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

ASF Health Standards Version 11

Standard 9: Environment and Accessibility

Core standard · applicability by facility type shown for each criterion

DOCUMENT NUMBER	ASF-HS11-S09
DATE OF ISSUE	1 November 2026
STATUS	Approved for use
APPLIES TO SURVEYS STARTING AFTER	1 November 2026
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, Chair, Public Health Institute of Georgia
REVIEW	Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027.
CONTROLLED COPY	The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the version shown on its cover.

APPROVAL



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

Date: 1 November 2026

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

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

9 Standard 9 at a glance: criteria, responsibilities, training

9 Criteria 9.1 to 9.8 (each on its own page)

10 Questions and answers

11 References

12 Document register

Criterion pages: 9.1 Handrails Are Fitted Where Patients Walk · 9.2 Toilets and Washrooms Have Correct Grab Bars · 9.3 An Accessible Toilet Is Available Where Patients Need One · 9.4 Toilet and Washroom Doors Allow Rescue · 9.5 Lighting Supports Safe Movement · 9.6 Beds and Chairs Are Set to Reduce Fall Risk · 9.7 Walking Aids and Mobility Equipment Are Available and Checked · 9.8 Routes Are Clear of Clutter and Trip Hazards.

1 Introduction

This document is Standard 9 of ASF Health Standards. It sets out how a facility keeps the places where patients walk, wash and sit safe: handrails, grab bars, accessible toilets, washroom doors, lighting, beds and chairs, mobility equipment and clear routes and exits, so that patients can move around without falls, injuries or being trapped.

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 facility can meet it and show that it has.

Purpose of this document. Standard 9 makes sure that patients move safely through the facility, and that a hazard in the environment is found and removed before it causes harm.

Who should read it. Facilities and maintenance managers, housekeeping and fire safety staff, nurses and ward managers, the chief executive, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 9.2).

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 9 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 manage facilities, maintenance or housekeeping, 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 9.1 to 9.8, paying attention to the rating, the guidance and the checks.

If you are a nurse or ward manager, read criteria 9.1, 9.3, 9.6, 9.7 and 9.8, which concern patients on the wards and their movement.

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 guidance; what good looks like; why it matters; the sample; the checks, with the method and the evidence; the immediate-fail rule; the staff responsible; the e-learning; the documents; 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) or SOP (procedure). Where a criterion lists no document, the facility keeps its own record, as the criterion says.

4 Scope

Standard 9 covers handrails, grab bars, accessible toilets, washroom doors, lighting, beds and chairs, mobility equipment and clear routes and exits. The applicability of each criterion is shown in the table below.

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**, and **standard settings**.

WHERE STANDARD 9 APPLIES

Standard 9 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
9.1 Handrails Are Fitted Where Patients Walk	7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care.
9.2 Toilets and Washrooms Have Correct Grab Bars	7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care.
9.3 An Accessible Toilet Is Available Where Patients Need One	7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care.
9.4 Toilet and Washroom Doors Allow Rescue	7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine, Home care.
9.5 Lighting Supports Safe Movement	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine.
9.6 Beds and Chairs Are Set to Reduce Fall Risk	6 of 9 facility types: Hospital, Ambulatory clinic, Long-term care, Home care, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Primary health clinic, Telemedicine, Fitness and wellness.
9.7 Walking Aids and Mobility Equipment Are Available and Checked	6 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Fitness and wellness. **Not applicable to:** Telemedicine, Dental clinic, Aesthetic and procedure clinic.
9.8 Routes Are Clear of Clutter and Trip Hazards	8 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine.

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
ADL	Activities of daily living
WHO	World Health Organization

DOCUMENT CODE PREFIXES

Prefix	Topic
ENV	Environment
FAC	Facilities

Prefix	Topic
ACC	Accessibility
EQP	Equipment
WAT	Water and sanitation

7 Terms and definitions

Term	Definition
Accessible toilet	A toilet designed and fitted so that a person using a wheelchair or a walking aid can use it independently or with help.
Grab bar	A fixed rail beside a toilet or in a shower that a person can hold to sit, stand or move safely.
Rescue	Getting a person out of a room quickly and safely in an emergency.
Trip hazard	Anything on the floor or along a route that could make a person fall, such as a cable, a loose mat or clutter.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.

9 Standard 9 at a glance

Standard 9: Environment and Accessibility is a core standard of ASF Health Standards. It covers how patients move safely through the facility: handrails, grab bars, accessible toilets, washroom doors, lighting, beds and chairs, mobility equipment and clear routes, for the facility types listed in section 4.

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

9.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
9.1	Handrails Are Fitted Where Patients Walk	Medium	Medium	Must
9.2	Toilets and Washrooms Have Correct Grab Bars	Medium	Medium	Must
9.3	An Accessible Toilet Is Available Where Patients Need One	Minimum	Medium	Must
9.4	Toilet and Washroom Doors Allow Rescue	Must	Must	Must
9.5	Lighting Supports Safe Movement	Minimum	Medium	Must
9.6	Beds and Chairs Are Set to Reduce Fall Risk	Medium	Medium	Must
9.7	Walking Aids and Mobility Equipment Are Available and Checked	Medium	Minimum	Must
9.8	Routes Are Clear of Clutter and Trip Hazards	Must	Must	Must

9.2 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
9.1	Handrails Are Fitted Where Patients Walk	Facilities manager (ISCO 1324) · Maintenance supervisor (ISCO 7111) · Head nurse / ward manager (ISCO 1342)
9.2	Toilets and Washrooms Have Correct Grab Bars	Facilities manager (ISCO 1324) · Maintenance supervisor (ISCO 7111) · Housekeeping supervisor (ISCO 5151)
9.3	An Accessible Toilet Is Available Where Patients Need One	Facilities manager (ISCO 1324) · Maintenance supervisor (ISCO 7111) · Head nurse / ward manager (ISCO 1342)
9.4	Toilet and Washroom Doors Allow Rescue	Fire safety officer (ISCO 3119) · Facilities manager (ISCO 1324) · Maintenance supervisor (ISCO 7111)
9.5	Lighting Supports Safe Movement	Maintenance supervisor (ISCO 7111) · Facilities manager (ISCO 1324) · Head nurse / ward manager (ISCO 1342)
9.6	Beds and Chairs Are Set to Reduce Fall Risk	Registered nurse (ISCO 2221) · Head nurse / ward manager (ISCO 1342) · Maintenance supervisor (ISCO 7111)

No.	Criterion	Positions responsible or involved
9.7	Walking Aids and Mobility Equipment Are Available and Checked	Registered nurse (ISCO 2221) · Head nurse / ward manager (ISCO 1342) · Maintenance supervisor (ISCO 7111)
9.8	Routes Are Clear of Clutter and Trip Hazards	Housekeeping supervisor (ISCO 5151) · Cleaner (hospital) (ISCO 9112) · Fire safety officer (ISCO 3119) · Head nurse / ward manager (ISCO 1342)

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

Role	Reports to	Supervises
Facilities manager (ISCO 1324)	Chief operating officer (COO).	Maintenance supervisor, biomedical engineer, gardener.
Maintenance supervisor (ISCO 7111)	Facilities manager.	Electrician, plumber, HVAC technician.
Housekeeping supervisor (ISCO 5151)	Hotel services manager.	Cleaner (hospital).
Cleaner (hospital) (ISCO 9112)	Housekeeping supervisor.	No direct reports.
Fire safety officer (ISCO 3119)	Facilities manager.	No direct reports.
Head nurse / ward manager (ISCO 1342)	Director of nursing.	Nurse specialist, registered nurse, nursing associate, health care assistant.
Registered nurse (ISCO 2221)	Head nurse.	Nursing associate, health care assistant.

9.3 TRAINING FOR STANDARD 9

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
Fall Prevention (PS-05)	Registered nurse; Head nurse / ward manager	Maintenance supervisor	9.1, 9.6, 9.7	English · Georgian
Environment & Shared Spaces (H-03)	Facilities manager; Maintenance supervisor, Maintenance supervisor; Housekeeping supervisor, Maintenance supervisor; Facilities manager, Housekeeping supervisor; Cleaner (hospital)	Cleaner (hospital), Head nurse / ward manager, Facilities manager	9.1, 9.2, 9.3, 9.5, 9.8	English · Georgian
Infection Prevention and Control Essentials (BAS-05)	Housekeeping supervisor; Cleaner (hospital)	Facilities manager	9.2	English · Georgian

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Facility Signage and Wayfinding (BAS-08)	Facilities manager	Head nurse / ward manager, Maintenance supervisor	9.3, 9.5	English
Emergency Preparedness and Fire Safety (T-10)	Fire safety officer; Facilities manager; Maintenance supervisor	Registered nurse	9.4	English · Georgian
Safety & Emergency Preparedness (H-05)	Head nurse / ward manager; Registered nurse, Fire safety officer; Head nurse / ward manager	Fire safety officer, Housekeeping supervisor	9.4, 9.8	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. 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.

9.4 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
Environment & Shared Spaces (H-03)	Environment and shared spaces	9.1, 9.5, 9.8	English · Georgian
Environment & Shared Spaces (AMB-03)	Environment and shared spaces in clinics	9.2, 9.4, 9.6	English · Georgian
Facility Signage and Wayfinding (BAS-08)	Facility signage and wayfinding	9.8	English
Access & Wayfinding for Ambulatory Facilities (AMB-01)	Access and wayfinding for ambulatory facilities	9.3, 9.7	English · Georgian

9.1 Handrails Are Fitted Where Patients Walk

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Medium	Must

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

> **Criterion.** Handrails are fitted on both sides of corridors and stairs that patients use unaided, at a height and grip suitable for adults and children, and checked regularly for firm fixing.

Rating rule. Medium in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: handrails are fitted and maintained along every route where patients walk, with their height and grip checked.

GUIDANCE

Handrails are fitted on both sides of corridors and stairs that patients use unaided, at a height and grip suitable for adults and children, and checked regularly for firm fixing.

Patients who are unsteady, frail or recovering from illness use handrails to keep their balance. Missing or loose handrails are a common cause of falls.

> **Good practice.** Handrails on every patient route, firmly fixed and checked regularly.

> **Partial because.** Handrails are fitted but some are loose, or the checks are not recorded.

WHAT GOOD LOOKS LIKE

- Handrails on every patient route, firmly fixed and checked regularly.

COMMON MISTAKES

- Patient routes have no handrails where patients walk unaided.
- Handrails are fitted but some are loose, or the checks are not recorded.

> **Why it matters.** Patients who are unsteady, frail or recovering from illness use handrails to keep their balance. Missing or loose handrails are a common cause of falls.

WHAT THE ASSESSOR CHECKS

Sample. A walk of the main patient routes with the maintenance check record for the last 6 months.

1 Handrails are fitted

Method. Walk each patient route and note where a handrail is missing.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. Handrails are fitted on both sides of stairs and on every corridor used by unaided patients.

2 Handrails are firmly fixed

Method. Test each rail by hand at several points.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. No rail moves when pulled, and each one is at a height usable by an adult.

3 Checks are recorded

Method. Check the maintenance log for the last 6 months.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. A check is recorded at least every 6 months, and defects are repaired.

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

Immediate fail. Patient routes have no handrails where patients walk unaided. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Facilities manager (ISCO 1324)	Owns the handrail check and signs off repairs.	Environment & Shared Spaces Essential in all settings
Maintenance supervisor (ISCO 7111)	Checks each handrail for fixing and height, and repairs defects.	Environment & Shared Spaces Essential in all settings
Head nurse / ward manager (ISCO 1342)	Reports loose or missing handrails from the wards.	Fall Prevention Essential in all settings

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/
- World Health Organization (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/

9.2 Toilets and Washrooms Have Correct Grab Bars

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Medium	Must

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

> **Criterion.** Toilets and washrooms have grab bars beside the toilet and in the shower or bath area, fixed to the wall and set at the height and position the patient needs.

Rating rule. Medium in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: toilets and washrooms have correctly fitted grab bars, checked for security.

GUIDANCE

Toilets and washrooms have grab bars beside the toilet and in the shower or bath area, fixed to the wall and set at the height and position the patient needs.

Getting on and off a toilet is one of the most common times a patient falls. A correctly fixed grab bar gives the patient something to hold.

> **Good practice.** Grab bars in every patient washroom, fixed securely, with a bar in the wet area.

> **Partial because.** Bars are present but some are loose, or the wet area has none.

WHAT GOOD LOOKS LIKE

- Grab bars in every patient washroom, fixed securely, with a bar in the wet area.

COMMON MISTAKES

- Patient toilets have no grab bars at all.
- Bars are present but some are loose, or the wet area has none.

> **Why it matters.** Getting on and off a toilet is one of the most common times a patient falls. A correctly fixed grab bar gives the patient something to hold.

WHAT THE ASSESSOR CHECKS

Sample. Every toilet and washroom used by patients, plus the cleaning and maintenance records.

1 Grab bar beside each toilet

Method. Walk the washrooms and note the presence of a bar.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. Every patient toilet has a grab bar within reach.

2 Bars are fixed securely

Method. Pull each bar by hand.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. No bar moves under a firm pull.

3 Shower or bath area is covered

Method. Check the wet area for a bar and a non-slip surface.

Evidence to show. Cleaning of shared clinical and waiting areas (ENV-SOP-002).

Pass when. A bar is in place in each shower or bath area used by patients.

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

Immediate fail. Patient toilets have no grab bars at all. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-SOP-002	Cleaning of shared clinical and waiting areas	Housekeeping supervisor	Facilities manager	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Facilities manager (ISCO 1324)	Owns the grab bar check and signs off repairs.	Environment & Shared Spaces Essential in all settings
Maintenance supervisor (ISCO 7111)	Fixes and tests grab bars, and checks the wet area.	Environment & Shared Spaces Essential in all settings
Housekeeping supervisor (ISCO 5151)	Checks washrooms during the cleaning round and reports defects.	Infection Prevention and Control Essentials Essential in all settings

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/
- Pan American Health Organization (2020). Water, Sanitation, and Hygiene Standards in Health Care Facilities. https://news.gmj.ge/guideline/water-sanitation-and-hygiene-standards-in-health-care-facilities/

9.3 An Accessible Toilet Is Available Where Patients Need One

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

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

> **Criterion.** At least one toilet is accessible to a wheelchair user, with a clear floor space, a grab bar on each side and a door that opens wide enough. Where the facility serves patients who need one, the toilet is in a route they can reach.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: an accessible toilet is available wherever patients need one, and is kept usable.

GUIDANCE

At least one toilet is accessible to a wheelchair user, with a clear floor space, a grab bar on each side and a door that opens wide enough. Where the facility serves patients who need one, the toilet is in a route they can reach.

Patients who use a wheelchair or walking frame cannot use a standard toilet. Without an accessible toilet they are unable to use the facility safely or with dignity.

> **Good practice.** An accessible toilet on a step-free route, fitted for wheelchair use and recorded in the accessibility check.

> **Partial because.** The toilet exists but the route or the fittings do not meet the criterion.

WHAT GOOD LOOKS LIKE

- An accessible toilet on a step-free route, fitted for wheelchair use and recorded in the accessibility check.

COMMON MISTAKES

- No accessible toilet exists in a facility that admits patients who need one.
- The toilet exists but the route or the fittings do not meet the criterion.

> **Why it matters.** Patients who use a wheelchair or walking frame cannot use a standard toilet. Without an accessible toilet they are unable to use the facility safely or with dignity.

WHAT THE ASSESSOR CHECKS

Sample. The accessible toilet, its route, and the accessibility check record for the last 3 months.

1 Accessible toilet exists

Method. Visit the facility and locate the accessible toilet.

Evidence to show. Accessibility check record (ENV-FRM-001).

Pass when. At least one accessible toilet is in place and marked as such.

2 Route is step-free

Method. Walk from the main entrance to the toilet.

Evidence to show. Accessible reception and registration points (ENV-SOP-001).

Pass when. The route has no steps and the doors open without a barrier.

3 Fittings suit a wheelchair user

Method. Measure the floor space and check the grab bars and door.

Evidence to show. Using mobility aids: wheelchairs and canes (ASF brochure).

Pass when. A wheelchair can turn inside the room, and a bar is fixed on each side of the toilet.

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

Immediate fail. No accessible toilet exists in a facility that admits patients who need one. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-FRM-001	Accessibility check record (registration)	Facilities manager	Chief executive	Quality lead
ENV-SOP-001	Accessible reception and registration points	Facilities manager	Chief executive	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Facilities manager (ISCO 1324)	Owns the accessible toilet and its route.	Environment & Shared Spaces Essential in all settings
Maintenance supervisor (ISCO 7111)	Keeps the route step-free and the fittings in place.	Environment & Shared Spaces Essential in all settings
Head nurse / ward manager (ISCO 1342)	Identifies patients who need an accessible toilet.	Environment & Shared Spaces Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Hospital Safety Index: Guide for Evaluators, 2nd ed. https://news.gmj.ge/guideline/hospital-safety-index-guide-for-evaluators-2nd-ed/
- Pan American Health Organization (2020). Water, Sanitation, and Hygiene Standards in Health Care Facilities. https://news.gmj.ge/guideline/water-sanitation-and-hygiene-standards-in-health-care-facilities/

9.4 Toilet and Washroom Doors Allow Rescue

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

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

> **Criterion.** Washroom doors can be opened from the outside in an emergency, with no lock that only the user can release. Where a door has a lock, staff have a means of entry, and the door is included in the fire drill.

Rating rule. Must in every setting: toilet and washroom doors can be opened from outside in an emergency.

GUIDANCE

Washroom doors can be opened from the outside in an emergency, with no lock that only the user can release. Where a door has a lock, staff have a means of entry, and the door is included in the fire drill.

A patient who collapses behind a locked door can go unseen for a long time. Rescue depends on being able to open the door quickly.

> **Good practice.** Washroom doors open from outside, with staff keys or overrides, and rescue practised in drills.

> **Partial because.** Doors open from outside, but staff have no key or the drill does not cover washrooms.

WHAT GOOD LOOKS LIKE

- Washroom doors open from outside, with staff keys or overrides, and rescue practised in drills.

COMMON MISTAKES

- A washroom door can be opened only from inside, with no override.
- Doors open from outside, but staff have no key or the drill does not cover washrooms.

> **Why it matters.** A patient who collapses behind a locked door can go unseen for a long time. Rescue depends on being able to open the door quickly.

WHAT THE ASSESSOR CHECKS

Sample. The washroom doors, the key or override arrangements, and the fire drill record.

1 Door opens from outside

Method. Test each washroom door from outside.

Evidence to show. Fire safety and evacuation (EMG-SOP-001).

Pass when. Every door can be opened from outside without a special key.

2 Keys or overrides are held

Method. Check that staff have a key or override for each locked door.

Evidence to show. Unit security and evacuation plan (FLD-PLN-002).

Pass when. Staff on every shift hold a means of entry to each locked washroom.

3 Rescue is practised

Method. Check the fire drill record for a washroom rescue.

Evidence to show. Fire drill record (EMG-FRM-002).

Pass when. A drill in the last 12 months includes a washroom rescue.

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

Immediate fail. A washroom door can be opened only from inside, with no override. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
EMG-SOP-001	Fire safety and evacuation	Fire safety officer	Facilities manager	Occupational health and safety officer
EMG-FRM-002	Fire drill record	Fire safety officer	Facilities manager	Quality lead
FLD-PLN-002	Unit security and evacuation plan	Security manager	Chief executive	Quality lead

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Fire safety officer (ISCO 3119)	Runs fire drills, including washroom rescue, and keeps the drill record.	Emergency Preparedness and Fire Safety Essential in all settings
Facilities manager (ISCO 1324)	Ensures every washroom door opens from outside.	Emergency Preparedness and Fire Safety Essential in all settings
Maintenance supervisor (ISCO 7111)	Fits and checks door overrides and locks.	Emergency Preparedness and Fire Safety Essential in all settings

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2025). EVAC-H: Evacuation of hospitals and their critical areas. https://news.gmj.ge/guideline/evac-h-evacuation-of-hospitals-and-their-critical-areas/
- World Health Organization (2020). Hospital Emergency Response Checklist. https://news.gmj.ge/guideline/hospital-emergency-response-checklist/

9.5 Lighting Supports Safe Movement

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

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

> **Criterion.** Corridors, stairs, washrooms and wards are lit enough for patients and staff to see steps, edges and obstacles, and lights are repaired promptly when they fail.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: lighting supports safe movement along every route, including at night.

GUIDANCE

Corridors, stairs, washrooms and wards are lit enough for patients and staff to see steps, edges and obstacles, and lights are repaired promptly when they fail.

Poor lighting makes steps, edges and obstacles hard to see, especially at night. Most falls on a ward happen in low light or on the way to the toilet.

> **Good practice.** Routes and washrooms lit for safe walking at night, with failed lights repaired promptly.

> **Partial because.** Lighting is in place, but failed lights are not repaired promptly.

WHAT GOOD LOOKS LIKE

- Routes and washrooms lit for safe walking at night, with failed lights repaired promptly.

COMMON MISTAKES

- Routes and washrooms are dark at night and no repairs are recorded.
- Lighting is in place, but failed lights are not repaired promptly.

> **Why it matters.** Low light makes steps, edges and obstacles harder to see, particularly at night and on the way to the toilet.

WHAT THE ASSESSOR CHECKS

Sample. The main routes at night, the washroom lighting, and the repair log for the last 6 months.

1 Routes are lit

Method. Walk the main routes at night and check for dark spots.

Evidence to show. Lighting survey of the main routes and washrooms (the facility's own record).

Pass when. No route has a dark spot that hides a step or an edge.

2 Washrooms and night routes are lit

Method. Check the lights in each washroom and along the night route.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. Each washroom and night route has working lighting.

3 Repairs are recorded

Method. Check the repair log for the last 6 months.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. Failed lights are repaired within a set time, and the repair is recorded.

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

Immediate fail. Routes and washrooms are dark at night and no repairs are recorded. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Maintenance supervisor (ISCO 7111)	Checks lights on routes and in washrooms, and repairs failed lights.	Environment & Shared Spaces Essential in all settings
Facilities manager (ISCO 1324)	Owns the repair log and the time limit for repairs.	Environment & Shared Spaces Essential in all settings
Head nurse / ward manager (ISCO 1342)	Reports dark areas on night routes.	Facility Signage and Wayfinding Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Hospital Safety Index: Guide for Evaluators, 2nd ed. https://news.gmj.ge/guideline/hospital-safety-index-guide-for-evaluators-2nd-ed/

9.6 Beds and Chairs Are Set to Reduce Fall Risk

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Medium	Must

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

> **Criterion.** Beds are set to a low height with brakes applied, and chairs have a stable base and the right height for the patient. Staff adjust the bed and chair for each patient who is at risk of falling.

Rating rule. Medium in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: beds and chairs are set to reduce the risk of falls, with the setting checked.

GUIDANCE

Beds are set to a low height with brakes applied, and chairs have a stable base and the right height for the patient. Staff adjust the bed and chair for each patient who is at risk of falling.

A bed that is too high or a chair that tips is a common cause of falls when a patient gets up. Low beds and stable chairs reduce the impact of a fall.

> **Good practice.** Beds and chairs set to suit each patient, with brakes and bases checked and risk reviewed.

> **Partial because.** Settings are right at admission but not reviewed when the patient's condition changes.

WHAT GOOD LOOKS LIKE

- Beds and chairs set to suit each patient, with brakes and bases checked and risk reviewed.

COMMON MISTAKES

- Beds and chairs are left at full height with no check for patients at risk.
- Settings are right at admission but not reviewed when the patient's condition changes.

> **Why it matters.** A bed that is too high or a chair that tips is a common cause of falls when a patient gets up. Low beds and stable chairs reduce the impact of a fall.

WHAT THE ASSESSOR CHECKS

Sample. Twenty bed and chair checks on the wards, and the falls risk assessments for the last 3 months.

1 Beds are set low with brakes on

Method. Check the bed height and brakes on each sampled bed.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. Each sampled bed is at its lowest safe height, with brakes on, for a patient at risk.

2 Chairs are stable and fit the patient

Method. Check each sampled chair for a stable base and the right height.

Evidence to show. Using mobility aids: wheelchairs and canes (ASF brochure).

Pass when. Each sampled chair is stable and at a height the patient can use.

3 Risk is reassessed

Method. Check the falls risk record for each sampled at-risk patient.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. The bed and chair settings are reviewed at admission and whenever the patient's condition changes.

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

Immediate fail. Beds and chairs are left at full height with no check for patients at risk. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Registered nurse (ISCO 2221)	Sets beds and chairs to the lowest safe height and checks brakes.	Fall Prevention Essential in all settings
Head nurse / ward manager (ISCO 1342)	Reviews settings when a patient's condition changes.	Fall Prevention Essential in all settings
Maintenance supervisor (ISCO 7111)	Checks brakes and bases of beds and chairs.	Fall Prevention Essential in all settings

REFERENCES FOR THIS CRITERION

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

9.7 Walking Aids and Mobility Equipment Are Available and Checked

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Medium	Minimum	Must

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

> **Criterion.** Walking aids, wheelchairs and other mobility equipment are available for patients who need them, sized correctly, and checked on a set schedule. Faulty equipment is taken out of use until repaired.

Rating rule. Medium in humanitarian settings. Minimum in transition and fragile settings. Must in standard settings: walking aids and mobility equipment are available, in working order and checked regularly.

GUIDANCE

Walking aids, wheelchairs and other mobility equipment are available for patients who need them, sized correctly, and checked on a set schedule. Faulty equipment is taken out of use until repaired.

A walking aid that is broken, too tall or missing leaves a patient at risk of falling. Regular checks find problems before they cause harm.

> **Good practice.** Mobility equipment available, fitted to each patient, checked on schedule, and faulty items removed.

> **Partial because.** Equipment is available but checks are not recorded, or faulty items stay in use.

WHAT GOOD LOOKS LIKE

- Mobility equipment available, fitted to each patient, checked on schedule, and faulty items removed.

COMMON MISTAKES

- Patients who need a walking aid have none available.
- Equipment is available but checks are not recorded, or faulty items stay in use.

> **Why it matters.** A walking aid that is broken, too tall or missing leaves a patient at risk of falling. Regular checks find problems before they cause harm.

WHAT THE ASSESSOR CHECKS

Sample. The mobility equipment inventory, the check records for the last 6 months, and the patient fitting records.

1 Equipment is available

Method. Check the inventory against the patients who need it.

Evidence to show. Using mobility aids: wheelchairs and canes (ASF brochure).

Pass when. Each patient who needs an aid has one available.

2 Equipment is fitted correctly

Method. Check the fitting record for a sample of patients.

Evidence to show. Using mobility aids: wheelchairs and canes (ASF brochure).

Pass when. Each sampled aid is fitted and sized to the patient.

3 Equipment is checked and faulty items removed

Method. Check the check records for the last 6 months.

Evidence to show. Falls environment checklist (ASF-TOOL-FP-02).

Pass when. Checks are recorded on schedule, and faulty items are marked out of use.

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

Immediate fail. Patients who need a walking aid have none available. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Registered nurse (ISCO 2221)	Fits and sizes walking aids for each patient.	Fall Prevention Essential in all settings
Head nurse / ward manager (ISCO 1342)	Keeps the equipment inventory and removes faulty items.	Fall Prevention Essential in all settings
Maintenance supervisor (ISCO 7111)	Checks mobility equipment on schedule.	Fall Prevention Essential in all settings

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/
- World Health Organization (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/

9.8 Routes Are Clear of Clutter and Trip Hazards

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, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Telemedicine. Each setting shows its rating above.

> **Criterion.** Corridors, exits and patient routes are kept clear of equipment, trolleys, cables and wet floors. Trip hazards are removed promptly, and the route walks are recorded.

Rating rule. Must in every setting: routes are kept clear of clutter, cables and trip hazards.

GUIDANCE

Corridors, exits and patient routes are kept clear of equipment, trolleys, cables and wet floors. Trip hazards are removed promptly, and the route walks are recorded.

Clutter and trip hazards cause a large share of falls in hospitals. A clear route also keeps exits open in an emergency.

> **Good practice.** Routes and exits kept clear, hazards removed quickly, and route walks recorded.

> **Partial because.** Routes are usually clear, but hazards are not removed promptly or walks are not recorded.

WHAT GOOD LOOKS LIKE

- Routes and exits kept clear, hazards removed quickly, and route walks recorded.

COMMON MISTAKES

- Exits or patient routes are blocked, and no route walks are recorded.
- Routes are usually clear, but hazards are not removed promptly or walks are not recorded.

> **Why it matters.** Clutter and trip hazards cause a large share of falls in hospitals. A clear route also keeps exits open in an emergency.

WHAT THE ASSESSOR CHECKS

Sample. Route walks for the last 3 months, the cleanliness audit record, and a sample of corridors and exits.

1 Routes are clear

Method. Walk the main routes and exits and note any obstruction.

Evidence to show. Cleanliness audit record (ENV-FRM-002).

Pass when. No route or exit is blocked at the time of the walk.

2 Hazards are removed promptly

Method. Check the record of hazards found and how fast they were removed.

Evidence to show. Cleaning of shared clinical and waiting areas (ENV-SOP-002).

Pass when. Each hazard is removed or marked within the set time.

3 Route walks are recorded

Method. Check the route walk record for the last 3 months.

Evidence to show. Unit security and evacuation plan (FLD-PLN-002).

Pass when. Route walks are recorded at least monthly.

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

Immediate fail. Exits or patient routes are blocked, and no route walks are recorded. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-FRM-002	Cleanliness audit record	Housekeeping supervisor	Facilities manager	Quality lead
ENV-SOP-002	Cleaning of shared clinical and waiting areas	Housekeeping supervisor	Facilities manager	Quality lead
EMG-SOP-001	Fire safety and evacuation	Fire safety officer	Facilities manager	Occupational health and safety officer

Other records in the criterion: FLD-PLN-002 Unit security and evacuation plan

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Housekeeping supervisor (ISCO 5151)	Plans the cleaning round and keeps routes clear.	Environment & Shared Spaces Essential in all settings
Cleaner (hospital) (ISCO 9112)	Clears spills and clutter and reports hazards.	Infection Prevention and Control Essentials Essential in all settings
Fire safety officer (ISCO 3119)	Walks the exits and checks they are clear.	Safety & Emergency Preparedness Essential in all settings
Head nurse / ward manager (ISCO 1342)	Walks the ward routes each month and records the walk.	Safety & Emergency Preparedness Essential in all settings

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Hospital Safety Index: Guide for Evaluators, 2nd ed. https://news.gmj.ge/guideline/hospital-safety-index-guide-for-evaluators-2nd-ed/
- Pan American Health Organization (2025). EVAC-H: Evacuation of hospitals and their critical areas. https://news.gmj.ge/guideline/evac-h-evacuation-of-hospitals-and-their-critical-areas/

10 Questions and answers

Who does Standard 9 apply to?
Every facility that has patient routes, toilets or washrooms. The table in section 4 shows each criterion by facility type. Criteria 9.1 to 9.4 are N/A for telemedicine and home care. Criteria 9.5 and 9.8 are N/A for telemedicine only. Criterion 9.6 is N/A for primary health, telemedicine and fitness and wellness. Criterion 9.7 is N/A for telemedicine, dental and aesthetic facilities. Each criterion is marked where it applies.

What is an immediate fail?
An immediate fail is one finding that means a criterion is not met, even if the rest of it is in place. For example, a washroom door that can be opened only from inside, with no override, fails criterion 9.4 outright. Each criterion in this document states its own immediate fail under "Immediate fail". 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 records listed under each criterion in the "Evidence and documents" table. Where a criterion lists no document, the facility keeps its own record, for example the maintenance check record for handrails or the repair log for lights. Policies and procedures are signed documents that show the version, date, owner and approver. You may use your own document if it meets the same check and is clearly the same record.

Are the ratings the same in every setting?
No. Two criteria protect life and are Must in every setting: the washroom door that opens from outside (9.4) and clear routes and exits (9.8). The other six criteria are Medium or Minimum in humanitarian and transition settings, and Must in standard settings. Each criterion shows its rating for each of the three settings.

Why are handrails and grab bars Medium in transition settings?
In a transition or humanitarian setting a facility may not be able to fit every handrail or grab bar at once. The criterion is still required, but it is adapted to the setting: handrails must be fitted on the routes unaided patients use, and grab bars must be fixed in every patient toilet that exists. In standard settings, both are Must on every route and in every toilet.

What must we have for an accessible toilet?
At least one toilet that a wheelchair user can use, on a step-free route, with a room a wheelchair can turn in, and a bar fixed on each side of the toilet. The toilet must be marked as accessible and recorded in the accessibility check record (ENV-FRM-001). Criterion 9.3 is Minimum in humanitarian settings, where one accessible toilet is the lowest acceptable level.

What if a washroom door has no key or override?
A washroom door must open from outside without a special key, and staff on every shift must hold a way to open each locked washroom. If the only way in is a key held by one person, the criterion is partly met and the facility must fix it. If the door can be opened only from inside with no override at all, criterion 9.4 fails outright.

How do we keep lighting working?
Each route, stairway and washroom must have working light, and no route may have a dark spot that hides a step or an edge. Failed lights are repaired within a time the facility sets, and each repair is recorded in the repair log. The surveyor walks the main routes at night and reviews the log for the last 6 months.

How must beds and chairs be set?
For a patient at risk of falls, a bed is set to its lowest safe height with the brakes on, and a chair is stable and at a height the patient can use. The setting is reviewed at admission and whenever the patient's condition changes. The surveyor checks twenty bed and chair settings on the wards and the falls risk assessments for the last 3 months.

Who checks walking aids and mobility equipment?
The registered nurse fits and sizes each aid for the patient. The head nurse or ward manager keeps the inventory and removes faulty items from use. The maintenance supervisor checks the equipment on schedule. Every check is recorded, and a faulty item is marked out of use until it is repaired.

What is a route walk, and how often is it done?
A route walk is a check of the patient routes and exits, made by a named member of staff, which records any blocked route or hazard and the time it was removed. Route walks are recorded at least monthly. The surveyor reads the record for the last 3 months and walks a sample of corridors and exits during the visit. A route or exit that is blocked during the walk is recorded and removed.

How often must handrail checks be recorded?
At least every six months, with each defect repaired and recorded. The check covers handrails on both sides of stairs and on every corridor used by unaided patients, tested by hand at several points. The surveyor walks each patient route and checks the maintenance log for the last six months.

How does the surveyor choose what to check?
Each criterion states its own sample, such as "twenty bed and chair checks on the wards" or "the accessible toilet, its route, and the accessibility check record for the last 3 months". The surveyor uses the sample given in the criterion. Preparing means keeping the records for the whole period, organised so that any item in the sample can be produced quickly.

How does this standard differ from Standard 3?
Standard 3 covers the premises, signage, accessibility and equipment of the facility as a whole. Standard 9 looks at the same spaces from the point of view of a patient moving through them: handrails, grab bars, washroom doors, lighting, beds and chairs, mobility aids and clear routes. The two standards share some spaces, and a record kept for one may be used for the other where it meets the same check. Each criterion is assessed on its own.

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, 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.

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.

Which training do staff need?
The e-learning table under each criterion shows who must take each course and who is recommended. Facilities and

maintenance staff take Environment & Shared Spaces for most criteria, nurses take Fall Prevention for criteria 9.1, 9.6 and 9.7, and the fire safety officer and the ward team take Emergency Preparedness and Fire Safety and Safety & Emergency Preparedness for criteria 9.4 and 9.8. Each course name opens its course page in the GMJ Academy. Where no GMJ Academy course exists, the hospital provides the training itself and records it in the staff file.

What will the surveyor see on the day?
The surveyor walks the patient routes, the washrooms, the accessible toilet and the exits, and checks handrails, grab bars, door openings, lighting and clutter as they are at that time. The surveyor then reviews the records for each criterion: the maintenance and repair logs, the accessibility check, the fire drill record, the bed and chair checks, the mobility equipment records and the route walks.

What if we do not have the written protocol yet?
A criterion cannot be met on the basis of an unwritten 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 (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 9.1, 9.2, 9.6, 9.7)
2. World Health Organization (2025). Falls: assessment and prevention in older people and in people 50 and over at higher risk. https://news.gmj.ge/guideline/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk/ (criterion 9.1, 9.6, 9.7)
3. Pan American Health Organization (2020). Water, Sanitation, and Hygiene Standards in Health Care Facilities. https://news.gmj.ge/guideline/water-sanitation-and-hygiene-standards-in-health-care-facilities/ (criterion 9.2, 9.3)
4. World Health Organization (2021). Hospital Safety Index: Guide for Evaluators, 2nd ed. https://news.gmj.ge/guideline/hospital-safety-index-guide-for-evaluators-2nd-ed/ (criterion 9.3, 9.5, 9.8)
5. Pan American Health Organization (2025). EVAC-H: Evacuation of hospitals and their critical areas. https://news.gmj.ge/guideline/evac-h-evacuation-of-hospitals-and-their-critical-areas/ (criterion 9.4, 9.8)
6. World Health Organization (2020). Hospital Emergency Response Checklist. https://news.gmj.ge/guideline/hospital-emergency-response-checklist/ (criterion 9.4)

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 9, 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
EMG-FRM-002	Fire drill record	Form (record)	To record each fire drill and its findings.	9.4
EMG-SOP-001	Fire safety and evacuation	Procedure (SOP)	To prevent fire, keep people safe if one starts, and make sure every patient, visitor and member of staff can leave the building quickly and safely. In a health-care building, many patients cannot move without help, so evacuation depends on staff who know the routes and have practised them.	9.4, 9.8
ENV-FRM-001	Accessibility check record (registration)	Form (record)	Records the height and approach checks for the accessible reception point, with date and person.	9.3
ENV-FRM-002	Cleanliness audit record	Form (record)	Records the monthly cleanliness audit of shared areas, using a test and a visual check.	9.8
ENV-SOP-001	Accessible reception and registration points	Procedure (SOP)	To make sure every person who uses a wheelchair can reach a registration point and speak to a receptionist at eye level, without having to ask for help to be seen.	9.3
ENV-SOP-002	Cleaning of shared clinical and waiting areas	Procedure (SOP)	To keep shared clinical and waiting areas clean through a documented schedule, and to check cleanliness by more than a visual check.	9.2, 9.8
FLD-PLN-002	Unit security and evacuation plan	Plan	To protect patients and staff from violence and the security situation, including evacuation of the unit.	9.4, 9.8