الإسعاف National
الوطني Ambulance

PUP203

ASSET MANAGEMENT POLICY

LINK TO POLICY

LINK TO PROCEDURES & FORMS

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1. PURPOSE

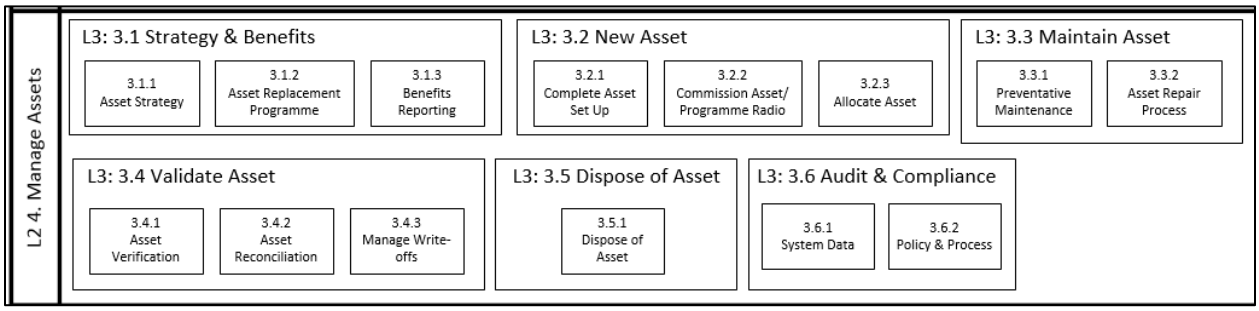
This policy supports National Ambulance (NA) and its staff in managing its assets effectively throughout their life, to ensure they are used and maintained safely, competently, and effectively and comply with relevant legislation and good practice guidelines.

2. PRINCIPLES

- ✓ **Accountability**: compliance with this policy and its supporting documents is mandatory for employees and contractors. Failure to comply with this policy may result in disciplinary actions.
- ✓ **Asset planning and management:** corporate, clinical and operational plans, budgets and management processes are integrated across the organisation.
- ✓ **Asset management procurement decisions**: based on evaluations of alternatives that take into account full life cycle costs, clinical, operational and financial benefits and risks.
- ✓ **Competent people:** staff involved in maintaining assets must have the necessary skills and competencies to carry out the work specific to the asset. In addition, staff using assets must be trained to operate them.
- ✓ **Integrity**: assets should be maintained to the standard prescribed by the manufacturer and not compromise staff's or patient's safety.
- ✓ **Legality**: NA must conform to UAE Law and other legal requirements;
- ✓ **Sustainable**: plans must deliver optimal asset life cycles, ongoing systems performance, environmental and other long term consequences.
- ✓ **Risk**: to minimise the risk of harm, to staff and patients and increase safety.
- ✓ **Utilisation**: where possible, assets should be rotated between high use and lower use areas.
- ✓ **Value maximisation:** create an optimum balance between the use, performance, risk and cost of assets over their lifecycle.

3. SCOPE

This policy applies to all categories of assets, as defined by this policy and excludes vehicles.



4. DEFINITIONS

Asset is any item that is re-useable, will last for more than a year and may require preventative maintenance. This excludes vehicle. (Updated list is attached end of this document)

Asset Category is the category of the assets, as defined by UNSPSC 'Class'.

Asset Sub-category is the sub category as defined by UNSPSC 'Commodity'.

Asset Description is a standardized description of the asset commonly using nouns with reference to the product branding, labelling or packaging e.g., Screwdriver, Posidrive, 9mm, Red handled.

Asset Amortization is the process of allocating the cost of an asset over a period of time.

Asset Value is the initial value of the asset purchased including all its operational and logistical components.

Calibrate correlates the readings of (an instrument) with those of a standard in order to check the instrument's accuracy.

Commission is a set of engineering techniques and procedures to check, inspect and test every operational component prior to using.

Contractor is a person who provides specific services for an agreed fee.

Crews are staff operationally assigned to an ambulance, foot-patrol, clinic or event.

Delivery Note (DN) arrives with the packaging of the delivery from the supplier.

Depreciation Start Date is the date from which to commence calculating depreciation.

Depreciating Plan is a plan indicating how the asset will be depreciated until the end of its life.

SCM is the Supply Chain manager responsible for procurement, purchasing, assets, inventory, and logistics

Financial Authority/Delegation refers to those people given the authority to procure within a specified financial limit.

Fleet Management Maintenance Plan (FMMP) is the main plan and framework in which vehicles receive their major (C) service and whereby assets are removed for planned preventative maintenance.

Operative IQ (OPIQ) is the mandatory system used to manage fleet, assets, uniforms and inventory**.**

Medical Director (MD) is the certified Medical Advisor responsible for the review and approval of amendments, deletions and introductions of medical devices impacting the delivery of patient care.

Maintenance start date is date the item is receipted and maintenance planning begins.

Medical devices is any instrument, apparatus, appliance, software, material or other article, whether used alone or in combination, including the software intended by its manufacturer to be used specifically for diagnostic and/or therapeutic purposes and necessary for its proper application, intended by the manufacturer to be used for human beings.

Planned Preventative Maintenance (PPM) is the maintenance regularly performed on equipment to lessen the likelihood of failing.

Purchase Order is a legally binding document requesting the delivery of goods or services to a supplier to a predefined location.

Sourcing is the activity of identifying and procuring goods or services to meet a specific need.

Purchase Date is the date the supplier transferred ownership of goods to NA.

Residual Asset Value is the value of the asset at the end of the depreciation period**.**

Staff refers to any person employed by NA that under their contracted roles or policies perform their responsibilities to the highest standard.

WHC is responsible for managing Assets, Inventory, Warehousing, Logistics, on behalf of the organisation.

Standards is a set of expectations predetermined by a competent authority.

Value for money is the optimum combination of whole-life cost and quality (or fitness for purpose) to meet the user's requirement.

Whole of Life is total cost of purchase including on-going consumables, maintenance, spare parts, additional warranty, staff training and support.

Usable Life refers to the years or months to depreciate the asset over based on manufacturer's warranty, on-going support or evidence-based practice.

UNSPSC is the United Nations Standard Products and Services Code®; an open, global, multi-sector standard for efficient, accurate classification of products and services**.**

Verification refers to an auditing process in which auditor satisfy himself with the actual existence of assets.

5. ROLES AND RESPONSIBILITIES

Chief Executive (CEO) is responsible for the approval of all asset purchase orders in line with the company's financial delegation policy.

Chief Financial Officer (CFO) is responsible for the coordination of the replacement budgeting process and setting the rules for depreciation in accordance with its policies and procedures.

Chief Operating Officer (COO) is responsible for ensuring that all operational staff and crews are conversant with the content of this policy.

CFO , CEO and the SCM are responsible for approving and writing off assets in line with company polices**.**

Logistics is accountable for the overall management of NA's assets governed under this policy.

Procurement is responsible for verifying, sourcing and raising all purchase orders directly to suppliers through OPIQ and the Oracle System.

Asset Management

- is responsible for keeping accurate asset management records.
- is responsible for ensuring the equipment is repaired and maintained in accordance with manufacturer's recommendations following a planned maintenance schedule.

Logistics

is responsible for receiving, facilitating and distributing assets in line with company procedures.**Managers** are responsible for ensuring the dissemination of this policy and that their staff understand and comply with its policy and procedures.

Staff

- are responsible for ensuring they are appropriately trained and competent in using any asset that forms part of their duties.

- are responsible for identifying and labelling faulty equipment and notifying or reporting the fault using OPIQ and notifying QHSE where this presents a risk to safety.
- (sending equipment for repair or maintenance) are responsible for disinfecting the asset before returning and in completing the relevant forms.
- Under QHSE guidelines, must take reasonable care for their own health and safety, and also of other people who may be affected by their acts or omissions when operating an asset**.**
- are responsible for storing assets in accordance with the manufactures recommendations and maintained when not in use.
- are responsible for verifying any assets they use using OPIQ or where they are assigned an asset for their department's or personal use.

MD in conjunction with Education and Clinical Governance are responsible for ensuring staff receive appropriate training from Clinical Education prior to operating any asset.

MD is the responsible for the review and approval of amendments, deletions and introductions of medical devices impacting the delivery of patient care.

IT Manager is responsible for review and approval of amendments, deletions, and introductions of IT devices.

IT Team

- is responsible for keeping accurate IT asset management records
- is responsible for ensuring the IT equipment is repaired and maintained in accordance with manufacturer's recommendations following a planned maintenance schedule
- is responsible for receiving, facilitating and distributing IT assets in line with company procedures.

6. STRATEGY & BENEFITS

6.1. SELECTION AND REPLACEMENT

The selection and sourcing of a new asset is fundamental to the success of the organisation; any decision must include:

- Conformance to the Procurement Policy (PUP103) and its procedures and workflows;
- An assessment against a fit for purpose requirements and criteria;
- For medical devices, An assessment by evaluation using the Medical Device Introduction Form (PUF108) to test suitability, compatibility, patient needs, safety and training requirements;
- Standard that lessen operators confusion, increase equipment availability and facilitate ease of training; and
- Total cost of ownership –
    - potential cost of consumables
    - longevity of asset as by manufacturers recommendation
    - quality and patient safety
    - Potential maintenance costs
    - Cost and process of disposal
    - Cost of change
    - Impact of the environment
    - Lifecycle

Assets selected must, where possible, contribute to reducing waste through re-use and recycling and by purchasing recycled, recyclable or refurbished equipment, products and materials where these alternatives are available, economical and suitable.

Staff responsible for defining the requirements and selecting assets must be aware of the technical and financial implications of the choice of equipment, to assist in keeping the maintenance costs to a minimum.

Staff selecting new medical equipment must ensure that a full assessment and trial has been performed following the process set out in PUF108 with all supporting documents that provide details for the same , Medical Device Introduction Form, on the use of the device in high-use areas before purchasing. This assessment must cover arrangements for the maintenance and decontamination of the device and identify a training route for users. All new items should go through the MSWG and approval of the MD only,

Where invasive reusable medical devices are purchased, it is the responsibility of the Manufacturer or Agent to supply reliably validated decontamination instructions. These must be obtained as part of the evaluation and procurement process.

6.2. REPLACEMENT

The replacement of assets must be reviewed annually (or when there is an health and safety issue) in line with the annual budget setting process where a strategic review is performed looking at the continued useful life of the assets against cash flow in order to prioritise the replacements.

The review should be done through committee that include SCM, IT, MD , COO , CFO , CEO and its decision for the asset discontinue or replacement to be approved for financial year and through PTC

6.3. PROCUREMENT COMPLIANCE

The following areas are to be consulted as part of any sourcing process and managed by Procurement. No procurement is to be undertaken by any other department without Procurement's prior knowledge or involvement.

- Clinical evaluation and approval for the introduction of medical devices or services;
- Operational evaluation and approval for fit for purpose and impact on the environment;
- Education evaluation for staff training, ease of use and fit for purpose integrate the consideration of environmental concerns and impacts into operational activities;
- Biomedical Engineering approval for maintenance and service agreements related to all medical devices or services;
- Information Technology approval for hardware or software components; and
- Quality Health & Safety (QHSE) approval for Health and Safety compliance.

6.4. SAFETY COMPLIANCE

- All suppliers of medical devices must be registered in the UAE or their own country to supply the UAE market;
- All suppliers should sign NDA (non-disclosure agreement) to reserve NA asset right

- All assets procurement must meet at least one of the following: Good Manufacturing Practice (GMP), ISO 9000 Series Accreditation and CE Marking, Food and Drug Administration (FDA) or Therapeutic Goods Association (TGA) approval;
- All medical devices must comply with appropriate standards for sale and use in the UAE health industry. Documented evidence of compliance must be supplied;
- All medical devices must comply with technical management programs for medical devices. The device must clearly display a sticker showing the equipment has been tested and complies; and
- A full operator's manual must be supplied.

6.5. INFORMATION SECURITY COMPLIANCE

Environmental and storage conditions of the medical equipment and devices should be in accordance with the manufacturer's guidelines. Protecting medical devices and equipment against unauthorized access is done by:

- Medical devices and equipment located in the warehouse are stored in locked rooms where access is provided to authorized staff only
- Authorized staff transferring, receiving, and storing medical devices and equipment should keep the vehicle, storage room, and stations locked at all times when not in use
- Ambulances and first responders, which contain medical equipment and patient care records, must be locked when not in use except if it's an operational need e.g. MCIs

Access and privilege allocation for medical devices are detailed in CGP203 Fitness to Practice. Asset users must secure and safe-guard medical devices and equipment in accordance with its classification scheme (label) and risk factor

Security requirements based on asset value shall be considered in the handling procedures,

7. NEW ASSET

7.1. RECORDING, SETTING UP AND TRACKING

Assets must at all times be receipted through the Purchase Order process and entered into OPIQ and allocated a unique asset tag along with, as a minimum, the following information:

Generic name	Contract	Serial number
Generic description	Purchase cost	Supplier
Manufacturer	UNSPSC Codes	Warranty expiration
Model/Type	Purchase date	In-service date
NA Asset number	Maintenance history	Decommission date

Only under exceptional circumstance and approved by the SCM can an asset be added outside of the purchase order process.

Assets must be delivered to the Main Warehouse and accompanied by a DN at a minimum and signed, stamped, and dated by Logistics. All DN's must be sent to Finance within 48 hours of receiving. Where an invoice accompanies the DN, this follows the same procedure.

Assets that require preventative maintenance, form part of the delivery of clinical operational services must be set-up and tracked in OPIQ.

Assets must be tagged using a tag constructed of metalized polyester for durability and bear an alpha numerical code (e.g. NA2107) for easy identification.

Asset belonging to a third-party but used by NA staff in the course of their duty, must bear a different code to denote their ownership (e.g. ZZ347) and the rightful owner recorded within the asset's records.

7.2. PROTECTIVE MARKING

Assets which may cause injury if misused or store restricted or confidential information must be marked with the appropriate protective labelling indicating the access level required to us the asset in the following way. Warning – Level of Access – Description of restriction
Public Access
Restricted Access

e.g.:-
for an MDT: - Warning - Restricted Access - National Ambulance Staff Use Only
For a Lifepack 15: - Warning Restricted Access - National Ambulance Clinical Staff Use Only
For a public use AED: Warning - Public Access - Only to be used in a medical emergency
(for further discussion)

7.3. COMMISSIONING

Assets, where required, must be electrically tested before deploying or use and the test must be in line with manufacturer's instructions and carried out by a qualified person, manufacturer or local agent. Asset must bear a tag showing the date the asset was tested.

Assets must be suitably stored when not in use. The storage facilities should take into account any special requirements for medical devices, infection control, temperature, humidity, etc. Furthermore, any equipment that has rechargeable batteries must be kept on charge.

7.4. TRAINING

Staff should only use assets that they are confident and competent to use. Staff should not use equipment for which they have not received training.

Staff must have access to manufacturer's instructions both for reference and to ensure the device is operated properly. Instructions can be found at the main stations.

It is the responsibility of the MD and the Education Department to ensure staff receive appropriate training on how to operate an asset prior to deploying and record this training. Education must notify staff via LMS or through on-site training of any major changes to assets.

Staff should only use assets in accordance with their privileging refer to CGP203 - Fitness to practice and privileging letter

7.5. EVENTS

- Supply Chain will prepare the asset as per the table provided and it will be checked into the event log room on OPIQ to be ready for dispatch

Crew should verify and check the asset upon receiving from SC and refer any issues before signing handover. Crew must verify the asset on daily bases throughout event days and ensure all assets are in place.

Assets returned from event with faulty / missing / damaged are the responsibility of the event team and the team lead and manager should provide (PUF501 Asset Fault Report Form) or (PUF409_Missing_Asset_Form) to be submitted

After the event end all assets will be returned by SC to the WH for inspection , verification and if any issues arise they need to be reported immediately by the WHC to the SCM

8. MAINTAIN ASSETS

8.1. PREVENTATIVE MAINTENANCE

NA has in place an agreement with various agencies a provision for asset maintenance and repair. Maintenance may consist of PPM, reactive repair and/or inspection, commissioning or performance checks.

The frequency and level of maintenance may be adjusted at the recommendation of the manufacturer or an accredited compliance body and be evidence based and risk assessed.

OPIQ will hold a database of all assets along with a maintenance schedule where assets require maintenance in accordance with the agreed timelines. Financial approval from the MD for maintenance over the manufacturer's guidelines must be sought in advance, along with the justification.

Each asset will display an adhesive sticker stating the next maintenance due date and should never be removed. If an asset is found to be missing its sticker or past its maintenance date, then staff should contact Asset Management for an immediate replacement.

Staff and Managers must ensure assets are made available for their planned maintenance, as per the FMMP.

Information assets that are sent out for maintenance or repair shall be recorded. All residual data must be deleted, wiped, or removed from the storage medium contained within the asset when under maintenance

8.2. CALIBRATION

Glucometes Calibration is done by the staff and referred to CGP210
Temperature monitoring devices are done every year and done by an approves agent.

8.3. RETURNING ASSETS

Assets for return must be returned to the Warehouse or nearest station for collection by Logistics. Returns must be tracked in OPIQ, inspected on arrival, tested and if in need of repair, adhere to the Faulty Asset process and repaired by an authorised repairer.

To avoid cross contamination, clinical assets must be returned to Logistics cleaned and disinfected by the station Crew irrespective of whether the asset has been used in an infectious/contagious case prior to returning.

Assets must be returned complete and have all the necessary parts and accessories attached to allow a full and precise successful test on receipt.

8.4. ASSET REPAIRS

On staff noticing an asset is faulty they must advise ACC and act upon their instructions. If a critical medical devices fails, and to avoid placing the crew and the patient at risk, ACC will locate a replacement asset or an ambulance where urgently required.

Staff must complete an Asset Fault Report in OPIQ and also fill the (PUF501 Asset Fault Report Form) with details of the issue and the part affected with Team lead and station manager signature

On receipt by Logistics, a completed “Out of Service” label must be attached to the asset, ensuring that all parts of the label are legible and placed in quarantine. Clear labelling of any fault is required to aid in a prompt turn-around of equipment.

Assets requiring repair must be collected by Logistics within 7 days and sent to an approved contractor at the most earliest time possible, where it will be repaired and recalibrated in accordance with manufacturer’s recommendations.

In the event of an equipment failure, either in direct patient care or while on an event; a mandatory QHSE report shall be created and submitted through the QHSE system (Asana) a root cause analysis undertaken.

8.5. ASSET REPLACEMENT

After receiving the (PUF501 Asset Fault Report Form) for SC and processing with service provider,

- Supply Chain will replace the faulty parts from its stock (if available), with documentation for it
- Supply Chain will (If parts not available in stock) process submission to MSWG for further discussion, approval.

9. VALIDATE ASSETS

9.1. ASSET VERIFICATION

Supply chain conduct a pre check prior to delivery of the asset

Prior to starting a shift, Crews must validate the presence of all assigned assets by performing daily checks and calibrations using OPIQ. Crews must ensure that the asset numbers correspond to OPIQ check sheet, and where this differs, change the asset number to reflect reality.

Crews must validate the assets they are expected to use prior to starting a shift and at the end of the shift. It is the responsibility of the outgoing Crew to ensure that the assets they started with are on board.

Drivers of First Responders and custodians of vehicles not regularly used in the delivery of services, must validate the assets on board at least once a month.

All NA assets that fall outside of the prescribed routine validation must be validated at least twice a year to ensure they are still in use and in good condition.

Crews must remove asset from vehicle prior to vehicle dispatch to maintenance, based on early notification from fleet. Duration of keeping asset inside vehicles is subject of fleet and operation agreement as agreed in 2019.

It is the responsibility of staff to ensure that assets are ready for use and free of any obvious defects or damages. Each asset should be checked daily for the following:

- No visible damage to the equipment and all moving parts work properly;
- All assets are within the maintenance period;
- All assets pass pre-use checks;
- All assets have the required and associated accessories; and
- Report any asset that is faulty, displaying service lights or out of maintenance timeframes or missing asset tags or maintenance labels.

If asset tag is damaged or missing, Crew must report this via OPIQ to document the request. A new asset tag will be assigned and attached to the asset. Also, this should be reported immediately to the station manager and the supply chain asset team for replacement, through check of the asset history to insure it's the same as per the tag number should be done.

When Logistics have prepared ready-made resources for foot-patrols; Crews must ensure all assigned resources are present, and in working order prior to commencing the shift. Any shortfalls must be reported to Logistics for immediate action.

The only exception to this is where the system is down or a vehicle or Crew are dispatched in an emergency and in this case the Crew must complete the validation at the earliest opportunity after completing the call.

9.2. MISSING ASSET

All missing assets must be reported via OPIQ to ensure the event is recorded. Crew must prepare a detailed report of the incident leading up to the misplacement and submit this to Asset Management

(assets@nationalambulance.ae) for further investigation. This should be reported and signed by the team lead and station manager when filling (PUF409_Missing_Asset_Form)

Supply Chain will process submission to MSWG for further discussion and approval of ordering new units. A missing asset will be recommended for write off if an asset is not found in 6 months after it is reported missing and staff maybe held responsible, if proven negligent.

9.3. DAMAGED ASSETS

Damaged assets must be reported via OPIQ to ensure the event is recorded. Crew must prepare a report of the incident leading up to the misplacement and submit this to Asset Management (assets@nationalambulance.ae) for further investigation. All related documents should be attached :

- OPIQ report
- (PUF501 Asset Fault Report Form) with Team lead and station manager signature
- Service provider report final report
- Picture of the asset for documentation
- FIF113 Asset Retirement and Disposal Form (signed SCA, WHC , SCM , MD , CFO)

Damaged asset will be written-off and staff maybe held responsible, if proven negligent.

9.4. OWNERSHIP

Assets not owned or maintained by NA, must be tagged with a ZZ asset tag and disabled within OPIQ for PPM. An annual validation of these assets must be undertaken by the contract manager and validated against the information held within the system.

Equally, assets not owned but PPM by NA, must be tagged with a ZZ asset tag and enabled within OPIQ for PPM. An annual validation of these assets must be undertaken by the contract manager and validated against the information held within the system.

Assets owned by NA that meet the definition of an asset under Finance rules, should have the corresponding Oracle asset register number reflected in OPIQ for reconciliation and write-off purposes.

Appropriate checks are listed in OPIQ, and the checks must be completed in OPIQ, where possible.

9.5. ASSET RECONCILIATION

Assets must be reconciled with the Finance register at least twice a year. Any discrepancies must be resolved and agreed with finance. In turn, all assets must be verified at least twice a year that they are still in working order and our NA's possession.

Assets that carry a corresponding Finance or IT system asset register must be noted in OPIQ to promote an efficient reconciliation.

9.6. INCIDENT REPORTING

All incidents and near misses must be reported via the QHSE reporting system. Staff are advised to isolate and label the asset along with any associated consumables.

QHSE will review all reported incidents and inform the MD and COO, if appropriate and keep a central account of all recorded incidents and provide feedback on all actions.

10.DISPOSALS

10.1. DECOMMISSIONING

An asset should be considered for decommission when:

- It is past its useful life, as defined by Finance;
- The asset is not performing efficiently or is unsafe;
- The asset requires maintenance beyond its economic value;
- Surplus to requirements.
- Can no longer be maintained or repaired
- The manufacturer has recalled the asset; or
- The asset poses a clinical or operational or security risk;

All related documents should be attached:

- (PUF501 Asset Fault Report Form) with Team lead signature and station manager
- Service provider report final report – no maintenance applicable
- Picture of the asset for documentation include the part damaged
- FIF113 Asset Retirement and Disposal Form (signed SCA, WHC , SCM , MD , CFO)

Where an asset is to be disposed of it must be done within any applicable UAE laws associated with the asset. All disposals must comply with Finance Policy and Procedures.

All residual data must be deleted, wiped, or removed from the storage medium contained with in the asset. If this is not possible then the storage medium should be removed or disabled in such a way as to prevent access to any residual National Ambulance data or licences.

10.2. SALES

On meeting one of the above; the assets may be sold where there is a value, disposed of where not or passed to a charity. In all cases, any imperfections or risks must be clearly stated in writing to the receiving party to avoid any doubt or misunderstandings. All records pertaining to the asset should be retained on decommissioning.

Where the item can be sold, a fair market value must be gauged first through market research and the normal laws of offer and acceptance apply. Any offers must be in writing and invoiced through the Finance department.
Proceeds from the sales of assets must be correctly and expediently recorded in the financial accounting systems

10.3. NON SALES

Where possible, ensure responsible disposal of remaining unavoidable disposal of assets using sustainable recycling companies (e.g. Green Mountain, UAE) that follow ISO14001 standards. Were this is not possible, attempt to save each item for reuse by another party.

10.4. WRITE OFFS

The CFO and SCM must approve the sale and/or write off of all assets as per FIP102 Finance Policy and Procedures Audit & Compliance.

All write-offs must be documented along with the rationales and cost. Assets write-offs where lost or damaged, must contain the report outlining the events, and if a staff member should incur any charges.

10.5. MANAGEMENT

Asset Management will maintain a database of assets governed under this policy using OPIQ. This system will record and track the life cycle of the asset along with its history of repairs and scheduled maintenance.

A perpetual audit plan must be in place to ensure assets are regularly validated and verified by staff. In addition, assets must be reconciled bi-annually with the Finance Asset Register.

Procurement will undertake an annual review of approved suppliers or agents to ensure that value for money and patient safety remains NA's focus.

10.6. COMPLIANCE

HAAD operates a Medical Devices Post Marketing Surveillance System in order to ensure that only safe, effective and high quality medical devices are used. NA must report all know/suspected medical devices related incidents and deficiencies to HAAD using a dedicated form (http://www.haad.ae/medical devices.

11. RELEVANT LEGISLATION

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

Code, Name of Legislation	Jurisdiction
Code, Name of Legislation, Year here	Jurisdiction here

12. PROCEDURES AND FORMS

Procedures relevant to this Policy		Forms	Supporting Documents
Go to	L3.1.1 Set up Asset	PUF108 Medical Device Introduction Form	PUF103 Procurement Policy Approved list of Clinical Devices FIP102 Finance Policy and Procedures
Go to	L3.1.2 Maintain Asset	Asset Preventative Maintenance – PUF407	Manufactures' Guidance and Commissioning Report Asset Management Procedures
Go to	L3.1.3 Validate Asset	Missing Asset – PUF409	Asset Management Procedures
Go to	L3.1.4 Repair Asset	Asset Repair – PUF408	Schedule of Costs
Go to	L3.1.5 Dispose of Asset	Asset Retirement and Disposal FIF113	Asset Management Procedures

13.FEEDBACK

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

14.DOCUMENT CONTROL

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:

- Supply Chain 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].

Version No.	Date	Changes
2.0	September 2016	Amended and re-written under Asset Management Policy. Previously OPP119 Equipment Policy
3.0	August 2017	Amended to include new processes and focuses on sustainability
4.0	February 2021	Amendment for the full policy to match ADHICS standards • PE1.3 – clause Preventative Maintenance 8.1 : "Information assets that are sent out for maintenance or repair shall be recorded. All residual data must be deleted, wiped, or removed from the storage medium contained within the asset when under maintenance." • AM 1.2 – clause 7.4 Training : "Staff should only use assets in accordance with their privilege ng refer to CGP203 - Fitness to practice " • AM 4.6 – clause 6.5 Information security compliance "Access and privilege allocation for medical devices are detailed in CGP203 Fitness to Practice. Asset users must secure and safe-guard medical devices and equipment in accordance with its classification scheme (label) and risk factor." • AM 4.1 2 – clause 6.5 Information security compliance - clause 6.5 the security information compliance Security requirements based on asset value shall be considered in the handling procedures,

		1) In section 5 – Roles and Responsibilities if you can adjust to be as bullet point as below Asset Management are responsible for: - keeping accurate asset management records. - Ensuring the equipment is repaired and maintained in accordance with manufacturer's recommendations following a planned maintenance schedule. Staff are responsible for - Ensuring they are appropriately trained and competent in using any asset that forms part of their duties. - Identifying and labelling faulty equipment and notifying or reporting the fault using OPIQ and notifying QHSE where this presents a risk to safety. - Sending equipment for repair or maintenance are responsible for disinfecting the asset before returning and in completing the relevant forms. - Take reasonable care for their own health and safety, and also of others people who may be affected by their acts or omissions when operating an asset. - Storing assets in accordance with the manufactures recommendations and maintained when not in use. - Verifying any assets they use using OPIQ or where they are assigned an asset for their department's or personal use. IT Team is responsible for - Keeping accurate IT asset management records - Ensuring the IT equipment is repaired and maintained in accordance with manufacturer's recommendations following a planned maintenance schedule - Receiving, facilitating and distributing IT assets in line with company procedures. 2) For section 8.2 – Calibration Glucometers must be tested and calibrated as per "CGP210 – Point of 3) For section 8.3 – Returning Assets

		Please rephrase second sentence as below: To avoid cross contamination, Medical Equipment (assets) must be returned to Logistics cleaned and disinfected by the station Crew irrespective of whether the asset has been used in an infectious/contagious case prior to returning following "CGP215 – Medical Equipment Cleaning / Disinfection".

CEO Approval

Board Member Verification