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ASF Health Standards Version 11

Standard 3: Premises, Signage, Accessibility and Equipment

Core standard · applicability by facility type shown for each criterion

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APPROVAL

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Date: 1 November 2026

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

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 3 at a glance: criteria, responsibilities, training

9 Criteria 3.1 to 3.17 (each on its own page)

10 Questions and answers

11 References

12 Document register

Criterion pages: 3.1 Reception Desk Accessibility · 3.2 Waiting and Queue Time Is Actively Managed · 3.3 Water Supply Is Safe and Monitored · 3.4 Medical Equipment Is Maintained on Schedule · 3.5 Shared Spaces Are Clean · 3.6 Facility Risks Are Tracked in One Integrated Register · 3.7 Facility Signage Is Complete Throughout the Building · 3.8 Fault Prevention Is Planned, Not Only Repaired · 3.9 Endoscopy Equipment Is Safe to Use and Properly Reprocessed · 3.10 Handrails Are Fitted Where Patients Walk · 3.11 Toilets and Washrooms Have Correct Grab Bars · 3.12 An Accessible Toilet Is Available Where Patients Need One · 3.13 Toilet and Washroom Doors Allow Rescue · 3.14 Lighting Supports Safe Movement · 3.15 Beds and Chairs Are Set to Reduce Fall Risk · 3.16 Walking Aids and Mobility Equipment Are Available and Checked · 3.17 Routes Are Clear of Clutter and Trip Hazards.

1 Introduction

This document is Standard 3 of ASF Health Standards. It sets out how the physical facility must be kept safe, accessible and working: how patients reach reception and wait for care, how water, medical equipment, cleaning, signage and critical services are kept safe, how facility risks are tracked in one register, and how the building supports patients who walk, use a wheelchair, or need a toilet, a rail, a light or a bed that is safe to use.

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 3 defines the minimum condition of the premises, equipment and services that patients rely on every day. A building that is unsafe, inaccessible or poorly maintained causes harm even when the clinical care is good.

Who should read it. Facility managers, maintenance and facilities staff, infection prevention and cleaning supervisors, biomedical engineers, reception and access staff, 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 3 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 3.1 to 3.17, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

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

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

4 Scope

Standard 3 covers the reception and waiting areas, water supply, medical equipment, cleaning of shared spaces, the integrated facility risk register, signage, the prevention of failures in critical services, endoscopy equipment, and the accessibility of routes, toilets, washrooms, lighting, beds and mobility equipment.

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 3 APPLIES

Standard 3 applies to every facility type, but not every criterion applies to every type. A criterion is marked N/A for a facility type only where that facility has no activity the criterion covers; for example, criterion 3.9 on endoscopy applies only to facilities that offer endoscopy. The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

Criterion	Applies to
3.1 Reception Desk Accessibility	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
3.2 Waiting and Queue Time Is Actively Managed	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness
3.3 Water Supply Is Safe and Monitored	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
3.4 Medical Equipment Is Maintained on Schedule	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic N/A: Fitness and wellness
3.5 Shared Spaces Are Clean	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
3.6 Facility Risks Are Tracked in One Integrated Register	all nine facility types
3.7 Facility Signage Is Complete Throughout the Building	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
3.8 Fault Prevention Is Planned, Not Only Repaired	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine

Criterion	Applies to
3.9 Endoscopy Equipment Is Safe to Use and Properly Reprocessed	Hospital, Ambulatory clinic N/A: Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
3.10 Handrails Are Fitted Where Patients Walk	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
3.11 Toilets and Washrooms Have Correct Grab Bars	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
3.12 An Accessible Toilet Is Available Where Patients Need One	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
3.13 Toilet and Washroom Doors Allow Rescue	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
3.14 Lighting Supports Safe Movement	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine
3.15 Beds and Chairs Are Set to Reduce Fall Risk	Hospital, Ambulatory clinic, Long-term care, Home care, Dental clinic, Aesthetic and procedure clinic N/A: Primary health clinic, Telemedicine, Fitness and wellness
3.16 Walking Aids and Mobility Equipment Are Available and Checked	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Fitness and wellness N/A: Telemedicine, Dental clinic, Aesthetic and procedure clinic
3.17 Routes Are Clear of Clutter and Trip Hazards	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine

5 Ratings and colours

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

In standard settings every criterion is Must.

TRAINING LEVELS

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

6 Abbreviations

Abbreviation	Meaning
ASF	Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body
FRM	Form. A record that is filled in and kept as evidence
GDL	Guide. Reference guidance for staff
ISCO-08	International Standard Classification of Occupations, 2008 edition (International Labour Organization)
PLN	Plan. A written plan with aims, owners and dates
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries, such as equipment, actions or checks
SOP	Standard operating procedure. A step-by-step description of how a task is done

DOCUMENT CODE PREFIXES

Prefix	Topic
ACC	Access and waiting documents
ACS	Accessibility documents
ENV	Environment and cleanliness documents
EQP	Medical equipment documents
FAC	Facility risk and services documents
WAT	Water safety documents

7 Terms and definitions

Term	Definition
Accessible toilet	A toilet with enough clear floor space and bars for a wheelchair user to transfer, built to recognised international guidance for health facilities.

Term	Definition
Contingency plan	A written plan for what the facility does when a service, such as water, stops or fails.
Critical service	A service on which patient care depends, such as power, water, medical gases, ventilation or clinical information systems.
Criterion	One numbered requirement in a standard, for example 3.1. Each criterion has its own rating, pass rule and immediate-fail rule.
Endoscope	A flexible or rigid instrument with a camera or light used to look inside the body. Its reprocessing is governed by criterion 3.9.
Evidence	The records, documents and observations that show a criterion is met.
Grab bar	A fixed rail beside a toilet or in a washroom that a patient holds to move on or off the toilet.
High-touch surface	A surface that many people touch often, such as door handles, rails, taps and call buttons.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Must, Medium, Minimum	The three ratings of a criterion. Must is required in every setting; Medium is required, adapted to what a transition setting can realistically do; Minimum is the lowest acceptable level in a humanitarian setting. See section 5.
Pass rule	The condition that shows a criterion is met, given as a number, a percentage or a yes/no test.
Reprocessing	The cleaning, disinfection or sterilisation of reusable equipment between uses.
Sample	The set of records, rooms, routes or equipment that the assessor checks for a criterion. The sample is stated for each criterion.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard. Each criterion is rated for each setting.
Standard setting	A facility with full resources. Every criterion is Must in standard settings.
Transition and fragile setting	A facility in a health system that is changing or under strain, able to meet part of the standard at Medium level.
Trip hazard	Anything on a route that a person could catch a foot on, such as a cable, a box, a mat or a raised edge.
Verified micro-credential	A training credential that can be checked against the issuer's record, such as one held in the GMJ Academy micro-credential portfolio.

8 Standard 3 at a glance

Standard 3: Premises, Signage, Accessibility and Equipment is a core standard of ASF Health Standards. It applies to every facility type, and each criterion shows the facility types it applies to. It covers the condition of the premises and the services that patients rely on, from reception and water to equipment, cleaning, signage and the accessibility of routes, toilets, lighting and beds.

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

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
3.1	Reception Desk Accessibility	Medium	Must	Must
3.2	Waiting and Queue Time Is Actively Managed	Minimum	Medium	Must
3.3	Water Supply Is Safe and Monitored	Must	Must	Must
3.4	Medical Equipment Is Maintained on Schedule	Must	Must	Must
3.5	Shared Spaces Are Clean	Minimum	Medium	Must
3.6	Facility Risks Are Tracked in One Integrated Register	Medium	Must	Must
3.7	Facility Signage Is Complete Throughout the Building	Medium	Must	Must
3.8	Fault Prevention Is Planned, Not Only Repaired	Minimum	Must	Must
3.9	Endoscopy Equipment Is Safe to Use and Properly Reprocessed	Minimum	Medium	Must
3.10	Handrails Are Fitted Where Patients Walk	Minimum	Medium	Must
3.11	Toilets and Washrooms Have Correct Grab Bars	Minimum	Medium	Must
3.12	An Accessible Toilet Is Available Where Patients Need One	Minimum	Medium	Must
3.13	Toilet and Washroom Doors Allow Rescue	Minimum	Must	Must
3.14	Lighting Supports Safe Movement	Minimum	Medium	Must
3.15	Beds and Chairs Are Set to Reduce Fall Risk	Minimum	Medium	Must
3.16	Walking Aids and Mobility Equipment Are Available and Checked	Minimum	Medium	Must
3.17	Routes Are Clear of Clutter and Trip Hazards	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
3.1	Reception Desk Accessibility	Manager (ISCO 1342) · Secretary (ISCO 3344)
3.2	Waiting and Queue Time Is Actively Managed	Manager (ISCO 1342) · Secretary (ISCO 3344)
3.3	Water Supply Is Safe and Monitored	Manager (ISCO 1342)
3.4	Medical Equipment Is Maintained on Schedule	Manager (ISCO 1342) · Nurse (ISCO 2221)
3.5	Shared Spaces Are Clean	Manager (ISCO 1342)
3.6	Facility Risks Are Tracked in One Integrated Register	Chief executive (ISCO 1120) · Manager (ISCO 1342)
3.7	Facility Signage Is Complete Throughout the Building	Manager (ISCO 1342) · Secretary (ISCO 3344)
3.8	Fault Prevention Is Planned, Not Only Repaired	Manager (ISCO 1342)
3.9	Endoscopy Equipment Is Safe to Use and Properly Reprocessed	Nurse (ISCO 2221)
3.10	Handrails Are Fitted Where Patients Walk	Manager (ISCO 1342) · Nurse (ISCO 2221)
3.11	Toilets and Washrooms Have Correct Grab Bars	Manager (ISCO 1342)
3.12	An Accessible Toilet Is Available Where Patients Need One	Manager (ISCO 1342)
3.13	Toilet and Washroom Doors Allow Rescue	Manager (ISCO 1342)
3.14	Lighting Supports Safe Movement	Manager (ISCO 1342)
3.15	Beds and Chairs Are Set to Reduce Fall Risk	Nurse (ISCO 2221) · Manager (ISCO 1342)
3.16	Walking Aids and Mobility Equipment Are Available and Checked	Manager (ISCO 1342) · Nurse (ISCO 2221)
3.17	Routes Are Clear of Clutter and Trip Hazards	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.	The executive team (COO, CMO, CNO, CFO, CQO, CHRO, CIO, CSO), and the legal, data protection, compliance and communications leads.
Manager (ISCO 1342)	The chief operating officer (COO).	Biomedical engineer, maintenance supervisor, groundskeeper, space planner and waste management officer.
Nurse (ISCO 2221)	The head nurse.	Nursing associates and health care assistants.
Secretary (ISCO 3344)	The head of department (per specialty).	No direct reports.

8.3 TRAINING FOR STANDARD 3

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

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Access & Arrival: Getting Patients Through the Door (H-01)	Manager	Secretary	3.1, 3.7	Georgian Georgian version only
Reception & Information: The First Ten Minutes (H-02)	Secretary	Manager	3.1, 3.2	Georgian Georgian version only
Water Source Testing & Documentation (WATER-01)	Manager	None	3.3	English · Georgian
Legionella Prevention & Hot Water Systems (WATER-03)	Manager	None	3.3	Georgian Georgian version only
Environment & Shared Spaces (H-03)	Manager	Nurse, Chief executive	3.4, 3.5, 3.6, 3.8	English · Georgian
Electrical Safety & Appliance Inspection (ELEC-01)	Manager	Nurse	3.4	English · Georgian
Environmental Hygiene Standards for ASF Accreditation (HYG-01)	None	Manager	3.5	English · Georgian
Linen, Laundry & Housekeeping Standards (HYG-02)	None	Manager	3.5	Georgian Georgian version only
Internal Audit — Planning, Performing, Reporting (T-03)	None	Chief executive, Manager	3.6	English · Georgian
Gastroenterology & Endoscopy Safety Standards (AMB-22)	None	Nurse	3.9	English · Georgian

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Slip, Trip & Fall Prevention (FALL-01)	None	Manager, Nurse	3.10, 3.11, 3.14, 3.15, 3.16, 3.17	Georgian Georgian version only
Safety & Emergency Preparedness (H-05)	Manager	Nurse	3.10, 3.12, 3.13, 3.15, 3.16	English · Georgian
Emergency Preparedness and Fire Safety (T-10)	Manager	None	3.13, 3.14, 3.17	English · Georgian

Each course is published in the GMJ Academy (academy.gmj.ge). Where a course has an English and a Georgian version, both are linked. Five 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.

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
Facility Signage and Wayfinding (BAS-08)	Signage, access and wayfinding	3.1, 3.7	English
Access & Wayfinding for Ambulatory Facilities (AMB-01)	Signage, access and wayfinding	3.1, 3.7	English · Georgian
Environment & Shared Spaces (AMB-03)	Environment and equipment for your facility type	3.4, 3.5	English · Georgian
Clinical Environment & Safety (PHC-06)	Environment and equipment for your facility type	3.4, 3.5	English · Georgian
Living Environment & Safety in Long-Term Care (LTC-02)	Environment and equipment for your facility type	3.4, 3.5	English · Georgian
Equipment Safety & Facility Environment (FW-04)	Environment and equipment for your facility type	3.4, 3.5	English · Georgian
Risk-Based Thinking and the Risk Register (ISO-05)	Risk register	3.6	English
Sterilization, Disinfection and Reprocessing (PS-07)	Reprocessing of reusable devices	3.9	English · Georgian
Fall Prevention (PS-05)	Falls prevention	3.10 to 3.17	English · Georgian
Hospital Falls Prevention and Risk Assessment	Falls prevention	3.10 to 3.17	English
Safety & Emergency Preparedness (AMB-05)	Emergency preparedness in ambulatory clinics	3.13	English · Georgian

3.1 Reception Desk Accessibility

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care. Each setting shows its rating above.

> **Criterion.** At least one reception or registration point is at a height a wheelchair user can approach and communicate with the receptionist at eye level — not looking up at a standard-height counter designed only for someone standing.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a reception point that a wheelchair user can reach and speak across at eye level.

GUIDANCE

Patients who use wheelchairs must be able to reach the reception and talk to the receptionist without looking up at a counter designed only for people who are standing. At least one reception or registration point must have a lowered section, or an equivalent arrangement such as a desk at the same height on the patient side. The point must be kept clear, so that a wheelchair can reach it.

The facility records the check in the reception procedure (ENV-SOP-001) and its form (ENV-FRM-001). Where a facility is in an older building, the lowered point can be a temporary arrangement, but it must be in place, marked and used.

> **Good practice.** At least one reception or registration point has a lowered section that a wheelchair user can approach and use, and staff speak with the patient at eye level. The lowered section is kept clear, and the check is recorded.

> **Partial because.** A lowered counter exists, but it is blocked or used for storage, or its height and approach have not been checked and recorded.

WHAT GOOD LOOKS LIKE

- A reception point at a height that a wheelchair user can reach and use, marked and kept clear.
- A reception procedure (ENV-SOP-001) that names the point and how it is staffed.
- A completed check form (ENV-FRM-001) for each review.
- A receptionist who speaks with a wheelchair user at eye level in the walk-through.

COMMON MISTAKES

- A counter at standard height as the only point.
- A lowered point blocked by boxes or chairs.
- A check made only once, at opening.
- Staff who do not know the lowered point exists.

> **Why it matters.** A patient who uses a wheelchair cannot register if the reception counter is too high to reach or speak across. A facility that cannot be used by every patient fails the basic test of access.

WHAT THE ASSESSOR CHECKS

Sample. Check every reception and registration point on the facility's main routes.

1 At least one point is at a usable height.

Method. Measure the counter height at the accessible point.

Evidence to show. ENV-FRM-001 Accessibility Check Record (reception).

Pass when. At least one counter is at a height a wheelchair user can use.

2 A wheelchair user can communicate at eye level.

Method. Check that the accessible point has a space where a seated person can be served face to face.

Evidence to show. ENV-FRM-001 Accessibility Check Record (reception).

Pass when. Communication at eye level is possible at the accessible point.

3 The lower section stays clear.

Method. Check the lower section on the day of the visit and on a second unannounced check.

Evidence to show. ENV-SOP-001 Accessible Reception and Registration Points.

Pass when. The lower section is clear on both checks.

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

Immediate fail. No reception or registration point can be used by a wheelchair user. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-SOP-001	Accessible Reception and Registration Points	Manager	Chief executive	Chief executive
ENV-FRM-001	Accessibility Check Record (reception)	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Access & Arrival: Getting Patients Through the Door; Reception & Information: The First Ten Minutes Essential in all settings
Secretary (ISCO 3344)	Front desk and records support	Access & Arrival: Getting Patients Through the Door; Reception & Information: The First Ten Minutes Essential in all settings

REFERENCES FOR THIS CRITERION

- International Organization for Standardization (2021). ISO 21542:2021. Building construction: Accessibility and usability of the built environment. https://news.gmj.ge/guideline/iso-21542-accessibility-usability-built-environment/

3.2 Waiting and Queue Time Is Actively Managed

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

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

> **Criterion.** Patients waiting for registration, triage, or an ambulatory appointment are managed through a defined queue system with visible, honest wait-time information — rather than leaving patients unsure how long they will wait or whether they have been forgotten.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a defined queue system, with honest wait-time information and checks on patients who are waiting.

GUIDANCE

Patients wait for registration, triage and ambulatory appointments. A defined queue system (ACC-SOP-001) says how patients are called, how the order is kept, and how staff check on people who are waiting. Wait-time information shown to patients is honest: it is updated, and it is not a fixed sign that is never changed.

The queue record (ACC-FRM-001) and the access and waiting register (ACC-REG-001) show the waits and the checks made. Staff are trained to notice a waiting patient who is getting worse, and the procedure says what they do next.

> **Good practice.** Registration, triage and appointments each use a defined queue. Patients can see or are told the expected wait, and anyone who waits a long time is re-assessed, with the re-assessment recorded.

> **Partial because.** A queue system is used in some areas only, wait-time information is not shared with patients, or long-waiting patients are not re-assessed.

WHAT GOOD LOOKS LIKE

- A queue procedure (ACC-SOP-001) that is in use, not only filed.
- Wait-time information that is updated and honest.
- A register (ACC-REG-001) showing waits and the checks made on waiting patients.
- Staff who know how to recognise a patient who is getting worse while waiting.

COMMON MISTAKES

- A fixed wait-time sign that is never changed.
- Patients left without any information about how long they will wait.
- No one checking on patients in the waiting area.
- Using a number ticket that is not called in order.

> **Why it matters.** Long, unexplained waits drive patients away and hide problems. A defined queue, honest wait information and a check on waiting patients keep the flow safe and fair.

WHAT THE ASSESSOR CHECKS

Sample. Review the queue log and wait-time reviews for the last month.

1 A defined queue system is in use.

Method. Check the queue log for registration, triage and ambulatory waiting.

Evidence to show. ACC-FRM-001 Queue Log; ACC-SOP-001 Queue and Wait-Time Management.

Pass when. A queue system is used in each of the three areas.

2 Wait-time information is shared with patients.

Method. Check that wait-time information is displayed or given to waiting patients.

Evidence to show. ACC-REG-001 Monthly Wait-Time Review.

Pass when. Information is visible or communicated during the wait.

3 Changes in condition are noticed while patients wait.

Method. Check the record of re-assessment for patients who waited longer than the set time.

Evidence to show. ACC-FRM-001 Queue Log, with re-assessment entries.

Pass when. Each long-waiting patient has a recorded re-assessment.

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

Immediate fail. Patients wait with no queue system, and a waiting patient who deteriorates is not noticed. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ACC-SOP-001	Queue and Wait-Time Management	Manager	Chief executive	Chief executive
ACC-FRM-001	Queue Log	Manager	Chief executive	Manager
ACC-REG-001	Monthly Wait-Time Review	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Reception & Information: The First Ten Minutes Humanitarian: Recommended; Transition: Recommended; Standard: Recommended
Secretary (ISCO 3344)	Front desk and records support	Reception & Information: The First Ten Minutes Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- National Institute for Health and Care Excellence (UK) (2007). Acutely ill adults in hospital: recognising and responding to deterioration. https://news.gmj.ge/guideline/acutely-ill-adults-in-hospital-recognising-and-responding-to-deterioration/
- World Health Organization (2021). Emergency Triage Assessment and Treatment (ETAT): Manual for Participants. https://news.gmj.ge/guideline/emergency-triage-assessment-and-treatment-etat-manual-for-participants/

3.3 Water Supply Is Safe and Monitored

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care. Each setting shows its rating above.

> **Criterion.** Water quality is tested on a defined schedule and a contingency plan exists for interruption — not an assumption that municipal supply is automatically safe.

Rating rule. Must in every setting: scheduled water testing, with results acted on and a contingency plan for interruption.

GUIDANCE

Water is tested on a schedule set in the water procedure (WAT-SOP-001). Samples are taken and tested, and the results are recorded on the water test form (WAT-FRM-001). The municipal supply is not assumed to be safe: the schedule covers the water as it is used in the facility, including storage tanks and outlets used for patients.

A water contingency plan (WAT-PLN-001) says what happens if the supply stops or is contaminated: where water comes from, how it is stored and who decides when to use it. Test results are reviewed, and any failed result has a recorded action and a retest.

> **Good practice.** Water is tested on the dates in the schedule, each out-of-range result has a recorded action, and an approved contingency plan says what happens when the supply stops.

> **Partial because.** Water is tested, but not on the scheduled dates, or out-of-range results have no recorded action, or the contingency plan is not approved.

WHAT GOOD LOOKS LIKE

- A water testing schedule (WAT-SOP-001) and test records (WAT-FRM-001) for the water used.
- A water contingency plan (WAT-PLN-001) that names the back-up source and who decides to use it.
- Review of each result, with a recorded action for any failure.
- Tests on storage tanks and outlets used for patients, not only the main supply.

COMMON MISTAKES

- Assuming the municipal supply is safe with no test on record.
- A contingency plan that exists only on paper, with no back-up source named.
- Test results filed without review.
- Testing only at the main inlet.

> **Why it matters.** Water supply in a field setting is often the first thing to fail and the most important for health. Testing it on a schedule, with a plan for when supply stops, prevents disease outbreaks.

WHAT THE ASSESSOR CHECKS

Sample. Review the water test records for the last 12 months.

1 **Water quality is tested on a defined schedule.**

Method. Compare the test dates with the schedule in the procedure.

Evidence to show. WAT-FRM-001 Water Test Record; WAT-SOP-001 Water Quality Testing and Safety.

Pass when. Tests are recorded on the scheduled dates.

2 **A contingency plan exists for supply interruption.**

Method. Read the plan and check that it names the alternative supply and the responsible person.

Evidence to show. WAT-PLN-001 Water Interruption Contingency Plan.

Pass when. The plan is approved and names both.

3 **Results are reviewed and acted on.**

Method. Check each out-of-range result for a recorded action.

Evidence to show. WAT-FRM-001 Water Test Record, with actions.

Pass when. Each out-of-range result has a recorded action.

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

Immediate fail. Water is used for patients with no testing on record, or a supply failure has no contingency plan. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
WAT-SOP-001	Water Quality Testing and Safety	Manager	Chief executive	Chief executive
WAT-FRM-001	Water Test Record	Manager	Chief executive	Manager
WAT-PLN-001	Water Interruption Contingency Plan	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Water Source Testing & Documentation; Legionella Prevention & Hot Water Systems Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2022). WASH FIT: A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, Second edition. https://news.gmj.ge/guideline/wash-fit-a-practical-guide-for-improving-quality-of-care-through-water-sanitation-and-hygiene-in-health-care-facilities-second-edition/
- Pan American Health Organization (2020). Water, Sanitation, and Hygiene Standards in Health Care Facilities. https://news.gmj.ge/guideline/water-sanitation-and-hygiene-standards-in-health-care-facilities/

3.4 Medical Equipment Is Maintained on Schedule

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

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

> **Criterion.** A maintenance programme covers all clinical equipment on a defined schedule, and faulty equipment is removed from use, not kept in service until it is repaired.

Rating rule. Must in every setting: a maintenance schedule for all clinical equipment, with faulty items taken out of use.

GUIDANCE

Every item of clinical equipment is on a maintenance schedule (EQP-SOP-001). The schedule lists each item, its last service and its next service, and the person responsible. The equipment register (EQP-REG-001) and the maintenance record (EQP-FRM-001) show that the work was done.

A faulty item is removed from use at once and tagged as out of use until it is repaired and tested. A device that is kept in service while known to be faulty does not meet this criterion, whatever the schedule says.

> **Good practice.** Every clinical device is on the inventory with a scheduled service. Faulty items are tagged and taken out of use at once, and a named person runs the programme.

> **Partial because.** A maintenance schedule exists but does not cover every device, or services are overdue, or staff do not know who runs the programme.

WHAT GOOD LOOKS LIKE

- A maintenance schedule (EQP-SOP-001) listing each clinical item, its last and next service and its owner.
- An equipment register (EQP-REG-001) and maintenance records (EQP-FRM-001).
- Out-of-use tags on any item waiting for repair.
- A named person who runs the programme and reports to leadership.

COMMON MISTAKES

- Keeping a known faulty device in service until the next scheduled service.
- A register that is not kept up to date.
- Items that are missing from the schedule because they are kept in another department.
- Repairs recorded with no test before return to use.

> **Why it matters.** Clinical equipment that is faulty and still in use causes injury. A maintenance schedule and removal of faulty items prevent it.

WHAT THE ASSESSOR CHECKS

Sample. Select the clinical equipment in two clinical areas and check its service records.

1 A maintenance schedule covers all clinical equipment.

Method. Check the inventory against the maintenance schedule.

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

Pass when. Every item on the inventory has a scheduled service.

2 Faulty equipment is taken out of use.

Method. Find any item marked faulty and check that it carries an out-of-use tag and is not in service.

Evidence to show. EQP-FRM-001 Out-of-Use Tag Record.

Pass when. Every faulty item is tagged out of use.

3 A named person runs the programme.

Method. Check the procedure for the named role responsible for maintenance.

Evidence to show. EQP-SOP-001 Medical Equipment Maintenance and Removal from Use.

Pass when. A named role is responsible, and the post-holder is known to staff.

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

Immediate fail. Faulty clinical equipment is kept in use with no out-of-use tag. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
EQP-SOP-001	Medical Equipment Maintenance and Removal from Use	Manager	Chief executive	Chief executive
EQP-FRM-001	Out-of-Use Tag Record	Manager	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)	Runs the facility process this criterion measures	Environment & Shared Spaces; Electrical Safety & Appliance Inspection Essential in all settings
Nurse (ISCO 2221)	Uses or checks the equipment and falls controls at the bedside	Environment & Shared Spaces; Electrical Safety & Appliance Inspection Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2026). Regional manual with operating guides on respiratory care equipment and devices. https://news.gmj.ge/guideline/regional-manual-with-operating-guides-on-respiratory-care-equipment-and-devices/

3.5 Shared Spaces Are Clean

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care. Each setting shows its rating above.

> **Criterion.** Shared clinical and waiting areas are cleaned on a documented schedule, with cleanliness verified by more than a visual check on the day of assessment.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a documented cleaning schedule, with cleanliness verified beyond a visual check.

GUIDANCE

Shared clinical areas and waiting areas are cleaned on a documented schedule (ENV-SOP-002), with the cleaning recorded on the cleaning form (ENV-FRM-002). High-touch surfaces, such as door handles, rails, chairs and taps, are on the list and are cleaned more often than floors.

A visual check is not enough on its own. The facility verifies cleanliness on the day, for example by a documented surface check or a standard checklist signed by a supervisor, and records the result.

> **Good practice.** Shared clinical and waiting areas are cleaned on a documented schedule and each clean is recorded. Cleanliness is audited by a defined method that includes high-touch surfaces.

> **Partial because.** Cleaning is scheduled and recorded, but it is checked only by looking, or high-touch surfaces are not named and audited.

WHAT GOOD LOOKS LIKE

- A cleaning schedule (ENV-SOP-002) covering clinical and waiting areas.
- Cleaning records (ENV-FRM-002) for each shift or day, signed by the person who did the work.
- A surface check on high-touch items, with the result recorded.
- A supervisor's verification on the day of assessment.

COMMON MISTAKES

- A schedule that is posted but not used.
- Records that stop three months before the assessment.
- Cleaning that is checked only by looking at the floor.
- High-touch surfaces left off the list.

> **Why it matters.** Shared clinical and waiting areas are where infection spreads from one patient to the next. Cleaning on a documented schedule, checked by more than a look, is what keeps those areas safe.

WHAT THE ASSESSOR CHECKS

Sample. Review the cleaning records and the audit results for the last 3 months.

1 **A cleaning schedule exists and is recorded.**

Method. Compare the records with the schedule for each shared space.

Evidence to show. ENV-SOP-002 Cleaning of Shared Clinical and Waiting Areas.

Pass when. Each scheduled clean is recorded.

2 **Cleaning is verified beyond a visual check.**

Method. Check the audit records for a defined inspection process.

Evidence to show. ENV-FRM-002 Cleanliness Audit Record.

Pass when. Audits follow the defined process and are recorded.

3 **High-touch surfaces are included.**

Method. Check that high-touch surfaces are named in the schedule and in the audit.

Evidence to show. ENV-SOP-002 and ENV-FRM-002.

Pass when. High-touch surfaces are named and audited.

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

Immediate fail. Shared spaces have no cleaning schedule, or no records for the last 3 months. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-SOP-002	Cleaning of Shared Clinical and Waiting Areas	Manager	Chief executive	Chief executive
ENV-FRM-002	Cleanliness Audit Record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Environment & Shared Spaces; Environmental Hygiene Standards for ASF Accreditation; Linen, Laundry & Housekeeping Standards Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- Centers for Disease Control and Prevention (USA) (2008). Guideline for Disinfection and Sterilization in Healthcare Facilities. https://news.gmj.ge/guideline/guideline-for-disinfection-and-sterilization-in-healthcare-facilities/

3.6 Facility Risks Are Tracked in One Integrated Register

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

Applies to: all nine facility types. Each setting shows its rating above.

> **Criterion.** Water safety, fire safety, equipment maintenance, and other facility risks are tracked together in one reviewed risk register — not as separate, disconnected checklists that nobody views as a whole picture.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: one reviewed register for water, fire, equipment and other facility risks.

GUIDANCE

Water safety, fire safety, equipment maintenance and other facility risks are recorded in one integrated register (FAC-REG-001). The register is fed by the water, fire and equipment records, so that a problem in one area is visible next to the others. Each risk is given a priority, an owner and a review date.

Leadership reviews the register on a schedule set in the facility risk procedure (FAC-SOP-001). Review is recorded in the minutes, and the review leads to decisions when a risk is rated high.

> **Good practice.** Water, fire, equipment and other facility risks are held in one register. Each risk has a priority, and leadership reviews the register on the scheduled dates.

> **Partial because.** A register exists, but it does not include every source of risk, or risks are not prioritised, or leadership reviews are missed.

WHAT GOOD LOOKS LIKE

- One integrated risk register (FAC-REG-001) that includes water, fire and equipment risks.
- Each risk with a priority, an owner and a review date.
- A risk procedure (FAC-SOP-001) and minutes showing leadership reviews.
- Decisions recorded for each high-rated risk.

COMMON MISTAKES

- Separate checklists for water, fire and equipment that no one reads together.
- A register with no owners.
- A register reviewed only when an incident happens.
- Risks listed but not prioritised.

> **Why it matters.** Facility risks tracked on separate lists, one for water, one for fire, one for equipment, are seen by different people and can be missed. One integrated register shows the whole picture to the people who must act.

WHAT THE ASSESSOR CHECKS

Sample. Review the risk register and its review records for the last 12 months.

1 Water, fire and equipment data feed one register.

Method. Check that the register contains entries from each of the three sources.

Evidence to show. FAC-REG-001 Integrated Facility Risk Register.

Pass when. Entries from all three sources are in one register.

2 Leadership reviews the register on a schedule.

Method. Check the dates and attendees of the leadership reviews.

Evidence to show. FAC-SOP-001 Facility Risk Management Procedure.

Pass when. The register is reviewed on the scheduled dates by leadership.

3 Risks are prioritised.

Method. Check that each risk has a priority rating.

Evidence to show. FAC-REG-001 Integrated Facility Risk Register.

Pass when. Every risk has a priority.

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

Immediate fail. No integrated risk register exists, and water, fire and equipment risks are held in untracked lists. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
FAC-SOP-001	Facility Risk Management Procedure	Manager	Chief executive	Chief executive
FAC-REG-001	Integrated Facility Risk Register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Carries accountability to the governing body	Environment & Shared Spaces; Internal Audit — Planning, Performing, Reporting Essential in all settings
Manager (ISCO 1342)	Runs the facility process this criterion measures	Environment & Shared Spaces; Internal Audit — Planning, Performing, Reporting Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Hospital Safety Index: Guide for Evaluators, 2nd ed. https://news.gmj.ge/guideline/hospital-safety-index-guide-for-evaluators-2nd-ed/
- Pan American Health Organization (2020). A Checklist for COVID-19 Pandemic Risk and Impact Management. https://news.gmj.ge/guideline/a-checklist-for-covid-19-pandemic-risk-and-impact-management/

3.7 Facility Signage Is Complete Throughout the Building

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care. Each setting shows its rating above.

Criterion. Evacuation routes, emergency exits, restrooms, and procedure or department doors are clearly and consistently signed throughout the facility — not only the entrance and reception area covered under wayfinding, and not assumed adequately covered by evacuation drills alone.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: evacuation routes, exits, restrooms and department doors signed throughout the building.

GUIDANCE

Patients and visitors must be able to find evacuation routes, emergency exits, restrooms and the doors of departments and procedure rooms on every floor. The signs use the same words, symbols and colours throughout the building, and are not limited to the entrance and reception area. Signage is part of the facility plan (ENV-SOP-003), and the signage check form (ENV-FRM-005) records each floor.

Drills do not replace signs. A person who is unfamiliar with the building, or who is unwell, must be able to follow the signs on their own. Signs that are damaged, faded or blocked by objects are reported and fixed.

Good practice. Evacuation routes, exits, restrooms and department doors are signed on every floor to one standard. Signs are surveyed each quarter, and damaged or blocked signs are fixed.

Partial because. Routes and exits are signed, but labels are not consistent across the building, or the quarterly check is not recorded.

WHAT GOOD LOOKS LIKE

- Signs on every floor for evacuation routes, emergency exits, restrooms and department doors.
- Consistent wording, symbols and colours throughout the building (ENV-SOP-003).
- A signage check form (ENV-FRM-005) for each floor.
- Damaged signs reported and replaced.

COMMON MISTAKES

- Signs at the entrance only.
- Evacuation signs covered by furniture or stored objects.
- Different words for the same room on different floors.
- Relying on drills to teach the routes.

Why it matters. In an emergency, people must find the exit within seconds, and patients who cannot read a sign easily must still be guided. Clear, complete, consistent signage throughout the building is part of the emergency plan.

WHAT THE ASSESSOR CHECKS

Sample. Walk every floor and check the signage on the evacuation routes and on department doors.

1 Evacuation routes are signed throughout.

Method. Walk each floor and check every evacuation route and exit.

Evidence to show. ENV-FRM-005 Signage Survey and Quarterly Check.

Pass when. Routes and exits are signed on every floor.

2 Restrooms and department doors are labelled consistently.

Method. Check the labels against the signage standard.

Evidence to show. ENV-SOP-003 Facility Signage Standard.

Pass when. Labels match the standard.

3 Signage is checked for damage and obstruction.

Method. Check the quarterly survey record for the last quarter.

Evidence to show. ENV-FRM-005 Signage Survey and Quarterly Check.

Pass when. The quarterly check is recorded, and defects have actions.

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

Immediate fail. Evacuation routes or emergency exits are unsigned on any floor. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-SOP-003	Facility Signage Standard	Manager	Chief executive	Chief executive
ENV-FRM-005	Signage Survey and Quarterly Check	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Access & Arrival: Getting Patients Through the Door Essential in all settings
Secretary (ISCO 3344)	Front desk and records support	Access & Arrival: Getting Patients Through the Door Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- International Organization for Standardization (2021). ISO 21542:2021. Building construction: Accessibility and usability of the built environment. https://news.gmj.ge/guideline/iso-21542-accessibility-usability-built-environment/
- Pan American Health Organization (2025). EVAC-H: Evacuation of hospitals and their critical areas. https://news.gmj.ge/guideline/evac-h-evacuation-of-hospitals-and-their-critical-areas/

3.8 Fault Prevention Is Planned, Not Only Repaired

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

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

> **Criterion.** Power, water, medical gases, ventilation and clinical information systems are identified as critical, each has a planned prevention and back-up arrangement, and failures are recorded and analysed so that the same fault does not recur.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: critical services with a named owner, a back-up, scheduled testing and analysed failures.

GUIDANCE

Power, water, medical gases, ventilation and clinical information systems are critical services. For each one, the facility names an owner, a back-up arrangement, and a planned test on a schedule (FAC-SOP-002, FAC-PLN-001). The back-up is tested as well as written down.

Failures are recorded in the failure register (FAC-REG-002) and analysed, so that the cause is found and a change is made to stop the same fault recurring. A failure that is repaired but not analysed does not meet this criterion.

> **Good practice.** Each critical service has a named owner and a documented back-up and is tested on schedule. Every failure is analysed and followed by a preventive change.

> **Partial because.** Critical services have back-up arrangements, but tests are not on schedule, or failures are repaired without being analysed.

WHAT GOOD LOOKS LIKE

- A list of critical services, each with a named owner and a back-up arrangement (FAC-SOP-002).
- A planned test schedule for critical services (FAC-PLN-001), with the back-up tested too.
- A failure register (FAC-REG-002) with the analysis of each failure.
- A change made after a failure, recorded and checked.

COMMON MISTAKES

- A back-up generator that is never tested.
- A failure repaired and forgotten, with no analysis.
- Critical services not named because they are not in one department.
- The same failure happening again within the year.

> **Why it matters.** Power, water, medical gases and ventilation fail when they are only repaired after breaking. A tested schedule and analysis of failures prevent most of them.

WHAT THE ASSESSOR CHECKS

Sample. Select every critical service and every failure recorded in the last 12 months.

1 Each critical service has an owner and a back-up.

Method. Check the plan for each service: power, water, medical gases, ventilation and clinical information systems.

Evidence to show. FAC-PLN-001 Critical Services Testing and Back-up Plan.

Pass when. Each service has a named owner and a documented back-up.

2 Critical services are tested on a schedule.

Method. Compare the test records with the schedule.

Evidence to show. FAC-FRM-003 Continuity Test Record, if held; FAC-PLN-001.

Pass when. Tests are recorded on the scheduled dates.

3 Failures are analysed and followed by a change.

Method. Read each failure entry for an analysis and a preventive change.

Evidence to show. FAC-REG-002 Failure Log; FAC-SOP-002 Failure Logging and Analysis.

Pass when. Each failure has an analysis and a preventive action.

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

Immediate fail. A critical service has no named owner or back-up, and a failure is not analysed. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
FAC-SOP-002	Failure Logging and Analysis	Manager	Chief executive	Chief executive
FAC-REG-002	Failure Log	Secretary	Chief executive	Manager
FAC-PLN-001	Critical Services Testing and Back-up Plan	Chief executive	Governing body members	Chief executive

Other records in the criterion: FAC-FRM-003 Continuity Test Record

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Environment & Shared Spaces Essential in all settings

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2020). Recommendations for Heating, Ventilation, and Air Conditioning in Health Care Facilities. https://news.gmj.ge/guideline/recommendations-for-heating-ventilation-and-air-conditioning-in-health-care-facilities/
- World Health Organization (2020). Hospital Emergency Response Checklist. https://news.gmj.ge/guideline/hospital-emergency-response-checklist/

3.9 Endoscopy Equipment Is Safe to Use and Properly Reprocessed

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

Applies to: 2 of 9 facility types: Hospital, Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Endoscopes and endoscopic equipment are maintained, tested and reprocessed to a documented standard before each use, and records allow every use to be traced to the device and the reprocessing cycle.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: endoscopes tested, maintained and reprocessed to a documented standard, with every use traceable.

GUIDANCE

Endoscopes and endoscopic equipment are tested, maintained and reprocessed before each use to a documented, validated procedure (EQP-SOP-002). The procedure names the cleaning, disinfection or sterilisation steps, and the checks that show each step was done.

Each procedure is traceable to the device used and to the reprocessing cycle, recorded in the endoscope register (EQP-REG-002). If a device cannot be traced, it is not used until it has been reprocessed and recorded. Criterion 3.9 applies only to facilities that offer endoscopy.

> **Good practice.** Each endoscope is tested and maintained on schedule and reprocessed by an approved, validated procedure. Every procedure can be traced to the device and the reprocessing cycle.

> **Partial because.** Reprocessing follows a written procedure, but tests are late, or some procedures cannot be traced to a device and a cycle.

WHAT GOOD LOOKS LIKE

- An endoscopy reprocessing procedure (EQP-SOP-002) that is documented and validated.
- A register (EQP-REG-002) linking each procedure to the device and the reprocessing cycle.
- Test and maintenance records for each endoscope.
- Staff trained in the procedure, with competence recorded.

COMMON MISTAKES

- An endoscope used with no reprocessing record.
- A procedure copied from another unit without validation.
- Records that cannot be linked to a patient or a device.
- Maintenance done without a test before return to use.

> **Why it matters.** Endoscopes can carry infection from one patient to the next if they are not reprocessed correctly. Each use must follow a documented standard, with the equipment tested and recorded.

WHAT THE ASSESSOR CHECKS

Sample. Select the endoscopes in use and trace their reprocessing for the last month.

1 Every endoscope is tested and maintained on schedule.

Method. Check each device's test record against the schedule.

Evidence to show. EQP-REG-002 Reprocessing and Test Log (endoscopy).

Pass when. Each device has its test recorded on schedule.

2 Reprocessing follows a documented, validated procedure.

Method. Check the procedure and the validation record.

Evidence to show. EQP-SOP-002 Endoscope Reprocessing Standard.

Pass when. The procedure is approved and validated.

3 Each procedure can be traced to its device and cycle.

Method. Select three procedures and trace each one to its device and reprocessing cycle.

Evidence to show. EQP-REG-002 Reprocessing and Test Log (endoscopy).

Pass when. Each of the three procedures can be traced.

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

Immediate fail. An endoscope is used with no recorded test or reprocessing cycle. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
EQP-SOP-002	Endoscope Reprocessing Standard	Manager	Chief executive	Chief executive
EQP-REG-002	Reprocessing and Test Log (endoscopy)	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Uses or checks the equipment and falls controls at the bedside	Gastroenterology & Endoscopy Safety Standards Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- World Health Organization (2020). Decontamination and Reprocessing of Medical Devices for Health-care Facilities. https://news.gmj.ge/guideline/decontamination-and-reprocessing-of-medical-devices-for-health-care-facilities/

3.10 Handrails Are Fitted Where Patients Walk

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care. Each setting shows its rating above.

Criterion. Sturdy, continuous handrails are fitted on both sides of corridors, stairs and ramps where patients walk, so that a patient can hold on for the whole route.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: continuous, sturdy handrails on both sides of each route that patients walk.

GUIDANCE

Patients who walk along corridors, stairs and ramps must be able to hold on for the whole route. Sturdy, continuous handrails are fitted on both sides of each route where patients walk. A break in the rail, a rail that moves, or a rail on one side only is a defect. The handrail procedure (ACS-SOP-001) and the accessibility check form (ACS-FRM-001) record each route and its survey.

Defects are reported under the accessibility policy (ACS-POL-001) and fixed. The survey is repeated each quarter, and each survey is recorded.

Good practice. Corridors, stairs and ramps that patients use have fixed, continuous handrails on both sides. The routes are surveyed each quarter and the findings are closed.

Partial because. Handrails are fitted on most routes, but there are gaps or loose rails, or not all quarterly surveys are recorded.

WHAT GOOD LOOKS LIKE

- Continuous, sturdy handrails on both sides of each corridor, stair and ramp used by patients.
- An accessibility procedure (ACS-SOP-001) and check form (ACS-FRM-001) for each route.
- Quarterly survey records, kept under the accessibility policy (ACS-POL-001).
- Defects reported and fixed, with the date.

COMMON MISTAKES

- A handrail on one side only.
- A rail that moves when pushed.
- A rail that stops short of the end of a stair.
- A survey made once and not repeated.

Why it matters. A patient who is unsteady and walks along a corridor can fall where there is nothing to hold. Continuous handrails on both sides let them hold on for the whole route.

WHAT THE ASSESSOR CHECKS

Sample. Walk 3 patient routes (ward corridor, stair or ramp, and route to the toilet) with the survey form on the day of assessment.

1 Handrails are fitted continuously on both sides of each corridor, stair and ramp.

Method. Walk each route and check both sides.

Evidence to show. Environmental falls-risk survey (ACS-FRM-001).

Pass when. Every route has continuous handrails on both sides.

2 The handrails are fixed and sturdy.

Method. Pull each handrail at three points on the walk.

Evidence to show. Survey record.

Pass when. No handrail moves under load.

3 Each quarterly survey is recorded.

Method. Check the survey dates for the last 12 months.

Evidence to show. Survey records.

Pass when. All four quarters are recorded, with findings closed.

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

Immediate fail. A route used by patients has no handrail on one side, with no marking or action. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ACS-SOP-001	Environmental falls-risk survey and hazard control	Manager	Chief executive	Chief executive
ACS-FRM-001	Environmental falls-risk survey record	Manager	Chief executive	Manager
ACS-POL-001	Environment and accessibility for safe movement	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Slip, Trip & Fall Prevention; Safety & Emergency Preparedness Humanitarian: Recommended; Transition: Recommended; Standard: Recommended
Nurse (ISCO 2221)	Uses or checks the equipment and falls controls at the bedside	Slip, Trip & Fall Prevention; Safety & Emergency Preparedness Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/
- National Institute for Health and Care Excellence (UK) (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/

3.11 Toilets and Washrooms Have Correct Grab Bars

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care. Each setting shows its rating above.

Criterion. Grab bars in toilets and washrooms are placed for toilet transfer, both horizontal and vertical where the design allows, and are fixed so that they do not turn in their fittings.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: grab bars placed for toilet transfer and fixed so that they do not turn.

GUIDANCE

Grab bars in toilets and washrooms help a patient move on and off the toilet. They are placed where the transfer needs them, horizontal and vertical where the design allows, and are fixed firmly into the wall so that they do not turn in their fittings. The accessibility check form (ACS-FRM-002) records the bars in each room.

A bar that turns in its fitting is removed from use or fixed at once. Staff and patients are told how to report a loose bar.

Good practice. Toilets and washrooms have grab bars placed for transfer and fixed so that they do not turn. Defects are reported and fixed within the set time.

Partial because. Grab bars are fitted, but some are badly placed for transfer, or defects are not fixed within the set time.

WHAT GOOD LOOKS LIKE

- Grab bars placed for toilet transfer, horizontal and vertical where the design allows.
- Bars fixed firmly, checked on the accessibility form (ACS-FRM-002).
- Defects reported and fixed.
- A record of each washroom surveyed.

COMMON MISTAKES

- A bar placed where it cannot be reached from the toilet.
- A bar that turns when a patient pulls on it.
- Bars fixed only to plasterboard.
- Defects noticed but not reported.

Why it matters. Toilet transfers are one of the most common moments of falls in care. Grab bars in the right place and fixed firmly give the patient something to hold.

WHAT THE ASSESSOR CHECKS

Sample. Check 5 toilets and washrooms, including at least one accessible cubicle, on the day of assessment.

1 Grab bars are placed for toilet transfer.

Method. Check each toilet for horizontal and vertical bars.

Evidence to show. Toilet and washroom check (ACS-FRM-002).

Pass when. Every toilet checked has grab bars placed for transfer.

2 **Grab bars are fixed and do not turn in their fittings.**

Method. Apply force to each bar on the walk.

Evidence to show. Toilet and washroom check.

Pass when. No bar turns under load.

3 **Defects are reported and fixed.**

Method. Check the defect record for the last 12 months.

Evidence to show. Defect record.

Pass when. Every defect is fixed within the set time.

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

Immediate fail. A grab bar turns in its fitting and is still used by patients. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ACS-FRM-002	Toilet and washroom accessibility check	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Slip, Trip & Fall Prevention Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- National Institute for Health and Care Excellence (UK) (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/
- World Health Organization (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

3.12 An Accessible Toilet Is Available Where Patients Need One

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care. Each setting shows its rating above.

> **Criterion.** At least one toilet in the facility is accessible to a patient who uses a wheelchair, with enough clear floor space for a transfer and bars placed for that transfer, to recognised international design guidance for health facilities.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: at least one toilet accessible to a wheelchair user, built to recognised international guidance.

GUIDANCE

At least one toilet in the facility must be accessible to a patient who uses a wheelchair. It needs enough clear floor space for a transfer and bars placed for that transfer, built to recognised international design guidance for health facilities. The facility records which guidance it used on the accessibility check form (ACS-FRM-002).

The accessible toilet is signed and can be reached from the main routes. If the only accessible toilet is in a restricted area, the route to it is signed and kept clear.

> **Good practice.** At least one toilet has the floor space and bars a wheelchair user needs, measured against the design guidance the facility uses. It is signed, and the route to it is clear.

> **Partial because.** An accessible toilet exists, but its measurements have not been checked against guidance, or the route to it is unsigned or blocked.

WHAT GOOD LOOKS LIKE

- At least one accessible toilet with clear floor space and transfer bars.
- A record on ACS-FRM-002 of the design guidance used.
- The accessible toilet signed and reachable from the main routes.
- A check that the toilet is kept free for use.

COMMON MISTAKES

- The accessible toilet used for storage.
- A toilet that is accessible in theory but has no bars.
- No signs to the accessible toilet.
- A design that has never been checked against any guidance.

> **Why it matters.** A patient who uses a wheelchair cannot use a toilet that is too small to turn in or has no bars to transfer with. At least one accessible toilet is needed for those patients to use the facility at all.

WHAT THE ASSESSOR CHECKS

Sample. Check 5 toilets and washrooms, including at least one accessible cubicle, on the day of assessment.

1 At least one toilet is accessible for a wheelchair user.

Method. Measure the floor space and check the transfer bars.

Evidence to show. Accessibility check (ENV-FRM-001 and ACS-FRM-002).

Pass when. At least one accessible toilet is present, with the space and bars the guidance sets.

2 The accessible toilet is signed and reachable.

Method. Walk from the main route to the toilet.

Evidence to show. Walk record.

Pass when. The route is clear and signed.

3 The design meets recognised guidance.

Method. Compare the measurements with the guidance.

Evidence to show. Design check record.

Pass when. Measurements meet the guidance used.

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

Immediate fail. No toilet in the facility can be used by a wheelchair user. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ACS-FRM-002	Toilet and washroom accessibility check	Manager	Chief executive	Manager

Other records in the criterion: ENV-FRM-001 Accessibility Check Record (reception)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Safety & Emergency Preparedness Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/
- International Organization for Standardization (2021). ISO 21542:2021. Building construction: Accessibility and usability of the built environment. https://news.gmj.ge/guideline/iso-21542-accessibility-usability-built-environment/

3.13 Toilet and Washroom Doors Allow Rescue

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care. Each setting shows its rating above.

Criterion. Toilet and washroom doors open outward, or can be released from outside in an emergency, so that a patient who has fallen or is unable to open the door can be reached and removed promptly.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: toilet and washroom doors that open outward or can be released from outside.

GUIDANCE

A patient who has fallen behind a toilet door, or who cannot open the door, must be reached quickly. Toilet and washroom doors open outward, or they can be released from outside with a tool or key that staff can find at once. The release must work in an emergency, and it is tested.

Staff are trained to use the release. The accessibility check form (ACS-FRM-002) records each door, its opening direction and the release method.

Good practice. Every toilet and washroom door opens outward or can be released from outside. The releases are tested, and staff can show how to open a door in an emergency.

Partial because. Doors can be released from outside, but the releases are not tested, or fewer than two of three staff can show how to do it.

WHAT GOOD LOOKS LIKE

- Toilet and washroom doors that open outward, or that can be released from outside.
- A release that works and is tested.
- Staff trained to use the release.
- Each door recorded on ACS-FRM-002 with its opening direction and release.

COMMON MISTAKES

- A door that opens inward with no release.
- A release that is locked or hidden.
- A release that has never been tested.
- Staff who do not know the release exists.

Why it matters. A patient who falls behind a toilet door that opens inward may not be found in time. A door that opens outward, or that can be released from outside, lets staff reach the patient in an emergency.

WHAT THE ASSESSOR CHECKS

Sample. Check 5 toilets and washrooms, including at least one accessible cubicle, on the day of assessment.

1 **Toilet and washroom doors open outward, or release from outside.**

Method. Open and release each door from outside on the walk.

Evidence to show. Toilet and washroom check (ACS-FRM-002).

Pass when. Every door opens outward or releases from outside.

2 **The release works in an emergency.**

Method. Test the release from outside with a staff member.

Evidence to show. Test record.

Pass when. Each release works when tested.

3 **Staff know how to release a door.**

Method. Ask 3 staff to show the release.

Evidence to show. Staff check record.

Pass when. At least 2 of 3 staff show it correctly.

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

Immediate fail. A patient who has fallen behind a toilet door cannot be reached from outside. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ACS-FRM-002	Toilet and washroom accessibility check	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Emergency Preparedness and Fire Safety; Safety & Emergency Preparedness Essential in all settings

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2025). EVAC-H: Evacuation of hospitals and their critical areas. https://news.gmj.ge/guideline/evac-h-evacuation-of-hospitals-and-their-critical-areas/

3.14 Lighting Supports Safe Movement

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

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

Criterion. Corridors, stairs, toilets, washrooms and patient rooms are lit at a level that allows safe movement at all hours, with night lighting or motion-activated lighting where patients walk at night.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: lighting that allows safe movement at all hours, including on night routes.

GUIDANCE

Corridors, stairs, toilets, washrooms and patient rooms are lit at a level that allows safe movement at all hours. Routes that patients walk at night have night lighting or motion-activated lighting. The lighting check is part of the accessibility procedure (ACS-SOP-001) and is recorded on ACS-FRM-001.

A light that fails is reported and replaced. A patient route with no working light at night does not meet this criterion.

Good practice. Corridors, stairs, toilets, washrooms and patient rooms meet the set light level. Night or motion lighting works on every night route, and failed lights are fixed within the set time.

Partial because. Daytime lighting is adequate, but night lighting is missing on some routes, or faults are not fixed within the set time.

WHAT GOOD LOOKS LIKE

- Lighting that allows safe movement in corridors, stairs, toilets, washrooms and rooms.
- Night lighting or motion lighting on the routes patients walk at night.
- A lighting check recorded on ACS-FRM-001.
- Failed lights reported and replaced.

COMMON MISTAKES

- Lights that are dim or flickering and never reported.
- No lighting on the route to the toilet at night.
- Checks only in daylight.
- Lights switched off to save power on patient routes.

Why it matters. Patients get up at night and move in poor light. A dark corridor or toilet is where a fall is most likely. Adequate light, and night lighting, make the route safe at all hours.

WHAT THE ASSESSOR CHECKS

Sample. Walk 3 patient routes (ward corridor, stair or ramp, and route to the toilet) with the survey form on the day of assessment.

1 **Corridors, stairs, toilets, washrooms and rooms are lit at a safe level.**

Method. Measure the light level at each point on the walk.

Evidence to show. Lighting check on the survey.

Pass when. Every area on the route meets the set level.

2 **Night lighting or motion lighting is on the routes patients walk at night.**

Method. Check the night route after dark.

Evidence to show. Night check record.

Pass when. Night lighting is working on every night route.

3 **Lights that fail are reported and fixed.**

Method. Check the fault record.

Evidence to show. Fault record.

Pass when. Every fault is fixed within the set time.

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

Immediate fail. A patient route at night has no working light. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ACS-SOP-001	Environmental falls-risk survey and hazard control	Manager	Chief executive	Chief executive
ACS-FRM-001	Environmental falls-risk survey record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Emergency Preparedness and Fire Safety; Slip, Trip & Fall Prevention Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

3.15 Beds and Chairs Are Set to Reduce Fall Risk

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

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

> **Criterion.** Patient beds are set to a low height when the patient is in them, brakes are locked, and the call system and personal items are within reach, so that a patient can get in and out safely.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: beds set low when occupied, brakes locked, and the call system and belongings within reach.

GUIDANCE

Patient beds are set to their lowest height when the patient is in them, and the brakes are locked. The call system, water and personal belongings are within reach from the bed. This lets a patient get in and out safely and reduces the risk of a fall. The bed procedure (ACS-SOP-002) sets the routine, and the bed check form (ACS-FRM-003) records each check.

Chairs used by patients are checked for stability, and the checks are recorded at each shift. A bed with the brakes off or a call system out of reach is corrected at once.

> **Good practice.** Occupied beds are low with brakes locked, and the call system and personal items are within reach. Beds are checked every shift and the check is recorded.

> **Partial because.** Most beds are set correctly, but fewer than 90% of occupied beds, or fewer than 90% of shifts, meet the check.

WHAT GOOD LOOKS LIKE

- Beds set to their lowest height when occupied, with brakes locked (ACS-SOP-002).
- Call system, water and belongings within reach from the bed.
- A bed check (ACS-FRM-003) recorded at each shift.
- Chairs checked for stability.

COMMON MISTAKES

- A high bed with the brakes off.
- A call system left out of reach.
- Checks made only at admission.
- A bed with a broken brake kept in use.

> **Why it matters.** A high bed is a common cause of falls when a patient climbs out. A low bed, with brakes on and the call bell in reach, keeps the patient safer in bed and on the way out.

WHAT THE ASSESSOR CHECKS

Sample. Check 10 beds across the wards on the day of assessment, with the bed check records for the last 30 days.

1 Beds are set low when occupied, with brakes locked.

Method. Check each bed on the walk.

Evidence to show. Bed check (ACS-FRM-003).

Pass when. At least 90% of occupied beds are low with brakes locked.

2 The call system and personal items are within reach.

Method. Test the call system and check the reach from the bed.

Evidence to show. Bed check.

Pass when. Every bed checked has the call system in reach.

3 Beds are checked each shift.

Method. Check the records for the last 30 days.

Evidence to show. Bed check records.

Pass when. At least 90% of shifts have a recorded check.

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

Immediate fail. A patient is in a high bed with the brakes off. 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-FRM-003	Bed, mobility equipment and call system check	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Uses or checks the equipment and falls controls at the bedside	Slip, Trip & Fall Prevention; Safety & Emergency Preparedness Humanitarian: Recommended; Transition: Recommended; Standard: Recommended
Manager (ISCO 1342)	Runs the facility process this criterion measures	Slip, Trip & Fall Prevention Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- National Institute for Health and Care Excellence (UK) (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/

3.16 Walking Aids and Mobility Equipment Are Available and Checked

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

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

> **Criterion.** Walking aids, wheelchairs and other mobility equipment are available in the sizes needed, are in working order, and are checked on a defined schedule, so that a patient's own aid or a facility aid is safe to use.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: walking aids and wheelchairs in the sizes needed, in working order and checked on schedule.

GUIDANCE

Walking aids, wheelchairs and other mobility equipment are available in the sizes patients need. Each item is in working order, and each is checked on a schedule (ACS-SOP-002). The check is recorded on ACS-FRM-003 and listed in the mobility equipment register (ACS-REG-001).

A faulty walking aid or wheelchair is taken out of use and tagged. A patient's own aid is checked too, where it is used in the facility.

> **Good practice.** Walking aids and wheelchairs are in stock in every size needed, in working order and checked on schedule. Faulty items are taken out of use.

> **Partial because.** Equipment is available, but some sizes are missing, or fewer than 90% of items are checked on time.

WHAT GOOD LOOKS LIKE

- Walking aids and wheelchairs in the sizes patients need, in working order.
- A schedule of mobility equipment checks (ACS-SOP-002) recorded on ACS-FRM-003.
- A mobility equipment register (ACS-REG-001).
- Faulty items tagged and taken out of use.

COMMON MISTAKES

- A wheelchair with a loose footplate kept in use.
- Only one size of walking aid available.
- Equipment never checked.
- A patient's own aid used without any check.

> **Why it matters.** A patient who needs a walking frame or a wheelchair but finds none, or finds one that is broken, is put at risk. Having the right aids, in the right sizes, and checking them on a schedule keeps them ready.

WHAT THE ASSESSOR CHECKS

Sample. Check 10 walking aids and wheelchairs from the register, and the mobility equipment check records for the last 3 months.

1 Mobility equipment is available in the sizes needed.

Method. Compare the stock sizes with the needs of current patients.

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

Pass when. Every size needed is in stock.

2 Equipment is in working order.

Method. Check each item on the walk.

Evidence to show. Mobility equipment register.

Pass when. Every item in use works.

3 Equipment is checked on the defined schedule.

Method. Check the check dates against the schedule.

Evidence to show. Mobility equipment register.

Pass when. At least 90% of items are checked on time, and faulty items are out of use.

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

Immediate fail. A faulty walking aid or wheelchair is in use with a patient. 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-FRM-003	Bed, mobility equipment and call system check	Manager	Chief executive	Manager
ACS-REG-001	Mobility equipment register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Safety & Emergency Preparedness Humanitarian: Recommended; Transition: Recommended; Standard: Recommended
Nurse (ISCO 2221)	Uses or checks the equipment and falls controls at the bedside	Slip, Trip & Fall Prevention Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- National Institute for Health and Care Excellence (UK) (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/
- World Health Organization (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

3.17 Routes Are Clear of Clutter and Trip Hazards

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

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

> **Criterion.** Routes that patients walk are kept clear of equipment, cables, boxes, mats and other objects that could cause a trip, and any hazard that cannot be removed is marked and managed.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: patient routes kept clear of trip hazards, with any hazard that remains marked and managed.

GUIDANCE

Routes that patients walk are kept clear of equipment, cables, boxes, mats and other objects that could cause a trip. Hazards that cannot be removed at once are marked and managed. The route survey (ACS-SOP-001) and the hazard record (ACS-FRM-001) show the checks, and the accessibility policy (ACS-POL-001) sets the standard.

Staff are trained in falls prevention, which is part of the trip hazard check. A hazard left on a patient route with no mark and no action does not meet this criterion.

> **Good practice.** Patient routes are free of cables, boxes and loose mats. A hazard that cannot be removed is marked and has a plan and an owner, and ward staff are trained in falls prevention.

> **Partial because.** Routes are mostly clear, but some hazards are unmarked, or fewer than 90% of ward staff have had falls prevention training in the last 12 months.

WHAT GOOD LOOKS LIKE

- Patient routes kept clear of equipment, cables, boxes and mats.
- Hazards that cannot be removed marked and managed (ACS-FRM-001).
- A trip hazard procedure (ACS-SOP-001) and a policy (ACS-POL-001).
- Staff trained in falls prevention.

COMMON MISTAKES

- A cable across a corridor with no mark.
- Boxes stored in a route used at night.
- A mat that curls at the edge and is not fixed.
- Hazards noticed but left for the next cleaner.

> **Why it matters.** A cable, a box or a mat on the floor is among the commonest causes of falls in a ward. Clear routes, with any hazard that cannot be removed marked, keep patients moving safely.

WHAT THE ASSESSOR CHECKS

Sample. Walk 3 patient routes (ward corridor, stair or ramp, and route to the toilet) with the survey form on the day of assessment.

1 **Patient routes are kept clear of trip hazards.**

Method. Walk each route and record any hazard.

Evidence to show. Environmental falls-risk survey (ACS-FRM-001).

Pass when. No hazard is found on a route, or every hazard is marked.

2 **Each hazard that cannot be removed is marked and managed.**

Method. Check each marked hazard for the mark and the plan.

Evidence to show. Hazard record.

Pass when. Every marked hazard has a plan and an owner.

3 **Staff are trained in falls prevention.**

Method. Check the training record for the ward staff.

Evidence to show. Falls prevention training record (WRK-REG-005).

Pass when. At least 90% of ward staff are trained in the last 12 months.

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

Immediate fail. A trip hazard is left on a patient route with no mark and no action. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ACS-SOP-001	Environmental falls-risk survey and hazard control	Manager	Chief executive	Chief executive
ACS-FRM-001	Environmental falls-risk survey record	Manager	Chief executive	Manager
ACS-POL-001	Environment and accessibility for safe movement	Chief executive	Governing body members	Chief executive

Other records in the criterion: WRK-REG-005 Falls prevention training record

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Slip, Trip & Fall Prevention; Emergency Preparedness and Fire Safety Humanitarian: Recommended; Transition: Recommended; Standard: Recommended
Nurse (ISCO 2221)	Uses or checks the equipment and falls controls at the bedside	Slip, Trip & Fall Prevention Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

10 Questions and answers

Do I need to meet every criterion in Standard 3?
You must meet every criterion that applies to your facility type. Standard 3 is a core standard, but some criteria are marked N/A for some facility types. The table in section 4 shows each criterion by facility type. For example, the endoscopy criterion (3.9) applies only to hospitals and ambulatory clinics, and a telemedicine service is assessed only on equipment maintenance (3.4) and the facility risk register (3.6). Each criterion that applies has its own pass rule and its own immediate-fail rule, so each one must be met on its own.

What is an immediate fail?
An immediate fail is one event or finding that means a criterion is not met, even if everything else in that criterion is in place. For example, if faulty clinical equipment is still in use with no out-of-use tag, criterion 3.4 fails outright, however good the maintenance schedule is. Each criterion in this document lists its own immediate fail under "Immediate fail". Facilities should read these before the survey, because they are the points on which the outcome is decided most quickly.

Which documents do I submit?
The documents are the forms, plans and procedures listed under each criterion in the "Evidence and documents" table. Registers and records, such as the Equipment Inventory and Service Log (EQP-REG-001) or the Integrated Facility Risk Register (FAC-REG-001), are kept as working files with one row for each entry. Procedures and plans are signed documents that show the version, date, owner and approver. Upload or have them ready before the survey, and check that each one covers the period stated in its criterion, which is between one and twelve months. You may use your own document if it meets the same check, as long as it is clearly the same record.

What if a criterion does not apply to our facility?
A criterion marked N/A for your facility type is not assessed, and you do not need to prepare evidence for it. The applicability table in section 4 is the reference. A facility with no endoscopy service is not assessed on criterion 3.9, and a facility with no inpatient beds is not assessed on the bed checks in criterion 3.15 where the table marks it N/A. If your facility provides a service that the table marks N/A for your type, tell ASF before the survey so that the scope can be agreed.

What does an accessible reception point need?
At least one reception or registration point must be at a height that a wheelchair user can approach and use, so that the patient and the receptionist speak at eye level. The surveyor checks every reception and registration point on the main routes. The lower section must be kept clear, not used to store leaflets or equipment. The checks are recorded on the Accessibility Check Record (ENV-FRM-001), and the rules are in the procedure for accessible reception points (ENV-SOP-001). If no point can be used by a wheelchair user, the criterion fails immediately.

How should waiting be managed?
Registration, triage and ambulatory appointments each need a defined queue system, set out in the queue and wait-time procedure (ACC-SOP-001). Patients must be able to see, or be told, how long they are likely to wait. Arrival, call and seen times are recorded on the Queue Log (ACC-FRM-001), and a patient who waits a long time is re-assessed, with the re-assessment recorded on the same log. Waits are summarised each month (ACC-REG-001). The surveyor reviews the last month of records. If there is no queue system and a waiting patient who gets worse is not noticed, the criterion fails immediately.

How often must water be tested?
The criterion does not fix one frequency for every facility. Your water procedure (WAT-SOP-001) must set a testing schedule, and the surveyor checks that tests were recorded on the scheduled dates for the last 12 months, using the Water Test Record (WAT-FRM-001). Every out-of-range result needs a recorded action. You also need an approved plan for what happens when the supply stops (WAT-PLN-001). Assuming that mains water is safe, without testing it, does not meet the criterion. This criterion is Must in every setting, including humanitarian settings.

What happens to faulty equipment?
Faulty clinical equipment must be taken out of use at once and tagged, and the tag is recorded on the Out-of-Use Tag Record (EQP-FRM-001). It must not stay in service while it waits for repair. Every clinical device is listed on the Equipment Inventory and Service Log (EQP-REG-001) with a scheduled service, and a named person runs the maintenance programme (EQP-SOP-001). The surveyor selects the equipment in two clinical areas and checks its service records. Staff should be able to say who runs the programme. This criterion is Must in every setting.

How is cleaning checked?
Looking at a room on the day of the survey is not enough. Shared clinical and waiting areas are cleaned on a documented schedule (ENV-SOP-002), and each clean is recorded. Cleanliness is then audited by a defined method that goes beyond a visual check, and the audit is recorded on the Cleanliness Audit Record (ENV-FRM-002). High-touch surfaces, such as door handles and chair arms, must be named in the procedure and included in the audit. The surveyor reviews the last 3 months of records. No schedule, or no records for that period, is an immediate fail.

Why do facility risks need one register?
When water, fire and equipment risks are kept on separate lists, different people see each list and nobody sees the whole picture. The criterion asks for one Integrated Facility Risk Register (FAC-REG-001) that takes entries from all of these sources. Each risk has a priority, and leadership reviews the register on the dates set in the risk procedure (FAC-SOP-001). The surveyor reviews the register and its review records for the last 12 months. Separate checklists can still be used for daily work, as long as their findings feed the one register.

What signage is required?
Evacuation routes and emergency exits must be signed on every floor, and restrooms and department or procedure doors must be labelled in a consistent way throughout the building, not only at the entrance. The Facility Signage Standard (ENV-SOP-003) sets the rules, and the Signage Survey and Quarterly Check (ENV-FRM-005) records each check, including signs that are damaged or hidden. The surveyor walks every floor. If evacuation routes or exits are unsigned on any floor, the criterion fails immediately.

What are critical services, and what happens when one fails?
Critical services are power, water, medical gases, ventilation and clinical information systems. Each one needs a named owner, a documented back-up and a testing schedule, set out in the Critical Services Testing and Back-up Plan (FAC-PLN-001). When a service fails, the failure is recorded on the Failure Log (FAC-REG-002) and analysed (FAC-SOP-002), and a preventive change follows so that the same fault does not come back. The surveyor selects every critical service and every failure recorded in the last 12 months. Repairing a fault without asking why it happened does not meet the criterion.

What must endoscopy records show?
This criterion applies only to facilities that use endoscopes. Each endoscope is tested and maintained on schedule, and reprocessed before each use by an approved, validated procedure (EQP-SOP-002). The Reprocessing and Test Log (EQP-REG-002) must link every procedure to the device used and to its reprocessing cycle. The surveyor selects the endoscopes in use and traces their reprocessing for the last month. An endoscope used with no recorded test or reprocessing cycle is an immediate fail.

What does the surveyor check on a patient route?
For handrails (3.10), lighting (3.14) and clear routes (3.17), the surveyor walks three patient routes on the day: a ward corridor, a stair or ramp, and the route to the toilet. The surveyor looks for continuous, firm handrails on both sides, enough light including night or motion lighting, and no cables, boxes or loose mats on the floor. A hazard that cannot be removed must be marked and have a plan and an owner. Your own quarterly walk of each route is recorded on the environmental falls-risk survey record (ACS-FRM-001), under the survey procedure (ACS-SOP-001).

What is checked in toilets and washrooms?
The surveyor checks five toilets and washrooms, including at least one accessible cubicle. Three criteria are checked there. Grab bars must be placed for transfer and must not turn in their fittings (3.11). At least one toilet must have the

floor space and bars a wheelchair user needs, measured against the design guidance the facility uses (3.12). Doors must open outward, or be releasable from outside, so that a patient who has fallen can be reached (3.13), and at least two of three staff asked must be able to show how. The checks are recorded on the toilet and washroom accessibility check (ACS-FRM-002).

How should beds and mobility equipment be set and checked?
When a patient is in bed, the bed is set low, the brakes are locked, and the call system and personal items are within reach. Beds are checked every shift, and at least 90% of occupied beds and 90% of shifts must meet the check (3.15). Walking aids and wheelchairs must be available in the sizes needed and in working order, with at least 90% of items checked on time, and faulty items taken out of use (3.16). The checks are recorded on the bed, mobility equipment and call system check (ACS-FRM-003) and the Mobility equipment register (ACS-REG-001).

What do the colours mean?
Red means Must: the criterion is required in every setting, and criteria that protect life are always red. Yellow means Medium: the criterion is required, but adapted to what a transition setting can realistically do. Green means Minimum: the lowest acceptable level in a humanitarian setting, where resources are very limited. In standard settings every criterion is Must. Each criterion shows its rating for each of the three settings, so a facility can see exactly what applies to it. Section 5 shows the colours.

Do we have to use your forms and policies?
No. Every policy, procedure, form and course in this document is a reference draft to help you meet the criterion. You can adapt it to your facility, write your own, or upload your own documents. What the assessor checks is that the standard is met and that you can show how. If you use your own document, make sure it covers the same content as the reference and that it is current, signed and dated, so that the assessor can match it to the criterion without difficulty.

What does essential or recommended training mean for my staff?
In the training tables, red means essential: the course is required for that role in that setting. Green means recommended: the course is advised for that role. Yellow means optional. Each course shows its level for humanitarian, transition and fragile, and standard settings, because the requirement can differ between them. Staff evidence is a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

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

Which training do staff need?
The e-learning table under each criterion shows who must take each course and who is recommended. The table is read together with the staff table, which shows the level for each setting. Staff can show evidence through a verified micro-credential in the GMJ Academy micro-credential portfolio, or through a training certificate kept in the staff file.

What will the surveyor see on the day?
The surveyor works through the criteria, following the "Sample" and the checks given for each one. Much of Standard 3 is checked by walking the building: every reception point, every floor for signage, three patient routes, five toilets and washrooms, and ten beds. The surveyor also reviews records, such as water tests for the last 12 months and cleaning audits for the last 3 months, and may ask staff to show a task, for example how to release a toilet door from outside. The surveyor records whether each check is passed and whether any immediate-fail rule applies.

How does the surveyor choose which records to check?
Each criterion states its own sample, such as "Select the clinical equipment in two clinical areas and check its service records" or "Check 10 beds across the wards on the day of assessment". The surveyor uses the sample given on the criterion rather than choosing records to suit the facility. Preparing for the survey means keeping the records for the

whole period stated, organised so that any item in the sample can be produced quickly. A facility that cannot produce the sampled records loses the criterion, whatever else it has in place.

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

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

Who can I ask about this standard?
For questions about this standard, contact Accréditation Sans Frontières through the contact page of france-asf.fr. Please give the standard number and the criterion (for example 3.4) so that your question can be answered against the right text.

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

11 References

CITED FOR CRITERIA

1. International Organization for Standardization (2021). ISO 21542:2021. Building construction: Accessibility and usability of the built environment. https://news.gmj.ge/guideline/iso-21542-accessibility-usability-built-environment/ (criterion 3.1, 3.7, 3.12)
2. National Institute for Health and Care Excellence (UK) (2007). Acutely ill adults in hospital: recognising and responding to deterioration. https://news.gmj.ge/guideline/acutely-ill-adults-in-hospital-recognising-and-responding-to-deterioration/ (criterion 3.2)
3. World Health Organization (2021). Emergency Triage Assessment and Treatment (ETAT): Manual for Participants. https://news.gmj.ge/guideline/emergency-triage-assessment-and-treatment-etat-manual-for-participants/ (criterion 3.2)
4. World Health Organization (2022). WASH FIT: A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, Second edition. https://news.gmj.ge/guideline/wash-fit-a-practical-guide-for-improving-quality-of-care-through-water-sanitation-and-hygiene-in-health-care-facilities-second-edition/ (criterion 3.3)
5. Pan American Health Organization (2020). Water, Sanitation, and Hygiene Standards in Health Care Facilities. https://news.gmj.ge/guideline/water-sanitation-and-hygiene-standards-in-health-care-facilities/ (criterion 3.3)
6. World Health Organization (2026). Regional manual with operating guides on respiratory care equipment and devices. https://news.gmj.ge/guideline/regional-manual-with-operating-guides-on-respiratory-care-equipment-and-devices/ (criterion 3.4)
7. Centers for Disease Control and Prevention (USA) (2008). Guideline for Disinfection and Sterilization in Healthcare Facilities. https://news.gmj.ge/guideline/guideline-for-disinfection-and-sterilization-in-healthcare-facilities/ (criterion 3.5)
8. World Health Organization (2021). Hospital Safety Index: Guide for Evaluators, 2nd ed. https://news.gmj.ge/guideline/hospital-safety-index-guide-for-evaluators-2nd-ed/ (criterion 3.6)
9. Pan American Health Organization (2020). A Checklist for COVID-19 Pandemic Risk and Impact Management. https://news.gmj.ge/guideline/a-checklist-for-covid-19-pandemic-risk-and-impact-management/ (criterion 3.6)
10. Pan American Health Organization (2025). EVAC-H: Evacuation of hospitals and their critical areas. https://news.gmj.ge/guideline/evac-h-evacuation-of-hospitals-and-their-critical-areas/ (criterion 3.7, 3.13)
11. Pan American Health Organization (2020). Recommendations for Heating, Ventilation, and Air Conditioning in Health Care Facilities. https://news.gmj.ge/guideline/recommendations-for-heating-ventilation-and-air-conditioning-in-health-care-facilities/ (criterion 3.8)
12. World Health Organization (2020). Hospital Emergency Response Checklist. https://news.gmj.ge/guideline/hospital-emergency-response-checklist/ (criterion 3.8)
13. World Health Organization (2020). Decontamination and Reprocessing of Medical Devices for Health-care Facilities. https://news.gmj.ge/guideline/decontamination-and-reprocessing-of-medical-devices-for-health-care-facilities/ (criterion 3.9)
14. World Health Organization (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/ (criterion 3.10, 3.11, 3.12, 3.14, 3.16, 3.17)
15. National Institute for Health and Care Excellence (UK) (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/ (criterion 3.10, 3.11, 3.15, 3.16)

INTERNATIONAL STANDARDS CITED

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

12 Document register

Every document code used in Standard 3, 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
ACC-FRM-001	Queue Log	Form (record)	Records arrival, call and seen times for each patient in the registration, triage or appointment queue.	3.2
ACC-REG-001	Monthly Wait-Time Review	Register	Monthly summary of waits for each step, with the actions taken for any service over target.	3.2
ACC-SOP-001	Queue and Wait-Time Management	Procedure (SOP)	To make waiting for registration, triage or an appointment fair, visible and predictable, so patients know how long they will wait and are not forgotten.	3.2
ACS-FRM-001	Environmental falls-risk survey record	Form (record)	Records the quarterly walk of each patient route for handrails, lighting, floors and hazards.	3.10, 3.14, 3.17
ACS-FRM-002	Toilet and washroom accessibility check	Form (record)	Checks each toilet and washroom for grab bars, door opening and wheelchair access.	3.11, 3.12, 3.13
ACS-FRM-003	Bed, mobility equipment and call system check	Form (record)	Records the check of each bed, its brakes and call system, and the mobility equipment.	3.15, 3.16
ACS-POL-001	Environment and accessibility for safe movement	Policy	To make the facility safe to move around in for every patient, including those with mobility needs.	3.10, 3.17
ACS-REG-001	Mobility equipment register	Register	Lists each walking aid and wheelchair, its size, its check dates and its status.	3.16
ACS-SOP-001	Environmental falls-risk survey and hazard control	Procedure (SOP)	To find and fix the environment hazards that cause falls.	3.10, 3.14, 3.17
ACS-SOP-002	Beds and mobility equipment check	Procedure (SOP)	To keep beds and mobility equipment safe for each patient to use.	3.15, 3.16
ENV-FRM-001	Accessibility Check Record (reception)	Form (record)	Records the height and approach checks for the accessible reception point, with date and person.	3.1, 3.12
ENV-FRM-002	Cleanliness Audit Record	Form (record)	Records the monthly cleanliness audit of shared areas, using a test and a visual check.	3.5
ENV-FRM-005	Signage Survey and Quarterly Check	Form (record)	Quarterly survey of every required sign against the sign plan, with photographs of any problem.	3.7
ENV-SOP-001	Accessible Reception and Registration Points	Procedure (SOP)	To make sure every person who uses a wheelchair can reach a registration point and speak to a receptionist at eye level, without having to ask for help to be seen.	3.1
ENV-SOP-002	Cleaning of Shared Clinical and Waiting Areas	Procedure (SOP)	To keep shared clinical and waiting areas clean through a documented schedule, and to check cleanliness by more than a visual check.	3.5
ENV-SOP-003	Facility Signage Standard	Procedure (SOP)	To make evacuation routes, emergency exits, restrooms and department doors clearly signed throughout the facility, so that people can find them without help.	3.7

Code	Document	Type	What it is for	Criteria
EQP-FRM-001	Out-of-Use Tag Record	Form (record)	Records the attachment and release of an out-of-use tag on a faulty device.	3.4
EQP-REG-001	Equipment Inventory and Service Log	Register	The inventory of every clinical device, with its service history and any faults.	3.4
EQP-REG-002	Reprocessing and Test Log (endoscopy)	Register	Links every endoscope reprocessing cycle to the device, the test result, the operator and the use.	3.9
EQP-SOP-001	Medical Equipment Maintenance and Removal from Use	Procedure (SOP)	To keep every clinical device safe and working through a planned maintenance programme, and to remove faulty equipment from use until it is repaired.	3.4
EQP-SOP-002	Endoscope Reprocessing Standard	Procedure (SOP)	To make sure each endoscope is cleaned, tested and reprocessed to a documented standard before every use, and that every use can be traced to the device and the cycle.	3.9
FAC-FRM-003	Continuity Test Record	Form (record)		3.8
FAC-PLN-001	Critical Services Testing and Back-up Plan	Plan	To prevent failures of critical services through planned testing and back-up, and to learn from each failure so it is not repeated.	3.8
FAC-REG-001	Integrated Facility Risk Register	Register	One register for all facility risks: water, fire, equipment, cleaning, signage, power and others.	3.6
FAC-REG-002	Failure Log	Register	Records every failure of a critical service, its cause, the change made, and its closure.	3.8
FAC-SOP-001	Facility Risk Management Procedure	Procedure (SOP)	To track all facility risks together, so the whole picture is visible and no risk falls between separate checklists.	3.6
FAC-SOP-002	Failure Logging and Analysis	Procedure (SOP)	To make sure each failure of a critical service is recorded, analysed and used to prevent recurrence.	3.8
WAT-FRM-001	Water Test Record	Form (record)	Records each water sample, result and action for every outlet on the test schedule.	3.3
WAT-PLN-001	Water Interruption Contingency Plan	Plan	To keep patients and staff supplied with safe water when the mains supply fails, and to restore normal use safely.	3.3
WAT-SOP-001	Water Quality Testing and Safety	Procedure (SOP)	To make sure water used for drinking, washing, dialysis, sterilisation and clinical care is safe, tested on a schedule, and that interruptions are managed.	3.3
WRK-REG-005	Falls prevention training record	Register		3.17