

الإسعاف National
الوطني Ambulance

2020

Audit and Inspection Preparation Guide

Audit and Inspection Preparation Guide
January 2020

Restricted Document محفوظة في

QHP106
Version 4



Intent of this guide

This Book is a resource for staff facing internal and external audits and inspections from QHSE and other groups. More importantly it provides guidance for audits from Joint Commission International (JCI) and the International Organization for Standardization (ISO).

This guide is updated annually to reflect periodic changes of requirements that have occurred.

We expect all staff to be familiar with the contents of this guide and review it each year in preparation for upcoming audits/inspections.

As this book is an overview, additional reading such as policies, procedures, clinical guidelines, ISO standards, JCI standards etc. can be accessed via :

HEAD OFFICE

- Internal Reference Library
- e-library Folder
- Company Web Portal
(www.nationalambulance.ae <Controlled Documents >)
- Head Office Notice Board

EXTERNALLY

- Distributed via USB Keys to certain locations
- Learning Management System (training.nationalambulance.ae)
- Upon request to qhse@nationalambulance.ae
- Site Notice Board

It is the responsibility of all staff to be fully prepared for audits & inspections



Who is responsible for QHSE

“ We are all responsible “

Why Audits and Inspection

National Ambulance conduct regular audits, reviews and investigations of the current operations, contracts and clinical care.

This aims to:

- Find ways to improve processes, programs, functions and clinical outcomes;
- Provide information that supports effective decision making;
- Identify real or potential misuse of National Ambulance resources; and,
- Educate, reward, and improve clinical care.

Internal Audits and Inspections

Internal Audits and inspections are regularly conducted by QHSE or a member of the leadership group.

They aim to identify improvement, assist, coach, teach and help make things better.

It is always better to identify and fix any problems with an internal audit/investigation than an external audit / investigation.

The internal auditor is often seen as your best friend.

Station / General Safety

* 52. Station cleaning record is maintained with one clean recorded in the past week?

Yes
 No
 Not applicable
 CANCEL THE AUDIT
 Other (please specify)

53. The lighting level

Yes
 No
 Not Applicable

* 54. There is visible clutter

Yes
 No
 CANCEL THE AUC
 Other (please specify)

* 55. All electrical cables (cords, phones etc)

Yes
 No
 CANCEL THE AUC
 Other (please specify)

Stores Area Audit Page

27. Is the storeroom arranged correctly? (refer description below)

- Yes - No change required
 Yes - but after I made some changes
 No
 Not applicable
 CANCEL THE AUC***

Infection Control

* 28. Is one foot kept clean at all times?

- Yes
 No
 Not applicable
 CANCEL THE AUC

* 29. Is there visible pest control

- Yes - No visible pests
 Partially - No visible pests
 No - Visible pest areas
 No - Visible pest areas
 CANCEL THE AUC

Pest control is important as
1) pests spread bacteria and
2) can also break protective equipment

Healthy Hands Start Here

* 44. Does the bathroom have a hand wash facility?

- Yes
 No
 No bathroom this k
 CANCEL THE AUC
 Other (please specify)

Site QHSE Noticeboard

QHSE Noticeboard

Whenever there is a Staff Rest Area there should be a QHSE Noticeboard. The reason we have it at each site is the following:

1) when staff are resting they have more time to look at the noticeboard and read and know the content on it. Hence why we keep the latest version of the RIB, Staff Newsletter (The Dispatch) and the Strategic Plan.

2) Every site has unique risks. As a result the Risk Assessments for that particular site must be known and read by all staff working at that site.

3) Every site needs an Evacuation Management Plan. Staff must know the plan for each site they are working or resting at. They must know what to do in case of an alarm, where to go (Assembly point) etc. This is listed on each site's notice board relevant to that particular site.

The layout of this noticeboard is a standard design which makes it easier to identify if anything is missing.

When looking at the sleeves, many sleeves have reference material which need to be continually inserted and removed from those sleeves. As a result the pins must be set in a way to make it easy to do so. This requires:

- 1) the pin isn't also used on the reference material (thereby stopping it being removed)
- 2) one corner pin is only used on the back part of the sleeve, leaving it open for insert and removal of reference material.

This should be done on the Strategic plan, Audit and Inspection Preparation Guide, Current Newsletters, Emergency Evacuation Plan, Risk Assessments, Historic Hazard Alerts, each of the blank team member salute cards

We will look at different parts of the QHSE noticeboard below, explain its importance and provide a checklist to ensure everything is correct. It will also include Staff Questions relevant to that part of the staff noticeboard.

In the first few questions we are just looking at the layout of the noticeboard, if anything is missing and it is presented correctly.

QHSE Noticeboard Template

Sample pages of National Ambulance Site Inspection Checklists

External Auditor's - ISO/JCI

Many external audits are conducted within National Ambulance. This guide focus on two external auditors in particular: International Organizations for Standardization (ISO); and Joint Commission International (JCI).

International Organization for Standardization (ISO)

The International Organization for standardization provides internationally recognised guidelines the organisation must follow to achieve a recognized standard.

National Ambulance currently satisfies the following ISO Standards:

ISO 9001 sets out the criteria / standards for **quality management**. Key Elements include:

- a. Use of controlled documents.
- b. Continuous Improvement.
- c. Internal and external audit.
- d. Preventive and Corrective actions.
- e. Compliance with legal requirements.
- f. Quality service for stakeholders.

ISO45001 helps in identifying and controlling **health and safety risks** and maintaining a safe workplace. Key Elements include:

- a. Health & Safety Risk Assessments & Risk Reduction Management.
- b. Health & Safety training and awareness.
- c. Emergency preparedness, Fire Safety & Emergency Evacuation Plans.
- d. Identification of the work hazard.
- e. Health and safety of staff.

ISO 14001 sets out **environmental standards** which aims to reduce the environmental impact of our operations on the environment. Key Elements include:

- a. Reduce potential environmental accidents in the workplace.
- b. Handle waste and energy consumption.
- c. Promote the conservation of natural resources e.g. energy, water & paper.
- d. Reduce the impact of the organization's activities on the environment

For further reading, the following ISO Standards can be found within the National Ambulance e-library under

- ISO 9001:2015 Quality Management Standard
- ISO 14001:2015 Environment Standard
- ISO 45001:2018 Health & Safety Standard

JCI Quality and Safety Oversight

Joint Commission International (JCI) inspects an organization against a set of minimum standards for medical transport.

National Ambulance commenced the JCI journey in early January 2013 and has current accreditation across Northern Emirates and CICPA contracts.

National Ambulance must satisfy these criteria to be considered a world class Medical Transport organization. Unlike ISO which is more generic across all industries, JCI is very focused on what standards are required to be considered a world class medical transport service.

Achieving and maintaining JCI accreditation is the highest priority for the NA Board of Management as it signals excellence and best practice both locally & internationally.

JCI Audit Methodology

JCI uses an audit process called the tracer methodology. This uses information from the organization to follow the experience of care, treatment or service through the entire delivery process. This includes:

- A. Individual tracing of individual patient experience from beginning to end.
- B. System tracing to ensure the systems are working. There is particular focus is data management, infection control and medication management.
- C. Accreditation tracing looking at organizational risk points and safety across all programs.

Staff and patients or customers have the opportunity to report a quality and safety issue directly to JCI if they feel it is not being handled correctly by National Ambulance. Quality and safety issues can be reported via jciquality@jcrinc.com

Tips when speaking to internal or external auditors

To assist you whenever speaking to auditors, we have provided some tips below:

- Answer the questions completely if you are confident of your answer.
- If you don't know how to answer a specific question, know where the answer can be found or who to ask. It may be your manager, colleague or by looking up the policy/procedure .
- Answer only what is asked for - say what you know. You are not expected to know everything.
- Give direct answers to questions that are asked.
- If you don't understand a question, ask for clarification.
- Don't lie or offer information or evidence that you are not sure of.
- When answering a question, avoid certain phrases like "We do this most of the time". Instead sound sure of yourself and say "It is a standard we adhere to".
- Say "I don't know " if you don't know an answer but also say who would you ask to find the answer.
- Help your colleagues out, if you see the auditor asking a colleague a question, go stand with the person and help to answer the question if you know the right answer. Show that you are friendly, helpful and willing to participate in the audit.
- Do not disagree with your colleagues in front of the auditors or highlight personal differences in opinions or practices.

National Ambulance Vision and Mission

You may be asked by the auditor if you know the National Ambulance Vision, Mission or Values.

It is OK if you cannot remember them but you must know where to find them. Usually they are at your notice board but also can be found on our National Ambulance website.

The National Ambulance Vision is:

To be the Paramount Pre-Hospital Care Provider in the Middle East.

The National Ambulance Mission is:

To Deliver Top Quality Pre-Hospital Services to customers in the UAE to Improve Patient's Outcomes.

To provide a better clarity to this Mission Statement, NA has provided an enabling statement .

The National Ambulance Enabling Statement is:

To Deliver Quality Pre-hospital services to customers in the UAE, ensuring excellence and continuous improvement in patient outcomes by working collaboratively with partners and stakeholders by providing:

- Pre-hospital care solutions and consultancy.
- First Aid and Continuous Medical Education.
- Ambulance and air medical services for government, public events, and oil and gas industries.

National Ambulance Values

The values of NA are the key drivers for our corporate culture and behavior. You may also be asked what these values are by the internal / external auditor. The values are:

Integrity

We maintain transparency in all our methods to ensure full compliance with governmental procedures and international standards.

Respect for People

We aim to treat every employee with equality, fairness and respect.

Search for Excellence

We strive for best practice in everything we do.



One way we show and recognize how we live the National Ambulance values is through the Team Member Salute. These recognition cards are provided at every workplace for you to complete and are split across three values: Integrity, Respect for People and Search for Excellence.

We encourage all staff to actively recognize their peers living the values of National Ambulance



National Ambulance Strategic Plan 2015 - 2020

The national ambulance Strategic Plan describes how as an organization we are delivering our vision and mission. It is split into eight key priority areas and is summarized on the QHSE notice board in the following laminated poster:



Best Practice Clinical Care

Care. By recognizing the appropriate standards to provide the best emergency pre-hospital care to patients via innovative service delivery models.

STRATEGIC PLAN PRIORITIES							
Best Practice Clinical Care	Sustaining Funding	Environment Development	Workforce Planning & Development	Ensuring New Business	A Safe Working Environment	Governance & Continuous Improvement	Innovate Technology
 Define best clinical care standard and ensure delivery of quality care to patients in the field and in the hospital.	 Maintain and enhance financial needs to continue to provide quality services to the community.	 Ensure appropriate funding available to support the growth and development of the organization.	 Improve workforce planning and development by addressing skills gaps and encouraging professional development.	 Ensure sufficient resources available to support the delivery of new business opportunities.	 Develop a best practice culture for health and safety in the workplace.	 Regularly review governance processes to ensure they remain effective.	 Promote technological innovation through digitization, automation and other environmental improvements.

National Ambulance
 Strategic Priorities
 November 2016
STRATEGIC PLAN 2015 - 2020
QHSE Framework Version 2.0



Governance and Continual Improvement. By ensuring our governance/management framework supports a strong patient and community focus whilst continually adjusting for changing patient, community and legislative requirements.



A safe working environment. A healthy and safe workplace culture that promotes mutual staff and employer obligation for health and safety outcomes. Where staff feel empowered to contribute and influence the QHSE direction and improvements implemented.



Workforce Planning and Sustainment. Appropriate and sufficient human resources, operating in a fair, positive, open and transparent culture delivering effective and efficient services.

Infrastructure Development. Ongoing asset and infrastructure planning, maintenance and compliance to ensure we provide facilities, equipment and resources for efficient delivery of services.



Develop New Business - Retain and develop our existing commercial client base whilst partnering with the community through relationship building and education on areas such as the appropriate use of our services.

Maximise Technology - Pursue technological development and partnerships within the clinical, operational and support systems environment to provide efficient administrative and service delivery.



Sustainable Funding - Maintain and enhance cost and fee recovery opportunities to take into account current and future demands on our services.

The Dispatch newsletter every quarter provides staff an update on how the company is performing against some of these Strategic Priorities.

The QHSE Policy Statement

Achieving and maintaining ISO accreditation is one of the highest priorities for the NA Board of Management as it signals both locally & internationally our commitment to quality of service, that we ensure a safe environment and we continually work to reduce risk to patients & staff.

One example of this commitment is the Quality, Health, Safety and Environment Policies statement signed off by the CEO. This QHSE Policy Statement is posted on all staff noticeboards at all operational locations. It is also available through the controlled documents process.

All staff must have read and know where to access the QHSE Policy Statement if asked

National Ambulance staff and management are committed to our Quality, Health, Safety and Environment (QHSE) Management System and maintaining a healthy and safe workplace, with minimal impact of our operations on the environment.

To fulfil our commitment National Ambulance will:

- Meet and exceed customer and stakeholder expectations by designing and delivering the Middle East's best pre hospital care delivery;
- Develop, monitor and report against critical Quality, Health, Safety and Environmental objectives and targets;
- Continually improve the QHSE Management System and the effectiveness and efficiency of our service delivery as a key component of our Excellence journey;
- Ensure that all relevant industry standards, applicable legislation and other key requirements are captured and implemented within our service delivery;
- Ensure that all components of the QHSE Management System are documented, communicated, implemented, reviewed and maintained;
- Prevent pollution, conserve natural resources and minimize the effects of our operations on the environment;
- Prevent injury and ill health to our employees, customers and society as a whole; and
- Ensure our QHSE Management System is appropriately scaled and resourced to match the needs of our operations.

The National Ambulance Board of Directors and its management assume full responsibility for implementing this QHSE Quality System, delegating the appropriate responsibilities and reviewing the system and its performance annually.

Policies procedures, forms and clinical guidelines

We are always audited against the policies, procedures and guidelines which we work on. These are controlled documents within the National Ambulance quality management system. Wherever you print a document, or save it to a different location then it is no longer controlled.

It is important staff always refer to
the most current version of a controlled document.

Whenever any policy, procedure, guideline or form is changed, QHSE may advise through:

- The RIB (Operations Monthly Routine Information Bulletin)
- The Dispatch (National Ambulance Newsletter)

Policies

National Ambulance issues policies to cover all parts of the NA business. They provide clear direction on how NA intends to conduct its services, actions or business.

All staff must know the Policies relevant to their area
and where to locate the current version when required.

Procedures or Standard Operating Procedures (SOPs)

Procedures or standard Operating Procedures are a sequence of activities that must be followed in the same order to perform a task. The majority of SOP's are embedded at the back of the relevant Policy Document that it relates to, how charts may also be included to assist you.

It is important that staff are aware of the policy that supports the procedure and where to locate the most current version of both.

Forms

Forms are documents that are filled out by staff, customers and patients.

It is important that staff know where to find the most current version of forms.

Clinical Practice Guidelines

Clinical practice guidelines are recommendations for the best clinical care for patients with specific conditions. These are based upon the highest level of research evidence available. Where an agreed evidence base is not available then best clinical practice is employed.

The guidelines should be used to assist in making the best decision for caring for patients in combination with policies, procedures, training, judgement and common sense.

The Policies cover subjects such as Patient Transport, Ethics, Transportation of Specialty Patient Populations, Infection Prevention & Control, etc.:

- Guidance on all elements of assessment, treatment and transportation of patients to help you make the best possible decision in your daily work.
- Security and safety for patients and professionals as they are developed in accordance with regulatory requirements, including from Department of Health (DOH).

Our main Clinical Practice Guidelines Clinical Protocol are supported by CGP108 Emergency Medical Technician Clinical Practice Guideline and should be used in association with:

- The appropriate sections in Clinical Practice Guidelines National Ambulance SOPs;
- Patient Care Protocols and training resources;
- All relevant NA Manuals, Policies and Procedures ; and ,
- Your own clinical judgement.



Patient Rights and Responsibilities Charter

The purpose of the National Ambulance Patient Rights and Responsibilities Charter is to ensure that all patients receive the best care possible in order to achieve the best possible outcomes.

The patient charter should be displayed on all locations in English and Arabic where a patient is treated including the patient treatment area in the ambulance / and our First Aid Posts.

If any staff do not see the Patient Rights and Responsibilities Charter in a patient treatment area they must notify their supervisor or qhse@nationalambulance.ae so this can be addressed.

Staff must have a full understanding of the principles and elements of the latest version of CGP103 Patient Rights and Responsibilities Policy.

Please read the patient charters in your patient treatment area.





Patient Consent

One of the most important patient rights is to receive information to make a decision about any care or treatment given, using a consent process. Verbal consent must always be obtained . For high risk procedures formal written consent is mandatory.

Consent is required for all interventions, procedures or treatments, except where authority to treat is granted under appropriate legislation e.g. mental health act or a court order.

For ambulance services the majority of situations will involve implied or verbal consent using the definitions contained in CGP105 Consent Policy and Procedure. However good communication with our patients and family will ensure that patients are informed of the intended care and treatment you wish to give.

Staff must have a full understanding of the latest version of CGP105 Consent Policy & Procedure.

Patient Assessment & Reassessment

National Ambulance has very clear policy on how Patient Assessment is to be conducted.

Patient assessment is the very first part of the emergency care process. It includes the identification of a patient's condition and forms a basis of their management.

- Every decision made regarding patient management (including treatment) is based on the findings of a patient's assessment.
- Wherever treatment is provided there must be at least 2 discrete assessments performed and documented.

Treatment is considered any action involving active patient care and should be tailored to the specific patient needs. For example, a trauma patient must have continuous vital signs assessed; for routine blood pressure checks at least two measurements should be provided from erect and supine reassessments for every 15 minutes for stable patients, and every 5 minutes for unstable patients, etc.

All persons that are assessed and treated are considered as patients irrespective of how brief the interaction was or how minor the intervention was.

National Ambulance Clinical Policy CGP110 for Patient Assessment/Reassessment and Triage should be read and understood and should be used in association with the appropriate sections in Clinical Practice Guidelines protocols and other National Ambulance reference material.

Clinical Education

All clinical staff are required to complete a prescribed number of Continuous Medical Education Hours (CMEs), on an annual license renewal basis.

There are two categories of CMEs, category 1 CMEs are accredited by Department of Health (DOH) while category 2 CMEs are defined as all educational activities not accredited by HAAD but comply with the DOH definition of CMEs. For further information on your CME requirements you should refer to the NA Policy for Continuing Medical Education - CGP 146.

Health Professional	Overall Minimum requirement per year	Minimum Requirement per year by Continuing Education Category	Minimum Requirement per year for CE in one's specialty
Physicians	40 hours	Minimum of 20 Category 1 hours out of 40 per year	All hours obtained must be relevant to the field of specialty
		Maximum of 20 Category 2 hours out of 40 per year	
Pharmacist	20 hours	Minimum of 10 Category 1 hours out of 20 per year	All hours obtained must be relevant to the field of specialty
		Maximum of 10 Category 2 hours out of 20 per year	
Allied Health (EMT A, EMT I, EMT B)	10 hours	Minimum of 5 Category 1 hours out of 10 per year	All hours obtained must be relevant to the field of specialty
		Maximum of 5 Category 2 hours out of 10 per year	

Licensing Category	Minimum CME / CPD Required
Physicians	40
Nurse	20
Pharmacist	20
Allied Health	10

Title	Qualifications	Experience
Ambulance Nurse	Bachelor degree in Nursing And Valid PHTL, ACLS and PALS Certification	Two (2) years' experience as RN of which one is as Advanced (Paramedic) EMT-P or in ICU or in the Emergency department
Emergency Medical Technician - Advanced (Paramedic) EMT-P	<p>Internationally recognized EMT-P course or equivalent (Minimum two (2) years course duration) or minimum of two (2) years Associate degree in EMT And Hold a valid ACLS ,PALS, PHTLS Certification</p> <p>Bachelor's degree or equivalent in emergency medical technology or Emergency applied science or UK paramedic Science And Valid ACLS ,PALS, PHTLS Certification</p>	Two (2) year experience post registration/certification
Emergency Medical Technician Intermediate (EMT-I)	Internationally recognized EMT-I course or equivalent, minimum eight weeks duration And Valid ACLS , PALS, PHTLS Certification	One (1) year experience post registration/ certification. Current ACLS, PALS, and PHTLS
Emergency Medical Technician – Basic (EMT-B)	Internationally recognized EMT-Basic course or equivalent with minimum four (4) weeks duration And Valid BLS and BTLS Certification	Minimum of one (1) year experience post registration/ certification



**Who is responsible for ensuring you
are compliant with your annual and
HAAD CME requirements?**

“ We are all responsible “

Home / Record of Learning / All Courses

Record of Learning : All Courses

COURSES OTHER EVIDENCE CERTIFICATIONS

44 records shown

▼ Saved searches

New a saved search Choose... Set as your default view

Manage your saved searches

▼ Search by

Course Title contains

Search Clear

Show more...

Show/Hide Columns

Type	Course Title	Course completion date	Progress
audit	Audit and Inspection Preparation	6 Feb 2017	100%
audit	Basic Airway Management		0%
audit	Basic Life Support for Health Care Providers CPR + AED		0%

You can check your category 1 and 2 CME compliance for the calendar year, by clicking the ‘User CME’s’ tab in the top left hand column of your home page on the LMS.

In addition to complying with the annual National Ambulance CME requirements, all clinical staff must maintain their required certification as per the DoH PQR.

The National Ambulance Education Department is a recognised Training Centre for American Heart Association (BLS, ACLS, PALS) and the National Association of Emergency Medical Technicians. (PHTLS).

Clinical Certification Required by DoH as per the PQR				
Clinical Level	BLS for HCP	PHTLS or ITLS	ACLS	PALS
EMT (Basic)	X	X		
EMT (Intermediate)	X	X	X	X
EMT (Paramedic)	X	X	X	X
EMT (Paramedic) ESP	X	X	X	X
Physician	X	X	X	X

Quote: “Tell me and I forget, teach me and I may remember, involve me and I will learn” - Benjamin Franklin

Documentation & Reporting

The patient care record (PCR) or the electronic patient care record (ePCR) are legal documents and it is important that all patient care documentation produced by NA is clear and concise.

- The PCR/ePCR must be completed whenever there is a patient contact
- Accuracy is an essential requirement of documentation.
- National Ambulance operational staff must distinguish between what they observe and what is stated by the patient.
- Written reports should be objective and should not include opinions or value judgments of the clinician.
- All pertinent information should be included on the PCR/ePCR.
- Every effort must be made to ensure that the PCR/ePCR is legible and completed in a timely manner and as close to the event as possible.

Clinician must ensure at least two patient identifiers are clearly documented

- Patient name (via National ID, passport, verbal)
- Date of Birth
- Staff should ask the patient to give their full identification details through clear questions and not to read these identification details to them for confirmation.

All PCR's are private and confidential documents that relate directly to each individual patient at all times National Ambulance staff are to ensure they are secure and unable to be seen other patients or staff.

Event staff are to remove all PCR copies and place them out of sight in the most appropriate place for the event conditions. This may be the BLS bag or vehicle glove box. Upon return from the event they are to be stored in the warehouse for return to dispatch or delivered directly to dispatch for audit.

Staff are to secure their documentation in the file system immediately after patient treatment, the audit copy is to be placed onto the satchel for return to Warehouse after each work rotation for clinical audit and assessment purposes.

Staff are to be familiar with the record keeping documentation requirements stated above and in CGP119 Patient Care Record Documentation.

Management of Information

As a part of document management, Information management and security is critical. National Ambulance has a Management of Information Policy and Procedure (COP401).

National Ambulance is committed to preserving the confidentiality, integrity, availability and safety of all forms of information used by the corporation and maintained on behalf of employees, investors, business partners, customers and government agencies. As a result, specific procedures are developed to help administer and manage the storage and processing of computer information and any noncomputer information related to the proper and lawful conduct of business. These procedures address all computer and information management activities that could constitute a risk to the ongoing proper activities of this organization in such a way that risk is minimized or otherwise accepted by the executive officers of National Ambulance.

All employees, contractors, and temporary and part-time workers are responsible for ensuring that company information assets are used only in proper pursuit of the company's business; information is not improperly disclosed, modified or endangered; and access to company information resources is not made available to any unauthorized person.

Medication Management

All Licensed clinicians have access to CGP211 Medication Management Manual. This explain all policies and procedures for all medications within individual clinicians scope of practice. All clinicians need to be aware of this manual which includes the following:

- Safe use of medication
- High Alert Drugs and LASA Medications
- Ordering and Handling
- Storage
- Recall and disposal of drugs
- The reporting of any adverse incidents or near misses.

The 7R's of Medication:

- Right Patient,
- Right Medication,
- Right Dose,
- Right Route,
- Right Time,
- Right Documentation, and
- Right Reason

All staff are oriented on Operative IQ for the purpose of inventory management and tracking.

All staff involved in the handling or use of medication must be familiar with the Medication Management Manual and Operative IQ inventory system.

Occupational Health

All employees have a responsibility to inform their line managers if they have any health issues or any issue that may affect their ability to work in compliance with the Occupational Health Program CGP102. You have pre assignment health examinations and access to required requirements to immunisations.

You should comply and take responsibility for communication and management of your current health and immunisation status taking care of yourself at work by following policies and learnings for infection control and ergonomics and notifying relevant teams such as QHSE regarding any hazards that might affect your health and any occupational health related incidents such as Body fluid exposures and contact with potential or confirmed infectious patients. There is a procedure for seeking care and support from our designated External Occupational Health provider.

Please remember that there is a Peer wellness programme with the specific aim of ensuring the general psychological well-being of NA staff.

Infection Control

National Ambulance is fully committed to protecting its staff, patients, and the public from potentially harmful pathogenic microorganisms.

Important elements of infection control that are addressed in CGP129 Infection Control Programme are :

- Universal precautions including use of personal protective equipment and use of Aseptic Non-Touch Technique for patient care.
- Correct use of gloves
- Cleaning and Disinfection procedure for all equipments and for ambulances, including deep clean
- Waste Management including Sharps.
- Incident and Infectious disease reporting and documentation.

All Staff should practice good infection control, following CGP129 Infection Control Programme and CGP124 Care of Patients with suspected or confirmed communicable disease or those who are immunocompromised.



Cleaning Equipment Color Coding

RED

Bathroom/Water Closets/washroom, toilets, basins and bathroom floors

Cleaning equipment such as mixing buckets, mop buckets and mop handles are designated with the color red.

BLUE

Patient care areas such as the ambulances, First Aid Post

Cleaning equipment such as mixing buckets, mop buckets and mop handles shall be designated with the color blue.

General areas including offices, staff rest areas and public areas

Cleaning equipment such as mixing buckets, mop buckets and mop handles shall be designated with the color available in the market excluding (Yellow, Red, Green and Blue).

One of the most important elements for all of us is Hand Hygiene including Hand washing technique, as shown:



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Healthy Hands Start Here

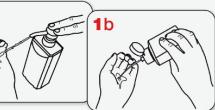
How to handrub? WITH ALCOHOL-BASED FORMULATION

1a



Apply a palmful of the product in a cupped hand and cover all surfaces.

1b



How to handwash? WITH SOAP AND WATER

0



Wet hands with water

1



apply enough soap to cover all hand surfaces.

2



Rub hands palm to palm

3



right palm over left dorsum with interlaced fingers and vice versa

4



palm to palm with fingers interlaced

5



backs of fingers to opposing palms with fingers interlocked

6



rotational rubbing of left thumb clasped in right palm and vice versa

7



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

8



rinse hands with water

9



dry thoroughly with a single use towel

10



use towel to turn off faucet

20-30 sec

40-60 sec

8



...once dry, your hands are safe.

11



...and your hands are safe.



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG),
in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.

Proper Use of Gloves

WHEN TO PUT ON

- Approaching a patient
- Treating a patient
- Changing between patients
- Discarding waste

Gloves are used as a barrier to yourself and your patient. They are also used as a barrier from patient to patient and clinical area to other areas.

WHEN TO DOUBLE GLOVE

- Mass Casualty Incident
- At a heavily contaminated patient or scene

Use of double gloves enables the top glove to be easily replaced as you move from patient to patient without the sweat and stickiness of the hands.

WHEN NOT TO USE

- All other times including
- In a non-patient compartment
 - Anytime driving
 - For longer than necessary without replacement and hand hygiene between use

The longer you wear gloves, the more they disintegrate and become an infection control issue. Also, if you wear them in the incorrect locations, you are potentially spreading infection outside the controlled area e.g. into the driver cabin of the ambulance.

DO NOT

- Use gloves as a notepad
- Use as balloons for paediatric patients

When you do not have time to fill out the PCR/ePCR, you may use silk tape attached to your uniform trouser leg or a disposable index card as alternative methods for temporarily recording patient observations. These methods are much safer than recording details on your glove, which may cause damage to the glove or delay proper disposal on removal, increasing the risk of exposure to infection.

Blown up gloves pose a choking risk to paediatric patients who may bite them and choke on fragments of glove.



Fall Risk Assessment Tool

- Staff are required to reduce the risk of falls by ensuring that the patient is transported in the appropriate manner and assessed continuously to prevent falls
- Ensure patient is appropriately packaged and secured during transportation to reduce any falls risk
- Use the Fall Risk Assessment Tool OPF251 to determine the fall risk score

الإسعاف National Ambulance
الوطني

National Ambulance	
Fall Risk Assessment Tool	
If patient has any of the following condition, check the box and apply Fall Risk Intervention as indicated.	
High Fall Risk – Ensure patient is moved by stretcher	
<input type="checkbox"/> History of more than one fall within 6-month prior	
<input type="checkbox"/> Patient has experienced a fall during the time crew has been with patient	
<input type="checkbox"/> Patient experienced a seizure	
Low Fall Risk – Patient must be moved by stretcher	
<input type="checkbox"/> Complete paralysis or completely immobilized	
Do not continue with Fall Risk Score Calculation if any above conditions are checked.	
Fall Risk Calculation – Select the appropriate option in each category. Add all points to calculate the Fall Risk Score. (If no option is selected, score for category is 0)	
Age	Points
<input type="checkbox"/> 60-69 years (1 point)	
<input type="checkbox"/> 70-79 years (2 points)	
<input type="checkbox"/> greater than or equal to 80 years (3 points)	
Elimination, Bowel and Urine	
<input type="checkbox"/> Incontinence (2 point)	
<input type="checkbox"/> Urgency/Frequency and incontinence (3 points)	
Medications: PCA/opiates, anticonvulsants, antihypertension, diuretics, hypnotics, laxatives, sedatives, and psychotropics	
<input type="checkbox"/> On one fall risk drug (1 point)	
<input type="checkbox"/> On two or more fall risk drugs (2 points)	
<input type="checkbox"/> Sedation procedure within past 24 hours (3 points)	
Patient Care Equipment: Any equipment that tethers patient (e.g. IV Infusion, chest tube, indwelling catheter, etc.)	
<input type="checkbox"/> One present (1 point)	
<input type="checkbox"/> Two Present (2 points)	
<input type="checkbox"/> Three or more present (3 points)	
Mobility (May select multiple and add score together)	
<input type="checkbox"/> Requires assistance or supervision for mobility, transfer, or ambulation (2 points)	
<input type="checkbox"/> Unsteady gait (2 points)	
<input type="checkbox"/> Visual or auditory impairment affecting mobility (2 points)	
Cognition (May select multiple and add score together)	
<input type="checkbox"/> Altered awareness of immediate physical environment (1 point)	
<input type="checkbox"/> Impulsive (2 points)	
<input type="checkbox"/> Lack of understanding of one's physical and cognitive limitations (4 points)	
Total Fall Risk Score (Sum of all points per category)	
SCORING: 6 or greater patient must be transported on stretcher	

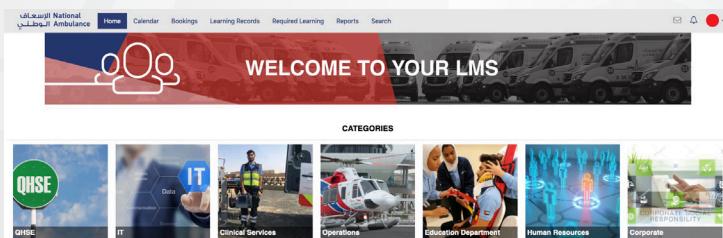


Fall Risk Assessment
November 2019

OPF251
Version 2

QHSE Training

The majority of the QHSE training is conducted on the learning management system. Many courses are important for maintaining a healthy and safe work environment. In some cases you may have completed them previously but going forward we will be resetting them each year and have refresher courses to maintain compliance.



If asked by the auditor, you should be familiar with the following trainings you received online:

- QHSE Management System
- Hand Hygiene Basics
- Fire Safety
- Safe Manual Handling
- Safety in Heat
- Waste Disposal
- Material Safety Data Sheets
- Ergonomics
- Introduction to Business Continuity



Risk Assessments

Risk Assessment is an important tool used to evaluate various risks within an organization.

Categories of Risk Assessments:

- **Site Risk Assessments:** including your workplace or ambulance
- **Equipment or Asset Risk Assessments:** looks at the key equipment we may use such as stretchers etc.
- **Key Activity Risk Assessments:** looks at key activities such as an event, emergency ambulance service, airway, MCI, HEMS, use of Airwing etc.

The relevant risk assessments are provided on notice boards and are available upon request to qhse@nationalambulance.ae. If you identify new risk assessments or improvements to any Risk Assessment, please contact QHSE.

All staff should be able to read a Risk Assessment, contribute to its content to ensure it is always kept relevant and up to date.

A guidance to reading risk assessment is provided with the risk assessment cover page.





RED COLORED BAGS

(HIGHLY INFECTIOUS - BIOLOGICAL) - any waste materials with and from the PATIENT's ANATOMICAL & PATHOLOGICAL WASTE.

That includes and applicable to:

- Bloods
- Body Parts
- Organs
- Fetus (dead)
- Tissues
- Huge amount of Excreta & Vomit.



YELLOW COLORED BAGS

(INFECTIOUS / CLINICAL) - any waste materials that are being used / contact to and from Patient with or without Communicable Diseases.

That includes and applicable to:

- Mask
- Gloves
- Linens / Sheets
- Tubes
- Catheters
- Cotton, gauze, dressings
- Gowns
- Any contaminated items in contact from patient.



BLACK COLORED BAGS (DOMESTIC / NON-HAZARDOUS / GENERAL WASTE)

- any waste materials that has not been in contact with Patient, hazardous chemicals, radioactive substances, and does not pose a sharps hazard.

That includes and applicable to and can be categorized as follows:

- (Cellulosic materials) Office papers, computer printout, newspapers, cardboard boxes.
- (Metals) aluminum beverage cans, aluminum containers, food tin cans.
- (Plastics) PET water and soft drink bottles, HDPE milk containers, plastic bottles from medications, plastic packaging / containers.
- (Glass) not broken empty glass bottles, soft drink bottles
- (Wood) shipping pallets, wood shelves, wood containers, construction debris in warehouse, sites, bases and accommodations.
- (Compostable) food waste, flowers and yard waste.



YELLOW LABELED SHARPS PLASTIC / METAL CONTAINERS (INFECTIOUS)

- any sharp waste that are being used / contact to and from patient with or without Communicable Diseases.

That includes and applicable to:

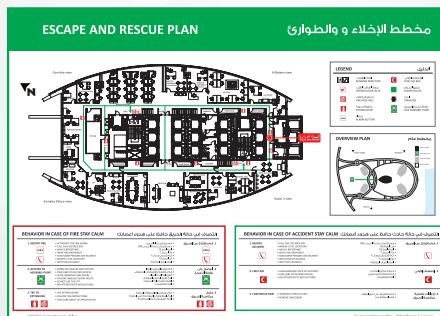
- Intravenous or other needles; auto-disable
- Syringes with attached needles
- Infusion sets
- Scalpels
- Blades
- Broken glass

Fire Safety

National Ambulance is providing Emergency Evacuation Plan and Emergency Evacuation Map in all sites and posted in QHSE Notice boards, they provide precautions, guidelines, contact number of the fire warden, floor plan of the sites and also the fire drill they had. The Fire safety is to prepare the staff in case of the fire incidents in their location.

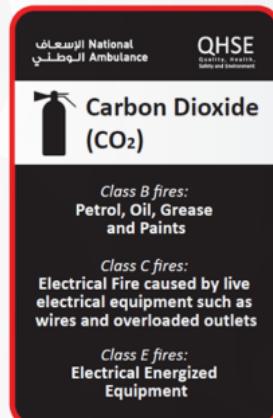
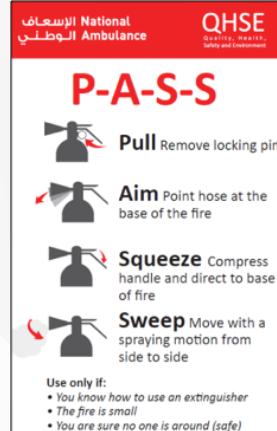


National Ambulance conducts periodic fire drills to ensure staff are aware of their assembly point, how to evacuate safely and to ensure that they are aware of their fire warden.



A database of all fire extinguishers is maintained to ensure they are serviced semi-annually. Staff should immediately advise QHSE if they discover an extinguisher that is damaged, used or expired.

Fire Extinguisher labels identify which Extinguishers are effective in the occurrence of a Fire and the PASS label instructs how to use an extinguisher. This should already be familiar to all staff who have conducted the QHSE Fire Safety e-learning.



If any of these labels are missing from the extinguisher location, please advise your Manager or email qhse@nationalambulance.ae

Understanding Material Safety Data Sheets, Folders and Flipcharts

Chemicals can be risky and dangerous to all staff, patients or the environment. MSDS Folders & MSDS Flipcharts are an important resource to ensure safe chemical use and storage.

They provide:

- Prevention and reactive controls of accidental release.
- Instructions of handling & storage.
- Handle chemicals in a safe manner.
- Disposal & Waste instructions.
- Medical signs and symptoms.



MSDS sheets are usually developed by the manufacturer and can be structured in slightly different ways . To make it simpler to access we have created a MSDS Summary sheets with all the relevant emergency information on that product and also includes its picture.

MSDS folders are located in National Ambulance workplaces and the MSDS Flipcharts are located within NA Ambulances.

All Staff must know where to find an MSDS Folder/Flipchart and when to use it.



If you have witnessed any product you are using at your office/ambulance that was not included in the MSDS Folder/flipchart or you cannot locate the MSDS folder/flipchart, inform your superior or e-mail qhse@nationalambulance.ae

Are you familiar with the safety requirements of any chemicals in your workplace?

" We are all responsible "

Sample of MSDS summary sheet

Desderman Gel

Correct as of:	February 2016
This product is used for:	A rapid acting hand rub for hygienic and surgical disinfection

Handling:	Keep away from sources of ignition. No smoking. The hot product gives off combustible vapours
Storage:	Keep at temperature not exceeding 25 °C. Store at room temperature in the original container.
Product Disposal:	Can be disposed of as household waste
Container Disposal:	Can be disposed of as household waste



Hazards Identified:	Highly flammable and Contact with the eyes can cause irritation.	
Stability:	Hazardous Reactions	None reasonably foreseeable
	Hazardous Decomposition	None reasonably foreseeable
Toxicology	Acute oral toxicology	The product has not been tested
	Skin Irritation	none
	Further information	The product has not been tested
Workplace Exposure Controls:	Keep away from food and drink.	
Personal Exposure Controls	If splashes are likely to occur, wear:, Safety glasses	
Fire-Fighting measures	Water, Alcohol-resistant foam, Dry powder, Carbon dioxide (CO2)	

Accidental Release	Personal precautions	Ensure adequate ventilation. Remove all sources of ignition.
	Environmental precautions	No special environmental precautions required.
	Methods for cleaning up	Wipe up with absorbent material (e.g. cloth, fleece). Soak up with inert absorbent material (e.g. sand, silica gel, acid binder, universal binder, sawdust).

First Aid Measures:	In the case of contact with eyes, rinse immediately with plenty of water and seek medical advice. If inhalation, Move to fresh air.
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Hazards, Non Conformance & Incident

Hazards

To ensure we have healthy and safe workplace for staff, patients and other stakeholders we must all continually look for hazards within the workplace. A Hazard is any source, situation, or act with a potential to create human injury or ill health, or harm to the environment or a combination of these.



If you identify a hazard and it is possible and safe, remove the hazard if it safe to do then report the QHSE

QHSE will send out an email to staff of hazards identified as “Hazard alerts”.

The historic hazard alerts should also be kept on your staff noticeboard. This will assist you in avoiding the hazard and identification of future hazards that may be similar.



The more we identify hazards in the workplace
the safer our workplace becomes.

Non Conformances

A non conformance is any deviation from work standards, practices, procedures, regulations etc that could either directly or indirectly lead to injury or illness, property damage, damage to the workplace environment or a combination of these.

Non conformances are normally picked up during internal or external audits. But they can be identified by anyone within the organization and reported to QHSE.

The more we identify non-conformance or variances from process,
the more consistent quality and our processes will be.

Near Miss

An unplanned event, event series, or condition that has occurred which, although not resulting in any injury, illness or environmental damage, under slightly different circumstances would have.

For a serious near miss, a root cause analysis is conducted to determine what controls did not work and what improvements in our processes need to take place.

Near Miss reporting is extremely valuable to the organization as we can learn from them before they become actual incidents.

The Joint Commission also considers the frequency of reporting of ‘near misses’ as a key indicator of the organizations culture of safety.

The more we identify near misses and address them, the more our processes improve and the safer our workplace becomes.

How to Report Hazards, non conformances, near misses and incident

There are numerous ways to report. The easiest way is to email qhse@nationalambulance.ae. QHSE will then call you back and capture the required information.

You may also use the QHSE Reporting Form (QHF202) if you personally wish to submit

All staff must be familiar and are encouraged to report hazards, non conformances and near misses.

About the Person Completing This Form	
Name:	Date & Time:
Mobile Number:	Contract:
Job Title:	Site/Location:
Description of Identified Hazard/ Near Miss/ Incident/ Non Conformance/ Feedback	
<small>*A detailed report must be written in this area.</small> <small>-</small>	
Corrective Action Taken by the Reporting Individual	
<small>*Detail the corrective action taken by the reporting individual or supervisor.</small> <small>-</small>	
<input type="text"/> Number of Days Lost	
Sentinel Event Definition	
<small>Sentinel Event is an event related to actions or inactions of our personnel leading to unanticipated death or major permanent loss not related to the natural course of the patient's illness or underlying condition.</small> <small>For example: As a result of a medication error, a result of wrong treatment or a result of a fall.</small> <small>In addition:</small> <ul style="list-style-type: none"> • Abduction of any patient receiving care, treatment or services • Rape, assault, (leading to death or permanent loss of function), or homicide of any patient • Rape, assault, (leading to death or permanent loss of function), or homicide of a staff member, licensed independent practitioner, visitor or vendor while on site at the healthcare facility. 	



When was the last time
you reported a hazard, non
conformance or near miss?

“ We are all responsible ”



Incidents

An incident is an event which has caused an injury, illness, fatality or damage to assets. If an incident occurs, it should be reported to the duty manager or direct line manager immediately and a QHSE Reporting Form QHF202 completed.

For any incident, a root cause analysis may also be conducted to determine what controls did not work and what improvements in process needs to take place.

A **Sentinel Event** is defined as an unanticipated occurrence involving death or serious physical or psychological injury to a patient that is unrelated to the natural course of the patient's illness and arising from one of the following events:

- Medication Error;
- Assault/Rape/Murder;
- Any unanticipated death during transport;
- Patient Fall during management resulting in significant harm and
- Staff or citizen death as a result of your vehicle accident.

National Ambulance has a duty to investigate Sentinel Events within the correct time scales utilizing a Root Cause Analysis and to report to the correct authorities if a Sentinel Event occurs within our organisation.

If it is a Clinical incident or sentinel event it must ALSO be reported immediately to your duty manager for IMMEDIATE action, with serious incidents requiring reporting within 2 hours.

Continual Improvement

You may be asked by the auditor how do we continually improve within the organization or what is our quality or continual improvement program?

Continual Improvement is an ongoing effort by the organization to improve its services to the staff, customers & patients.

There are many ways Continual Improvement is implemented and measured in National Ambulance:

- From site inspection checklists.
- From Reviews of feedback forms, hazard reports or identified non-conformances or near misses.
- Captured within team meeting or QHSE discussions / blogs.
- From Customer suggestions or Feedback.
- Through the FEKRA QHSE Suggestion for Improvement Program.

Fekra is the Arabic word for a Suggestion, this terminology is used for Suggestions and Ideas.

You are encouraged to help improve the way we do things in National Ambulance with Fekra program.

You have a FEKRA? Just send an e-mail to qhse@nationalambulance.ae



A hand is shown pointing towards a red rectangular sign. The sign contains the following text:
Have you identified ways
we can do better?
“ We are all responsible ”

Patient and Customer Feedback

Customer and patient feedback is critical to understand how we are achieving our vision, mission and strategy. Are our customers satisfied? Are we providing a quality standard of pre-hospital care?

To understand how we are performing, we have numerous ways we ask what our customers think. This includes:

1) Patient Feedback Form

This English and Arabic form is a short survey focusing on five key quality of care/service questions. This form is primarily designed for fixed locations such as events, or bases where the patient comes to your treatment area. Upon completion the form is placed in an envelope and forwarded to QHSE.

موقع تقديم العلاج Treatment Site		PATIENT FEEDBACK FORM																											
		In an ongoing pursuit to provide the best possible service, National Ambulance conducts surveys with its patients to obtain feedback from... We welcome your feedback on our service provided. Thank you.																											
		Please tick in the corresponding boxes below: <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td> <td>Strongly Agree</td> <td>Partially Agree</td> <td>Neutral</td> <td>Partially Disagree</td> <td>Strongly Disagree</td> <td>Not Applicable</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td></td> </tr> </table>								Strongly Agree	Partially Agree	Neutral	Partially Disagree	Strongly Disagree	Not Applicable									5	4	3	2	1	
	Strongly Agree	Partially Agree	Neutral	Partially Disagree	Strongly Disagree	Not Applicable																							
	5	4	3	2	1																								
		The National Ambulance staff I received responses to me and treated me with politeness and courtesy The National Ambulance staff asked for my consent to assist and treat me The National Ambulance staff were kind and caring, ensured my comfort and were considerate Overall, the service of the National Ambulance was excellent and efficient I would recommend the services of National Ambulance to a friend, relative or colleague																											
		<small>If you selected Strongly Agree with many of your responses Thank You! If you selected something else what can we do to improve?</small>																											
		First Name: _____ Last Name: _____ Date: _____ e-mail: _____ Phone Number: _____ City: _____																											
		<small>We appreciate your time and efforts for completing this survey. National Ambulance is committed to providing the best possible service to our customers and patients. Thank you.</small>																											

2) Patient Feedback Card

This feedback card, also in English and Arabic is better suited for Emergency Services such as the Ambulance or other non-clinic/office environment. It asks our patients to “Tell us how we did” by e-mailing us at feedback@nationalambulance.ae.



All NA staff are encouraged to download the NA 998 App and be familiar with its content.



About the App

Name: NA998 App

Language: App is available in both Arabic and English

Main Features: Requesting an ambulance, location identification and first aid advice; All at your fingertips!

Facts:

- App is directly linked to the 998 Emergency Ambulance number.
- App provides location coordinates to staff at ACC when users request emergency ambulance.
- Emergency Ambulance feature is only available to registered users in the areas covered by NA in the UAE: Sharjah, Ajman, Umm Al Quwain, Ras Al-Khaimah and Fujairah.
- First Aid Guide, which comes with easy to follow instructions and pictures, is accessible to all users worldwide.
- App is available to the public for free and can be downloaded.
- The App is available for free under the name NA998 or ناطوليا فاعسلا for Android, IOS, Windows and Blackberry and can be downloaded from Apple App Store, Google Play and Windows store.

App is available as NA 998 on





3) Website Feedback Information

Patients can also be referred to our website to provide feedback. This website has the link feedback@nationalambulance.ae.

We try to recognize staff when positive feedback is received. We always love hearing a good story and sharing it with others within the RIB/NACIT.

The more feedback form/cards are given out, the more feedback we will receive and the more great work we can recognize.



If you need more supplies of the feedback card or forms please contact Logistics@nationalambulance.ae.

Improvements for this book

QHSE encourages suggested improvements for this book. Any idea or suggestions for future improvement can follow the continual improvement Policy & Procedure .