

# 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 7000:2015);
  - Medical Transport standards (Joint Commission International Accreditation Standards for Medical Transport Organization – 2<sup>nd</sup> 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

| Roles & Responsibilities   | Executive Team | Managers | QHSE & Business Continuity Manager | All Staff |
|--|----------------|----------|------------------------------------|-----------|
| 1. Comply with QHSE and BC policies and procedures   |                |          |                                    | X         |
| 2. Avoid or minimize risks to patient outcomes, company activities and assets, and health, safety and environmental quality  |                |          |                                    | X         |
| 3. Carry out or participate in risk assessments in employee's area of duty   |                |          |                                    | X         |
| 4. Apply risk control measures identified in procedures, risk assessments, investigations or other documented processes  |                |          |                                    | X         |
| 5. Report new or changed hazards and risks, or risks with insufficient controls  |                |          |                                    | X         |
| 6. Demonstrate visible leadership that creates and supports a QHSE culture   |                |          |                                    | X         |
| 7. Provide resources for responsible QHSE and BC risk management   | X              |          |                                    |           |
| 8. Enable employees to stop work or remove themselves from situations that present unknown or uncontrolled risks   | X              | X        | X                                  |           |
| 9. Investigate or provide oversight to specific incident investigations  | X              | X        | X                                  |           |
| 10. Communicate significant uncontrolled QHSE and BC risks to the Board of Directors   | X              | X        | X                                  |           |
| 11. Take Full accountability for QHSE and BC risks   | X              |          |                                    |           |
| 12. Take final responsibility for QHSE and BC risks  |                |          | X                                  |           |
| 13. Communicate identified hazards and controls to staff, contractors and visitors   |                | X        | X                                  |           |
| 14. Consult staff on workplace hazards, risk assessments, and controls, ensuring staff can discuss and report risks  |                | X        | X                                  |           |
| 15. Recommend actions or controls for specific hazards   |                |          | X                                  |           |
| 16. Review risk assessments  |                | X        | X                                  |           |
| 17. Train new employees in QHSE risk management as appropriate to their role   |                |          | X                                  |           |
| 18. Identify training or information needs arising out of risk assessments   |                |          | X                                  |           |
| 19. 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                                  |           |
| 20. Develop action plans, including timeframes, for implementing control measures  |                | X        | X                                  |           |
| 21. Develop testing programs to check adequacy of business continuity plans  |                |          | X                                  |           |
| 22. Review risk management policies, procedures and plans  |                |          | X                                  |           |
| 23. Prepare BC plans to ensure the delivery of the prioritized activities within predetermined timeline in the occurrence of disruptions   |                |          | X                                  |           |
| 24. Minimize the impact of a disruptive event.   |                |          |                                    |           |
| 25. Recover from the disruption events and return to normal activities   |                |          |                                    |           |
| 26. Secure supply chain required for Business Continuity   |                |          |                                    |           |
| 27. Maintain a register of risk assessments and other risk records   |                |          | X                                  |           |
| 28. Prepare and report on QHSE and BC risks on a periodic basis to the Executive Team, or sooner based on level of risk  |                |          | X                                  |           |
| 29. Report any potential risk to the QHSE  |                |          |                                    | X         |

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 achieve that.

## 3.1 Resources

Staff positions with dedicated or majority 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.

## 4. QHSE 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:

- Met and exceed customer and stakeholder expectations by designing and delivering the Middle East's best pre hospital care delivery;
- Develop, monitor and report against crucial Quality, Health, Safety and Environmental objectives and targets;
- Continually improved 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 without 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;
- Prevent injury and ill health to our employees, customers and society as a whole; and
- Ensure our QHSE and BC 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.

## 5. BUSINESS CONTINUITY POLICY

National Ambulance Business Continuity Policy aims to ensure the ability to continue vital activities during emergency situations, crises and disasters, or because of sudden business interruption, in addition to that, National ambulance must be able to reduce the time of interruption of vital activities to the acceptable level to the top management , where this is done by adopting a framework and developing appropriate and flexible plans for business continuity management.

The framework for implementing the business continuity management program in National Ambulance is approved by senior management and in accordance with the requirements and specifications contained in AE / SCNS / NCEMA 7000: 2015 standard.

**National Ambulance is committed to:**

- Provide Leadership to develop and implement a business continuity Management Program, consistent with the corporate strategy;
- Approve Business Continuity Policy and include BCM objectives.
- Identify and provide the resources required to implement and maintain BCM Program and ensure the allocation of resources required to achieve continuity of its prioritized activities.
- Minimize the impact during a major disruption to National Ambulance business and activities.
- Provide competent personnel required to implement and
- maintain National Ambulance BCM program
- Aligning the organization's business continuity framework with UAE standards and industry best practice, and complying with relevant regulatory requirements;
- Defining and documenting the fit to purpose BC Capability that ensures the performance of prioritized activities and services during disruptive incidents.
- Identifying prioritized activities of all departments and sections where such activities are performed.
- Conducting awareness initiatives and training to staff and key stakeholders in NA's business continuity plans;
- Approve Business Continuity plans and that includes crisis & incident management plans and emergency response plans
- Carrying out periodic testing of business continuity plans appropriate to the identified risks and priority activities;
- Providing adequate resources, including competent staff with designated business continuity roles;
- Measuring and reporting on the effectiveness of the business continuity program against its objectives, using tools such as key performance indicators, management reviews and audits;
- Reviewing the business continuity management program to promote continual improvement at least annually, to ensure effectiveness.
- Communicating the business continuity policy to staff and key stakeholders, such as suppliers and contractors;

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

## 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
- **Pre-hospital care solutions and consultancy** – assistance and guidance to government and non-government organizations on pre-hospital care
- **Manpower services** – provision of clinical competent ALS or BLS staff to support private client requirements

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 issues that are relevant to its purpose and that affect its ability to achieve the intended outcomes of its quality, safety, and environmental management system (QHSE). The above-mentioned issues were highlighted in the strategic plan and were a result of the series of internal and external consultations. Opportunities and other risk mitigating measures were also identified and documented in Appendix F Internal and External Issues.

The key internal and external issues were considered in the SWOT and operational plans and strategies.

## 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 E Compliance requirement.

National Ambulance has also identified its customer and stakeholder needs and expectation. These are documented in the strategic plan 2020-2025 and in Appendix E Compliance requirement.



In line with the standard requirements in the ISO 9001:2015, ISO45001:2018 and the ISO 14001:2015 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 an action 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 the Ministry of Interior. A Strategic Plan (QHP107) is reviewed and reviewed by the Board of Management every year. 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 the Medical Director, 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.

#### 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: 2007);
  - 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 – 2<sup>nd</sup> Edition)

## 7. QHSE AND BC MANAGEMENT SYSTEM

### 7.1. MANAGEMENT SYSTEM COMPONENTS

The QHSE and BC management system addresses the management functions of:

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

Figure 1: QHSE Management Components

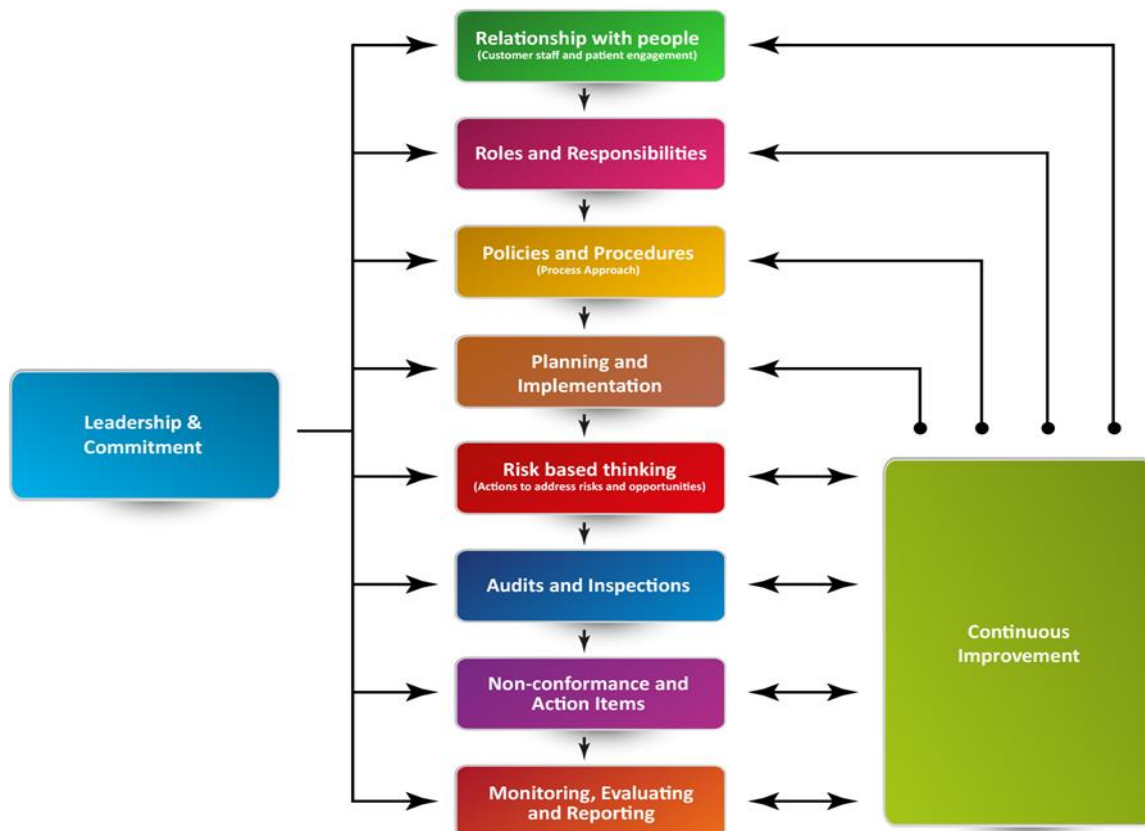


Figure 2: Plan Do Check Act (PDCA) Cycle



## 7.2. BUSINESS CONTINUITY PROCESS

**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                                | Process  |
|--------------------------------------|--|
| <b>Business Impact Analysis</b>      | 1. Organizational assessment   |
|                                      | 2. Priority activities   |
|                                      | 3. Supporting activities   |
|                                      | 4. RTOs and MAOs for priority supporting activities  |
|                                      | 5. Resources for priority supporting activities  |
|                                      | 6. Stakeholders for priorities supporting activities   |
| <b>Risk Assessment</b>               | 7. Threat and vulnerability assessment   |
|                                      | 8. Risk assessment   |
| <b>Business Continuity Strategy</b>  | 9. Potential Recovery solutions  |
|                                      | 10. Competency of suppliers  |
|                                      | 11. Reduce and mitigate the impact   |
|                                      | 12. Recover and resume prioritized activities  |
| <b>Business Continuity Plans</b>     | 13. National Ambulance Business Continuity Plans   |
|                                      | 14. Incident Response Plan   |
|                                      | 15. Media Response Plan  |
| <b>Awareness and training</b>        | 16. Staff to be aware of the importance of Business continuity and to understand their roles and responsibilities and gain knowledge to execute the plans. |
|                                      | 17. Business Continuity Training courses to concerned staff in order to perform their BC roles.  |
| <b>Test and exercise</b>             | 18. conduct tests and exercises at regular intervals to  |
|                                      | 19. ensure the plans remain fit-for-purpose and effective  |
| <b>Compliance and Internal Audit</b> | 20. conduct a complete annual internal   |
|                                      | 21. audit of BCM and cover all requirements of NCEMA Standard.   |
| <b>Management Review</b>             | 22. Review the BC capability to ensure it remains  |
|                                      | 23. fit-for-purpose and continues to meet BCM objectives..   |

## 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 ('COP412 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)
- Website [www.nationalambulance.ae](http://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 E

Compliance is monitored and reported in accordance with the 'QHP104 Legal and Regulatory Compliance Policy and Procedure'. Non-compliance is considered and non-conformance with 'QHP202 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'.

### 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 risks. The BC Plan addresses all 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 affecting any of the above (change management).

Risks management is done according to the generalized process of:

- Hazard identification
- Threat and vulnerability assessment (for business continuity risks only)
- Risk assessment
- Risk acceptance
- Application of risk control measures
- Risk re-assessment
- Risk acceptance

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 'QHSE Risk Register' QHF702 Risk Assessment Register and task and project management application including control measures 1.

<sup>1</sup> 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, however, it is not



#### 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 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 a significant environmental benefits relating to its activities, actions to release these environmental opportunities are identified and implemented.

The register of environmental aspects, impacts and its 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.

### 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 Policy and can be found in the annual 'QHSE 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
- Hazard identification
- Incident reporting
- Waste management
- Material safety data sheets



- QHSE Management System
- Safety in heat
- Fire safety
- Ergonomics
- Manual Handling
- Workplace emergency response
- Business disruptions affecting critical services.

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 competency 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 training are provided in 'QHP501 QHSE Training and Competency Policy and Procedure'.

## 11.1. QHSE INDUCTIONS

All staff receive a QHSE 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'.

## 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 'Appendix C – BC Testing Schedule'. All BC training and awareness activities will be recorded in accordance with 'QHP501 QHSE 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
- Information bulletins
- Staff newsletters
- 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 training are provided in 'QHP502 QHSE Communication Policy and Procedure'.

### 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
- 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.

National Ambulance’s current business continuity assessment is represented in ‘Appendix B – Business Continuity Summary’.

### 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.

The Business continuity plans have been approved for the following situations, as per 'Appendix B – BC Summary':

- 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).

#### 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).

The frequency of testing varies according to type of test, and is given in the BC plans. 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. BC Plans will identify the appropriate tests for each plan based on the test types set out in 'Table 2 – BC Testing'.

**TABLE 2 - BC TESTING**

| TYPE OF TEST                               | OBJECTIVE   | FREQUENCY                    | RESPONSIBILITY                           | RESOURCES  |
|--|---|------------------------------|--|--|
| 1. Desktop Review                          | <ul style="list-style-type: none"> <li>– Keep BC plan updated with changes to NA activities, procedures and external factors</li> <li>– Confirm details are up to date (names, contact numbers, third-parties, products)</li> </ul> | ANNUAL                       | Manager responsible for area of activity | – Area Manager   |
| 2A. Scenario-Based Workshop – simple       | <ul style="list-style-type: none"> <li>– Test the relevance and usefulness of the plan against a single point of failure</li> </ul>   | BIENNIAL (alternate with 2B) | Manager responsible for area of activity | <ul style="list-style-type: none"> <li>– Facilitator</li> <li>– Multi-disciplinarian team representing affecting work areas</li> </ul>               |
| 2B. Scenario-Based Workshop – multi factor | <ul style="list-style-type: none"> <li>– Test the relevance and usefulness of the plan under more complex conditions</li> </ul>   | BIENNIAL (alternate with 2A) | Manager responsible for area of activity | <ul style="list-style-type: none"> <li>– Facilitator</li> <li>– Multi-disciplinarian team representing affecting work areas</li> </ul>               |
| 3. Drill - partial simulation              | <ul style="list-style-type: none"> <li>– Partial practical simulation of response to business interruption</li> </ul>   | BIENNIAL                     | Manager responsible for area of activity | <ul style="list-style-type: none"> <li>– Facilitator</li> <li>– Staff from affected teams (most)</li> <li>– Third-parties representatives</li> </ul> |
| 4. Full Scale Test                         | <ul style="list-style-type: none"> <li>– Provide realistic testing of procedures</li> </ul>   | OPTIONAL                     | Manager responsible for area of activity | <ul style="list-style-type: none"> <li>– Coordinator</li> <li>– Staff from affected teams (most)</li> <li>– Third-parties representatives</li> </ul> |

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 should be prepared by the BC team in consultation with the subject area manager, and implemented accordingly. The current BC Test Schedule is managed by QHSE and shown in 'Appendix C – BC Test Schedule'.

## **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 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 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 Management (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)

## 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, 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.

This 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 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.

### 14.3. QHSE CONTROLS

The National Ambulance QHSE and BC management system is designed to identify and mitigate significant quality, health, safety or environmental hazards, 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.

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

## 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 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 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. QHSE and BC performance including:

- Results of external audits
- Results of internal audits and evaluations of compliance
- Performance exception reporting
- Supplier Reviews
- Relevant feedback from external interested parties, including complaints

1.2. Results of participation and consultation

1.3. Changing circumstances, including developments in legal and other requirements related to QHSE and Business Continuity

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

1.5. Audit register planning

1.6. Resourcing

1.7. Follow-up actions from previous management reviews.

1.8. Risk Management

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

1.9. Update from CFO on Corporate Risk Register and incorporation of QHSE

1.10. Changes in external and internal issues that are relevant to the IMS

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

1.12. Opportunities for improvement

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

1.14. Recommendations 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.

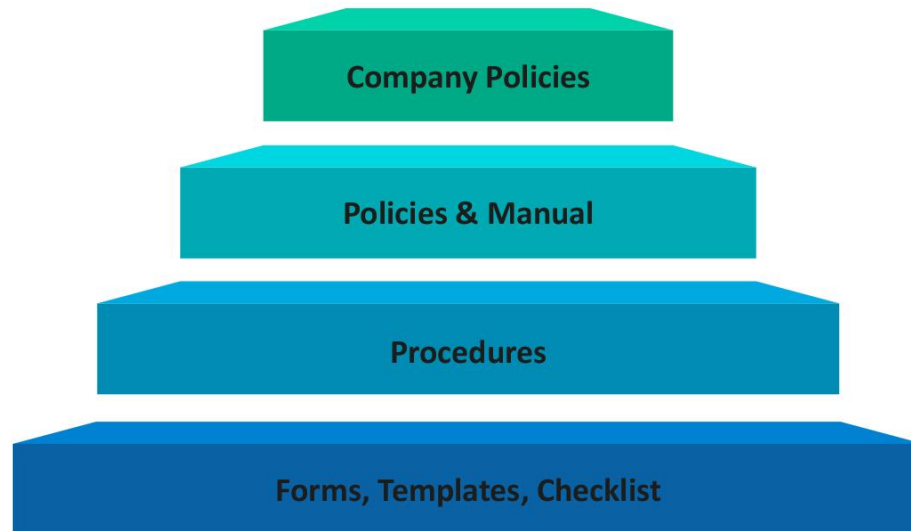
The QHSE Policy and the BC Policy outline the principles in which the company operates with regards to QHSE and BC respectively, and are both tier one documents.

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

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  |
| COP412 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'   |

## 19.FEEDBACK

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

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           | 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;<br>Updates for new versions of standards (ISO14001:2015 and ISO9001:2015);<br>Updates for AD EHSMS change to OHSAD-SF;<br>Addition of risks and opportunities to the agenda<br>Addition of internal and external issues to the agenda<br>Copy editing  |
| 6.1         | August 2017    | Graphical changes  |
| 7.0         | February 2021  | Added points in management review outputs<br>Removed supervisor and Director of Performance and Evaluation<br>Changes to OPP110 to COP113 Crisis Communication Media Liason Policy<br>Update the location<br>Added the QHF702 Risk Assessment Register and QHF703 Risk and Opportunity Register<br><br>Added during Policy review committee meeting<br><br>Added wording in 6.1 : with ALS support and Doctors support if available,<br>Removed the word in 6.1: with extended scope |

CEO Approval

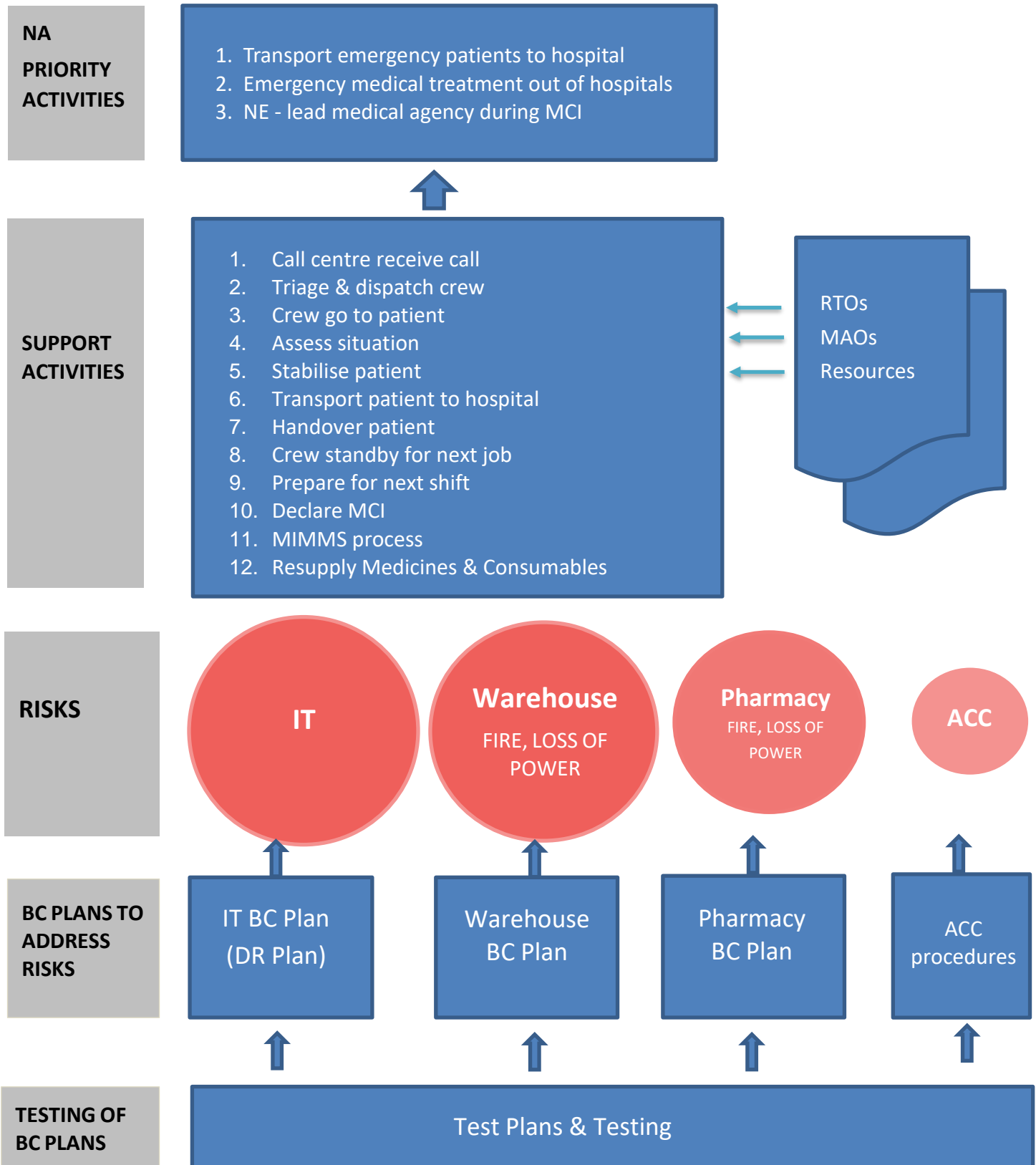
Board Member Verification

## APPENDIX A – BC Awareness and Training

### Business Continuity Awareness and Training

| NA Staff Role  | Type of BC Awareness or Training & Delivery Channel |                                   |                              |  |
|--|---|-----------------------------------|------------------------------|--|
|  | BC Update<br>(RIB or QHSE Noticeboard)              | BC Basic Introduction<br>(online) | BC Plan Training<br>(drills) | BC Specialized Skills & Industry Update<br>(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 – BC Summary



## APPENDIX C – BC Testing Schedule

The current BC Test schedule is maintained by QHSE and reflects the following frequency:

| Type of Test                            | Warehouse BC Plan        | Pharmacy BC Plan         | IT BC Plan               |
|---|--------------------------|--------------------------|--------------------------|
| Desktop Review                          | Annual Q1                | Annual Q1                | Annual Q1                |
| Workshop – Single Issue Failure*        | Annual Q4*               | Annual Q4*               | Annual Q4*               |
| Workshop – Multifactor Issue Failure*   | Annual Q4*               | Annual Q4*               | Annual Q4*               |
| Drill – Partial Practical Test          | Annual Q2                | Annual Q2                | Annual Q2                |
| Drill – Full Scale Practical Simulation | As directed by Executive | As directed by Executive | As directed by Executive |

\* Workshop testing is performed in alternative years to each other, so that one scenario-based workshop is conducted per year for each BC Plan.



## TEST PLAN CHECKLIST – PRE-TEST

| ACTION  | COMMENT |
|---|---------|
| 1. Name of BC Plan being tested   |         |
| 2. Test Date  |         |
| 3. Test Start Time  |         |
| 4. Test End Time  |         |
| 5. Test Type  |         |
| 6. Test Coordinator   |         |
| 7. Test Scenario or Description   |         |
| 8. Is there potential for impact on emergency medical services, or safety of members of the public? |         |
| 9. QHSE Risks Assessment for Test Plan completed?   |         |
| 10. Notification of Testing:  |         |
| (a) Date that participating staff were briefed about testing  |         |
| (b) Method of briefing  |         |
| 11. Were neighbours/ third parties that may be affected notified of testing?                        |         |
| 12. Testing plan, date and time approved by (NA position and approval date)                         |         |

## TEST PLAN CHECKLIST – DURING TEST

| ACTION   | COMMENT |
|--|---------|
| 1. Location (room, building, street address, area)   |         |
| 2. Access Requirements (biometric, security alarm, key, guard, other)  |         |
| 3. Staff Required to Participate   |         |
| 4. Staff Impacted by Test  |         |
| 5. External Parties Participating  |         |
| 6. Method for Gathering Test Observations?<br>(eg, designated person for recording observations during test, interview participating staff immediately after test) |         |
| 7. Communications method<br>(eg, in person, mobile, radio, whatsapp, email)  |         |
| 8. Vehicle Parking Requirements  |         |
| 9. Lighting source   |         |
| 10. AC source  |         |
| 11. Network access method  |         |
| 12. Electricity source   |         |
| 13. Equipment – to 'fail'  |         |
| 14. Equipment and Items required for response  |         |
| 15. Information, procedures required for reference   |         |
| 16. Emergency contacts   |         |

## TEST PLAN CHECKLIST - POST-TESTING

| ACTION   | COMMENT |
|--|---------|
| 1. All staff and third-party individuals accounted for (roll call)                               |         |
| 2. Equipment, plant, facilities checked and confirmed as in service/ normal operating conditions |         |
| 3. Debriefing Meeting Conducted or Scheduled?  |         |
| 4. Observations, Comments from Staff and Third-parties recorded?                                 |         |
| 5. Report with feedback prepared and submitted to QHSE Manager and Operational Area Manager?     |         |
| 6. Other   |         |

## APPENDIX D – ASPECT IMPACT REGISTER (ENVIRONMENT) QHF702 RISK ASSESSMENT REGISTER

| 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"> <li>Depletion of resources</li> <li>Harmful substance will penetrate to soil and water</li> <li>Possible pollution to the water and land</li> </ul>  | S/  | External                |
| 2                                    | Usage tyres  | <ul style="list-style-type: none"> <li>Depletion of resources</li> <li>Harmful substance will Permeate to soil and water</li> <li>Possible pollution in the water and land</li> </ul>   | S/O<br>Recycling Tires (Q2 2018)  | External                |
| 3                                    | Usage of Medical sharps e.g. needles                     | <ul style="list-style-type: none"> <li>Incinerate in landfill</li> <li>Depletion of resources</li> <li>Possible pollution in the water and land</li> </ul>  | S   | External                |
| 4                                    | Usage of Medical gases pentrox medicine                  | <ul style="list-style-type: none"> <li>Incinerate in landfill</li> <li>Depletion of resources</li> <li>Possible pollution in the water and land</li> </ul>  | S   | External                |
| 5                                    | General waste e.g. cardboard, paper                      | <ul style="list-style-type: none"> <li>Contributes to greenhouse gases into environmental global warming.</li> <li>Consumption of natural resources. Environmental damage as a result of waste being sent to landfill.</li> </ul>   | S/O (Q4 2020)<br>Cardboards are re-used internally in the warehouse<br>Usage of ePCRs<br>Usage of secure printers   | External/Internal       |
| 6                                    | Usage of Electricity in lights and equipment             | <ul style="list-style-type: none"> <li>Carbon Footprint increase (indirect CO2 emission).</li> <li>Depletion of resources</li> </ul>  | S/O<br>Use of Energy Sufficient Bulbs (Implemented Q2 2012)   | External/Internal       |
| 7                                    | Usage of water   | <ul style="list-style-type: none"> <li>Depletion of natural resources</li> <li>Disposal of contaminated water</li> <li>Waste water and contaminated water is discharges through the drain system and may pollute water sources.</li> <li>Legionnaire's disease</li> <li>Excess usage of water.</li> </ul> | S/O<br>Water Recycling initiative (Q2 2018)   | External/Internal       |
| 8                                    | Emissions to the air from Ambulance/staff Transportation | <ul style="list-style-type: none"> <li>Negative Emissions to the air</li> <li>Local and global air pollution</li> <li>Reduction of emissions of CO2 and a reduced impact on local air quality, plants and biodiversity</li> </ul>   | S/O (Q4 2017)<br>-Significant number of incentives to reduce emissions arising from Ambulance related transport activities, including promotion of public transport, promoting car sharing,<br>-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"> <li>Ink and toner cartridges are</li> <li>Classed as hazardous waste.</li> <li>If disposed of incorrectly they could cause both ground and water pollution</li> </ul>  | NS/O (Q4 2017)<br>Ink and toner cartridges are disposed of in a dedicated bin, and collected for recycling.   | External                |
| 10                                   | Usage of electronic equipment & devices                  | <ul style="list-style-type: none"> <li>Depletion of resources</li> <li>Harmful toxins will permeate to soil and water</li> <li>Harmful toxins will be released into the air</li> </ul>  | NS/O  | External                |

## APPENDIX E– Compliance Requirements

**TABLE 3: INTERESTED PARTIES, NEEDS & REQUIREMENTS AND COMPLIANCE REQUIREMENTS QHF703  
RISK AND OPPORTUNITY REGISTER**

| Interested Party                     | Relevant Needs/ Requirements   | Compliance Requirement |
|--------------------------------------|--|------------------------|
| <b>1. NA shareholders</b>            | Achieve government goals for public service                          | Legal, Contractual     |
|                                      | Best practice clinical care  |                        |
|                                      | Profitability  |                        |
|                                      | Acceptable level of corporate risk                                   |                        |
| <b>2. Board members</b>              | 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  |                        |
| <b>3. NE Civil Defense</b>           | Support CD in Emergency situations                                   | Legal                  |
|                                      | Setting up MIMMS in Mass Incident and Mass casualties                |                        |
|                                      | Educating CD in Emergency Plans                                      |                        |
|                                      | Participate in the CD Drills   |                        |
| <b>4. MOH</b>                        | Be present in MOH meetings   | Contractual & Legal    |
|                                      | Report notifiable incidents on time                                  |                        |
|                                      | Respond to their action plans  |                        |
|                                      | Assist in setting up National crisis response plan                   |                        |
| <b>5. DOH</b>                        | NA to be a member Committee member from strategic response committee |                        |
|                                      | Be present in DoH meetings   |                        |
|                                      | Report notifiable incidents on time                                  |                        |
|                                      | Respond to their action plans  |                        |
| <b>6. NCEMA</b>                      | Comply to the law and standards                                      |                        |
|                                      | Participate and attend (MCI's)                                       |                        |
|                                      | Develop of National Emergency Preparedness with NCEMA                |                        |
|                                      | Contribute to the critical infrastructure planning                   |                        |
| <b>7. Ministry of Interior (MOI)</b> | Be present in NCEMA meetings (NA part of response committee)         |                        |
|                                      | Northern emirates - lead medical response for MCI                    |                        |
|                                      | To be aligned with UAE Strategy of Pre-hospital Care                 |                        |
|                                      | Provide performance reports as required                              |                        |

| Interested Party  | Relevant Needs/ Requirements   | Compliance Requirement                          |
|---|--|---|
| <b>8. Local government (emirate-level)</b>                                | Meet local community expectations for ambulance services   | Legal & Ethical Behavior Commitment             |
| <b>9. NE Community</b>  | Provide public ambulance service<br>Provide best practice clinical care<br>Provide trained staff who can treat and speak to local community<br>Provide awareness through media | Legal Contractual & Ethical Behavior Commitment |
| <b>10. AD Community</b>   | Provide pre-hospital care support  | Ethical Behavior Commitment                     |
| <b>11. Dubai Community</b>  | Cooperative to provide additional ambulance services for major incidents and incidents near the Dubai borders  | Ethical Behavior Commitment                     |
| <b>12. Workforce</b>  | Provide safe, healthy and environmentally responsible workplace<br>Job security  | Legal Contractual & Ethical Behavior Commitment |
| <b>13. Key Suppliers</b><br>WAS; Wilker UK;<br>Lammtara; OCS ; BIN<br>ALI | Positive relationships & collaborative planning for future requirements<br>Pay invoices on time<br>Long term relationship<br>Volume Purchases                                  | Contractual                                     |
| <b>14. Private hospitals (patient transport service)</b>                  | Transport patients on time<br>Long-term relationship   | Legal   |
| <b>15. Clients – events that NA provides services to under contract 1</b> | Cooperate to ensure that NA services meet their regiments and attend meetings<br>Maintain confidentiality<br>Be present in Clients meetings                                    | Contractual and Legal                           |
| <b>16. MOH and DOH public hospitals</b>                                   | Cooperate to ensure that NA services meet their needs and requirements & Maintain confidentiality<br>To Be in their emergency response committees                              |   |
| <b>17. Commercial landlords</b>   | Long Contract Leases   |   |
| <b>18. Accreditation agencies</b>   | Access to sites and staff<br>Transparency<br>Timely communication  |   |
| <b>19. Public &amp; Visitors</b>  | Provide safe, healthy and environmentally responsible premises   | Legal & Ethical Behavior Commitment             |
| <b>20. Neighbors</b>  | Maintain social and environmental responsibility   | Legal & Ethical Behavior Commitment             |

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

## APPENDIX F– Internal and External Issues QHF703 Risk and Opportunity Register

| 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. AD plan 2030 and AD strategic objectives               |
| 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                                |