ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

# ASF Health Standards Version 11

## Standard 25: Fitness and Wellness

Core standard · applicability by facility type shown for each criterion

| | |
|---|---|
| DOCUMENT NUMBER | ASF-HS11-S25 |
| DATE OF ISSUE | 1 November 2026 |
| STATUS | Approved for use |
| OWNER | Accréditation Sans Frontières (ASF) |
| APPROVED BY | Prof. Giorgi Pkhakadze, MD, MPH, PhD, President, Accréditation Sans Frontières |
| APPLIES TO SURVEYS STARTING AFTER | 1 November 2026 |
| REVIEW | Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027. |
| CONTROLLED COPY | The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the version shown on its cover. |

### APPROVAL



**Prof. Giorgi Pkhakadze, MD, MPH, PhD**
President, Accréditation Sans Frontières

**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.

# Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 25 at a glance: criteria, responsibilities, training

9 Criteria 25.1 to 25.11 (each on its own page)

10 Questions and answers

11 E-learning by standard

12 References

13 Document register

Criterion pages: 25.1 Biometric and Health-Tracking Data Is Protected and Appropriately Used · 25.2 Medical Clearance Required Before Post-Injury Programming · 25.3 Qualified Staff Deliver Post-Injury Programming · 25.4 Individualised Programme Based on Functional Assessment · 25.5 Pain and Warning Sign Recognition, With a Stop Protocol · 25.6 Communication With Referring Clinician Where Applicable · 25.7 Pre-Participation Screening Is Completed Before Exercise · 25.8 Exercise Is Supervised and Instructed by Qualified Staff · 25.9 Exercise Equipment Is Safe, Maintained and Correctly Set Up · 25.10 Cardiac and Medical Emergencies Are Planned For · 25.11 Members Are Informed of Risks and Give Consent.

# 1 Introduction

This document is Standard 25 of ASF Health Standards. It sets out how a fitness and wellness service protects members' health-tracking data, returns injured members to activity safely, screens members before exercise, supervises exercise with qualified staff, keeps equipment and emergency response safe, and informs members of risks before they consent.

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 25 protects members who take part in exercise and wellness programmes, who may be exposed to injury, cardiac events or misuse of their health data, and who should understand the risks before they take part. A service that screens, supervises and equips its activities safely, and that protects each member's data and consent, keeps members safe.

**Who should read it.** Chief executives, service managers, instructors, nurses, the department secretary, and the assessors who verify the service. 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 25 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 25.1 to 25.11, 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 FW-POL-001 (fitness and wellness, 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 25 covers the protection of biometric and health-tracking data, medical clearance and programming after injury, pre-participation screening, supervised exercise, equipment safety, cardiac and medical emergencies, and informed consent.

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 25 APPLIES

Standard 25 applies to fitness and wellness services, where members take part in supervised exercise, rehabilitation-style programmes and wellness activities. It is required by default in fitness and wellness services, optional in hospitals, ambulatory clinics, primary health clinics and long-term care, and not applicable to telemedicine, home care, dental or aesthetic clinics. A criterion is marked N/A for a facility type that does not provide fitness and wellness services.

| Criterion | Applies to |
|---|---|
| 25.1 Biometric and Health-Tracking Data Is Protected and Appropriately Used | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.2 Medical Clearance Required Before Post-Injury Programming | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.3 Qualified Staff Deliver Post-Injury Programming | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.4 Individualised Programme Based on Functional Assessment | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.5 Pain and Warning Sign Recognition, With a Stop Protocol | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.6 Communication With Referring Clinician Where Applicable | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.7 Pre-Participation Screening Is Completed Before Exercise | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.8 Exercise Is Supervised and Instructed by Qualified Staff | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |

| Criterion | Applies to |
|---|---|
| 25.9 Exercise Equipment Is Safe, Maintained and Correctly Set Up | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.10 Cardiac and Medical Emergencies Are Planned For | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |
| 25.11 Members Are Informed of Risks and Give Consent | Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness<br>N/A: Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic |

# 5 Ratings and colours

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

In standard settings every criterion is Must.

### TRAINING LEVELS

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

# 6 Abbreviations

| Abbreviation | Meaning |
|---|---|
| ASF | Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body |
| FRM | Form. A record that is filled in and kept as evidence |
| 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 |

| Abbreviation | Meaning |
|---|---|
| PLN | Plan. A written plan for a defined situation |

### DOCUMENT CODE PREFIXES

| Prefix | Topic |
|---|---|
| CON | To be confirmed (name missing from the live page) |
| DIG | Digital and data |
| EQP | To be confirmed (name missing from the live page) |
| WRK | Workforce |

# 7 Terms and definitions

| Term | Definition |
|---|---|
| **Fitness and wellness facility** | A facility that provides exercise, fitness or wellbeing programmes to members. |
| **Member** | A person who uses the facility's exercise or wellbeing services. |
| **Post-injury programming** | An exercise programme for a member recovering from injury or surgery. |
| **Pre-participation screening** | A health questionnaire completed before a member starts exercise. |
| **Stop protocol** | A written set of symptoms and steps that end an exercise session at once. |
| **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 25 at a glance

**Standard 25: Fitness and Wellness** is a standard of ASF Health Standards for fitness and wellness services. It is required by default in fitness and wellness, and each criterion shows the facility types it applies to. It covers member data, post-injury programming, screening, supervised exercise, equipment, emergencies and consent.

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

## 8.1 CRITERIA AND RATINGS

| No. | Criterion | Humanitarian | Transition | Standard |
|---|---|---|---|---|
| 25.1 | Biometric and Health-Tracking Data Is Protected and Appropriately Used | Minimum | Medium | Must |
| 25.2 | Medical Clearance Required Before Post-Injury Programming | Minimum | Must | Must |
| 25.3 | Qualified Staff Deliver Post-Injury Programming | Minimum | Must | Must |
| 25.4 | Individualised Programme Based on Functional Assessment | Minimum | Medium | Must |
| 25.5 | Pain and Warning Sign Recognition, With a Stop Protocol | Minimum | Medium | Must |
| 25.6 | Communication With Referring Clinician Where Applicable | Minimum | Medium | Must |
| 25.7 | Pre-Participation Screening Is Completed Before Exercise | Minimum | Must | Must |
| 25.8 | Exercise Is Supervised and Instructed by Qualified Staff | Minimum | Medium | Must |
| 25.9 | Exercise Equipment Is Safe, Maintained and Correctly Set Up | Minimum | Medium | Must |
| 25.10 | Cardiac and Medical Emergencies Are Planned For | Must | Must | Must |
| 25.11 | Members Are Informed of Risks and Give Consent | 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 |
|---|---|---|
| 25.1 | Biometric and Health-Tracking Data Is Protected and Appropriately Used | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 25.2 | Medical Clearance Required Before Post-Injury Programming | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 25.3 | Qualified Staff Deliver Post-Injury Programming | Secretary (ISCO 3344) · Manager (ISCO 1342) |
| 25.4 | Individualised Programme Based on Functional Assessment | Nurse (ISCO 2221) · Manager (ISCO 1342) |

| No. | Criterion | Positions responsible or involved |
|---|---|---|
| 25.5 | Pain and Warning Sign Recognition, With a Stop Protocol | Manager (ISCO 1342) |
| 25.6 | Communication With Referring Clinician Where Applicable | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 25.7 | Pre-Participation Screening Is Completed Before Exercise | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 25.8 | Exercise Is Supervised and Instructed by Qualified Staff | Secretary (ISCO 3344) · Manager (ISCO 1342) |
| 25.9 | Exercise Equipment Is Safe, Maintained and Correctly Set Up | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 25.10 | Cardiac and Medical Emergencies Are Planned For | Chief executive (ISCO 1120) · Secretary (ISCO 3344) |
| 25.11 | Members Are Informed of Risks and Give Consent | Nurse (ISCO 2221) · Manager (ISCO 1342) |

**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, instructors and staff in the service. |
| Nurse (ISCO 2221) | The service manager. | No direct reports. |
| Secretary (ISCO 3344) | The service manager. | 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 |
|---|---|---|---|
| Digital Care and AI Systems for Care (FIT-12) | Digital care and AI systems | 25.1 | English · Georgian |
| რეაბილიტაციისა და აღდგენის პროგრამები ფიტნესსა და ჯანმრთელობის სფეროში (FIT-10) | Rehabilitation and recovery programmes | 25.2 | Georgian<br>Georgian version only |

| Course | Subject | Criteria | GMJ Academy course page |
|---|---|---|---|
| Pre-Participation Screening & Risk Assessment (FW-01) | Pre-participation screening and risk assessment | 25.7 | English · Georgian |
| Exercise Supervision & Instructor Qualification (FW-02) | Exercise supervision and instructor qualification | 25.8 | English · Georgian |
| Equipment Safety & Facility Environment (FW-04) | Equipment safety and facility environment | 25.9 | English · Georgian |
| Emergency Preparedness & Cardiac Event Response (FW-03) | Emergency preparedness and cardiac event response | 25.10 | English · Georgian |
| Member Rights & Informed Consent (FW-06) | Member rights and informed consent | 25.11 | English · Georgian |

# 25.1 Biometric and Health-Tracking Data Is Protected and Appropriately Used

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Any biometric or health-tracking data collected through digital fitness tools — heart rate, body composition, activity tracking — is protected with data security measures and used only for its stated purpose, with the member's informed consent, not collected broadly with no limit on its use.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: biometric and health-tracking data is protected and used only for the purpose the member agreed to.

## GUIDANCE

Wearable devices and fitness apps record heart rate, sleep, weight and location. This is health data, and it must be protected under the facility's privacy policy.

The member chooses what is collected, and the facility uses it only for the purpose agreed.

> **Good practice.** Biometric and health data from members is held under a written privacy policy, is used only for the purpose the member agreed to, and is deleted on request.

> **Partial because.** Data is collected from wearable devices, but the members are not told what happens to it or how long it is kept.

## WHAT GOOD LOOKS LIKE

- A written privacy notice explains which data is collected, who can see it, how long it is kept and how to request deletion.

## COMMON MISTAKES

- Heart-rate data shared with a third-party app without the member's agreement.
- Health data kept for years after membership ends.

> **Why it matters.** Heart rate, body composition and other data from fitness trackers are personal health information. They must be protected and used only for the purpose the member agreed to.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the health-tracking data consent records and the data sharing log for 10 members.

**1 Consent is recorded before any health-tracking data is collected.**

**Method.** Check each sampled member for consent before the first data collection.

**Evidence to show.** Health-tracking data consent record (FW-FRM-001).

**Pass when.** Every sampled member has consent recorded before collection.

**2** **Data is used only for its stated purpose.**

**Method.** Check each data use against the purpose recorded.

**Evidence to show.** Fitness data protection and consent (FW-POL-001).

**Pass when.** No data use falls outside the stated purpose.

**3** **Data is not shared with a third party without consent.**

**Method.** Check the data sharing log for any third-party transfer.

**Evidence to show.** Information security and access control (DIG-POL-001).

**Pass when.** No transfer occurs without consent recorded.

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

**Immediate fail.** . Member health data shared with a third party without consent. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-FRM-001 | Health-tracking data consent record | Manager | Chief executive | Manager |
| FW-POL-001 | Fitness data protection and consent | Chief executive | Governing body members | Chief executive |

**Other records in the criterion:** DIG-POL-001 (name to be confirmed)

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Health-tracking data consent record | — Medium |
| Manager (ISCO 1342) | Maintains the Fitness data protection and consent | — Medium |

## REFERENCES FOR THIS CRITERION


- WHO (2021). Ethics and governance of artificial intelligence for health. Used for: Ethics and governance of AI for health: data protection and privacy principles, relevant to health-tracking data. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/
- 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/

# 25.2 Medical Clearance Required Before Post-Injury Programming

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A member returning to exercise programming after a significant injury, surgery, or medical event has documented medical clearance before participating, with any clearance-stated restrictions built into the programme — not a general waiver treated as sufficient regardless of the member's actual medical history.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a member returning to exercise after significant injury has medical clearance before programming starts.

## GUIDANCE

A person who has had a fracture, ligament repair or surgery may return too early, with serious harm. A written medical clearance from the treating clinician is needed before the programme starts.

The clearance is kept on file and checked before each stage of the programme.

> **Good practice.** A member returning to exercise after a significant injury or surgery has a written medical clearance before the first session, and the clearance is kept on file.

> **Partial because.** Clearance is requested at the first session but not checked before the programme begins.

## WHAT GOOD LOOKS LIKE

- Medical clearance is requested in writing at booking, and programming for a post-surgical member cannot start without it.

## COMMON MISTAKES

- A member who starts heavy lifting the week after surgery with no clearance.
- A clearance letter that is never filed.

> **Why it matters.** A member who has had surgery or a serious injury must not start hard exercise without their doctor's clearance. Without it, the exercise can undo the recovery or cause a new injury.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the return-to-activity records for 10 members returning after injury or surgery.

### 1 Each returning member has documented medical clearance before participating.

**Method.** Check each sampled member for the clearance recorded before the first session.

**Evidence to show.** Medical clearance record (FW-FRM-002).

**Pass when.** Every sampled member has clearance before the first session.

### 2 Clearance restrictions are built into the programme.

**Method.** Check each programme against the restrictions stated.

**Evidence to show.** Return-to-activity programme after injury (FW-SOP-001).

**Pass when.** Every programme reflects the restrictions.

**3 A general waiver is not accepted in place of clearance.**

**Method.** Check each file for a waiver used instead of clearance.

**Evidence to show.** Medical clearance record (FW-FRM-002).

**Pass when.** No file relies on a waiver alone.

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

**Immediate fail.** . A member who had knee surgery starts heavy lifting the next week. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-SOP-001 | Return-to-activity programme after injury | Manager | Chief executive | Chief executive |
| FW-FRM-002 | Medical clearance record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Medical clearance record | — Must |
| Manager (ISCO 1342) | Maintains the Return-to-activity programme after injury | — Must |

# 25.3 Qualified Staff Deliver Post-Injury Programming

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Post-injury or post-surgical return-to-activity programming is delivered or directly overseen by staff with specific qualification in this area, not a general fitness instructor without the relevant training applying standard programming regardless of the member's recovery status.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: post-injury and post-surgical programming is delivered by qualified staff.

## GUIDANCE

Rehabilitation after injury requires training beyond general fitness. The programme is delivered by staff with a recognised qualification in rehabilitation or exercise for clinical populations, and a clinician oversees it.

Qualifications are checked and renewed.

> **Good practice.** Post-injury and post-surgical programmes are delivered by staff with a recognised qualification in rehabilitation or exercise for clinical populations.

> **Partial because.** A general fitness instructor delivers post-injury programmes with no supervision by a qualified clinician.

## WHAT GOOD LOOKS LIKE

- Post-injury programmes are delivered by a physiotherapist or an exercise specialist with a clinical rehabilitation qualification, and a named clinician oversees them.

## COMMON MISTAKES

- A personal trainer with no clinical training running a post-knee-surgery programme.
- A rehabilitation qualification that expired and was not renewed.

> **Why it matters.** Post-surgery and post-injury exercise is a clinical task. The people who supervise it must have the right qualification, or the programme can cause harm.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the post-injury programmes and the staff delivering them for the last 12 months.

### 1 Post-injury programming is delivered or overseen by qualified staff.

**Method.** Check each sampled programme for the qualified instructor recorded.

**Evidence to show.** Staff qualification register (FW-REG-001).

**Pass when.** Every sampled programme has a qualified instructor.

### 2 Qualifications are verified and current.

**Method.** Check each instructor on the register for verification and renewal dates.

**Evidence to show.** Staff qualification register (FW-REG-001).

**Pass when.** Every instructor has a current qualification.

**3** **Staff without the training do not deliver post-injury programmes.**

**Method.** Check the rota for untrained staff on post-injury sessions.

**Evidence to show.** Annual competency assessment procedure (WRK-SOP-001).

**Pass when.** No untrained staff are on post-injury sessions.

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

**Immediate fail.** . A post-surgery programme run by a receptionist. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-REG-001 | Staff qualification register | Secretary | Chief executive | Manager |

**Other records in the criterion:** WRK-SOP-001 (name to be confirmed)

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Secretary (ISCO 3344) | Keeps the Staff qualification register | — Must |
| Manager (ISCO 1342) | Maintains the Annual competency assessment procedure | — Must |

# 25.4 Individualised Programme Based on Functional Assessment

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The return-to-activity programme is built from a documented functional assessment specific to the member's injury or condition, progressing at a pace matched to readiness, not a generic programme applied regardless of the member's actual recovery stage.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the return-to-activity programme is individualised and based on a documented functional assessment.

## GUIDANCE

Recovery is not linear. A programme built from a documented assessment of the member's function is adjusted as they improve or set back, and a template alone is not enough.

The assessment and the programme are reviewed at set intervals.

> **Good practice.** The return-to-activity programme is built from a documented functional assessment, is reviewed at set intervals and changes as the member recovers.

> **Partial because.** The programme is a standard template with the member's name written in, and it is not reviewed.

## WHAT GOOD LOOKS LIKE

- The programme is reviewed every four weeks and whenever the member reports a change in symptoms.

## COMMON MISTAKES

- A programme used unchanged for six months after surgery.
- Assessment results not used to change the programme.

> **Why it matters.** Two people with the same injury need different programmes. A programme built from a functional assessment of this member fits them, and a generic one does not.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the functional assessments and programmes for 10 members with an injury or condition.

**1 Each programme is built from a documented functional assessment.**

**Method.** Check each sampled programme for the assessment on file.

**Evidence to show.** Functional assessment and programme record (FW-FRM-003).

**Pass when.** Every sampled programme has an assessment.

**2 The assessment is specific to the injury or condition.**

**Method.** Check each assessment for the injury recorded.

**Evidence to show.** Functional assessment and programme record (FW-FRM-003).

**Pass when.** Every assessment names the injury or condition.

**3 Progression matches readiness.**

**Method.** Check each progression decision for the readiness basis.

**Evidence to show.** Functional assessment and programme record (FW-FRM-003).

**Pass when.** Every progression records its readiness basis.

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

**Immediate fail.** . A generic programme given to every member with the same injury. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-FRM-003 | Functional assessment and programme record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Functional assessment and programme record | — Medium |
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

## REFERENCES FOR THIS CRITERION


- WHO (2023). Promoting physical activity for older people: a toolkit for action. Used for: Promoting physical activity for older people: programme design, exercise and safety. https://news.gmj.ge/guideline/promoting-physical-activity-for-older-people-a-toolkit-for-action/

# 25.5 Pain and Warning Sign Recognition, With a Stop Protocol

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff delivering post-injury programming are trained to recognise warning signs — pain beyond expected levels, swelling, abnormal movement compensation — with a clear protocol to stop or modify the activity and refer back to medical care when these signs appear.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff recognise pain and warning signs, and a stop protocol applies in every session.

## GUIDANCE

Pain during exercise is a signal. Staff who are trained to recognise pain and warning signs, and who follow a stop protocol, prevent a minor problem becoming a serious injury.

The member knows which symptoms mean the session stops.

> **Good practice.** Staff are trained to recognise pain and warning signs, and every session has a stop protocol that the member and the instructor both understand.

> **Partial because.** Staff know the stop protocol, but the member has never been told what symptoms should stop the session.

## WHAT GOOD LOOKS LIKE

- Each member's warning signs are written in the file, and the stop protocol is posted in each exercise area.

## COMMON MISTAKES

- A member who keeps exercising through chest pain.
- Staff who do not know the stop protocol.

> **Why it matters.** Members sometimes push through pain that is a warning sign. Staff who recognise the warning signs and stop the exercise prevent a new injury.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the session records for members on post-injury programmes and the stop records.

### 1 Instructors are trained to recognise the warning signs.

**Method.** Check the training records for the warning sign module.

**Evidence to show.** Annual competency assessment procedure (WRK-SOP-001).

**Pass when.** Every instructor on post-injury sessions has the training.

### 2 The activity is stopped or modified when a warning sign appears.

**Method.** Check each recorded warning sign for the stop or modification.

**Evidence to show.** Warning signs and stop protocol (FW-SOP-002).

**Pass when.** Every recorded warning sign has a stop or modification.

**3** **The member is referred back when a sign persists.**

**Method.** Check each persistent sign for the referral.

**Evidence to show.** Warning signs and stop protocol (FW-SOP-002).

**Pass when.** Every persistent sign has a referral.

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

**Immediate fail.** . A member continuing to exercise with sharp pain and no one stopping them. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-SOP-002 | Warning signs and stop protocol | Manager | Chief executive | Chief executive |

**Other records in the criterion:** WRK-SOP-001 (name to be confirmed)

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Annual competency assessment procedure | — Medium |
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

## REFERENCES FOR THIS CRITERION


- WHO (2023). Guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings. Used for: Non-surgical management of chronic primary low back pain, including exercise, pain and warning signs. https://news.gmj.ge/guideline/guideline-for-non-surgical-management-of-chronic-primary-low-back-pain-in-adults-in-primary-and-community-care-settings/

# 25.6 Communication With Referring Clinician Where Applicable

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Where a member's post-injury programming was initiated on referral from a physician or physical therapist, communication with that clinician occurs at meaningful points during the programme, not a one-time intake with no further contact.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: where programming was started on referral, the referring clinician is kept informed.

## GUIDANCE

When a clinician referred the member, the clinician needs to know how the programme is going. Progress and any concern are reported back, and the member is told this happens.

The report is recorded in the member file.

> **Good practice.** Where a programme started on referral from a clinician, the instructor reports progress and any concern to the referring clinician, and the member knows this is happening.

> **Partial because.** The programme continues after referral with no report back to the clinician.

## WHAT GOOD LOOKS LIKE

- A progress report is sent to the referring clinician at the end of each stage, with the member's consent.

## COMMON MISTAKES

- A referral that is never followed up.
- A concern about a member's symptoms not passed to the clinician.

> **Why it matters.** When a physiotherapist or doctor refers a member to a fitness programme, they need to know how it is going. Telling the referrer keeps the care connected.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the referral files for 10 members whose programme began on referral.

### 1 Communication with the referring clinician occurs at set points.

**Method.** Check each referral file for communication at each set point.

**Evidence to show.** Referring clinician communication record (FW-FRM-004).

**Pass when.** Every sampled file shows communication at the set points.

### 2 Non-attendance or a stop is reported to the clinician.

**Method.** Check each non-attendance for the report to the clinician.

**Evidence to show.** Referring clinician communication record (FW-FRM-004).

**Pass when.** Every non-attendance is reported.

### 3 The clinician response is recorded.

**Method.** Check each communication for the response recorded.

**Evidence to show.** Referring clinician communication record (FW-FRM-004).

**Pass when.** Every communication records the response.

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

**Immediate fail.** . A referring physio never told that the member stopped attending. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-FRM-004 | Referring clinician communication record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Referring clinician communication record | — Medium |
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

# 25.7 Pre-Participation Screening Is Completed Before Exercise

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every member is screened for health risks before first exercise, with the screening recorded and any risk acted on before exercise begins.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: every member is screened for health risks before first exercise.

## GUIDANCE

Some health conditions make exercise unsafe without precautions. A recognised pre-participation questionnaire is completed before the first session, and the result decides the level of supervision.

A member with a positive result is referred for clearance.

> **Good practice.** Every member is screened for health risks with a recognised questionnaire before the first exercise session, and the result decides the level of supervision.

> **Partial because.** Screening is done at membership sign-up, but the result is not checked before the member exercises.

## WHAT GOOD LOOKS LIKE

- The screening questionnaire is completed online or on paper before the first session and reviewed by a staff member the same day.

## COMMON MISTAKES

- A member starting a high-intensity class with a positive screening result.
- A screening form that is completed but not read.

> **Why it matters.** Some people who start exercise have a heart or other condition that exercise can make dangerous. A health screen before the first session finds them before they collapse.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the pre-participation screens for 10 new members.

### 1 Every member is screened before first exercise.

**Method.** Check each sampled member for the screen date against the first session.

**Evidence to show.** Pre-participation screening form (FW-FRM-005).

**Pass when.** Every sampled member is screened before the first session.

### 2 Any risk found is acted on before exercise begins.

**Method.** Check each recorded risk for the action taken before exercise.

**Evidence to show.** Pre-participation screening (FW-SOP-003).

**Pass when.** Every recorded risk has an action before exercise.

### 3 Members are re-screened when their health changes.

**Method.** Check the file of each member with a recorded health change for a re-screen.

**Evidence to show.** Pre-participation screening (FW-SOP-003).

**Pass when.** Every recorded health change has a re-screen.

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

**Immediate fail.** . A member with a known heart condition started on high-intensity training with no screen. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-SOP-003 | Pre-participation screening | Manager | Chief executive | Chief executive |
| FW-FRM-005 | Pre-participation screening form | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Pre-participation screening form | — Must |
| Manager (ISCO 1342) | Maintains the Pre-participation screening | — Must |

## REFERENCES FOR THIS CRITERION


- Updating ACSM's recommendations for exercise preparticipation health screening (American College of Sports Medicine (Riebe D, Franklin BA, Thompson PD et al.), 2015) https://digitalcommons.uri.edu/kinesiology_facpubs/180

# 25.8 Exercise Is Supervised and Instructed by Qualified Staff

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Exercise sessions are supervised by staff who hold a recognised qualification for the activity, and members receive instruction on correct technique before using equipment or joining group activity.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: exercise sessions are supervised and instructed by qualified staff.

## GUIDANCE

Supervision protects members who exercise at high intensity or who have health conditions. Each session is run by someone with a recognised qualification, and the qualification is checked and renewed.

The supervisor can stop a session at any time.

> **Good practice.** Each exercise session is supervised by a staff member who holds a recognised fitness or exercise qualification, and that qualification is checked and renewed.

> **Partial because.** Sessions are run by staff with no recorded qualification, or qualifications have expired.

## WHAT GOOD LOOKS LIKE

- A register of staff qualifications lists each instructor, their qualification, the date it was checked and the date it expires.

## COMMON MISTAKES

- An instructor whose certificate expired last year.
- A session run by one staff member with no supervision for a high-risk group.

> **Why it matters.** Exercise sessions with no qualified instructor are a common cause of injury. Supervision by people who hold a recognised qualification for the activity keeps the sessions safe.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the session rota and the instructor qualification register for the last 3 months.

**1 Each session is supervised by a qualified instructor.**

**Method.** Check each sampled session on the rota against the qualification register.

**Evidence to show.** Staff qualification register (FW-REG-001).

**Pass when.** Every sampled session has a qualified instructor.

**2 Each member is instructed on technique before equipment or group use.**

**Method.** Check the instruction record for each sampled member.

**Evidence to show.** Exercise supervision and instruction (FW-SOP-004).

**Pass when.** Every sampled member has instruction recorded.

**3 Supervision ratios are set and kept.**

**Method.** Check each activity against the ratio.

**Evidence to show.** Exercise supervision and instruction (FW-SOP-004).

**Pass when.** Every sampled activity keeps the ratio.

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

**Immediate fail.** . A heavy-lifting class with an unqualified supervisor. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-SOP-004 | Exercise supervision and instruction | Manager | Chief executive | Chief executive |

**Other records in the criterion:** FW-REG-001 Staff qualification register

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Secretary (ISCO 3344) | Keeps the Staff qualification register | — Medium |
| Manager (ISCO 1342) | Maintains the Exercise supervision and instruction | — Medium |

## REFERENCES FOR THIS CRITERION


- WHO (2023). Promoting physical activity for older people: a toolkit for action. Used for: Promoting physical activity for older people: programme design, exercise and safety. https://news.gmj.ge/guideline/promoting-physical-activity-for-older-people-a-toolkit-for-action/

# 25.9 Exercise Equipment Is Safe, Maintained and Correctly Set Up

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Exercise equipment is laid out with adequate space, is inspected and maintained on a schedule, and is set up for each member before use.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: exercise equipment is safe, maintained and correctly set up.

## GUIDANCE

Equipment that is poorly set up or not maintained causes injury. Space is provided around each machine, equipment is inspected and serviced on a schedule, and it is adjusted for each member.

Faults are recorded and the equipment is withdrawn until repaired.

> **Good practice.** Equipment has adequate space around it, is inspected and serviced on a schedule, and is adjusted for each member at the start of use.

> **Partial because.** Equipment is serviced when it breaks, and members set it up themselves without any check.

## WHAT GOOD LOOKS LIKE

- Equipment is inspected monthly, service records are kept, and any faulty machine is labelled and taken out of use.

## COMMON MISTAKES

- A treadmill with a broken emergency stop still in use.
- Weights left on the floor in a walkway.

> **Why it matters.** Exercise machines that are not maintained, or are set up wrongly, cause injuries. Checking them on a schedule and setting them up correctly keeps members safe.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the equipment daily check records for the last 30 days and walk through the facility.

**1 Equipment is inspected and maintained on a schedule.**

**Method.** Check the daily check records against the schedule.

**Evidence to show.** Equipment daily check record (FW-FRM-006).

**Pass when.** At least 98% of scheduled checks are recorded.

**2 Faulty equipment is withdrawn until repaired.**

**Method.** Check each recorded fault for the withdrawal.

**Evidence to show.** Medical equipment maintenance and removal from use (EQP-SOP-001).

**Pass when.** Every fault is withdrawn until repaired.

**3** **Space and set-up are adequate for each member.**

**Method.** Observe the layout and a sample of member set-ups.

**Evidence to show.** Equipment daily check record (FW-FRM-006).

**Pass when.** The layout and set-ups meet the standard observed.

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

**Immediate fail.** . A treadmill with a loose belt used for weeks. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-FRM-006 | Equipment daily check record | Manager | Chief executive | Manager |

**Other records in the criterion:** EQP-SOP-001 (name to be confirmed)

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Equipment daily check record | — Medium |
| Manager (ISCO 1342) | Maintains the Medical equipment maintenance and removal from use | — Medium |

# 25.10 Cardiac and Medical Emergencies Are Planned For

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff are trained to recognise and respond to cardiac and other medical emergencies during exercise, emergency equipment including a defibrillator is available and checked, and the response is rehearsed.

**Rating rule.** Must in every setting: cardiac and medical emergencies are planned for, and staff are trained to respond.

## GUIDANCE

A cardiac arrest or serious medical event during exercise needs an immediate response. Staff are trained, emergency equipment is present and checked, and the plan covers every session, including quiet hours.

The plan is tested in drills at least once a year.

> **Good practice.** Staff are trained in cardiac and medical emergency response, emergency equipment is present and checked, and a written plan covers every session and the night or weekend hours.

> **Partial because.** A defibrillator is present, but staff have not been trained to use it or the training has lapsed.

## WHAT GOOD LOOKS LIKE

- A mock emergency drill is held each quarter, including a defibrillator practice, and each drill is recorded with the time to first response.

## COMMON MISTAKES

- A defibrillator in place whose pads expired last year.
- Staff unsure who calls the ambulance.

> **Why it matters.** A member can have a heart attack or a fall during exercise. Staff who know what to do and have the equipment ready can save a life in the first minutes.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the emergency plan, the defibrillator register and the rehearsal records for the last 12 months.

**1 Staff are trained to respond to cardiac and medical emergencies.**

**Method.** Check the training records for staff on duty.

**Evidence to show.** Cardiac and medical emergency plan (FW-PLN-001).

**Pass when.** Trained staff are on duty for each sampled session.

**2 The defibrillator and emergency equipment are available and checked.**

**Method.** Check the register for each check date.

**Evidence to show.** Defibrillator check and rehearsal register (FW-REG-003).

**Pass when.** The defibrillator is checked on schedule.

**3** **The response is rehearsed at a set interval.**

**Method.** Check the rehearsal record for the interval.

**Evidence to show.** Defibrillator check and rehearsal register (FW-REG-003).

**Pass when.** Rehearsals are recorded at the set interval.

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

**Immediate fail.** . A member collapses and no one knows how to use the defibrillator. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-REG-003 | Defibrillator check and rehearsal register | Secretary | Chief executive | Manager |
| FW-PLN-001 | Cardiac and medical emergency plan | Chief executive | Governing body members | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Chief executive (ISCO 1120) | Approves the Cardiac and medical emergency plan | — Must |
| Secretary (ISCO 3344) | Keeps the Defibrillator check and rehearsal register | — Must |

## REFERENCES FOR THIS CRITERION


- European Resuscitation Council Guidelines 2021: Basic Life Support (European Resuscitation Council (Olasveengen TM et al.), 2021) https://www.cprguidelines.eu/assets/guidelines/European-Resuscitation-Council-Guidelines-2021-Ba.pdf

# 25.11 Members Are Informed of Risks and Give Consent

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

**Applies to:** 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness. **Not applicable to:** Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Members receive clear information about the risks of the activities they join, and give consent before participation, with the consent recorded.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: members are informed of the risks of activity and give consent.

## GUIDANCE

Exercise carries risks, such as injury, collapse or aggravating a health condition. Members are told the specific risks of each activity in plain language and sign a consent form before they start.

The consent form is kept on file.

> **Good practice.** Each member receives clear, written information about the risks of the activities they will take part in and signs a consent form before they start.

> **Partial because.** Members sign a general membership form, but the risks of specific activities are not explained.

## WHAT GOOD LOOKS LIKE

- The consent form lists each activity and its specific risks, and it is signed before the first session of that activity.

## COMMON MISTAKES

- A general membership form signed once and used for every class.
- A consent form that is not explained to a member who cannot read it.

> **Why it matters.** Members need to know the risks of an activity before they take part, and agree to them. A member who was not told about a risk cannot have agreed to it.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the activity risk and consent records for 10 members who joined activities in the last 12 months.

### 1 Members receive information about the risks of each activity.

**Method.** Check each sampled record for the risks explained.

**Evidence to show.** Activity risk information and consent record (FW-FRM-007).

**Pass when.** Every sampled record shows the risks explained.

### 2 Consent is given before participation and recorded.

**Method.** Check each record for consent before the first activity date.

**Evidence to show.** Activity risk information and consent record (FW-FRM-007).

**Pass when.** Every record shows consent before participation.

**3** **Consent is recorded for each activity joined.**

**Method.** Check each activity joined against a recorded consent.

**Evidence to show.** Activity risk information and consent record (FW-FRM-007).

**Pass when.** No activity is joined without consent recorded.

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

**Immediate fail.** . A member injured in an activity they were never told was risky. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| FW-FRM-007 | Activity risk information and consent record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Activity risk information and consent record | — 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: data protection and privacy principles, relevant to health-tracking data. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

# 10 Questions and answers

**Who does Standard 25 apply to?**
It applies to fitness and wellness services. It is required by default in those services, optional in hospitals, ambulatory clinics, primary health clinics and long-term care, and not applicable to telemedicine, home care, dental or aesthetic clinics. 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 setting can realistically do. Green means Minimum, the lowest acceptable level.

**Does a clinic that does not run exercise programmes need this standard?**
No, unless it provides fitness or wellness services. If it does, the criteria apply to that service.

**Can a member's health-tracking data be shared?**
Only for the purposes the member consented to, under the data protection policy (criteria 25.1 and 25.11).

**Must a member have medical clearance before returning to exercise after an injury?**
Yes. Documented medical clearance is needed before a member returns to programming after a significant injury, surgery or medical event (criterion 25.2).

**Who can deliver post-injury programming?**
Staff with a specific qualification in this area, or staff directly overseen by them. The qualification is checked against the register (criterion 25.3).

**Is every member screened before exercise?**
Yes. Each member is screened for health risks before first exercise, and any risk is acted on before exercise begins (criterion 25.7).

**Must exercise sessions be supervised?**
Yes. Sessions are supervised by staff with a recognised qualification for the activity, and members receive instruction on technique before using equipment (criterion 25.8).

**How often is equipment checked?**
On a set schedule, with a daily check record for each piece of equipment. Each machine is set up for the member before use (criterion 25.9).

**Is a defibrillator required?**
Yes. Emergency equipment including a defibrillator is available and checked, and the emergency response is rehearsed and recorded (criterion 25.10).

**Must members give consent before taking part?**
Yes. Members receive information about the risks of each activity and give consent before they take part, and the consent is recorded (criterion 25.11).

**Does this standard set requirements for AI?**
No. None of its criteria sets a requirement for artificial intelligence. The criteria cover the members, programmes and records directly.

**Which e-learning courses are required?**
Most of the criteria require the manager and nurse to complete the course named for them. Pre-Participation Screening and Risk Assessment (FW-01) covers criterion 25.7. The full list is in the e-learning table in section 9.

**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.

**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. Do these answers replace it?**
No. These answers summarise the criterion. The criterion text is the authority.

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. One course is published in Georgian only. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

| Course | Essential for | Recommended for | Criteria | GMJ Academy course page |
|---|---|---|---|---|
| Digital Care and AI Systems for Care (FIT-12) (FIT-12-EN) | Manager, Nurse | None | 25.1 | English · Georgian |
| Rehabilitation and Recovery Programs in Fitness and Wellness (FIT-10) (FIT-10-KA) | Manager, Nurse | None | 25.2, 25.3, 25.4, 25.5, 25.6 | Georgian Georgian version only |
| Pre-Participation Screening & Risk Assessment (FW-01) (FW-01-EN) | Manager, Nurse | None | 25.7 | English · Georgian |
| Exercise Supervision & Instructor Qualification (FW-02) (FW-02-EN) | Manager, Nurse | None | 25.8 | English · Georgian |
| Equipment Safety & Facility Environment (FW-04) (FW-04-EN) | Manager, Nurse | None | 25.9 | English · Georgian |
| Emergency Preparedness & Cardiac Event Response (FW-03) (FW-03-EN) | Manager, Nurse | None | 25.10 | English · Georgian |
| Member Rights & Informed Consent (FW-06) (FW-06-EN) | Manager, Nurse | None | 25.11 | English · Georgian |

# 12 References

## CITED FOR CRITERIA


1. WHO (2021). Ethics and governance of artificial intelligence for health. Used for: Ethics and governance of AI for health: data protection and privacy principles, relevant to health-tracking data. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/ (criterion 25.1, 25.11)
2. 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 25.1)
3. WHO (2023). Promoting physical activity for older people: a toolkit for action. Used for: Promoting physical activity for older people: programme design, exercise and safety. https://news.gmj.ge/guideline/promoting-physical-activity-for-older-people-a-toolkit-for-action/ (criterion 25.4, 25.8)
4. WHO (2023). Guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings. Used for: Non-surgical management of chronic primary low back pain, including exercise, pain and warning signs. https://news.gmj.ge/guideline/guideline-for-non-surgical-management-of-chronic-primary-low-back-pain-in-adults-in-primary-and-community-care-settings/ (criterion 25.5)
5. Updating ACSM's recommendations for exercise preparticipation health screening (American College of Sports Medicine (Riebe D, Franklin BA, Thompson PD et al.), 2015) https://digitalcommons.uri.edu/kinesiology_facpubs/180 (criterion 25.7)
6. European Resuscitation Council Guidelines 2021: Basic Life Support (European Resuscitation Council (Olasveengen TM et al.), 2021) https://www.cprguidelines.eu/assets/guidelines/European-Resuscitation-Council-Guidelines-2021-Ba.pdf (criterion 25.10)


## 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 25, 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 |
|---|---|---|---|---|
| DIG-POL-001 | (name to be confirmed) | Policy | | 25.1 |
| EQP-SOP-001 | (name to be confirmed) | Procedure (SOP) | | 25.9 |
| FW-FRM-001 | Health-tracking data consent record | Form (record) | | 25.1 |
| FW-FRM-002 | Medical clearance record | Form (record) | | 25.2 |
| FW-FRM-003 | Functional assessment and programme record | Form (record) | | 25.4 |
| FW-FRM-004 | Referring clinician communication record | Form (record) | | 25.6 |
| FW-FRM-005 | Pre-participation screening form | Form (record) | | 25.7 |
| FW-FRM-006 | Equipment daily check record | Form (record) | | 25.9 |
| FW-FRM-007 | Activity risk information and consent record | Form (record) | | 25.11 |
| FW-PLN-001 | Cardiac and medical emergency plan | Plan | | 25.10 |
| FW-POL-001 | Fitness data protection and consent | Policy | | 25.1 |
| FW-REG-001 | Staff qualification register | Register | | 25.3, 25.8 |
| FW-REG-003 | Defibrillator check and rehearsal register | Register | | 25.10 |
| FW-SOP-001 | Return-to-activity programme after injury | Procedure (SOP) | | 25.2 |
| FW-SOP-002 | Warning signs and stop protocol | Procedure (SOP) | | 25.5 |
| FW-SOP-003 | Pre-participation screening | Procedure (SOP) | | 25.7 |
| FW-SOP-004 | Exercise supervision and instruction | Procedure (SOP) | | 25.8 |
| WRK-SOP-001 | (name to be confirmed) | Procedure (SOP) | | 25.3, 25.5 |