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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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01	10 November 2026	First issue of the paper standard. Adapted from the web version of Standard 6 in ASF Health Standards Version 11.	Prof. Giorgi Pkhakadze

APPROVAL

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

Date: 10 November 2026

Complete on its own, without internet access. References are listed in section 11. The current revision 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 2-5.1 to 2-5.11, 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 2-5.11 (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
2-5.1 Ongoing Competency Is Regularly Evaluated	all nine facility types.
2-5.2 Staff Have Access to Ongoing Education and Skill Development	all nine facility types.
2-5.3 Workforce Health and Safety Is Protected	all nine facility types.
2-5.4 Workplace Issues Raised by Staff Are Investigated and Resolved	all nine facility types.
2-5.5 Staff Are Protected From Violence and Aggression	all nine facility types.
2-5.6 Workforce Feedback Is Gathered and Acted On	all nine facility types.
2-5.7 Sick Leave and Attrition Data Inform Organisational Learning	all nine facility types.
2-5.8 Equality, Diversity and Inclusion Across the Workforce Are Monitored	all nine facility types.
2-5.9 Working Hours and Rest Are Safe	all nine facility types.
2-5.10 Staff Can Raise Concerns Through a Route That Protects Them	all nine facility types.
2-5.11 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 2-5.1. 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
2-5.1	Ongoing Competency Is Regularly Evaluated	Minimum	Medium	Must
2-5.2	Staff Have Access to Ongoing Education and Skill Development	Minimum	Medium	Must
2-5.3	Workforce Health and Safety Is Protected	Minimum	Medium	Must
2-5.4	Workplace Issues Raised by Staff Are Investigated and Resolved	Minimum	Medium	Must
2-5.5	Staff Are Protected From Violence and Aggression	Minimum	Medium	Must
2-5.6	Workforce Feedback Is Gathered and Acted On	Minimum	Medium	Must
2-5.7	Sick Leave and Attrition Data Inform Organisational Learning	Minimum	Medium	Must
2-5.8	Equality, Diversity and Inclusion Across the Workforce Are Monitored	Minimum	Medium	Must
2-5.9	Working Hours and Rest Are Safe	Minimum	Medium	Must
2-5.10	Staff Can Raise Concerns Through a Route That Protects Them	Medium	Must	Must
2-5.11	Staff Are Trained in Falls Prevention	Minimum	Medium	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. The facility sets its own reporting lines, and 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
2-5.1	Ongoing Competency Is Regularly Evaluated	Manager (ISCO 1342) · Human resource manager (ISCO 1212)
2-5.2	Staff Have Access to Ongoing Education and Skill Development	Manager (ISCO 1342) · Human resource manager (ISCO 1212)
2-5.3	Workforce Health and Safety Is Protected	Manager (ISCO 1342) · Nurse (ISCO 2221) · Human resource manager (ISCO 1212)
2-5.4	Workplace Issues Raised by Staff Are Investigated and Resolved	Manager (ISCO 1342) · Human resource manager (ISCO 1212)

No.	Criterion	Positions responsible or involved
2-5.5	Staff Are Protected From Violence and Aggression	Manager (ISCO 1342) · Secretary (ISCO 3344) · Nurse (ISCO 2221)
2-5.6	Workforce Feedback Is Gathered and Acted On	Human resource manager (ISCO 1212) · Manager (ISCO 1342)
2-5.7	Sick Leave and Attrition Data Inform Organisational Learning	Human resource manager (ISCO 1212) · Manager (ISCO 1342)
2-5.8	Equality, Diversity and Inclusion Across the Workforce Are Monitored	Human resource manager (ISCO 1212) · Manager (ISCO 1342)
2-5.9	Working Hours and Rest Are Safe	Manager (ISCO 1342) · Human resource manager (ISCO 1212)
2-5.10	Staff Can Raise Concerns Through a Route That Protects Them	Human resource manager (ISCO 1212) · Manager (ISCO 1342)
2-5.11	Staff Are Trained in Falls Prevention	Nurse (ISCO 2221) · Manager (ISCO 1342)

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	Status
Credentialing, Competence and the Training Matrix	Manager, Human resource manager	None	2-5.1	In development
Safety Training Programme & Competency Assessment	Manager	Human resource manager	2-5.2	In development
Equity, Diversity & Inclusion in Healthcare	Human resource manager, Manager	Chief executive	2-5.8	In development
Incident Reporting, Just Culture and Open Disclosure	Human resource manager, Manager	Chief executive	2-5.10	In development

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.

2-5.1 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.

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.

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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 Essential in all settings
Human resource manager (ISCO 1212)	Runs workforce policy, data and staff processes	Credentialing, Competence and the Training Matrix 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/

2-5.2 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.

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.

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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 Essential in all settings
Human resource manager (ISCO 1212)	Runs workforce policy, data and staff processes	Safety Training Programme & Competency Assessment Humanitarian: Recommended; Transition: Recommended; Standard: Recommended

REFERENCES FOR THIS CRITERION

2-5.3 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.

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/

2-5.4 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.

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

2-5.5 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.

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/

2-5.6 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.

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

2-5.7 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.

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.

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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/

2-5.8 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.

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 Essential in all settings
Manager (ISCO 1342)	Runs the facility process this criterion measures	Equity, Diversity & Inclusion in Healthcare 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/

2-5.9 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.

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/

2-5.10 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.

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 Essential in all settings
Manager (ISCO 1342)	Runs the facility process this criterion measures	Incident Reporting, Just Culture and Open Disclosure Essential in all settings

REFERENCES FOR THIS CRITERION

2-5.11 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.

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?
Yes, where the criterion applies to your facility type. Each criterion has its own pass rule and immediate-fail rule, so each one must be met on its own. Some criteria are not applicable to some facility types; the applicability is shown on each criterion and in Annex 1.

What is an immediate fail?
An immediate fail is one event that means the criterion is not met, even if everything else passes. Each criterion lists its own immediate fail on its page.

Which documents do I submit?
The documents listed under each criterion, in the form stated there. Registers and records are kept as Excel files, with one row per record. Policies and procedures are signed PDFs showing the version, date, owner and approver. Submit them before the survey, covering the period stated in each criterion.

What do the colours mean?
Red means Must: required in every setting. Yellow means Medium: required, adapted to what a transition setting can realistically do. Green means Minimum: the lowest acceptable level in a humanitarian setting, where a facility cannot do everything. In standard settings, every criterion is Must.

Do we have to use your forms and policies?
No. Everything here is a reference draft. Use it as a starting point, adapt it to your facility, or write your own. The assessor checks whether the standard is met and whether your documents show how.

What does essential or recommended training mean for my staff?
Essential training must be completed by the people named in the role table. Recommended training is good practice and is not checked as a requirement.

What protects staff who raise a concern?
A written speaking-up route that can bypass the line manager, a recorded answer to every report, and protection from retaliation written into policy and applied when tested (criterion 2-5.10).

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 2-5.1, 2-5.7)
2. 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 2-5.3, 2-5.5, 2-5.9)
3. 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 2-5.8)
4. 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 2-5.11)

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	Criteria
WRK-FRM-001	Competency assessment form by role	Form (record)	2-5.1
WRK-FRM-002	Staff concern and investigation record	Form (record)	2-5.4
WRK-FRM-003	Violence and aggression incident record	Form (record)	2-5.5
WRK-FRM-004	Staff feedback survey template	Form (record)	2-5.6
WRK-POL-001	Ongoing competency evaluation policy	Policy	2-5.1
WRK-POL-002	Learning, training and competence policy	Policy	2-5.2
WRK-POL-003	Occupational health, safety and wellbeing policy	Policy	2-5.3
WRK-POL-004	Working hours and rest policy	Policy	2-5.9
WRK-POL-005	Speak-up policy	Policy	2-5.10
WRK-REG-001	Training matrix register	Register	2-5.1, 2-5.2
WRK-REG-002	Sickness absence and turnover register	Register	2-5.7
WRK-REG-003	Workforce equity register	Register	2-5.8
WRK-REG-004	Rota and working hours log	Register	2-5.9
WRK-REG-005	Falls prevention training record	Register	2-5.11
WRK-SOP-001	Annual competency assessment procedure	Procedure (SOP)	2-5.1
WRK-SOP-002	Occupational exposure and needlestick response	Procedure (SOP)	2-5.3
WRK-SOP-003	Staff vaccination and immunisation	Procedure (SOP)	2-5.3
WRK-SOP-004	Support after distressing events	Procedure (SOP)	2-5.3
WRK-SOP-005	Staff grievance and investigation procedure	Procedure (SOP)	2-5.4
WRK-SOP-006	Violence and aggression prevention and response	Procedure (SOP)	2-5.5
WRK-SOP-007	Staff feedback survey and response	Procedure (SOP)	2-5.6
WRK-SOP-008	Analysis of sickness and attrition data	Procedure (SOP)	2-5.7
WRK-SOP-009	Workforce equity monitoring	Procedure (SOP)	2-5.8
WRK-SOP-010	Concern handling and protection from retaliation	Procedure (SOP)	2-5.10