

# QHP104

## LEGAL AND REGULATORY COMPLIANCE POLICY AND PROCEDURE

## Table of Contents

<b>1. Policy introduction</b>	<b>3</b>
<b>2. Scope</b>	<b>3</b>
<b>3. Roles and responsibilities</b>	<b>3</b>
<b>3.1 Chief Executive Officer</b>	<b>4</b>
<b>3.2 CHIEF ADMINISTRATIVE OFFICER</b>	<b>4</b>
<b>3.3 Chief finance Officer</b>	<b>4</b>
<b>3.4 Chief Operations Officer</b>	<b>4</b>
<b>3.5 Medical Director</b>	<b>4</b>
<b>3.6 QHSE and BC Manager</b>	<b>4</b>
<b>3.7 Legal and compliance coordinator</b>	<b>5</b>
<b>3.8 All Staff</b>	<b>5</b>
<b>4. Legal compliance Policy and procedure</b>	<b>5</b>
<b>5. Policy Statement</b>	<b>6</b>
<b>6. Policy implementation</b>	<b>7</b>
<b>6.1 Legal Register</b>	<b>7</b>
<b>6.2 Policy review committee</b>	<b>7</b>
<b>7. Key Process</b>	<b>7</b>
<b>8. Related Policies and Forms</b>	<b>7</b>
<b>9. Feedback</b>	<b>8</b>
<b>10. Document Control</b>	<b>8</b>
<b>11.Change Brief</b>	<b>8</b>

## 1. POLICY INTRODUCTION

National Ambulance applies legal compliance policy in order to achieve its strategic objectives and priorities and also to manage numerous risks while complying with the highest standards of business ethics and the applicable regulatory laws and regulations that affect National Ambulance scope and supporting activities.

The governing regulations that directly impact NA are federal based, covering the whole of the UAE and mandating certain legal requirements, which are sometimes subsequently further released as decrees.

Department of Health (DOH) is the regulative body of the Healthcare Sector in the Emirate of Abu Dhabi and applies best international practices and standards beside the Ministry of Health and Prevention that performs its role as a regulator and supervisor of healthcare sector through a modern and integrated health legislative system. Those authorities have issued numerous requirements which directly impact National Ambulance activities.

National Ambulance also has legal obligations arising from contracts. Specific legal advice has to be sought on individual contracts.

This policy sets out the method to identify the applicable legal and other requirements which apply to National Ambulance, their potential impact and compliance requirements, in addition to providing a current listing of such requirements.

This policy also recognizes the relevance of other requirements that are of a best practice, industry standard or guidance nature that NA may choose to follow to improve quality and safety of its services, or to prepare for possible future mandatory requirements.

This policy is in support of the “Risk Evaluation and Management” and the “ QHSE Strategic Policies and Objectives” Management Components.

## 2. SCOPE

This policy applies to all NA activities, including emergency medical services in the Northern Emirates, contracts, and supporting activities including pharmacy functions, procurement, logistics, IT, fleet management, office activities, - HR and corporate services, finance, clinical education and credentialing, amongst others.

This document can be used to inform preparation or review of procedures and contracts, and to review the impact of changes to existing business services, processes, assets and other resources.

The evaluation of compliance activities are necessary aspects of corporate, clinical and QHSE including business continuity programs, and forms part of National Ambulance’s QHSE (including business continuity) management framework and system.

## 3. ROLES AND RESPONSIBILITIES

The following roles and responsibilities are defined for legal compliance activities:

### 3.1 CHIEF EXECUTIVE OFFICER

- Oversee the development, implementation and compliance with key corporate policies, including policies regarding corporate governance, risk management, as well as compliance with applicable legal and regulatory requirements.

### 3.2 CHIEF ADMINISTRATIVE OFFICER

- Allocation of competent staff and budget to enable periodic review and update of this policy;
- Ensure provision of external legal advice as required to review this policy and register, review contracts to provide ambulance services as deemed prudent, and advise on other legal compliance requirements as required;
- Ensure compliance reporting to external authorities / regulator is duly carried out;
- Report significant legal risks and non-compliances to the Chief Executive Officer in a timely manner;
- Direct immediate actions to mitigate risks and impacts from unplanned significant legal non-compliances.

### 3.3 CHIEF FINANCE OFFICER

- Managing relevant accounting policies and procedures, governance for the National Ambulance Company in accordance with GAAP.

### 3.4 CHIEF OPERATIONS OFFICER

- Ensure activities comply with organizational requirements for quality management, legal requirements, and general duty of care.
- Operational processes and process improvements including compliance with JCI and ISO as required
- Assess impact analysis of any new regulation and advice CEO,CFO,CAO.

### 3.5 MEDICAL DIRECTOR

- Identification of new clinical legal and other compliance requirements; conduct impact analysis.
- Report and Communicate of new clinical legal and other compliance requirements to QHSE team.
- Identification and immediate reporting of significant actual and potential non-compliances with clinical mandatory requirements to the Chief Administration Officer and the COO.
- Recommend to executives any clinical requirements, including incorporating into the clinical policies and procedures and ensuring mandatory requirements are stated as such;
- Preparation of external compliance reports required by regulatory instruments, relating to clinical practices.

### 3.6 QHSE AND BC MANAGER

- Communication of identified legal requirements to relevant parties of the organization;

- Implementation of QHSE and business continuity legal requirements including incorporating into the clinical policies and procedures and ensuring mandatory requirements are stated as such;
- Preparation of external compliance reports required by regulatory instruments, related to QHSE (including business continuity);
- Identification and reporting of significant actual and potential non-compliances with QHSE and business continuity mandatory requirements to the Chief Administration Officer; Scheduling and coordination of external legal reviews, as and when required;
- Monitoring and review of the implementation of this policy and the legal requirements;
- Periodic reporting to the Chief Administrative Officer on the outcomes of monitoring and review.

### 3.7 LEGAL AND COMPLIANCE COORDINATOR

- Communication of identified legal requirements to relevant parts of the organization;
- Report significant legal risks and non-compliances to QHSE & BC Manager in a timely manner;
- Direct immediate actions to mitigate risks and impacts from unplanned significant legal non-compliances.
- Develop, implement, and maintain the compliance activities of the organization.
- Respond to questions in audits related to legislations & compliance.

### 3.8 ALL STAFF

- Implement and comply with all legal requirements relevant to their duty, unless doing so would cause or would be likely to cause injury, death, sickness, significant environmental harm, or significant property loss or cost to the business. Such a situation must be immediately reported to the staff line manager;
- Report to line manager and/ via the QHSE incident report procedure any actual or expected failure to comply with legal requirements relevant to their normal duties;
- Inform line manager or create QHSE incident report of any new legal requirements that come to their attention, not currently identified in the legal register, or errors with the current register.
- Assisting in data gathering for compliance reporting, and document keeping as may be required by mandatory standards, regulations, decrees or laws

## 4. LEGAL COMPLIANCE POLICY AND PROCEDURE

National Ambulance will identify new legal requirements through the following processes:

1. Notifications from all staff of new requirements relating to their practice or area of work, via QHSE incident reports or line management reporting;
2. Notifications from senior staff with designated responsibility for identifying new legal requirements pertaining to their area of responsibility (refer Section 4);

3. Liaison of senior staff and management with NA's regulators – Department of Health in Abu Dhabi and Ministry of Health, through meetings, correspondence and participation in industry forums;
4. Annual internal review of the legal compliance policy and legal register as part of the QHSE Management System. This will be achieved through online searches and reviews of the regulators' websites;
5. Service contracts that oblige NA to provide ambulance services will be assessed by the Legal Officer at the discretion of the Chief Administrative Officer. The legal advice should include likely or potential failures to meet contractual clauses and conditions from either party to the contract, and the risks of such non-compliances.

New or updated mandatory and non-mandatory requirements will be added to QHP109 Legal Register or Legal Register – Requirements from Federal laws, regulations, Standards, Guidelines and protocols and Other Industry Best Practices

National Ambulance will maintain records of third-party legal advice received, and will consider and adopt it where appropriate.

This legal policy and procedure, including the QHP109 Legal Register, will be available to all staff via the e-Library as a controlled document. Compliance requirements will be addressed in policies, procedures, and other documents where appropriate. Staff will receive training through Learning Management System in policies and procedures that apply to their duties, which address legal requirements.

Where a duty to report on compliance to an external authority arises in a regulatory instrument, the responsibility for data collation and preparation of the report will lie with the department mainly responsible for the activity being reported on, and must be submitted in good time to the Chief Administration Officer for review and submission.

Compliance with these requirements will be evaluated annually as per the Audit and Inspection Schedule.

## 5. POLICY STATEMENT

The aim of this policy is to provide a framework and process to enable National Ambulance to comply with mandatory legal requirements, and reasonably practicable non-mandatory requirements, through the following objectives:

- I. Describe the method to identify legal and other requirements applicable to National Ambulance;
- II. Identify the specific compliance requirements from mandatory regulatory tools and the National ambulance activities that they are relevant to;
- III. Identify requirements from non-mandatory standards and guidelines, or other legislation not currently applicable to National ambulance that may assist future.

## 6. POLICY IMPLEMENTATION

### 6.1 Legal Register

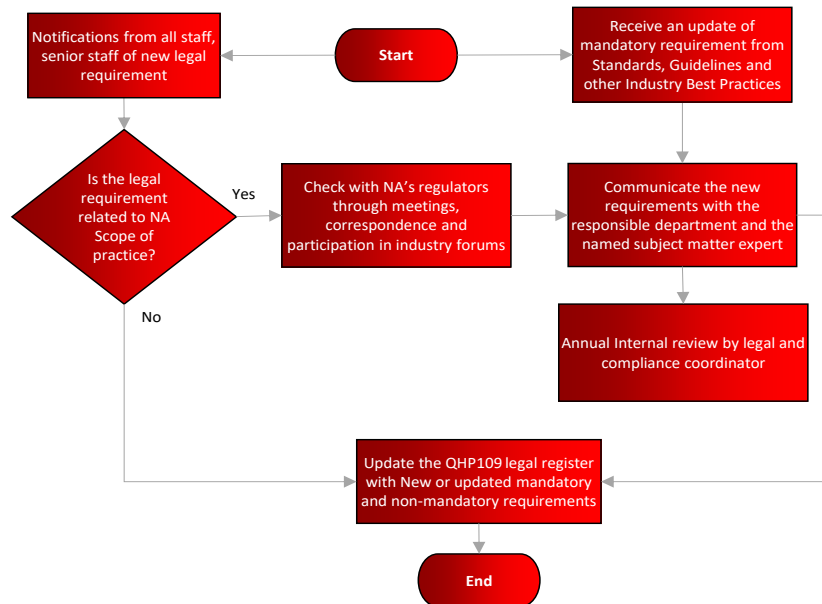
Mandatory legal requirements are listed in the QHP109 Legal Register. The assignment within the register of “Responsible Department/ Working Group” and “Named Subject Matter Expert” is an indication of the department and area of operations most likely to be affected, however, is not exhaustive list of requirements and may be subject to review/ reassignment outside of the review process for the Legal Register.

Requirements from standards and guidelines of a non-mandatory nature are set out in Legal Register - Non-mandatory Standards, Guidelines and Best Practice (Annex A).

### 6.2 Policy Review Committee

Policy review committee was formed to review and approve proposals for new policies and policy revisions and also to Monitor the policy guideline. One of the Policy review committee key functions is to ensure that National ambulance policies are aligned with legal requirements and applicable laws.

## 7. KEY PROCESSES



## 8. RELATED POLICIES AND FORMS

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

Policy & Procedure /Form
QHP 103 QHSE and BC Management System Manual
QHP 107 Strategic Business plan 2015-2020
QHP 108 Strategic Plan Priorities 2015 -2020
QHP 110 Quality Plan 2018
QHP 201 Risk Management Policy and Procedure
QHP 202 Audit inspection and Nonconformance Policy and Procedure

## 9. FEEDBACK

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

## 10. 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:

- State the Job Title of key Policy Owner

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

## 11. Change Brief

Version No.	Date	Changes
2	Dec 2011	– Inclusion of ISO 14001 and 18001 systems (version 2.0)
3	Aug 2012	– Review of Legislation and update requirements table; Formatting and Document name and number change; Update of legislation to reflect current non-legislative requirement to follow EHSMS;
4	Aug 2013	– Review of legislation and alignment with scope of services;
5	Jul 2014	– Review of legislation and alignment with scope of services;
6	Jun 2015	– Revision against scope of services, HAAD and MOH regulations and other authority requirements such as National Qualifications Authority and new information regarding Emiratisation;
7	Jan 2016	<ul style="list-style-type: none"> <li>– <b>Major revision</b> of Legal Compliance Policy and Procedure: Changed title to “Legal Compliance Policy and Procedure; Added specific objectives to support the policy aim; added detailed roles and responsibilities; added specific processes and mechanisms to achieve aim and objectives of identifying legal requirements; updated external review process; reformatted document.</li> <li>– <b>Major revision</b> of Legal Register - Mandatory Requirements (Annex A): Listed specific regulatory instruments, relevant clauses references, and requirements; identified likely areas of activity and responsibility for each mandatory requirements; listed new regulations/ standards/ laws not previously identified;</li> <li>– Minor revision of Legal Register – Non-mandatory Standards, Guidelines and Best Practice (Annex B): Formatting of table and text.</li> </ul>
8	Aug 2017	<ul style="list-style-type: none"> <li>– Hierarchy of legal documentation updated</li> <li>– QHP109 Legal Register Reference.</li> <li>– Amended text for role of Director of Performance and Evaluation - Scheduling and coordination of external legal reviews, as and when required, and reflected as such in other sections</li> </ul>



9	November 2019	<p>Rewrite the whole Policy with below changes:</p> <ul style="list-style-type: none"><li>- Update the Policy introduction, replace “HAAD” with “DOH” , also add Ministry Of health of prevention as one of the clinical regulative body of healthcare sector in UAE.</li><li>- Addition of below to the roles and responsibilities:<ul style="list-style-type: none"><li>- CEO</li><li>- CFO</li><li>- COO</li><li>- Removal of Performance and Evaluation Director and change it with QHSE Manager</li><li>- Legal and compliance coordinator</li></ul></li><li>- Change Policy Aims and Objectives to Policy Statement</li><li>- Addition of Policy implementation : Legal Register and Policy review Committee</li></ul>
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CEO Approval

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Board Member Verification

## ANNEX A - Requirements from Standards, Guidelines and Other Industry Best Practices

	Strategic Driver or Best Practice	Why Applicable	Sponsoring Entity	Relevant Guidance/Document/s	Relevance/Impact for National Ambulance
1	Abu Dhabi Economic Vision 2030	Establishes a common framework for aligning all policies and plans that contribute to the ongoing development of the Emirate's economy. It seeks to create significant opportunities for the local and international private sector in the Emirate of Abu Dhabi.	Executive Council of Abu Dhabi Abu Dhabi Council for Economic Development	Abu Dhabi Economic Vision 2030	Strategic Planning should align to Abu Dhabi Economic Vision 2030
2	Towards Innovation Policy in Abu Dhabi	Establishes a common framework for developing knowledge management and innovation across all AD Government Entities.	Executive Council of Abu Dhabi	Towards Innovation Policy in Abu Dhabi	This provides a valuable resource to follow and implement within NA where one of its key strengths is the knowledge and expertise of its workforce.
3	Information and Data Security.	ADSIC Information Security Policy defines best practice and guidelines for protecting, storage and retention of information in accordance with: Article 24 of Federal Law No. (1) of 2006 concerning Electronic Transactions & Commerce, Federal Law No. 2 of 2006 concerning Cyber Crimes, which establishes the definition of cyber-crimes & associated penalties; & conforms with the AD Govt. Policy Agenda 2007-2008	N/A	Federal Law No. (1) of 2006	ADSIC provide guidelines for achieving Information Security Standard and provide appropriate support and overview
	JCI, ISO, OSHAS, and NCEMA Standards	National Ambulance wishes to achieve and maintain these standards throughout the organization and	Joint Commission International (JCI)	JCI, ISO, OSHAS and NCEMA Standards	Relevant to continuous quality improvement throughout the organization, supports the reputation of the

	Strategic Driver or Best Practice	Why Applicable	Sponsoring Entity	Relevant Guidance/Document/s	Relevance/Impact for National Ambulance
		supports the reputation of the organization and the quality of services, and coordinates operates in a consistent way with other UAE emergency service providers	Standards ISO/OSHAS NCEMA 7000:2015		organization, and maintains coordinated framework for UAE emergency services.
5	Review of Operations including contracts/policies/insurances etc.	To ensure compliance with contracts, quality, safety and reputation improvement	Stakeholders ISO/OSHAS JCIA	Contracts for service provision ISO/OSHAS Standards JCIA Standards UAE and Emirate Laws and Regulations	Meet requirements of contract ensure maintenance of best practice standards
6	Comply with AHA, (American Heart Association) National Qualifications Authority (NQA) and ACTVET (Abu Dhabi Centre for Vocational Education & training) requirements for development and delivery of clinical education	Regulatory Standards apply from November 2014 to attain National Qualifications or Nationally Recognized Qualifications	NQA	Federal Decree No. (1) 2014 to establish and maintain the NQA	No risk as HAAD accreditation currently sufficient, note ACTVET license mentioned in EPS tender, our license currently under renewal