

# QHP501

## QHSE TRAINING AND COMPETENCY POLICY, PROCESSES AND PROCEDURES

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## 1. POLICY INTRODUCTION

Having a Quality, Health, Safety, and Environment (QHSE) Management System is integral to National Ambulance's success, as this system is reliant upon its employees.

This policy defines how the company will identify any knowledge deficits or areas in which a greater awareness is needed, and how shortcomings will be corrected.

This policy has been developed in accordance with the principles set forth in OSHAD – SF: Management System Elements, V3.1 – Element 5.

This policy is relevant to the “Continuous Improvement” Management System Component.

## 2. SCOPE

This policy applies to all personnel working on behalf of National Ambulance including staff, contractors, and visitors to National Ambulance managed sites. This is applicable for all business operations.

## 3. ROLES AND RESPONSIBILITIES

### 1. QHSE and BC Manager

- Report training requirements to the Executive Team
- Ensure training activities comply with workplace QHSE Policy and Management Systems
- Ensure that the Qualified Functional Expert is qualified and is informed of the training requirements and has enough resources to deliver the appropriate material
- Assess if there is improvement in QHSE performance post training
- Adjust training to achieve control measure application as needed
- Review control measure applications post training to see if further training is needed
- Ensure that new employees are identified and trained to the standards set by this policy
- Review Risk Assessments and identify where information and /or training could present appropriate control measures
- Evaluate QHSE reports and results as outlined in the COP301 Performance Planning and Review Policy
- Seek out functional experts for key training programs
- Keep records of Training
- Develop an action plan that identifies the resources needed and a timeframe for implementation
- Coordinate with the functional expert to develop a training program appropriate to the needs of the training requirements
- Coordinate with other interested parties to create and subsequently add to the QHSE training schedule

### 2. Executive Team

- Provide information, instruction, training and supervision to employees, as is appropriate to enable those persons to perform their work safely

- Review training requirement requests
- Act as final authority to approve training expenditures
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### 3. Managers

- Ensure that staff are working/operating as they have been trained
- Report any deficiencies post training, relating to the training objectives
- Report any areas in which knowledge deficits are identified in daily operations

### 4. Employees

- Attend/complete all QHSE training as requested
- Apply all learned training material and corrective actions to daily employment
- Report any deficiencies post training relating to the training objectives
- Report any areas in which knowledge deficits are identified in daily operations

## 4. TRAINING AND COMPETENCY

National Ambulance feels it is imperative that its personnel are aware of:

- How to recognize actual or potential hazards in the workplace
- Actual or potential QHSE consequences of their work activities and behaviors, and the benefits of improved personal performance
- The potential consequences of departure from specified procedures
- Relevance and importance of their activities and how they contribute to the attainment of the QHSE goals
- Legal requirements that effect their job
- The Risk Management program
- Learning points from adverse QHSE events
- Specific role requirements

Training and awareness in these areas is an ongoing and evolving process that is continually monitored for efficacy. This training is a part of a robust QHSE system in National Ambulance, where staff are able to perform their work safely with reduced risks and maximized efficiency.

Delivery methods, frequency, mandated topics, and the content included in the training program are decided upon by the QHSE and BC Manager and approved by the CAO. The QHSE induction program content is decided by the QHSE and BC Manager and approved by the CAO, and is delivered to new staff during their employee orientation.

Clinically specific occupational training is covered by the National Ambulance CGP136 Education & Professional Development Policy and its associated documents. This is administered by Clinical Services.

While this policy and procedure is primarily administered by the QHSE and BC Manager, they work closely with Clinical Services whom are recognized as functional experts in the training arena.

The QHSE Training is delivered through face to face training or through a schedule available on the Learning Management System (LMS) that is maintained by the QHSE Department. Other delivery methods can be used as deemed appropriate.

#### 4.1. NON-CLINICAL TRAINING AND COMPETENCY PROCEDURE

Non-clinical training and competency is accomplished using the following steps:

##### **Step One: Determine Training Needs**

The QHSE and BC Manager is responsible for identifying areas where further training is needed. This is done by evaluating the QHSE trends (near miss, incident, and non-conformance reports), suggestions, and results of performance reviews (as outlined in the COP301 Performance Planning and Review Policy) and, in consultation with the Senior Managers, identifying training needs. Training may also be conducted to comply with a regulation, legislation, or accreditation. The priority of the training, if awareness or competency based programs are needed, and the number and specific employees or groups identified requiring the training is also considered. Managers and above QHSE training may differ from the rest of the staff.

##### **Step Two: Develop Training Action Plan Proposal**

The QHSE and BC Manager seeks out qualified functional experts in key training areas to develop an Action Plan for the required training. This Action Plan must clearly identify the resources needed and a general timeframe required for implementation. Consideration is given to the method of delivery as well as renewal requirements.

##### **Step Three: Obtain Management Approval**

The QHSE and BC Manager presents the Action Plan to the Chief Administrative Officer (or their designee) for approval and resourcing.

##### **Step Four: Create/Obtain Training Material**

The QHSE and BC Manager will coordinate with the functional expert to develop the training program. This program should include training content, delivery method(s), recurrence training, comprehension evaluations/tests, and any relevant supporting materials. A CGF113 Learning & Assessment Strategies Review Form is completed for any newly developed course.

##### **Step Five: Clinical Education Department Review**

Completed training package is to be sent to the Clinical Education Manager for review and approval. The Clinical Education Manager should review the training against current standards and training aim. Any recommended changes should be discussed with the originator. Once final approval is achieved the training package should be returned to the QHSE Department.

##### **Step Six: Develop and Implement Training Schedule**

The QHSE and BC Manager coordinates with other interested parties (i.e. Operations Manager, Clinical Education Manager) to create and subsequently add to the QHSE Training Schedule. Training package should then be delivered to staff in the agreed format. If the training program delivery method is through LMS, a CGF142 LMS Submission Form should be filled and submitted.

#### Step Seven: Monitor Training Completion Progress

Continuous monitoring of the staff's QHSE training completion progress or attendance will take place. Any shortcomings in terms of training attendance or completion will be reported to the employee's Line Manager as appropriate.

#### Step Eight: Monitor the Effectiveness of Training

The QHSE and BC Manager will use the same processes and inputs as in Step 1, will re-evaluate if the training is accomplishing the desired outcome. The course is a periodically evaluated with the CGF113 Learning & Assessment Strategies Review Form.

## 5. RELEVANT LEGISLATION

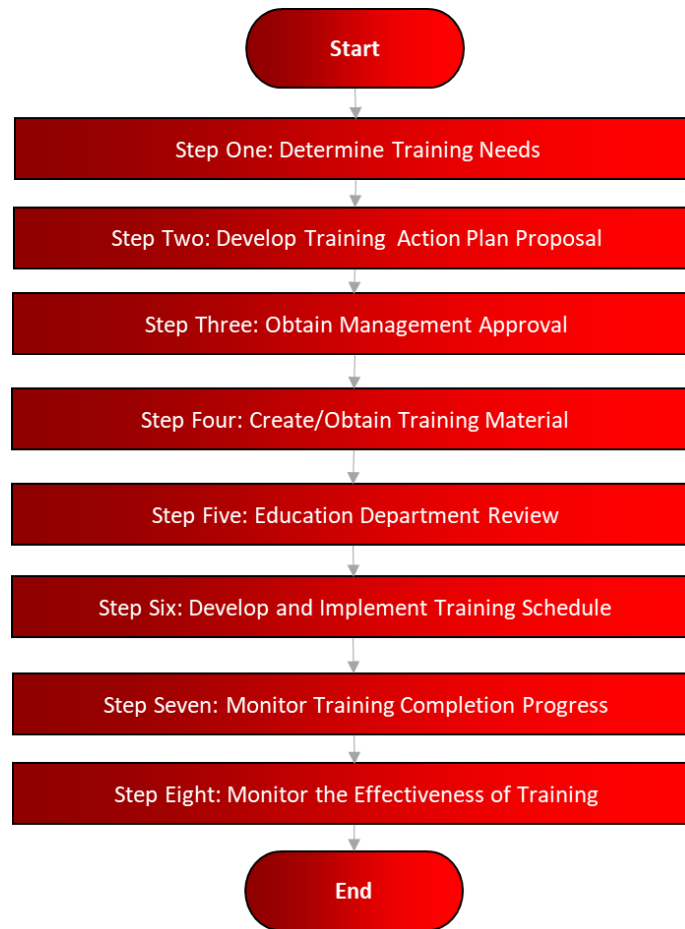
International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
OSHAD – SF: Management System Elements, V3.1 – Element 5	Abu Dhabi

## 6. PROCEDURES

### 6.1. NON-CLINICAL TRAINING AND COMPETENCY PROCEDURE

Non-Clinical Training and Competency  
QHSE



## 7. RELATED POLICIES AND FORMS

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

Policy & Procedure /Form
CGF113 Learning & Assessment Strategies Review Form
CGF142 LMS Submission Form
CGP136 Education & Professional Development Policy

## 8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to [qhse@nationalambulance.ae](mailto:qhse@nationalambulance.ae)

## 9. 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:

- QHSE and BC Manager

### Change Brief

Version No.	Date	Change
1	11/04/2013	Additional step added to include clinical review by Education Manager.
2	20/5/2015	Restructured the policy with new positions and processes
3	February 2017	Removal of EHSM reference due to legal register
4.0	September 2019	Removal of DPE, addition of step 7 monitor training completion progress, change supervisors to managers, minor changes

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CEO Approval

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Board Member Verification