

QHP103

QUALITY HEALTH SAFETY & ENVIRONMENT (QHSE) & BUSINESS CONTINUITY (BC) MANAGEMENT SYSTEM MANUAL

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1. INTRODUCTION

National Ambulance's vision is to be the best pre-hospital care provider in the Middle East, delivering top quality pre-hospital services to the customers in the UAE, and to improve patient outcomes. A systematic approach to achieving this vision through the management of Quality, Health and Safety, Environmental management (QHSE) and Business Continuity (BC) is considered critical for its delivery.

The purpose of this manual is to provide a common management framework, so far as practicable, for management of Quality, Health, Safety and Environment (QHSE) and Business Continuity (BC) in National Ambulance, in order to:

- (a) Facilitate continual improvement of the company's QHSE performance and BC preparedness, through implementation, monitoring and review of the management system and supporting processes;
- (b) Provide a mechanism to achieve QHSE and BC objectives;
- (c) Improve efficiency of QHSE and BC management processes within NA;
- (d) Comply with standards adopted by National Ambulance for:
 - Quality Management System (ISO 9001: 2015);
 - Occupational Health and Safety standards (ISO 45001: 2018);
 - Environmental Management System (ISO 14001:2015);
 - Business Continuity standards (AE/SCNS/NCEMA 7000:2021);
 - Medical Transport standards (Joint Commission International Accreditation Standards for Medical Transport Organization – 2nd Edition)
- (e) Comply with legal and regulatory requirements relating to National Ambulance operational activities.

This consolidated management system provides the Quality Management System (QMS), Health and Safety Management System (HSMS), Environmental Management System (EMS) and Business Continuity Management System (BCMS) as one integrated management system.

2. SCOPE

The National Ambulance QHSE and BC Management System is applicable to all activities and services undertaken by the company, at all locations across the UAE, specifically:

- Priority activities and supporting activities relating to frontline emergency medical care and transport;
- Internal support services needed to carry out frontline activities, such as recruitment, fleet management and IT;
- Property - Occupation of premises, to the extent that NA has control over the premises;
- Procurement, to the extent that NA has:
 - Choice of suppliers or products due to technical, regulatory or market constraints,
 - Ability to influence suppliers' decisions and actions.

3. ROLES AND RESPONSIBILITIES

The QHSE and Business Continuity Manager or delegate has authority and responsibility for ensuring the QHSE and BC management system conforms to the standards adopted in Section 1, and authority to direct QHSE and BC staff and related activities in order to comply with these standards.

Roles & Responsibilities	Executive Team	Directors and Managers	QHSE & Business Continuity Team	All Staff
1. Provide resources for QHSE and BC risk management	X			
2. Enable employees to stop work or remove themselves from situations that present unknown or uncontrolled risks	X	X	X	
3. Investigate or provide oversight to specific incident investigations	X	X	X	
4. Communicate significant uncontrolled QHSE and BC risks to the Board of Directors	X	X	X	
5. Take final responsibility and full accountability for QHSE and BC risks	X	X	X	
6. Communicate identified hazards and controls to staff, contractors and visitors		X	X	
7. Consult staff on workplace hazards, risk assessments, and controls, and ensure staff can discuss and report risks		X	X	
8. Recommend actions or controls for specific hazards		X	X	
9. Provide information, training and supervision to employees to enable them to work safely, without causing environmental harm, and ensuring continuity of operations during disruptions		X	X	
10. Review QHSE and BC risk assessments		X	X	
11. Train new employees in QHSE risk management, including risk assessments, as appropriate to their role		X	X	
12. Maintain a register of risk assessments and other risk records		X	X	
13. Develop testing programs to check adequacy of business continuity plans		X	X	
14. Review risk management policies, procedures, and plans		X	X	
15. Prepare BC plans to ensure the delivery of the prioritized activities within predetermined timeline in the occurrence of disruptions		X	X	
16. Minimize the impact of a disruptive event, recover from the disruptive events, and return to normal activities		X	X	
17. Prepare and report on QHSE and BC risks on a periodic basis to the Executive Team, or sooner based on level of risk		X	X	
18. Implement, monitor, and verify the implementation of the standard requirements		X	X	
19. Comply with QHSE and BC policies and procedures				X
20. Avoid or minimize QHSE risks to patient outcomes, company activities and assets				X

21. Carry out or participate in risk assessments in employee's area of duty				X
22. Apply risk control measures identified in procedures, risk assessments, investigations or other documented processes				X
23. Report new or changed hazards and risks, or risks with insufficient controls				X
24. Demonstrate visible leadership that creates and supports a QHSE & BC culture				X

3.1 Governance Framework

Business continuity specific governance framework and roles and responsibilities are documented in QHP810 BC Governance, Communication, and Resources Plan.

3.2 Resources

Staff positions with dedicated QHSE and BC responsibilities are listed below, with reporting lines:

- QHSE & BC Manager
- QHSE Coordinator
- QHSE and Feedback Assistant
- Legal Compliance Officer

In addition to staffing, resources are allocated to facilitate business continuity related activities within the company's normal operations, for example, training, awareness, testing, auditing and technical assessments.

Details about business continuity related resources and external providers is covered in QHP810 BC Governance, Communication Resources Plan.

4. QHSE POLICY

الإسعاف National
الوطني Ambulance



Quality, Health, Safety and Environment Policy

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;
- Provide safe and healthy working conditions to prevent injury and ill health to our employees, customers and society as a whole;
- Eliminate hazards and reduce OH&S risks;
- Ensure the consultation and participation of employees in Occupational Health and Safety matters; 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.

Ahmed Al Hajeri
Chief Executive Officer

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5. BUSINESS CONTINUITY POLICY

BUSINESS CONTINUITY POLICY



وثيقة محظورة
Restricted
Document

سياسة استمرارية الأعمال

National Ambulance Senior Management is committed to approving and publishing the Risk Management and Business Continuity Policy to all employees and key stakeholders and that it will be reviewed periodically to ensure its suitability.

National Ambulance seeks to carry out its core operations minimal impact during major disruptions to protect patient outcomes, meet stakeholder requirements, to fulfill its leadership role as a prehospital care provider by implementing the business continuity standard

National Ambulance is committed to:

- Developing and implementing a business continuity framework, consistent with the corporate strategy.
- Ensuring no impact on patient outcomes during a major disruption to the business or its environment.
- Aligning the Business Continuity Framework with UAE Business Continuity Management System AE/SCNS/NCEMA 7000:2021 and international best practice.
- Meeting and exceeding the needs and expectations of our stakeholders and other interested parties.
- Implementing a Business Continuity training and awareness program and reviewing it regularly.
- Carrying out periodic testing of business continuity plans, strategies, and response structures.
- Providing adequate resources, including competent staff with designated business continuity roles and responsibilities.
- Measuring and reporting on the effectiveness of the business continuity program against its objectives and key performance indicators.
- Reviewing the business continuity management program to promote continual improvement.
- Spreading a culture of dealing with potential risks and predicting them before they occur and seeking to address them effectively.
- Developing plans and strategies to ensure continuity of prioritized activities.
- Strengthening opportunities and channels with partners in emergency situations and determining the recovery time objective.
- Ensuring all staff are committed to adhere to the National Ambulance Business Continuity Framework.
- Meeting in full the requirements of AE/SCNS/NCEMA 7000:2021.

National Ambulance's Board of Directors, Executives and Business Continuity team assume full responsibility for implementing this policy throughout the organization and operations.

تلتزم الإدارة العليا للإسعاف الوطني بالموافقة على السياسة المتعلقة بنظم إدارة المخاطر واستمرارية الأعمال ونشرها لكافة الموظفين وأصحاب المصلحة وأنه سيتم مراجعتها بصورة دورية ومنظمة للتأكد من ملائمتها.

يسعى الإسعاف الوطني إلى تنفيذ العمليات الأساسية بأقل تأثير ممكن خلال وقوع الحوادث الجسيمة من أجل حماية المرضى والمجتمع. تلبية متطلبات أصحاب المصلحة، ولتتمكن من أداء دوره القيادي كمزود خدمة الرعاية الإسعافية في مرحلة ما قبل المستشفى عن طريق تطبيق وممارسة المعيار الوطني لنظام إدارة استمرارية الأعمال.

الإسعاف الوطني ملتزم بما يلي:

- تطوير وتنفيذ إطار استمرارية الأعمال بما يتوافق مع استراتيجية الشركة وربط النظام مع أهداف وسياسات الإسعاف الوطني.
- التأكد من فعالية الأجهزة والمعدات والخدمات لضمان عدم وجود تأثير على نتائج المرضى تحديدًا والعمليات الأساسية عامة أثناء حدوث الحوادث الجسيمة.
- مواصلة إطار استمرارية الأعمال في الإسعاف الوطني مع المعيار الوطني لنظام إدارة استمرارية الأعمال AE/SCNS/NCEMA7000:2021 والامتثال للمتطلبات والعمليات المعتمدة.
- تلبية احتياجات وتوقعات أصحاب المصلحة والأطراف المعنية الأخرى.
- تطوير برنامج تدريبي وتوعوي عن استمرارية الأعمال ومراجعتها بانتظام.
- إجراء اختبارات دورية لحظوظ استمرارية الأعمال للمخاطر المحددة للاستراتيجيات والهيئات الاستجابة.
- توفير الموارد الكافية، بما في ذلك الموظفين الأكفاء وتحديد الأنوار والمسؤوليات المحددة لاستمرارية الأعمال.
- قياس فعالية برنامج استمرارية الأعمال باستخدام الأهداف ومؤشرات الأداء.
- مراجعة برنامج إدارة استمرارية الأعمال لتعزيز التحسين المستمر.
- نشر ثقافة التعامل مع المخاطر المحتملة والتنبؤ بها قبل حدوثها، والسعي لمعالجتها بشكل فعال مع تحديد المهام والمسؤوليات لإدارة المخاطر.
- وضع خطط واستراتيجيات لضمان استمرارية الأعمال وإدارة المخاطر خلال الأزمات والطوارئ، وذلك لضمان استمرارية العمليات الأساسية.
- تعزيز فرص وقنوات التواصل المستمر مع الشركاء في حالات الطوارئ وتحديد فترة استرجاع الخدمات بشكل طبيعي.
- التأكد من التزام جميع الإدارات والعاملين في الإسعاف الوطني بتطبيق نظام إدارة المخاطر واستمرارية الأعمال والتقيّد به.
- تلبية متطلبات نظام إدارة استمرارية الأعمال AE/SCNS/NCEMA7000:2021 بالكامل.

تعمل مجلس إدارة الإسعاف الوطني والمندوبون التنفيذيون وفريق إدارة الأعمال المسؤولة الكفالة في تنفيذ هذه السياسة في جميع أنحاء المؤسسة.

Ahmed Al Hajeri

1 September 2021

احمد الهاجري

1 سبتمبر 2021

6. SERVICES PROVIDED

6.1. NATIONAL AMBULANCE'S CORE BUSINESS ACTIVITIES ARE:

- **Public, Private and Events ambulance and air medical services** – this involves Clinician of Northern Emirates land based public emergency Basic Life Support (BLS) with ALS support and Doctors support if available, contracted private ambulance and /or first aid services with either a Basic and Advanced Life Support, a private contracted Helicopter Emergency Medical Service (HEMS) with BLS and Medical Doctors support, community and private events support with either ALS or BLS ambulances and/or crew. All supported by an Ambulance Communications Centre (ACC),
- **Patient Transport Services** – This involves both contracted and single request transportation of patients between destinations.
- **First Aid and Continuous Medical Education** – First aid training for the public and key stakeholders and internal training and maintenance of clinical standards

For government, public events, and oil and gas industries. These services are tailored to meet each client's needs.

The priority activities identified for Business Continuity that are identified through the business impact analysis are based on National Ambulance provision of public and private ambulance and air medical services for government and non-government entities within the UAE. This can be broken down further to the following critical services:

- Transport of emergency medical patients to hospital;
- Providing pre-hospital emergency medical treatment;
- Acting as the lead medical emergency response agency in mass casualty incidents in the northern emirates, as part of operating the public ambulance service for these communities.

6.2. COMPANY LOCATIONS

All current site locations summary are as follows:

6.2.1. HEAD OFFICE LOCATION AND SERVICES PROVIDED

The National Ambulance headquarters is located in Abu Dhabi Aldar HQ in Al Raha. It hosts the key functions of:

Ambulance Communications Centre (ACC), Finance, Insurance, Payroll, Procurement, Insurance, Human Resources, Recruitment, Information Technology, Quality Health Safety and Environment, Business Continuity, Project Management, Clinical Governance, Licensing, Media and Communications, Events, Public Relations and some operational leadership roles.

6.2.2. WAREHOUSE SITE AND SERVICES PROVIDED



The NA warehouse is situated in KIZAD, Abu Dhabi, which also houses the Pharmacy, Supply Chain Clinical Education, IT Disaster Recovery Site, and Fleet.

6.2.3. FIELD SITES AND SERVICES PROVIDED

The company operational sites are located across all of the UAE except Dubai. Another IT Disaster Recovery Site is located in Ajman Civil Defence in Northern Emirates.

Crews providing services to contracted clients are situated at the client's site, and provide medical support service from a clinic, other space allocated for treatment of patients, or directly from the ambulance. A full listing is provided in 'FIF118 Contracts Register'. Paramedic services for events are also provided directly from a room supplied by the client, or directly from an ambulance situated on site at the event.

Crews carrying out public ambulance services for the Northern Emirates of Sharjah, Ajman, Umm Al Quwain, Ras Al Khaimah and Fujairah are located across 43 stations and standby locations (substations) in the Northern Emirates. NA does not lease or own any of these locations, instead most of the sites are operated by Civil Defense, with space in the building allocated to National Ambulance, or National Ambulance has a demountable temporary office placed within grounds of a hospital.

6.3. INTERNAL AND EXTERNAL ISSUES

National Ambulance has identified its internal and external issues that can impact its strategic direction and objectives as well as its operational plans and QHSE performance. In its strategic plan 2020-2025, National Ambulance has identified through the SWOT analysis the issues that are relevant to its purpose and that affect its ability to achieve the intended outcomes of its quality, health, safety, and environmental management system (QHSE).

QHSE and BC internal and external issues are found in Appendix D. Departmental internal and external issues, as well as opportunities and other risk mitigating measures, are identified and documented in the QHF703 Risks and Opportunities Register.

6.4. NEEDS AND EXPECTATIONS

Interested parties, that is, parties affected by National Ambulance activities and decisions or parties who perceive themselves to be affected by National Ambulance activities and decisions, were identified. Their relevant needs and reasonable expectations were then identified by considering how the interested party is related or relevant to National Ambulance, and vice versa. Refer to Appendix C Compliance requirement.

National Ambulance has also identified its customer and stakeholder needs and expectation. These are documented in Appendix C Compliance requirement and QHF703 Risks and Opportunities Register.

In line with the standard requirements in the ISO 9001:2015, ISO45001:2018, ISO 14001:2015, and NCEMA 7000:2021, NA identified the importance of understanding the needs and expectations. National Ambulance has determined and reviewed its interested parties requirements. National Ambulance monitors customers' perceptions and the degree to which their needs and expectations have been fulfilled (Feedback survey).

Customer Needs is what customers want and is consistent of both concrete (tangible) and emotional needs. Emotional needs can be a customer feeling about the service itself, the service provider in person or the organization delivering this service. The customer must feel good, safe, happy, respected and valued ...etc.

6.5. RISKS & OPPORTUNITIES

National Ambulance has performed a comprehensive high level SWOT analysis to identify the opportunities for its strategic and operational performance. In the SWOT analysis opportunities and threats are highlighted. These opportunities and threats are addressed in the action plan documented in the 2020-2025 Strategic Plan.

Additionally, National Ambulance identified opportunities in departments and documented these in QHF703 Risk and Opportunity Register.

6.5.1. COMMERCIAL ENVIRONMENT

The Company is registered as an LLC and is owned by Fazaa Group LLC.

A Strategic Plan (QHP107) is reviewed and approved by the Board of Management as required. It includes an assessment of the company's commercial environment and includes its Vision, Mission, SWOT (External & Internal Issues) and key actions / strategic priorities resulting from this.

6.5.2. NATURAL ENVIRONMENT

The natural environment can have a significant impact on the National Ambulance operations, and the QHSE and BC Management System.

Our stations and standby points are located throughout the UAE and include urban and rural areas, hot, sandy deserts, coastal ecosystems and mountain environments. All sites are connected by road networks which are in good to excellent condition. All buildings occupied by NA are air-conditioned, and operate on a reliable supply of mains electricity and water. Mains electricity is supplied throughout all emirates, generated by oil and gas-fired power stations and solar farms. Fresh water predominately relies on reliable multiple government desalination plants across the country for potable water supply.

6.5.3. EMPLOYEES

National Ambulance typically employs around 700 staff, working under four (4) departments – Operations, Clinical, Finance and Administration. This is shown diagrammatically in the organizational chart ‘COP105 NA Organizational Chart’.

Around 93% of the workforce are employed in a clinical role, which includes doctors, paramedics, emergency medical technicians (EMTs), pharmacists, occupational health nurse, and clinical educators. The remaining 9% work in support functions such as IT, finance, supply chain, fleet management, HR, QHSE, clinical governance and recruitment.

Emirati and expatriate staff are recruited from within UAE and internationally. Focus is given to recruiting Emiratis, and also Arabic, English and Hindi speakers to reflect the main language groups of patients and thereby limit language barriers.

6.5.4. OUTSOURCED SERVICES

NA has outsourced its maintenance activities for the ambulance breakdown in certain contracts where applicable, EMC & ET provides required documents prior to any maintenance.

In addition to employees, a number of workers are hired through manpower supply companies, usually in lower skill roles such as cleaners and security guards.

Guidelines related to Business Continuity external providers are mentioned in QHP810 BC Governance, Communication, and Resources Plan

6.5.5. REGULATORY FRAMEWORK

National Ambulance’s regulators are the Ministry of Health (MOH) federally in the northern emirates, and Department of Health (DOH) in Abu Dhabi.

Numerous laws, regulations and mandatory standards govern operation of ambulance services in UAE, issued by either regulator. Other legal requirements apply to NA activities, relating to non-clinical aspects of the operation such as vehicle operations, employer responsibilities, and health, safety and environmental management (refer to ‘QHP104 Legal Policy and Register’).

6.5.6. COMPLIANCE OBLIGATIONS

Compliance obligations were drawn from:

1. Legal and other requirements
2. Requirements of interested parties;
3. Voluntary standards, agreements and codes of practices that the company has entered into or adopted:
 - Quality Management System (ISO 9001: 2015);
 - Occupational Health and Safety Management System (ISO 45001: 2018);

- Environmental Management System (ISO 14001:2015);
- Business Continuity standards (AE/SCNS/NCEMA 7000:2015);
- Medical Transport standards (Joint Commission International Accreditation Standards for Medical Transport Organization – 2nd Edition)

7. QHSE AND BC MANAGEMENT SYSTEM

7.1. QHSE MANAGEMENT SYSTEM COMPONENTS

The QHSE management system addresses the management functions of:

1. Leadership Commitment
2. Relationship with people (Customer, staff and patient engagement)
3. Roles and Responsibilities
4. Policies and Procedures (Process Approach)
5. Planning & Implementation
6. Risk Based Thinking
7. Auditing and Inspections
8. Non-conformance and Action Items
9. Monitoring and Reporting
10. Continuous improvement

Figure 1: QHSE Management Components

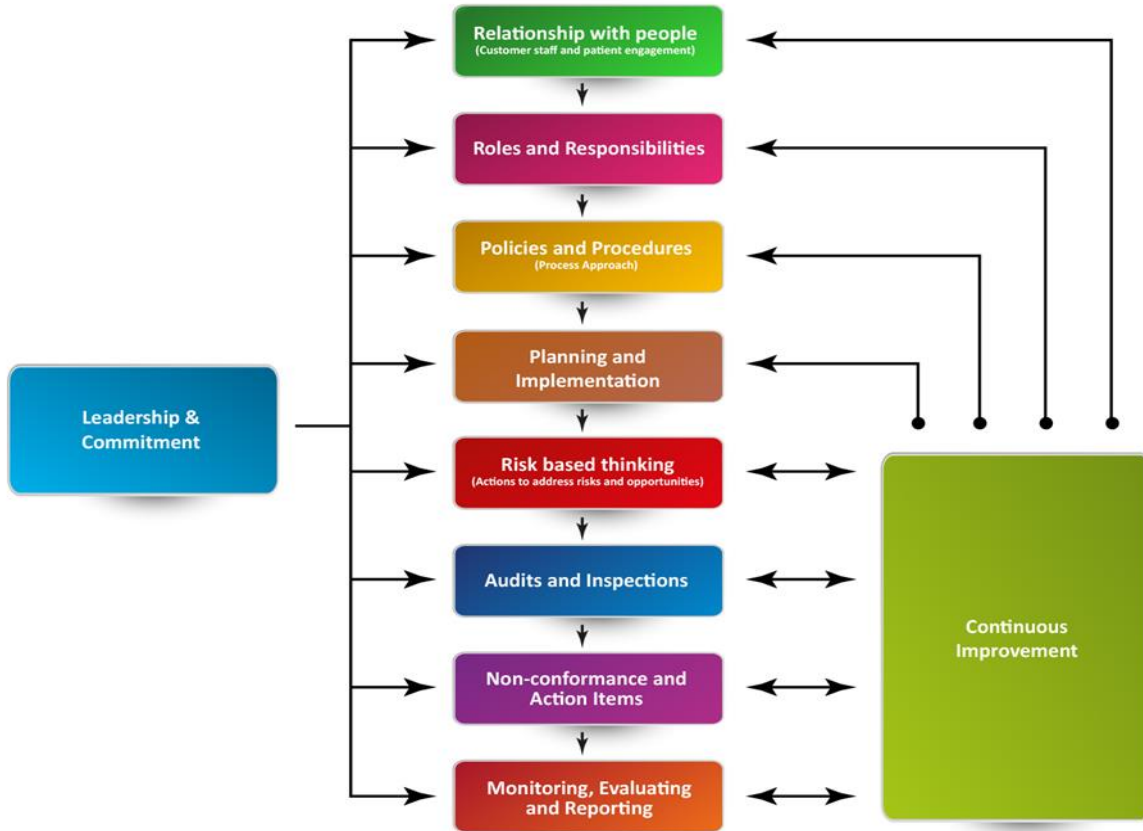


Figure 2: Plan Do Check Act (PDCA) Cycle



Table 1– Business Continuity Management System Process

National Ambulance’s BC framework has been developed and is maintained according to the stages shown below.

Stage	Elements	Process
Establishment	Governance Framework	1. Top management
		2. Management roles & responsibilities
		3. Management system planning
		4. Approval
	Context of the Organization	5. Issues
		6. Interested parties
		7. Attitude to risk
	Policy, Scope and Objectives	8. BCM Policy
		9. Scope of the management system
		10. BC objectives
	Management System Support	11. People
		12. Other resources
		13. External providers
		14. Communication relating to the management system
		15. Control over management system changes
	Documented Information	16. Creation of documented information
		17. Control of documented information
		18. Required documented information
Operations	Business Impact Analysis	19. Organizational assessment
		20. Priority activities
		21. Supporting activities
		22. RTOs and MAOs for priority supporting activities
		23. Internal and external dependencies
		24. Resources for priority supporting activities
		25. Stakeholders for priorities supporting activities
	Risk Assessment	26. Threat and vulnerability assessment
		27. Risk assessment
	Business Continuity Strategy	28. Potential recovery solutions
		29. Reduce and mitigate the impact
		30. Recover and resume prioritized activities
	Business Continuity Plans	31. Business Continuity Plans
		32. Incident Response Plan
		33. Disaster Recovery Plan

		34. Media Response Plan
Review and Evaluation	Monitoring and Measuring Effectiveness	35. Performance dashboard and KPIs
	Compliance and Internal Audit	36. Conduct a complete annual internal audit
		37. Audit of BCM and cover all requirements of NCEMA Standard.
	Management Review	38. Review the BC capability to ensure it remains fit-for-purpose and continues to meet BCM objectives
Continual Improvement	Nonconformances and Corrective Actions	39. Identifying RCA and corrective actions
		40. Proper closure of non-conformances

8. LEADERSHIP COMMITMENT

The leadership team of National Ambulance is committed to excellence in all areas of the company's operations, to be achieved in a healthy, safe, and environmentally responsible way. Furthermore, they are resolved to ensuring continuity of critical services during interruptions to business activities.

These commitments are reflected in the company's:

- QHSE Policy ('QHP101 QHSE Policy Statement'), and
- Business Continuity Policy ('QHP809 Business Continuity Policy').

The QHSE Policy and Business Continuity Policy are available to the public upon request, and are published in:

- National Ambulance Reference Library (eLibrary)

In addition, the QHSE Policy is available on:

- Website www.nationalambulance.ae
- QHSE Notice Boards, located at all sites.

9. PLANNING

9.1. LEGAL AND COMPLIANCE REQUIREMENTS

National Ambulance is committed to operate in accordance with all relevant regulatory requirements, international and local standards, and other compliance obligations that may arise from other sources.

The process for identifying legal requirements, and the register of legal requirements, is set out in 'QHP104 Legal and Regulatory Compliance Policy and Register' and Appendix C.

Compliance is monitored and reported in accordance with the 'QHP104 Legal and Regulatory Compliance Policy and Procedure'. Non-compliance and non-conformance are considered in line with 'QHP202 QHSE & BC Audit, Inspection, and Non-Conformance Policy and Procedure' and managed through the QHF201 QHSE Reporting Register or the QHF414 QHSE Risk Assessment & Audit Register.

9.2. BUSINESS IMPACT ANALYSIS

A business impact analysis (BIA) is carried out to establish the basis for the business continuity strategy and plans. This analysis is done according to the objectives and procedure set out in 'COP409 Business Impact Analysis Policy and Procedure'.

The outcomes of the business impact analysis are listed below, and are documented in a report:

- Organizational context and understanding,
- Priority (critical) services, activities and products,
- Supporting services, activities and products necessary to carry out priority activities, services and products, Recovery time objectives, maximum acceptable outages for identified supporting activities, activities and products, and;
- Resources and stakeholders requirements to carry out priority and supporting services.

The BIA is reviewed in accordance with 'COP409 Business Impact Analysis Policy and Procedure'. The BIA summary of different departments are consolidated in the Business Impact Assessment Report. This report is reviewed on annual basis.

9.3. RISK MANAGEMENT

Risk-based management is a core process that underpins management of quality, health, safety, environmental, and business continuity efforts. Risks are managed systematically, through documented procedures. National Ambulance's risk management policy and procedures are set out in 'QHP201 Risk Management Policy and Procedure', which addresses all QHSE & BC risks.

National Ambulance accepts a low amount of operational risk in carrying out its priority and supporting activities. Operational risk is prioritized over financial impacts, in order to protect staff and public safety and well-being, and meet community service expectations.

The process of risk management applies to all areas of NA activities, including:

- Operations (routine and non-routine, significant and non -significant)
- Events
- Workplace and assets
- Tools and materials
- Procurement
- Development or introduction of new services and procedures
- Contractor activities
- External conditions affecting the organization
- Legal and other compliance requirements

Changes to any critical activities that are related to QHSE & BC activities should be controlled in accordance with COP414 Organizational Change Management Policy and Procedure.

Risk management is done according to the generalized process of:

- Hazard identification

- BC's Threat and vulnerability assessment
- QHSE and BC Risk assessment and BC's Business Impact Analysis (BIA)
- Risk acceptance
- Application of risk control measures
- Risk re-assessment
- Risk acceptance
- Application of additional controls

A threat and vulnerability assessment is carried out as a precursory step in risk assessment for business continuity purposes only.

The current status of risks identified through risk assessments, incident reporting or other processes are tracked through the QHF702 Risk Assessment Register and task and project management application including control measures ¹.

9.4. ENVIRONMENTAL ASPECTS

As part of an integrated risk-based approach to QHSE and business continuity, National Ambulance has integrated the management of the environmental aspects and impacts of its activities and services with the risk assessment process for health and safety, quality and business continuity. This is set out in 'Risk Management Policy and Procedure QHP201'.

Environmental aspects for locations, events, activities and equipment are identified, their impacts (positive and negative) are assessed, and mitigation actions are identified as necessary according to the significance of the impact. Opportunities to improve environmental quality or performance are also captured through this process. In situations where the company has control or reasonable influence in relation to achieving significant environmental benefits relating to its activities, actions to release these environmental opportunities are identified and implemented.

The register of environmental aspects, impacts and their significance is available in Appendix B in this manual in addition to the environmental objectives/programs. Aspects and impacts are integrated with other forms of risk and consolidated into the 'QHF414 QHSE Risk Assessment & Audit Register'.

9.5. CRITERIA FOR DETERMINING SIGNIFICANCE OF ENVIRONMENTAL ASPECTS

The significance of environmental aspects is assessed using the risk assessment procedure provided in 'Risk Management Policy and Procedure QHP201'. This considers the likelihood and consequences of environmental aspects, before control measures are applied and after. Other criteria are taken in to account as required for certain aspects, such as legal requirements and type, size, frequency, scale, severity, duration, exposure, and the concerns of interested parties.

¹ This register is maintained as a controlled copy because it is being updated continually, a live database that is regularly updated with new or changed risks. Access to edit the register is restricted to the QHSE Team and tasks followers

10.OBJECTIVES AND PROGRAMS

Company objectives and goals are set on an annual basis. These objectives align with the company's mission, vision, and QHSE & BC Policy and can be found in the annual 'QHSE Objectives' and 'BC Objectives'.

When establishing and reviewing these objectives, the legal and other requirements to which the company subscribes have been taken into account. These objectives, as with the hazard identification and risk assessments, focus on proactive measures, not reactive.

11.COMPETENCY, TRAINING AND AWARENESS

All staff must have a minimum level of awareness and competency in QHSE and business continuity in order to carry out their duties. Therefore, workplace QHSE and BC awareness and training is necessary. In particular, the following topics are considered important for staff to receive training in:

- QHSE goals and the relevance of QHSE to staff duties
- Waste management
- Material safety data sheets
- QHSE Management System - Hazard identification & Incident reporting
- Safety in heat
- Fire safety
- Ergonomics
- Manual Handling
- Food Safety
- Workplace emergency response
- Introduction to BC Training

Additional training may be required for some staff positions, in consideration of their differing levels of responsibility, ability, language skills, and risks likely to be encountered in their work.

Training and competence related to patient care education and competency is administered by the Clinical Services, and non-clinical training and competencies are administered by QHSE department. Further details of QHSE & BC training are provided in 'QHP501 QHSE & BC Training and Competency Policy and Procedure'.

11.1. QHSE & BC INDUCTIONS

All staff receives a QHSE & BC induction upon joining National Ambulance. This addresses awareness of hazards, risks, incident reporting, point of contact for QHSE concerns, and emergency procedures. As part of the employee induction, staff members are informed of their participation commitments and their questions are answered.

Contractors engaged by NA must have a minimum level of QHSE training and competency, as it relates to their scope of work, tasks and workplace.

Visitors to NA facilities must have a basic level of QHSE awareness commensurate with the risks present at that facility and the nature of their visit to the premises.

NA has identified the Warehouse as a site that presents specific QHSE risks. Staff working at the Warehouse and visitors to this facility must receive a site specific induction upon arrival, as set out in 'QHP213 QHSE Work Location Management Policy and Procedure'.

The business continuity induction explains the Business Continuity Management System framework, its purpose, and aims. Also, this induction addresses risks, threats, and vulnerabilities that might impact National Ambulance's business continuity.

11.2. BC TRAINING AND AWARENESS

Awareness of business continuity plans and procedures is required to enable their effective implementation at the time of an incident or major business disruption, and a basic level of BC awareness is expected for all staff.

Training and awareness will be achieved through a range of methods dependent on the roles and responsibility of the staff during a business disruption, or the way in which they may be affected, as identified in QHP811 Business Continuity Testing and Exercises Plan. All BC training and awareness activities will be recorded in accordance with 'QHP501 QHSE & BC Training and Competency Policy and Procedure'.

12.COMMUNICATION

Open and clear communication, within the organization and with relevant external parties, is required for smooth and safe operations. National Ambulance uses a range of channels to communicate with staff and external interested parties, including:

- Team meetings
- Leadership team meetings
- Email
- QHSE noticeboard
- Posters
- Signage
- SMS broadcast
- WhatsApp group messaging
- Social media – Facebook, LinkedIn, Twitter, YouTube, Instagram

Where specific stakeholders such as key suppliers have been identified within BC Plans, NA will communicate and liaise with that entity to ensure they are informed about the nature and details of the relationship between their organization and National Ambulance's business continuity plans. Further details of QHSE communications are provided in 'QHP502 QHSE Communication Policy and Procedure'. Details regarding BC communications are provided in QHP810 BC Governance, Communication, and Resources Plan.

12.1. MAJOR INCIDENT AND CRISIS COMMUNICATION

Communication is required with a range of stakeholders during emergencies such as a mass casualty incident, sentinel events threatening business services (unrelated to emergency medical response), or other crises. These stakeholders may include:

- Staff
- Board members
- Member of the community
- Government authorities
- Media

Communication with staff, external stakeholders, the community and media during crisis situations or business disruptions is addressed in 'COP413 Crisis Communication Media Liaison Policy'. This includes a template 'Media and Communication Plan', to provide structured, rapid communication using a pre-approved format and scope.

13. EMERGENCY MANAGEMENT

Emergency situations that could impact company activities or endanger people or property are identified through the risk assessment process. This process for management of these QHSE, business continuity and special events risks is set out in 'QHP201 Risk Management Policy and Procedure'.

In some cases, specific plans are required to address certain types of emergencies, whereas for other cases, risk can be eliminated, or reduced through procedural or physical changes.

13.1. EMERGENCY PLANS

Specific emergency plans have been developed under the National Ambulance QHSE and BC framework according to business continuity and risk assessment outcomes:

- QHP222 Emergency Evacuation Plan
- QHP209 Fire Safety Management Policy and Procedure
- QHP213 QHSE Work Location Management Policy
- COP113 Crisis Communication Media Liaison Policy
- OPP126 Ambulance Call Centre (ACC) Evacuation and Escalation Plan
- QHP809 National Ambulance Business Continuity Plans
- OPP123 Major Incident and Disaster Response Policy and Procedure

'QHP222 Emergency Evacuation Plan' provides guidelines for response to specific hazards (listed below), drill frequencies and requirements, and review timetables:

- Fire
- Flooding
- Earthquake
- Building structural hazards
- Dust storm

- Water, power Loss
- H2S, chemical spills, biological hazards
- Bomb threats, terrorism
- Medical hazards, epidemic
- Emergencies related to traffic accidents and drivers
- Power outage

13.2. BUSINESS CONTINUITY STRATEGY

Business continuity strategies and action-level plans (BC plans) are developed under the QHSE and BC framework according to outcomes of the business continuity impact analysis, threat and vulnerability assessment, and risk assessment, to address specific scenarios. This is done in cases where there is an unacceptable risk to the business, and the risk assessment control measures, action plans or emergency plans are not expected to address these threats satisfactorily.

The purpose of NA's BC strategy is to identify the trigger scenarios that cause BC plans to be activated, and describe the general approach for enabling continuation of prioritized/ activities under crisis situations, until full recovery of services. BC strategies are developed in accordance with QHF416 Business Continuity Strategy Template.

13.3. BUSINESS CONTINUITY PLANS

The purpose of NA's BC plans is to describe the steps required to stabilize and continue priority and supporting activities, until operations return to business as usual status. The plans address:

- Authority to activate BC plans;
- Responsibility to implement BC plans;
- Actions or guidelines for response, according to the relevant strategy;
- Key information such as locations and supplier contact details.

Business Continuity Plans are developed based on QHF517 Business Continuity Plan Template. The Business continuity plans have been approved for the following situations:

- Loss of Warehouse (QHP804 Business Continuity Plan – Warehouse)
- Loss of Pharmacy (QHP802 Business Continuity Plan – Pharmacy)
- Loss of IT Data Centre services (QHP803 Business Continuity Plan – IT).
- Other plans as documented in QHP809 Business Continuity Plans

13.3.1. TESTING OF BUSINESS CONTINUITY PLANS

Testing of business continuity plans is done to assess the ongoing suitability of the company's business continuity plans and the level of readiness to enact them when required. Testing addresses all aspects of BC plans that are required to enable the plan to succeed, including procedures, facilities, technology,

plant and equipment, and information (such as contact lists). Refer to QHP811 Business Continuity Tests and Exercises Plan for BC tests and exercises related details.

The frequency of testing varies according to type of test. The type of test is determined by the risk the BC plan addresses, risks inherent in testing, resources available including people, timeframe available for testing (considering any downtime of equipment that may be required), and other factors that may be considered relevant.

Full scale simulation of major business disruptions, which may involve deactivating critical services or shutdown of facilities, are considered high risk and therefore are not mandated.

Outcomes of testing are documented in the risk assessment register and reported to the QHSE and BC Manager. BC Plans will be revised on the basis of test outcomes, if shown to be impracticable, or no longer reflecting current resources, facilities, equipment or procedures.

A BC test schedule is prepared by the BC team in consultation with the subject area manager, documented in the QHF210 Tests, Exercises, and Drill Register, and implemented accordingly.

14.PERFORMANCE EVALUATION

14.1. INSPECTIONS AND AUDITS

National Ambulance considered that audits and inspections are necessary for the organization to have a clear understanding of its QHSE and BC performance. This management component is evaluated across the business as outlined below.

The procedures for audits and inspections and their associated records are defined in 'QHP202 QHSE and BC Audit, Inspection and Nonconformance Policy and Procedure'. These monitoring and measuring tools aim to accomplish the following:

- Measure the extent to which the QHSE and BC objectives are met
- Monitor the effectiveness of controls
- Use proactive/preventative monitoring wherever possible
- Measure both qualitative and quantitative data, as appropriate for the task being evaluated.

These procedures can be applied to long and short term objectives, processes, and other evaluated QHSE and BC programs, and are applicable at all levels throughout the organization.

14.1.1. INTERNAL AUDITING

Internal audits of the QHSE and BC management system are conducted annually as per 'QHP202 QHSE and BC Audit Inspection and Non-Conformance Policy and Procedure'. These audits address:

- Conformance of the company with planned arrangements for QHSE and BC management;
- Proper implementation and maintenance of the QHSE and BC management system, policies and procedures;
- Effectiveness of the QHSE and BC management system in meeting the organization's policy and objectives.

14.1.2. EXTERNAL AUDITING

External audits are carried out to maintain accreditation to international standards:

- Quality Management System (ISO 9001: 2015);
- Occupational Health and Safety standards (ISO45001: 2018);
- Environmental Management System (ISO 14001:2015);
- Business Continuity standards (AE/SCNS/NCEMA 7000:2021);
- Medical Transport standards (Joint Commission International Accreditation Standards for Medical Transport Organization – 2nd Edition)

14.2. INVESTIGATIONS, CORRECTION AND CORRECTIVE ACTIONS

The QHSE and BC management system aims to provide a system that prevents incidents (including near-misses) and non-conformances, recognizes them when they have happen, determines why they occurred, implements corrections, and puts in place corrective actions to prevent future occurrences.

14.2.1. INCIDENT INVESTIGATION

QHSE incidents are events or chains of events which cause or could have caused fatality, injury, illness and/or damage (loss) to assets, corporate reputation or third parties. This includes near-misses and accidents.

Incidents are rated using the risk matrix found in 'QHP201 Risk Management Policy and Procedure'. All incidents must be investigated using the root-cause analysis process.

'QHP210 Risk Management Policy' dictates timeframes for incident reporting, reporting methods, timeframe for investigation, investigation procedure and responsibilities, and reporting and documentation of investigation outcomes.

14.2.2. NONCONFORMITY INVESTIGATIONS

Like incidents, actual and potential non-conformities are investigated in accordance with 'QHP202 QHSE and BC Audit Inspection and Non-Conformance Policy and Procedure'. The goal when investigating non-conformities is to determine root causes, prevent reoccurrences, and take appropriate control measures.

14.2.3. CORRECTIVE ACTION

Where the corrective actions identify new or changed hazards or the need for changes to controls, the proposed actions is taken as described in 'QHP201 Risk Management Policy'.

When corrective actions are taken to eliminate the causes of actual nonconformities, they should be appropriate to the magnitude of problems and commensurate with risk encountered. Existing control measures have to be amended if found to be unsuitable to eliminate the cause of a potential non conformity.

If there are changes arising from corrective actions, these changes are reflected in the relevant QHSE policies and procedures.

14.2.4. CORRECTIONS

In addition to corrective actions, corrections are determined in order to eliminate a detected nonconformity or undesirable situation.

14.3. QHSE AND BC CONTROLS

The National Ambulance QHSE and BC management system is designed to identify and mitigate significant quality, health, safety or environmental hazards, minimize the impact during disruption or situations that contribute to significant conflict with stated goals and objectives.

14.3.1. QUALITY CONTROLS

Providing high quality services to our internal and external clients is of the utmost importance to the company. The quality controls are documented in 'QHP110 QHSE Quality Plan' and presented and signed off by the Board of Management every year. 'QHP201 Risk Management Policy and Procedure' specifies how this will be accomplished with the support of several other documents outlined throughout manual.

14.3.2. HSE CONTROLS

Control measures are developed and implemented wherever there is a hazard, risk, incident (including near-miss), or non-conformance as identified through inspections or audits, relating to health, safety or environmental performance.

Control measures can be preventative or corrective. Where appropriate HSE controls are not clear, or the timeframe or resourcing to implement a control is significant, controls can be developed as a project.

Environmental control measures are developed and implemented to ensure that the aspects of the National Ambulance will not have a significant impact to the environment.

Further details about HSE controls are provided in 'QHP201 Risk Management Policy and Procedure' and risk assessment .

14.3.3. BC CONTROLS

Business Continuity controls are developed and implemented to to minimize the impact on critical activities during and after a disruption.

15.MANAGEMENT REVIEW

Consistent with the company's leadership and commitment principals, top management remains involved in the QHSE and BC process.

As management's representative, the QHSE and Business Continuity Manager reviews the QHSE and BC management systems and processes annually or when significant changes occur to ensure continued suitability, adequacy and effectiveness of the system and to improve the quality of services as part of their job duties.

The revision, updating and distribution will be the responsibility of the QHSE and Business Continuity Manager . All amendments to the QHSE and BC Manual are reviewed by the QHSE and Business Continuity Manager for adequacy and approved by the Chief Administrative Medical Officer.

15.1. EXECUTIVE TEAM REVIEW

The Executive Team will carry out an annual strategic review of the QHSE and BC management system in conjunction with business planning activities.

15.1.1. REVIEW INPUTS

This annual review evaluates the continuing suitability and effectiveness of the QHSE and BC management system in satisfying the requirements of the ISO 9001:2015, ISO 14001:2015, ISO45001:2018 and AE/SCNS/NCEMA 7000:2015 standards, and as well as the Management Policy Statement.

The management review will include, but not be limited to:

- 1.1. Follow-up actions from previous management reviews
- 1.2. Risk Management
 - 1.2.1. Status of incident investigations, corrective actions and preventive actions
- 1.3. QHSE and BC performance including:
 - Results of external audits

- Results of internal audits and evaluations of compliance
- QHSE & BC Performance Dashboard
- Performance exception reporting
- Staff satisfaction survey
- Compliance with legal requirements
- Supplier Reviews
- Relevant feedback from external interested parties, including complaints

1.4. Results of participation and consultation

1.5. Changing circumstances, including:

1.5.1. developments in legal and other requirements related to QHSE and Business Continuity

1.5.2. Update in internal and external issues

1.6. Testing of BC continuity plans, including scheduling and resources required for future testing

1.7. Audit register planning

1.8. Resourcing

1.9. BC Management System Effectiveness

1.9.1. Review of BC Policy, Scope and Objectives

1.9.2. Top Management's BC Accountabilities and Commitments

1.9.3. BC Project

1.10. The effectiveness of actions taken to address risks and opportunities

1.11. Status of incident investigations, corrective actions and preventive actions

1.12. Opportunities for improvement

15.1.2. REVIEW OUTPUTS

Management review outputs will include decisions and actions related to:

- 1.1. Improvement of the effectiveness of the QHSE and BC management system and its processes,
- 1.2. Improvement of service related to customer requirements
- 1.3. Resource needs that have been identified.
- 1.4. Opportunities for improvement
- 1.5. Any need for changes to the QHSE and Business Continuity management system
- 1.6. Opportunities to improve integration of the IMS with other business processes, if needed
- 1.7. Any implications for the strategic direction of the organization

1.8. Other actions if required

The summary of these reviews will include the outline of matters discussed to a depth necessary for subsequent action, details of decisions taken, assignment of responsibility for actions and a time frame for actions to be completed. The management review minutes shall be communicated with employees and employees' representatives.

16. CONTINUAL IMPROVEMENT

NA is committed to continually improving its QHSE and BC performance, as documented in QHP801 Strategy and Performance Management Policy. The outcomes from risk assessments, testing, site inspections, internal and external audits, incident and non-conformity investigations will be used as a basis for ongoing improvement of its systems documented in QHF414 QHSE Risk Assessment & Audit Register.

17. DOCUMENTED INFORMATION

Within National Ambulance, a four tier documentation system is utilized as shown in Figure 2. Acting over these documents are the legal requirements and industry norms as outlined in Section 3.4 of this document.

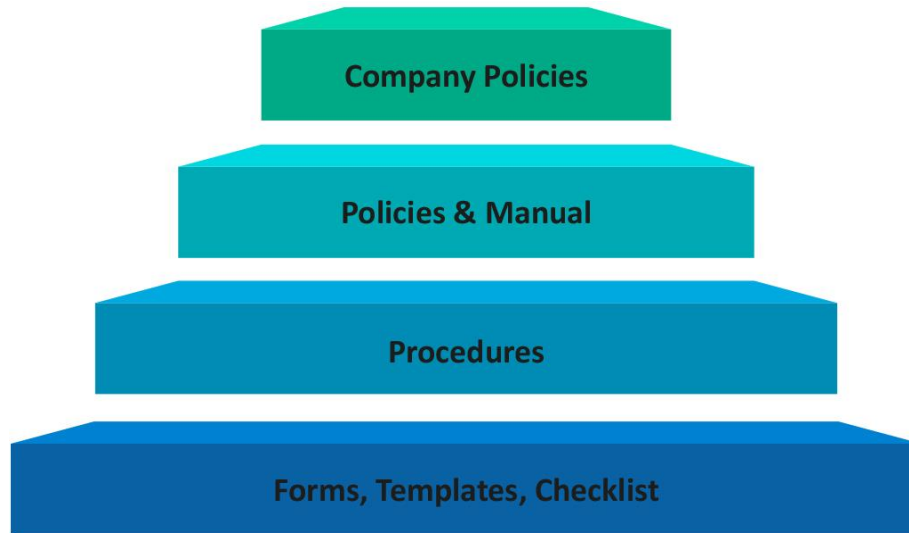
The QHSE Policy and the BC Policy outline the principles in which the company operates with regards to QHSE and BC respectively, and are both tier one documents.

The QHSE and BC Manual provides direction on how National Ambulance will meet its regulatory, contractual, and quality commitments. This is a tier two document.

Tier three documents, such as departmental policies and operating procedures provide specifics of how tasks should be completed.

Where appropriate, tier four documents support the rest of the QHSE and BC management system. This includes checklists, operations manuals and forms.

Figure 2 – Document Hierarchy



17.1.1. CONTROL OF DOCUMENTS

Proper documentation is key to the smooth operation of the QHSE and BC management system. 'QHP301 Documentation Control Policy and Procedure' outlines the steps National Ambulance utilizes to ensure that documents are:

- Approved prior to use
- Reviewed, updated, and re-approved as necessary
- Clearly labeled with current revision
- Clearly labeled with information security classification (public, restricted and confidential)

This policy also ensures that current versions of documents are available to end-users, are easily identified, and that documents of external origin are identified and their distribution controlled.

17.1.2. CONTROL OF RECORDS

QHSE records provide evidence that the system is operating effectively. 'QHP301 Documentation Control Policy and Procedure' directs the identification, storage, protection, retrieval, retention and disposal of records.

Relevant versions of documents are made available at point of use, as required by the operating system of National Ambulance. Controls are established to prevent the use of obsolete documents. Changes to documents are similarly controlled.

18. RELATED POLICIES AND FORMS

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

Policy & Procedure /Form
QHF702 Risk Assessment Register
QHF703 Risk and Opportunity Register
FIF118 Contracts Register'
QHF703 Risk and Opportunity Register.
QHP107 Strategic Plan
COP105 NA Organizational Chart
QHP104 Legal Policy and Register
QHP101 QHSE Policy Statement
QHP809 Business Continuity Policy'
QHP202 Audit, Inspection, and Non-Conformance Policy and Procedure'
QHF201 QHSE Reporting Register
QHF414 QHSE Risk Assessment & Audit Register
COP409 Business Impact Analysis Policy and Procedure
QHP201 Risk Management Policy and Procedure'
QHP202 Audit Inspection and Non-Conformance Policy and Procedure'
QHP110 QHSE Quality Plan'
QHP501 QHSE Training and Competency Policy and Procedure
QHP811 Business continuity test and exercise Plan
QHP810 BC Governance, Communication and Resources Plan
QHF416 Business Continuity Strategy
QHF517 Business Continuity Plan Template

19.FEEDBACK

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

20.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 & BC Manager

Change Brief

Version No.	Date	Changes
1.0	24 April 2011	First Draft
1.1	28 June 2011	Updated Organization Chart
1.2	29 August 2011	Updated Organization Chart / Updated Scope

2.2	December 2011	Integration of 14001 and 18001 Systems
3.0	August 2012	Integration of ISO standards and reformatting
4	February 2014	Adjust QHSE Risk & Executive meeting to include audit planning
5	January 2016	Updated the Codes and added JCI
6	August 2017	Added business continuity requirements; Updates for new versions of standards (ISO14001:2015 and ISO9001:2015); Updates for AD EHSMS change to OHSAD-SF; Addition of risks and opportunities to the agenda Addition of internal and external issues to the agenda Copy editing
6.1	August 2017	Graphical changes
7.0	February 2021	Added points in management review outputs Removed supervisor and Director of Performance and Evaluation Changes to OPP110 to COP113 Crisis Communication Media Liason Policy Update the location Added the QHF702 Risk Assessment Register and QHF703 Risk and Opportunity Register Added during Policy review committee meeting Added wording in 6.1 : with ALS support and Doctors support if available, Removed the word in 6.1: with extended scope
8	January 2022	Changed QHSE & BC manager to QHSE and BC Team in the roles and responsibilities table Minor changes in 3.1 Governance Framework, 3.2 resources about BC Removed 2 points from 6.1 National Ambulance core business activities Minor changes in 6.4 Internal and external issues and 6.5 Risk and Opportunities change the "Ministry of Interior" to "Fazaa Group LLC" Added "QHP810 BC Governance, Communication, and Resources Plan" to 6.5.4 Outsourced Serviced Minor changes in 6.5.5 Compliance Obligation (legal), 8. Leadership, 9. Business Impact Analysis, 9.3 Risk Management, 10 Objectives and Programs, 11 Competency, Training and Awareness, 11.1 QHSE and BC Inductions, 11.2 BC Training and Awareness, 12 Communication, 13.1 Emergency Plan 13.2 Business Continuity Strategy, 13.3 Business Continuity Plan, 13.3.1 Testing of Business continuity, Table 2 BC testing 14.1.2 External Auditing, 14.2 Investigation, Correction and Corrective actions 14.2.1 Incident Investigation, Added section 14.2.4 Correction Added section 14.3.3 BC Controls Minor changes to 14.3.2 HSE Controls, 14.3 QHSE and BC Controls , 15 Management Review, 17.1.1 Control Documents, 18. Related Policies and Form, 15.1.1 Review Inputs Revised Appendix B BC Summary Removed Appendix C BC Testing and Schedule Revised Appendix D Aspect and Impact register (Environmental)

CEO Approval

Board Member Verification

APPENDIX A – BC Awareness and Training

Business Continuity Awareness and Training

NA Staff Role	Type of BC Awareness or Training & Delivery Channel			
	BC Update (email or QHSE Noticeboard)	BC Basic Introduction (online)	BC Plan Training (drills)	BC Specialized Skills & Industry Update (external course)
All Staff	yes	yes		
Activate BC Plan at onset of crisis	yes	yes		
Implement BC Plan during crisis	yes	yes	yes	
BC Designated Roles	yes	yes	yes	yes
Working at Key Locations, or with Key Equipment identified in BC Plans	yes	yes	yes	

APPENDIX B – ASPECT IMPACT REGISTER (ENVIRONMENT)

ASPECT IMPACT ENVIRONMENTAL REGISTER				
#	ASPECT	IMPACT	SIGNIFICANCE (S,NS) + RISK OR OPPORTUNITY (R,O)	External/ Internal Issue
1	Usage of Medical consumables	<ul style="list-style-type: none"> Depletion of resources Harmful substance will penetrate to soil and water Possible pollution to the water and land 	S/	External
2	Usage tyres	<ul style="list-style-type: none"> Depletion of resources Harmful substance will Permeate to soil and water Possible pollution in the water and land 	S/O	External
3	Usage of Medical sharps e.g. needles	<ul style="list-style-type: none"> Incinerate in landfill Depletion of resources Possible pollution in the water and land 	S	External
4	Usage of Medical gases pentrox medicine	<ul style="list-style-type: none"> Incinerate in landfill Depletion of resources Possible pollution in the water and land 	S	External
5	General waste e.g. cardboard, paper	<ul style="list-style-type: none"> Contributes to greenhouse gases into environmental global warming. Consumption of natural resources. Environmental damage as a result of waste being sent to landfill. 	<p>S/O</p> <ul style="list-style-type: none"> -Cardboards are re-used internally in the warehouse -Usage of ePCRs -Usage of secure printers 	External/ Internal
6	Usage of Electricity in lights and equipment	<ul style="list-style-type: none"> Carbon Footprint increase (indirect CO2 emission). Depletion of resources 	<p>S/O</p> <p>Use of Energy Sufficient Bulbs</p>	External/Int ernal
7	Usage of water	<ul style="list-style-type: none"> Depletion of natural resources Disposal of contaminated water Waste water and contaminated water is discharges through the drain system and may pollute water sources. Legionnaire's disease Excess usage of water. 	<p>S/O</p> <p>Water Recycling initiative</p>	External/Int ernal
8	Emissions to the air from Ambulance/staff Transportation	<ul style="list-style-type: none"> Negative Emissions to the air Local and global air pollution Reduction of emissions of CO2 and a reduced impact on local air quality, plants and biodiversity 	<p>S/O</p> <ul style="list-style-type: none"> -Significant number of incentives to reduce emissions arising from Ambulance related transport activities, including promotion of public transport, promoting car sharing, -Transportation plan, sharing vehicles for journeys, choosing shorter routes by using Navigation systems resulting to. 	External
9	Waste Ink and toner cartridges: Storage and disposal	<ul style="list-style-type: none"> Ink and toner cartridges are Classed as hazardous waste. If disposed of incorrectly they could cause both ground and water pollution 	<p>NS/O</p> <p>Ink and toner cartridges are disposed of in a dedicated bin, and collected for recycling.</p>	External
10	Usage of electronic equipment & devices	<ul style="list-style-type: none"> Depletion of resources Harmful toxins will permeate to soil and water Harmful toxins will be released into the air 	NS/O	External

APPENDIX C– Compliance Requirements

Table 3: Interested Parties, Needs & Requirements and Compliance Requirements QHF703 Risk and Opportunity Register

Interested Party	Relevant Needs/ Requirements	Compliance Requirement
1. NA shareholders	Achieve government goals for public service	Legal, Contractual
	Best practice clinical care	
	Profitability	
	Acceptable level of corporate risk	
2. Board members	Achieve relevant international accreditations	Corporate Requirement
	Acceptable level of corporate risk	
	Reporting of business performance	
	Positive relationships with stakeholders	
	Best practice clinical care	
	Sustainable funding	
	Infrastructure development	
	Workforce planning and sustainment	
	Develop new businesses	
	A safe working environment	
	Governance and continuous improvement	
	Maximize technology	
3. NE Civil Defense	Support CD in Emergency situations Setting up MIMMS in Mass Incident and Mass casualties Educating CD in Emergency Plans Participate in the CD Drills	Legal
4. MOH	Be present in MOH meetings Report notifiable incidents on time Respond to their action plans Assist in setting up National crisis response plan NA to be a member Committee member from strategic response committee	Contractual & Legal
5. DOH	Be present in DoH meetings Report notifiable incidents on time Respond to their action plans Comply to the law and standards	
6. NCEMA	Participate and attend (MCI's) Develop of National Emergency Preparedness with NCEMA Contribute to the critical infrastructure planning Be present in NCEMA meetings (NA part of response committee)	
7. Ministry of Interior (MOI)	Northern emirates - lead medical response for MCI To be aligned with UAE Strategy of Pre-hospital Care Provide performance reports as required	
8. Local government (emirate-level)	Meet local community expectations for ambulance services	Legal & Ethical Behavior Commitment

Interested Party	Relevant Needs/ Requirements	Compliance Requirement
9. NE Community	Provide public ambulance service Provide best practice clinical care Provide trained staff who can treat and speak to local community Provide awareness through media	Legal Contractual & Ethical Behavior Commitment
10. AD Community	Provide pre-hospital care support	Ethical Behavior Commitment
11. Dubai Community	Cooperative to provide additional ambulance services for major incidents and incidents near the Dubai borders	Ethical Behavior Commitment
12. Workforce	Provide safe, healthy and environmentally responsible workplace Job security	Legal Contractual & Ethical Behavior Commitment
13. Key Suppliers	Positive relationships & collaborative planning for future requirements Pay invoices on time Long term relationship Volume Purchases	Contractual
14. Private hospitals (patient transport service)	Transport patients on time Long-term relationship	Legal
15. Clients – events that NA provides services to under contract 1	Cooperate to ensure that NA services meet their regiments and attend meetings Maintain confidentiality Be present in Clients meetings	Contractual and Legal
16. MOH and DOH public hospitals	Cooperate to ensure that NA services meet their needs and requirements & Maintain confidentiality To Be in their emergency response committees	
17. Commercial landlords	Long Contract Leases	
18. Accreditation agencies	Access to sites and staff Transparency Timely communication	
19. Public & Visitors	Provide safe, healthy and environmentally responsible premises	Legal & Ethical Behavior Commitment
20. Neighbors	Maintain social and environmental responsibility	Legal & Ethical Behavior Commitment

¹ The list of events that NA is contracted to provide medical services to changes periodically, and is available from the Event Planner.

APPENDIX D– Internal and External Issues

Internal Issues	External Issues
1. Legal compliance outcome	1. Customer feedbacks (satisfaction and complaints)
2. Internal audit reports and risk registers Non-conformities	2. Legal and compliance changes
3. Strategic performance reports	3. Consumer supplies shortages in the market
4. Infrastructure & Human Resources changes	4. Environmentally responsible Ambulance Fleet Operations
5. Natural resource consumption	5. Change in implemented standards
6. Identified EHS risks	6. Partners SLAs and MOUs
7. Employee satisfaction and happiness	7. Severe weather conditions
8. NA Incidents and accidents	8. Suppliers performance
9. NA SWOT analysis outcome	9. Internal excellence awards
10. Increased operational cost and demand	10. Site entry pass delays
11. Lack of focus on internal BC Plans (more focus is given to participating in external MCIs)	11. Competition from the private sector
12. Staff shortage due to communicable disease	12. Cyberattacks
13. Internal sabotage of IT server room	13. Dependency on one communication network provider
	14. Communicable diseases