QHP301

DOCUMENT CONTROL

POLICY AND PROCEDURE

CONTENTS

1. POLICY INTRODUCTION

The purpose of Document Control is to ensure that documents from the Quality, Health and Safety, and Environmental Management System, which is collectively referred to as Integrated Management System (IMS), are continuously reviewed, updated, and available for use in their current version only. In addition, document control ensures that obsolete documents are unavailable for use and are archived properly.

This policy includes the procedure describing the process and the framework for controlling the documents required for the IMS at National Ambulance.

2. SCOPE

This policy applies to all National Ambulance sites and locations of operation (where applicable) and applies to all National Ambulance staff. This policy is integrated with the QHSE and BC Management System Manual. All controlled documents must follow this policy and procedure and are tracked using QHF301 Master List of Controlled Documents.

3. ROLES AND RESPONSIBILITIES

1. CHIEF ADMINISTRATION OFFICER

- Review and audit the use of controlled documents and compliance with current controls
- Review the overall status of controlled documents
- Provide recommendation if necessary

2. QHSE DEPARTMENT

- Ensure all document controls are in place and maintained
- Ensure all controlled documents are available to the appropriate staff when they are required
- Ensure appropriate communication on changes to Controlled Documents to the relevant staff is provided
- Ensure appropriate training is provided on the use of controlled documents
- Ensure all obsolete documents are unavailable for use and are archived properly
- Ensure due to review controlled documents are communicated to document owners
- Ensure controlled documents have a current version
- Sign and approve the document review form
- Provide recommendation if necessary

3. CONTROLLED DOCUMENT OWNERS

- Ensure their relevant documents within the organization are controlled
- Ensure their controlled documents are reviewed on time and are up to date
- Ensure their controlled documents are compliant with current legislative, regulatory, and applicable standard requirements
- Ensure any changes to their controlled documents have considered key stakeholders input
- Ensure any changes to their controlled documents are appropriately communicated and understood by the relevant staff.

4. CONTROLLED DOCUMENT STAKEHOLDERS / POLICY REVIEW COMMITTEE

- Provide timely feedback/improvements on any proposed changes to controlled documents

5. ALL EMPLOYEES

- Be familiar with and use controlled documents, including where to find a document, creation of new controlled documents and improvements to existing documents

4. DOCUMENT CONTROL

4.1. KEY REQUIREMENTS

- All documents that define, direct and control activities that affect the QHSE Management System shall be controlled.
- Controlled means that the authorization, publication, distribution and amendment process of these documents are managed to ensure staff/service providers have access to the most current information.
- Document development is also controlled and documents follow a structured approval and change process prior to release;
- Documents are periodically reviewed and updated as detailed in 4.2. Review Period of Controlled Documents
- Released Controlled Documents, in electronic form, are available on the National Ambulance's eLibrary or offsite through the NA Website Portal or in some cases the Controlled Documents USB Key.
- The released controlled document is always locked from editing and where possible saved as a searchable file that can be indexed for key word searching.
- Access to documents is controlled; and authority to delete any document from the elibrary or the NA Website Portal is held with the Department Manager and CAO and must also go through the approval process.
- Where controlled documents, except policies and forms, are considered confidential, then they are listed in the controlled document register and e-library but will not be available through normal sources. They can be accessed directly from the relevant document owner or their delegate. Policies and forms can't be confidential to ensure all required staff have access and that these documents are adhered to and can be checked against for compliance
- Obsolete documents are removed from the system to prevent their un-intended use and placed in the QHSE Archived Documents folder or if it is a confidential document,
- CGF142 LMS Submission Form should be filled and submitted to Clinical Education for LMS training programs associated with controlled documents.

4.2. REVIEW PERIOD OF CONTROLLED DOCUMENTS

Documents are periodically reviewed and updated as necessary to reflect changing circumstances such as legislative requirements, standard and accreditation requirements, continual improvement, changed business, or operational requirements. The review period of all controlled documents, except business continuity documents, is at least once every 3 years or when required. Business Continuity documents review period is at least once every year or when required.

4.3. APPROVAL OF CONTROLLED DOCUMENTS

A controlled document that has completed the document review process and was approved by the Policy Review Committee is considered an approved controlled document. The evidence of approval is contained in the authorizations within the document review process. The signatories needed varies depending if the controlled document is new, updated with no changes/minor changes, or updated with major changes.

1- New controlled documents: All signatories listed in the QHF104 Document Review Form have to sign the hard copy Document Review Form.
2- Updated controlled document with no changes/minor changes: All signatories listed in the QHF104 Document Review Form have to sign except for executives. The only executive that has to sign is the executive in which the updated document sits under.
3- Updated controlled document with major changes: All signatories listed in the QHF104 Document Review Form have to sign the hard copy Document Review Form.
4- All position description will not go through policy review committee approval

Once approvals are sought internally for new and updated Policies and Procedures, the CEO decides if the chairman's signature is needed on the Document Review Form.

4.4. DOCUMENT CODING AND NAMING

The controlled document name, dates, code of the document, and version will be visible on the cover page of the document and in the footer of the document on as nearly as every page as possible.

The first two letters of the code will correspond to the department the document belongs to. These codes are listed in the table below:

CO	Corporate
OP	Operations
HR	Human Resources and Recruitment
FI	Finance
PU	Fleet and Supply Chain
IT	Information Technology
QH	QHSE and BC
CG	Clinical Services

The third Letter helps to distinguish if the document is a Form or a Policy with any corresponding Procedures.

P	Policy and Procedure This code also includes position descriptions, manuals, terms of reference, and guidelines
F	This code comprises Forms, Templates or Registers
W	This code focuses on mappings of Process/Procedures
GG	Graphics

Following the three letters a unique code will be generated starting at 101 counting upwards. Certain departments will have sub categories that will generate numbers depending on the category (example 101,201,301).

Once the approved document is termed a 'Version' and its number is defined for the document beginning with 1.0, if there was a major change or update to the document or complete rewrite the next version will be always a whole number (e.g. 1.0 to 2.0), where if the change to the document was minor the next version will be always a decimal (e.g. 1.1 to 1.2).

4.5. Policy and Procedure Content and Layout

The 'QHP101 Policy and Procedure Template' is provided as a basis for the structure of any new Policy and Procedure. When an existing Policy and Procedure is reviewed, it will also be reviewed against QHP101 to ensure it captures any changes or improvements that have been created since the last Policy and Procedure review.

Procedures or processes that relate directly to that policy are included at the back of that policy to show the linkage/correlation of policy and procedure. The QHP101 Policy and Procedure Template has a Key Process section in which key processes are mapped. If a process map has a separate code, it will be included at the back of that policy..

Although a workflow does not need to be controlled since it is considered the steps required for a particular task, some level of control is also required. All documented workflows (either by steps or mapping) must be stored within a common Team/Department "Workflow Directory" and available to all members within that Team/Department. A register of those workflows must also be maintained within that Directory.

4.6. External Documents

If an externally generated document needs to be controlled (e.g. consultant report etc.) then a controlled number will be allocated and provided on the cover or footer where appropriate. They may need to keep their original formatting. They will still need to follow the same controlled document review process.

4.7. Contractual Documents

A Contracts Register is held in the CFO's Office and is maintained directly by the CFO.

The contractual correspondence register is maintained by the Insurance & External Communication Manager as a part of his overall correspondence register.

This Contractual Correspondence Register is split into inward and outward correspondence under at least the sub categories of:

- Tender Correspondence;
- Contract General Correspondence,
- Contract Performance Management Correspondence; or
- Contract Change Proposal.

4.8. Executive Correspondence Register

An Executive Correspondence Register is also held by the Insurance & External Communication Manager and is shared with the CEOs office. The register is divided into 'Incoming and Outgoing' mail and captures critical communications between National Ambulance and its Stakeholders.
Any critical emails that fall under this Category are also included in this register.

4.9. Position Descriptions

These documents are controlled within the controlled document process but are managed and owned by the Manager of HR and authorized by the Chief Administrative Officer or his/her delegate.

5. PROCEDURES

5.1. Creation/Updating/Archiving controlled Documents

5.1.1. Creation of new Controlled Documents

The creation of a new controlled document can be initiated by following the below procedure:

1) Get approval to propose a new controlled document from the Head of Department.
2) Use the existing templates found in the e-library e.g. QHF101 Policy and Procedure Template, COP406 Committee/Working Group Terms of Reference Template.. etc and make sure all required parts are filled.
3) Create a soft copy example of the controlled document you wish to create.
4) Check with Head of Department for approval and ensure the document is suitable for submission to Policy Review Committee. Once Approved;
5) Email QHSE to reserve a control number (code) for the Document.
6) Fill out a QHF104 Document Review form and obtain the Head of Department signature.
7) Submit the signed hard copy QHF104 Document Review Form and a soft copy of the document to the Policy Review Committee Coordinator and follow the procedures detailed in COP423 Policy Review Committee Terms of Reference.

5.1.2. Updating / Improving Existing Controlled Documents

The update of a controlled document can be done by following the below procedure:

1) Get the approval for proposing changing, improving, and developing an existing controlled document from Head of Department or from the Document Owner supported with the purpose and the need of this change.
2) Obtain the latest version of the controlled document from e-library or the Web Portal. If you need an editable version of the controlled document, send a request to QHSE Department.
3) Track the changes you are making on the document (where this is possible). This may be done with Microsoft Word track changes or by drawing or highlighting where the changes are. Colours for the tracked changes are green for additions and red for deletions.
4) Check with Head of Department or Document Owner to ensure that the changes to the controlled document are suitable.
5) Fill out a QHF104 Document Review form and obtain the Head of Department / Document Owner signature
8) Submit the signed hard copy QHF104 Document Review form, and a soft copy (tracked) of the document to Policy Review Committee Coordinator and follow the procedures detailed in COP423 Policy Review Committee Terms of Reference.

5.1.3. Archiving Controlled Document

Archiving of obsolete documents can be done by following the procedure below:

1) Get the approval for archiving obsolete document from your Head of Department or Document Owner supported with reasons of archiving.
2) Fill out a QHF104 Document Review form and attach a hard copy of the controlled document. Obtain the signature of Head of Department/ Document Owner .
3) Submit the documents to Policy Review Committee Coordinator and follow the procedures detailed in COP423 Policy Review Committee Terms of Reference.

5.2. QHSE Procedures for Controlled Documents

5.2.1. Receive a request for reserving a controlled number for new documents

1. Receive a request from the Document Owner, Originator, or from the Head of Department
2. Go to COF301 Master list Control Document. Fill out the information and select reserved from the "Active/
3. Archived/ Reserved" column. Double check the reserved number in the elibrary and QHF304 Document Review Register to avoid duplication.
4. Choose the controlled number according to the department and type of document. Refer to 4.4 Document Coding and Naming.
5. Email the reserved controlled number to the requestor.

5.2.2. Receive controlled document for updating in the system

5.2.2.1. Receive the document Review from the Policy Review Committee

1. Receive the signed hard copy of the QHF104 Document Review Form with the of the new/ updated document from the Policy Review Committee Coordinator.
2. Ensure that all relevant signatories have signed on the Document Review Form including the Originator, Head Of Department, and Policy Review Committee Chairman.
3. Ensure that the updated documents are based on the latest version available in the elibrary.
4. Ensure that the changes detailed in the QHF104 Document Review Form matches the received document
5. Ensure that the received soft copy and hard copy are the same.
6. Submit the hard copy and soft copy of the document and Document Review Form to the QHSE & BC Manager for approval. Once approved;
7. Submit the hard copy of the document and QHF104 Document Review Form to the Executive Secretary for Executive/s signature.

5.2.2.2. Receive the document Review Form from the Executive Coordinator

1. Receive the signed/ unsigned hard copy of the QHF104 Document Review Form and the document from the Executive Coordinator. If there is a comment from an executive or an action is required, return the document to the Policy Review Committee Coordinator and resubmit again to executive/s for signature. Otherwise;
2. Check all the relevant signatures in the QHF104 Document Review Form.
3. Prepare all the necessary documents before document uploading e.g. soft copy of the document.
4. Edit the document if needed e.g. version, date.. etc.
5. Upload the document to the system in accordance with 5.2.2.3 Update Controlled Document to The System.

5.2.2.3. Upload controlled document to the system

Follow the procedure and complete the checklist detailed at the back of QHF104 Document Review Form under "Finalization" section.

5.3. Filling up the document review form

1. **Originator:** Write the name of the staff or delegate that created/updated/archived the document.

2. **Date:** write the date of submitting the Document Review Form to the Policy Review Committee Coordinator
3. **Document Title:** Write the name of the document that will be created/updated/archived. If the name of the document changed, write the new document name instead of the old name.
4. **Current Doc Number:** Write the number of the existing controlled document. If the document submitted is a new document request, request a controlled number from QHSE.
5. **Head Department:** Signature of Head of Department or / and Document Owner.
6. **Next Version:** Write the version coming after the current version (the current version can be found in the e library or document footer). If it's a new document, write version 1.0.
7. **Summary of changes made to existing document (if any) and reason:** Write all the changes done to the document. These changes should match the tracked changes and the "changes brief" section in the Policy. If the document is new, write new document.
8. **List of related controlled documents impacted by this change:** Write any controlled documents that will be impacted by the created/updated/archived document.
9. **List of the Key stakeholder:** List down the individuals or departments that will be impacted by the change/creation of the document. The listed Key Stakeholders will receive an email about the changes and the document going live.
10. **How changes to be communicated to those stakeholder:** Choose the way of communicating changes/ document going live to Key Stakeholders.
11. **What words should be used to explain the changes in the QHSE email to stakeholders and /or RIB:** Write down any additional information you'd like to be included in the email that will be sent by QHSE to the Key Stakeholders
12. **Signatories:** Signature of all relevant / required signatories.
13. **Finalization**: QHSE to complete the checklist when uploading the document to the system (elibrary and website).
14. **Chairman/Board Member signature**: Signature of the Chairman if requested by the CEO.

6. RELEVANT LEGISLATION / STANDARD

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
ISO9001;2015, ISO14001:2015, ISO45001:2018	International
AE/SCNS/NCEMA 7000:2015	NCEMA Business Continuity Management Standard Specification

7. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form
QHF104 Document Review Form
COP423 Policy Review Committee Terms of Reference
QHF301 Master List of Controlled Documents
QHF304 Document Review Register
QHF101 Policy and Procedure Template
CGF142 LMS Submission Form
COP401 Information Management Policy

8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

9. DOCUMENT CONTROL AND ONWERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- QHSE & Business Continuity Manager

Change Brief

Version No.	Date	Changes
1	10-June-13	Incorporation of Policy Implementation & communication Plan
2	15-July-13	Deletion of Policy Implementation & communication Plan & emerged it into the document review form
3	24-December-13	Addition of " Clinical Guidelines"
4	28-June-14	Removal of Clinical Guideline – Addition of LMS Submission Sheet brief – Major and Minor document version number change
5	October 2016	Updating Controlled Document Codes.
6	Aug 2017	Adding the Document Owners and Document Stakeholders in the roles and responsibilities section, greater clarity provided on the document codes, changed ownership of correspondence registers to external communications and translation officer.
7	February 2021	Removal of DPE, changes in roles and responsibilities, changes in key requirements, addition of section 4.2 and 4.3, change of Insurance & External Communication Officer to Insurance & External Communication Manager, major changes in procedures Changes in the QHF104 Document Review Form reflecting the changes from the policy

CEO Approval

Board Member Verification