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

ASF Health Standards Version 11

Standard 32: Humanitarian and Emergency Operations

Applies to health services that run humanitarian and emergency operations

DOCUMENT NUMBER	ASF-HS11-S32
REVISION	01
DATE OF THIS REVISION	1 November 2026
STATUS	Approved for use.
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, President, Accréditation Sans Frontières
APPLIES TO SURVEYS STARTING AFTER	1 November 2026
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.

REVISION HISTORY

Revision	Date	Change	Approved by
01	1 November 2026	First version, from the Version 10 standard on humanitarian and emergency operations, renumbered as Standard 32. Approved.	Prof. Giorgi Pkhakadze, MD, MPH, PhD

APPROVAL

Approved on 1 November 2026. Approved for use in surveys.

APPROVED BY

Prof. Giorgi Pkhakadze, MD, MPH, PhD
President, Accréditation Sans Frontières **Date:** 1 November 2026

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

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1 Introduction

This document is Standard 32 of ASF Health Standards. It sets out how a health service running humanitarian and emergency operations assesses needs before services start, plans each deployment exit or handover, protects people from exploitation and abuse, plans for mass casualties, and manages staff security and wellbeing.

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 32 protects people affected by emergencies and the staff who serve them. A needs assessment before the start, a planned exit, protection from abuse, a tested mass-casualty plan and staff security keep services safe and connected to local care.

Who should read it. Chief executives, chief operating and strategy officers, medical directors, heads of emergency and departments, risk, quality and security managers, occupational health nurses, the secretary who keeps the registers, and the assessors who verify the service. 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 32 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 or work in a service that assesses and treats substance use, read section 4 to confirm that the standard applies to your service, then section 5 to find the rating for your setting. Read each criterion from 32.1 to 32.5, 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, and 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 **HUM-POL-002** (humanitarian, policy, 002). 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 prefix HUM marks humanitarian operations documents and HOS marks hospital and emergency documents. The codes identify documents only. The full list is in section 13.

4 Scope

Standard 32 covers humanitarian and emergency operations: needs assessment before services start, exit and handover, protection from exploitation and abuse, mass-casualty planning, and staff security and wellbeing.

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 32 APPLIES

Standard 32 applies to health services that run humanitarian and emergency operations, including deployments that hand over to the local health system. Hospital, ambulatory clinic, primary health clinic, long-term care, telemedicine, home care and dental clinic services apply it. It is not applicable to fitness and wellness, or aesthetic and procedure clinics. A criterion is marked N/A for a facility type that does not provide these services.

Criterion	Applies to
32.1 Needs Are Assessed Before Services Start	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
32.2 Every Deployment Has a Defined Exit or Handover	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
32.3 Protection and Do-No-Harm Apply to Every Activity	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
32.4 A Mass-Casualty Plan Is Written and Tested	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
32.5 Staff Security and Wellbeing Are Managed	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.

Rating	Colour	Meaning
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
HOS	Hospital and emergency documents
HUM	Humanitarian operations documents
ISCO	International Standard Classification of Occupations (ISCO-08), used to code each role
ISO	International Organization for Standardization
WHO	World Health Organization

DOCUMENT CODE PREFIXES

Prefix	Topic
HUM	Humanitarian and emergency operations
HOS	Hospital and emergency documents

7 Terms and definitions

Term	Definition
Deployment	A period of health service delivery in a humanitarian or emergency setting, with its own needs, staffing and exit plan.
Handover	The transfer of a health service to the local health system, agreed and recorded before the team leaves.
Triage	The sorting of patients by urgency of need, used first in a mass-casualty event.
Mass-casualty event	An event that produces more casualties than the normal response can treat, requiring a surge plan.

Term	Definition
Do-no-harm	An approach that ensures the service does not increase the risk or harm to the people it serves.
Psychosocial support	Emotional and social support offered to people, including staff, affected by emergencies.

8 Standard 32 at a glance: criteria, responsibilities, training

Standard 32: Humanitarian and Emergency Operations is a standard of ASF Health Standards for health services running humanitarian and emergency operations. It covers needs assessment before services start, exit and handover, protection from exploitation and abuse, mass-casualty planning, and staff security and wellbeing.

The standard has 5 criteria. Each is shown below and explained on its own page in section 9. Each criterion states its own rating for each setting, its evidence and its pass rule.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
32.1	Needs Are Assessed Before Services Start	Minimum	Must	Must
32.2	Every Deployment Has a Defined Exit or Handover	Minimum	Must	Must
32.3	Protection and Do-No-Harm Apply to Every Activity	Minimum	Must	Must
32.4	A Mass-Casualty Plan Is Written and Tested	Minimum	Medium	Must
32.5	Staff Security and Wellbeing Are Managed	Minimum	Must	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference.

No.	Criterion	Positions responsible or involved
32.1	Needs Are Assessed Before Services Start	**Nurse** (ISCO 2221) · **Manager** (ISCO 1342) · **Chief strategy and development officer** · **Head of department (per specialty)** · **Quality manager**
32.2	Every Deployment Has a Defined Exit or Handover	**Manager** (ISCO 1342) · **Secretary** (ISCO 3344) · **Chief strategy and development officer** · **Chief operating officer (COO)** · **Quality manager**
32.3	Protection and Do-No-Harm Apply to Every Activity	**Manager** (ISCO 1342) · **Risk manager** · **Quality manager** · **Occupational health nurse (staff)**
32.4	A Mass-Casualty Plan Is Written and Tested	**Manager** (ISCO 1342) · **Head of emergency department** · **Risk manager** · **Quality manager**
32.5	Staff Security and Wellbeing Are Managed	**Manager** (ISCO 1342) · **Secretary** (ISCO 3344) · **Security manager** · **Occupational health nurse (staff)** · **Chief human resources officer**

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

Role	Reports to	Supervises
Chief operating officer (COO)	Chief executive officer (CEO)	Facilities manager; Patient services manager; Hotel services manager; Transport operations manager; Medevac operations director; Fitness club manager; Security manager; Head of emergency department
Chief human resources officer	Chief executive officer (CEO)	HR manager; Recruitment officer; Training and education manager; Staff development officer; Occupational health and safety officer; Payroll officer
Chief strategy and development officer	Chief executive officer (CEO)	Strategy and planning officer; Research and development manager
Quality manager	Chief quality and safety officer	Quality assurance officer; Patient safety officer; Accreditation coordinator; Clinical audit officer; Infection prevention and control (IPC) lead; Complaints and patient experience officer
Risk manager	Chief quality and safety officer	None
Head of department (per specialty)	Medical director	Consultant physician (internal medicine); Resident physician / house officer
Head of emergency department	Medical director	Triage nurse; Emergency nurse
Occupational health nurse (staff)	HR manager	None
Security manager	Facilities manager	Security supervisor

8.3 E-LEARNING

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

8.4 RELATED COURSES IN THE GMJ ACADEMY

No related GMJ Academy courses are listed for this standard.

32.1 Needs Are Assessed Before Services Start

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

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

> **Criterion.** Before services start, the population's health needs, the security situation, access, and the capacity of the local health system are assessed and documented.

Rating rule. Minimum in humanitarian settings. Must in transition and standard settings: the needs assessment is always documented before services start.

GUIDANCE

Humanitarian teams that start services without knowing the health needs, the security situation and access often waste resources or put people at risk. The needs assessment is done and documented before the first service opens.

The assessment covers the health needs of the population and the capacity of the local health system, so that services fill real gaps and do not duplicate what exists. The record is kept on the needs and capacity assessment record (**HUM-FRM-001**).

> **Good practice.** Every deployment has a documented needs and capacity assessment dated before services start, covering health needs and local health system capacity.

> **Partial because.** Assessments are done for most deployments, but some do not cover local health system capacity, or are dated after the service opened.

WHAT GOOD LOOKS LIKE

- A needs and capacity assessment record (**HUM-FRM-001**) completed for each deployment.
- The assessment dated before the first service opens.
- Local health system capacity recorded in the assessment.
- Assessment reviewed at the set point in each deployment.

COMMON MISTAKES

- A camp opened on the basis of a visit lasting one day.
- Health needs recorded but local capacity not checked.
- The assessment kept in a personal file and not in the deployment record.
- Assessment dated after services started.

> **Why it matters.** Humanitarian teams that start services without knowing the health needs, the security situation and access often waste resources or put people at risk. An assessment before the start prevents that.

WHAT THE ASSESSOR CHECKS

Sample. Review the pre-deployment assessments for 5 recent deployments.

1 Each deployment has a needs assessment covering health needs and the capacity of the local health system.

Method. Check each assessment for the health needs and local capacity recorded.

Evidence to show. Needs and capacity assessment record (**HUM-FRM-001**).

Pass when. Every deployment assessment covers health needs and local capacity.

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

Immediate fail. A camp opened with no assessment of health needs and the nearest clinic unreachable. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HUM-FRM-001	Needs and capacity assessment record	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the needs and capacity assessment record	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Manager (ISCO 1342)	Checks the criterion at each review	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Chief strategy and development officer	Responsible for the needs assessment before each deployment	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Head of department (per specialty)	Supports the assessment of clinical needs	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Quality manager	Supports the review of the assessment	Refugee & Migrant Health — Endorsement Course (H-09) Essential

REFERENCES FOR THIS CRITERION

- WHO (2026). Emergency ready primary health care operational guide. https://news.gmj.ge/guideline/emergency-ready-primary-health-care-operational-guide/

32.2 Every Deployment Has a Defined Exit or Handover

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

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

> **Criterion.** Each deployment has a written plan for how it will end, either by handing over to the local health system or by a defined time limit. The handover is planned before the service starts.

Rating rule. Minimum in humanitarian settings. Must in transition and standard settings: a written exit plan exists before the service starts.

GUIDANCE

Humanitarian services are often meant to be temporary. Each deployment has a written plan for how it ends, either by handing over to the local health system or by a defined time limit, and the plan is agreed before the service starts.

The handover is agreed with the local health system and recorded with the date. Continuity of each handed-over service is tracked in the handover tracking register (**HUM-REG-001**) after the team leaves.

> **Good practice.** Each deployment has a written exit or handover plan, agreed with the local health system before the service starts, and continuity of each handed-over service is tracked.

> **Partial because.** Plans exist, but some handovers are not agreed with the local health system, or continuity after exit is not tracked.

WHAT GOOD LOOKS LIKE

- A deployment exit and handover policy (**HUM-POL-002**).
- A handover agreed with the local health system and recorded with its date.
- A handover tracking register (**HUM-REG-001**) for each handed-over service.
- Exit plan written before the first service opens.

COMMON MISTAKES

- A deployment ends with no handover and no one told.
- A handover agreed verbally and not recorded.
- Services stop on the date the funding ends, with no continuity tracked.
- The exit plan written after the team has already decided to leave.

> **Why it matters.** Humanitarian services are often meant to be temporary. Without a planned exit, the population is left without care when the team leaves. A written handover makes the end of the service safe.

WHAT THE ASSESSOR CHECKS

Sample. Review the exit plans and handover records for 5 deployments that have ended or are ending.

1 The handover is agreed with the local health system and recorded.

Method. Check each handover for the agreement and the date.

Evidence to show. Deployment exit and handover (**HUM-POL-002**).

Pass when. Every handover is agreed and recorded.

2 Service continuity after exit is tracked.

Method. Check the handover tracking register for the follow-up of each handed-over service.

Evidence to show. Handover tracking register (**HUM-REG-001**).

Pass when. Every handed-over service has continuity tracked.

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

Immediate fail. A deployment ended with no handover and the services stopped overnight. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HUM-POL-002	Deployment exit and handover	Chief executive (ISCO 1120)	Governing body members	Chief executive (ISCO 1120)
HUM-REG-001	Handover tracking register	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the deployment exit and handover policy	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Secretary (ISCO 3344)	Keeps the handover tracking register	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Chief strategy and development officer	Responsible for the exit and handover plan	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Chief operating officer (COO)	Supports the handover and its operational arrangements	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Quality manager	Supports the review of the handover	Refugee & Migrant Health — Endorsement Course (H-09) Essential

REFERENCES FOR THIS CRITERION

- In process of development. Will be available soon.

32.3 Protection and Do-No-Harm Apply to Every Activity

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

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

> **Criterion.** Staff and volunteers are trained in protection from sexual exploitation and abuse. Community engagement is in place. Safe referral pathways exist for people who disclose abuse or violence.

Rating rule. Minimum in humanitarian settings. Must in transition and standard settings: training and referral pathways are always in place.

GUIDANCE

In humanitarian settings, people who depend on aid are vulnerable to sexual exploitation and abuse by those who should protect them. Every staff member and volunteer is trained in protection from sexual exploitation and abuse, and the training is recorded.

Community engagement is in place for each activity and recorded. Safe referral pathways exist for people who disclose abuse or violence, following the protection and do-no-harm policy (**HUM-POL-003**).

> **Good practice.** Every staff member and volunteer is trained and recorded, every activity has recorded community engagement, and safe referral pathways are known and used.

> **Partial because.** Training is recorded for most staff, but some volunteers are not trained, or some activities have no community engagement recorded.

WHAT GOOD LOOKS LIKE

- A protection and do-no-harm policy (**HUM-POL-003**).
- Training recorded for every staff member and volunteer.
- Community engagement recorded for each activity.
- Referral pathways for disclosures known to all staff and volunteers.

COMMON MISTAKES

- Volunteers deployed before they have been trained.
- Community engagement held once and never recorded again.
- Disclosures handled informally with no referral.
- A reporting route that people in the community do not know.

> **Why it matters.** In humanitarian settings, people who depend on aid are vulnerable to sexual exploitation and abuse by those who should protect them. Training, reporting routes and a do-no-harm approach protect them.

WHAT THE ASSESSOR CHECKS

Sample. Review training records for 15 staff and volunteers, community engagement records, and referral pathway records for the last 12 months.

1 Staff and volunteers are trained in protection from sexual exploitation and abuse.

Method. Check the training record for each staff member and volunteer.

Evidence to show. Protection and do-no-harm (**HUM-POL-003**).

Pass when. Every staff member and volunteer has training recorded.

2 Community engagement is in place and recorded.

Method. Check each engagement record for the community involvement.

Evidence to show. Protection and do-no-harm (**HUM-POL-003**).

Pass when. Every activity has community engagement recorded.

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

Immediate fail. A volunteer engages in sexual exploitation of a beneficiary with no reporting route. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HUM-POL-003	Protection and do-no-harm	Chief executive (ISCO 1120)	Governing body members	Chief executive (ISCO 1120)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the protection and do-no-harm policy	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Manager (ISCO 1342)	Checks the criterion at each review	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Risk manager	Responsible for the protection and do-no-harm policy	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Quality manager	Supports the review of training and engagement records	Refugee & Migrant Health — Endorsement Course (H-09) Essential
Occupational health nurse (staff)	Supports staff who disclose abuse	Refugee & Migrant Health — Endorsement Course (H-09) Essential

REFERENCES FOR THIS CRITERION

- IASC Six Core Principles Relating to Sexual Exploitation and Abuse (Inter-Agency Standing Committee, 2019).
- Humanitarian Charter and Minimum Standards in Humanitarian Response (The Sphere Handbook) (Sphere Association, 2018).

32.4 A Mass-Casualty Plan Is Written and Tested

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, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic.

> **Criterion.** A surge and mass-casualty plan is written, covers triage and coordination with local authorities, and is tested on a defined schedule.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings.

GUIDANCE

A sudden mass casualty event in a humanitarian setting can overwhelm the team in minutes. A surge and mass-casualty plan is written before the event, covers triage and coordination with local authorities, and sets out the roles of the staff who will respond.

The plan is tested on a defined schedule through rehearsals, recorded on the rehearsal and drill record (**HOS-REG-004**). The plan itself is kept as the mass-casualty and utility failure plan (**HOS-PLN-001**).

> **Good practice.** A surge and mass-casualty plan is written, covers triage and coordination with local authorities, and is rehearsed on the set schedule with the results recorded.

> **Partial because.** The plan is written, but rehearsals are not on the set schedule, or the coordination with local authorities is not recorded.

WHAT GOOD LOOKS LIKE

- A mass-casualty and utility failure plan (**HOS-PLN-001**).
- A rehearsal and drill record (**HOS-REG-004**) for each exercise.
- Triage and coordination with local authorities included in the plan.
- Rehearsals on the set schedule, with actions recorded.

COMMON MISTAKES

- A plan that has never been rehearsed.
- Rehearsals held without staff roles being checked.
- Coordination with local authorities assumed rather than agreed.
- Plan not updated after a change of staff or site.

> **Why it matters.** A sudden mass casualty event in a humanitarian setting can overwhelm the team in minutes. A written plan, with triage and coordination with local services, and a tested drill, is what makes the response work.

WHAT THE ASSESSOR CHECKS

Sample. Review the mass-casualty plan and the rehearsal records for the last 12 months.

Pass. The criterion is met when the records sampled meet the criterion statement and the evidence listed is shown.

Immediate fail. A mass-casualty event occurs with no plan and no staff trained in triage. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HOS-PLN-001	Mass-casualty and utility failure plan	Chief executive (ISCO 1120)	Governing body members	Chief executive (ISCO 1120)
HOS-REG-004	Rehearsal and drill record	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	Emergency Preparedness and Fire Safety (T-10) Essential
Head of emergency department	Responsible for the mass-casualty plan and its rehearsals	Emergency Preparedness and Fire Safety (T-10) Essential
Risk manager	Supports the plan and its review	Emergency Preparedness and Fire Safety (T-10) Essential
Quality manager	Supports the review of rehearsals	Emergency Preparedness and Fire Safety (T-10) Essential

REFERENCES FOR THIS CRITERION

- WHO (2020). Hospital Emergency Response Checklist. https://news.gmj.ge/guideline/hospital-emergency-response-checklist/
- WHO (2020). Best Practice Guidelines on Emergency Surgical Care in Disaster Situations. https://news.gmj.ge/guideline/best-practice-guidelines-on-emergency-surgical-care-in-disaster-situations/

32.5 Staff Security and Wellbeing Are Managed

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

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

> **Criterion.** Staff have a security plan, rotation schedule and access to psychosocial support. Incidents affecting staff are recorded and reviewed.

Rating rule. Minimum in humanitarian settings. Must in transition and standard settings: each deployment has a security plan before it starts.

GUIDANCE

Staff working in emergencies face danger, stress and exhaustion. Each deployment has a staff security plan dated before it starts, and staff rotation is scheduled and kept.

Staff have access to psychosocial support. Each incident affecting staff is recorded in the staff incident register (**HUM-REG-002**) and reviewed, and the review leads to a change where one is needed.

> **Good practice.** Every deployment has a dated security plan, rotation is scheduled and kept, staff have access to psychosocial support, and every incident is recorded and reviewed.

> **Partial because.** Security plans exist, but rotation is not kept to the schedule for some staff, or some incidents are not reviewed.

WHAT GOOD LOOKS LIKE

- A staff security, rotation and psychosocial support policy (**HUM-POL-004**).
- A rotation schedule checked against the actual rotations.
- A staff incident register (**HUM-REG-002**) with each incident reviewed.
- Psychosocial support available to every member of staff.

COMMON MISTAKES

- A security plan written after the team arrives.
- Rotation schedules that are never checked against what happened.
- Incidents reported informally and not recorded.
- No support offered after a serious incident.

> **Why it matters.** Staff working in emergencies face danger, stress and exhaustion. A security plan, rotation and psychosocial support keep them safe enough to keep working, and keep the service running.

WHAT THE ASSESSOR CHECKS

Sample. Review staff security plans, rotation schedules and incident records for the last 12 months.

1 Each deployment has a staff security plan.

Method. Check each deployment for the security plan dated before the start.

Evidence to show. Staff security, rotation and psychosocial support (**HUM-POL-004**).

Pass when. Every deployment has a security plan.

2 Staff rotation is scheduled and kept.

Method. Check the rotation schedule against the actual rotations.

Evidence to show. Staff security, rotation and psychosocial support (**HUM-POL-004**).

Pass when. Rotation is scheduled and kept for every sampled staff member.

3 Each incident affecting staff is recorded and reviewed.

Method. Check the incident register for each entry and its review.

Evidence to show. Staff incident register (**HUM-REG-002**).

Pass when. Every incident is recorded and reviewed.

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

Immediate fail. A staff member attacked on the route with no security plan and no follow-up support. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HUM-POL-004	Staff security, rotation and psychosocial support	Chief executive (ISCO 1120)	Governing body members	Chief executive (ISCO 1120)
HUM-REG-002	Staff incident register	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the staff security, rotation and psychosocial support policy	Emergency Preparedness and Fire Safety (T-10) Essential
Secretary (ISCO 3344)	Keeps the staff incident register	Emergency Preparedness and Fire Safety (T-10) Essential
Security manager	Responsible for the staff security plan	Emergency Preparedness and Fire Safety (T-10) Essential
Occupational health nurse (staff)	Supports staff psychosocial support and wellbeing	Emergency Preparedness and Fire Safety (T-10) Essential
Chief human resources officer	Supports the rotation schedule and staff support	Emergency Preparedness and Fire Safety (T-10) Essential

REFERENCES FOR THIS CRITERION

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

- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705

10 Questions and answers

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

Who does Standard 32 apply to?
Organisations that run health services in humanitarian and emergency operations, including deployments that hand over to the local health system.

What do the colours mean for this standard?
Red (Must) is required. Yellow (Medium) is recommended. Green (Minimum) is the lowest acceptable level in humanitarian settings. Standard setting is Must on every criterion.

Does a service start before needs are assessed?
No. Under 32.1 the health needs, security situation, access and local health system capacity are assessed and documented before services start.

Does every deployment need an exit plan?
Yes. Under 32.2 each deployment has a written exit or handover plan, and the handover is planned before the service starts.

How is protection from abuse handled?
Under 32.3 staff and volunteers are trained in protection from sexual exploitation and abuse, and safe referral pathways exist for people who disclose abuse or violence.

Is there a plan for mass casualties?
Under 32.4 a surge and mass-casualty plan is written, covers triage and coordination with local authorities, and is tested on a defined schedule.

How are staff security and wellbeing protected?
Under 32.5 staff have a security plan, a rotation schedule and access to psychosocial support, and incidents affecting staff are recorded and reviewed.

11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Refugee & Migrant Health — Endorsement Course (H-09)	Manager; Nurse	None	32.1, 32.2, 32.3	GMJ Academy, course code H-09
Emergency Preparedness and Fire Safety (T-10)	Manager; Nurse	None	32.4, 32.5	GMJ Academy, course code T-10

12 References

CITED FOR CRITERIA

1. WHO (2026). Emergency ready primary health care operational guide. https://news.gmj.ge/guideline/emergency-ready-primary-health-care-operational-guide/ (criterion 32.1)
2. In process of development. Will be available soon. (criterion 32.2)
3. IASC Six Core Principles Relating to Sexual Exploitation and Abuse (Inter-Agency Standing Committee, 2019). (criterion 32.3)
4. Humanitarian Charter and Minimum Standards in Humanitarian Response (The Sphere Handbook) (Sphere Association, 2018). (criterion 32.3)
5. WHO (2020). Hospital Emergency Response Checklist. https://news.gmj.ge/guideline/hospital-emergency-response-checklist/ (criterion 32.4)
6. WHO (2020). Best Practice Guidelines on Emergency Surgical Care in Disaster Situations. https://news.gmj.ge/guideline/best-practice-guidelines-on-emergency-surgical-care-in-disaster-situations/ (criterion 32.4)
7. WHO (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/ (criterion 32.5)
8. World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 (criterion 32.5)

13 Document register

Every document code used in Standard 32, 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
HUM-FRM-001	Needs and capacity assessment record	Form (record)	To record the health needs and local health system capacity assessed before each deployment.	32.1
HUM-POL-002	Deployment exit and handover	Policy	To set how each deployment ends, by handover to the local health system or by a defined time limit.	32.2
HUM-REG-001	Handover tracking register	Register	To record each handover and the tracking of continuity after the team leaves.	32.2
HUM-POL-003	Protection and do-no-harm	Policy	To set training in protection from sexual exploitation and abuse, community engagement and safe referral pathways.	32.3
HOS-PLN-001	Mass-casualty and utility failure plan	Plan	To set the surge and mass-casualty response, with triage and coordination with local authorities.	32.4
HOS-REG-004	Rehearsal and drill record	Register	To record each rehearsal of the mass-casualty plan against its schedule.	32.4
HUM-POL-004	Staff security, rotation and psychosocial support	Policy	To set the staff security plan, the rotation schedule and access to psychosocial support.	32.5
HUM-REG-002	Staff incident register	Register	To record each incident affecting staff and its review.	32.5