

PMP301

DOCUMENT CONTROL POLICY AND PROCEDURE

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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), and Business Continuity Management system (BCM) 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 and BCMS 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 'Master List of Controlled Documents'.

3. ROLES AND RESPONSIBILITIES

1. Portfolio Monitoring Office Director

- Review and audit the use of controlled documents and compliance with current controls
- Review the overall status of controlled documents
- Review the content of controlled documents and provide recommendations

2. PMO Team

- Ensure all document controls are in place and maintained
- Ensure all controlled documents are available to the appropriate staff when 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
- Review the content of controlled documents and provide recommendations

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

- 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 and BC Management System shall be controlled.
- Controlled documents 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 archive any document from the elibrary or the NA Website Portal is held with the PMO Director and Sector Director/ Department Manager.
- 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 PMO Archived Documents folder.
- CGF142 LMS Submission Form should be filled and submitted to EMS Education & Research 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 is at least once every 2 years or more frequently as required.

4.3. APPROVAL OF CONTROLLED DOCUMENTS

A controlled document that has completed the document review process is considered an approved controlled document. The evidence of approval is contained in the authorizations within the document review process. The signatories needed are as follows:

- Document Owner
- Relevant Sector Director
- PMO Director

Controlled documents that require to be signed by specific positions, including the CEO and chairman, are stipulated in the Delegation of Authority Matrix.

4.3.1. CODING OF MANAGEMENT DOCUMENTED INFORMATION

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:

AA	Department/Sector Name	Department/Sector Type
OP	Ambulance Services Operations	Sector
PM	Portfolio Monitoring Office	Sector
BG	Business Sustainability and Growth	Sector
CG	Clinical Governance and Audit	

CE	EMS Education and Research	Department (under Clinical and Medical Management Sector)
HR	Human Resources	Department (under Business Support Services Sector)
FI	Finance & Accounting	
PU	Supply Chain	
IT	Information Technology	

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

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 or a new document 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). Maximum of 9 minor revisions shall be allowed and then it will become a major revision.

4.4. POLICY AND PROCEDURE CONTENT AND LAYOUT

The 'Policies and Procedures Manual 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 'Policies and Procedures Manual Template' 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 in the template to show the linkage/correlation of policy and procedure.

Workflows relating to procedures are documented in the 'Policies and Procedures Manual Template'.

4.5. 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.

4.6. POSITION DESCRIPTIONS

These documents are controlled within the controlled document process but are managed and owned by the Head of Human Resources and authorized by the Business Support Services Director and CEO.

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/Department Manager.
- 2) Use the existing templates found in the e-library 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/Department Manager for approval and ensure the document is suitable. Once Approved;
- 5) Email PMO to reserve a control number (code) for the Document.

- 6) Fill out a 'Document Review Form' and obtain the Head of Department/Department Manager and Sector Director's signature.
- 7) Share the controlled document with stakeholders for their review and obtain the signature of relevant Sector Director and Head of Department/Department Manager
- 8) Provide a soft copy of the controlled document and the signed document review form to PMO

5.1.2. UPDATING / IMPROVING EXISTING CONTROLLED DOCUMENTS

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

- 1) The need for proposing changing, improving, and developing an existing controlled document is raised to the Document Owner.
- 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 PMO.
- 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 Document Owner to ensure that the changes to the controlled document are suitable. Once approved;
- 5) Fill out a 'Document Review Form' and obtain the Document Owner and Sector Director's signature.
- 6) Share the controlled document with stakeholders for their review and implement requested changes
- 7) Provide a soft copy of the controlled document and the signed document review form to PMO

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 the Document Owner supported with reasons of archiving.
- 2) Fill out a 'Document Review Form' and obtain the Document Owner and Sector Director's signature.
- 3) Share the controlled document with stakeholders for their review
- 4) Provide a soft copy of the controlled document and the signed document review form to PMO

5.2. PMO 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
- 2) Go to 'Master list of Control Documents'. Fill out the information and select reserved from the "Active/ Archived/ Reserved" column. Double check the reserved number in the elibrary and 'Document Review Register' to avoid duplication.
- 3) Choose the controlled number according to the sector/department and type of document. Refer to 4.3 Document Coding and Naming.
- 4) 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 DOCUMENT OWNER

- 1) Receive the signed hard copy of the 'Document Review Form' with the of the new/ updated document from the Document Owner.
- 2) Provide the controlled document to the Portfolio Monitoring Office Director for review. Once approved;
- 3) Ensure that all relevant signatories have signed on the 'Document Review Form'
- 4) Ensure that the updated documents are based on the latest version available in the elibrary.
- 5) Ensure that the changes detailed in the 'Document Review Form' matches the received document
- 6) Ensure that the received soft copy and hard copy are the same.
- 7) Determine if there is a need to obtain the CEO and Chairman's signature on the 'Document Review Form' based on the Delegation of Authority Matrix. If signature is needed, submit a hard copy of the controlled document and 'Document Review Form' to the Executive Coordinator for relevant signatures.

5.2.2.2. RECEIVE THE DOCUMENT REVIEW FORM FROM THE EXECUTIVE COORDINATOR

- 1) Receive the signed/ unsigned hard copy of the '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 document owner and resubmit again to executive for signature. Otherwise, if approved;
- 2) Check all the relevant signatures in the '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 Upload Controlled Document to The System.

5.2.2.3. UPLOAD CONTROLLED DOCUMENT TO THE SYSTEM

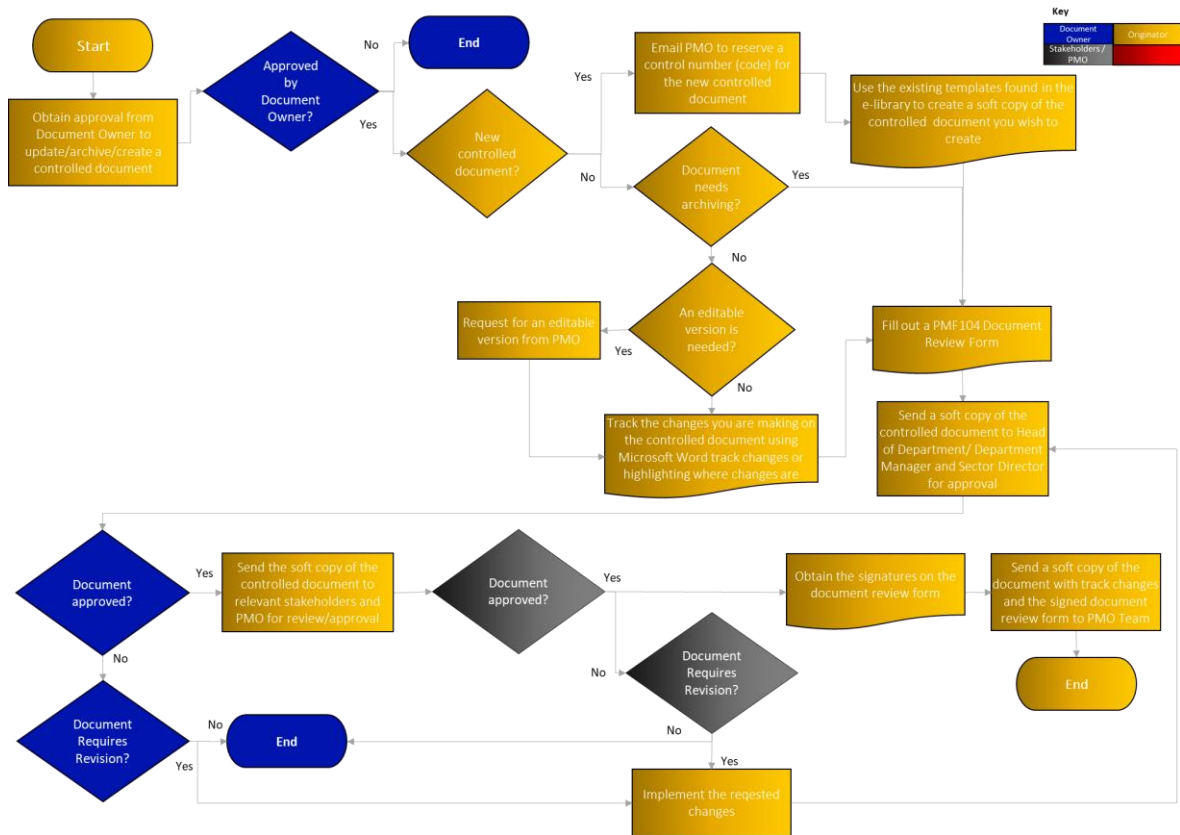
Follow the procedure and complete the checklist detailed at the back of 'Document Review Form' under "Finalization" section.

5.3. FILLING UP THE DOCUMENT REVIEW FORM

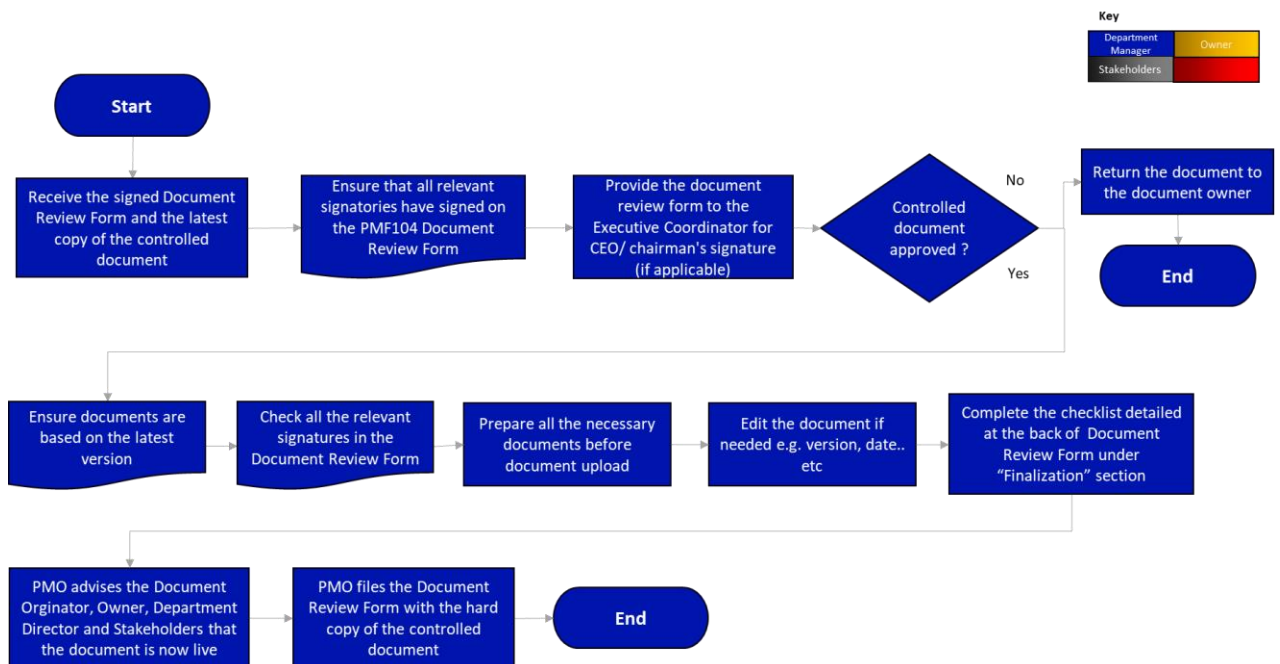
1. **Originator:** Write the name of the staff or delegate that created/updated/archived the document.
2. **Date:** write the date of submitting the Document Review Form to PMO
3. **Document Title:** Write the name of the document that will be created/updated/archived. If the name of the document changed, 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 PMO.
5. **Document Type:** Select whether it's a policy, form..etc.
6. **Project Reference Number:** Write the project reference number if the controlled document falls under projects (Operations)
7. **Head of Department / Department Manager:** Write the name of Head of Department / Department Manager
8. **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.
9. **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.
10. **List of related controlled documents impacted by this change:** Write any controlled documents that will be impacted by the created/updated/archived document.
11. **List of the key stakeholder:** List down the individuals or sectors/ 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.
12. **Channel of communication:** Choose the way of communicating changes/ document going live to Key Stakeholders.
13. **Signatories:** Signature of all relevant / required signatories.
14. **Finalization:** PMO to complete the checklist when uploading the document to the system (elibrary and website).
15. **Chairman/Board Member signature:** Signature of the Chairman as required in the Delegation of Authority Matrix.

6. KEY PROCESSES

6.1. UPDATING / CREATING / ARCHIVING CONTROLLED DOCUMENTS (FOR ORIGINATOR) FLOWCHART



6.2. UPDATING / CREATING CONTROLLED DOCUMENTS (FOR PMO) FLOWCHART



7. 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 7000:2021	NCEMA Business Continuity Management Standard Specification

8. RELATED POLICIES AND FORMS

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

Policy & Procedure /Form
'Document Review Form'
'Policy Review Committee Terms of Reference'
'Master List of Controlled Documents'
'Document Review Register'
'Policy and Procedure Template'
'LMS Submission Form'
'Information Management Policy'

9. FEEDBACK

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

10. DOCUMENT CONTROL AND OWNERSHIP

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:

- Portfolio Monitoring Office Director

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

7.1	November 2022	Reflect the new organizational structure in roles and responsibilities and document coding and naming Change the frequency of reviewing controlled documents to once every 2 years Change the 5. Procedures to reflect archiving the Policy Review Committee and the new approval hierarchy Addition of Controlled Documents Review Flow Chart
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