

# COP409

## BUSINESS IMPACT ANALYSIS POLICY AND PROCEDURE

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## 1. POLICY INTRODUCTION

As part of the development and implementation of a business continuity program at National Ambulance, an analysis of business activities and the impacts of disruptive incidents must be carried out.

The methodology for carrying out this business impact analysis should be documented, in order to provide a record of how the results of the analysis were obtained.

The NA management components that this policy relates to are: Leadership and Commitment, Organizational Roles and Responsibilities, Risk Evaluation and Management, Policies and Objectives, Implementation Monitoring and Reporting, and Continuous Improvement.

## 2. SCOPE

This policy and procedure is intended for use within the framework of the business continuity program. All aspects of National Ambulance's business are covered by this policy, with the exception of matters related to ownership of the business.

It includes consideration and decision-making related to all of National Ambulance's services, functions and activities, from unplanned disruptions that impact on National Ambulance's ability to deliver critical outputs. The policy applies to all National Ambulance staff involved in the business continuity program.

It should not be used as a risk assessment procedure, financial impact analysis tool, quantification of financial impacts, or assessment of contractual risks.

## 3. ROLES AND RESPONSIBILITIES

The specific roles and responsibilities required as part of this policy have been set out as follows:

### Top Management (CEO/CAO)

- Ensuring the necessary resources are available in order for this policy to be effectively implemented;
- Approval of this policy;
- Approval of use of business continuity metrics, for example RTO, MBCO;
- Approval of the Business Impact Analysis Report.

### Business Continuity Team

- Drafting and submitting of this policy for review and approval by senior/ top management;
- Communicating this policy to functional area leads that are likely to participate in the business impact analysis;

- Facilitating implementation and compliance with this policy when carrying out the business impact analysis, including subject revisions;
- Recording significant issues and difficulties that may arise as part of implementation of this policy, and identifying appropriate revisions, to ensure it is well-suited to the nature and scope the organization and a responsive approach to business continuity;
- Drafting and submitting of the draft Business Impact Analysis Report for review and approval by senior/ top management;
- Reviewing this policy on an annual basis, as part of a management review cycle, or otherwise as required following major change to the business, external environment, or incident, in order to support continuous improvement.

### QHSE and BC Manager

- Review and comment on this policy, prior to approval by top management;
- Review business continuity metrics appropriate to National Ambulance, for example RTO, MBCO;
- Ensure that the BIA is carried out in accordance with this policy;
- Review and comment on the draft Business Impact Analysis Report, prior to approval by top management;

### All Managers

- Application of this policy when participating in the business impact analysis, review or any related business continuity activities;
- Provision of feedback or comment to the Business Continuity Specialist about any issues or problems that may arise when implementing this policy.

## 4. POLICY STATEMENT

The aim of this policy is to document the method for carrying out a business impact analysis, as part of the business continuity program.

Supporting objectives that are intended to be achieved as part of this overall aim are to:

- (a) Provide a logical framework for carrying out the business impact analysis;
- (b) Facilitate subsequent reviews and continuous improvement of the business continuity program, by providing a clear and repeatable method for carrying out business impact analyses;
- (c) Align the NA business continuity program with NCEMA Business Continuity Management Standard NCEMA 7000:2021 and industry best practice;
- (d) Provide an audit trail for decision-making related to the business continuity program.

## 5. PROCEDURE

### 5.1. Objective

The objective of the BIA is to:

- Identify the critical functions and services across business units;
- Assess the impacts of not performing these activities, with respect to time;
- Identify key resources (people, processes, systems) that are critical to continuing and recovering critical services and functions;
- Set prioritised timeframes for resuming these activities at a specified minimum acceptable level, considering the time within which impacts of not resuming them become unacceptable;
- Identify key dependencies between business units and other key stakeholders.

The method for carrying out for the business impact analysis follows the step-wise process required by NCEMA 7000:2015. Some of these steps may be combined for less complex activities.

### 5.2. Information Gathering & Analysis

The core processes for business impact analysis are information gathering and information analysis. Records appropriate to the type of information gathering technique must be kept. The most suitable information gathering techniques for NA, with associated record types, are:

- **One-to-one interviews** – interview/conversation records, meeting records (refer COF107 - Record of Conversation Form);
- **Site inspections & walkarounds** - site inspection photographs, site inspection notes, completed checklists
- **Review of relevant corporate documentation** - list of documents referenced, including document title, version and date (simplified bibliography).

The techniques for analysis will be determined by the output required, as per the tasks described below.

### 5.3. Business Impact Analysis

#### 1. Priority Functions, Activities & Services

National Ambulance's priority activities, functions or services must be identified. These priority areas can be considered critical processes and functions. They may already have been identified as part of other company initiatives, in which case they should be reviewed for currency and adopted where possible to ensure consistency in organisational direction. For the purposes of this policy, use of the terms 'priority' and 'critical' when relating to functions, activities and services are interchangeable.

Where these priority activities, functions or services are not already known, they may be identified by use of one or more the following methods:

- Reference to existing documents, for example: NA Strategy & Business Plan, Mission Statement, Annual Reports;
- Discussion with senior staff/ management with oversight of multiple areas of activity, function or service;
- Organisational chart – prioritization may be indicated by staffing levels and authority given to functional areas;
- Review of approved current budget - allocation of funds may indicate priority areas.

## 2. Impact Categories & Disruption to NA

The impacts from major incidents and disruptions may be grouped into generalised areas. A range of generally impact categories has been provided below, from which the most relevant and significant ones to National Ambulance may be selected, considering the nature and scope of the business and the operating environment:

- **Community service:** failure to fulfill business requirement and/or legal mandate to deliver public services;
- **Operational:** loss of functions that support delivery of business services, functions and activities (facilities, work space allocation, personnel, purchasing, communications, IT, essential records, communications);
- **Business environment:** loss of right to carry out business activities, through loss of licences, certification or accreditation for certain business activities;
- **Regulatory:** failure to comply with requirements established by laws, regulations, decrees, executive orders, licenses or permits;
- **Contractual:** breach of contract or agreements between organisations including government entities;
- **Reputational:** damage to reputation, credibility, trust from the perception of the public, government, current or prospective business partners, current or prospective employees;
- **Financial:** direct losses from loss of assets, infrastructure, ability to generate revenue, or new/ increased costs as a result of other impacts, fines or penalties issued by regulators.

Other impact categories may be added as appropriate.

The identified impact categories should be evaluated in the context of National Ambulance activities, to determine the expected impacts from the each of the relevant categories. The disruption should be specific impacts that may occur on NA operations, compared with the generalized impact categories, for example:

#### Community service impacts:

- Failure to provide emergency medical care to the public in Northern Emirates

#### Operational impacts:

- Loss of essential medical supplies and assets in the Warehouse
- Damage to, loss or corruption of information technology including voice and data communications, servers, computers, operating systems, applications, and data
- Loss of patient care records within the mandatory retention period
- Loss of access to ACC (call centre)

### 3. RTO, MBCO and MAO

#### Recovery Time Objective

The recovery time objective must be specified for each of the specific disruptions listed above. The **recovery time objective** (RTO) is the timeframe by which the disrupted activity, function or service should be restored to the usual level of service or function in order to prevent unacceptable consequences. For example,

- ACC operational within 12 hours;
- Access to Warehouse within 48 hours;
- Patient care records restored within 2 weeks.

When specifying the RTO, the implicit level of activity, function or service is 'business as usual', that is, the normal level of activity, service or function.

#### Minimum Business Continuity Objective

Additionally, it may be useful to define the **minimum business continuity objective** (MBCO) for each disruption on given activities, services and functions may be defined where full service level is not possible or necessary in the initial period after a disruption. The MBCO is the minimum level of activity, service and/or functioning that is acceptable to NA to achieve its business objectives during a disruption, and includes quantification. For example,

- ACC operating at 40% of usual call/dispatch level; -
- Access to 20% goods stored at the Warehouse;
- 50% of usual number of vehicles available in Northern Emirates.



Practically, this quantification can be an approximation where continuous measurement of output is not in place.

Note that the disruption may require an increase in the level of service. For example, the call centre may be expected to deal with an increase in calls during a major disaster, in which case the MBCO could be '130% of usual call centre activity'. This increase in service level may be at the alternative sites, for example, the increase in call centre activity may be at Ajman Call Centre following loss of ACC Aldar HQ.

The timescales selected for recovery should reflect the character of NA's operations as a 24 hour/7 day a week operation providing life-saving services to the community. The following timescale groupings can be suggested for use:

- 0 - 3 hours
- 3 hours - 6 hours
- 6 hours - 24 hours
- 1 day - 3 days
- 3 days – 14 days
- 2 weeks – 4 weeks
- 1 month+

The RTO and MBCO should reflect the NA business objectives, not necessarily what is able to be achieved with the current NA resources.

### Maximum Acceptable Outage

The maximum acceptable outage (MAO) should be defined to complement each of the above RTOs. The maximum acceptable outage is the maximum time limit after which the impacts of the disruption become unacceptable to National Ambulance.

## 4. Supporting Actions & Priority Action List

Actions required to support each of the priority activities, services and functions should be identified. Of these, the most important actions should be identified.

The RTO and prioritized supporting actions can then be used to develop a list of prioritized actions and services in the event of a disruption.

## 5. Critical Stakeholders & Resources

Internal and external bodies that NA relies on for the ongoing performance of essential activities and services should be identified. For example,



Internal stakeholders:

- ACC
- EMTs/ Paramedics
- IT staff

External stakeholders:

- Suppliers of essential medical consumables
- Telecommunications service provider (Etisalat)
- Petrol stations (ENOC)

The capability of service providers and suppliers to maintain minimum service levels and support for prioritised activities should be assessed. Where information from third parties is not readily available, evaluation may be made based on desktop assessment using existing other information such as:

- Supplier prequalification assessments,
- Contracts,
- Service level agreements, or
- Records of past performance in similar circumstances.

However, subsequent reviews of the business impact analysis should aim to improve the accuracy of this assessment.

Resources that are essential to delivery of each prioritised activity, function or service must also be identified. This should be done considering the RTO and MBCO identified earlier.

## 5.4. BIA Report

The outcomes of the business impact analysis should be summarised in a report. The target audience of the report is National Ambulance top management, operational area leads, and staff involved in business continuity management such as the business continuity coordinator.

The report may also form part of an audit trail for management systems, and therefore should meet requirements of the NCEMA 7000:2021 standard.

## 6. RELEVANT LEGISLATIONS

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
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The National Standard For Business Continuity Management System, 2021  
United Arab Emirates , Abu Dhabi  
NCEMA 7000:2021

## 7. RELATED POLICIES AND FORMS

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

Policy & Procedure /Form

## 8. FEEDBACK

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

- CAO

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

### Change Brief

Version No.	Date	Change
1	October 2016	<i>New Document</i>
2	July 2021	New template, due to review, changes of the Roles and responsibilities titles Locations updates  After Policy review committee  Place the Top Management roles as the first in the roles and responsibilities.  To confirm who will be the owner CAO or CEO.

CEO Approval

Board Member Verification



Business Impact Analysis Procedure  
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