

## COP419

# WHISTLEBLOWING POLICY AND PROCEDURES

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## 1. POLICY INTRODUCTION

Whistleblowing is generally the term used when someone who is employed in an organisation reports a concern about suspected wrongdoing, malpractice, illegality or risk in the workplace. This can include but not limited to

- Criminal offences
- Miscarriages of justice
- Abuse of authority
- Danger to health and safety
- Damage to the environment
- Failure to comply with any legal or professional obligation or regulatory requirements
- Bribery
- Financial fraud or mismanagement
- Negligence Breach of National Ambulance internal policies and procedures.
- Unauthorised disclosure of confidential information
- The deliberate concealment of any of the above matters.

National Ambulance is committed to the highest possible standards of honesty, openness and accountability and will not tolerate malpractice or wrongdoing.

## 2. SCOPE

To cover all disclosures and allegations made by all employees of National Ambulance

## 3. ROLES AND RESPONSIBILITIES

Define who is responsible for implementation of the policy and procedures.

- 1. Chief Executive Officer:** is responsible to direct the risk register officer and assign the whistleblowing coordinator and form the investigation committee when needed.
- 2. Whistleblowing Coordinator:** receive all the concerns, suggestions or complaints or any malicious reports and he/she can address them properly to the risk register officer and the assigned investigation committee
- 3. Investigation Committee:** responsible to gather and analyze the information provided by the whistleblowing coordinator to determine whether a fraud incident report is substantiated, or if any dishonest or unethical acts have occurred and if so, the party or parties responsible.

## 4. POLICY STATEMENT

National Ambulance Senior Management strongly believes that Whistleblowers should be enabled to detect and report malpractice or fraudulent activity in an appropriate manner and the main objectives of the Whistleblower Policy are to establish guidelines and procedures for:

- The submission of concerns regarding questionable matters by NA employees on a confidential and anonymous basis.
- The protection of Whistleblower reporting concerns from retaliatory actions.

## 5. REPORTING INFORMATION:

In line with NA Code of Conduct Professional and Work Ethics Conduct and the General Confidentiality Agreement, all employees are required to act honestly and always with the highest levels of integrity and ethics when providing any type of services in NA. They also have the responsibility to report any policy breach, any suspected fraud or any other wrongdoing in a timely manner to the appropriate team.

The Management is expected to be alert, recognize risks, be aware of symptoms of wrongdoing or corrupt acts, and respond to all reporting and indications of these, whilst ensuring the confidentiality and protection procedures outlined in this policy.

All employees are strongly encouraged to report any concerns as directed, in as much detail as possible, in line with this policy.

## 6. REPORTING MECHANISM:

Whistleblowing Email Address: If you have witnessed any wrongdoing that affects National Ambulance and you are unable to take this problem to your line manager, you can send an email in confidence via the following email address: [fv@nationalambulance.ae](mailto:fv@nationalambulance.ae)

Direct Reporting: all staff have the option of reporting direct to their line manager, or please approach the whistleblowing Coordinator.

## 7. PROTECTION/CONFIDENTIALITY:

Any report of information received through the above mechanisms will be kept confidential, and any details pertaining to any possible matter of fraud or other wrongdoing, will only be conveyed to those people who require the knowledge in the proper performance of their office or function.

National Ambulance acknowledges this concern and will not tolerate retaliation of any kind relating to informing parties. They will also support staff who raise genuine concerns in good faith under this policy, even if the information is not established as a fraud or other wrongdoing. Staff must be assured that they will not be victimized or disadvantaged in reporting a breach and any person who considers they are being victimized or disadvantaged because of such reporting.

Where evidence is found to suggest that efforts had been undertaken by any other employee, to identify the reporting party of 'whistleblowing' information, that person will be subject to disciplinary action, as deemed necessary.

If any reporting party believes they have become the subject of any retaliation, they are entitled to submit a formal retaliation complaint. This should be made within 3 months of the initial retaliation, or if multiple occasions, within 3 months of the last incident and will be investigated by the Human Resources Department

## 8. INVESTIGATION:

Strict confidentiality and objectivity concerning the complainant and the information will be maintained at all stages of the investigation, as per the guidelines of the 'Investigations Procedures'.

Information reports will be individually categorized depending on the information received and the level of fraud or other wrongdoing identified.

All reports will initially be investigated by the investigation committee or delegated personnel, and the outcome of each record in an investigation report will be submitted to Chief Executive Officer.

## 9. RELEVANT LEGISLATION

Code, Name of Legislation	Jurisdiction
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## 10. RELATED POLICIES AND FORMS

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

Policy & Procedure /Form
COP202 Code of Conduct Professional and Work Ethics Conduct
COP403 General Confidentiality Agreement

## 11. FEEDBACK

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

## 12. 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:  
Human Resources and Corporate Services Manager

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	December 2020	New Policy
2	June 2022	Updated the Code of Conduct to "Code of Conduct Professional and Work Ethics Conduct.

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CEO Approval

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Board Member Verification