://news.gmj.ge/guideline/integrating-palliative-care-and-symptom-relief-into-primary-health-care/ (criterion 10.3, 10.5)
6. World Health Organization (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/ (criterion 10.3, 10.5)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

12 Document register

Every document code used in Standard 10, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	What it is for	Criteria
HOS-REG-001	Controlled drugs register	Register	Records every receipt, supply and administration of a controlled drug, with a count at each shift change.	10.4
HSP-FRM-001	Symptom assessment table	Form (record)	Records the validated score for each symptom at each assessment, and the change to the plan.	10.2, 10.3
HSP-FRM-002	Record of goals, values and wishes	Form (record)	Records the patient’s goals, values and wishes, including advance directives, and when they were reviewed.	10.5
HSP-POL-001	Symptom assessment and control policy	Policy	To assess and control the symptoms that cause most suffering in serious illness.	10.2, 10.3
HSP-SOP-001	Family and carer support and information	Procedure (SOP)	To keep families informed and supported in their role.	10.5
HSP-SOP-004	Out-of-hours symptom advice	Procedure (SOP)	To give a named, reachable clinician for symptom crises at any hour.	10.3
MNP-FRM-001	Opioid prescribing review record	Form (record)	Records the reason for an opioid, the alternatives considered, the dose, the review and the stop date.	10.1, 10.4
MNP-FRM-002	Pain assessment record	Form (record)	Records each pain score, its location, the intervention and the reassessment.	10.2
MNP-POL-002	Opioid stewardship policy	Policy	To use opioids safely: effective for pain, short in duration, and not misused.	10.1
MNP-SOP-001	Opioid prescribing review and diversion monitoring	Procedure (SOP)	To keep opioid prescribing under review and to find misuse early.	10.1, 10.4