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

ASF Health Standards Version 11

Standard 8: Medicines Safety

Core standard · applicability by facility type shown for each criterion

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APPROVAL



Prof. Giorgi Pkhakadze, MD, MPH, PhD
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Date: 1 November 2026

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

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1 Introduction

This document is Standard 8 of ASF Health Standards. It sets out how a facility prescribes, checks, stores, gives, records and reviews medicines so that patients receive the right medicine, at the right dose, at the right time, and that errors are found, reported and learned from.

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 8 makes sure that medicines reach patients safely, and that when something goes wrong it is caught early and used to improve practice.

Who should read it. Prescribers, pharmacists, nurses who give medicines, the chief pharmacist, the clinical governance lead, the chief executive, 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 8 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 pharmacist, nurse or prescriber, 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 8.1 to 8.7, 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 8 covers the prescribing, checking, dispensing, storage, administration, controlled medicines, reconciliation and reporting of medication errors. The applicability is shown in section 4.

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 8 APPLIES

Standard 8 applies to the facility types shown below. Every criterion has the same applicability. 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
8.1 Look-Alike, Sound-Alike Medications Are Specifically Managed	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.
8.2 Each Prescription Is Checked Before Dispensing	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.
8.3 High-Alert Medicines Are Double-Checked Before Giving	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.
8.4 Medicines Are Stored Securely and at the Right Temperature	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.
8.5 Controlled Medicines Are Recorded and Counted	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.
8.6 Medicines Are Reconciled at Admission, Transfer and Discharge	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.
8.7 Medication Errors Are Reported and Reviewed	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Fitness and wellness.

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
POL	Policy. A written statement of what the facility will do and why
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
ADR	Adverse drug reaction
ISMP	Institute for Safe Medication Practices
LASA	Look-alike, sound-alike (medicines)
PRN	As needed (pro re nata)

DOCUMENT CODE PREFIXES

Prefix	Topic
HOS	Hospital medicines documents
ONC	Oncology
WRD	Ward
PHM	Pharmacy
PHA	Pharmacy administration
MNP	Medicines prescribing
LTC	Long-term care
ADR	Adverse drug reactions

7 Terms and definitions

Term	Definition
High-alert medicine	A medicine that carries a high risk of serious harm if given in error, such as insulin or potassium concentrate.
Look-alike, sound-alike medicine	Two medicines whose names or packaging look or sound alike, so that they are easily confused.
Controlled medicine	A medicine that is legally restricted, such as an opioid, and must be recorded and counted.
Medicines reconciliation	Comparing the medicines a patient takes with the medicines prescribed, at each transition of care.
Near miss	An error that was caught before it reached the patient.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.
Immediate fail	One event that means a criterion is not met, whatever else is in place.

8 Standard 8 at a glance

Standard 8: Medicines Safety is a core standard of ASF Health Standards. It covers how medicines are prescribed, checked, stored, given and reviewed, for the facility types listed in section 4.

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

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
8.1	Look-Alike, Sound-Alike Medications Are Specifically Managed	Medium	Must	Must
8.2	Each Prescription Is Checked Before Dispensing	Must	Must	Must
8.3	High-Alert Medicines Are Double-Checked Before Giving	Medium	Must	Must
8.4	Medicines Are Stored Securely and at the Right Temperature	Medium	Must	Must
8.5	Controlled Medicines Are Recorded and Counted	Must	Must	Must
8.6	Medicines Are Reconciled at Admission, Transfer and Discharge	Medium	Must	Must
8.7	Medication Errors Are Reported and Reviewed	Medium	Must	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
8.1	Look-Alike, Sound-Alike Medications Are Specifically Managed	Prescriber (doctor) (ISCO 2212) · Pharmacist (ISCO 2262) · Nurse (ISCO 2221)
8.2	Each Prescription Is Checked Before Dispensing	Prescriber (doctor) (ISCO 2212) · Pharmacist (ISCO 2262) · Nurse (ISCO 2221)
8.3	High-Alert Medicines Are Double-Checked Before Giving	Prescriber (doctor) (ISCO 2212) · Pharmacist (ISCO 2262) · Nurse (ISCO 2221)
8.4	Medicines Are Stored Securely and at the Right Temperature	Prescriber (doctor) (ISCO 2212) · Pharmacist (ISCO 2262) · Nurse (ISCO 2221)
8.5	Controlled Medicines Are Recorded and Counted	Prescriber (doctor) (ISCO 2212) · Pharmacist (ISCO 2262) · Nurse (ISCO 2221)
8.6	Medicines Are Reconciled at Admission, Transfer and Discharge	Prescriber (doctor) (ISCO 2212) · Pharmacist (ISCO 2262) · Nurse (ISCO 2221)
8.7	Medication Errors Are Reported and Reviewed	Prescriber (doctor) (ISCO 2212) · Pharmacist (ISCO 2262) · Nurse (ISCO 2221)

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

Role	Reports to	Supervises
Prescriber (doctor) (ISCO 2212)	The head of department (per specialty).	Resident physicians and house officers.
Pharmacist (ISCO 2262)	The chief pharmacist.	Pharmacy technicians and pharmacy assistants.
Nurse (ISCO 2221)	The head nurse.	Nursing associates and health care assistants.

8.3 TRAINING FOR STANDARD 8

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
Medication Safety: Operating SOP-MED-01 End to End (T-08)	Nurses and pharmacists	None	8.1, 8.2, 8.3, 8.4, 8.6, 8.7	English · Georgian
Care & Treatment: Clinical Standards for Accreditation (H-04)	Nurses and pharmacists	None	8.1	Georgian Georgian version only
The Medication-Use Process (PS-10)	Nurses and pharmacists	Prescribers	8.1, 8.2, 8.6	English · Georgian
High-Alert Medication Safety (PS-03)	Nurses and pharmacists	Prescribers	8.3	English · Georgian
Medication Safety & Storage in Guest Facilities (MED-03)	Nurses and pharmacists	None	8.4	Georgian Georgian version only
Prescribing & Controlled Substance Management (TM-05)	Nurses and pharmacists	None	8.5	English · Georgian
Incident Reporting, Just Culture and Open Disclosure (T-09)	Nurses and pharmacists	None	8.7	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. Two courses are published in Georgian only. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

8.4 RELATED COURSES IN THE GMJ ACADEMY

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

Course	Subject	Criteria	GMJ Academy course page
High-Alert Medication Safety (PS-03)	High-alert medicines and safe administration	8.3	English · Georgian
Prescribing & Controlled Substance Management (TM-05)	Prescribing and controlled substance management	8.5	English · Georgian
Medication Management & Family Coordination (HC-04)	Medication management and family coordination	8.6	English · Georgian
Medication Safety: Operating SOP-MED-01 End to End (T-08)	Medication safety procedure end to end	8.2, 8.7	English · Georgian

8.1 Look-Alike, Sound-Alike Medications Are Specifically Managed

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

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

> **Criterion.** Medicines with names or packaging that could be confused with another are listed for the facility's own stock and managed with distinct safeguards: separated storage, distinct labelling or an independent check.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: look-alike and sound-alike medicines are identified, separated and labelled, with a named check on the ones most often confused.

GUIDANCE

Medicines with names or packaging that could be confused with another are listed for the facility's own stock and managed with distinct safeguards: separated storage, distinct labelling or an independent check.

Two drugs that look or sound alike are a common cause of serious dispensing errors. A named list and distinct safeguards stop a mix-up before it reaches the patient.

> **Good practice.** The list is current, listed medicines are stored apart, and an extra check is recorded for each one.

> **Partial because.** The list exists but is not current, or the extra check is done but not recorded.

WHAT GOOD LOOKS LIKE

- The list is current, listed medicines are stored apart, and an extra check is recorded for each one.

COMMON MISTAKES

- No list exists for the facility's own stock.
- The list exists but is not current, or the extra check is done but not recorded.

> **Why it matters.** Two drugs that look or sound alike are a common cause of serious dispensing errors. A named list and distinct safeguards stop a mix-up before it reaches the patient.

WHAT THE ASSESSOR CHECKS

Sample. The list, the storage areas and the dispensing records for 20 dispensed items from the last 3 months.

1 List exists and is current

Method. Check the list against the current stock list.

Evidence to show. Look-alike and sound-alike medicines list (MNP-REG-001).

Pass when. Every stocked look-alike, sound-alike medicine is on the list, and the list is reviewed at least yearly.

2 Separation or labelling in place

Method. Walk through the storage areas and check labels.

Evidence to show. Look-alike and sound-alike medicines policy (MNP-POL-001).

Pass when. Every listed medicine is stored apart or carries a distinct label.

3 Extra check is recorded

Method. Check the dispensing records for listed medicines.

Evidence to show. Dispensing check record (HOS-FRM-009).

Pass when. The extra check is recorded for every listed medicine dispensed in the sample.

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

Immediate fail. No list exists for the facility's own stock. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MNP-REG-001	Look-alike and sound-alike medicines list	Records officer	Chief pharmacist	Quality lead
MNP-POL-001	Look-alike and sound-alike medicines	Chief pharmacist	Chief executive	Quality lead
HOS-FRM-009	Dispensing check record	Nurse	Clinical pharmacist	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Prescriber (doctor) (ISCO 2212)	Writes and reviews prescriptions and high-alert orders.	Medication Safety: Operating SOP-MED-01 End to End Essential in all settings
Pharmacist (ISCO 2262)	Checks, dispenses and counts medicines and keeps the records.	Medication Safety: Operating SOP-MED-01 End to End; Care & Treatment: Clinical Standards for Accreditation Essential in all settings
Nurse (ISCO 2221)	Gives medicines, checks them at the bedside and records each dose.	Medication Safety: Operating SOP-MED-01 End to End; Care & Treatment: Clinical Standards for Accreditation Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2007). WHO Nine Patient Safety Solutions. https://news.gmj.ge/guideline/who-nine-patient-safety-solutions-2007/
- World Health Organization (2017). Medication Without Harm: Global Patient Safety Challenge on Medication Safety. https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/

8.2 Each Prescription Is Checked Before Dispensing

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

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

> **Criterion.** Every prescription is checked by a qualified pharmacist before it is dispensed, for dose, route, allergies, interactions and the patient's identity, and the check is recorded.

Rating rule. Must in every setting: every prescription is checked by a pharmacist or a trained second person before a medicine is dispensed.

GUIDANCE

Every prescription is checked by a qualified pharmacist before it is dispensed, for dose, route, allergies, interactions and the patient's identity, and the check is recorded.

Most dispensing errors are caught at the point of checking. A check that is skipped or not recorded gives no protection.

> **Good practice.** Every prescription checked and recorded, with all key items covered and counselling recorded.

> **Partial because.** The check is done but not recorded, or the key items are not covered.

WHAT GOOD LOOKS LIKE

- Every prescription checked and recorded, with all key items covered and counselling recorded.

COMMON MISTAKES

- Medicines are dispensed with no pharmacist check at all.
- The check is done but not recorded, or the key items are not covered.

> **Why it matters.** Most dispensing errors are caught at the point of checking. A check that is skipped or not recorded gives no protection.

WHAT THE ASSESSOR CHECKS

Sample. Twenty dispensing records from the last 3 months, including at least five out-of-hours or downtime supplies.

1 Each prescription is checked

Method. Check each sampled record for a pharmacist check.

Evidence to show. Dispensing check record (HOS-FRM-009).

Pass when. The check is recorded for every sampled prescription.

2 The check covers the key items

Method. Check the record against the dose, route, allergy and interaction fields.

Evidence to show. Pharmacy dispensing policy (HOS-POL-002).

Pass when. All four items are recorded in every sampled record.

3 Counselling is given

Method. Check the counselling record for each sampled patient.

Evidence to show. Counselling record (PHA-FRM-001).

Pass when. Counselling is recorded for every sampled patient.

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

Immediate fail. Medicines are dispensed with no pharmacist check at all. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HOS-FRM-009	Dispensing check record	Nurse	Clinical pharmacist	Quality lead
HOS-POL-002	Pharmacy dispensing policy	Chief pharmacist	Chief executive	Quality lead
PHA-FRM-001	Counselling record	Nurse	Clinical pharmacist	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Prescriber (doctor) (ISCO 2212)	Writes and reviews prescriptions and high-alert orders.	Medication Safety: Operating SOP-MED-01 End to End Essential in all settings
Pharmacist (ISCO 2262)	Checks, dispenses and counts medicines and keeps the records.	Medication Safety: Operating SOP-MED-01 End to End; The Medication-Use Process Essential in all settings
Nurse (ISCO 2221)	Gives medicines, checks them at the bedside and records each dose.	Medication Safety: Operating SOP-MED-01 End to End; The Medication-Use Process Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2017). Medication Without Harm: Global Patient Safety Challenge on Medication Safety. https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/

8.3 High-Alert Medicines Are Double-Checked Before Giving

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

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

> **Criterion.** High-alert medicines, such as insulin, concentrated potassium, anticoagulants and opioids, are double-checked by a second qualified person before they are given, and the check is recorded.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: high-alert medicines are double-checked by two people before they are given, with the check recorded.

GUIDANCE

High-alert medicines, such as insulin, concentrated potassium, anticoagulants and opioids, are double-checked by a second qualified person before they are given, and the check is recorded.

A small error with a high-alert medicine can cause serious harm quickly. A second check catches what one person misses.

> **Good practice.** A list of high-alert medicines is kept, and each one is double-checked and recorded.

> **Partial because.** The second check is done but not recorded, or only some of the list is covered.

WHAT GOOD LOOKS LIKE

- A list of high-alert medicines is kept, and each one is double-checked and recorded.

COMMON MISTAKES

- High-alert medicines are given without any second check.
- The second check is done but not recorded, or only some of the list is covered.

> **Why it matters.** A small error with a high-alert medicine can cause serious harm quickly. A second check catches what one person misses.

WHAT THE ASSESSOR CHECKS

Sample. Twenty administrations of high-alert medicines from the last 3 months, and the high-alert medicines list.

1 List exists

Method. Check the list against the medicines stocked and given.

Evidence to show. High-alert medicines (HOS-SOP-006).

Pass when. Every high-alert medicine given in the sample is on the list.

2 Second check happens

Method. Check each sampled administration for a second signature.

Evidence to show. Ward medicine administration checks (WRD-SOP-002).

Pass when. A second qualified person checks at least 18 of the 20 sampled administrations.

3 Check is recorded

Method. Check the administration chart for each sampled dose.

Evidence to show. High-alert medicines on every ward (ONC-SOP-006).

Pass when. The second check is recorded for every sampled administration.

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

Immediate fail. High-alert medicines are given without any second check. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HOS-SOP-006	High-alert medicines	Clinical pharmacist	Chief pharmacist	Quality lead
WRD-SOP-002	Ward medicine administration checks	Clinical pharmacist	Chief pharmacist	Quality lead
ONC-SOP-006	High-alert medicines on every ward	Clinical pharmacist	Chief pharmacist	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Prescriber (doctor) (ISCO 2212)	Writes and reviews prescriptions and high-alert orders.	Medication Safety: Operating SOP-MED-01 End to End Essential in all settings
Pharmacist (ISCO 2262)	Checks, dispenses and counts medicines and keeps the records.	Medication Safety: Operating SOP-MED-01 End to End; High-Alert Medication Safety Essential in all settings
Nurse (ISCO 2221)	Gives medicines, checks them at the bedside and records each dose.	Medication Safety: Operating SOP-MED-01 End to End; High-Alert Medication Safety Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2017). Medication Without Harm: Global Patient Safety Challenge on Medication Safety. https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/
- World Health Organization (2007). WHO Nine Patient Safety Solutions. https://news.gmj.ge/guideline/who-nine-patient-safety-solutions-2007/

8.4 Medicines Are Stored Securely and at the Right Temperature

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

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

Criterion. Medicines are kept in secure storage, at the temperature the manufacturer specifies, with temperature checked and recorded, and out-of-date stock removed.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: medicines are stored securely, at the right temperature, with the temperature monitored and recorded.

GUIDANCE

Medicines are kept in secure storage, at the temperature the manufacturer specifies, with temperature checked and recorded, and out-of-date stock removed.

Medicines that are stored too warm, too cold, or without security lose their effect or are misused. Regular checking catches the problem early.

Good practice. Secure storage, daily temperature records, and expired stock removed and recorded.

Partial because. Temperature is recorded but not on every day, or expiry checks are done but not recorded.

WHAT GOOD LOOKS LIKE

- Secure storage, daily temperature records, and expired stock removed and recorded.

COMMON MISTAKES

- Medicines are kept unlocked and with no temperature records at all.
- Temperature is recorded but not on every day, or expiry checks are done but not recorded.

Why it matters. Medicines that are stored too warm, too cold, or without security lose their effect or are misused. Regular checking catches the problem early.

WHAT THE ASSESSOR CHECKS

Sample. Storage areas and the temperature records for the last 30 days, plus the stock and expiry register.

1 Secure storage

Method. Inspect the storage area and the key log.

Evidence to show. Medicine storage and temperature control (HOS-SOP-005).

Pass when. Storage is locked, and access is limited to named staff.

2 Temperature recorded daily

Method. Check the temperature log for the last 30 days.

Evidence to show. Medicine storage and temperature monitoring (PHM-SOP-001).

Pass when. Temperature is recorded every working day, and out-of-range readings are acted on.

3 Stock is in date

Method. Check the stock and expiry register against the shelves.

Evidence to show. Stock management, shortages and expiry (PHA-SOP-002).

Pass when. No expired medicine is on the shelves, and expired stock is recorded as removed.

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

Immediate fail. Medicines are kept unlocked and with no temperature records at all. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HOS-SOP-005	Medicine storage and temperature control	Clinical pharmacist	Chief pharmacist	Quality lead
PHM-SOP-001	Medicine storage and temperature monitoring	Clinical pharmacist	Chief pharmacist	Quality lead
PHA-SOP-002	Stock management, shortages and expiry	Clinical pharmacist	Chief pharmacist	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Prescriber (doctor) (ISCO 2212)	Writes and reviews prescriptions and high-alert orders.	Medication Safety: Operating SOP-MED-01 End to End Essential in all settings
Pharmacist (ISCO 2262)	Checks, dispenses and counts medicines and keeps the records.	Medication Safety: Operating SOP-MED-01 End to End; Medication Safety & Storage in Guest Facilities Essential in all settings
Nurse (ISCO 2221)	Gives medicines, checks them at the bedside and records each dose.	Medication Safety: Operating SOP-MED-01 End to End; Medication Safety & Storage in Guest Facilities Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2020). Good storage and distribution practices for medical products (WHO Technical Report Series 1025, Annex 7). https://news.gmj.ge/guideline/who-trs-1025-annex-7-good-storage-distribution-practices/

8.5 Controlled Medicines Are Recorded and Counted

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

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

> **Criterion.** Controlled medicines are recorded in a register, counted at each handover, and signed by two people. Prescribing of opioids is reviewed, and any discrepancy is investigated.

Rating rule. Must in every setting: controlled medicines are recorded, counted at each shift change and any discrepancy is investigated.

GUIDANCE

Controlled medicines are recorded in a register, counted at each handover, and signed by two people. Prescribing of opioids is reviewed, and any discrepancy is investigated.

Controlled medicines are high-risk for misuse and diversion. A register and a double count are the simplest way to detect a loss.

> **Good practice.** A complete register, double-signed counts at each handover, and reviewed opioid prescriptions.

> **Partial because.** The register is kept but not complete, or counts are done by one person.

WHAT GOOD LOOKS LIKE

- A complete register, double-signed counts at each handover, and reviewed opioid prescriptions.

COMMON MISTAKES

- A controlled medicine is missing and not reported.
- The register is kept but not complete, or counts are done by one person.

> **Why it matters.** Controlled medicines are high-risk for misuse and diversion. A register and a double count are the simplest way to detect a loss.

WHAT THE ASSESSOR CHECKS

Sample. The controlled medicines register and count sheets for the last 3 months, and the opioid prescribing reviews.

1 Register is complete

Method. Check the register against the stock and the prescriptions.

Evidence to show. Controlled drugs register (HOS-REG-001).

Pass when. Every entry is complete, and the balance matches the stock.

2 Counts are double-signed

Method. Check the count sheets for two signatures at each handover.

Evidence to show. Controlled medicines register (PHM-FRM-002).

Pass when. Every sampled count is signed by two people.

3 Opioid prescribing is reviewed

Method. Check the review records for sampled opioid prescriptions.

Evidence to show. Opioid prescribing review and diversion monitoring (MNP-SOP-001).

Pass when. Each sampled opioid prescription has a review record.

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

Immediate fail. A controlled medicine is missing and not reported. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HOS-REG-001	Controlled drugs register	Records officer	Chief pharmacist	Quality lead
PHM-FRM-002	Controlled medicines register	Nurse	Clinical pharmacist	Quality lead
MNP-SOP-001	Opioid prescribing review and diversion monitoring	Clinical pharmacist	Chief pharmacist	Quality lead
MNP-FRM-001	Opioid prescribing review record	Nurse	Clinical pharmacist	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Prescriber (doctor) (ISCO 2212)	Writes and reviews prescriptions and high-alert orders.	Prescribing & Controlled Substance Management Essential in all settings
Pharmacist (ISCO 2262)	Checks, dispenses and counts medicines and keeps the records.	Prescribing & Controlled Substance Management Essential in all settings
Nurse (ISCO 2221)	Gives medicines, checks them at the bedside and records each dose.	Prescribing & Controlled Substance Management Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2025). WHO Guideline on Balanced National Controlled Medicines Policies to Ensure Medical Access and Safety. https://news.gmj.ge/guideline/who-balanced-national-controlled-medicines-policies/
- Centers for Disease Control and Prevention (USA) (2022). Clinical Practice Guideline for Prescribing Opioids for Pain. https://news.gmj.ge/guideline/clinical-practice-guideline-for-prescribing-opioids-for-pain-united-states-2022/

8.6 Medicines Are Reconciled at Admission, Transfer and Discharge

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

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

> **Criterion.** The medicines a patient takes are compared at admission, transfer and discharge with the medicines prescribed. Differences are resolved with the prescriber and recorded.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: medicines are reconciled at admission, transfer and discharge so that no dose is missed or doubled.

GUIDANCE

The medicines a patient takes are compared at admission, transfer and discharge with the medicines prescribed. Differences are resolved with the prescriber and recorded.

Medicines are often lost or duplicated at a transition of care. A reconciliation at each point stops errors from being carried into the next setting.

> **Good practice.** Reconciled lists at admission, transfer and discharge, with every difference resolved.

> **Partial because.** Reconciliation is done at admission but not at discharge, or differences are not recorded.

WHAT GOOD LOOKS LIKE

- Reconciled lists at admission, transfer and discharge, with every difference resolved.

COMMON MISTAKES

- A discharge is made with no medicines list at all.
- Reconciliation is done at admission but not at discharge, or differences are not recorded.

> **Why it matters.** Medicines are often lost or duplicated at a transition of care. A reconciliation at each point stops errors from being carried into the next setting.

WHAT THE ASSESSOR CHECKS

Sample. Ten admission, ten transfer and ten discharge records from the last 3 months.

1 Admission reconciliation

Method. Check each admission record for a home medicines list.

Evidence to show. Medicines reconciliation (HOS-SOP-007).

Pass when. A reconciled list is recorded in at least 9 of 10 admissions.

2 Transfer and discharge reconciliation

Method. Check each transfer and discharge record against the prescribed list.

Evidence to show. Medicine reconciliation at admission, transfer and discharge (LTC-SOP-002).

Pass when. A reconciled list is recorded in at least 9 of 10 records for each.

3 Differences resolved

Method. Check each recorded difference for a resolution.

Evidence to show. Medicines management policy (HOS-POL-001).

Pass when. Every difference is resolved and recorded with the prescriber.

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

Immediate fail. A discharge is made with no medicines list at all. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HOS-SOP-007	Medicines reconciliation	Clinical pharmacist	Chief pharmacist	Quality lead
LTC-SOP-002	Medicine reconciliation at admission, transfer and discharge	Clinical pharmacist	Chief pharmacist	Quality lead
HOS-POL-001	Medicines management policy	Chief pharmacist	Chief executive	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Prescriber (doctor) (ISCO 2212)	Writes and reviews prescriptions and high-alert orders.	Medication Safety: Operating SOP-MED-01 End to End Essential in all settings
Pharmacist (ISCO 2262)	Checks, dispenses and counts medicines and keeps the records.	Medication Safety: Operating SOP-MED-01 End to End; The Medication-Use Process Essential in all settings
Nurse (ISCO 2221)	Gives medicines, checks them at the bedside and records each dose.	Medication Safety: Operating SOP-MED-01 End to End; The Medication-Use Process Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2007). WHO Nine Patient Safety Solutions. https://news.gmj.ge/guideline/who-nine-patient-safety-solutions-2007/
- National Institute for Health and Care Excellence (UK) (2015). Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. https://news.gmj.ge/guideline/medicines-optimisation-the-safe-and-effective-use-of-medicines-to-enable-the-best-possible-outcomes/
- World Health Organization (2017). Medication Without Harm: Global Patient Safety Challenge on Medication Safety. https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/

8.7 Medication Errors Are Reported and Reviewed

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Must	Must

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

> **Criterion.** Every dispensing error, near miss and medication error is reported in a log, reviewed each month, and used to change practice.

Rating rule. Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: every medication error and near miss is reported, reviewed and used to change practice.

GUIDANCE

Every dispensing error, near miss and medication error is reported in a log, reviewed each month, and used to change practice.

Errors that are not reported cannot be learned from. A simple log and a monthly review turn each near miss into a system fix.

> **Good practice.** A complete log, a monthly review, and a recorded change to practice.

> **Partial because.** The log is kept but not reviewed, or reviews are not followed by change.

WHAT GOOD LOOKS LIKE

- A complete log, a monthly review, and a recorded change to practice.

COMMON MISTAKES

- Errors are not recorded at all.
- The log is kept but not reviewed, or reviews are not followed by change.

> **Why it matters.** Errors that are not reported cannot be learned from. A simple log and a monthly review turn each near miss into a system fix.

WHAT THE ASSESSOR CHECKS

Sample. The error log for the last 6 months and the monthly review minutes.

1 Log is kept

Method. Check the error log for entries over the last 6 months.

Evidence to show. Dispensing error and near-miss log (PHA-REG-002).

Pass when. Entries are recorded with date, medicine and outcome.

2 Review each month

Method. Check the review minutes for the last 6 months.

Evidence to show. Medicines management policy (HOS-POL-001).

Pass when. A review is recorded in at least 5 of the 6 months.

3 Change is made

Method. Check the review minutes for a recorded change to practice.

Evidence to show. Dispensing error and near-miss log (PHA-REG-002).

Pass when. At least one recorded change to practice follows from a review.

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

Immediate fail. Errors are not recorded at all. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PHA-REG-002	Dispensing error and near-miss log	Records officer	Chief pharmacist	Quality lead
HOS-POL-001	Medicines management policy	Chief pharmacist	Chief executive	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Prescriber (doctor) (ISCO 2212)	Writes and reviews prescriptions and high-alert orders.	Medication Safety: Operating SOP-MED-01 End to End Essential in all settings
Pharmacist (ISCO 2262)	Checks, dispenses and counts medicines and keeps the records.	Medication Safety: Operating SOP-MED-01 End to End; Incident Reporting, Just Culture and Open Disclosure Essential in all settings
Nurse (ISCO 2221)	Gives medicines, checks them at the bedside and records each dose.	Medication Safety: Operating SOP-MED-01 End to End; Incident Reporting, Just Culture and Open Disclosure 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/
- National Institute for Health and Care Excellence (UK) (2015). Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. https://news.gmj.ge/guideline/medicines-optimisation-the-safe-and-effective-use-of-medicines-to-enable-the-best-possible-outcomes/

10 Questions and answers

Who does Standard 8 apply to?
Every facility that prescribes, dispenses, stores or gives medicines. The table in section 4 shows each criterion by facility type: all seven criteria apply to eight of the nine facility types and are marked N/A only for fitness and wellness. Each criterion has its own pass rule and its own immediate-fail rule, so each one must be met on its own. Criteria on pain are in Standard 10 (Pain Management).

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 controlled medicine is missing and has not been reported, criterion 8.5 fails outright, however well the register is kept. 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. Records, such as the Dispensing check record (HOS-FRM-009), the Controlled drugs register (HOS-REG-001) or the Dispensing error and near-miss log (PHA-REG-002), are kept as working files. Policies and procedures are signed documents that show the version, date, owner and approver. Have the records ready for the period stated in each criterion, which is the last 3 months for most checks, 30 days for temperature records and 6 months for the error log. 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 in every setting?
No. Two criteria are Must in every setting, including humanitarian settings: the pharmacist check of each prescription (8.2) and the recording and counting of controlled medicines (8.5). The other five criteria are Medium in humanitarian settings and Must in transition and fragile and in standard settings.

What must we do about look-alike, sound-alike medicines?
Keep a list for your own stock, not a general awareness of the risk. Every stocked medicine whose name or packaging could be confused with another goes on the list (MNP-REG-001), and the list is reviewed at least once a year. Each listed medicine is stored apart or carries a distinct label, as the policy sets out (MNP-POL-001), and an extra check is recorded when it is dispensed (HOS-FRM-009). The surveyor checks the list against the stock, walks through the storage areas, and reviews the records for 20 dispensed items from the last 3 months. Having no list for your own stock is an immediate fail.

Who must check a prescription before it is dispensed?
A qualified pharmacist, for every prescription. The check covers dose, route, allergies and interactions, and the identity of the patient, and it is recorded on the Dispensing check record (HOS-FRM-009) under the dispensing policy (HOS-POL-002). Counselling given to the patient is recorded too (PHA-FRM-001). The surveyor takes twenty dispensing records from the last 3 months, including at least five supplied out of hours or during system downtime, because that is when checks are most often skipped. Dispensing with no pharmacist check at all is an immediate fail. This criterion is Must in every setting.

Which medicines need a second check before they are given?
High-alert medicines, such as insulin, concentrated potassium, anticoagulants and opioids. The facility keeps its own list (HOS-SOP-006), and each dose is checked by a second qualified person before it is given, with the check recorded on the administration chart. The surveyor reviews twenty administrations from the last 3 months: every medicine given must be on the list, a second person must have checked at least 18 of the 20, and the check must be recorded. Giving high-alert medicines with no second check at all is an immediate fail.

How must medicines be stored?
Locked, with access limited to named staff, and at the temperature the manufacturer specifies. Temperature is recorded

every working day, and any reading out of range is acted on. Expired stock is removed from the shelves and recorded as removed. The procedures are HOS-SOP-005 and PHM-SOP-001 for storage and temperature, and PHA-SOP-002 for stock and expiry. The surveyor inspects the storage areas and reviews the temperature records for the last 30 days and the stock and expiry register. Medicines kept unlocked with no temperature records at all are an immediate fail.

How are controlled medicines checked?
Controlled medicines are recorded in a register (HOS-REG-001), counted at each handover, and each count is signed by two people. The balance in the register must match the stock. Opioid prescribing is reviewed, and each review is recorded (MNP-SOP-001, MNP-FRM-001). Any discrepancy is investigated. The surveyor reviews the register and count sheets for the last 3 months and the opioid prescribing reviews. A controlled medicine that is missing and not reported is an immediate fail. This criterion is Must in every setting.

What is medicines reconciliation, and when is it done?
It is the comparison of the medicines a patient actually takes with the medicines prescribed, done at three points: admission, transfer and discharge. Any difference is resolved with the prescriber and recorded. The procedure is HOS-SOP-007. The surveyor reviews ten admission, ten transfer and ten discharge records from the last 3 months and expects a reconciled list in at least 9 of each 10. A discharge with no medicines list at all is an immediate fail.

What must we do with medication errors and near misses?
Report every one in a log (PHA-REG-002), with the date, the medicine and the outcome, review the log every month, and use the review to change practice. The surveyor reads the log for the last 6 months and the review minutes, and expects a review in at least 5 of the 6 months and at least one recorded change to practice that followed from a review. Not recording errors at all is an immediate fail. A log with no entries is not a sign of safety; it usually means errors are not being reported.

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. Nurses and pharmacists take Medication Safety: Operating SOP-MED-01 End to End for most criteria, with High-Alert Medication Safety for criterion 8.3, The Medication-Use Process for prescription checks and reconciliation, Prescribing & Controlled

Substance Management for criterion 8.5, and Incident Reporting, Just Culture and Open Disclosure for criterion 8.7. 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. In Standard 8 the surveyor walks through the storage areas to check locks, labels, separation of look-alike medicines, temperature logs and expiry dates. The surveyor then reviews records: dispensing checks, administrations of high-alert medicines, the controlled medicines register and count sheets, reconciliation at admission, transfer and discharge, and the error log with its monthly reviews.

How does the surveyor choose which records to check?
Each criterion states its own sample, such as "Twenty dispensing records from the last 3 months, including at least five out-of-hours or downtime supplies" or "Ten admission, ten transfer and ten discharge records from the last 3 months". 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 8.3) 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. World Health Organization (2007). WHO Nine Patient Safety Solutions. https://news.gmj.ge/guideline/who-nine-patient-safety-solutions-2007/ (criterion 8.1, 8.3, 8.6)
2. World Health Organization (2017). Medication Without Harm: Global Patient Safety Challenge on Medication Safety. https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/ (criterion 8.1, 8.2, 8.3, 8.6)
3. World Health Organization (2020). Good storage and distribution practices for medical products (WHO Technical Report Series 1025, Annex 7). https://news.gmj.ge/guideline/who-trs-1025-annex-7-good-storage-distribution-practices/ (criterion 8.4)
4. World Health Organization (2025). WHO Guideline on Balanced National Controlled Medicines Policies to Ensure Medical Access and Safety. https://news.gmj.ge/guideline/who-balanced-national-controlled-medicines-policies/ (criterion 8.5)
5. Centers for Disease Control and Prevention (USA) (2022). Clinical Practice Guideline for Prescribing Opioids for Pain. https://news.gmj.ge/guideline/clinical-practice-guideline-for-prescribing-opioids-for-pain-united-states-2022/ (criterion 8.5)
6. National Institute for Health and Care Excellence (UK) (2015). Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. https://news.gmj.ge/guideline/medicines-optimisation-the-safe-and-effective-use-of-medicines-to-enable-the-best-possible-outcomes/ (criterion 8.6, 8.7)
7. 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 8.7)

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 8, 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
HOS-FRM-009	Dispensing check record	Form (record)	Records the check of each dispensed item against the prescription.	8.1, 8.2
HOS-POL-001	Medicines management policy	Policy	To set one set of rules for medicines in the hospital: storage, controlled drugs, high-alert medicines and reconciliation. Medicine harm is a priority area of the WHO Medication Without Harm challenge.	8.6, 8.7
HOS-POL-002	Pharmacy dispensing policy	Policy	To make dispensing accurate and accountable at all hours.	8.2
HOS-REG-001	Controlled drugs register	Register	Records every receipt, supply and administration of a controlled drug, with a count at each shift change.	8.5
HOS-SOP-005	Medicine storage and temperature control	Procedure (SOP)	To keep medicines at the correct temperature, secure and in date.	8.4
HOS-SOP-006	High-alert medicines	Procedure (SOP)	To prevent serious harm from medicines that carry a high risk when wrong.	8.3
HOS-SOP-007	Medicines reconciliation	Procedure (SOP)	To stop medicines being missed, duplicated or stopped by mistake when a patient moves.	8.6
LTC-SOP-002	Medicine reconciliation at admission, transfer and discharge	Procedure (SOP)	To stop medicines being missed, doubled or stopped by mistake when a resident moves between care settings.	8.6
MNP-FRM-001	Opioid prescribing review record	Form (record)	Records the reason for an opioid, the alternatives considered, the dose, the review and the stop date.	8.5
MNP-POL-001	Look-alike and sound-alike medicines	Policy	To prevent dispensing errors between medicines that look or sound alike.	8.1
MNP-REG-001	Look-alike and sound-alike medicines list	Register	Lists each medicine on the look-alike and sound-alike list, with its safeguard and the date of the last review.	8.1
MNP-SOP-001	Opioid prescribing review and diversion monitoring	Procedure (SOP)	To keep opioid prescribing under review and to find misuse early.	8.5
ONC-SOP-006	High-alert medicines on every ward	Procedure (SOP)	To make sure that medicines with a high risk of serious harm when used in error are given with extra safeguards on every ward, and that these safeguards are recorded.	8.3
PHA-FRM-001	Counselling record	Form (record)	Records the counselling given on a new medicine, and whether the patient understood it.	8.2
PHA-REG-002	Dispensing error and near-miss log	Register	Records each dispensing error and near miss, its review and the change made to practice.	8.7
PHA-SOP-002	Stock management, shortages and expiry	Procedure (SOP)	To keep stock available to patients, without shortage or wastage from expiry.	8.4
PHM-FRM-002	Controlled medicines register	Form (record)	Record of every receipt, supply and disposal of controlled medicines.	8.5
PHM-SOP-001	Medicine storage and temperature monitoring	Procedure (SOP)		8.4
WRD-SOP-002	Ward medicine administration checks	Procedure (SOP)	To make sure medicines reach the right patient, in the right dose, and any omission is explained.	8.3