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

ASF Health Standards Version 11

Standard 4: Sustainability and Climate Resilience

Core standard · applicability by facility type shown for each criterion

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APPROVAL

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President, Accréditation Sans Frontières

Date: 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

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1 Introduction

This document is Standard 4 of ASF Health Standards. It sets out how a facility reduces its environmental impact and prepares for climate and health emergencies: a written sustainability programme with targets, leadership review of impact, communication of goals to staff and patients, reporting to governance, responsible procurement, monitoring of energy use, a carbon footprint baseline, and a tested plan to keep services running in a climate-related emergency.

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 4 makes the environmental and climate effects of care visible and manageable. A facility that measures its energy and waste, and plans for floods, heat and fuel shortages, protects its patients and its staff and uses its resources more carefully.

Who should read it. Members of the governing body, facility managers, the sustainability or facilities lead, procurement staff, energy and maintenance 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 4 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 4.1 to 4.8, 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 4 covers the environmental sustainability programme, leadership review of environmental impact, communication of sustainability goals, reporting to governance, responsible procurement, monitoring of energy use, the carbon footprint baseline, and the planning of environmental and climate resilience.

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 4 APPLIES

Standard 4 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, criteria 4.6 to 4.8 on energy, the carbon footprint and climate resilience are N/A for the two facility types shown in the table (Telemedicine and Home care).

Criterion	Applies to
4.1 An Environmental Sustainability Programme Is Active	all nine facility types
4.2 Environmental Impact Is Reviewed at Strategic Level	all nine facility types
4.3 Staff and Patients Are Informed of Sustainability Goals	all nine facility types
4.4 Sustainability Progress Is Reported to Governance	all nine facility types
4.5 Procurement Considers Responsible Stewardship of Resources	all nine facility types
4.6 Energy Use Is Monitored, With a Move Toward Renewable Sources	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
4.7 A Carbon Footprint Baseline Exists	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care
4.8 The Facility Plans for Environmental and Climate Resilience	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic N/A: Telemedicine, Home care

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
PRC	Procurement (purchasing and supply)
REG	Register. A running record of entries, such as communications, actions or readings
SOP	Standard operating procedure. A step-by-step description of how a task is done

DOCUMENT CODE PREFIXES

Prefix	Topic
ENV	Environment and sustainability documents

Prefix	Topic
FAC	Facility risk and continuity documents
PRC	Procurement documents

7 Terms and definitions

Term	Definition
Baseline	The starting measure of a quantity, such as energy use or emissions, against which later progress is compared.
Carbon footprint	The greenhouse gas emissions produced by the facility over a period, expressed as a total of carbon dioxide equivalent.
Climate resilience	The ability of the facility to keep providing services during floods, heat, storms, fuel shortages and other climate-related events.
Continuity plan	A written plan that sets out how essential services continue during an emergency, who is responsible, and how the plan is tested.
Criterion	One numbered requirement in a standard, for example 4.1. Each criterion has its own rating, pass rule and immediate-fail rule.
Evidence	The records, documents and observations that show a criterion is met.
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.
Responsible procurement	Purchasing that takes account of energy use, waste, packaging, hazardous products and the fair treatment of workers, as well as price.
Sample	The set of records, meetings or suppliers 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.
Sustainability programme	A written, approved plan with targets, owners and tracked progress for reducing environmental impact.
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.
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 4 at a glance

Standard 4: Sustainability and Climate Resilience 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 how the facility plans, measures and reports its environmental impact, and how it prepares its services for climate and health emergencies.

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

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
4.1	An Environmental Sustainability Programme Is Active	Minimum	Medium	Must
4.2	Environmental Impact Is Reviewed at Strategic Level	Minimum	Medium	Must
4.3	Staff and Patients Are Informed of Sustainability Goals	Minimum	Medium	Must
4.4	Sustainability Progress Is Reported to Governance	Minimum	Medium	Must
4.5	Procurement Considers Responsible Stewardship of Resources	Minimum	Medium	Must
4.6	Energy Use Is Monitored, With a Move Toward Renewable Sources	Minimum	Medium	Must
4.7	A Carbon Footprint Baseline Exists	Minimum	Medium	Must
4.8	The Facility Plans for Environmental and Climate Resilience	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
4.1	An Environmental Sustainability Programme Is Active	Chief executive (ISCO 1120) · Manager (ISCO 1342)
4.2	Environmental Impact Is Reviewed at Strategic Level	Chief executive (ISCO 1120) · Governing body members
4.3	Staff and Patients Are Informed of Sustainability Goals	Manager (ISCO 1342) · Secretary (ISCO 3344)
4.4	Sustainability Progress Is Reported to Governance	Chief executive (ISCO 1120) · Manager (ISCO 1342)
4.5	Procurement Considers Responsible Stewardship of Resources	Manager (ISCO 1342) · Secretary (ISCO 3344)
4.6	Energy Use Is Monitored, With a Move Toward Renewable Sources	Manager (ISCO 1342)

No.	Criterion	Positions responsible or involved
4.7	A Carbon Footprint Baseline Exists	Manager (ISCO 1342)
4.8	The Facility Plans for Environmental and Climate Resilience	Chief executive (ISCO 1120) · Manager (ISCO 1342)

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

Role	Reports to	Supervises
Chief executive (ISCO 1120)	The board of directors.	The executive team (COO, CMO, CNO, CFO, CQO, CHRO, CIO, CSO), and the legal, data protection, compliance and communications leads.
Governing body members	Shareholders or owners of the organisation.	The chief executive officer. The board chair leads the board.
Manager (ISCO 1342)	The chief operating officer (COO).	Biomedical engineer, maintenance supervisor, groundskeeper, space planner and waste management officer.
Secretary (ISCO 3344)	The head of department (per specialty).	No direct reports.

8.3 E-LEARNING

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

8.4 RELATED COURSES IN THE GMJ ACADEMY

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

Course	Subject	Criteria	GMJ Academy course page
Sustainable Care in the Laboratory Setting (LAB-11)	Sustainable care for your type of service	4.1	English · Georgian
Sustainable Care: ASF Accreditation Training (MT-09)	Sustainable care for your type of service	4.1	English · Georgian
Sustainable Care in Fitness and Wellness Settings (FIT-11)	Sustainable care for your type of service	4.1	English · Georgian
მდგრადი დახმარება ტელემედიცინაში (TELE-09)	Sustainable care for your type of service	4.1	Georgian Georgian version only
Healthcare Waste Management (PS-08)	Waste reduction and safe waste handling	4.1	English · Georgian

Course	Subject	Criteria	GMJ Academy course page
Management Review: Inputs, Outputs, and Real Decisions (T-05)	Leadership and management review	4.2	English · Georgian
Reporting Sustainability Progress to Governance (SUS-01)	Reporting sustainability progress to governance	4.4	English
Carbon Footprint Baseline for Healthcare Facilities (SUS-02)	Carbon footprint baseline	4.7	English
Environmental and Climate Resilience Planning (SUS-03)	Climate resilience and emergency planning	4.8	English
Emergency Preparedness and Fire Safety (T-10)	Climate resilience and emergency planning	4.8	English · Georgian

4.1 An Environmental Sustainability Programme Is Active

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

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

> **Criterion.** The facility has a specific, documented environmental sustainability programme — covering energy use, waste reduction, and resource consumption — with tracked progress, not a general statement of environmental awareness with no measurable action behind it.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a written environmental sustainability programme covering energy, waste and resource use, with tracked progress.

GUIDANCE

The facility has one written environmental sustainability programme (ENV-PLN-001). It is specific: it covers energy use, waste reduction and the consumption of water and other resources, sets targets, names an owner, and is approved by leadership. A general statement that the facility cares about the environment, with no targets and no progress record, does not meet this criterion.

Progress is tracked against the targets in the progress report (ENV-FRM-003), reviewed for the last 12 months. Actions are recorded with an owner and a date. In a humanitarian setting, a short programme with two or three priority measures, such as reducing waste sent to landfill or switching off unused equipment, is acceptable if it is approved and tracked.

> **Good practice.** An approved programme covers energy, waste and resource use and names an owner. Progress is reported against targets at least twice a year, and each report leads to at least one action.

> **Partial because.** A programme is written, but it has no targets or no owner, or progress has been reported fewer than twice in the last 12 months.

WHAT GOOD LOOKS LIKE

- A written programme (ENV-PLN-001), approved and dated, with an owner.
- Targets for energy, waste and resource use, with a baseline.
- A progress report (ENV-FRM-003) for the last 12 months.
- Actions recorded with an owner and a due date.

COMMON MISTAKES

- A statement of intent with no targets.
- A programme that covers only waste, with energy and water left out.
- Progress reported as effort, with no measured results.
- A programme that has not been approved by leadership.

> **Why it matters.** A facility uses energy, water and produces waste every day. A documented sustainability programme with targets turns that use into something that is measured and reduced.

WHAT THE ASSESSOR CHECKS

Sample. Review the sustainability programme and its progress reports for the last 12 months.

1 **A written programme exists and is approved.**

Method. Read the programme and check the approval.

Evidence to show. Approved environmental sustainability programme.

Pass when. Approved, covers energy, waste and resource use, and names an owner.

2 **Progress is tracked against targets.**

Method. Review the progress report for the last 12 months.

Evidence to show. Sustainability progress report.

Pass when. At least two progress reports in the last 12 months with figures against targets.

3 **Actions are recorded.**

Method. Check the action list in the progress report.

Evidence to show. Action list.

Pass when. At least one action was taken from the last reporting cycle.

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

Immediate fail. No environmental sustainability programme exists, or it has no written plan. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-FRM-003	Sustainability Progress Report	Manager	Chief executive	Manager
ENV-PLN-001	Environmental Sustainability Programme	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Carries accountability to the governing body	Environmental Sustainability Standards for ASF Accreditation Essential in all settings
Manager (ISCO 1342)	Runs the facility process this criterion measures	Environmental Sustainability Standards for ASF Accreditation Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/
- World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

4.2 Environmental Impact Is Reviewed at Strategic Level

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

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

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

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a review of environmental impact at leadership level in the last 12 months, with decisions recorded.

GUIDANCE

Environmental impact is reviewed by leadership, not left to the sustainability officer alone. The review (ENV-SOP-004) looks at the facility's main impacts, the progress of the programme and the risks that climate change poses to it. The review is recorded on the impact review form (ENV-FRM-006) and discussed at a leadership meeting within the last 12 months.

The discussion produces decisions, such as new targets, a change of supplier or an investment, and each decision is recorded. A review that is held but leads to no decision does not meet the criterion.

> **Good practice.** Leadership reviews the facility's environmental impact at least once a year, discusses the review at a leadership meeting, and records its decisions with an owner and a date.

> **Partial because.** A review has been done, but it does not cover every area, or it was not discussed at leadership level, or its decisions have no owner or date.

WHAT GOOD LOOKS LIKE

- A leadership review (ENV-SOP-004) recorded on ENV-FRM-006 within the last 12 months.
- Discussion of impact at a leadership meeting, shown in the minutes.
- Decisions recorded, with an owner for each.
- Climate risks to the programme considered in the review.

COMMON MISTAKES

- A review delegated entirely to one officer.
- A review that records no decision.
- Impacts discussed only in general terms.
- The review is dated, but nothing changed afterwards.

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

WHAT THE ASSESSOR CHECKS

Sample. Review the leadership environmental review for the last 12 months and the minutes where it was discussed.

1 **Leadership reviews environmental impact.**

Method. Read the review and check it covers energy, waste and resource use.

Evidence to show. Leadership environmental review record.

Pass when. Review done in the last 12 months, covering all three areas.

2 **The review is discussed at leadership level.**

Method. Check the minutes where the review was discussed.

Evidence to show. Leadership minutes.

Pass when. Discussed at a leadership meeting with a recorded decision.

3 **Decisions are recorded.**

Method. Check that decisions from the review have an owner.

Evidence to show. Decision log.

Pass when. At least one decision has an owner and a date.

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

Immediate fail. Environmental impact is not reviewed at leadership level in the last 12 months. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

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

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Carries accountability to the governing body	Environmental Sustainability Standards for ASF Accreditation Essential in all settings
Governing body members	Holds the authority this criterion requires	Environmental Sustainability Standards for ASF Accreditation Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

4.3 Staff and Patients Are Informed of Sustainability Goals

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

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

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

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the sustainability goals communicated to staff and to patients, and understood by them.

GUIDANCE

Staff and patients are told the sustainability goals in plain language. Staff hear about them at induction and in regular team communication, and the goals are recorded in the communication plan (ENV-PLN-002) with the messages used (ENV-FRM-007). Patients see the goals on information in the waiting area or at registration.

The register (ENV-REG-001) shows when each message was given. The test of this criterion is simple: a member of staff and a patient, asked at random, can describe the goal in their own words.

> **Good practice.** The sustainability goals are sent to staff and shown to patients in plain words. Each communication is recorded, and most staff and patients who are asked can name one goal.

> **Partial because.** The goals are communicated to staff but not to patients, or fewer than 70% of those asked can describe one goal.

WHAT GOOD LOOKS LIKE

- A communication plan (ENV-PLN-002) that names the goals and the audiences.
- Messages used with staff and patients (ENV-FRM-007), with the date given.
- A register (ENV-REG-001) of the communications made.
- Goal information visible at registration or in the waiting area.

COMMON MISTAKES

- Goals written in a document that staff never see.
- Goals given to staff once at induction and never repeated.
- Patients not told about the goals at all.
- Goals stated in words that staff cannot explain.

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

WHAT THE ASSESSOR CHECKS

Sample. Review the sustainability communication plan and the notices issued in the last 12 months. Ask 3 staff and 3 patients what the goals are.

1 Goals are communicated to staff.

Method. Check the notices and the induction material.

Evidence to show. Sustainability notice and communication record.

Pass when. Goals were communicated to staff in the last 12 months.

2 **Goals are communicated to patients.**

Method. Check the patient-facing notices.

Evidence to show. Patient notice (template).

Pass when. A patient-facing notice is on display or in the patient information.

3 **Staff and patients can describe the goal.**

Method. Ask 3 staff and 3 patients what the facility is trying to do.

Evidence to show. Interview notes.

Pass when. At least 70% of those asked describe one goal correctly.

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

Immediate fail. No communication about the sustainability goals reaches staff or patients. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-FRM-007	Staff and Patient Sustainability Notice (template)	Manager	Chief executive	Manager
ENV-REG-001	Sustainability Communication Record	Secretary	Chief executive	Manager
ENV-PLN-002	Sustainability Goals and Communication 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	Environmental Sustainability Standards for ASF Accreditation Humanitarian: Recommended; Transition: Recommended; Standard: Recommended
Secretary (ISCO 3344)	Front desk and records support	Environmental Sustainability Standards for ASF Accreditation Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

- World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

4.4 Sustainability Progress Is Reported to Governance

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

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

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

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: progress against the sustainability goals reported to governance on a set schedule.

GUIDANCE

Sustainability progress is reported to the governing body on a set schedule (ENV-SOP-005). The report (ENV-FRM-003) uses the goals the facility agreed, shows progress against each one, and states where progress is behind. The governing body records its response in the minutes.

A report that describes effort but not results does not meet this criterion. Where a goal is off track, the report gives the reason and the corrective action, and the governing body decides what to do about it.

> **Good practice.** Progress against every goal in the programme is reported to the governing body at least twice a year, and the minutes record a question or a decision after each report.

> **Partial because.** Progress is reported, but less than twice a year, or not for every goal, or the governing body does not respond to the report.

WHAT GOOD LOOKS LIKE

- A scheduled report to governance (ENV-SOP-005) using the agreed goals (ENV-FRM-003).
- Minutes showing that the governing body reviewed the report and responded.
- Off-track goals with the reason and corrective action.
- A set schedule that is kept to, with the dates recorded.

COMMON MISTAKES

- A report that is never presented to governance.
- A report that uses goals different from the agreed ones.
- Governance minutes that do not mention sustainability.
- A late report with no explanation.

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

WHAT THE ASSESSOR CHECKS

Sample. Review governance minutes and the progress reports for the last 12 months.

1 Progress is reported to governance on a set schedule.

Method. Check the governance minutes for the last 12 months.

Evidence to show. Governance minutes.

Pass when. Reported at least twice a year.

2 **The report uses the agreed goals.**

Method. Compare the report with the programme goals.

Evidence to show. Sustainability progress report.

Pass when. Each goal in the programme is reported on.

3 **Governance responds to the report.**

Method. Check the minutes for a decision or question after the report.

Evidence to show. Governance minutes.

Pass when. At least one recorded question or decision followed each report.

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

Immediate fail. Sustainability progress is not reported to the governing body in the last 12 months. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-SOP-005	Governance Reporting of Sustainability Progress	Manager	Chief executive	Chief executive
ENV-FRM-003	Sustainability Progress Report	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Carries accountability to the governing body	— Essential in all settings
Manager (ISCO 1342)	Runs the facility process this criterion measures	— Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

4.5 Procurement Considers Responsible Stewardship of Resources

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

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

> **Criterion.** The facility's procurement and supply decisions take environmental and social responsibility into account — reducing wasteful use of supplies, considering supplier environmental practices, and reviewing single-use equipment decisions against patient and staff safety requirements — rather than treating sustainability as irrelevant to purchasing choices.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: procurement that checks suppliers against a responsible procurement policy.

GUIDANCE

Purchasing decisions take responsible stewardship into account. The responsible procurement policy (PRC-POL-001) sets the criteria used when choosing and reviewing suppliers, such as energy efficiency, waste, packaging, the handling of hazardous products and fair treatment of workers. Suppliers are reviewed against the policy on the supplier evaluation form (PRC-FRM-001), following the procurement procedure (PRC-SOP-001).

Purchases are checked to show that the policy was applied. A purchase made with no supplier review or stewardship check does not meet this criterion, even when it is the cheapest option.

> **Good practice.** An approved procurement policy includes environmental and social criteria. Key suppliers are reviewed each year, and purchase orders show that the criteria were applied or why they were not.

> **Partial because.** A policy exists, but fewer than 70% of key suppliers were reviewed in the last 12 months, or fewer than 70% of sampled orders show that the criteria were applied.

WHAT GOOD LOOKS LIKE

- A responsible procurement policy (PRC-POL-001) with clear criteria.
- Supplier evaluations (PRC-FRM-001) following the procedure (PRC-SOP-001).
- Purchases that show the policy was applied.
- Suppliers reviewed again on a set schedule.

COMMON MISTAKES

- Choosing suppliers on price alone with no review.
- A policy that no buyer has read.
- Supplier reviews that never lead to a change.
- Hazardous products bought with no check on disposal.

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

WHAT THE ASSESSOR CHECKS

Sample. Review the procurement policy and the supplier review records for the last 12 months. Check 5 recent purchase orders.

1 **A responsible procurement policy exists.**

Method. Read the policy and check its approval date.

Evidence to show. Responsible procurement policy.

Pass when. Approved and includes environmental and social criteria.

2 **Suppliers are reviewed against the policy.**

Method. Check the supplier review records.

Evidence to show. Supplier review record.

Pass when. At least 70% of the key suppliers were reviewed in the last 12 months.

3 **Purchases reflect the policy.**

Method. Check the 5 purchase orders for the criteria applied.

Evidence to show. Purchase order extract.

Pass when. At least 70% of the sampled orders show the criteria were applied or the reason is recorded.

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

Immediate fail. Purchases are made with no supplier review or stewardship check. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

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

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Environmental Sustainability Standards for ASF Accreditation; Supplier Evaluation and Purchasing Essential in all settings
Secretary (ISCO 3344)	Front desk and records support	Supplier Evaluation and Purchasing Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2023). Sustainable management of radiotherapy facilities and equipment. https://news.gmj.ge/guideline/sustainable-management-of-radiotherapy-facilities-and-equipment-2/

4.6 Energy Use Is Monitored, With a Move Toward Renewable Sources

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.** The facility monitors its use of electricity, gas, and other fuel sources, and takes steps toward reducing reliance on fossil fuels where this is practically possible — not energy use left entirely unmeasured and unmanaged as a fixed, unexamined operating cost.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: energy use recorded each month, a reduction plan, and comparison with the previous year.

GUIDANCE

Energy use is recorded each month (ENV-FRM-008) for each source the facility uses, including electricity, gas and fuel for generators. The procedure (ENV-SOP-006) says how the readings are taken and who checks them. The reading for each month is compared with the same month in the previous year, so that trends are visible.

The facility has a reduction plan (ENV-PLN-003) that names measures and a target. Where a renewable source is available, the plan says whether it has been considered. In humanitarian settings the plan can focus on the largest users, such as generators and cooling, provided the monitoring is complete.

> **Good practice.** Electricity, gas and fuel use are recorded every month and compared with the previous year. A reduction plan has at least one measure with an owner and a date, and it was reviewed in the last 12 months.

> **Partial because.** Energy use is recorded, but for fewer than 10 of the last 12 months, or it is not compared with the previous year, or the reduction plan has not been reviewed.

WHAT GOOD LOOKS LIKE

- Monthly energy readings (ENV-FRM-008) for each energy source.
- A procedure (ENV-SOP-006) that sets how the readings are taken.
- A reduction plan (ENV-PLN-003) with a target.
- A year-on-year comparison showing the trend.

COMMON MISTAKES

- Readings taken only when a bill arrives.
- A reduction plan with no measurable target.
- Generator fuel not counted in the energy total.
- Monitoring that stops after the first year.

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

WHAT THE ASSESSOR CHECKS

Sample. Review the energy use records for the last 12 months and the reduction plan.

1 **Energy use is recorded each month.**

Method. Check the monthly energy use record for the last 12 months.

Evidence to show. Monthly energy use record.

Pass when. At least 10 of the last 12 months are recorded.

2 **A reduction plan exists.**

Method. Read the plan and check its last review date.

Evidence to show. Energy reduction and renewable options plan.

Pass when. Plan has at least one measure, an owner and a date, and was reviewed in the last 12 months.

3 **Use is compared with the previous year.**

Method. Compare the last 12 months with the previous year, or with the first recorded year.

Evidence to show. Energy use record.

Pass when. A comparison is recorded and the trend is reviewed by the owner.

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

Immediate fail. Energy use is not monitored in the last 12 months. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

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

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the facility process this criterion measures	Environmental Sustainability Standards for ASF Accreditation 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/

4.7 A Carbon Footprint Baseline Exists

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.** The facility has carried out an assessment of its carbon footprint — even based on a minimal dataset such as energy use alone — to establish a baseline for monitoring and reducing greenhouse gas emissions, not treating carbon impact as something too complex to ever measure.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a carbon footprint baseline with a written method, used for monitoring.

GUIDANCE

A carbon footprint baseline is an estimate of the greenhouse gas emissions the facility produces in a year. It can be based on a minimal dataset, such as energy bills, fuel records and waste collection records. The method is written down (ENV-SOP-007), and the baseline is recorded on the baseline form (ENV-FRM-009).

The baseline is not a one-off document. It is used for monitoring: the facility compares later years with the baseline and reports the change in the sustainability progress report (ENV-FRM-003).

> **Good practice.** A dated carbon footprint baseline is recorded, with an approved method that states its data sources and limits. The baseline has been compared with a later period, or a plan to do so has an owner and a date.

> **Partial because.** A baseline figure exists, but the method is not written down, or there is no later comparison and no plan to make one.

WHAT GOOD LOOKS LIKE

- A baseline assessment with a written method (ENV-SOP-007).
- The baseline recorded on ENV-FRM-009 with the data sources.
- A later comparison of the baseline with the current year.
- The baseline used in the progress report.

COMMON MISTAKES

- A baseline estimated with no method written down.
- A baseline that was never updated or used.
- Data sources that cannot be found again.
- A baseline that counts only electricity.

> **Why it matters.** A carbon footprint shows where a facility's greenhouse emissions come from. It does not need to be perfect; a basic baseline from energy and travel data is enough to start measuring change.

WHAT THE ASSESSOR CHECKS

Sample. Review the carbon footprint baseline record and the method used.

1 **A baseline assessment exists.**

Method. Read the baseline record and check the date and the data used.

Evidence to show. Carbon footprint baseline record.

Pass when. Baseline is recorded with a date and a stated method.

2 **The method is written down.**

Method. Read the method and check it can be repeated.

Evidence to show. Baseline method (SOP).

Pass when. Method is approved and states its data sources and limits.

3 **The baseline is used for monitoring.**

Method. Check whether the baseline is compared with later data.

Evidence to show. Carbon footprint record.

Pass when. The baseline has been compared with at least one later period, or a plan to do so has an owner and a date.

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

Immediate fail. No carbon footprint baseline exists. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-SOP-007	Carbon Footprint Baseline Method	Manager	Chief executive	Chief executive
ENV-FRM-009	Carbon Footprint Baseline Record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

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

REFERENCES FOR THIS CRITERION

- World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

4.8 The Facility Plans for Environmental and Climate Resilience

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.** The facility considers its resilience to major environmental, climate, or health emergencies that could disrupt service delivery — heatwaves, flooding, extreme storms, pandemic outbreaks — and plans a range of actions in response, not assuming such disruptions are too remote to prepare for.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: climate and health risks assessed, with a continuity plan that is tested.

GUIDANCE

The facility assesses the climate and health risks that could interrupt its services, such as flooding, heat, storms, fuel shortages and disease outbreaks. The assessment is linked to the climate and health emergency plan (FAC-PLN-002), which sets out the continuity arrangements, the people responsible and the procedure (FAC-SOP-003). The risk assessment is recorded in the integrated facility risk register (FAC-REG-001).

The plan is tested. A continuity test recorded on FAC-FRM-003 within the last 12 months, with any gaps found and their actions, is needed for this criterion. A plan that has never been tested is not enough.

> **Good practice.** A risk assessment less than two years old covers at least two local hazards. The continuity plan links each hazard to an action and an owner, and the plan was tested in the last 12 months with the result and actions recorded.

> **Partial because.** A plan exists and has been tested, but the risk assessment is more than two years old, or some hazards are not linked to an action and an owner.

WHAT GOOD LOOKS LIKE

- A climate and health risk assessment recorded in the facility risk register (FAC-REG-001).
- A climate and health emergency plan (FAC-PLN-002) with a continuity procedure (FAC-SOP-003).
- A continuity test recorded on FAC-FRM-003 within the last 12 months.
- Actions from the test, with owners and dates.

COMMON MISTAKES

- A plan written after a disaster and never tested.
- Risks such as heat or flooding left out of the assessment.
- A test that records no gaps at all.
- A plan that depends on one fuel supply with no back-up.

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

WHAT THE ASSESSOR CHECKS

Sample. Review the climate and health emergency risk assessment, the continuity plan and the test records for the last 12 months.

1 **Climate and health risks are assessed.**

Method. Read the risk assessment and check it covers heat, flooding and other local hazards.

Evidence to show. Climate and health emergency risk assessment.

Pass when. Assessment covers at least two local hazards and is dated within the last 2 years.

2 **A continuity plan exists.**

Method. Read the plan and check it links to the assessment.

Evidence to show. Climate and health emergency continuity plan.

Pass when. Plan links each hazard to a continuity action and an owner.

3 **The plan is tested.**

Method. Check the continuity test record for the last 12 months.

Evidence to show. Continuity test record.

Pass when. At least one test in the last 12 months with a recorded result and actions.

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

Immediate fail. No climate and health emergency plan exists, or no continuity test is recorded. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

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

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Carries accountability to the governing body	Environmental Sustainability Standards for ASF Accreditation Essential in all settings
Manager (ISCO 1342)	Runs the facility process this criterion measures	Environmental Sustainability Standards for ASF Accreditation Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/
- World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

10 Questions and answers

Do I need to meet every criterion in Standard 4?
You must meet every criterion that applies to your facility type. Standard 4 is a core standard. Criteria 4.1 to 4.5 apply to all nine facility types. Criteria 4.6 to 4.8, on energy use, the carbon footprint baseline and climate resilience, are marked N/A for telemedicine and home care services. The table in section 4 shows each criterion by facility type. 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 sustainability progress has not been reported to the governing body in the last 12 months, criterion 4.4 fails outright, however good the programme itself 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 plans, procedures, forms and policies listed under each criterion in the "Evidence and documents" table. Records, such as the Monthly Energy Use Record (ENV-FRM-008) or the Supplier Review Record (PRC-FRM-001), are kept as working files with one entry for each month or supplier. Plans, procedures and policies 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, usually the last 12 months. You may use your own document if it meets the same check, as long as it is clearly the same record.

We are a small facility with few resources. How much is expected?
The rating depends on your setting. Every criterion in Standard 4 is Minimum in humanitarian settings, Medium in transition and fragile settings, and Must in standard settings. The criteria are also written to be achievable: the carbon footprint baseline may rest on a minimal dataset such as energy use alone, and the move away from fossil fuels is expected only where it is practically possible. What is not accepted is a general statement of environmental awareness with no plan, no figures and no owner.

What must the sustainability programme contain?
The programme (ENV-PLN-001) must be written and approved, cover energy use, waste reduction and resource consumption, set targets and name an owner. Progress is tracked on the Sustainability Progress Report (ENV-FRM-003). The surveyor reviews the programme and the reports for the last 12 months, and looks for at least two progress reports with figures against targets and at least one action taken after the last report. If there is no programme, or no written plan, criterion 4.1 fails immediately.

What is the leadership review of environmental impact?
Once a year, facility leadership looks at the environmental impact of the facility as a whole and decides what to change, instead of leaving the question to one department. The procedure is ENV-SOP-004, and the review is recorded on the Leadership Environmental Review Record (ENV-FRM-006). The surveyor checks that a review was done in the last 12 months, that it was discussed at a leadership meeting, and that at least one decision has an owner and a date. If leadership has not reviewed environmental impact in the last 12 months, criterion 4.2 fails immediately.

How do we inform staff and patients about our goals?
The goals must reach people outside senior management, in plain words. The Sustainability Goals and Communication Plan (ENV-PLN-002) sets out how, the notice template (ENV-FRM-007) is used for staff and patients, and each communication is recorded on the Sustainability Communication Record (ENV-REG-001). A patient notice should be on display or in the patient information. On the day, the surveyor asks three staff and three patients what the goals are, and at least 70% of them should be able to describe one goal correctly.

How often must progress be reported to governance?
At least twice a year. The report must cover each goal in the programme, not a selection, and it uses the Sustainability Progress Report (ENV-FRM-003) under the governance reporting procedure (ENV-SOP-005). The surveyor reads the governing body minutes for the last 12 months and looks for a recorded question or decision after each report, because a report that is tabled and not discussed does not show that governance is following progress.

What does responsible procurement mean in practice?
It means that purchasing decisions consider environmental and social responsibility: reducing wasteful use of supplies, looking at how suppliers behave, and reviewing single-use items against patient and staff safety. No change made to reduce waste may compromise safety. The Responsible Procurement Policy (PRC-POL-001) sets the criteria, the stewardship review (PRC-SOP-001) applies them to purchases, and the Supplier Review Record (PRC-FRM-001) records the review of each main supplier. The surveyor checks five recent purchase orders. At least 70% of key suppliers should have been reviewed in the last 12 months, and at least 70% of the sampled orders should show that the criteria were applied or give the reason why not.

How should we monitor energy use?
Record the use of electricity, gas and other fuel every month on the Monthly Energy Use Record (ENV-FRM-008), and compare it with the same period in the previous year. At least 10 of the last 12 months must be recorded. The Energy Reduction and Renewable Options Plan (ENV-PLN-003) must contain at least one measure with an owner and a date, and must have been reviewed in the last 12 months. The procedure is ENV-SOP-006. If energy use has not been monitored in the last 12 months, criterion 4.6 fails immediately.

How detailed must the carbon footprint be?
It does not need to be complete. A baseline built from a minimal dataset, such as energy use alone, is accepted. What matters is that the baseline is dated, that the method is written down and approved (ENV-SOP-007), and that the method states its data sources and its limits. The baseline is recorded on the Carbon Footprint Baseline Record (ENV-FRM-009). It should then be used: compared with at least one later period, or with a plan to do so that has an owner and a date. If no baseline exists, criterion 4.7 fails immediately.

What must the climate and health emergency plan cover?
First, a risk assessment (FAC-SOP-003), dated within the last two years, that covers at least two hazards relevant to your location, such as heatwaves, flooding, storms, power cuts or disease outbreaks. Second, a continuity plan (FAC-PLN-002) that links each hazard to a continuity action and an owner. Third, at least one test of the plan in the last 12 months, recorded on the Continuity Test Record (FAC-FRM-003) with the result and the actions that followed. If there is no plan, or no test on record, criterion 4.8 fails immediately.

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. Two criteria, 4.4 and 4.7, name no required course; an optional academy course is shown there instead. 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. Most of Standard 4 is checked from records for the last 12 months: the programme and its progress reports, the leadership review and minutes, governing body minutes, supplier reviews, energy records, the carbon baseline, and the continuity plan and its test. The surveyor also checks five recent purchase orders, looks for the patient notice, and asks three staff and three patients what the sustainability goals are. 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 "Review the energy use records for the last 12 months and the reduction plan" or "Check 5 recent purchase orders". 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 4.6) so that your question can be answered against the right text.

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

11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard. Each course name opens the course page in the academy. Where a course is published in English and in Georgian, both versions are linked. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Environmental Sustainability Standards for ASF Accreditation (ENV-001)	Manager, Chief executive	Governing body members, Secretary	4.1, 4.2, 4.3, 4.5, 4.6, 4.8	English · Georgian
Supplier Evaluation and Purchasing (T-13)	Manager, Secretary	None	4.5	English · Georgian

12 References

CITED FOR CRITERIA

1. World Health Organization (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/ (criterion 4.1, 4.8)
2. World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/ (criterion 4.1, 4.2, 4.3, 4.4, 4.7, 4.8)
3. World Health Organization (2023). Sustainable management of radiotherapy facilities and equipment. https://news.gmj.ge/guideline/sustainable-management-of-radiotherapy-facilities-and-equipment-2/ (criterion 4.5)
4. 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 4.6)

INTERNATIONAL STANDARDS CITED

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

13 Document register

Every document code used in Standard 4, 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
ENV-FRM-003	Sustainability Progress Report	Form (record)	Quarterly report of progress against the sustainability targets.	4.1, 4.4
ENV-FRM-006	Leadership Environmental Review Record	Form (record)	Records the annual leadership review of environmental impact, with findings, actions and owners.	4.2
ENV-FRM-007	Staff and Patient Sustainability Notice (template)	Form (record)	Template for the plain-language notice of the facility sustainability goals for staff and patients.	4.3
ENV-FRM-008	Monthly Energy Use Record	Form (record)	Monthly reading of energy use by source and area, with comparison to last year.	4.6
ENV-FRM-009	Carbon Footprint Baseline Record	Form (record)	Records the dated carbon footprint baseline, its method, data sources and any repeat.	4.7
ENV-PLN-001	Environmental Sustainability Programme	Plan	To reduce the facility’s environmental impact through a documented, measured programme covering energy, waste and resource use.	4.1
ENV-PLN-002	Sustainability Goals and Communication Plan	Plan	To make sure staff and patients know the facility sustainability goals in plain words, and can help reach them.	4.3
ENV-PLN-003	Energy Reduction and Renewable Options Plan	Plan	To set and track the concrete steps to reduce energy use and fossil fuel reliance safely.	4.6
ENV-REG-001	Sustainability Communication Record	Register	Records each communication of the sustainability goals to staff and patients, and the result of any check.	4.3
ENV-SOP-004	Environmental Impact Review (leadership)	Procedure (SOP)	To make sure leadership looks at the facility environmental impact as a whole each year and decides what to change, rather than leaving it to individual purchases or to one department.	4.2
ENV-SOP-005	Governance Reporting of Sustainability Progress	Procedure (SOP)	To make sure progress against the sustainability goals is seen, discussed and acted on by the governing body on a set schedule.	4.4
ENV-SOP-006	Energy Use Monitoring and Reduction	Procedure (SOP)	To monitor the facility energy use by source, and to take concrete, safe steps away from fossil fuel reliance where practical.	4.6
ENV-SOP-007	Carbon Footprint Baseline Method	Procedure (SOP)	To establish a dated carbon footprint baseline, using a documented method, so change can be measured over time.	4.7
FAC-FRM-003	Continuity Test Record	Form (record)	Records each test of the climate and health emergency continuity plan, the gaps found and the actions.	4.8

Code	Document	Type	What it is for	Criteria
FAC-PLN-002	Climate and Health Emergency Continuity Plan	Plan	To keep essential services running and patients safe during a climate or health emergency.	4.8
FAC-SOP-003	Climate and Health Emergency Risk Assessment	Procedure (SOP)	To identify climate and health emergencies that could disrupt services, and to plan how the service keeps running.	4.8
PRC-FRM-001	Supplier Review Record	Form (record)	Annual review of each main supplier against environmental and social criteria.	4.5
PRC-POL-001	Responsible Procurement Policy	Policy	To make sure purchasing decisions consider environmental and social responsibility, and that no change to reduce waste compromises patient or staff safety.	4.5
PRC-SOP-001	Procurement Stewardship Review	Procedure (SOP)	To give buyers a simple, repeatable way to apply the procurement policy PRC-POL-001 to each purchase.	4.5