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

# ASF Health Standards Version 11

## Standard 6: Workforce

Core standard · applicability by facility type shown for each criterion

| | |
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### APPROVAL

**Prof. Giorgi Pkhakadze, MD, MPH, PhD**
Chair, Public Health Institute of Georgia

**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.

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# 1 Introduction

This document is Standard 6 of ASF Health Standards. It sets out how a facility looks after the people who work for it: how their competence is kept up to date, how their health and safety is protected, how concerns they raise are investigated and resolved, how they are protected from violence, how their feedback is acted on, how sickness and turnover inform improvement, how equity is monitored across the workforce, how working hours and rest are kept safe, and how they can speak up safely.

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 6 makes sure that the people who deliver care are competent, supported, safe and heard, because a facility can only give safe care through the staff who give it.

**Who should read it.** Members of the governing body, the chief executive, the human resources lead, line managers, clinical leads, occupational health and safety staff, training coordinators, staff representatives, 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 6 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 line manager or a member of the human resources 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 6.1 to 6.11, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

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

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

**Document codes.** Each document has a code made of a topic prefix, a type and a number, for example 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 6 covers ongoing competency and education, workforce health and safety, the investigation of workplace issues, protection from violence and aggression, workforce feedback, sickness and attrition data, equity monitoring across the workforce, working hours and rest, and safe routes for staff to speak up.

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 6 APPLIES

Standard 6 applies to every facility type. Ten of the eleven criteria apply to all nine facility types. Criterion 6.11 (falls prevention training) applies to five facility types, as shown below. 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 |
|---|---|
| 6.1 Ongoing Competency Is Regularly Evaluated | all nine facility types. |
| 6.2 Staff Have Access to Ongoing Education and Skill Development | all nine facility types. |
| 6.3 Workforce Health and Safety Is Protected | all nine facility types. |
| 6.4 Workplace Issues Raised by Staff Are Investigated and Resolved | all nine facility types. |
| 6.5 Staff Are Protected From Violence and Aggression | all nine facility types. |
| 6.6 Workforce Feedback Is Gathered and Acted On | all nine facility types. |
| 6.7 Sick Leave and Attrition Data Inform Organisational Learning | all nine facility types. |
| 6.8 Equality, Diversity and Inclusion Across the Workforce Are Monitored | all nine facility types. |
| 6.9 Working Hours and Rest Are Safe | all nine facility types. |
| 6.10 Staff Can Raise Concerns Through a Route That Protects Them | all nine facility types. |
| 6.11 Staff Are Trained in Falls Prevention | 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |

# 5 Ratings and colours

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

In standard settings every criterion is Must.

### TRAINING LEVELS

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

# 6 Abbreviations

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

### DOCUMENT CODE PREFIXES

| Prefix | Topic |
|---|---|
| WRK | Workforce documents |

# 7 Terms and definitions

| Term | Definition |
|---|---|
| **Attrition** | The rate at which staff leave the organisation, usually counted over a year. |
| **Competency** | The knowledge, skills and judgement a person needs to do their job safely and well. |
| **Criterion** | One numbered requirement in a standard, for example 6.1. Each criterion has its own rating, pass rule and immediate-fail rule. |
| **De-escalation** | Calming a tense or threatening situation before it becomes violent, using words and behaviour rather than force. |
| **Equity** | Fair treatment of staff in recruitment, allocation of work, scheduling and promotion. |
| **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. |
| **Line manager** | The person to whom a member of staff reports day to day. |
| **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. |
| **Retaliation** | Any adverse treatment of a person because they raised a concern, such as a change of shift, a loss of hours or exclusion. |
| **Sample** | The set of records, staff or areas 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. |
| **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. |
| **Workforce member** | Anyone who works for the facility, paid or unpaid, including staff on contract and volunteers. |

# 8 Standard 6 at a glance

**Standard 6: Workforce** is a core standard of ASF Health Standards. It applies to every facility type. It covers how staff competence, health, safety, voice, equity and working conditions are assessed, protected and improved.

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

## 8.1 CRITERIA AND RATINGS

| No. | Criterion | Humanitarian | Transition | Standard |
|---|---|---|---|---|
| 6.1 | Ongoing Competency Is Regularly Evaluated | Minimum | Medium | Must |
| 6.2 | Staff Have Access to Ongoing Education and Skill Development | Minimum | Medium | Must |
| 6.3 | Workforce Health and Safety Is Protected | Minimum | Medium | Must |
| 6.4 | Workplace Issues Raised by Staff Are Investigated and Resolved | Minimum | Medium | Must |
| 6.5 | Staff Are Protected From Violence and Aggression | Minimum | Medium | Must |
| 6.6 | Workforce Feedback Is Gathered and Acted On | Minimum | Medium | Must |
| 6.7 | Sick Leave and Attrition Data Inform Organisational Learning | Minimum | Medium | Must |
| 6.8 | Equality, Diversity and Inclusion Across the Workforce Are Monitored | Minimum | Medium | Must |
| 6.9 | Working Hours and Rest Are Safe | Minimum | Medium | Must |
| 6.10 | Staff Can Raise Concerns Through a Route That Protects Them | Medium | Must | Must |
| 6.11 | Staff Are Trained in Falls Prevention | 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 |
|---|---|---|
| 6.1 | Ongoing Competency Is Regularly Evaluated | Manager (ISCO 1342) · Human resource manager (ISCO 1212) |
| 6.2 | Staff Have Access to Ongoing Education and Skill Development | Manager (ISCO 1342) · Human resource manager (ISCO 1212) |
| 6.3 | Workforce Health and Safety Is Protected | Manager (ISCO 1342) · Nurse (ISCO 2221) · Human resource manager (ISCO 1212) |
| 6.4 | Workplace Issues Raised by Staff Are Investigated and Resolved | Manager (ISCO 1342) · Human resource manager (ISCO 1212) |

| No. | Criterion | Positions responsible or involved |
|---|---|---|
| 6.5 | Staff Are Protected From Violence and Aggression | Manager (ISCO 1342) · Secretary (ISCO 3344) · Nurse (ISCO 2221) |
| 6.6 | Workforce Feedback Is Gathered and Acted On | Human resource manager (ISCO 1212) · Manager (ISCO 1342) |
| 6.7 | Sick Leave and Attrition Data Inform Organisational Learning | Human resource manager (ISCO 1212) · Manager (ISCO 1342) |
| 6.8 | Equality, Diversity and Inclusion Across the Workforce Are Monitored | Human resource manager (ISCO 1212) · Manager (ISCO 1342) |
| 6.9 | Working Hours and Rest Are Safe | Manager (ISCO 1342) · Human resource manager (ISCO 1212) |
| 6.10 | Staff Can Raise Concerns Through a Route That Protects Them | Human resource manager (ISCO 1212) · Manager (ISCO 1342) |
| 6.11 | Staff Are Trained in Falls Prevention | Nurse (ISCO 2221) · Manager (ISCO 1342) |

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

| Role | Reports to | Supervises |
|---|---|---|
| Manager (ISCO 1342) | The director of nursing. | Nurse specialists, registered nurses, nursing associates and health care assistants. |
| Human resource manager (ISCO 1212) | The chief human resources officer (CHRO). | HR officers, the recruitment officer and the occupational health nurse. |
| 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 6

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 |
|---|---|---|---|---|
| Credentialing, Competence and the Training Matrix (T-14) | Manager, Human resource manager | None | 6.1 | English · Georgian |
| Safety Training Programme & Competency Assessment (TRAIN-01) | Manager | Human resource manager | 6.2 | English · Georgian |

| Course | Essential for | Recommended for | Criteria | GMJ Academy course page |
|---|---|---|---|---|
| Equity, Diversity & Inclusion in Healthcare (EDI-001) | Human resource manager, Manager | Chief executive | 6.8 | Georgian Georgian version only |
| Incident Reporting, Just Culture and Open Disclosure (T-09) | Human resource manager, Manager | Chief executive | 6.10 | 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. One course is published in Georgian only. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

### 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 |
|---|---|---|---|
| Competence, Training and Awareness (ISO-06) | Competence, training and awareness | 6.1, 6.2 | English |
| Personnel & Competence in Laboratory Accreditation (LAB-03) | Competence, training and awareness | 6.1, 6.2 | English · Georgian |
| Workforce Health and Safety (BAS-10) | Workforce health and safety | 6.3 | English |
| პერსონალის ჯანმრთელობის სკრინინგი და კეთილდღეობის სტანდარტები (STAFF-01) | Workforce health and safety | 6.3 | Georgian Georgian version only |
| Raising and Resolving Workplace Concerns | Raising and resolving workplace concerns | 6.4 | English |
| Preventing Violence and Aggression Against Staff (BAS-12) | Preventing violence and aggression against staff | 6.5 | English |
| Workforce Feedback and Action (BAS-13) | Workforce feedback and action | 6.6 | English |
| Sick Leave and Attrition Data for Organisational Learning (BAS-14) | Sick leave and attrition data | 6.7 | English |
| Safe Working Hours and Rest | Safe working hours and rest | 6.9 | English |
| Fall Prevention (PS-05) | Falls prevention | 6.11 | English · Georgian |
| Hospital Falls Prevention and Risk Assessment | Falls prevention | 6.11 | English |
| Supporting the Care Workforce (LAB-13) | Supporting the care workforce in your type of service | 6.3 to 6.9 | English · Georgian |
| Supporting the Care Workforce (MT-11) | Supporting the care workforce in your type of service | 6.3 to 6.9 | English · Georgian |
| სამედიცინო პერსონალის მხარდაჭერა: ASF აკრედიტაცია (TELE-11) | Supporting the care workforce in your type of service | 6.3 to 6.9 | Georgian Georgian version only |

# 6.1 Ongoing Competency Is Regularly Evaluated

| 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 continued competency and ongoing performance of every workforce member is regularly evaluated against their actual job description and scope of practice — not competency assumed to remain current indefinitely once initial credentialing is complete.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: every workforce member's competency evaluated on a schedule against their actual role, with a defined response to any gap.

## GUIDANCE

Each workforce member's competency is evaluated regularly against the job they actually do, not against a generic job description. The evaluation follows a defined schedule set in the annual competency assessment procedure (WRK-SOP-001), is recorded on the competency assessment form by role (WRK-FRM-001), and is listed in the training matrix register (WRK-REG-001). The ongoing competency evaluation policy (WRK-POL-001) names who evaluates whom.

A gap found in an evaluation has a defined response: training, supervision, a changed role or a documented plan with a date. A staff member with a known competency gap who stays in role with no evaluation and no response does not meet this criterion.

> **Good practice.** Competency is assessed on the scheduled dates against each person's current job description and scope of practice. Every gap that is found has an action and a date.

> **Partial because.** Assessments are done, but not on the scheduled dates, or the form does not match the person's current role, or gaps have no dated action.

## WHAT GOOD LOOKS LIKE

- A written competency procedure (WRK-SOP-001) with a schedule for each role.
- A competency assessment form by role (WRK-FRM-001) completed for each person.
- A training matrix register (WRK-REG-001) showing the last evaluation and the next one due.
- A defined response for each gap, with a date.

## COMMON MISTAKES

- An annual appraisal form that is never linked to the job the person does.
- Gaps recorded but not acted on.
- Evaluations done only for new staff.
- A competency standard that no one can explain.

> **Why it matters.** Skills learned at hiring fade. Checking competence against the actual job, on a schedule, finds gaps before they harm patients.

## WHAT THE ASSESSOR CHECKS

**Sample.** Select three roles and review the competency records for their current staff.

**1** **Competency is evaluated on a defined schedule.**

**Method.** Compare the evaluation dates with the schedule in the procedure.

**Evidence to show.** WRK-SOP-001 Annual competency assessment procedure; WRK-REG-001 Training matrix register.

**Pass when.** Evaluations are recorded on the scheduled dates.

**2** **The evaluation covers the person's current role.**

**Method.** Check that the competency form matches the role description.

**Evidence to show.** WRK-FRM-001 Competency assessment form by role.

**Pass when.** The form covers the current role.

**3** **Gaps have a defined response.**

**Method.** Check each recorded gap for an action and a date.

**Evidence to show.** WRK-POL-001 Ongoing competency evaluation policy.

**Pass when.** Each gap has an action and a date.

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

**Immediate fail.** A staff member with a current competency gap is kept in role with no evaluation and no response. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-001 | Annual competency assessment procedure | Manager | Chief executive | Chief executive |
| WRK-FRM-001 | Competency assessment form by role | Manager | Chief executive | Manager |
| WRK-REG-001 | Training matrix register | Secretary | Chief executive | Manager |
| WRK-POL-001 | Ongoing competency evaluation 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 | Credentialing, Competence and the Training Matrix<br>Essential in all settings |
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | Credentialing, Competence and the Training Matrix<br>Essential in all settings |

## REFERENCES FOR THIS CRITERION


- Pan American Health Organization (2020). Checklist for the Management of Human Resources for Health in Response to COVID-19. https://news.gmj.ge/guideline/checklist-for-the-management-of-human-resources-for-health-in-response-to-covid-19-2/

# 6.2 Staff Have Access to Ongoing Education and Skill Development

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

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

> **Criterion.** Every workforce member has access to ongoing education — formal courses and training sessions, whether internal or external — to maintain the performance their role requires and develop their skills further, not education treated as a one-time induction event with nothing meaningful offered afterwards.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: ongoing education available to every workforce member, beyond induction.

## GUIDANCE

Every workforce member has access to ongoing education, formal or informal, internal or external. The training matrix register (WRK-REG-001) records each person's training. The learning, training and competence policy (WRK-POL-002) sets the route by which staff can ask for and take part in learning, including how it is funded and how time is released.

Development goes beyond the minimum needed for induction. Staff can name a recent learning opportunity they took part in.

> **Good practice.** Every workforce member has at least one recorded learning entry beyond induction in the last 12 months. Development goes beyond the required minimum, and staff can name a recent opportunity.

> **Partial because.** Required training is recorded, but development beyond the minimum is not, or staff cannot name a recent opportunity.

## WHAT GOOD LOOKS LIKE

- Development opportunities recorded for each person (WRK-REG-001).
- A learning, training and competence policy (WRK-POL-002) that explains how staff can ask for learning.
- Time and funding for learning that is written down.
- Staff who can name a recent learning opportunity.

## COMMON MISTAKES

- Training offered only after induction.
- Learning available only to senior staff.
- Development requests that are never answered.
- Training recorded with no link to the person's role.

> **Why it matters.** Staff who cannot learn new skills fall behind the care they are asked to give. Giving every staff member access to ongoing education keeps the workforce able to meet the standards.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the training matrix for the last 12 months.

**1 Every workforce member has ongoing education access.**

**Method.** Check the training matrix for each person.

**Evidence to show.** WRK-REG-001 Training matrix register.

**Pass when.** Each person has at least one recorded entry beyond induction.

**2 Development goes beyond the minimum.**

**Method.** Check the entries for development opportunities beyond the required minimum.

**Evidence to show.** WRK-POL-002 Learning, training and competence policy.

**Pass when.** Development entries exist beyond the minimum.

**3 Staff can describe a recent opportunity.**

**Method.** Ask staff to name an education opportunity taken in the last year.

**Evidence to show.** WRK-REG-001 Training matrix register.

**Pass when.** Staff name a recorded opportunity.

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

**Immediate fail.** A staff member has had no education beyond induction and no development route exists. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-REG-001 | Training matrix register | Secretary | Chief executive | Manager |
| WRK-POL-002 | Learning, training and competence 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 | Safety Training Programme & Competency Assessment<br>Essential in all settings |
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | Safety Training Programme & Competency Assessment<br>Humanitarian: Recommended; Transition: Recommended; Standard: Recommended |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2013). Transforming and scaling up health professionals' education and training. https://news.gmj.ge/guideline/transforming-and-scaling-up-health-professionals-education-and-training-2013/

# 6.3 Workforce Health and Safety Is Protected

| 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 protects the health and safety of its workforce while they carry out their duties — required vaccinations, personal protective equipment, prevention of manual handling and needlestick injuries — not staff safety treated as secondary to patient safety rather than an equally protected concern. This includes the wellbeing of staff, with support available after distressing events.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: protective equipment, needlestick and exposure controls, and tracked vaccinations.

## GUIDANCE

The facility protects its workforce while they work. Personal protective equipment is provided, in the right sizes and in working order, and the risks from sharps and exposure to infection are controlled. Exposure and needlestick incidents are handled under WRK-SOP-002, vaccination and immunisation under WRK-SOP-003, and support after distressing events under WRK-SOP-004. The occupational health, safety and wellbeing policy (WRK-POL-003) sets the responsibilities.

Required vaccinations are tracked for each staff member under WRK-SOP-003, and the records are current. A staff member who has no record of a required vaccination, or who works without equipment that the risk requires, does not meet this criterion.

> **Good practice.** Protective equipment is in stock and used, needlestick and manual handling measures are followed, and required vaccinations are recorded as current. Support is available to staff after distressing events.

> **Partial because.** Protective measures and vaccination tracking exist, but some vaccinations are out of date, or equipment is not always available where it is needed.

## WHAT GOOD LOOKS LIKE

- Protective equipment provided in the right sizes and kept in working order.
- Needlestick and exposure procedure (WRK-SOP-002), vaccination procedure (WRK-SOP-003) and support after distressing events (WRK-SOP-004).
- A current vaccination record for each staff member who needs one.
- An occupational health, safety and wellbeing policy (WRK-POL-003) that names who is responsible for each control.

## COMMON MISTAKES

- Equipment provided but not in the sizes the staff need.
- Vaccination records that are out of date.
- Sharps disposal not checked on the ward.
- Manual handling risks left to individual judgement.

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

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the vaccination records and the exposure records for the last 12 months.

### 1 Protective equipment is available and used.

**Method.** Check stock and observe use in two clinical areas.

**Evidence to show.** WRK-POL-003 Occupational health, safety and wellbeing policy.

**Pass when.** Equipment is in stock and used.

**2** **Needlestick and manual handling measures are in place.**

**Method.** Check the exposure procedure and the manual handling measures.

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

**Pass when.** Concrete measures exist and are followed.

**3** **Vaccinations are tracked and current.**

**Method.** Check the vaccination record for each staff member against the required schedule.

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

**Pass when.** Required vaccinations are recorded as current.

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

**Immediate fail.** Required staff vaccinations are not tracked, or needlestick and manual handling risks have no protective measures. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-002 | Occupational exposure and needlestick response | Manager | Chief executive | Chief executive |
| WRK-SOP-003 | Staff vaccination and immunisation | Manager | Chief executive | Chief executive |
| WRK-SOP-004 | Support after distressing events | Manager | Chief executive | Chief executive |
| WRK-POL-003 | Occupational health, safety and wellbeing 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 | — Essential in all settings |
| Nurse (ISCO 2221) | Uses or checks the equipment and falls controls at the bedside | — Essential in all settings |
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | — Humanitarian: Recommended; Transition: Recommended; Standard: Recommended |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/

# 6.4 Workplace Issues Raised by Staff Are Investigated and Resolved

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

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

> **Criterion.** A process exists for the investigation and resolution of workplace issues raised by workforce members — including whistleblowing concerns about organisational wrongdoing — with protection from adverse treatment for those who raise them, not a grievance process that exists on paper with no follow-through or protection.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a process to raise and resolve workplace issues, with protection for the people who raise them.

## GUIDANCE

Workplace issues raised by staff, including concerns about conduct, safety or treatment, are investigated and resolved under a defined procedure (WRK-SOP-005). Each concern is recorded on the staff concern and investigation record (WRK-FRM-002), investigated by someone who is not involved, and closed with an outcome that is told to the person who raised it.

Staff who raise an issue are protected from adverse treatment. A concern with no investigation record, or a person who raised one and was treated adversely, fails this criterion.

> **Good practice.** A written process is known to staff. Every concern raised has an investigation and a written outcome, and no adverse action follows a concern without review.

> **Partial because.** The process is written and every concern is investigated, but staff cannot describe how to use the process, or some outcomes are not recorded.

## WHAT GOOD LOOKS LIKE

- A staff grievance and investigation procedure (WRK-SOP-005) that is known to staff.
- A staff concern and investigation record (WRK-FRM-002) for each concern, with an outcome.
- Investigation by a person not involved in the issue.
- The outcome given to the person who raised the issue.

## COMMON MISTAKES

- Issues raised verbally and never written down.
- An investigation led by the person whose conduct is in question.
- No outcome given to the person who raised the issue.
- A person who raised an issue treated differently afterwards.

> **Why it matters.** When staff raise a problem at work, such as unsafe rotas or bullying, and nothing happens, they stop raising it. A process that investigates and resolves the issue keeps problems visible and fixed.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the concern records for the last 12 months.

**1 An accessible process exists to raise issues.**

**Method.** Check the procedure and ask staff how they would raise a whistleblowing concern.

**Evidence to show.** WRK-SOP-005 Staff grievance and investigation procedure.

**Pass when.** The process is written and staff can describe it.

**2 Raised issues are investigated and resolved.**

**Method.** Check each recorded concern for an investigation and an outcome.

**Evidence to show.** WRK-FRM-002 Staff concern and investigation record.

**Pass when.** Each concern has an investigation and an outcome.

**3 Staff are protected from adverse treatment.**

**Method.** Check the records for any adverse action following a concern.

**Evidence to show.** WRK-SOP-005 Staff grievance and investigation procedure.

**Pass when.** No adverse action follows a raised concern without review.

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

**Immediate fail.** A raised concern has no investigation record, or a staff member who raised one is treated adversely. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-005 | Staff grievance and investigation procedure | Manager | Chief executive | Chief executive |
| WRK-FRM-002 | Staff concern and investigation record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Runs the facility process this criterion measures | — Essential in all settings |
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | — Essential in all settings |

## REFERENCES FOR THIS CRITERION


- ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector (2002). Framework guidelines for addressing workplace violence in the health sector. https://news.gmj.ge/guideline/framework-guidelines-workplace-violence-health-sector/

# 6.5 Staff Are Protected From Violence and Aggression

| 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 takes concrete steps to protect staff from violence and aggression — whether from patients, visitors, or other staff — ranging from verbal abuse and harassment through to physical assault, not workplace violence treated as an unavoidable, unaddressed feature of healthcare work.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: specific measures against violence and aggression, with incidents recorded and reviewed.

## GUIDANCE

The facility takes concrete steps to protect staff from violence and aggression, whether it comes from patients, visitors or other staff. The measures are set out in the violence and aggression prevention and response procedure (WRK-SOP-006): for example, a risk assessment of each area, alarms or a way to call for help, training in de-escalation, and a clear response after an incident.

Every incident is recorded on the violence and aggression incident record (WRK-FRM-003) and reviewed. Staff can show that at least one measure has worked in practice, such as a shorter wait for help or a change of layout that reduced incidents.

> **Good practice.** The procedure sets out concrete protective measures. Every incident, from verbal abuse to physical assault, is recorded and reviewed, and staff can describe a case where a measure worked.

> **Partial because.** Every incident is recorded, but not every one is reviewed, or staff cannot describe a measure that worked in practice.

## WHAT GOOD LOOKS LIKE

- A violence and aggression prevention and response procedure (WRK-SOP-006) with specific measures for each area.
- A violence and aggression incident record (WRK-FRM-003) for each incident.
- Evidence of a measure that has worked, such as a shorter response time.
- De-escalation training for the staff who need it.

## COMMON MISTAKES

- A policy that says 'staff must be protected' with no measures.
- Incidents not reported because staff expect no response.
- No review after an incident.
- A call system that no one tests.

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

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the incident records for the last 12 months.

**1 Specific protective measures exist.**

**Method.** Check the prevention procedure for concrete measures.

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

**Pass when.** Concrete measures are written in the procedure.

**2 Incidents are recorded and reviewed.**

**Method.** Check each recorded incident for a review.

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

**Pass when.** Each incident is recorded and reviewed.

**3 A measure has worked in practice.**

**Method.** Ask staff to describe a case where a measure worked as intended.

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

**Pass when.** Staff describe at least one case.

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

**Immediate fail.** A violent or aggressive incident against staff is not recorded. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-006 | Violence and aggression prevention and response | Manager | Chief executive | Chief executive |
| WRK-FRM-003 | Violence and aggression incident record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Runs the facility process this criterion measures | — Essential in all settings |
| Secretary (ISCO 3344) | Front desk and records support | — Humanitarian: Recommended; Transition: Recommended; Standard: Recommended |
| Nurse (ISCO 2221) | Uses or checks the equipment and falls controls at the bedside | — Humanitarian: Recommended; Transition: Recommended; Standard: Recommended |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/
- ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector (2002). Framework guidelines for addressing workplace violence in the health sector. https://news.gmj.ge/guideline/framework-guidelines-workplace-violence-health-sector/

# 6.6 Workforce Feedback Is Gathered and Acted On

| 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 systematic approach to gathering feedback from its workforce about their experience of working there, with analysis of trends and an implemented response — not feedback collected occasionally with no pattern of actual improvement resulting from it.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: workforce feedback gathered regularly, analysed for trends, and acted on.

## GUIDANCE

The facility asks its staff regularly about their experience of working there. The staff feedback survey and response procedure (WRK-SOP-007) sets the schedule and the questions, and the results are recorded using the staff feedback survey template (WRK-FRM-004). Feedback is analysed for trends across teams and over time, not only read as individual comments.

Feedback leads to a change that staff can see, and the change is recorded. A survey that is collected and never analysed does not meet this criterion.

> **Good practice.** Staff feedback is gathered on a schedule and analysed for trends, and it has led to at least one recorded change.

> **Partial because.** Feedback is gathered and analysed, but no change that followed from it is recorded.

## WHAT GOOD LOOKS LIKE

- A staff feedback procedure (WRK-SOP-007) with a set schedule.
- Feedback results recorded (WRK-FRM-004) and analysed for trends.
- A change made because of feedback, shown to staff.
- Results shared with the teams concerned.

## COMMON MISTAKES

- A survey that is collected and filed.
- Feedback analysed only at the overall level, hiding team problems.
- No change after feedback.
- Feedback that staff cannot see the outcome of.

> **Why it matters.** Staff know where the service is failing better than anyone. Asking them regularly, and acting on the answers, is how the workforce's experience improves the service.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the feedback surveys and responses for the last 12 months.

### 1 Feedback is gathered on a recurring basis.

**Method.** Check the survey schedule and the records of exit interviews and consultations.

**Evidence to show.** WRK-FRM-004 Staff feedback survey template; WRK-SOP-007 Staff feedback survey and response.

**Pass when.** Feedback is gathered on a schedule.

**2 Feedback is analysed for trends.**

**Method.** Check the analysis of the latest survey.

**Evidence to show.** WRK-SOP-007 Staff feedback survey and response.

**Pass when.** An analysis of trends is recorded.

**3 Feedback has led to a change.**

**Method.** Ask for one implemented change that came from feedback.

**Evidence to show.** WRK-SOP-007 Staff feedback survey and response.

**Pass when.** At least one change is recorded.

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

**Immediate fail.** No workforce feedback is gathered, or feedback is collected and never analysed. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-007 | Staff feedback survey and response | Manager | Chief executive | Chief executive |
| WRK-FRM-004 | Staff feedback survey template | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | — Essential in all settings |
| Manager (ISCO 1342) | Runs the facility process this criterion measures | — Humanitarian: Recommended; Transition: Recommended; Standard: Recommended |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/

# 6.7 Sick Leave and Attrition Data Inform Organisational Learning

| 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 monitors and analyses data on staff sick leave and the reasons people leave, using this data to inform organisational learning and changes in practice that support workforce wellbeing and retention — not attrition treated as an unexamined, unavoidable cost of doing business.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: sick leave and reasons for leaving monitored, and used to inform a change.

## GUIDANCE

Sick leave and the reasons people leave are data about the health of the organisation. The facility analyses them under WRK-SOP-008 and records them in the sickness absence and turnover register (WRK-REG-002). The analysis looks for patterns by team, role and time, and considers whether working conditions contribute.

The data informs a decision: a change to rotas, training, staffing or support, recorded in the minutes. Data that is recorded but never reviewed does not meet the criterion.

> **Good practice.** Sickness absence is reviewed regularly, a reason is recorded for each person who leaves, and the data has led to at least one recorded change.

> **Partial because.** The data is reviewed, but a reason is not recorded for every leaver, or no change has followed from the review.

## WHAT GOOD LOOKS LIKE

- An analysis procedure (WRK-SOP-008) for sick leave and reasons for leaving.
- A sickness absence and turnover register (WRK-REG-002) kept up to date.
- An analysis by team, role and period.
- A decision recorded in the minutes after the analysis.

## COMMON MISTAKES

- Sick leave totals recorded with no analysis.
- Exit interviews that are never read.
- No link between the data and any decision.
- Data reviewed only when there is a crisis.

> **Why it matters.** Sick leave and staff leaving are early warnings. When many people are off sick or leaving one ward, the cause is often in the workload or the management, and it can be found in the data.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the sickness and attrition register for the last 12 months.

**1 Sick leave data is monitored.**

**Method.** Check the register for a recorded review of sick leave.

**Evidence to show.** WRK-REG-002 Sickness absence and turnover register.

**Pass when.** Reviews are recorded.

**2 Reasons for leaving are captured.**

**Method.** Check the exit records for a recorded reason for each leaver.

**Evidence to show.** WRK-SOP-008 Analysis of sickness and attrition data.

**Pass when.** A reason is recorded for each leaver.

**3 The data has informed a change.**

**Method.** Ask for one recorded change that followed the analysis.

**Evidence to show.** WRK-SOP-008 Analysis of sickness and attrition data.

**Pass when.** At least one change is recorded.

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

**Immediate fail.** Sick leave and attrition data are recorded but never reviewed. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-008 | Analysis of sickness and attrition data | Manager | Chief executive | Chief executive |
| WRK-REG-002 | Sickness absence and turnover register | Secretary | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | — Essential in all settings |
| Manager (ISCO 1342) | Runs the facility process this criterion measures | — Humanitarian: Recommended; Transition: Recommended; Standard: Recommended |

## REFERENCES FOR THIS CRITERION


- Pan American Health Organization (2020). Checklist for the Management of Human Resources for Health in Response to COVID-19. https://news.gmj.ge/guideline/checklist-for-the-management-of-human-resources-for-health-in-response-to-covid-19-2/

# 6.8 Equality, Diversity and Inclusion Across the Workforce Are Monitored

| 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 organisation monitors and responds to patterns of equity across recruitment, work allocation, scheduling, and promotion — not an assumption that fair treatment exists simply because no formal complaint has been raised.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: workforce data monitored for inequity across recruitment, allocation, scheduling and promotion.

## GUIDANCE

The facility monitors its workforce data for patterns of inequity across recruitment, allocation of work, scheduling and promotion. The workforce equity monitoring procedure (WRK-SOP-009) sets which data is reviewed and how often, and the workforce equity register (WRK-REG-003) records each review.

Where a pattern is found, there is a defined response, such as a review of the allocation rule or a targeted development offer, and the monitoring leads to a recorded change. The facility does not assume that equity exists because no complaint has been made.

> **Good practice.** Recruitment, work allocation, scheduling and promotion are each monitored. Every pattern that is found has a response, and monitoring has led to at least one recorded change.

> **Partial because.** Some of the four areas are monitored but not all, or monitoring has not yet led to a recorded change.

## WHAT GOOD LOOKS LIKE

- A workforce equity monitoring procedure (WRK-SOP-009) setting the data reviewed and the frequency.
- A workforce equity register (WRK-REG-003) with each review and its outcome.
- A defined response for each pattern found.
- A change made after monitoring, recorded.

## COMMON MISTAKES

- Assuming equity without checking the data.
- Monitoring that counts staff but does not look at allocation or promotion.
- A pattern found and not acted on.
- Data reviewed by one person with no one to challenge it.

> **Why it matters.** Recruitment, allocation of shifts and promotion can favour some groups without anyone meaning them to. Monitoring the patterns shows where equity is missing, so it can be fixed.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the workforce equity register for the last 12 months.

**1 Workforce data is monitored for inequity.**

**Method.** Check the register for recruitment, allocation, scheduling and promotion data.

**Evidence to show.** WRK-REG-003 Workforce equity register.

**Pass when.** Each of the four areas is monitored.

**2 A pattern has a defined response.**

**Method.** Check for any identified pattern and its response.

**Evidence to show.** WRK-SOP-009 Workforce equity monitoring.

**Pass when.** Each identified pattern has a response.

**3 Monitoring has informed a change.**

**Method.** Ask for one recorded change in practice that followed monitoring.

**Evidence to show.** WRK-REG-003 Workforce equity register.

**Pass when.** At least one change is recorded.

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

**Immediate fail.** Workforce data is not monitored for inequity, and no response exists to an identified pattern. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-009 | Workforce equity monitoring | Manager | Chief executive | Chief executive |
| WRK-REG-003 | Workforce equity register | Secretary | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | Equity, Diversity & Inclusion in Healthcare<br>Essential in all settings |
| Manager (ISCO 1342) | Runs the facility process this criterion measures | Equity, Diversity & Inclusion in Healthcare<br>Essential in all settings |

## REFERENCES FOR THIS CRITERION


- Pan American Health Organization (2020). Promoting health equity, gender and ethnic equality, and human rights in COVID-19 responses: Key considerations. https://news.gmj.ge/guideline/promoting-health-equity-gender-and-ethnic-equality-and-human-rights-in-covid-19-responses-key-considerations/

# 6.9 Working Hours and Rest Are Safe

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

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

> **Criterion.** Working hours, rest breaks and rotas are set in writing so that staff can work safely. Hours are monitored, and excessive hours are reported and reduced.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: working hours and rest set in writing, with excessive hours monitored and reported.

## GUIDANCE

Working hours, rest breaks and rotas are set in writing in the working hours and rest policy (WRK-POL-004), so that every staff member knows what they are expected to work and when they are due to rest. Hours are recorded in the rota and working hours log (WRK-REG-004), and excessive hours are reported to the line manager and the human resources lead.

The facility checks compliance and acts on any breach. A staff member who is due rest and does not take it, with no record, does not meet this criterion.

> **Good practice.** A written policy sets working hours and rest. Every excess is identified and recorded on the rota and working hours log, and rest is taken and recorded.

> **Partial because.** Hours and rest are set in writing, but not every excess is recorded, or rest is not recorded as taken.

## WHAT GOOD LOOKS LIKE

- Working hours, rest breaks and rotas set in writing in the working hours and rest policy (WRK-POL-004).
- A rota and working hours log (WRK-REG-004) that records hours worked.
- Excessive hours reported to the line manager and the human resources lead.
- Rest taken and recorded for staff who worked long shifts.

## COMMON MISTAKES

- A rota that is never written down.
- Staff working long shifts with no rest recorded.
- Hours recorded only for paid time.
- A report of excessive hours that is never answered.

> **Why it matters.** Staff who work very long hours or without proper rest make more errors, and they are more likely to be injured. Writing down the hours, the breaks and the rotas, and checking them, keeps the workforce safe.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the rota and working hours log for the last month.

**1 Working hours and rest are set in writing.**

**Method.** Check the policy for stated hours and rest breaks.

**Evidence to show.** WRK-POL-004 Working hours and rest policy.

**Pass when.** The policy states hours and rest.

**2 Compliance is monitored.**

**Method.** Check the working hours log against the policy.

**Evidence to show.** WRK-REG-004 Rota and working hours log.

**Pass when.** Each excess is identified and recorded.

**3 Staff take the rest they are due.**

**Method.** Check rest breaks in the log and ask staff.

**Evidence to show.** WRK-REG-004 Rota and working hours log.

**Pass when.** Rest is taken and recorded.

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

**Immediate fail.** Working hours and rest are not set in writing, and excessive working time is not reported. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-REG-004 | Rota and working hours log | Secretary | Chief executive | Manager |
| WRK-POL-004 | Working hours and rest 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 | — Essential in all settings |
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | — Humanitarian: Recommended; Transition: Recommended; Standard: Recommended |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/

# 6.10 Staff Can Raise Concerns Through a Route That Protects Them

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

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

> **Criterion.** Staff can report safety concerns, misconduct and wrongdoing through a defined route that bypasses their line manager if needed. They are protected from retaliation, and reports are answered.

**Rating rule.** Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a route to speak up that can bypass the line manager, with every report answered and staff protected.

## GUIDANCE

Staff can report safety concerns, misconduct and wrongdoing through the concern handling and protection procedure (WRK-SOP-010), which bypasses their line manager where needed. The speak-up policy (WRK-POL-005) sets out the route, the people who receive reports and the protection against retaliation.

Every report is answered, and the answer is recorded. Protection from retaliation is applied in practice, and the facility can show that a person who raised a concern was not disadvantaged. A route that exists only in the policy, with no report ever answered, does not meet this criterion.

> **Good practice.** The policy gives a route to speak up that bypasses the line manager. Every report is answered and its outcome recorded, and protection from retaliation is written and applied.

> **Partial because.** The route exists and every report is answered, but outcomes are not always recorded, or protection from retaliation has not been shown in practice.

## WHAT GOOD LOOKS LIKE

- A concern handling procedure (WRK-SOP-010) that bypasses the line manager when needed.
- A speak-up policy (WRK-POL-005) naming the people who receive reports.
- A written answer to every report.
- Evidence that a person who raised a concern was protected.

## COMMON MISTAKES

- A route that exists only on the notice board.
- Reports that go to the line manager only.
- Reports that are never answered.
- A person who raised a concern moved to another shift without reason.

> **Why it matters.** A staff member who sees a serious danger, or a colleague doing wrong, may not report it if the report goes through the manager who is part of the problem. A route that bypasses the line manager, and protects the person who reports, makes the service safer.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the speak-up reports for the last 12 months.

**1** **A speaking-up route exists that bypasses the line manager.**

**Method.** Check the policy for a route that does not go through the line manager.

**Evidence to show.** WRK-POL-005 Speak-up policy.

**Pass when.** The bypass route is written in the policy.

**2** **Every report is answered.**

**Method.** Check each report for an answer to the person who raised it.

**Evidence to show.** WRK-SOP-010 Concern handling and protection from retaliation.

**Pass when.** Each report is answered, with the outcome recorded.

**3** **Protection from retaliation is applied.**

**Method.** Check for any recorded retaliation and its handling.

**Evidence to show.** WRK-POL-005 Speak-up policy.

**Pass when.** Protection is written and applied when tested.

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

**Immediate fail.** No route exists to speak up that bypasses the line manager, or a report receives no answer. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-010 | Concern handling and protection from retaliation | Manager | Chief executive | Chief executive |
| WRK-POL-005 | Speak-up policy | Chief executive | Governing body members | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Human resource manager (ISCO 1212) | Runs workforce policy, data and staff processes | Incident Reporting, Just Culture and Open Disclosure<br>Essential in all settings |
| Manager (ISCO 1342) | Runs the facility process this criterion measures | Incident Reporting, Just Culture and Open Disclosure<br>Essential in all settings |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

# 6.11 Staff Are Trained in Falls Prevention

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

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

> **Criterion.** Staff who care for patients receive training in falls prevention. The training is recorded and refreshed at a defined interval.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: training in falls prevention for patient-care staff, recorded and refreshed at a set interval.

## GUIDANCE

Staff who care for patients are trained in falls prevention. The training is specific to the service: for example, how to recognise a patient at risk, how to make the environment safer, and what to do after a fall. Completion is recorded in the falls prevention training record (WRK-REG-005).

Training is refreshed at a defined interval, set by the facility. Staff who joined after the last session are trained before they work unsupervised with patients.

> **Good practice.** Every staff member who cares for patients has an attendance record, is within the refresher interval, and received training whose content matches the service.

> **Partial because.** All patient-care staff have been trained, but some are beyond the refresher interval, or the content is not specific to the service.

## WHAT GOOD LOOKS LIKE

- A falls prevention training record (WRK-REG-005) for every patient-care staff member.
- Training specific to the service, not a generic course only.
- Refresher training at the interval the facility has set.
- Staff trained before they work unsupervised with patients.

## COMMON MISTAKES

- Training given once at induction and never refreshed.
- Staff who care for patients but are not on the training list.
- Training that does not cover the service's own patients.
- A record that is not kept up to date.

> **Why it matters.** Falls are among the most common harms to patients in care. Staff who are trained to prevent them, and whose training is refreshed, can spot the risk before the patient falls.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the attendance records for all staff who care for patients.

**1 All patient-care staff have received training.**

**Method.** Compare the attendance records with the list of patient-care staff.

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

**Pass when.** Every patient-care staff member has an attendance record.

**2** **Training is refreshed at a defined interval.**

**Method.** Check the record for the last refresher date against the interval.

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

**Pass when.** Each person is within the interval.

**3** **Training is specific to the service.**

**Method.** Check the course content against the environment and patient groups the service serves.

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

**Pass when.** The content matches the service.

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

**Immediate fail.** A staff member who cares for patients has not had falls prevention training. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-REG-005 | Falls prevention training record | 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 | — Essential in all settings |
| Manager (ISCO 1342) | Runs the facility process this criterion measures | — 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 6?**
You must meet every criterion that applies to your facility type. Standard 6 is a core standard. Criteria 6.1 to 6.10 apply to all nine facility types. Criterion 6.11, on falls prevention training, applies to hospitals, ambulatory clinics, primary health clinics, long-term care and home care, and is marked N/A for telemedicine, fitness and wellness, dental clinics and aesthetic and procedure clinics. 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 a violent or aggressive incident against staff was not recorded, criterion 6.5 fails outright, however good the prevention procedure 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 policies, procedures, forms and registers listed under each criterion in the "Evidence and documents" table. Registers, such as the Training matrix register (WRK-REG-001) or the Rota and working hours log (WRK-REG-004), are kept as working files with one line for each entry. Policies and procedures 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.

**Are the ratings the same for every criterion?**
Almost. Ten of the eleven criteria are Minimum in humanitarian settings, Medium in transition and fragile settings, and Must in standard settings. Criterion 6.10, on speaking up, is stricter: it is Medium in humanitarian settings and Must in transition and fragile settings as well as standard settings.

**How is competency evaluated?**
Competency is not assumed to stay current after hiring. Each workforce member is assessed on a defined schedule against the job they actually do, using the competency assessment form for their role (WRK-FRM-001) under the annual assessment procedure (WRK-SOP-001) and the policy (WRK-POL-001). Any gap needs an action and a date. The surveyor selects three roles and reviews the competency records for the staff now in those roles. A staff member with a known gap who stays in the role with no evaluation and no response is an immediate fail.

**What counts as ongoing education?**
Formal courses and training sessions, internal or external, offered after induction. The Training matrix register (WRK-REG-001) should show, for every workforce member, at least one entry beyond induction in the last 12 months, and development that goes beyond the required minimum. The policy is WRK-POL-002. The surveyor also asks staff to name a recent learning opportunity, so staff should know what they were offered. A staff member with nothing beyond induction, and no development route, is an immediate fail.

**What must we do to protect staff health and safety?**
Three things are checked. Personal protective equipment must be in stock and used. There must be concrete measures against needlestick and manual handling injuries, with a response procedure for exposures (WRK-SOP-002). Required vaccinations must be tracked and current for each role (WRK-SOP-003). The policy (WRK-POL-003) also covers staff wellbeing, and support after distressing events is set out in WRK-SOP-004. The surveyor reviews vaccination and exposure records for the last 12 months. Untracked vaccinations, or no protective measures against needlestick and manual handling risks, are an immediate fail.

**What is the difference between the grievance process and the speak-up route?**
They are two criteria. Criterion 6.4 is the process for workplace issues raised by staff, such as unsafe rotas or bullying, and it includes whistleblowing. Each concern must be investigated and resolved, and recorded on the Staff concern and investigation record (WRK-FRM-002) under the procedure WRK-SOP-005. Criterion 6.10 is the route for reporting safety concerns, misconduct and wrongdoing that can bypass the line manager when the manager is part of the problem. It is set out in the Speak-up policy (WRK-POL-005) and the handling procedure (WRK-SOP-010). In both, the person who raises the matter is protected from adverse treatment, and every report must receive an answer.

**How do we show that staff are protected from violence?**
By concrete measures and by records. The procedure (WRK-SOP-006) must set out specific protective measures against violence and aggression from patients, visitors or other staff, from verbal abuse and harassment to physical assault. Every incident is recorded on the day on the Violence and aggression incident record (WRK-FRM-003) and reviewed. The surveyor

reviews the incident records for the last 12 months and asks staff to describe at least one case where a measure worked. An incident that was not recorded is an immediate fail.

**How should staff feedback be gathered and used?**
On a schedule, not occasionally. The procedure is WRK-SOP-007 and the survey template is WRK-FRM-004. Three things are checked: that feedback is gathered on a recurring basis, that the results are analysed for trends, and that at least one change followed. The surveyor reviews the surveys and the responses for the last 12 months. Gathering no feedback, or collecting it and never analysing it, is an immediate fail.

**Why do sick leave and attrition data matter?**
They are early warnings. When many people are off sick or leave from one team, the cause is often workload or management, and the data can show it. Absences and leavers are recorded on the Sickness absence and turnover register (WRK-REG-002), and a reason is recorded for each person who leaves. The analysis procedure is WRK-SOP-008. The surveyor reviews the register for the last 12 months and looks for recorded reviews and at least one change that the data led to. Data that is recorded but never reviewed is an immediate fail.

**What does monitoring equality, diversity and inclusion involve?**
Monitoring four areas: recruitment, work allocation, scheduling and promotion. Decisions are recorded on the Workforce equity register (WRK-REG-003), and the monitoring procedure is WRK-SOP-009. Each pattern found needs a response, and monitoring should have led to at least one recorded change. The absence of formal complaints is not evidence that treatment is fair. The surveyor reviews the register for the last 12 months.

**Does the standard set a limit on working hours?**
No. The criterion does not state one number of hours for every facility. It requires your own Working hours and rest policy (WRK-POL-004) to set hours and rest in writing, so that staff can work safely. Hours are then monitored on the Rota and working hours log (WRK-REG-004): every excess is identified and recorded, and rest is taken and recorded. The surveyor reviews the rota and the log for the last month. Hours and rest that are not set in writing, with excess working time left unreported, are an immediate fail.

**Who needs falls prevention training?**
Every staff member who cares for patients, in the facility types to which criterion 6.11 applies. Attendance is recorded on the Falls prevention training record (WRK-REG-005). The training must be refreshed at a defined interval, and each person must be within that interval. The content must match the service you provide. The surveyor reviews the attendance records for all patient-care staff. One staff member who cares for patients and has not had the training is an immediate fail.

**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. Seven criteria name no required course (6.3, 6.4, 6.5, 6.6, 6.7, 6.9 and 6.11); 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 6 is checked from records: competency records for three roles, the training matrix, vaccination and exposure records, concern and incident records, staff surveys, the sickness and turnover register, the equity register, the rota and hours log for the last month, and speak-up reports. The surveyor also talks to staff, who are asked to describe how to raise a concern, to name a recent learning opportunity, and to describe a case where a measure against violence worked.

**How does the surveyor choose which records to check?**
Each criterion states its own sample, such as "Select three roles and review the competency records for their current staff" or "Review the rota and working hours log for the last month". 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 6.9) 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. Pan American Health Organization (2020). Checklist for the Management of Human Resources for Health in Response to COVID-19. https://news.gmj.ge/guideline/checklist-for-the-management-of-human-resources-for-health-in-response-to-covid-19-2/ (criterion 6.1, 6.7)
2. World Health Organization (2013). Transforming and scaling up health professionals' education and training. https://news.gmj.ge/guideline/transforming-and-scaling-up-health-professionals-education-and-training-2013/ (criterion 6.2)
3. World Health Organization (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/ (criterion 6.3, 6.5, 6.6, 6.9)
4. ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector (2002). Framework guidelines for addressing workplace violence in the health sector. https://news.gmj.ge/guideline/framework-guidelines-workplace-violence-health-sector/ (criterion 6.4, 6.5)
5. Pan American Health Organization (2020). Promoting health equity, gender and ethnic equality, and human rights in COVID-19 responses: Key considerations. https://news.gmj.ge/guideline/promoting-health-equity-gender-and-ethnic-equality-and-human-rights-in-covid-19-responses-key-considerations/ (criterion 6.8)
6. World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 6.10)
7. 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 6.11)


## 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 6, 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 |
|---|---|---|---|---|
| WRK-FRM-001 | Competency assessment form by role | Form (record) | Records the annual competency assessment of one staff member against the job description for their role. | 6.1 |
| WRK-FRM-002 | Staff concern and investigation record | Form (record) | Logs a workplace concern from the day it is raised to the written outcome and any appeal. | 6.4 |
| WRK-FRM-003 | Violence and aggression incident record | Form (record) | Records every incident of violence or aggression against staff, from any source, on the day it happens. | 6.5 |
| WRK-FRM-004 | Staff feedback survey template | Form (record) | Template for the annual staff feedback survey. Anonymous. Results are reported for groups of 5 or more. | 6.6 |
| WRK-POL-001 | Ongoing competency evaluation policy | Policy | To make sure every staff member is competent for the work they actually do, and that gaps are found and closed, not left unnoticed. | 6.1 |
| WRK-POL-002 | Learning, training and competence policy | Policy | To make sure every workforce member can keep their knowledge and skills up to date, and that the organisation pays for and protects that learning. | 6.2 |
| WRK-POL-003 | Occupational health, safety and wellbeing policy | Policy | To protect the health, safety and wellbeing of every workforce member in the course of their duties. | 6.3 |
| WRK-POL-004 | Working hours and rest policy | Policy | To set working hours and rest so that staff can work safely, and to make excess visible and reviewed. | 6.9 |
| WRK-POL-005 | Speak-up policy | Policy | To make sure staff can raise safety concerns, misconduct and wrongdoing safely, without going through the person they are concerned about. | 6.10 |
| WRK-REG-001 | Training matrix register | Register | One line per staff member and required course. Kept up to date to show the training each role has completed. | 6.1, 6.2 |
| WRK-REG-002 | Sickness absence and turnover register | Register | One line per absence or leaving, recorded by month, team and reason category. | 6.7 |
| WRK-REG-003 | Workforce equity register | Register | One line per recruitment, allocation, schedule or promotion decision, recorded with the group and outcome. | 6.8 |
| WRK-REG-004 | Rota and working hours log | Register | One line per shift and excess. Kept to show that hours and rest were within limits, or why they were not. | 6.9 |
| WRK-REG-005 | Falls prevention training record | Register | Records the falls prevention training of every staff member who cares for patients. Links to the hospital falls procedure (PSF-SOP-001) and guideline (PSF-GDL-001). | 6.11 |
| WRK-SOP-001 | Annual competency assessment procedure | Procedure (SOP) | To describe how the annual competency assessment is run, so that it is the same in every service. | 6.1 |
| WRK-SOP-002 | Occupational exposure and needlestick response | Procedure (SOP) | To make sure every exposure to blood or body fluid is treated at once and followed up in time. | 6.3 |

| Code | Document | Type | What it is for | Criteria |
|---|---|---|---|---|
| WRK-SOP-003 | Staff vaccination and immunisation | Procedure (SOP) | To protect staff and patients by keeping required vaccinations current for each role. | 6.3 |
| WRK-SOP-004 | Support after distressing events | Procedure (SOP) | To make sure staff affected by serious or distressing events get timely, confidential support. | 6.3 |
| WRK-SOP-005 | Staff grievance and investigation procedure | Procedure (SOP) | To make sure workplace concerns raised by staff are heard, investigated fairly and resolved in a stated time. | 6.4 |
| WRK-SOP-006 | Violence and aggression prevention and response | Procedure (SOP) | To protect staff from violence and aggression from patients, visitors or colleagues, and to respond well when it happens. | 6.5 |
| WRK-SOP-007 | Staff feedback survey and response | Procedure (SOP) | To hear what staff think about working in the organisation, and to act on it in a visible way. | 6.6 |
| WRK-SOP-008 | Analysis of sickness and attrition data | Procedure (SOP) | To turn absence and turnover data into organisational learning, so that patterns causing harm to staff are found and changed. | 6.7 |
| WRK-SOP-009 | Workforce equity monitoring | Procedure (SOP) | To check that recruitment, allocation, scheduling and promotion are fair, and to correct any unexplained pattern. | 6.8 |
| WRK-SOP-010 | Concern handling and protection from retaliation | Procedure (SOP) | To set how speak-up reports are investigated and how the people who raise them are protected. | 6.10 |