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ASF Health Standards Version 11

Standard 23: Long-Term Care

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 12. The current version is at france-asf.fr.

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1 Introduction

This document is Standard 23 of ASF Health Standards. It sets out how a long-term care facility supports residents to keep their function, uses equipment and restraint safely, reduces its environmental impact, adopts digital care and AI responsibly, keeps its workforce safe and credentialed, and cares for residents at the end of life with dignity.

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 23 protects residents who depend on others for daily life, who may lose function if support is poor, and who may be restrained or left without choice. A facility that maintains function, uses the least restrictive support, involves families and plans for the end of life protects the resident's dignity and safety.

Who should read it. Chief executives, care home managers, nurses, therapists, the department secretary, 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 23 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 are a facility manager or a member of the facilities team, 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 23.1 to 23.6, 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 LTC-POL-001 (long-term care, policy, 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 13.

4 Scope

Standard 23 covers functional maintenance, therapy and nursing coordination, goal-setting, function tracking, equipment, restraint-free mobility, environmental impact, waste, procurement, energy, climate risk, digital systems, AI, workforce credentials and safety, and end-of-life and palliative care.

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 23 APPLIES

Standard 23 applies to long-term care, the ongoing support of residents who depend on others for daily life. It is required by default in long-term care facilities and not applicable to the other facility types. A criterion is marked N/A for a facility type that does not provide long-term care.

Criterion	Applies to
23.1 Individualised Functional Maintenance Plan Based on Assessment	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.2 Coordination Between Therapy and Daily Nursing Care	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.3 Resident and Family Goal-Setting	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.4 Function Tracked With Validated Tools, Decline Flagged Early	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.5 Equipment and Assistive Device Provision Matches Need	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.6 Restraint-Free and Least-Restrictive Mobility Support	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.7 Environmental Impact Is Assessed Across a 24-Hour Operation	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.8 Clinical and Incontinence Waste Is Segregated and Responsibly Disposed	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic

Criterion	Applies to
23.9 Procurement Considers Environmental Impact	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.10 Energy and Water Use Are Monitored and Reduced Where Possible	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.11 Residents, Families, and Staff Are Engaged in Sustainability Practice	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.12 The Facility Plans for Climate-Related Risk to Resident Safety	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.13 Sustainability Commitments Are Reviewed, Not Static	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.14 Digital Systems Are Evaluated Before Adoption	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.15 Digital Care Never Disadvantages a Resident or Family Who Cannot Use It	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.16 Technical Support Is Available for Digital Systems	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.17 AI Systems Are Introduced in Line With WHO AI Governance Guidance	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.18 AI Systems Are Monitored for Unintended Consequences	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.19 Staff Are Consulted Before an AI System Is Introduced	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.20 Accountability for AI-Assisted Care Is Explicitly Defined	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.21 Residents and Families Are Informed When Care Involves AI	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic

Criterion	Applies to
23.22 Every Member of the Workforce Is Credentialed for Their Actual Role	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.23 Workforce Health and Safety Is Protected, Including Manual Handling	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.24 Staff Are Protected From Resident and Family Aggression	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.25 End-of-Life and Palliative Care Is Planned With the Resident	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.26 Advance Care Planning Is Discussed and Recorded	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
23.27 Death of a Resident Is Handled With Dignity and Learning	Long-term care N/A: Hospital, Ambulatory clinic, Primary health clinic, 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
AI	Artificial intelligence
FRM	Form. A record that is filled in and kept as evidence
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries
SOP	Standard operating procedure. A step-by-step description of how a task is done
PLN	Plan. A written plan for a defined situation

DOCUMENT CODE PREFIXES

Prefix	Topic
ACS	Assistive and care equipment
AI	Artificial intelligence in care
CLN	Clinical
DIG	Digital care
ENV	Environment and sustainability
EQP	Equipment
FAC	Facility and emergency
GOV	Governance
HSP	Palliative and end-of-life care
INC	Incident management
LTC	Long-term care
PRC	Procurement
STF	Staff credentials
WRK	Workforce
WST	Waste

7 Terms and definitions

Term	Definition
Long-term care	Care for residents who live in the facility for an extended period, including residential nursing and dementia care.
Functional maintenance	Therapy and daily activity that keeps a resident's function at the best level possible.
Restraint	Any means that restricts a resident's movement or access to their body, other than an equipment used for its intended purpose.
Advance care planning	A process in which a resident states their wishes for future care, including resuscitation and treatment limits.
Artificial intelligence (AI) system	Software that supports clinical or care decisions by analysing data.
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 23 at a glance

Standard 23: Long-Term Care is a standard of ASF Health Standards for long-term care facilities. It is required by default in long-term care, and each criterion shows the facility types it applies to. It covers function, daily care, equipment, sustainability, digital systems, AI, the workforce and end-of-life care.

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

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
23.1	Individualised Functional Maintenance Plan Based on Assessment	Minimum	Must	Must
23.2	Coordination Between Therapy and Daily Nursing Care	Must	Must	Must
23.3	Resident and Family Goal-Setting	Minimum	Medium	Must
23.4	Function Tracked With Validated Tools, Decline Flagged Early	Minimum	Medium	Must
23.5	Equipment and Assistive Device Provision Matches Need	Minimum	Medium	Must
23.6	Restraint-Free and Least-Restrictive Mobility Support	Minimum	Medium	Must
23.7	Environmental Impact Is Assessed Across a 24-Hour Operation	Minimum	Medium	Must
23.8	Clinical and Incontinence Waste Is Segregated and Responsibly Disposed	Minimum	Medium	Must
23.9	Procurement Considers Environmental Impact	Minimum	Medium	Must
23.10	Energy and Water Use Are Monitored and Reduced Where Possible	Minimum	Medium	Must
23.11	Residents, Families, and Staff Are Engaged in Sustainability Practice	Minimum	Medium	Must
23.12	The Facility Plans for Climate-Related Risk to Resident Safety	Minimum	Medium	Must
23.13	Sustainability Commitments Are Reviewed, Not Static	Minimum	Medium	Must
23.14	Digital Systems Are Evaluated Before Adoption	Minimum	Medium	Must
23.15	Digital Care Never Disadvantages a Resident or Family Who Cannot Use It	Minimum	Medium	Must
23.16	Technical Support Is Available for Digital Systems	Minimum	Medium	Must
23.17	AI Systems Are Introduced in Line With WHO AI Governance Guidance	Minimum	Medium	Must
23.18	AI Systems Are Monitored for Unintended Consequences	Minimum	Medium	Must

No.	Criterion	Humanitarian	Transition	Standard
23.19	Staff Are Consulted Before an AI System Is Introduced	Minimum	Medium	Must
23.20	Accountability for AI-Assisted Care Is Explicitly Defined	Minimum	Medium	Must
23.21	Residents and Families Are Informed When Care Involves AI	Minimum	Medium	Must
23.22	Every Member of the Workforce Is Credentialed for Their Actual Role	Minimum	Medium	Must
23.23	Workforce Health and Safety Is Protected, Including Manual Handling	Minimum	Medium	Must
23.24	Staff Are Protected From Resident and Family Aggression	Minimum	Medium	Must
23.25	End-of-Life and Palliative Care Is Planned With the Resident	Minimum	Medium	Must
23.26	Advance Care Planning Is Discussed and Recorded	Minimum	Medium	Must
23.27	Death of a Resident Is Handled With Dignity and Learning	Minimum	Medium	Must

8.2 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
23.1	Individualised Functional Maintenance Plan Based on Assessment	Nurse (ISCO 2221) · Manager (ISCO 1342) · Secretary (ISCO 3344)
23.2	Coordination Between Therapy and Daily Nursing Care	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.3	Resident and Family Goal-Setting	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.4	Function Tracked With Validated Tools, Decline Flagged Early	Secretary (ISCO 3344) · Manager (ISCO 1342)
23.5	Equipment and Assistive Device Provision Matches Need	Manager (ISCO 1342) · Secretary (ISCO 3344)
23.6	Restraint-Free and Least-Restrictive Mobility Support	Manager (ISCO 1342) · Nurse (ISCO 2221)
23.7	Environmental Impact Is Assessed Across a 24-Hour Operation	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.8	Clinical and Incontinence Waste Is Segregated and Responsibly Disposed	Manager (ISCO 1342) · Nurse (ISCO 2221)
23.9	Procurement Considers Environmental Impact	Nurse (ISCO 2221) · Manager (ISCO 1342)

No.	Criterion	Positions responsible or involved
23.10	Energy and Water Use Are Monitored and Reduced Where Possible	Nurse (ISCO 2221) · Chief executive (ISCO 1120) · Manager (ISCO 1342)
23.11	Residents, Families, and Staff Are Engaged in Sustainability Practice	Secretary (ISCO 3344) · Nurse (ISCO 2221)
23.12	The Facility Plans for Climate-Related Risk to Resident Safety	Chief executive (ISCO 1120) · Manager (ISCO 1342)
23.13	Sustainability Commitments Are Reviewed, Not Static	Manager (ISCO 1342) · Nurse (ISCO 2221)
23.14	Digital Systems Are Evaluated Before Adoption	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.15	Digital Care Never Disadvantages a Resident or Family Who Cannot Use It	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.16	Technical Support Is Available for Digital Systems	Chief executive (ISCO 1120) · Nurse (ISCO 2221)
23.17	AI Systems Are Introduced in Line With WHO AI Governance Guidance	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.18	AI Systems Are Monitored for Unintended Consequences	Secretary (ISCO 3344) · Manager (ISCO 1342)
23.19	Staff Are Consulted Before an AI System Is Introduced	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.20	Accountability for AI-Assisted Care Is Explicitly Defined	Manager (ISCO 1342)
23.21	Residents and Families Are Informed When Care Involves AI	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.22	Every Member of the Workforce Is Credentialed for Their Actual Role	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.23	Workforce Health and Safety Is Protected, Including Manual Handling	Manager (ISCO 1342) · Nurse (ISCO 2221)
23.24	Staff Are Protected From Resident and Family Aggression	Manager (ISCO 1342) · Nurse (ISCO 2221)
23.25	End-of-Life and Palliative Care Is Planned With the Resident	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.26	Advance Care Planning Is Discussed and Recorded	Nurse (ISCO 2221) · Manager (ISCO 1342)
23.27	Death of a Resident Is Handled With Dignity and Learning	Manager (ISCO 1342) · Nurse (ISCO 2221)

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. For this standard the manager is the facilities manager. A facility with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Chief executive (ISCO 1120)	The board of directors.	Managers and the heads of department.
Manager (ISCO 1342)	The chief executive officer or chief operating officer.	Nurses, therapists and care staff in the unit.
Nurse (ISCO 2221)	The head nurse or ward manager.	No direct reports.
Secretary (ISCO 3344)	The head of department (per specialty).	No direct reports.

8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

8.4 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
რეაბილიტაციისა და აღდგენის პროგრამები ფიტნესსა და ჯანმრთელობის სფეროში (FIT-10)	Rehabilitation and recovery programmes	23.1	Georgian Georgian version only
Environmental Sustainability Standards for ASF Accreditation (ENV-001)	Environmental sustainability standards	23.7	English · Georgian
Artificial Intelligence in Healthcare Safety (AI-001)	Artificial intelligence in healthcare	23.17	English · Georgian
End-of-Life & Palliative Care (LTC-06)	End-of-life and palliative care	23.27	English · Georgian

23.1 Individualised Functional Maintenance Plan Based on Assessment

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every resident receiving rehabilitation or restorative therapy has an individualised plan built from a documented functional assessment, oriented toward maintaining and slowing decline in function — not a generic protocol assuming an acute-recovery trajectory that does not fit a long-term care context.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: every resident receiving rehabilitation or restorative therapy has an individualised functional maintenance plan based on a documented assessment.

GUIDANCE

A functional maintenance plan states what the resident can do now, what they are working towards, how often therapy happens and who checks progress. It is built from a documented assessment, not from a standard template.

The plan is reviewed at a set interval and whenever the resident's condition changes.

> **Good practice.** Each resident has a written functional maintenance plan built from a documented assessment, reviewed at a set interval and when the resident's condition changes.

> **Partial because.** A plan exists for some residents, but it is not based on a current assessment or is not reviewed when the resident's condition changes.

WHAT GOOD LOOKS LIKE

- Each plan is reviewed at least every three months, and within two weeks of a fall, a hospital stay or a change in mobility.

COMMON MISTAKES

- A plan copied from a template with the resident's name written in.
- A therapy plan that no care worker has seen.

> **Why it matters.** A resident in long-term care who loses function slowly can be left to decline unless someone plans to keep them moving. An individual maintenance plan, built from the assessment, is what keeps the resident as active as possible.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 residents receiving rehabilitation or restorative therapy, and their functional plans.

1 Each resident receiving therapy has an individual plan from a documented functional assessment.

Method. Check each sampled resident for the assessment and the plan.

Evidence to show. Functional maintenance plan record (LTC-FRM-003).

Pass when. Every sampled resident has a plan from assessment.

2 **The plan aims at maintenance and slowing decline.**

Method. Check each plan for maintenance goals.

Evidence to show. Functional maintenance and rehabilitation in long-term care (LTC-POL-001).

Pass when. Every plan states maintenance goals.

3 **A decline triggers a plan review.**

Method. Check each recorded decline for the review.

Evidence to show. Functional status measurement register (LTC-REG-002).

Pass when. Every decline has a review recorded.

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

Immediate fail. . A resident who stopped walking after a hospital stay, with no plan to restore it. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
LTC-FRM-003	Functional maintenance plan record	Manager	Chief executive	Manager
LTC-POL-001	Functional maintenance and rehabilitation in long-term care	Chief executive	Governing body members	Chief executive

Other records in the criterion: LTC-REG-002 Functional status measurement register

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Functional maintenance plan record	— Must
Manager (ISCO 1342)	Maintains the Functional maintenance and rehabilitation policy	— Must
Secretary (ISCO 3344)	Keeps the Functional status measurement register	— Must

REFERENCES FOR THIS CRITERION

- WHO (2024). Long-term care for older people: package for universal health coverage. Used for: Long-term care for older people: package for universal health coverage, including functional care, palliative care and dignity. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/
- WHO (2020). Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, 2nd ed.. Used for: WHO 2020 (second edition). ICOPE: person-centred functional assessment, tracking and pathways in primary and community care. https://news.gmj.ge/guideline/integrated-care-for-older-people-icope-guidance-for-person-centred-assessment-and-pathways-in-primary-care-2nd-ed/

23.2 Coordination Between Therapy and Daily Nursing Care

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Rehabilitation and restorative therapy goals are coordinated with daily nursing and care staff, so that functional gains made in therapy sessions are reinforced and carried through in everyday care, not undone by daily practices that work against the therapy plan.

Rating rule. Must in every setting: therapy goals and daily nursing care are coordinated, so that residents receive one consistent plan.

GUIDANCE

Therapy that is not carried into daily care does little good. Therapists and nurses agree the goals together, and care staff know what to reinforce between sessions.

The shared goals are recorded in one place that the whole team can read.

> **Good practice.** Therapists and nurses share one set of rehabilitation goals, agreed at a joint review, so that daily care and therapy reinforce each other.

> **Partial because.** Therapy and nursing goals are recorded separately and are not reconciled at any review.

WHAT GOOD LOOKS LIKE

- The therapist and the nurse agree the goals at a joint review each month, and the agreed goals are posted in the care record.

COMMON MISTAKES

- Therapy that stops at discharge with no instruction to nursing staff.
- Nursing staff not told that a resident has started a new exercise.

> **Why it matters.** In long-term care the therapist and the daily nursing team see the resident at different times. If their goals differ, the resident gets mixed messages every day.

WHAT THE ASSESSOR CHECKS

Sample. Review the therapy and care plans for 10 residents with therapy goals.

1 Therapy goals are shared with the nursing and care team.

Method. Check each sampled plan for the shared goals.

Evidence to show. Individual care plan (CLN-FRM-003).

Pass when. Every sampled plan shows the shared goals.

2 **Daily practice follows the therapy plan.**

Method. Observe a sample of transfers and walks against the plan.

Evidence to show. Coordinating therapy with daily nursing and care (LTC-SOP-003).

Pass when. Observed practice follows the therapy plan.

3 **Conflicts are resolved and recorded.**

Method. Check each recorded conflict for the resolution.

Evidence to show. Coordinating therapy with daily nursing and care (LTC-SOP-003).

Pass when. Every conflict has a resolution recorded.

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

Immediate fail. . Therapy asks for independent walking and nursing transfers the resident by hoist every time. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
LTC-SOP-003	Coordinating therapy with daily nursing and care	Manager	Chief executive	Chief executive

Other records in the criterion: CLN-FRM-003 (name to be confirmed)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Individual care plan	— Must
Manager (ISCO 1342)	Maintains the Coordinating therapy with daily nursing and care	— Must

REFERENCES FOR THIS CRITERION

- WHO (2024). Long-term care for older people: package for universal health coverage. Used for: Long-term care for older people: package for universal health coverage, including functional care, palliative care and dignity. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/

23.3 Resident and Family Goal-Setting

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Rehabilitation and functional maintenance goals are set collaboratively with the resident and, where appropriate, family, in understandable terms, with realistic expectations communicated — not goals set unilaterally by the clinical team.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: residents and families take part in setting rehabilitation and functional goals.

GUIDANCE

A goal that the resident and family have helped to set is more likely to be met. Goals are written in plain words the resident understands.

Where a resident cannot take part, the family or a legal representative is involved.

> **Good practice.** Each resident and family member takes part in setting the functional goals, and the goals are written in terms the resident can understand.

> **Partial because.** Goals are set by staff alone, or are discussed with the family but not with the resident.

WHAT GOOD LOOKS LIKE

- The goals are written with the resident, and the resident signs them where able. Where the resident cannot sign, the family representative signs.

COMMON MISTAKES

- Goals written by staff and given to the family for signature.
- A resident who was never asked what they wanted to be able to do.

> **Why it matters.** A resident who has never been asked what they want from their own rehabilitation is unlikely to work at it. Goals set with the resident, and with family where the resident wants it, give the plan a purpose.

WHAT THE ASSESSOR CHECKS

Sample. Review the goal-setting records for 10 residents.

1 Goals are set with the resident in their own words.

Method. Check each sampled record for the resident goals.

Evidence to show. Resident and family goal-setting record (LTC-FRM-004).

Pass when. Every sampled record has the resident goals.

2 Family is involved where the resident wants it.

Method. Check each record for the family involvement.

Evidence to show. Resident and family goal-setting record (LTC-FRM-004).

Pass when. Every record shows the family involvement the resident chose.

3 Realistic expectations are explained.

Method. Check each record for the expectations explained.

Evidence to show. Resident and family goal-setting record (LTC-FRM-004).

Pass when. Every record shows the expectations explained.

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

Immediate fail. . A resident's goal to walk to the garden never recorded. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
LTC-FRM-004	Resident and family goal-setting record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Resident and family goal-setting record	— Medium
Manager (ISCO 1342)	Checks the criterion at each review	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2024). Long-term care for older people: package for universal health coverage. Used for: Long-term care for older people: package for universal health coverage, including functional care, palliative care and dignity. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/
- WHO (2020). Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, 2nd ed.. Used for: WHO 2020 (second edition). ICOPE: person-centred functional assessment, tracking and pathways in primary and community care. https://news.gmj.ge/guideline/integrated-care-for-older-people-icope-guidance-for-person-centred-assessment-and-pathways-in-primary-care-2nd-ed/

23.4 Function Tracked With Validated Tools, Decline Flagged Early

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Functional status is tracked using a validated measurement tool at defined intervals, with any meaningful decline flagged and triggering a care plan review, not relying on informal impression that may miss a gradual decline over time.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: function is tracked with a validated tool, and a decline is flagged early to the responsible clinician.

GUIDANCE

A validated tool gives a measure that can be compared over time. A decline in function is an early sign of illness, pain or deconditioning, and it must reach the clinician quickly.

The tool and the interval are written in the protocol.

> **Good practice.** Function is measured with a validated tool at a set interval, and a decline is flagged to the responsible clinician within the same working week.

> **Partial because.** Function is recorded at admission but is not measured again, or a decline is noted without anyone being told.

WHAT GOOD LOOKS LIKE

- Function is measured at admission, every three months and after any fall. A decline of a set amount triggers a call to the clinician the same day.

COMMON MISTAKES

- Function measured once at admission and never again.
- A decline noted in the file with no clinician told.

> **Why it matters.** A resident whose function declines slowly may not be noticed until a fall. A validated tool, used at set intervals, shows the decline early enough to act on it.

WHAT THE ASSESSOR CHECKS

Sample. Review the functional measurement register for 10 residents over the last 6 months.

1 Function is measured with a validated tool at set intervals.

Method. Check each resident for measurements at each interval.

Evidence to show. Functional status measurement register (LTC-REG-002).

Pass when. At least 95% of intervals have a measurement.

2 **Each decline is flagged.**

Method. Check each decline against the last score.

Evidence to show. Functional status measurement register (LTC-REG-002).

Pass when. Every decline is flagged.

3 **A flagged decline triggers a care plan review.**

Method. Check each flagged decline for the review.

Evidence to show. Functional status measurement register (LTC-REG-002).

Pass when. Every flagged decline has a review recorded.

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

Immediate fail. . A resident who lost the ability to transfer over three months, with no score. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
LTC-REG-002	Functional status measurement register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Functional status measurement register	— Medium
Manager (ISCO 1342)	Checks the criterion at each review	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2020). Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, 2nd ed.. Used for: WHO 2020 (second edition). ICOPE: person-centred functional assessment, tracking and pathways in primary and community care. https://news.gmj.ge/guideline/integrated-care-for-older-people-icope-guidance-for-person-centred-assessment-and-pathways-in-primary-care-2nd-ed/
- WHO (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. Used for: Step Safely: falls prevention, including home and facility environment and mobility support. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/
- WHO (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. Used for: Non-WHO (NICE, 2025). Falls: assessment and prevention in older people, including function and decline review. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/

23.5 Equipment and Assistive Device Provision Matches Need

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Assistive devices and equipment — mobility aids, orthotics, adaptive equipment, positioning supports — are assessed, fitted, and provided to match the resident's actual and evolving functional need, with staff trained in correct use, not a one-time provision never revisited.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: assistive devices, orthoses and mobility equipment match each resident's documented need and are checked regularly.

GUIDANCE

A walking frame, wheelchair or orthosis that does not fit causes falls and pressure injury. Equipment is matched to a documented assessment, checked for fit and reviewed when needs change.

Equipment is serviced according to the manufacturer's schedule.

> **Good practice.** Each resident has a mobility aid, orthosis or adaptive device that was matched to a documented need, checked for fit and reviewed when the need changes.

> **Partial because.** Devices are issued without a documented assessment, or they are not checked after the resident's needs change.

WHAT GOOD LOOKS LIKE

- A register lists each device, its owner, its last check and its next service date, and devices past their date are withdrawn.

COMMON MISTAKES

- A wheelchair in use with a broken brake.
- A walking frame issued to a resident who cannot use it.

> **Why it matters.** A resident given a walking frame or a hoist that does not fit, or that has broken, can fall or be injured. Equipment should match the need and be checked for fit and condition.

WHAT THE ASSESSOR CHECKS

Sample. Review the equipment records for 10 residents using mobility aids, and walk through the unit.

1 Devices are assessed and fitted to the resident's need.

Method. Check each sampled resident for the assessment and fitting record.

Evidence to show. Beds and mobility equipment check (ACS-SOP-002).

Pass when. Every sampled device has an assessment and fitting record.

2 **Equipment is checked for condition and safe life.**

Method. Check each device for the condition check and its service date.

Evidence to show. Mobility equipment register (ACS-REG-001).

Pass when. Every device is checked within its service interval.

3 **Staff are trained in correct use.**

Method. Check the training record for the staff using the equipment.

Evidence to show. Equipment Inventory and Service Log (EQP-REG-001).

Pass when. Staff using each device are trained.

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

Immediate fail. . A hoist sling used past its safe life. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ACS-SOP-002	Beds and mobility equipment check	Manager	Chief executive	Chief executive
ACS-REG-001	Mobility equipment register	Secretary	Chief executive	Manager
EQP-REG-001	Equipment Inventory and Service Log	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Beds and mobility equipment check	— Medium
Secretary (ISCO 3344)	Keeps the Mobility equipment register	— Medium

REFERENCES FOR THIS CRITERION

- Wheelchair provision guidelines (World Health Organization, 2023) https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/wheelchair-services

23.6 Restraint-Free and Least-Restrictive Mobility Support

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Mobility and functional support is provided through the least restrictive means appropriate to the resident's safety, with effort to avoid restraint or over-restriction as a substitute for adequate staffing or supervision — not restriction used as a convenience measure.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: mobility support is restraint-free and uses the least restrictive method that keeps the resident safe.

GUIDANCE

Restraint can cause harm, including falls, injury and loss of independence. Mobility support is designed to avoid restraint, and every use that cannot be avoided is documented, reviewed and reduced over time.

The least restrictive method is always tried first.

> **Good practice.** Mobility support uses the least restrictive method that keeps the resident safe, and every use of a restraint is reviewed and reduced over time.

> **Partial because.** A restraint is used without a documented reason, or the review of restraint use is not carried out.

WHAT GOOD LOOKS LIKE

- Each use of a restraint is recorded with the reason, the alternative tried, the time and the review date.

COMMON MISTAKES

- A bed rail used with no documented assessment.
- A chair belt tied and not reviewed for months.

> **Why it matters.** Restraints on a resident, such as bed rails or chairs that lock, can cause falls, injury and loss of independence. Mobility support should use the least restrictive means possible.

WHAT THE ASSESSOR CHECKS

Sample. Review the restraint records and mobility support plans for 10 residents.

1 The least restrictive means is used for mobility support.

Method. Check each sampled plan for the least restrictive option considered.

Evidence to show. Restraint and seclusion (CLN-POL-002).

Pass when. Every plan shows the least restrictive option considered.

2 Restraint is recorded and reviewed.

Method. Check each restraint for the record and review.

Evidence to show. Restraint and seclusion record (CLN-FRM-004).

Pass when. Every restraint is recorded and reviewed.

3 **Restriction is not used as a substitute for staffing.**

Method. Check each restraint for the reason and the staffing level.

Evidence to show. Restraint and seclusion record (CLN-FRM-004).

Pass when. No restraint is recorded for staffing reasons.

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

Immediate fail. . A resident tied to a chair for a whole day. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
CLN-POL-002	Restraint and seclusion	Chief executive	Governing body members	Chief executive
CLN-FRM-004	Restraint and seclusion record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Restraint and seclusion	— Medium
Nurse (ISCO 2221)	Completes the Restraint and seclusion record	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2024). Long-term care for older people: package for universal health coverage. Used for: Long-term care for older people: package for universal health coverage, including functional care, palliative care and dignity. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/
- WHO (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. Used for: Step Safely: falls prevention, including home and facility environment and mobility support. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

23.7 Environmental Impact Is Assessed Across a 24-Hour Operation

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Facility leadership undertakes a strategic-level review of the facility's environmental impact and the sustainability of how it delivers care — not an assumption that environmental questions are someone else's concern or a problem for another department. For long-term care, the review covers a 24-hour operation.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: leadership reviews the environmental impact of the facility across a full 24-hour operation.

GUIDANCE

A long-term care facility runs day and night, with laundry, catering, heating and transport. An environmental review that covers only the day shift misses much of the impact.

Leadership reviews the findings and decides which actions to take.

> **Good practice.** Leadership reviews the environmental impact of the facility across a full 24-hour operation, including night shifts, laundry, catering and transport, and acts on the findings.

> **Partial because.** The review covers daytime operations only, or the findings are recorded but not acted on.

WHAT GOOD LOOKS LIKE

- The environmental review is held each year, and it covers the kitchen, laundry, heating and transport, on day and night shifts.

COMMON MISTAKES

- A review that looks only at the office.
- Night-time energy use never examined.

> **Why it matters.** Sustainability decisions made one purchase at a time never add up to a strategy. A strategic review, held by leadership, looks at the facility's whole environmental impact and decides what to change.

WHAT THE ASSESSOR CHECKS

Sample. Review the leadership environmental review and its minutes for the last 12 months.

1 Leadership undertakes a strategic environmental review.

Method. Check the review for its date and scope.

Evidence to show. Leadership Environmental Review Record (ENV-FRM-006).

Pass when. A review is recorded in the last 12 months.

2 **The review covers the 24-hour operation.**

Method. Check the review scope for the night and weekend operation.

Evidence to show. Environmental Impact Review (leadership) (ENV-SOP-004).

Pass when. The review covers the 24-hour operation.

3 **The review leads to decisions.**

Method. Check the review for decisions recorded.

Evidence to show. Leadership Environmental Review Record (ENV-FRM-006).

Pass when. Each review has a decision recorded.

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

Immediate fail. . No review by leadership ever done. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-FRM-006	Leadership Environmental Review Record	Manager	Chief executive	Manager
ENV-SOP-004	Environmental Impact Review (leadership)	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Leadership Environmental Review Record	— Medium
Manager (ISCO 1342)	Maintains the Environmental Impact Review (leadership)	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: Safe, climate-resilient and environmentally sustainable health care facilities: overview, including energy, waste and climate risk. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/
- WHO (2020). Environmental Public Health Recommendations for Collective Residential Places: Nursing Homes, Orphanages, and Other Collective Residential Places. Used for: Non-WHO (PAHO, 2020). COVID-era: environmental public health in collective residential places, including nursing homes. https://news.gmj.ge/guideline/environmental-public-health-recommendations-for-collective-residential-places-nursing-homes-orphanages-and-other-collective-residential-places/

23.8 Clinical and Incontinence Waste Is Segregated and Responsibly Disposed

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Clinical, hazardous, and high-volume incontinence waste is segregated at the point of generation and disposed of through a responsible, verified pathway — not a waste stream mixed for convenience.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: clinical, hazardous and incontinence waste is segregated and disposed of responsibly.

GUIDANCE

Waste from incontinence care is high in volume. Sorting at the point of use keeps hazardous waste separate, reduces cost and protects staff and the public.

Collection is by a licensed contractor on a documented schedule.

> **Good practice.** Clinical, hazardous and incontinence waste is sorted at the point of use, stored in labelled containers and collected by a licensed contractor on a documented schedule.

> **Partial because.** Waste is sorted in some areas but not on night shifts, or collection is irregular and not recorded.

WHAT GOOD LOOKS LIKE

- A daily sort log is kept on each unit, and the contractor collection receipts are filed monthly.

COMMON MISTAKES

- Clinical waste bagged with household waste.
- Sharps containers left full in a corridor.

> **Why it matters.** Sharps injuries and waste exposure are common and avoidable. Containers at the point of use and correct segregation at the bin prevent most of them. A container that is overfilled is a hazard.

WHAT THE ASSESSOR CHECKS

Sample. Walk through the unit and review the waste contract and disposal records for the last 3 months.

1 Clinical and incontinence waste is segregated at the point of generation.

Method. Observe containers at points of use and at the bin.

Evidence to show. Sharps and Clinical Waste Management (WST-SOP-001).

Pass when. Waste is segregated at the point of use.

2 Containers are present and not overfilled.

Method. Observe containers for presence and fill level.

Evidence to show. Sharps and Clinical Waste Management (WST-SOP-001).

Pass when. Every point of use has a container, none overfilled.

3 **Disposal is through a verified pathway.**

Method. Check the disposal records against the contract.

Evidence to show. Waste Contract and Disposal Record (WST-FRM-001).

Pass when. Every disposal is recorded with its pathway.

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

Immediate fail. . Containers absent at points of use, overfilled, or waste mixed. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
WST-SOP-001	Sharps and Clinical Waste Management	Manager	Chief executive	Chief executive
WST-FRM-001	Waste Contract and Disposal Record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Sharps and Clinical Waste Management	— Medium
Nurse (ISCO 2221)	Completes the Waste Contract and Disposal Record	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2020). Infection prevention and control practices for care of patients in nontraditional settings with focus to the novel coronavirus (COVID-19). Used for: Non-WHO (PAHO, 2020). COVID-era: infection prevention and waste in non-traditional care settings, including long-term care. https://news.gmj.ge/guideline/infection-prevention-and-control-practices-for-care-of-patients-in-nontraditional-settings-with-focus-to-the-novel-coronavirus-covid-19/
- WHO (2020). Environmental Public Health Recommendations for Collective Residential Places: Nursing Homes, Orphanages, and Other Collective Residential Places. Used for: Non-WHO (PAHO, 2020). COVID-era: environmental public health in collective residential places, including nursing homes. https://news.gmj.ge/guideline/environmental-public-health-recommendations-for-collective-residential-places-nursing-homes-orphanages-and-other-collective-residential-places/

23.9 Procurement Considers Environmental Impact

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility's procurement and supply decisions take environmental and social responsibility into account — reducing wasteful use of supplies, considering supplier environmental practices, and reviewing single-use equipment decisions against patient and staff safety requirements — rather than treating sustainability as irrelevant to purchasing choices. For long-term care, the highest-volume purchases are included, such as continence products.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: procurement and supply decisions take environmental and social impact into account.

GUIDANCE

Procurement decisions shape the footprint of the facility. Suppliers are reviewed for their environmental and social practice, and the criteria are part of the procurement policy.

Single-use items are reviewed against clinical need.

> **Good practice.** Purchasing decisions include the environmental and social impact of each supplier and product, and the criteria are written into the procurement policy.

> **Partial because.** Environmental impact is considered for some purchases only, and the criteria are not written down.

WHAT GOOD LOOKS LIKE

- Each supplier is scored against the environmental criteria at renewal, and the score is recorded with the decision.

COMMON MISTAKES

- Single-use products bought in bulk with no review.
- A supplier renewed without any check on its practice.

> **Why it matters.** Purchases carry environmental and social costs: wasteful packaging, disposable products, and suppliers who exploit workers. Procurement that considers these reduces both.

WHAT THE ASSESSOR CHECKS

Sample. Review the supplier evaluation records for 5 high-volume purchases, including continence products.

1 Procurement considers environmental and social responsibility.

Method. Check each sampled purchase for the environmental criterion.

Evidence to show. Supplier Review Record (PRC-FRM-001).

Pass when. Every sampled purchase applies the criterion.

2 **High-volume purchases are included.**

Method. Check the purchase list for continence products and other high-volume items.

Evidence to show. Responsible Procurement Policy (PRC-POL-001).

Pass when. High-volume purchases are covered by the policy.

3 **Single-use decisions are reviewed against safety.**

Method. Check each single-use decision for the safety review.

Evidence to show. Procurement Stewardship Review (PRC-SOP-001).

Pass when. Every single-use decision is reviewed.

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

Immediate fail. . All purchasing on lowest price regardless of waste. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PRC-FRM-001	Supplier Review Record	Manager	Chief executive	Manager
PRC-POL-001	Responsible Procurement Policy	Chief executive	Governing body members	Chief executive
PRC-SOP-001	Procurement Stewardship Review	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Supplier Review Record	— Medium
Manager (ISCO 1342)	Maintains the Responsible Procurement Policy	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. Used for: Climate-resilient and environmentally sustainable health care facilities: energy, procurement and water. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

23.10 Energy and Water Use Are Monitored and Reduced Where Possible

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility monitors its use of electricity, gas, and other fuel sources, and takes steps toward reducing reliance on fossil fuels where this is practically possible — not energy use left entirely unmeasured and unmanaged as a fixed, unexamined operating cost. For long-term care, energy and water are reduced without compromising resident comfort.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: energy and water use are monitored, and reduction is pursued where it is possible.

GUIDANCE

Energy and water use is measured, not estimated. A monthly record shows where use is high, and reduction actions are recorded with their results.

Where renewable options are available, the facility records whether they were considered.

> **Good practice.** Electricity, gas and water use are measured at a set interval, the results are reviewed by leadership, and reduction actions are recorded with their results.

> **Partial because.** Use is measured once or twice a year, and no reduction action follows from the results.

WHAT GOOD LOOKS LIKE

- Meter readings are taken each month and compared with the same month last year, with the difference reported to leadership.

COMMON MISTAKES

- A year without any meter reading.
- High night-time use with no action.

> **Why it matters.** A facility that does not measure its energy use cannot reduce it. Monitoring electricity, gas and fuel, and taking steps away from the most polluting sources, is the first practical step.

WHAT THE ASSESSOR CHECKS

Sample. Review the monthly energy and water records for the last 12 months.

1 Electricity, gas and fuel use are monitored.

Method. Check the monthly record for each source.

Evidence to show. Monthly Energy Use Record (ENV-FRM-008).

Pass when. Every source is recorded each month.

2 **Steps are taken to reduce reliance on fossil fuels where practical.**

Method. Check the reduction plan for each step.

Evidence to show. Energy Reduction and Renewable Options Plan (ENV-PLN-003).

Pass when. The plan lists the steps taken.

3 **Resident comfort is protected during reductions.**

Method. Check the reduction records for a comfort check.

Evidence to show. Energy Use Monitoring and Reduction (ENV-SOP-006).

Pass when. Each reduction has a comfort check recorded.

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

Immediate fail. . Energy bills paid without anyone looking at the use. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-FRM-008	Monthly Energy Use Record	Manager	Chief executive	Manager
ENV-PLN-003	Energy Reduction and Renewable Options Plan	Chief executive	Governing body members	Chief executive
ENV-SOP-006	Energy Use Monitoring and Reduction	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Monthly Energy Use Record	— Medium
Chief executive (ISCO 1120)	Approves the Energy Reduction and Renewable Options Plan	— Medium
Manager (ISCO 1342)	Maintains the Energy Use Monitoring and Reduction	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. Used for: Climate-resilient and environmentally sustainable health care facilities: energy, procurement and water. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/
- WHO (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: Safe, climate-resilient and environmentally sustainable health care facilities: overview, including energy, waste and climate risk. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/

23.11 Residents, Families, and Staff Are Engaged in Sustainability Practice

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility's approach to environmentally sustainable care, and its goals in this area, are communicated to staff and patients — not confined to an internal policy document nobody outside senior management ever sees. For long-term care, residents and families are included as well as staff.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: residents, families and staff are engaged in sustainability practice.

GUIDANCE

Residents, families and staff can all take part in sustainability practice, such as sorting waste, saving energy or suggesting changes. Each group is told its role.

Feedback is collected and answered.

> **Good practice.** Residents, families and staff take part in sustainability practice, through an agreed role for each group and regular feedback to the facility.

> **Partial because.** Sustainability practice depends on individual staff, and residents and families are not told about it.

WHAT GOOD LOOKS LIKE

- Residents and families receive a short notice each quarter about the facility's sustainability work and how they can help.

COMMON MISTAKES

- Sustainability known only to the manager.
- A waste poster in English only in a home where residents speak another language.

> **Why it matters.** Staff and patients can help a sustainability goal only if they know what it is. Communicating the goals in plain words makes the approach something people do, not something on paper.

WHAT THE ASSESSOR CHECKS

Sample. Review the sustainability communication record and the resident and family notices.

1 Staff are informed of the approach and the goals.

Method. Check the communication record for staff notice.

Evidence to show. Sustainability Communication Record (ENV-REG-001).

Pass when. The goals are communicated to staff.

2 **Residents and families are informed.**

Method. Check the notice for resident and family information.

Evidence to show. Staff and Patient Sustainability Notice (ENV-FRM-007).

Pass when. The notice reaches residents and families.

3 **Residents and families are included in engagement.**

Method. Check the engagement record for residents and families.

Evidence to show. Sustainability Communication Record (ENV-REG-001).

Pass when. Residents and families are engaged.

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

Immediate fail. . Goals never shared. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-REG-001	Sustainability Communication Record	Secretary	Chief executive	Manager
ENV-FRM-007	Staff and Patient Sustainability Notice	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Sustainability Communication Record	— Medium
Nurse (ISCO 2221)	Completes the Staff and Patient Sustainability Notice	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: Safe, climate-resilient and environmentally sustainable health care facilities: overview, including energy, waste and climate risk. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/

23.12 The Facility Plans for Climate-Related Risk to Resident Safety

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility considers its resilience to major environmental, climate, or health emergencies that could disrupt service delivery — heatwaves, flooding, extreme storms, pandemic outbreaks — and plans a range of actions in response, not assuming such disruptions are too remote to prepare for. For long-term care, resident safety during climate events is planned.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the facility plans for climate-related risk to resident safety.

GUIDANCE

Heat waves, floods and power failures put residents at risk. A continuity plan states how residents are protected, who acts and where residents would be moved.

The plan is tested at least once a year.

> **Good practice.** The facility has a written plan for heat, flood and power failure that protects residents, is tested at least once a year and is updated after each incident.

> **Partial because.** A plan exists on paper, but it has not been tested or does not cover the most likely climate risks.

WHAT GOOD LOOKS LIKE

- The continuity plan names the person who decides to move residents, the receiving facility and the transport, and it is rehearsed at a fire-style drill each year.

COMMON MISTAKES

- A heat plan that is never tested.
- A plan with no named person to act at night.

> **Why it matters.** Floods, heatwaves, power cuts and disease outbreaks can stop a facility from working. Thinking ahead about how the service would keep running is part of keeping patients safe.

WHAT THE ASSESSOR CHECKS

Sample. Review the climate and health emergency continuity plan and the last test.

1 Climate-related risks to service delivery are considered.

Method. Check the plan for heatwave, flood, storm and outbreak risks.

Evidence to show. Climate and Health Emergency Continuity Plan (FAC-PLN-002).

Pass when. The plan covers each risk named.

2 **A range of actions is planned.**

Method. Check the plan for the actions and owners.

Evidence to show. Climate and Health Emergency Risk Assessment (FAC-SOP-003).

Pass when. Actions and owners are set for each risk.

3 **Resident safety during climate events is planned.**

Method. Check the plan for resident safety measures.

Evidence to show. Climate and Health Emergency Continuity Plan (FAC-PLN-002).

Pass when. The plan includes resident safety measures.

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

Immediate fail. . No thought given to a heatwave that shuts the power for days. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
FAC-PLN-002	Climate and Health Emergency Continuity Plan	Chief executive	Governing body members	Chief executive
FAC-SOP-003	Climate and Health Emergency Risk Assessment	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Approves the Climate and Health Emergency Continuity Plan	— Medium
Manager (ISCO 1342)	Maintains the Climate and Health Emergency Risk Assessment	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: Safe, climate-resilient and environmentally sustainable health care facilities: overview, including energy, waste and climate risk. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/
- WHO (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. Used for: Climate-resilient and environmentally sustainable health care facilities: energy, procurement and water. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

23.13 Sustainability Commitments Are Reviewed, Not Static

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Progress against the facility's environmental sustainability goals is reported to governance on a defined schedule — not tracked informally by whoever happens to care about it, with no visibility at the level that sets institutional priorities. For long-term care, goals are reviewed on the same schedule.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: sustainability commitments are reviewed on a schedule, not left static.

GUIDANCE

A sustainability goal that is never reviewed does not change anything. Progress is reported to governance on a schedule, and goals are revised when they are not being met.

The review is minuted.

> **Good practice.** Sustainability goals are reviewed by leadership on a fixed schedule, progress is recorded, and goals are revised when they are not being met.

> **Partial because.** Goals are set once and are not reviewed, or review takes place without any change to the goals.

WHAT GOOD LOOKS LIKE

- Governing body minutes record the review of each sustainability goal, and the next review date is set at each meeting.

COMMON MISTAKES

- A goal set three years ago and never looked at again.
- A review minuted with no decision recorded.

> **Why it matters.** Goals that are never reported to the people who govern the facility are easily dropped. A set reporting schedule to governance keeps progress visible and acted on.

WHAT THE ASSESSOR CHECKS

Sample. Review the governance reports on sustainability for the last 12 months.

1 Progress is reported to governance on a defined schedule.

Method. Check each report against the schedule.

Evidence to show. Governance Reporting of Sustainability Progress (ENV-SOP-005).

Pass when. Every scheduled report is made.

2 Goals are reviewed on the same schedule for long-term care.

Method. Check the review for the long-term care goals.

Evidence to show. Governance Reporting of Sustainability Progress (ENV-SOP-005).

Pass when. The long-term care goals are reviewed on schedule.

3 **Governance acts on the report.**

Method. Check the governing minutes for the decisions taken.

Evidence to show. Governing Body Minutes Template (GOV-FRM-003).

Pass when. Each report has a decision recorded.

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

Immediate fail. . No report to governance on sustainability ever given. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-SOP-005	Governance Reporting of Sustainability Progress	Manager	Chief executive	Chief executive
GOV-FRM-003	Governing Body Minutes Template	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Governance Reporting of Sustainability Progress	— Medium
Nurse (ISCO 2221)	Completes the Governing Body Minutes Template	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: Safe, climate-resilient and environmentally sustainable health care facilities: overview, including energy, waste and climate risk. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/
- WHO (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. Used for: Climate-resilient and environmentally sustainable health care facilities: energy, procurement and water. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

23.14 Digital Systems Are Evaluated Before Adoption

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Before any digital care system — telehealth platform, remote monitoring tool, patient-facing app — is introduced, the facility assesses its costs and benefits, manages its implementation, and continues to manage it afterwards — not adopted because a vendor made a compelling pitch, with no internal evaluation. For long-term care, adoption also weighs cost, benefit and compatibility.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: each digital care system is evaluated before adoption.

GUIDANCE

A digital system used in care must be safe, protect data and be usable by staff and residents. The evaluation is done before the system is adopted, not after.

The evaluation is signed by the clinical lead and the data lead.

> **Good practice.** Each digital system is evaluated for safety, data protection and accessibility before adoption, and the evaluation is signed by the clinical lead and the data lead.

> **Partial because.** A system is adopted on the vendor's word alone, or the evaluation covers only cost.

WHAT GOOD LOOKS LIKE

- A short evaluation form covers safety, data protection, accessibility and cost, and it is kept with the system's records.

COMMON MISTAKES

- A system installed because the vendor offered it free.
- A system holding resident data with no check of where the data is stored.

> **Why it matters.** A digital tool introduced into care without a check can slow care down, expose data, or fail when most needed. Assessing a tool before it is used, and managing it afterwards, protects the patient and the service.

WHAT THE ASSESSOR CHECKS

Sample. Review the assessments for 5 digital care systems introduced in the last 12 months.

1 Each system is assessed before adoption.

Method. Check each system for the assessment before introduction.

Evidence to show. Digital Tool Assessment Template (DIG-FRM-002).

Pass when. Every system has an assessment before adoption.

2 **Costs, benefits and compatibility are weighed.**

Method. Check each assessment for the cost, benefit and compatibility entries.

Evidence to show. Digital Care System Assessment and Management (DIG-SOP-002).

Pass when. Every assessment includes all three.

3 **The system is managed after adoption.**

Method. Check each system for the post-adoption review.

Evidence to show. Digital Care System Assessment and Management (DIG-SOP-002).

Pass when. Every system has a review after adoption.

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

Immediate fail. . A patient-facing app introduced by a clinician with no assessment. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DIG-FRM-002	Digital Tool Assessment Template	Manager	Chief executive	Manager
DIG-SOP-002	Digital Care System Assessment and Management	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Digital Tool Assessment Template	— Medium
Manager (ISCO 1342)	Maintains the Digital Care System Assessment and Management	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Recommendations on digital interventions for health system strengthening. Used for: WHO 2019 (published 2021). Digital interventions for health system strengthening, including evaluation before adoption. https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/

23.15 Digital Care Never Disadvantages a Resident or Family Who Cannot Use It

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A process ensures that patients who cannot use digital devices, lack internet access, or are otherwise unable to engage with digital approaches are never disadvantaged by the facility's use of digital care — not digital convenience for most patients purchased at the cost of access for the patients least able to adapt. For long-term care, residents and families who cannot use digital channels are not disadvantaged.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: digital care never disadvantages a resident or family member who cannot use it.

GUIDANCE

Some residents and families cannot use a digital system because of age, disability, language or lack of equipment. The facility must offer a route to the same care that does not depend on the system.

The alternative is checked when care is planned.

> **Good practice.** Every resident and family member has a non-digital route to the same care, such as a phone call or an in-person visit, and that route is checked when care is planned.

> **Partial because.** A resident who cannot use a digital system is told to ask a relative, with no alternative route written down.

WHAT GOOD LOOKS LIKE

- A telephone or in-person route is written into each resident's care plan where digital access is limited.

COMMON MISTAKES

- A resident told to ask a relative to use the app for them, with no other route.
- A family excluded from a review because it was held online only.

> **Why it matters.** Some patients cannot use a phone app, do not have internet, or find video calls hard. A service that moves everything online without an alternative leaves those patients without care.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 residents or families who do not use digital channels, and the access record.

1 Residents and families who cannot use digital channels have an alternative.

Method. Check each sampled case for the alternative offered.

Evidence to show. Digital Alternative Record (DIG-FRM-003).

Pass when. Every sampled case has an alternative recorded.

2 **No resident is disadvantaged by digital care.**

Method. Check each sampled case for the outcome of the alternative.

Evidence to show. Digital Care Access and Alternatives (DIG-SOP-003).

Pass when. No case shows a disadvantage.

3 **The alternative is offered at the point of booking.**

Method. Check each booking record for the alternative offered.

Evidence to show. Digital Alternative Record (DIG-FRM-003).

Pass when. At least 95% of bookings offer an alternative where needed.

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

Immediate fail. . An older resident refused an appointment because they have no smartphone. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DIG-FRM-003	Digital Alternative Record	Manager	Chief executive	Manager
DIG-SOP-003	Digital Care Access and Alternatives	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Digital Alternative Record	— Medium
Manager (ISCO 1342)	Maintains the Digital Care Access and Alternatives	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2024). Implementation toolkit for accessible telehealth services. Used for: Accessible telehealth services toolkit: accessibility and technical support for digital services. https://news.gmj.ge/guideline/implementation-toolkit-for-accessible-telehealth-services/
- WHO (2022). Consolidated telemedicine implementation guide. Used for: Consolidated telemedicine implementation guide. https://news.gmj.ge/guideline/consolidated-telemedicine-implementation-guide/
- World Health Organization. Recommendations on digital interventions for health system strengthening. Geneva: WHO; 2019. Used for: https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/

23.16 Technical Support Is Available for Digital Systems

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility has access to technical expertise — in-house, vendor-provided, or contracted — to support the effective use of its digital care systems, including testing and quality checks before full implementation, not digital systems left running with no technical support behind them. For long-term care, support is available overnight.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: technical support is available for each digital system.

GUIDANCE

When a digital system fails, care stops unless technical support is quick. Support has a named contact, a documented response time and a plan for outages.

Staff know how to reach the support.

> **Good practice.** Technical support for each digital system is available during the hours the system is used, with a named contact and a documented response time.

> **Partial because.** Support is available only in office hours, or the response time for an outage is not written down.

WHAT GOOD LOOKS LIKE

- Technical support is reachable at least during staffed hours, and each outage is logged with the time to resolution.

COMMON MISTAKES

- An outage that lasted two days with no contact.
- Staff who do not know who to call.

> **Why it matters.** A digital system that no one can support when it fails leaves staff stuck and patients unseen. Access to technical expertise, in-house or from a vendor, keeps the system working when it matters.

WHAT THE ASSESSOR CHECKS

Sample. Review the technical support arrangement, the test records and the overnight cover.

1 Technical expertise is available for each digital system.

Method. Check the support arrangement for each system.

Evidence to show. Technical Support and Testing Arrangement (DIG-PLN-001).

Pass when. Every system has a support arrangement.

2 Systems are tested before full implementation.

Method. Check each system for the test record.

Evidence to show. Digital System Test and Support Record (DIG-FRM-004).

Pass when. Every system has a test recorded before full use.

3 **Support is available overnight.**

Method. Check the overnight rota or contract.

Evidence to show. Technical Support and Testing Arrangement (DIG-PLN-001).

Pass when. Overnight support is confirmed in the arrangement.

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

Immediate fail. . A system down for two days with no one to call. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DIG-PLN-001	Technical Support and Testing Arrangement	Chief executive	Governing body members	Chief executive
DIG-FRM-004	Digital System Test and Support Record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Approves the Technical Support and Testing Arrangement	— Medium
Nurse (ISCO 2221)	Completes the Digital System Test and Support Record	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2024). Implementation toolkit for accessible telehealth services. Used for: Accessible telehealth services toolkit: accessibility and technical support for digital services. https://news.gmj.ge/guideline/implementation-toolkit-for-accessible-telehealth-services/
- World Health Organization. Recommendations on digital interventions for health system strengthening. Geneva: WHO; 2019. Used for: https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/

23.17 AI Systems Are Introduced in Line With WHO AI Governance Guidance

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Any artificial intelligence system used to support diagnosis, triage, or care decisions is introduced and managed in accordance with WHO's Ethics and governance of artificial intelligence for health (2021). No such system is adopted without reference to this standard of responsible use. For long-term care, the governance basis is stated, including consent.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: each AI system is introduced in line with WHO AI governance guidance.

GUIDANCE

Artificial intelligence can support clinical and care decisions, but its errors may be hard to see. WHO sets out principles for its governance, and each system is introduced in line with them.

A written use policy states the purpose of the system and the limits of its use.

> **Good practice.** Each AI system used in care is introduced in line with WHO AI governance guidance, with a written use policy and a named accountable clinician.

> **Partial because.** An AI tool is in use on some wards with no written policy and no named clinician responsible for its outputs.

WHAT GOOD LOOKS LIKE

- The register of AI systems states the approval, the policy and the date of the last check against the WHO principles.

COMMON MISTAKES

- An AI tool switched on across a unit with no policy.
- A system in use that the clinical lead cannot name.

> **Why it matters.** Artificial intelligence can help with diagnosis and triage, but it can also make errors that look confident. WHO's guidance on AI in health asks for safety, transparency and human oversight, and a facility that introduces AI must follow it.

WHAT THE ASSESSOR CHECKS

Sample. Review the AI systems in use for diagnosis, triage or care decisions, and their introduction records.

1 Each AI system is introduced in line with WHO AI governance guidance.

Method. Check each system for the assessment against WHO guidance.

Evidence to show. AI System Assessment (AI-FRM-001).

Pass when. Every AI system has an assessment recorded.

2 **The governance basis, including consent, is stated.**

Method. Check each assessment for the governance basis and consent.

Evidence to show. Responsible Use of AI in Care Policy (AI-POL-001).

Pass when. Every assessment states the basis and consent.

3 **The responsible use policy is in force.**

Method. Check the policy for the WHO principles.

Evidence to show. Responsible Use of AI in Care Policy (AI-POL-001).

Pass when. The policy is in force and covers the principles.

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

Immediate fail. . An AI triage tool used with no assessment. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-FRM-001	AI System Assessment	Manager	Chief executive	Manager
AI-POL-001	Responsible Use of AI in Care Policy	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the AI System Assessment	— Medium
Manager (ISCO 1342)	Maintains the Responsible Use of AI in Care Policy	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Ethics and governance of artificial intelligence for health. Used for: Ethics and governance of AI for health: principles for use, monitoring, consultation, accountability and transparency. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

23.18 AI Systems Are Monitored for Unintended Consequences

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility monitors and evaluates its AI systems — auditing results for over-diagnosis or missed diagnosis, tracking patient complaints related to AI-assisted care, and checking for other unintended consequences — not deploying an AI tool and assuming it works as intended with no ongoing scrutiny. For long-term care, monitoring covers fall-risk and behaviour alerts.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: each AI system is monitored for unintended consequences.

GUIDANCE

An AI system can perform differently for some residents, and its performance can drift over time. Audit against outcomes shows whether it is still safe.

Audit results are reported to clinical governance.

> **Good practice.** Each AI system is audited on a set schedule for errors, bias and effects on residents, and the audit results are reported to clinical governance.

> **Partial because.** An AI system is checked only when a problem is reported, and no audit is scheduled.

WHAT GOOD LOOKS LIKE

- AI results are compared with outcomes each quarter, and any difference between resident groups is reported to clinical governance.

COMMON MISTAKES

- A system checked only after a complaint.
- No record of performance for residents with dementia.

> **Why it matters.** An AI system can work well at first and then drift, missing diagnoses or over-diagnosing as the patients change. Auditing its results regularly is the only way to notice.

WHAT THE ASSESSOR CHECKS

Sample. Review the AI monitoring register and audit records for each AI system in use.

1 AI results are audited for over- and missed diagnosis.

Method. Check each audit for the review.

Evidence to show. AI Monitoring Register (AI-REG-001).

Pass when. Every AI system has an audit in the period.

2 **Patient complaints about AI-assisted care are tracked.**

Method. Check the complaints log for AI-related complaints.

Evidence to show. AI Monitoring Register (AI-REG-001).

Pass when. Every AI-related complaint is tracked.

3 **Fall-risk and behaviour alerts are monitored.**

Method. Check the audit for fall-risk and behaviour alert review.

Evidence to show. AI Performance and Safety Monitoring (AI-SOP-001).

Pass when. The audit covers fall-risk and behaviour alerts.

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

Immediate fail. . An AI tool never checked after it went live. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-REG-001	AI Monitoring Register	Secretary	Chief executive	Manager
AI-SOP-001	AI Performance and Safety Monitoring	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the AI Monitoring Register	— Medium
Manager (ISCO 1342)	Maintains the AI Performance and Safety Monitoring	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Ethics and governance of artificial intelligence for health. Used for: Ethics and governance of AI for health: principles for use, monitoring, consultation, accountability and transparency. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

23.19 Staff Are Consulted Before an AI System Is Introduced

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff who will deliver care using a new AI system are consulted before it is introduced, to understand the practical implications and identify training needs — not an AI tool rolled out to clinical staff with no engagement beyond a brief notification that it now exists. For long-term care, night-shift staff are consulted.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff who will use a new AI system are consulted before it is introduced.

GUIDANCE

Care staff know where a new system will fail in practice. Their concerns are recorded and answered before the system goes live.

The consultation is documented, including who was consulted.

> **Good practice.** Care staff who will use a new AI system are consulted before it is introduced, and their concerns are recorded and answered before go-live.

> **Partial because.** AI systems are introduced after a training session, with no chance for staff to raise concerns beforehand.

WHAT GOOD LOOKS LIKE

- Care staff from each shift attend a briefing before a new AI system goes live, and their concerns are logged.

COMMON MISTAKES

- A new tool introduced at a day meeting that night staff could not attend.
- Concerns raised but not answered.

> **Why it matters.** Staff who will use an AI system every day know the practical problems that a manager may not. Consulting them before it is introduced finds those problems early.

WHAT THE ASSESSOR CHECKS

Sample. Review the staff consultation records for each AI system introduced in the last 12 months.

1 Staff are consulted before introduction.

Method. Check each introduction for the consultation before go-live.

Evidence to show. Staff Consultation Record (AI-FRM-002).

Pass when. Every introduction has a consultation before go-live.

2 **Training needs are identified.**

Method. Check each consultation for the training needs recorded.

Evidence to show. Staff Consultation Record (AI-FRM-002).

Pass when. Every consultation records the training needs.

3 **Night-shift staff are consulted.**

Method. Check the consultation attendance for night-shift staff.

Evidence to show. Staff Consultation Before AI Introduction (AI-SOP-002).

Pass when. Night-shift staff attend each consultation.

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

Immediate fail. . An AI system introduced with no staff input. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-FRM-002	Staff Consultation Record	Manager	Chief executive	Manager
AI-SOP-002	Staff Consultation Before AI Introduction	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Staff Consultation Record	— Medium
Manager (ISCO 1342)	Maintains the Staff Consultation Before AI Introduction	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Ethics and governance of artificial intelligence for health. Used for: Ethics and governance of AI for health: principles for use, monitoring, consultation, accountability and transparency. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

23.20 Accountability for AI-Assisted Care Is Explicitly Defined

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility has considered and documented accountability arrangements for care and treatment delivered with AI support — who is responsible when an AI-assisted decision is wrong — not leaving this as an unexamined question until the first time it matters. For long-term care, monitoring does not replace direct observation.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: accountability for AI-assisted care is explicitly defined and documented.

GUIDANCE

When an AI tool contributes to a decision, someone must still be accountable. Each decision has a named clinician, and the arrangement is written and known to the staff.

Accountability is reviewed when the system changes.

> **Good practice.** Responsibility for each AI-assisted decision is written down, so that every resident's care has a named clinician accountable for it.

> **Partial because.** Accountability for AI-assisted decisions is assumed rather than written down.

WHAT GOOD LOOKS LIKE

- A written chart names the responsible clinician for each type of AI-supported decision, and the chart is shown to staff at induction.

COMMON MISTAKES

- A decision taken with AI support and no named clinician.
- Two clinicians each assuming the other is responsible.

> **Why it matters.** When an AI system contributes to a wrong decision, it is not clear who is responsible: the clinician, the vendor or the facility. A documented accountability arrangement answers that question before there is an incident.

WHAT THE ASSESSOR CHECKS

Sample. Review the accountability arrangements for each AI system, and any AI-assisted decision reviewed.

1 Accountability for AI-assisted care is documented.

Method. Check each AI system for the accountability arrangement.

Evidence to show. Accountability for AI-Assisted Care (AI-POL-002).

Pass when. Every AI system has accountability documented.

2 **A named party is responsible for each AI-assisted decision.**

Method. Check each reviewed decision for the responsible party named.

Evidence to show. Accountability for AI-Assisted Care (AI-POL-002).

Pass when. Every reviewed decision names the responsible party.

3 **Monitoring does not replace direct observation.**

Method. Check the policy for the statement and the practice in the sample.

Evidence to show. Accountability for AI-Assisted Care (AI-POL-002).

Pass when. The policy states it and the practice matches.

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

Immediate fail. . An AI-assisted decision with no one named as responsible. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-POL-002	Accountability for AI-Assisted Care	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Accountability for AI-Assisted Care	— Medium
Manager (ISCO 1342)	Checks the criterion at each review	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Ethics and governance of artificial intelligence for health. Used for: Ethics and governance of AI for health: principles for use, monitoring, consultation, accountability and transparency. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

23.21 Residents and Families Are Informed When Care Involves AI

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A patient whose care involves an aspect delivered with AI system support is informed of this — not left to assume every decision was made by a human clinician alone, with disclosure treated as optional rather than a standard part of informed care. For long-term care, families are told when AI is involved.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: residents and families are informed when their care involves AI.

GUIDANCE

Residents and families have the right to know when AI contributes to their care. The information is given in plain language and in a language they understand.

Where a resident objects, the facility states what alternative is available.

> **Good practice.** Residents and families are told in plain language when AI contributes to their care, and they can ask for a decision to be made without it.

> **Partial because.** Residents are told that AI is used only when they ask about it.

WHAT GOOD LOOKS LIKE

- A plain-language leaflet explains where AI is used in care, and each resident is given it on admission and when a system changes.

COMMON MISTAKES

- A resident who does not know an AI tool is used in their care.
- A leaflet in a language the family cannot read.

> **Why it matters.** A patient who is treated with the help of AI has a right to know. Telling them, rather than leaving them to assume, is part of informed consent and trust.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 resident and family records where AI was involved in care.

1 Each resident is informed when AI is involved in care.

Method. Check each sampled record for the information given.

Evidence to show. Patient Information on AI-Supported Care (template) (AI-FRM-003).

Pass when. Every sampled record shows the information given.

2 **Families are told when AI is involved.**

Method. Check each record where a family is involved for the information given.

Evidence to show. Informing Patients About AI-Supported Care (AI-SOP-003).

Pass when. Every family is told where AI is involved.

3 **Disclosure is a standard part of care.**

Method. Check the procedure for disclosure as a standard step.

Evidence to show. Informing Patients About AI-Supported Care (AI-SOP-003).

Pass when. Disclosure is a standard step in the procedure.

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

Immediate fail. . A patient never told that an AI tool helped decide their care. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-FRM-003	Patient Information on AI-Supported Care (template)	Manager	Chief executive	Manager
AI-SOP-003	Informing Patients About AI-Supported Care	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Patient Information on AI-Supported Care (template)	— Medium
Manager (ISCO 1342)	Maintains the Informing Patients About AI-Supported Care	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Ethics and governance of artificial intelligence for health. Used for: Ethics and governance of AI for health: principles for use, monitoring, consultation, accountability and transparency. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

23.22 Every Member of the Workforce Is Credentialed for Their Actual Role

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every clinical staff member's qualifications are verified directly with the issuing body and rechecked on renewal. Each new clinical staff member receives structured orientation before practising independently. This includes agency staff, volunteers and every other member of the workforce, checked against the scope of practice their role requires. For long-term care, agency shift cover is checked in the same way.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: every member of the workforce is credentialed for their actual role.

GUIDANCE

Qualifications and registration show what a person is trained to do. The facility checks them against the role the person performs, and repeats the check at each renewal.

A person who works outside their credentials is not left in the role.

> **Good practice.** Every clinical staff member's qualifications and registration are checked against the role they do, and the check is repeated at each renewal.

> **Partial because.** Qualifications are checked at recruitment only, or staff work in roles that their credentials do not cover.

WHAT GOOD LOOKS LIKE

- A verification register lists each clinical staff member, their qualification, their registration number and the date it was last checked.

COMMON MISTAKES

- A care worker practising a clinical task outside their training.
- A registration that expired last year and was not noticed.

> **Why it matters.** A licence copy in a file is not verification. The issuing body must confirm it, and the check must be repeated on renewal. Agency staff and volunteers who give care are included.

WHAT THE ASSESSOR CHECKS

Sample. Review the verification records for 10 clinical staff, including agency staff and volunteers.

1 Each clinical staff member's qualification is verified with the issuing body.

Method. Check each sampled file for direct verification.

Evidence to show. Staff Verification Register (STF-FRM-001).

Pass when. Every sampled file shows direct verification.

2 **Verification is repeated on renewal.**

Method. Check each sampled renewal for the recheck.

Evidence to show. Staff Credential Verification and Recheck (STF-SOP-001).

Pass when. Every renewal shows the recheck.

3 **Agency staff and volunteers are checked against their scope.**

Method. Check each agency or volunteer file for the scope check.

Evidence to show. Staff Credential Verification and Recheck (STF-SOP-001).

Pass when. Every agency or volunteer file shows the scope check.

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

Immediate fail. . No direct verification in any sampled file, or a lapsed licence still in use. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
STF-FRM-001	Staff Verification Register	Manager	Chief executive	Manager
STF-SOP-001	Staff Credential Verification and Recheck	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Staff Verification Register	— Medium
Manager (ISCO 1342)	Maintains the Staff Credential Verification and Recheck	— Medium

REFERENCES FOR THIS CRITERION

23.23 Workforce Health and Safety Is Protected, Including Manual Handling

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility protects the health and safety of its workforce while they carry out their duties — required vaccinations, personal protective equipment, prevention of manual handling and needlestick injuries — not staff safety treated as secondary to patient safety rather than an equally protected concern. This includes the wellbeing of staff, with support available after distressing events. For long-term care, manual handling injuries from resident transfers are prevented.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: workforce health and safety is protected, including manual handling.

GUIDANCE

Manual handling causes serious injury to care staff. A risk assessment, the right equipment and training reduce it, and injuries are reviewed to change practice.

Lifting equipment must be used, not just available.

> **Good practice.** Staff are protected from injury through a risk assessment of manual handling, the use of lifting equipment and training, and injuries are reviewed to change practice.

> **Partial because.** Lifting equipment exists, but staff are not trained to use it, or injuries are not reviewed.

WHAT GOOD LOOKS LIKE

- Each manual handling injury is reviewed within a week, and the review changes a procedure, a piece of equipment or the training.

COMMON MISTAKES

- A hoist kept in a store and never used.
- Repeated back injuries with no review.

> **Why it matters.** Health workers can catch infections and be hurt at work, and they can also carry infections to patients. Protecting their health, with required vaccinations and safe working conditions, protects everyone in the building.

WHAT THE ASSESSOR CHECKS

Sample. Review workforce health and safety records and the manual handling records for the last 12 months.

1 Required vaccinations are in place for staff.

Method. Check each sampled staff file for the vaccination record.

Evidence to show. Staff vaccination and immunisation (WRK-SOP-003).

Pass when. Every sampled file shows the vaccinations required.

2 **Manual handling injuries from transfers are prevented.**

Method. Check each transfer for the handling method and equipment.

Evidence to show. Manual handling and transfer risk record (LTC-FRM-005).

Pass when. Every transfer has a method and equipment recorded.

3 **Needlestick injuries are responded to.**

Method. Check each needlestick report for the response.

Evidence to show. Occupational exposure and needlestick response (WRK-SOP-002).

Pass when. Every report has a response recorded.

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

Immediate fail. . A staff member working without a required vaccination and no check. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
LTC-SOP-004	Manual handling and staff injury prevention	Manager	Chief executive	Chief executive
LTC-FRM-005	Manual handling and transfer risk record	Manager	Chief executive	Manager

Other records in the criterion: WRK-SOP-003 (name to be confirmed), WRK-SOP-002 (name to be confirmed)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Staff vaccination and immunisation	— Medium
Nurse (ISCO 2221)	Completes the Manual handling and transfer risk record	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. Used for: Occupational health and safety for health workers, including manual handling and workforce protection. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/

23.24 Staff Are Protected From Resident and Family Aggression

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility takes concrete steps to protect staff from violence and aggression — whether from patients, visitors, or other staff — ranging from verbal abuse and harassment through to physical assault, not workplace violence treated as an unavoidable, unaddressed feature of healthcare work. For long-term care, dementia-related aggression has its own response.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff are protected from aggression from residents and families.

GUIDANCE

Aggression from residents and families harms staff and can end careers. The facility has a written plan to prevent it and to support staff afterwards.

Dementia-related aggression is managed through a documented response, not by ad hoc measures.

> **Good practice.** The facility has a written plan to prevent and respond to aggression from residents and families, and staff who have been subject to aggression are offered support.

> **Partial because.** Aggression is reported informally, with no record and no support for the staff member involved.

WHAT GOOD LOOKS LIKE

- A written plan states the steps for de-escalation, the reporting route and the support offered to a staff member after an incident.

COMMON MISTAKES

- An assault reported in conversation only, with no record.
- A staff member who is never offered support.

> **Why it matters.** Staff who are attacked need specific protections, not general statements. Tracking incidents shows whether the protections work.

WHAT THE ASSESSOR CHECKS

Sample. Review the violence and aggression incident records and the response for the last 12 months.

1 Concrete measures protect staff from aggression.

Method. Check the measures against the policy.

Evidence to show. Violence and aggression prevention and response (WRK-SOP-006).

Pass when. Measures are in place for each risk.

2 **Incidents are tracked.**

Method. Check the incident record for each reported incident.

Evidence to show. Violence and aggression incident record (WRK-FRM-003).

Pass when. Every incident is tracked.

3 **Dementia-related aggression has its own response.**

Method. Check the response for dementia-related incidents.

Evidence to show. Dementia-related aggression: response (LTC-SOP-005).

Pass when. Dementia-related incidents follow the response.

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

Immediate fail. . No measures; incidents not tracked. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
LTC-SOP-005	Dementia-related aggression: response	Manager	Chief executive	Chief executive

Other records in the criterion: WRK-SOP-006 (name to be confirmed), WRK-FRM-003 (name to be confirmed)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Violence and aggression prevention and response	— Medium
Nurse (ISCO 2221)	Completes the Violence and aggression incident record	— Medium

REFERENCES FOR THIS CRITERION

- Framework guidelines for addressing workplace violence in the health sector (ILO, ICN, WHO and PSI (Joint Programme), 2002) https://www.ilo.org/resource/framework-guidelines-addressing-workplace-violence-health-sector

23.25 End-of-Life and Palliative Care Is Planned With the Resident

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Each resident's wishes for end-of-life care are recorded and reviewed with the resident and their family, and palliative care is provided to relieve suffering when it is needed.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: end-of-life and palliative care is planned with the resident.

GUIDANCE

A resident's wishes for the end of life are recorded with the resident and the family, reviewed at a set interval and shared across the team, so that care matches what the resident wanted.

The plan covers comfort, pain and place of care.

> **Good practice.** Each resident's wishes for end-of-life care are recorded with the resident and the family, reviewed at a set interval, and shared across the care team.

> **Partial because.** End-of-life wishes are recorded only once a resident is very unwell, or the record is not shared with the care team.

WHAT GOOD LOOKS LIKE

- The plan records the resident's place of care, pain relief, spiritual and family wishes, and is reviewed when the resident's condition changes.

COMMON MISTAKES

- A palliative plan started only in the final days of life.
- A plan the night team cannot find.

> **Why it matters.** Residents in long-term care reach the end of life after years of living there, and their wishes must guide that time. Recording those wishes, and reviewing them with the resident, makes the care match what they want.

WHAT THE ASSESSOR CHECKS

Sample. Review the end-of-life wishes and dying care plans for 10 residents who died in the last year.

1 Each resident's wishes for end-of-life care are recorded.

Method. Check each sampled record for the wishes recorded.

Evidence to show. Goals, values and wishes record (HSP-FRM-002).

Pass when. Every sampled record has the wishes recorded.

2 **The wishes are reviewed with the resident and family.**

Method. Check each record for the review and the family involved.

Evidence to show. Dying care plan record (HSP-FRM-005).

Pass when. Every record shows the review.

3 **Palliative care is provided when needed.**

Method. Check each sampled record for the palliative care given.

Evidence to show. Care of the dying patient (HSP-SOP-003).

Pass when. Every sampled resident has palliative care given when needed.

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

Immediate fail. . A dying resident moved to hospital against their written wishes. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HSP-FRM-002	Goals, values and wishes record	Manager	Chief executive	Manager
HSP-FRM-005	Dying care plan record	Manager	Chief executive	Manager
HSP-SOP-003	Care of the dying patient	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Goals, values and wishes record	— Medium
Manager (ISCO 1342)	Maintains the Care of the dying patient	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. Used for: Quality health services and palliative care: practical approaches, including advance care planning, end-of-life care and dignity. https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/
- WHO (2024). Long-term care for older people: package for universal health coverage. Used for: Long-term care for older people: package for universal health coverage, including functional care, palliative care and dignity. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/

23.26 Advance Care Planning Is Discussed and Recorded

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Residents are offered advance care planning, and decisions about resuscitation and treatment limits are recorded, reviewed, and available to every staff member who needs them.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: advance care planning is discussed and recorded with the resident.

GUIDANCE

Advance care planning lets a resident state their wishes before a crisis. It is offered to every resident and discussed at a time suited to them.

Decisions about resuscitation and treatment limits are recorded and visible to night staff.

> **Good practice.** Advance care planning is offered to every resident and discussed at a time chosen with the resident, and resuscitation decisions are recorded and visible in the care record.

> **Partial because.** Advance care planning is offered only to residents who ask, and resuscitation decisions are not visible to night staff.

WHAT GOOD LOOKS LIKE

- The advance care plan records decisions about resuscitation and treatment limits, with the date and the person who recorded them.

COMMON MISTAKES

- A resuscitation decision recorded only on a paper note in a drawer.
- An advance care plan never revisited after a hospital stay.

> **Why it matters.** Decisions about resuscitation and hospital transfer need to be made in advance, with the resident or their representative, not in a crisis at night. Offering the conversation and recording the result protects the resident's choice.

WHAT THE ASSESSOR CHECKS

Sample. Review the advance care planning records for 10 residents.

1 Residents are offered advance care planning.

Method. Check each sampled record for the offer.

Evidence to show. Treatment limits record (HSP-FRM-006).

Pass when. Every sampled record shows the offer.

2 **Resuscitation and treatment limits are recorded.**

Method. Check each record for the decision recorded.

Evidence to show. Treatment limits record (HSP-FRM-006).

Pass when. Every record shows the decision recorded.

3 **The decision is available to staff who need it.**

Method. Check the record location and access for care staff.

Evidence to show. Goals, values and wishes record (HSP-FRM-002).

Pass when. The decision is available to staff on each shift.

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

Immediate fail. . A resident resuscitated against their wishes because the choice was never recorded. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HSP-FRM-006	Treatment limits record	Manager	Chief executive	Manager
HSP-FRM-002	Goals, values and wishes record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Treatment limits record	— Medium
Manager (ISCO 1342)	Checks the criterion at each review	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. Used for: Quality health services and palliative care: practical approaches, including advance care planning, end-of-life care and dignity. https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/
- WHO (2024). Long-term care for older people: package for universal health coverage. Used for: Long-term care for older people: package for universal health coverage, including functional care, palliative care and dignity. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/

23.27 Death of a Resident Is Handled With Dignity and Learning

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

Applies to: 1 of 9 facility types: Long-term care. **Not applicable to:** Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a resident dies, the facility follows a documented process that respects the resident and supports the family and staff, and reviews the death where a review is required.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the death of a resident is handled with dignity, and the facility learns from it.

GUIDANCE

The death of a resident affects family, residents and staff. A documented procedure supports dignity, family and staff, and a review after each death helps the facility learn.

The procedure applies on every shift and at weekends.

> **Good practice.** When a resident dies, a documented procedure is followed for dignity, family support and staff debriefing, and the case is reviewed to improve care.

> **Partial because.** The procedure is followed for some deaths but not for those on nights or at weekends, and no review follows a death.

WHAT GOOD LOOKS LIKE

- After each death, the team meets within a week to review the care given, and the learning is recorded in the governance log.

COMMON MISTAKES

- A death followed by no review.
- Family not contacted after a death.

> **Why it matters.** When a resident dies, the staff, the family and the other residents are all affected. A documented process that treats the death with dignity, and reviews what could have been better, supports everyone.

WHAT THE ASSESSOR CHECKS

Sample. Review the records of residents who died in the last 12 months and the family contact records.

1 A documented process is followed when a resident dies.

Method. Check each death for the documented steps.

Evidence to show. Bereavement follow-up (HSP-SOP-005).

Pass when. Every death follows the documented steps.

2 **The family is supported and contacted.**

Method. Check each death for family support and contact.

Evidence to show. Family support and bereavement follow-up record (HSP-FRM-003).

Pass when. Every family is contacted and supported.

3 **Deaths requiring review are reviewed.**

Method. Check each review-required death for the review.

Evidence to show. Root cause analysis of serious incidents (INC-SOP-001).

Pass when. Every review-required death has a review.

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

Immediate fail. . A family left to find out about a death by phone with no contact from staff. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HSP-SOP-005	Bereavement follow-up	Manager	Chief executive	Chief executive
HSP-FRM-003	Family support and bereavement follow-up record	Manager	Chief executive	Manager
INC-SOP-001	Root cause analysis of serious incidents	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Bereavement follow-up	— Medium
Nurse (ISCO 2221)	Completes the Family support and bereavement follow-up record	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. Used for: Quality health services and palliative care: practical approaches, including advance care planning, end-of-life care and dignity. https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/
- WHO (2024). Long-term care for older people: package for universal health coverage. Used for: Long-term care for older people: package for universal health coverage, including functional care, palliative care and dignity. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/

10 Questions and answers

Who does Standard 23 apply to?
It applies to long-term care. It is required by default in long-term care facilities and not applicable to the other facility types. Section 4 shows the detail.

What do the colours mean for this standard?
Red means Must, required in every setting. Yellow means Medium, required and adapted to what a transition setting can realistically do. Green means Minimum, the lowest acceptable level in a humanitarian setting.

Does a facility that is not long-term care need this standard?
No. The standard applies only to long-term care facilities.

Must every resident receiving therapy have an individual plan?
Yes. Each resident receiving therapy has an individual plan based on assessment, aimed at maintenance and slowing decline. A decline triggers a review (criterion 23.1).

Can a restraint be used in place of staffing?
No. The least restrictive means is used for mobility support, each restraint is recorded and reviewed, and restriction is never a substitute for staffing (criterion 23.6).

How often is function measured?
With a validated tool at the set intervals, and each decline is flagged. A flagged decline triggers a care plan review (criterion 23.4).

Are residents who cannot use digital channels offered an alternative?
Yes. The alternative is offered at the point of booking, and no resident is disadvantaged by digital care (criterion 23.15).

Is AI allowed in care?
Yes, if each AI system is introduced in line with the AI governance guidance, staff are consulted beforehand, residents and families are informed, and accountability is defined (criteria 23.17, 23.19, 23.20 and 23.21).

Who is accountable for an AI-assisted decision?
A named party is responsible for each AI-assisted decision, and monitoring does not replace direct observation (criterion 23.20).

Is every staff member's credential checked?
Yes. Each clinical staff member's qualification is verified, verification is repeated on renewal, and agency staff and volunteers are checked against their scope (criterion 23.22).

What happens when a resident dies?
A documented process is followed, the family is supported and contacted, and deaths requiring review are reviewed through root cause analysis (criterion 23.27).

Which e-learning courses are required?
Most of the criteria require the manager and nurse to complete the course named for them. Rehabilitation and Recovery Programs in Fitness and Wellness (FIT-10) covers criteria 23.1 to 23.5. The full list is in the e-learning table in section 11.

What does In development mean?
The course is named in the criteria and may still be in preparation. Where a course is published, the English or Georgian version is linked.

Who is responsible for each criterion?
The criteria assign responsibility to the chief executive, the manager, the nurse and the secretary. Each record should show who wrote and who reviewed it.

Are the e-learning courses compulsory?
Only the courses in the e-learning table marked as must take are required, for the roles named. Other courses are recommended.

How is evidence shown to the surveyor?
The records named in each criterion's documents table, covering the period stated in the criterion.

Does criterion 23.22 cite an external guideline?
No. No external guideline is cited for that criterion. The requirement is set by the criterion and the facility's own documents.

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 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard. Each course name opens the course page in the academy. Where a course is published in English and in Georgian, both versions are linked. Four courses are 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.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Rehabilitation and Recovery Programs in Fitness and Wellness (FIT-10) (FIT-10-KA)	Manager, Nurse	None	23.1, 23.2, 23.3, 23.4, 23.5	Georgian Georgian version only
Patient Identification, Informed Consent and Patient Rights (T-07) (T-07-EN)	Manager, Nurse	None	23.6	English · Georgian
Environmental Sustainability Standards for ASF Accreditation (ENV-001) (ENV-001-EN)	Manager, Nurse	None	23.7, 23.10, 23.11	English · Georgian
Environmental Hygiene Standards for ASF Accreditation (HYG-01) (HYG-01-EN)	Manager, Nurse	None	23.8	English · Georgian
Supplier Evaluation and Purchasing (T-13) (T-13-EN)	Manager, Nurse	None	23.9	English · Georgian
Emergency Preparedness and Fire Safety (T-10) (T-10-EN)	Manager, Nurse	None	23.12	English · Georgian
Management Review: Inputs, Outputs, and Real Decisions (T-05) (T-05-EN)	Manager, Nurse	None	23.13	English · Georgian
Digital Care and AI Systems for Care (FIT-12) (FIT-12-EN)	Manager, Nurse	None	23.14, 23.15	English · Georgian
Technology Platform Reliability & Security (TELE-01) (TELE-01-EN)	Manager, Nurse	None	23.16	English · Georgian
Artificial Intelligence in Healthcare Safety (AI-001) (AI-001-EN)	Manager, Nurse	None	23.17, 23.18, 23.19, 23.20, 23.21	English · Georgian
Credentialing, Competence and the Training Matrix (T-14) (T-14-EN)	Manager, Nurse	None	23.22	English · Georgian
Hand Hygiene and Standard Precautions (T-06) (T-06-KA)	Manager, Nurse	None	23.23	Georgian Georgian version only
Security Protocols & Incident Response (SEC-01) (SEC-01-KA)	Manager, Nurse	None	23.24	Georgian Georgian version only

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Healthcare Ethics for ASF Accreditation (A-07) (A-07-KA)	Manager, Nurse	None	23.25, 23.26	Georgian Georgian version only
End-of-Life & Palliative Care (LTC-06) (LTC-06-EN)	Manager, Nurse	None	23.27	English · Georgian

12 References

CITED FOR CRITERIA

1. WHO (2024). Long-term care for older people: package for universal health coverage. Used for: Long-term care for older people: package for universal health coverage, including functional care, palliative care and dignity. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/ (criterion 23.1, 23.2, 23.3, 23.6, 23.25, 23.26, 23.27)
2. WHO (2020). Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, 2nd ed.. Used for: WHO 2020 (second edition). ICOPE: person-centred functional assessment, tracking and pathways in primary and community care. https://news.gmj.ge/guideline/integrated-care-for-older-people-icope-guidance-for-person-centred-assessment-and-pathways-in-primary-care-2nd-ed/ (criterion 23.1, 23.3, 23.4)
3. WHO (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. Used for: Step Safely: falls prevention, including home and facility environment and mobility support. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/ (criterion 23.4, 23.6)
4. WHO (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. Used for: Non-WHO (NICE, 2025). Falls: assessment and prevention in older people, including function and decline review. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/ (criterion 23.4)
5. Wheelchair provision guidelines (World Health Organization, 2023) https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/wheelchair-services (criterion 23.5)
6. WHO (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: Safe, climate-resilient and environmentally sustainable health care facilities: overview, including energy, waste and climate risk. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/ (criterion 23.7, 23.10, 23.11, 23.12, 23.13)
7. WHO (2020). Environmental Public Health Recommendations for Collective Residential Places: Nursing Homes, Orphanages, and Other Collective Residential Places. Used for: Non-WHO (PAHO, 2020). COVID-era: environmental public health in collective residential places, including nursing homes. https://news.gmj.ge/guideline/environmental-public-health-recommendations-for-collective-residential-places-nursing-homes-orphanages-and-other-collective-residential-places/ (criterion 23.7, 23.8)
8. WHO (2020). Infection prevention and control practices for care of patients in nontraditional settings with focus to the novel coronavirus (COVID-19). Used for: Non-WHO (PAHO, 2020). COVID-era: infection prevention and waste in non-traditional care settings, including long-term care. https://news.gmj.ge/guideline/infection-prevention-and-control-practices-for-care-of-patients-in-nontraditional-settings-with-focus-to-the-novel-coronavirus-covid-19/ (criterion 23.8)
9. WHO (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. Used for: Climate-resilient and environmentally sustainable health care facilities: energy, procurement and water. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/ (criterion 23.9, 23.10, 23.12, 23.13)
10. WHO (2021). Recommendations on digital interventions for health system strengthening. Used for: WHO 2019 (published 2021). Digital interventions for health system strengthening, including evaluation before adoption. https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/ (criterion 23.14)
11. WHO (2024). Implementation toolkit for accessible telehealth services. Used for: Accessible telehealth services toolkit: accessibility and technical support for digital services. https://news.gmj.ge/guideline/implementation-toolkit-for-accessible-telehealth-services/ (criterion 23.15, 23.16)
12. WHO (2022). Consolidated telemedicine implementation guide. Used for: Consolidated telemedicine implementation guide. https://news.gmj.ge/guideline/consolidated-telemedicine-implementation-guide/ (criterion 23.15)
13. World Health Organization. Recommendations on digital interventions for health system strengthening. Geneva: WHO; 2019. Used for: https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/ (criterion 23.15, 23.16)

14. WHO (2021). Ethics and governance of artificial intelligence for health. Used for: Ethics and governance of AI for health: principles for use, monitoring, consultation, accountability and transparency. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/ (criterion 23.17, 23.18, 23.19, 23.20, 23.21)
15. WHO (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. Used for: Occupational health and safety for health workers, including manual handling and workforce protection. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/ (criterion 23.23)
16. Framework guidelines for addressing workplace violence in the health sector (ILO, ICN, WHO and PSI (Joint Programme), 2002) https://www.ilo.org/resource/framework-guidelines-addressing-workplace-violence-health-sector (criterion 23.24)
17. WHO (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. Used for: Quality health services and palliative care: practical approaches, including advance care planning, end-of-life care and dignity. https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/ (criterion 23.25, 23.26, 23.27)

INTERNATIONAL STANDARDS CITED

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

13 Document register

Every document code used in Standard 23, 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
ACS-REG-001	Mobility equipment register	Register		23.5
ACS-SOP-002	Beds and mobility equipment check	Procedure (SOP)		23.5
AI-FRM-001	AI System Assessment	Form (record)		23.17
AI-FRM-002	Staff Consultation Record	Form (record)		23.19
AI-FRM-003	Patient Information on AI-Supported Care (template)	Form (record)		23.21
AI-POL-001	Responsible Use of AI in Care Policy	Policy		23.17
AI-POL-002	Accountability for AI-Assisted Care	Policy		23.20
AI-REG-001	AI Monitoring Register	Register		23.18
AI-SOP-001	AI Performance and Safety Monitoring	Procedure (SOP)		23.18
AI-SOP-002	Staff Consultation Before AI Introduction	Procedure (SOP)		23.19
AI-SOP-003	Informing Patients About AI-Supported Care	Procedure (SOP)		23.21
CLN-FRM-003	(name to be confirmed)	Form (record)		23.2
CLN-FRM-004	Restraint and seclusion record	Form (record)		23.6
CLN-POL-002	Restraint and seclusion	Policy		23.6
DIG-FRM-002	Digital Tool Assessment Template	Form (record)		23.14
DIG-FRM-003	Digital Alternative Record	Form (record)		23.15
DIG-FRM-004	Digital System Test and Support Record	Form (record)		23.16
DIG-PLN-001	Technical Support and Testing Arrangement	Plan		23.16
DIG-SOP-002	Digital Care System Assessment and Management	Procedure (SOP)		23.14

Code	Document	Type	What it is for	Criteria
DIG-SOP-003	Digital Care Access and Alternatives	Procedure (SOP)		23.15
ENV-FRM-006	Leadership Environmental Review Record	Form (record)		23.7
ENV-FRM-007	Staff and Patient Sustainability Notice	Form (record)		23.11
ENV-FRM-008	Monthly Energy Use Record	Form (record)		23.10
ENV-PLN-003	Energy Reduction and Renewable Options Plan	Plan		23.10
ENV-REG-001	Sustainability Communication Record	Register		23.11
ENV-SOP-004	Environmental Impact Review (leadership)	Procedure (SOP)		23.7
ENV-SOP-005	Governance Reporting of Sustainability Progress	Procedure (SOP)		23.13
ENV-SOP-006	Energy Use Monitoring and Reduction	Procedure (SOP)		23.10
EQP-REG-001	Equipment Inventory and Service Log	Register		23.5
FAC-PLN-002	Climate and Health Emergency Continuity Plan	Plan		23.12
FAC-SOP-003	Climate and Health Emergency Risk Assessment	Procedure (SOP)		23.12
GOV-FRM-003	Governing Body Minutes Template	Form (record)		23.13
HSP-FRM-002	Goals, values and wishes record	Form (record)		23.25, 23.26
HSP-FRM-003	Family support and bereavement follow-up record	Form (record)		23.27
HSP-FRM-005	Dying care plan record	Form (record)		23.25
HSP-FRM-006	Treatment limits record	Form (record)		23.26
HSP-SOP-003	Care of the dying patient	Procedure (SOP)		23.25
HSP-SOP-005	Bereavement follow-up	Procedure (SOP)		23.27
INC-SOP-001	Root cause analysis of serious incidents	Procedure (SOP)		23.27

Code	Document	Type	What it is for	Criteria
LTC-FRM-003	Functional maintenance plan record	Form (record)		23.1
LTC-FRM-004	Resident and family goal-setting record	Form (record)		23.3
LTC-FRM-005	Manual handling and transfer risk record	Form (record)		23.23
LTC-POL-001	Functional maintenance and rehabilitation in long-term care	Policy		23.1
LTC-REG-002	Functional status measurement register	Register		23.1, 23.4
LTC-SOP-003	Coordinating therapy with daily nursing and care	Procedure (SOP)		23.2
LTC-SOP-004	Manual handling and staff injury prevention	Procedure (SOP)		23.23
LTC-SOP-005	Dementia-related aggression: response	Procedure (SOP)		23.24
PRC-FRM-001	Supplier Review Record	Form (record)		23.9
PRC-POL-001	Responsible Procurement Policy	Policy		23.9
PRC-SOP-001	Procurement Stewardship Review	Procedure (SOP)		23.9
STF-FRM-001	Staff Verification Register	Form (record)		23.22
STF-SOP-001	Staff Credential Verification and Recheck	Procedure (SOP)		23.22
WRK-FRM-003	(name to be confirmed)	Form (record)		23.24
WRK-SOP-002	(name to be confirmed)	Procedure (SOP)		23.23
WRK-SOP-003	(name to be confirmed)	Procedure (SOP)		23.23
WRK-SOP-006	(name to be confirmed)	Procedure (SOP)		23.24
WST-FRM-001	Waste Contract and Disposal Record	Form (record)		23.8
WST-SOP-001	Sharps and Clinical Waste Management	Procedure (SOP)		23.8