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NON-GOVERNMENTAL, NON-PROFIT

ASF Health Standards Version 11

Standard 20: Health and Migration

Core standard · applicability by facility type shown for each criterion

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01	10 November 2026	First issue of the paper standard. Adapted from the web version of Standard 20 in ASF Health Standards Version 11.	Prof. Giorgi Pkhakadze

APPROVAL



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Date: 10 November 2026

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

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 20 at a glance: criteria, responsibilities, training

9 Criteria 20.1 to 20.10 (each on its own page)

10 Questions and answers

11 References

12 Document register

Criterion pages: 20.1 People-Centred Care Adapted to Migration and Displacement Experience · 20.2 Supporting Patient Agency Through Understanding of Care and the Health System · 20.3 Language and Communication Aids: Interpreters and Cultural Mediators · 20.4 Collaborative Practice Across Health and Social Services · 20.5 Surge Capacity for Migration-Related Demand · 20.6 Evidence-Informed Care for Refugee and Migrant Populations · 20.7 Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts · 20.8 Cross-Border Continuity of Care · 20.9 Camp-Based and Non-Camp Service Model Fit · 20.10 Legal Status Diversity Recognition.

1 Introduction

This document is Standard 20 of ASF Health Standards. It sets out how a facility cares for refugee and migrant patients safely and fairly: care adapted to migration experience, patient understanding, interpreters, collaboration with social services, surge capacity, evidence-informed care, staff reflection, portable records, service model fit, and legal status diversity.

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 reader who has only this paper can understand and meet it.

Purpose of this document. Standard 20 makes sure that people who have migrated or been displaced receive care that fits their history, language and legal status, and that they can continue that care when they move on.

Who should read it. Clinicians, nurses, interpreters and cultural mediators, social workers, the clinical governance lead, the outreach and camp coordinators, the chief executive, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 8.2).

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 20 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 serve refugee and migrant patients, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 20.1 to 20.10, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

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 rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan),

POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

4 Scope

Standard 20 covers migration-adapted care, patient understanding, interpreters, social services, surge capacity, evidence, staff reflection, portable records, service model and legal status. The applicability is shown in section 4.

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** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 20 APPLIES

Standard 20 applies when the facility serves refugee and migrant patients. It is optional in every facility type, so it is offered where the facility serves these patients. The table shows the rating for each criterion in each setting. 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
20.1 People-Centred Care Adapted to Migration and Displacement Experience	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
20.2 Supporting Patient Agency Through Understanding of Care and the Health System	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
20.3 Language and Communication Aids: Interpreters and Cultural Mediators	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
20.4 Collaborative Practice Across Health and Social Services	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
20.5 Surge Capacity for Migration-Related Demand	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
20.6 Evidence-Informed Care for Refugee and Migrant Populations	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
20.7 Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
20.8 Cross-Border Continuity of Care	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

Criterion	Applies to
20.9 Camp-Based and Non-Camp Service Model Fit	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
20.10 Legal Status Diversity Recognition	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

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 referrals, drills or dates
SOP	Standard operating procedure. A step-by-step description of how a task is done
PLN	Plan. A written plan for a defined situation, such as a surge

DOCUMENT CODE PREFIXES

Prefix	Topic
HMG	Health and migration
PHC	Primary health care records

7 Terms and definitions

Term	Definition
Cultural mediator	A trained person who helps bridge language and cultural differences between patients and health staff.
Displacement	Movement of people forced out of their home by conflict, violence or disaster, within or across borders.
Surge capacity	The ability of a service to increase its assessment and treatment capacity quickly in response to sudden demand.
Teach-back	A method in which the patient explains in their own words what they have been told, to check understanding.
Trauma-informed practice	Care designed to recognise and respond to the effects of trauma on a person's health and behaviour.
Legal status	The official status of a person in a country, such as asylum seeker, recognised refugee, stateless person or internally displaced person.
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.

8 Standard 20 at a glance

Standard 20: Health and Migration is a service standard of ASF Health Standards. It applies when the facility serves refugee and migrant patients, and covers migration-adapted care, language access, social referrals, surge capacity, evidence, staff support, portable records, service model and legal status.

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

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
20.1	People-Centred Care Adapted to Migration and Displacement Experience	Minimum	Must	Must
20.2	Supporting Patient Agency Through Understanding of Care and the Health System	Minimum	Must	Must
20.3	Language and Communication Aids: Interpreters and Cultural Mediators	Minimum	Must	Must
20.4	Collaborative Practice Across Health and Social Services	Minimum	Medium	Must
20.5	Surge Capacity for Migration-Related Demand	Must	Must	Must
20.6	Evidence-Informed Care for Refugee and Migrant Populations	Minimum	Medium	Must
20.7	Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts	Minimum	Must	Must
20.8	Cross-Border Continuity of Care	Minimum	Must	Must
20.9	Camp-Based and Non-Camp Service Model Fit	Minimum	Must	Must
20.10	Legal Status Diversity Recognition	Minimum	Must	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. The facility sets its own reporting lines, and 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
20.1	People-Centred Care Adapted to Migration and Displacement Experience	Specialist physician (ISCO 2212) · Nurse (ISCO 2221)
20.2	Supporting Patient Agency Through Understanding of Care and the Health System	Nurse (ISCO 2221) · Manager (ISCO 1342)
20.3	Language and Communication Aids: Interpreters and Cultural Mediators	Manager (ISCO 1342) · Secretary (ISCO 3344)

No.	Criterion	Positions responsible or involved
20.4	Collaborative Practice Across Health and Social Services	Manager (ISCO 1342) · Secretary (ISCO 3344)
20.5	Surge Capacity for Migration-Related Demand	Chief executive (ISCO 1120) · Manager (ISCO 1342)
20.6	Evidence-Informed Care for Refugee and Migrant Populations	Specialist physician (ISCO 2212) · Manager (ISCO 1342)
20.7	Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts	Manager (ISCO 1342) · Specialist physician (ISCO 2212)
20.8	Cross-Border Continuity of Care	Nurse (ISCO 2221) · Secretary (ISCO 3344)
20.9	Camp-Based and Non-Camp Service Model Fit	Chief executive (ISCO 1120) · Manager (ISCO 1342)
20.10	Legal Status Diversity Recognition	Manager (ISCO 1342) · Nurse (ISCO 2221)

8.3 TRAINING FOR STANDARD 20

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	Status
Refugee and Migrant Health: Endorsement Course (H-09)	Manager, Nurse, Specialist physician	None	20.1, 20.2, 20.3, 20.4, 20.6, 20.7, 20.8, 20.9, 20.10	In development
Emergency Preparedness and Fire Safety (T-10)	Manager, Nurse	None	20.5	In development

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.

20.1 People-Centred Care Adapted to Migration and Displacement Experience

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

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Care is adapted to a patient's migration and displacement experience, including trauma-informed practice, awareness of legal-status barriers to access, and support for continuity of care, not delivered identically regardless of that history.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: care is adapted to each patient's migration and displacement experience, including trauma-informed practice and barriers from legal status.

GUIDANCE

People who have migrated or been displaced may carry trauma, separation and uncertainty about their status. Care is adapted to that history, and clinicians recognise the signs of trauma and do not treat them as a behaviour problem.

Legal status can decide whether a patient can register, pay or be referred. The facility identifies those barriers and works through them with the patient.

WHAT GOOD LOOKS LIKE

- Care plans are reviewed with the patient at each visit, and a named clinician is responsible for adapting the plan to the patient's history.

COMMON MISTAKES

- A patient with signs of trauma treated as non-cooperative.
- A patient refused care because their status was not checked against the rules.

> **Why it matters.** A person who has fled war or been displaced often carries trauma and mistrust of institutions. Care that does not take this into account can be harmful even when it is technically correct.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 patient records with a migration history, and the care adaptations recorded.

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1 Care is adapted to the patient's migration and displacement history.

Method. Check each sampled record for the history and the adaptation made.

Evidence to show. Migration history and trauma-aware assessment record (HMG-FRM-001).

Pass when. Every record with a history shows the adaptation made.

2 **Trauma-informed practice is applied where signs are found.**

Method. Check each record with trauma signs for the trauma-informed step.

Evidence to show. Migration history and trauma-aware assessment record (HMG-FRM-001).

Pass when. Every record with trauma signs shows a trauma-informed step.

3 **Barriers from legal status are identified and addressed.**

Method. Check each record for the legal-status barrier recorded and the action.

Evidence to show. Migration history and trauma-aware assessment record (HMG-FRM-001).

Pass when. Every barrier found has an action recorded.

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

Immediate fail. . A traumatised patient is examined in a way that repeats past harm. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-FRM-001	Migration history and trauma-aware assessment record	Manager	Chief executive	Manager
HMG-POL-001	Migration-informed, trauma-aware care	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Adapts care to the patient's history	— Must
Nurse (ISCO 2221)	Records the trauma-informed step	— Must

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/
- World Health Organization (2019). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0. Used for: mental health and substance use care for displaced people in non-specialised settings. https://news.gmj.ge/guideline/mhgap-intervention-guide-for-mental-neurological-and-substance-use-disorders-in-non-specialized-health-settings-bangladesh-version-2021/

20.2 Supporting Patient Agency Through Understanding of Care and the Health System

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Must	Must

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Patients are supported to understand both their own care and how to navigate the health system itself, with understanding actively verified through methods like teach-back, in plain language, not assumed from silence or a nod.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: patients understand their own care and how to use the health system, with understanding checked by teach-back.

GUIDANCE

A patient who does not understand their diagnosis, treatment or the health system cannot take part in decisions about their care. Information is given in plain language and in the patient's own language, and understanding is checked by asking the patient to explain it back.

The team also helps the patient find their way through the system: where to go, what to bring and what to expect.

WHAT GOOD LOOKS LIKE

- Plain-language information is given in the patient's language, in both written and picture form, and is repeated at discharge.

COMMON MISTAKES

- A discharge leaflet given only in the official language.
- A patient asked whether they understood and simply said yes.

> **Why it matters.** A migrant who does not know how the health system works, or how to book a visit, may give up on care. Helping them understand their own care and how to use the system keeps them engaged.

WHAT THE ASSESSOR CHECKS

Sample. Review the information given and the understanding checks for 10 patients.

1 Each patient is given plain-language information on their care.

Method. Check each sampled record for the information given.

Evidence to show. Understanding check record (HMG-FRM-002).

Pass when. Every sampled patient has the information recorded.

2 Understanding is checked by teach-back.

Method. Check each record for the teach-back result.

Evidence to show. Understanding check record (HMG-FRM-002).

Pass when. At least 90% of records show teach-back checked.

3 Patients are supported to navigate the health system.

Method. Check each record for the health system steps explained.

Evidence to show. Understanding check record (HMG-FRM-002).

Pass when. At least 90% of records show the steps explained.

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

Immediate fail. . A patient does not return because no one explained the follow-up. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-FRM-002	Understanding check record	Manager	Chief executive	Manager
HMG-POL-002	Patient understanding and health system navigation	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Gives plain-language information and checks teach-back	— Must
Manager (ISCO 1342)	Keeps the understanding check record	— Must

REFERENCES FOR THIS CRITERION

20.3 Language and Communication Aids: Interpreters and Cultural Mediators

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

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Trained interpreters or cultural mediators are engaged for language-discordant consultations, never minor children, and only family members when no other option exists and the situation is not high-risk.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: trained interpreters or cultural mediators are used for language-discordant consultations, and children are never used to interpret.

GUIDANCE

Language barriers are a major cause of errors and of poor care. A trained interpreter or cultural mediator is the right choice. Children are never used to interpret, and family members interpret only where no other option exists and the patient agrees.

The notes record who interpreted and in which language.

WHAT GOOD LOOKS LIKE

- A trained interpreter is booked in advance for scheduled visits and is recorded in the notes, with a phone or video option for urgent cases.

COMMON MISTAKES

- A child used to interpret a consultation about a parent's diagnosis.
- A consent signed after a conversation in a language the patient does not speak.

> **Why it matters.** Children should never be asked to interpret for their parents, and a patient who cannot follow the conversation cannot consent. A trained interpreter or cultural mediator is needed for language barriers.

WHAT THE ASSESSOR CHECKS

Sample. Review the interpreter and mediator use register for the last 6 months, and the policy.

1 A trained interpreter or cultural mediator is used for language-discordant consultations.

Method. Check each language-discordant consultation for the interpreter recorded.

Evidence to show. Interpreter and mediator use register (HMG-REG-001).

Pass when. Every language-discordant consultation has a trained interpreter or mediator recorded.

2 No child is used to interpret.

Method. Check the register for any child used.

Evidence to show. Interpreter and mediator use register (HMG-REG-001).

Pass when. No child is recorded as interpreter.

3 A family member interprets only where permitted.

Method. Check each family member use for the reason and the risk level.

Evidence to show. Interpreter and mediator use register (HMG-REG-001).

Pass when. Every family member use has a recorded reason and is not high-risk.

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

Immediate fail. . A child interprets a diagnosis for their parent. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-REG-001	Interpreter and mediator use register	Secretary	Chief executive	Manager
HMG-POL-003	Interpreters and cultural mediators	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Books a trained interpreter or mediator	— Must
Secretary (ISCO 3344)	Keeps the interpreter use register	— Must

REFERENCES FOR THIS CRITERION

- What strategies to address communication barriers for refugees and migrants in health care settings have been implemented and evaluated across the WHO European Region? (WHO Regional Office for Europe, 2019) https://www.who.int/europe/publications/i/item/9789289053501
- Refugee and migrant health: Global Competency Standards for health workers (World Health Organization, 2021) https://www.who.int/publications/i/item/9789240030626

20.4 Collaborative Practice Across Health and Social Services

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Medium	Must

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility actively engages with legal, education, employment, housing, and other social support services relevant to refugee and migrant patients, and conducts effective handover of care that includes migration- and displacement-related context.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the facility works with legal, education, employment, housing and other social services, and tracks each referral to a result.

GUIDANCE

Many of the factors that affect a migrant's health sit outside the clinic: housing, work, school and legal advice. The facility refers patients to these services, follows the referrals to a result, and passes on the migration context at handover.

Each referral has an owner, and open referrals are reviewed each month.

WHAT GOOD LOOKS LIKE

- A social-services liaison meets the team each month to review open referrals and closes any that have not reached a result.

COMMON MISTAKES

- A housing referral made and never followed up.
- A handover that does not mention the patient was displaced.

> **Why it matters.** Health problems in migrant and displaced people are often driven by housing, work, legal status and schooling. A clinic that works with those services can address the cause, not only the symptom.

WHAT THE ASSESSOR CHECKS

Sample. Review the referral tracking register for the last 12 months, with the handover records for 5 patients.

1 Relevant legal, education, employment, housing and social services are engaged.

Method. Check the register for referrals to each relevant service.

Evidence to show. Referral tracking register (PHC-REG-002).

Pass when. Referrals are made to the relevant services where needed.

2 Each referral is tracked to a result.

Method. Check each referral for the result recorded.

Evidence to show. Referral tracking register (PHC-REG-002).

Pass when. At least 90% of referrals have a result recorded.

3 Handover includes migration and displacement context.

Method. Check each sampled handover for the context included.

Evidence to show. Referral tracking register (PHC-REG-002).

Pass when. At least 90% of handovers include the context.

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

Immediate fail. . A patient with no housing returns to the same clinic with the same problem. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-SOP-001	Referral and handover to social services	Manager	Chief executive	Chief executive

Other records in the criterion: PHC-REG-002 (name to be confirmed)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Makes referrals to social services	— Medium
Secretary (ISCO 3344)	Tracks each referral to a result	— Medium

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/

20.5 Surge Capacity for Migration-Related Demand

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

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility has an activatable plan for responding flexibly to sudden increases in demand from migration or displacement events, including expansion of assessment points, treatment distribution, and focus on critical needs.

Rating rule. Must in every setting: the facility has a surge plan for sudden increases in demand from migration or displacement, and tests it each year.

GUIDANCE

A sudden arrival of people, such as after a conflict or a border crossing, can overwhelm a clinic within days. A written surge plan, with extra assessment points and a distribution of treatment, lets the facility respond without delay.

The plan is tested each year so that it works when it is needed.

WHAT GOOD LOOKS LIKE

- The surge plan is tested in a drill each year with the local authority and partners, and the results are used to update the plan.

COMMON MISTAKES

- A sudden arrival of 300 people with no extra assessment points set up.
- A surge plan that nobody has read in two years.

> **Why it matters.** A sudden arrival of many displaced people, such as after a border opens, can overwhelm a clinic within days. A plan that can be activated quickly keeps care running for everyone.

WHAT THE ASSESSOR CHECKS

Sample. Review the surge response plan, and its last test record.

1 A surge plan exists and can be activated.

Method. Check the plan for the activation route and the staff named.

Evidence to show. Surge response plan for migration-related demand (HMG-PLN-001).

Pass when. The plan names the activation route and the staff on call.

2 The plan sets the extra assessment points and the treatment distribution.

Method. Check the plan for the two elements.

Evidence to show. Surge response plan for migration-related demand (HMG-PLN-001).

Pass when. The plan sets both elements.

3 **The plan is tested each year.**

Method. Check the test record for the year.

Evidence to show. Surge response plan for migration-related demand (HMG-PLN-001).

Pass when. The plan was tested in the year.

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

Immediate fail. . A clinic is overwhelmed with no plan and no staff on call. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-PLN-001	Surge response plan for migration-related demand	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Activates the surge plan	— Must
Manager (ISCO 1342)	Runs the annual test of the plan	— Must

REFERENCES FOR THIS CRITERION

20.6 Evidence-Informed Care for Refugee and Migrant Populations

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

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff use evidence-informed guidelines specific to refugee and migrant health where they exist, recognise where evidence gaps remain, and adapt practice accordingly, not applying general population guidelines uncritically.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff use migrant-specific evidence where it exists, recognise evidence gaps, and adapt practice accordingly.

GUIDANCE

Evidence for migrant and refugee health is uneven. Where migrant-specific guidance exists it should be used. Where it does not, staff should say so and adapt their practice with care, rather than assume the general guidance fits.

Screening is applied as the guidance requires for each population.

WHAT GOOD LOOKS LIKE

- Staff join a monthly journal club on migrant health, and each guideline adopted is recorded with the date it was reviewed.

COMMON MISTAKES

- A general guideline applied to a refugee population without checking for specific guidance.
- Screening skipped because the patient is assumed to be low risk.

> **Why it matters.** Some health problems in migrant and refugee populations need specific guidance, such as TB screening or mental health after displacement. Using that guidance where it exists, and saying where it does not, keeps the care evidence-based.

WHAT THE ASSESSOR CHECKS

Sample. Review the guidance list and 10 records from patients from high-burden countries.

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1 Migrant-specific guidance is used where it exists.

Method. Check the guidance list for migrant-specific guidance per condition.

Evidence to show. Evidence for refugee and migrant health (HMG-POL-004).

Pass when. Migrant-specific guidance is used where it exists.

2 **Gaps in the evidence are recognised.**

Method. Check the list for the gaps recorded.

Evidence to show. Evidence for refugee and migrant health (HMG-POL-004).

Pass when. Every gap found is recorded.

3 **Screening is applied as the guidance requires for each population.**

Method. Check each sampled record from a high-burden country for the screening.

Evidence to show. Evidence for refugee and migrant health (HMG-POL-004).

Pass when. Every sampled patient from a high-burden country is screened.

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

Immediate fail. . TB screening is skipped for a patient from a high-burden country. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-POL-004	Evidence for refugee and migrant health	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Applies migrant-specific guidance	— Medium
Manager (ISCO 1342)	Records evidence gaps	— Medium

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/
- Pan American Health Organization (2020). Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19. Used for: non-pharmacological public health measures for people in vulnerable situations, including migrants and displaced people. https://news.gmj.ge/guideline/guidance-for-implementing-non-pharmacological-public-health-measures-in-populations-in-situations-of-vulnerability-in-the-context-of-covid-19/

20.7 Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts

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

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff maintain active awareness of their own culture, beliefs, and potential biases through structured reflective practice, and the facility fosters a supportive team environment with access to psychological support.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: staff practise structured reflection on their own culture and bias, and have support for their own wellbeing.

GUIDANCE

Staff who work with people in crisis or on the move carry a heavy load, and their own beliefs and experiences can shape care. Structured reflection helps them notice bias, and support helps them stay well.

Each issue raised in reflective practice leads to an action, and psychological support is available to every member of staff.

WHAT GOOD LOOKS LIKE

- Reflective practice sessions are led by a trained facilitator, and staff have access to confidential counselling outside line management.

COMMON MISTAKES

- A staff member working on an emergency response for months with no support.
- A reflection session with no action recorded.

> **Why it matters.** Staff bring their own beliefs and sometimes bias into care for migrants and displaced people. Regular reflection and support help staff notice this, and look after themselves in hard work.

WHAT THE ASSESSOR CHECKS

Sample. Review the reflective practice records and the support offered to staff for the last 12 months.

1 Staff hold structured reflective practice on culture, beliefs and biases.

Method. Check the record for each staff member at the set interval.

Evidence to show. Staff reflective practice record (HMG-FRM-003).

Pass when. Every staff member has the reflective practice recorded at the set interval.

2 Each issue raised has an action.

Method. Check each record for the action agreed.

Evidence to show. Staff reflective practice record (HMG-FRM-003).

Pass when. Every issue raised has an action recorded.

3 Psychological support is available to staff.

Method. Check each record for the support offered.

Evidence to show. Staff reflective practice record (HMG-FRM-003).

Pass when. Psychological support is offered and recorded.

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

Immediate fail. . A staff member consistently refuses to treat a particular group. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-FRM-003	Staff reflective practice record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs reflective practice sessions	— Must
Specialist physician (ISCO 2212)	Arranges psychological support for staff	— Must

REFERENCES FOR THIS CRITERION

- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Inter-Agency Standing Committee, 2007) https://www.afro.who.int/sites/default/files/2017-06/guidelines_iasc_mental_health_psychosocial.pdf

20.8 Cross-Border Continuity of Care

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

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Patients are supported to hold their own health information and documentation in a portable form, paper or electronic, that functions when they move across a border or between health systems.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: patients hold their own health information in a portable form that works when they move across a border or between clinics.

GUIDANCE

Patients on the move often lose their records. A portable summary of diagnosis and treatment, in the patient's hands, lets the next clinic continue the care without repeating tests.

The patient is shown how to use the summary at another clinic.

WHAT GOOD LOOKS LIKE

- Patients receive a portable health summary in their own language, and a copy is offered with each referral to another clinic.

COMMON MISTAKES

- A patient with a chronic condition has to repeat every test at a new clinic.
- A discharge summary that does not list the treatment given.

> **Why it matters.** Migrants and displaced people often move between countries and services, and cannot carry their records with them. A record the patient can keep and show, in paper or electronic form, keeps care continuous.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 patient records for the portable health record given.

1 The patient holds their own health information in a portable form.

Method. Check each sampled record for the portable copy given.

Evidence to show. Portable health record (HMG-FRM-004).

Pass when. Every sampled patient has a portable copy recorded.

2 The portable record includes the diagnosis and treatment.

Method. Check each copy for the diagnosis and treatment.

Evidence to show. Portable health record (HMG-FRM-004).

Pass when. Every copy includes the diagnosis and treatment.

3 **The patient is shown how to use it at another clinic.**

Method. Check each record for the explanation.

Evidence to show. Portable health record (HMG-FRM-004).

Pass when. At least 90% of records show the explanation.

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

Immediate fail. . A patient cannot show their diagnosis at a new clinic. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-FRM-004	Portable health record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Gives the portable record to the patient	— Must
Secretary (ISCO 3344)	Keeps the portable record copy	— Must

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/
- European Commission (2022). Commission report on the operation of Directive 2011/24/EU on patients' rights in cross-border healthcare. Used for: patient rights for people receiving care in another country. https://news.gmj.ge/guideline/commission-report-on-the-operation-of-directive-2011-24-eu-on-patients-rights-in-cross-border-healthcare/

20.9 Camp-Based and Non-Camp Service Model Fit

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Must	Must

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility explicitly identifies which service model it operates under, such as a formal camp, informal urban settlement, reception or transit centre, or established resettlement context, and demonstrates its practices are fit for that specific context.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: the facility states which service model it operates under, such as a camp, informal settlement or transit centre, and its practices fit it.

GUIDANCE

A camp, an informal urban settlement and an established clinic have different needs, supplies and risks. The facility names the model it works under, and its practices should be set for that model.

The declaration is reviewed each year.

WHAT GOOD LOOKS LIKE

- The service model is written in the facility's annual plan, and the infection control and water practices are checked for that setting.

COMMON MISTAKES

- A camp clinic using the same procedures as a hospital ward with no adaptation.
- A transit centre with no water supply plan.

> **Why it matters.** A clinic for displaced people in a formal camp works very differently from one in an urban settlement. Naming the model the facility runs under makes the services fit the population it actually serves.

WHAT THE ASSESSOR CHECKS

Sample. Review the service model declaration and the practices adapted to it.

1 The facility names its service model.

Method. Check the declaration for the model named.

Evidence to show. Service model declaration (HMG-FRM-005).

Pass when. The declaration names one service model.

2 The practices are fit for that specific context.

Method. Check the adapted practices against the model.

Evidence to show. Service model declaration (HMG-FRM-005).

Pass when. The practices listed match the model.

3 **The declaration is reviewed each year.**

Method. Check the review date.

Evidence to show. Service model declaration (HMG-FRM-005).

Pass when. The declaration was reviewed in the year.

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

Immediate fail. . A clinic in an urban area plans services for a camp it does not serve. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-FRM-005	Service model declaration	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Declares the service model	— Must
Manager (ISCO 1342)	Reviews the declaration each year	— Must

REFERENCES FOR THIS CRITERION

- World Health Organization (2025). Strategic actions for infection prevention and control and water, sanitation and hygiene during mpox outbreak response. Used for: infection prevention and WASH in refugee and displaced settings and camps. https://news.gmj.ge/guideline/strategic-actions-for-infection-prevention-and-control-and-water-sanitation-and-hygiene-during-mpox-outbreak-response-2/
- World Health Organization (2025). Malaria control in emergencies: field manual. Used for: malaria control, including displaced populations and camp-based services. https://news.gmj.ge/guideline/malaria-control-in-emergencies-field-manual/

20.10 Legal Status Diversity Recognition

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

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility can name which legal status categories it serves, such as asylum seeker, recognised refugee, stateless person or internally displaced person, and does not apply a single, uniform assumption about access rights across them.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: the facility names the legal status categories it serves, and applies access rights per category rather than uniformly.

GUIDANCE

Refugees, asylum seekers, stateless people and internally displaced people have different rights to care. Applying one rule to all of them can deny care to people who are entitled to it.

Staff are briefed on the rights attached to each category.

WHAT GOOD LOOKS LIKE

- Staff can explain to a patient the rights attached to their legal status, and the information is given in writing in the patient's language.

COMMON MISTAKES

- An asylum seeker turned away because the clinic only accepts registered residents.
- Every patient charged the same fee regardless of their status.

> **Why it matters.** Asylum seekers, recognised refugees and stateless people have different rights to care and different paperwork. A clinic that does not know which group a patient belongs to can refuse care it must give, or give care it cannot.

WHAT THE ASSESSOR CHECKS

Sample. Review the legal status and access rights register.

1 The legal status categories served are named.

Method. Check the register for each category served.

Evidence to show. Legal status and access rights register (HMG-REG-004).

Pass when. Every category served is named.

2 Access rights are applied per category, not uniformly.

Method. Check the access rights listed for each category.

Evidence to show. Legal status and access rights register (HMG-REG-004).

Pass when. Each category has its own access rights recorded.

3 Staff are briefed on the rights.

Method. Check the briefing record.

Evidence to show. Legal status and access rights register (HMG-REG-004).

Pass when. Staff briefing is recorded.

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

Immediate fail. . A stateless person is turned away because staff do not know their rights. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HMG-REG-004	Legal status and access rights register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the legal status register	— Must
Nurse (ISCO 2221)	Briefs staff on access rights	— Must

REFERENCES FOR THIS CRITERION

10 Questions and answers

Does Standard 20 apply to every facility?
No. It applies to a facility that serves refugee and migrant patients. It is optional in every facility type, so it is offered where the facility serves these patients.

Can a child interpret for a parent?
No. Under 20.3 a child is never used to interpret. A family member interprets only where permitted and no other option exists.

Does a camp clinic need its own service model?
Yes. Under 20.9 the facility names the model it operates under, such as a camp, an informal settlement or a transit centre, and its practices must fit it.

Do all legal status groups get the same access?
No. Under 20.10 access rights are applied per legal status category, and staff are briefed on the rights for each.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

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

11 References

CITED FOR CRITERIA

1. Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/ (criterion 20.1, 20.4, 20.6, 20.8)
2. World Health Organization (2019). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0. Used for: mental health and substance use care for displaced people in non-specialised settings. https://news.gmj.ge/guideline/mhgap-intervention-guide-for-mental-neurological-and-substance-use-disorders-in-non-specialized-health-settings-bangladesh-version-2021/ (criterion 20.1)
3. What strategies to address communication barriers for refugees and migrants in health care settings have been implemented and evaluated across the WHO European Region? (WHO Regional Office for Europe, 2019) https://www.who.int/europe/publications/i/item/9789289053501 (criterion 20.3)
4. Refugee and migrant health: Global Competency Standards for health workers (World Health Organization, 2021) https://www.who.int/publications/i/item/9789240030626 (criterion 20.3)
5. Pan American Health Organization (2020). Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19. Used for: non-pharmacological public health measures for people in vulnerable situations, including migrants and displaced people. https://news.gmj.ge/guideline/guidance-for-implementing-non-pharmacological-public-health-measures-in-populations-in-situations-of-vulnerability-in-the-context-of-covid-19/ (criterion 20.6)
6. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Inter-Agency Standing Committee, 2007) https://www.afro.who.int/sites/default/files/2017-06/guidelines_iasc_mental_health_psychosocial.pdf (criterion 20.7)
7. European Commission (2022). Commission report on the operation of Directive 2011/24/EU on patients' rights in cross-border healthcare. Used for: patient rights for people receiving care in another country. https://news.gmj.ge/guideline/commission-report-on-the-operation-of-directive-2011-24-eu-on-patients-rights-in-cross-border-healthcare/ (criterion 20.8)
8. World Health Organization (2025). Strategic actions for infection prevention and control and water, sanitation and hygiene during mpox outbreak response. Used for: infection prevention and WASH in refugee and displaced settings and camps. https://news.gmj.ge/guideline/strategic-actions-for-infection-prevention-and-control-and-water-sanitation-and-hygiene-during-mpox-outbreak-response-2/ (criterion 20.9)
9. World Health Organization (2025). Malaria control in emergencies: field manual. Used for: malaria control, including displaced populations and camp-based services. https://news.gmj.ge/guideline/malaria-control-in-emergencies-field-manual/ (criterion 20.9)

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 20, 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	Criteria
HMG-FRM-001	Migration history and trauma-aware assessment record	Form (record)	20.1
HMG-FRM-002	Understanding check record	Form (record)	20.2
HMG-FRM-003	Staff reflective practice record	Form (record)	20.7
HMG-FRM-004	Portable health record	Form (record)	20.8
HMG-FRM-005	Service model declaration	Form (record)	20.9
HMG-PLN-001	Surge response plan for migration-related demand	Plan	20.5
HMG-POL-001	Migration-informed, trauma-aware care	Policy	20.1
HMG-POL-002	Patient understanding and health system navigation	Policy	20.2
HMG-POL-003	Interpreters and cultural mediators	Policy	20.3
HMG-POL-004	Evidence for refugee and migrant health	Policy	20.6
HMG-REG-001	Interpreter and mediator use register	Register	20.3
HMG-REG-004	Legal status and access rights register	Register	20.10
HMG-SOP-001	Referral and handover to social services	Procedure (SOP)	20.4
PHC-REG-002	(name to be confirmed)	Register	20.4