

QHP813

OPERATIONS

BUSINESS CONTINUITY PLAN (BCP)

NORTHERN EMIRATES OPERATIONS & AMBULANCE CONTROL CENTER OPERATIONS (ACC)

OVERVIEW & SCOPE

National ambulance operates as the front-line emergency ambulance service to the Northern Emirates. As such, the below plans have been adopted in line with international guidelines relating to mass casualty / major incident in which would potentially place an overwhelming demand on front line services, therefore impacting business as usual. Furthermore, included in the below plans are critical services continuity, return to normal operations and medical authority review as is required by NCEMA BCP.

The ambulance control center is the central hub of pre dispatch operations. National Ambulance has 2 separate ambulance control centers (Abu Dhabi & Ajman). As such, there is resilience should there be critical outages in either facility. The ambulance control center part of this document outlines procedures to be adopted in various potential critical outages which would have a significant impact on frontline emergency operations.

The company's BC planning addresses a wide range of man-made and natural disruptions, however, there are limitations to the capability of a single organisation to meet major disasters. National Ambulances response to such an incident would be to:

- Operate at maximum capacity (MCI-level response), and
- Coordinate with other Government emergency agencies and private emergency medical service providers (organisations with private ambulance operations) to prioritise area of response, and
- Place NA operations and resources under direction of higher Government authorities, such as NCEMA, Ministry of Interior or the UAE military.

Scope exclusions and justifications are summarised below:

1. **Major disruptions at emirate or national level which are also extremely unlikely** - events which could threaten NA business continuity should they occur, but are considered too unlikely to warrant company preparedness, for example, a major meteor strike.

The assessment of vulnerability posed by specific threats based on likelihood is carried out as part of the business continuity risk assessments.

2. **Multiple individual major events occurring around the same time** – such individual incidents would place a major demand on NA resources and operations at the same time, and collectively failure to meet service objectives could be expected. For example, a commercial plane crash over Sharjah, and a major earthquake in the Khorfakkan urban area, and a major incident at a gas field in Abu Dhabi, and a toxic chemical gas release in Sharjah industrial area near labourer group accommodation.

However, due to the improbability of such a combination of incidents, this scenario is outside the scope of the company's business continuity planning.

3. **Act of war against the State or major terrorist attack** – NA resources and operations would fall under command of higher authorities.
4. **Extended interruption to critical population services** – these scenarios may directly impact NA own staff and resources and reduce service capacity, and furthermore cause an increased demand from the community for emergency medical services. For example, an extended unplanned shutdown of a government desalination plant, or national fuel shortage.

NA resources and operations would fall under command of higher authorities.

These types of scenarios are not treated in the business continuity framework as they are beyond the scope of National Ambulance to assess likelihood or impact with any useful accuracy to enable a response level. Additionally, these scenarios pragmatically are considered to have a remote chance of occurring.

It is expected that National Ambulance operations would be commanded by higher authorities or the military, as part of an emirate-level or national response, to the incidents that fall outside of the scope of its own business continuity planning.

NORTHERN EMIRATES OPERATIONS



1. ROLES AND RESPONSIBILITIES

The education department is responsible for creating and disseminating the required training for incident management including incidents at Special events and Mass Gatherings.

1.1. EVENT PLANNING

During the planning of the event, it is critical to include emergency planning for major incidents and disasters. The Event planner is required to supply the information required and listed on OPF109 - Event Information Gathering Template.

1.2. OPERATIONS DIRECTOR(OD)

The Operations Director(OD)is responsible for ensuring that the policy and procedures are implemented and adhered to by all operational staff.

1.3. OPERATION MANAGERS

Managers are required to ensure that all employees conform to NA and local medical authority requirements for training as well as ensuring that all employees follow this policy and procedures.

1.4. HEALTH CARE PROVIDERS

Healthcare providers, as employees of NA, are required to adhere to this policy and follow the procedures contain within during any special event or mass gathering. Employees are also required to maintain the training required by NA.

1.5. DUTY MANAGER

In the likelihood of an incident that would overwhelm first responder resources the Duty Manager will then be responsible to initiate and escalate the emergency response procedure.

2. POLICY STATEMENT

2.1. TRAINING

It is the individual employee's responsibility to ensure that they are up to date with all medical authority requirements.

Employees will also undergo MIMMS training in accordance with the NA policy at the required intervals. Operation Managers are responsible for ensuring that any employee scheduled to work at a special event or mass gathering has completed the required training as in compliance with this policy.

2.2. PLANNING

2.2.1. PREVENTION/RISK MITIGATION

Regarding events, the coordinators and NA staff must work together to produce an event plan in accordance with medical authority guidelines. The Events Manager is responsible for ensuring that all the required information is included on the Event OPS Plan and to complete the Risk Mitigation Matrix. Employees working at the event must familiarize themselves with the OPS Plan before the event and direct any questions to the Events Supervisor.

NA will work with key stake holders to ensure that they are an integral response regarding major incidents and disaster response. NA management team will have a predetermined plan (Appendix 1 and 2) in place that will work with most incidents of any size or scale; which can be activated by the Duty Manager when requested by outside agencies. The flexibility of this system allows for the command structure to control an event from anywhere in the Emirates.

2.3. EXECUTING

2.3.1. EMERGENCY RESPONSE PROCEDURE

2.3.1.1. COMMAND, CONTROL, COORDINATION PRINCIPLES

The Coordination system involving the Gold, Silver and Bronze levels of command and control has been embraced by the Emirates and involves a system of management and support to an escalating situation.

2.3.2. STRATEGIC (GOLD)

The Strategic (Gold) commander is in overall charge of the service. Gold commanders have the following responsibilities:

- Formulates the strategy for the incident
- Delegates tactical decisions to the (Silver) commander(s)
- Maintains a close liaison with daily operations in regard to further capability and demands from the silver level
- Documents the strategic plan and decisions that could be used in review, or called into question at a later time.

2.3.3. TACTICAL (SILVER)

The tactical (Silver) commander will take charge of the operations. Silver commanders have the following responsibilities:

- Organize and delegate operations
- Formulate tactics to meet objectives set by Gold

- Over sees operations in accordance with OPP123 and ensure an adequate amount of resources are available to deal with the situation.
- Support Bronze commanders with sufficient staff and resources
- Maintain a “hands-off” approach – allow bronze commanders to perform their job
- Liaise with other commanders on scene from Civil Defense, Police or other stakeholders to ensure a coordinated and combined approach to scene management and patient treatment/transport.
- Ensure the safety of all crews underneath your command at incident scene.
- In direct contact with both ACC commander and Gold commander, providing updates and making requests as appropriate.

2.3.4. OPERATIONAL (BRONZE ROLES)

4.3.4.1 BRONZE COMMANDER

The operational (Bronze) commander will control staff and functional duties at the site/s.
Bronze medics have the following responsibilities:

- Implement the Tactical (Silver) Plan
- Report changes and requirements for additional resources to Silver Commander
- Ask for additional bronze commanders as size of event and number of staff increases
- Ensure that providers on scene have all resources and direction they need to meet the goals of the Silver and Gold plans.
- Provide flexible managerial control at forward incident scene
- Monitor the working environment for safe working practices and in liaison with Silver Commander, appoint a Bronze Safety Officer.
- Liaise with Bronze Triage to monitor and manage the initial triage sieve and eventual treatment of patients

4.3.4.2 Bronze Triage

The bronze triage officer will oversee all initial triage of patients on scene and have the following responsibilities:

- Co-ordinate the initial triage of all casualties on site
- Attend the incident site. Ensure safe working has been established and commence primary triage sieve using the adult triage sieve for all casualties that you are presented with. If the incident involves multiple children, use the Paediatric Triage tape.
- Sieve each patient in turn, fold the label to select the required priority and fold to the label with the colour showing outwards, and attach the label to the wrist of the casualty. If the patient is uninjured send them to the survivor reception centre (SRC)

4.3.4.3 Bronze Parking

Bronze parking will coordinate the assembly of vehicles at the holding area, as well as have the following responsibilities:

- Maintain a record of staff and vehicle numbers attending
- Ensure Crew have informed ACC of their arrival.
- Ensuring liaison with Loading officer is commenced and ongoing
- Management of vehicle keys (ensure they are not removed by crew)
- Brief arriving crews on nature of the incident
- Instruct crews where to attend, (e.g. Incident scene or Loading area)
- Ensure attendant goes forward and driver remains with vehicle.

4.3.4.4 Bronze Clearing

Bronze clearing is tasked with coordinating the removal of patients from the treatment area to the loading area for transport, as well as having the following responsibilities:

- Ask Bronze Triage to report to you with the number of patients with the following classification:
 - 1 RED – Immediate intervention required
 - 2 YELLOW – Early interventions required
 - 3 GREEN – Walking wounded
 - 4 RED/ BLUE CORNER – Expected to die (use only in exceptional circumstances with the agreement of CMA)
 - 5 BLACK – dead, should be labelled but not removed
 - Uninjured – should be directed to the Survivor Reception Centre (SRC)
 - Report these to Bronze Medic to ensure that the appropriate transport is made available
- Establish an appropriate safe location for the casualty clearing station, consider
 - Close to ambulance circuit / loading point
 - Hard standing
 - Safe from hazards
- Ensure all uninjured survivors are directed to the SRC.
- As patients arrive from the incident site, ensure they have been through primary triage and have a tag attached.
- Ensure that Secondary Triage is commenced, and advanced interventions started when available. (In absence of bronze secondary triage)
- Ensure that patient documentation is initiated on the triage card. (In absence of bronze secondary triage)
- In order to maintain effective function of the clearing station, ensure that additional staff on their arrival are tasked appropriately.
- Handover patients to Bronze Loading for allocation of hospital and loading onto vehicles.
- Keep a record of patient numbers using the Smart Tag number on your log.

4.3.4.5 Bronze Secondary Triage

Bronze triage will ensure that patients are re-triaged when appropriate, as well as having the following responsibilities:

- Ensure that patient documentation is initiated on the triage cards, even if very limited details are obtained
- Attend the casualty clearing station and start a secondary triage "Sort" using the triage sort cards for all casualties that you are presented with
- Sort each patient in turn, fold the label to select the required priority and fold to the label with the colour showing outwards, and attach the label to the wrist of the casualty. If the patient is uninjured send them to the survivor reception centre (SRC)
- Re-triage each patient at least every 15 minutes
- Treatment of patients will be performed by additional ambulance staff— your role is to continually triage sort the patients.
- Keep a tally of the number of patients of each priority and report this to Bronze Clearing
- The expectant category is ONLY used with the authority of the CMA, an example of such an incident could be a catastrophic incident.

4.3.4.6 Bronze Loading

Bronze loading will oversee the loading of the patients in order of priority for transportation to appropriate facilities. They will also have the following responsibilities:

- Establish loading point with due consideration to both the Casualty Clearing Station (CCS) and the ambulance circuit i.e. vehicle movements, ingress / egress.
 - Liaise with police and seek assistance if required
- Ensure an adequate supply of ambulances to the loading point
- Liaise with Bronze Clearing to facilitate removal of patients from the CCS to the loading point
- Ensure that all casualties have been triaged, categorised and labelled prior to loading onto the ambulances¹
 - 1 RED – Immediate intervention required
 - 2 YELLOW – Early interventions required
 - 3 GREEN – Walking wounded
 - 4 RED/ BLUE CORNER – Expected to die (use only in exceptional circumstances with the agreement of CMA)
 - 5 BLACK – dead, should be labelled but not removed
 - Uninjured – should be directed to the Survivor Reception Centre (SRC)
 - Report these to Bronze Medic to ensure that the appropriate transport is made available
- Retain tear off tracking slip from each triage card as patients are loaded and store in board under each hospital dispatched too.
- Evacuate casualties in priority order, ensuring that patient packaging is adequate

2.3.5. ACTIVATION/INVOKING

NA personnel will follow MIMMS guidelines as well as the OPS plan for the event to activate the emergency response system. If any event occurs that threatens to exceed or actually exceeds the capabilities on site, the onsite employee should activate the emergency response system. Contact persons and numbers will be provided with the OPS plan. If there is any doubt contact the Duty Manager for further information. Reference **Incident Reporting – OPF105** for more information and clarification.

2.3.6. ESCALATION

As the emergency increases in size and scope there may be a need for additional resources. Employees are to follow the escalation guidelines set forth in the following table to ensure all required staff are informed in the correct manor about an incident.

For all major incidents in the Northern Emirates, the event/scene commander will escalate the incident within National Ambulance, as outlined below, unless outside assistance is required.

For all major incidents in Abu Dhabi or Dubai, the event/scene commander will escalate the incident to DCAS or EPS, whichever is most appropriate.

INCIDENT ESCALATION MATRIX

	Noteworthy	Serious	Major	Catastrophic
Definition	<ul style="list-style-type: none"> Any incident with press/media interest or presence at scene Any incident where stakeholder involvement i.e. EPS, CD, Police NA Staff injured (minor) Airport Standby HAZCHEM incident Firearms incident (not including pre-arranged military standby) Incident where over 3 minutes mobilisation delays 	<ul style="list-style-type: none"> NA Staff Injury (Major) NA vehicle involved in incident i.e. Road Traffic Collision Incident involving serious trauma Incident of Fatality Requests made for Helicopter Medical Evacuation Incidents involving; <i>Royal Family, VIP, Military, Police, EPS</i> CNIA injury (major) HAZCHEM incident with casualties Firearms incident with casualties Incidents that threaten the reputation of NA 	<ul style="list-style-type: none"> Mass casualty Incident Major Incident declared by partner agency NA Staff fatality Fatality of; <i>Royal Family, CNIA, VIP, Military, Police, EPS</i> Major disruption to internal infrastructure i.e. comms failure Incident which may impact on contract delivery and serviceability i.e. complete fleet failure. Legal issue surrounding our staff i.e. arrests of member of staff key to operational viability. 	<ul style="list-style-type: none"> Complete systemic collapse of internal infrastructure. Loss of key organisational hierarchy Multiple NA fatalities

Actions to be carried out by:	Operational Staff	<ul style="list-style-type: none"> Inform and provide ETHANE report <i>Exact Location</i> <i>Type of Incident</i> <i>Hazards</i> <i>Access and Egress to location</i> <i>Number and type of casualty*</i> <i>Emergency Services on scene (including press)</i> *type of casualty i.e. Military, CNIA police civilian etc. Continue to act within the scope of NA practice 	<ul style="list-style-type: none"> Inform ACC and provide ETHANE report <i>Exact Location</i> <i>Type of Incident</i> <i>Hazards</i> <i>Access and Egress to location</i> <i>Number and type of casualty*</i> <i>Emergency Services on scene (including press)</i> *type of casualty i.e. Military, CNIA police civilian etc. Complete relevant documentation Comply with Federal and Abu Dhabi Law Maintain patient confidentiality. Maintain crew safety Continue to act within NA Scope of practice 	<ul style="list-style-type: none"> Inform ACC and provide METHANE/ETHANE or Windscreen report <i>Major Incident</i> <i>Declared Exact Location</i> <i>Type of Incident</i> <i>Hazards</i> <i>Access and Egress to location</i> <i>Number and type of casualty*</i> <i>Emergency Services on scene (including press)</i> *type of casualty i.e. Military, CNIA police civilian etc. Proceed to initiate Major Incident procedure. Complete relevant documentation Comply with Federal and Abu Dhabi Law Maintain patient confidentiality. Maintain crew safety Continue to act within NA Scope of practice 	<ul style="list-style-type: none"> Operational staff maybe unaware of this level of incident Continue to act within the scope of NA practice Provide any information received to ACC
	Timeframe	Immediately	Immediately	Immediately	

ACC Staff	<ul style="list-style-type: none">On receiving information activate appropriate partner agencies as required i.e. CD etcCall duty Manager and provide ETHANE report <p><i>Exact Location</i></p> <p><i>Type of Incident</i></p> <p><i>Hazards</i></p> <p><i>Access and Egress to location</i></p> <p><i>Number and type of casualty</i></p> <p><i>Emergency Services on scene (including press)</i></p> <ul style="list-style-type: none">Keep duty manager informed of any changesInform Duty Manager when incident closed.	<ul style="list-style-type: none">Activate Duty manager immediately 24 hours a day and provide report of <p><i>Exact Location</i></p> <p><i>Type of Incident</i></p> <p><i>Hazards</i></p> <p><i>Access and Egress to location</i></p> <p><i>Number and type of casualty*</i></p> <p><i>Emergency Services on scene (including press)</i></p> <p>*type of casualty i.e. Military, CNIA police civilian etc.</p> <ul style="list-style-type: none">Keep Duty Manager updated.Maintain confidentialityIncident must not be discussed with anyone other than the Duty Manager	<ul style="list-style-type: none">Clarify message received i.e. if METHANE do a readback. <p><i>Major Incident Declared Exact Location</i></p> <p><i>Type of Incident</i></p> <p><i>Hazzards</i></p> <p><i>Access and Egress to location</i></p> <p><i>Number and type of casualty*</i></p> <p><i>Emergency Services on scene (including press)</i></p> <p>*type of casualty i.e. Military, CNIA police civilian etc.</p> <ul style="list-style-type: none">Contact partner agencies immediately.Alert Duty Manager immediately by phone.Remain calmLog ALL communicatins in the log either by phone or Radio	<ul style="list-style-type: none">Maintain communications where possible.Call immediately Duty managerIf communications system is down completely you must proceed to the duty managers address and inform them in person. (Addresses can be found in Sealed contingency plan)Begin paper based log sheets
	<i>Timeframe</i>	<i>Immediately</i>	<i>Immediately</i>	<i>Immediately</i>

Operations
Manager

<ul style="list-style-type: none"> • Make notes on incidents ask to be kept up to date including once incident is closed • If active interest from press refer to CEO • Conduct internal investigation if appropriate and report on findings • Escalate to Silver Commander if required • Complete Duty Manager Report • If stakeholder involvement email Silver Commander and Stakeholder Relations Manager. 	<ul style="list-style-type: none"> • Duty Manager to respond to scene. • Make notes on incidents ask to be kept up to date including once incident is closed • If active interest from press refer to CEO • Conduct internal investigation if appropriate and report on findings • Escalate to Silver Commander • Complete Duty Manager Report <p>If stakeholder involvement email Silver Commander and Stakeholder Relations Manager.</p>	<p>Duty Manager to mobilise to scene and establish bronze command. Update silver so they can establish command and commence NA internal plans, whether it be on-site or a pre-determines locfation.</p> <ul style="list-style-type: none"> • Duty Manager to mobilise to scene and establish bronze commander . Update Silber so they can establish command and commence NA internal plans, whether it be on-site or a predetermi 	<ul style="list-style-type: none"> • Where appropriate the Duty Manager should deploy to the scene and immediately call and update silver. • Begin setting up business continuity plans. • On conclusion compile a report within 24 hours.On conclusion compile a report within 24 hours
---	--	--	---

				<p>ned location.</p> <ul style="list-style-type: none"> • Call all other available resources as required • Support ACC staff • On conclusion compile report within 24 hours 	
	Timeframe	<p>Immediate action as required but otherwise weekly reporting</p> <p>If stakeholder involvement within – 48 Hours</p>	<p><i>Ops Manager should be contacted by SMS or by phone.</i></p> <p><i>E-mail report within 24 hours.</i></p>	<p><i>Within 15 minutes of declaration. Mobilisation to site will have commenced</i></p>	<p><i>Immediately</i></p>
	Silver / Gold	Consider Major Incident activation	<ul style="list-style-type: none"> • Consider Major Incident Activation • Inform CEO by email with synopsis report 	<ul style="list-style-type: none"> • Gold call CEO. • Attend NA Head Office and begin Silver or Gold command as required • Contact PRO. <p>On Conclusion compile a report within 24 hours</p>	<ul style="list-style-type: none"> • Gold call CEO. • Attend NA Head Office and begin Silver or Gold command as required • Contact PRO. • Consider mobilising other or alternative specialist departments i.e. I.T. <p>On Conclusion compile a report within 24 hours</p>
	Timeframe	N/A	<ul style="list-style-type: none"> • 48 hours to CEO 	<ul style="list-style-type: none"> • Within 30 minutes of declaration 	<ul style="list-style-type: none"> • Within 30 minutes of declaration

2.3.7. OPERATIONS

During a Major Incident or disaster, employees will report as directed by the Bronze Commander, either on site or a predetermined staging area and follow their directions. In the absence of Bronze Commander, NA staff will allocate and report to the Bronze Medic until relieved according to MIMMS standards and guidelines. Establishing Incident Command and begin Triage, Sieve, and Sort. As soon as local command authority arrives on scene, Incident Command will then be transferred, with a full report of events up to that point. Any issues should be referred to the duty manager.

2.4. CONTINUITY

2.4.1. CRITICAL SERVICES CONTINUITY

NA is primarily concerned with providing the coverage as required by the event plan or requested during a major disaster. If an incident should occur at an event, it is critical that NA continues to provide healthcare coverage as needed for the remainder of the event. Contact duty manager to request additional resources as needed. Refer to the OPS plan for the event as well as Escalation Procedures.

2.4.2. BUSINESS CONTINUITY

The employees at the event or a part of the disaster response are required to report any incidents to the duty manager or command structure if it is in place; who will then relay critical information to the OD, CEO, and other critical staff in order to ensure that they are briefed on the incident and are able to continue operating the business as needed.

2.5. RECOVERY

2.5.1. AFTER ACTION REVIEW / DEBRIEF

Within 24 hours after the incident, all employees involved and any others that were affected, will be included in the debriefing or after-action review to gather and share information about the event. The debriefing will be led by an Operation Manager and the OD, CEO, and other critical staff should be included as well.

NA will also ensure that emotional, physical, and mental wellbeing of all employees are taken into account. Medical care, peer counseling, and mental health professionals will be made available during this time to assist employees with processing of the event and the information.

During the debriefing, the event will be analyzed, and issues will be identified and "lessons learned" will be discussed.

The information gathered during this debrief will be used to review and update current policies and procedures.

2.5.2. MEDICAL AUTHORITY REVIEW

In accordance with the local medical authority standards for major emergencies and disasters, NA will supply all documents pertaining to the incident as requested by the local medical authority. This will allow for a review and NA will act on any feedback received.

2.5.3. RETURN TO NORMAL OPERATIONS

NA provides 24/7 healthcare services in many areas of the UAE and therefore, return to normal operations must occur rapidly after an incident to ensure that other areas remain covered and normal business operations resume. Coordination between staff, supervisors, and executive committee is vital to ensure smooth resumption of normal operations as soon as the emergency is completed. Furthermore, the return to normal operations may be phased or immediate. For example, following a large scale disaster, ambulances will be stood down as the command and management structure see fit on the basis of its requirement.

3. 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
HAAD/EMS/SD/0.9 HAAD Standard for Minimum Preparedness for Common Medical Emergencies In Inpatient Care Setting, Outpatient Care Setting, Ambulance Services and Interfacility Patient Transfer	Abu Dhabi
HAAD/ HHPS/SD/1.0 HAAD Standards for Major Incident and Disaster Preparedness in Healthcare	Abu Dhabi
HAAD/MEPM/SD/1.0 HAAD Standard for Medical Emergency Preparedness at Mass Gatherings	Abu Dhabi
Business continuity Management Standard 7000:2015	Abu Dhabi
National Protocol for the Reporting of Major Events Affecting Public,2018	Ministry of Health and Prevention
National Response Framework (NRF),First Edition, February 2013, NCEMA	National Emergency Crises and Disaster Management Authority

4. KEY PROCESSES

4.1. PLANNING / RISK MITIGATION

Planning for a Major Incident is integral to planning the event and planning the medical coverage for the event.

During the Planning phase all of the forms below must be completed, and the required information must be included in the Event Plan.

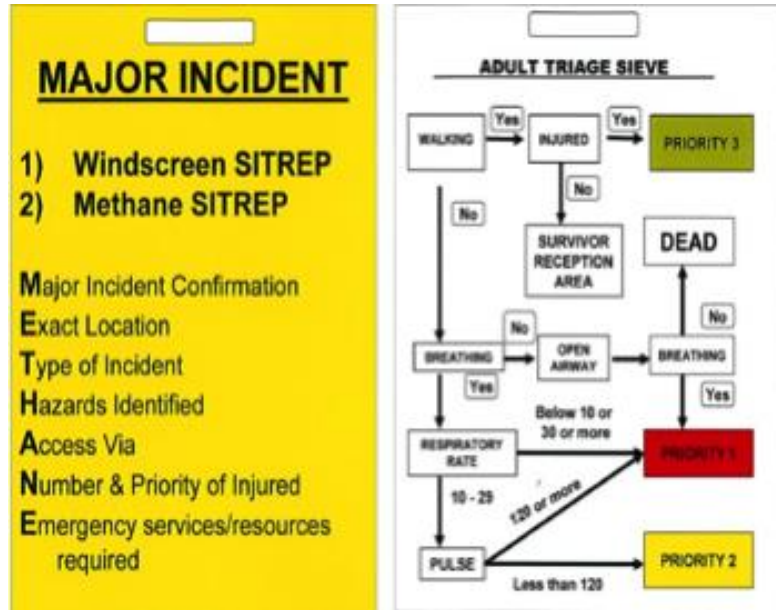
4.2. INITIAL INCIDENT MANAGEMENT – FIRST UNIT ON SCENE

Refer to the Operation Plan for the event for further details and more specific instruction. This procedure is a guide to be used in the absence of other instructions or direction.

When a major incident occurs, the first unit on scene has initial command.

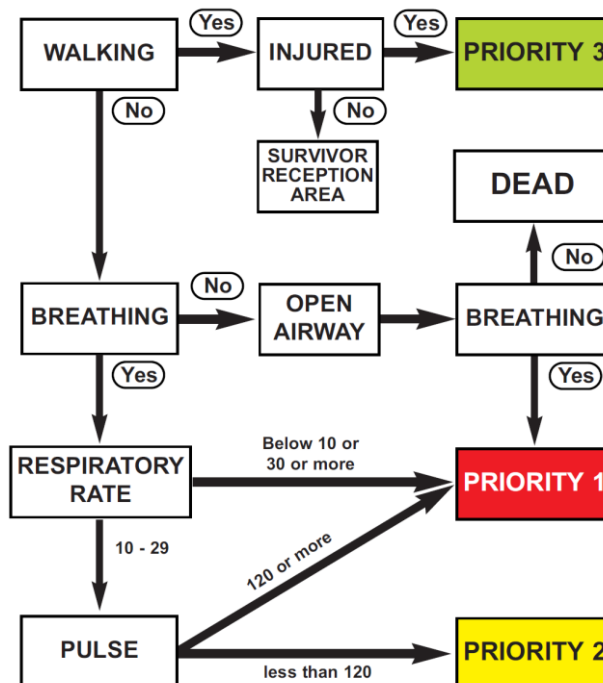
Follow the following steps to establish command:

1. Assume Command until Fire or Police arrives.
2. ENSURE PERSONAL SAFETY
 - a. Consider possibility of Chemical, Biological, or Nuclear contamination. Follow Procedures outlined in OPP114.
 - b. Ensure that PPE is used at all times
 - c. Identify potential and actual hazards
3. Make a METHANE assessment
4. Communicate with dispatch/communication center
5. Check to see if there are any changes that need to be made to the emergency plan on the operations plan
6. Designate the following sites: (Ensure that they are in a safe area away from any hazards)
 - a. Ambulance Parking area
 - b. Casualty / Triage area
 - c. Consider Helicopter landing zones
7. Ensure regular communication with dispatch/communication center
8. Organize and coordinate initial triage
9. Control the scene until higher authority (Fire, Police, HAAD, MOH, Duty Manager) arrives
10. Coordinate Transport to authorized facilities as outlined in Operations Plan
11. Record any patient care and transport in patient care log
12. Provide detailed hand off report to Silver Commander when they arrive on scene, again utilizing METHANE report.

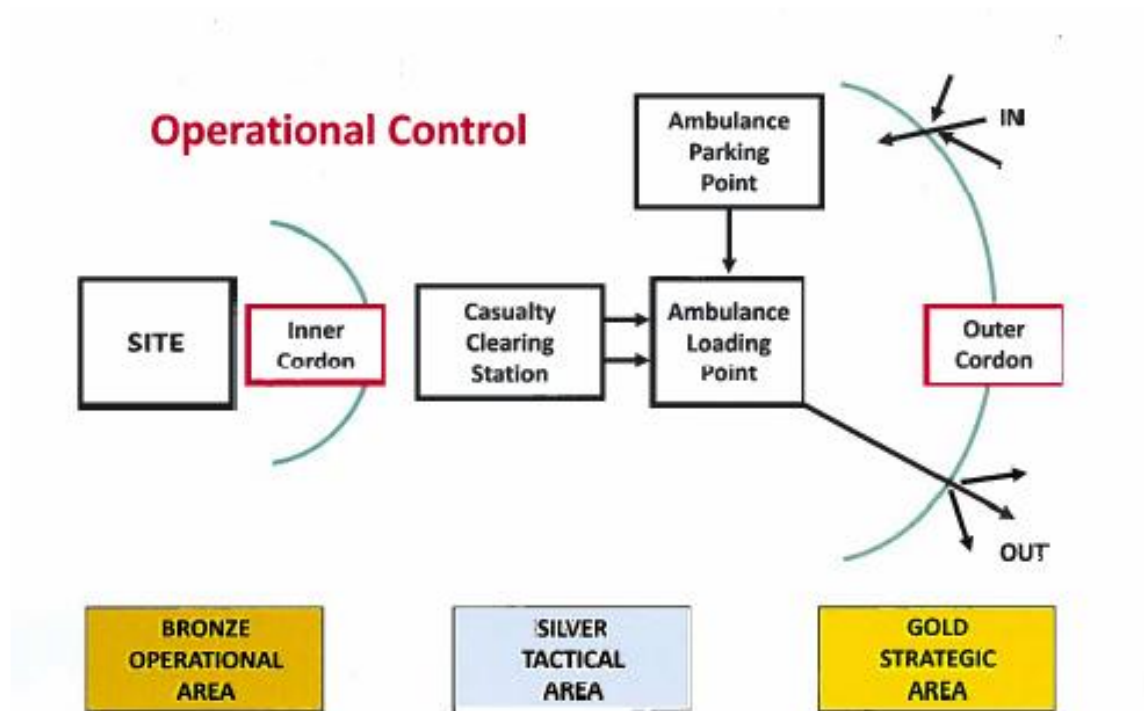


4.3. TRIAGE

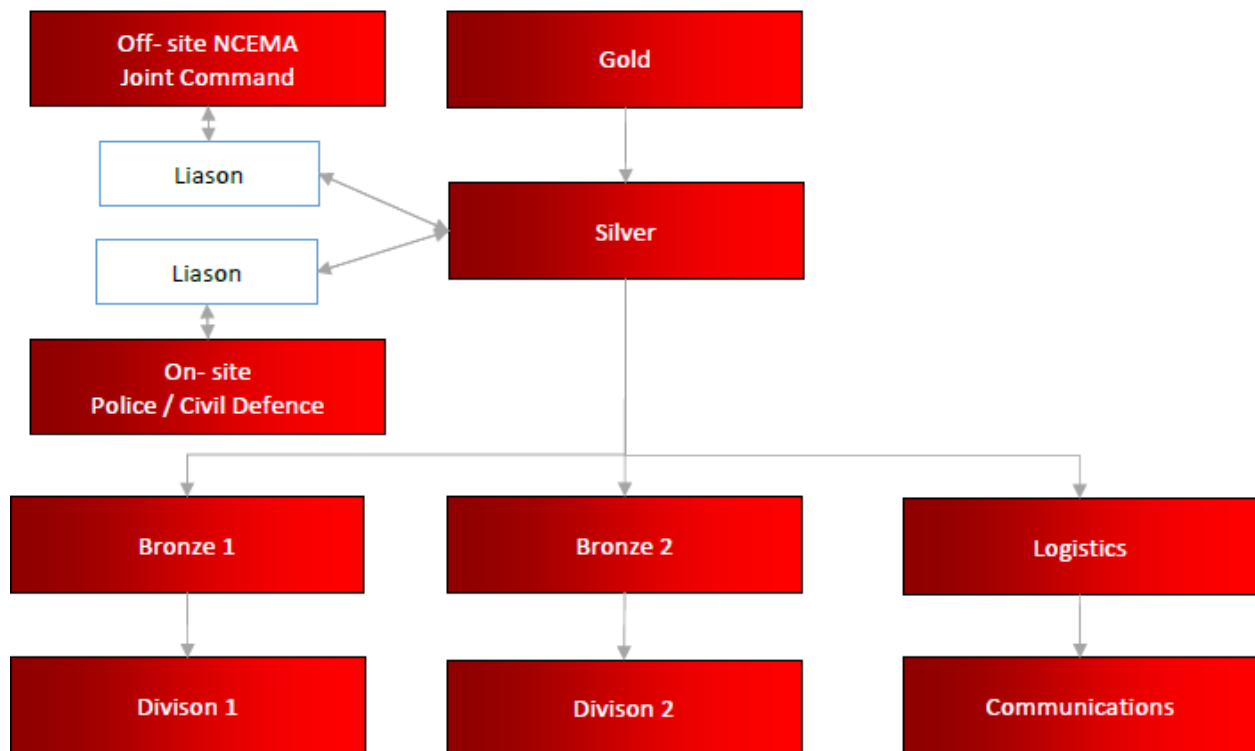
Perform Triage as trained using STAR Triage as shown on graphic below. Utilize color-coded triage tags as provided in kit.



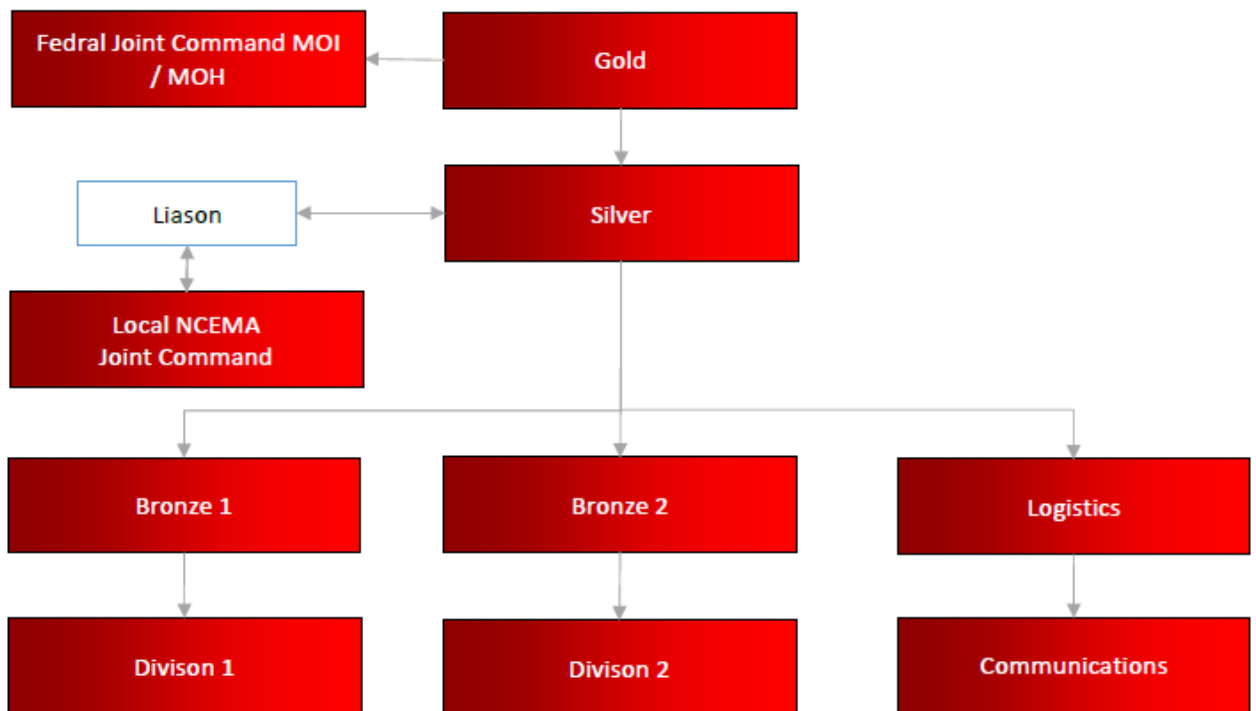
4.4. APPENDIX 1 – OPERATIONAL CONTROL SITE DIAGRAM



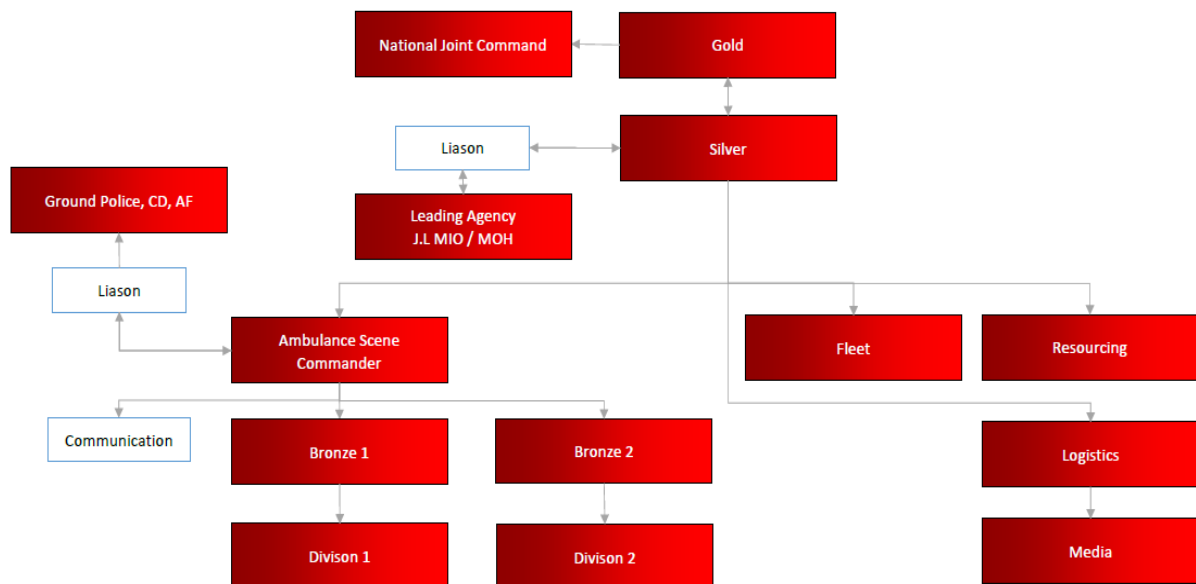
4.5. APPENDIX 2 – LOCAL/EMIRATE LEVEL INCIDENT



4.6. APPENDIX 3 – FEDERAL LEVEL INCIDENT



4.7. APPENDIX 4 – NATIONAL LEVEL INCIDENT



AMBULANCE COMMUNICATIONS CENTRE (ACC)



1. SUMMARY

The Ambulance Communications Centre (ACC) provides vital functions that are essential to the daily operations of National Ambulance and form an integral part of the UAE Ministry of Interior response to emergencies.

On occasions it might be necessary to evacuate ACC due to internal or external emergencies or incidents, whilst maintaining operational effectiveness of Control Services and minimizing impact on core operational functions. This plan is to provide the framework for guidance on escalation and evacuation procedures for staff in the event of an emergency or incident. The goal is to restore ACC back to normal operations as quickly as possible. This plan is to ensure ACC staff are prepared for any incident and to provide services in an abnormal situation without disruption.

During any emergency all ACC staff must be prepared to evacuate the building when instructed to do so by emergency alarm systems and/or instruction by the ACC Team Leader. Should the ACC Team Leader become incapacitated the responsibility for the evacuation process falls to the ACC Shift Leader. In the case that both the ACC Team Lead and Shift Leader are incapacitated staff will follow the instruction of the most senior EMD on shift. It is everyone's responsibility to adhere to emergency instructions when given and evacuate when told to.

2. PROCEDURE

2.1. Procedure Level 1 – Local IT Failure

2.1.1. Loss of Internet in Aldar HQ or Ajman

- Should the loss of internet occur, ICCC and location search functions will be unavailable.
- Use the mobile internet dongles and connect to the laptop computers and VPN in order to gain internet access. See Laptop VPN Set Up procedure, Section 3 procedure 2.
- Manual Call taking process should be followed until the ICCC is running again.
- Manual call taking forms are available in the evacuation bag.
- If mobile internet dongles fail to work it will be necessary to relocate to Kizad or Ajman Police Call Centre (APCC) depending on where the fault is present.
- IT should be contacted for assistance on 0564173155/678/ 02 596 8678 and IT must give ACC priority due its critical function.

2.1.2. Loss of AVAYA Phones in Aldar or Ajman

- Once an Avaya fault has been recognized it should be determined if the fault is dual sited or only Aldar HQ or Ajman. If it is single sited, then 998 call taking should be maintained at the functioning site.
- If some Avaya phones are not working in HQ only then unplug the LAN cable and plug it back in to ensure the Avaya phone rebooted.

- Once the Avaya phone system has been determined as being down and the above step has not helped then the CISCO phone system shall be initiated. See CISCO phone procedure in Section 3 Procedures, Procedure 1.
- If the Avaya phone system and the CISCO phone system fail to work the ACC will fall back to mobile phones.
- If mobile phones have to be utilized this will mean the 998 system and contract direct dial systems will not work.
 - Immediately the ACC TL and/or the ACC SL must phone all external stakeholders (police, MOH, etc.) to notify them of the failure and the number they should contact.
- IT should be notified immediately should any phone system error occur and a timeline for repair must be obtained. IT notified on 0564173155/678 /02 596 8678.

2.1.3. Loss of 998

- If the 998 incoming line fails, then the backup line will take over however calls from this backup line can only be received via CISCO phone. As described in Procedure 1.
- Call takers need to log into their CISCO phones on their desks which will become the primary method of receiving incoming 998 Calls
- If the 998 phone system fails and the backup on CISCO does not function, Police Operations in each emirate need to be contacted immediately and advised of the failure and request that they use the fallback mobile phones to pass any ambulance calls they receive.
- IT to be called immediately to establish the source of the problem and anticipated downtime.

2.1.4. Returning to Normal Operations

- Once it is believed the ICCC is functioning normally again, the ACC TL will coordinate a test case to be entered.
- Once it is confirmed that the test case using the ICCC performed normally the ACC TL will instruct all EMDs to return to using the ICCC as the primary system for Call Taking and Dispatch
- The ACC TL will update the ACC Manager/Director of the return to normal service by phone or by email whichever the ACC TL see as appropriate.
- The ACC TL will appoint a member of staff to enter all calls into the ICCC , ensuring outcome and relevant information is recorded. The Manual Call Taking Forms are to be scanned and saved in the appropriate folder on the N drive.
- The ACC TL will complete summary of the incident and email to QHSE.

2.2. Radio Network Outage

2.2.1. Outage

In the event of a partial or complete outage of the radio network, the primary method of communication between the ACC and field units will change to mobile phones.

- All National Ambulance ambulances have vehicle mobile phones issued to them.
- If Mobile phone communication is not effective or the mobile phone network fails, units in the Northern Emirates (that are based on Civil Defense bases) can also be dispatched by the ACC informing the Civil Defense Operations Centers at each of these bases.
- Civil Defense will then dispatch the ambulance directly from the base.

2.2.2. Process

Once it is determined that there is a possible radio network outage the following actions should be followed and the “ACC Radio Network Outage Checklist” should be completed:

- Dispatchers immediately inform the ACC Team Leader (TL)
- Dispatchers perform radio checks to all field units and phone them on mobile phones to determine the extent of the radio outage
- This radio check will be across all field units working on all National Ambulance contracts to ascertain if it affects one particular geographical area or if it is more widespread
- If the extent of the radio outage will make ongoing communication by radio difficult, then the ACC TL will change the primary method of communication with field units from radios to mobile phones
- Once this decision is made, Call Takers will phone all ambulance mobile phones to inform the crews of the radio outage and instruct them that all communication will be via ambulance mobile phones until informed otherwise by the ACC
- Field Units will also be told to ensure their personal mobile phones are switched on and carried with them as communication back up
- Field Units will be instructed to only contact the ACC with essential information to keep phones calls to a minimum
- All dispatch and follow-up communication will then be via Mobile Phones
- The ACC TL will inform the ACC Manager and the Duty Manager of the affected area or areas
- On direction of the ACC TL, all Police and Civil Defense Operations Centers will be contacted to check their radio status and to determine if the radio network outage is widespread across all emergency services, or only involving National Ambulance. They will be told of the National Ambulance radio outage and they will be asked to log our outage and escalate it through their escalation system
- SMS to be sent out to appropriate senior managers to inform them of the radio outage
- The ACC TL will continue to check radio network functionality on an hourly basis by performing radio checks and update the ACC Manager with results as appropriate
- On return of normal radio service, the dispatchers will update all field units to return to using the radio as the primary method of communication
- ACC TL will inform the ACC Manager of the return to service
- SMS to be sent out to appropriate senior managers to inform them of the radio transmission resuming

2.3. Evacuation

Local Evacuation

In the event that ACC requires evacuating for a short period of time (< 120 minutes) for example during building work, cleaning or a localized incident, then the following procedure should be followed. A vacant training/meeting room can be used as a temporary ACC for the duration.

Full Evacuation



Any incident that extends beyond 120 minutes or has the potential to extend beyond 120 minutes as identified in the early stages of the incident should be considered to become a full evacuation. At no time should a full evacuation be delayed just to wait 120 minutes.

The decision to move staff to Kizad or APCC ultimately lies with the on duty ACC TL, although a discussion with the ACC Manager or on call Duty Manager is advised.

Once the decision to move all staff to APCC or Kizad is made, the ACC TL will arrange transport for staff and equipment.

ACC TL will liaise with staff at APCC or Kizad to ensure operations continue as normal.

ACC TL to request IT operative to travel with ACC Staff to APCC or Kizad to assist with IT issues during fall back start up processes.

Possible Reasons to undertake full move:

- Fire or emergency evacuation that is protracted
- Power failure
- Loss of phones or internet
- Environmental issues (infestation or AC break down)
- Structural failure of building/floor
- Flood

Evacuation Evaluation Table:

Scenario	Description	Redundancy Plans	Evacuation Plan
HQ loss of power	Mains power outage in HQ.	UPS power for ACC.	>120mins, evacuate to KIZAD. <120mins, evacuate to KIZAD assuming KIZAD has power.
Ajman loss of power	Loss of mains power to Ajman ACC room.	UPS power for ACC.	Relocate Ajman staff to APCC.
HQ loss of Internet	ACC computers unable to access ICCS server and/or internet.	Laptops and dongles to connect to VPN.	>120min, evacuate to KIZAD <120mins, evacuate to KIZAD assuming KIZAD has power.
Ajman loss of Internet	Computers unable to access ICCS server and/or internet.	Laptops and dongles to connect to VPN.	Relocate Ajman staff to APCC.
HQ loss of 998	Failure of incoming 998 truck line into HQ.	Failover to KIZAD 998.	Relocate HQ staff to KIZAD.
Ajman loss of 998	Failure of incoming 998 truck line into Ajman.	Failover to HQ 998.	Relocate Ajman staff to APCC.
Total loss of 998	Total phone outage on external phone networks.	Failover to CISCO and mobile phones. Notifications to police/CD in all areas & all contracts.	Not required.
HQ loss of Avaya phones	Avaya server and/or IP phones in ACC failure.	DR continue call taking. Dispatch from ACC & CISCO phones/mobile phones.	Not required. Relocate some call takers to KIZAD or additional staff to KIZAD.
Ajman loss of Avaya phones	Avaya server and/or IP phones in Ajman failure.	ACC resumes all call taking/dispatch functions.	Relocate Ajman staff to APCC.
Total loss of Avaya phones	Total loss of Avaya phones on both sites.	CISCO or softphones if working or mobiles	Not required.
HQ environmental issue	Fire, water leak, gas leak etc.	Nil.	Immediate evacuation to KIZAD.
Ajman environmental issue	Fire, water leak, gas leak etc.	Nil.	Immediate evacuation to APCC.
Loss of ICCS server	ICCS is unavailable for both sites.	Manual call taking / dispatch Laptops with dongle to access tracking/google maps.	Not required.
Loss of radio	Partial or full radio failure.	Mobile phones.	Not required.

2.3.1. Team Leader Responsibilities

- Notify ACC Team on duty of intention to relocate and ask staff to prepare items.
- If due to fire alarm, call Aldar HQ (80060160) or Security (025570527) to confirm if actual or false alarm, IF IN DOUBT TREAT AS REAL INCIDENT AND EVACUATE.
- Notify ACC unit not involved in emergency (Ajman or ACC Aldar HQ) of intent to evacuate and ask EMDs to record all current ICCC information with photos in case the ICCC system and servers become unusable.
- Complete evacuation check list (Appendix 1).
- Evacuation bags should contain all contents as described in Appendix 2; routine checks will be done to ensure contents are stocked every Monday.
- Delegate staff member not affected by the event to contact ACC staff to see if any off duty staff members can assist during the transition.
- Switch on back up mobile phones.
- Notify Dispatchers to logout from AVAYA in case of building evacuation
- Each member of staff will forward their Avaya phone to the designated cell phone they are given. Any unused cell phones can be used as additional numbers any Avaya phone can be forwarded to if additional call taking phones are needed.
- Should the reason for evacuation cause the phone systems or ICCC system to no longer work; ACC TL shall designate individuals to call each Police Operations Center and explain the evacuation and ask them to call the mobile phones directly.
- Inform all Duty Managers and ACC Manager of evacuation.
- Inform IT of evacuation
- Send out notification SMS to all Gold, Silver, and Bronze groups if it is safe to do so.
- Forward TL phone to TL mobile phone.
- Grab Evacuation checklist and check if everything is available.
- Collect medical equipment and CSD back up laptop (staff to assist with carrying).
- Only take urgent CSD calls – deceased patient confirmation.
- Organize transportation to KIZAD or APCC using any available car
- TL must assign a driver.
- Should the incident extend over multiple shifts each shift will submit a QHSE report on the progress of the evacuation and the status of ACC so that the incident can be tracked.

2.3.2. EMD Responsibilities

- Logout of Avaya phones
- Collect laptops and mobile phones.
- Collect manual call taking packs (mobile phone, manual call taking forms, pens, CBD books, laptops and maps).
- Collect spare radio batteries place in evacuation bag.
- General Broadcast on each channel the “ACC is being evacuated please restrict radio traffic and phone calls unless urgent, all crews to change channel to G4C1.” Dispatcher in Ajman can take over all dispatch operations until dispatchers arrive in Kizad. If Ajman is evacuated, dispatchers in HQ to take over dispatching responsibilities until staff arrive in APCC.

2.3.3. ECT Staff During Evacuation Phase

Staff during the evacuation need to ensure that they have all the equipment they require and then leave. They will not be answering calls during the evacuation phase. Upon being notified of the evacuation from either site they will ensure:

- Logged out of the phone.
- Assist in getting to either KIZAD or APCC depending on the situation.
- If not driving, to assist by calling members of ACC that aren't on duty to see if they are able to assist.
- Carry out tasks asked of the team leader.
- Upon arrival at either APCC or Kizad log in as quickly as possible to assist with any calls.

2.3.4. Ajman Staff During Evacuation Phase of HQ

The call taking staff at Ajman will take over the process of call taking and dispatch until either a temporary ACC is established at Aldar HQ or the staff from HQ arrive in Kizad and establish operations.

- 3 x staff members on call taking.
- 1 x staff member dispatching.
- Any additional off duty staff who are available to assist.

2.3.5. Driver Responsibility

- must be a safe driver.
- doesn't do call taking or dispatching while driving .
- ensure that all staff are wearing seat belts .
- for the location ,open google maps and type: (national ambulance warehouse facility (KIZAD),or Ajman Police Call Centre (APCC) depending on the location.
- drive in speed 100-maximum in order to have good connection and signal .
- dont take the first exist to kizad due to no signal

2.3.6. Actions on Arrival at Kizad

2.3.6.1. When arrived to kizad

- Notify the Manager that they arrived to kizad
- The driver and Team Leader only must enter the secondary room and make sure that the room is ready with all equipment's needed ,meanwhile everyone must be waiting in the car continuing their normal work .
- Shift Leader must search for the strongest radio signal connection and setup a table for the dispatchers in that area.
- After ensuring that the room is ready, Then the driver and Team Leader and shift leader must assist the dispatcher one at a time to enter the room and set it up .No more than 1 dispatchers allowed to leave the car to ensure safety and business continuity

- Set up Laptop in the secondary room and ensure connected to the Wi-Fi or through Ethernet cord connection.
- Check handheld radio is on the correct channel with good reception.
- Take a handover from the EMD undertaking dispatch duties during the transition.
- Undertake a radio check.
- Resume normal dispatch function.

2.3.6.3. Call Taker Responsibilities

- Log into the Avaya phones in the fallback room.
- One call taker to be assigned task of writing up any manual call taking forms and adding them to ICCC .

2.3.6.4. Returning to Normal Operations

- Once it is confirmed that the emergency or cause of evacuation is over and the ACC effected can be inhabited all staff can return on the instruction of the ACC TL or ACC Manager.
- If the ICCC was effected and is now functioning normally again, the ACC TL will undertake a test case to test ICCC functionality.
- Once it is confirmed that the test case using the ICCC performed normally the ACC TL will instruct all EMDs to return to using the ICCC as the primary system for Call Taking and Dispatch.
- The ACC TL will update the ACC Manager/OD of the return to normal service
- The ACC TL will appoint a member of staff to enter all calls into the ICCC, ensuring outcome and relevant information is recorded. The Manual Call Taking Forms are to be scanned and saved in the appropriate folder on the N drive.
- Phone system will be tested and all phones that are forwarded shall be taken off forward once verification has been made that the system is working properly.
- The TL will insert the USB flash drive into the computer and save all files on the N drive that were recorded during the evacuation.
- The ACC TL will complete summary of the incident and email to QHSE.

2.3.6.5. HQ Staff During Evacuation Phase of Ajman

The call taking staff at HQ will take over the process of call taking and dispatch until either a temporary ACC is established in Ajman or the staff from Ajman arrive in APCC and establish operations.

- 3x staff members on call taking.
- 2x staff members dispatching.
- 1x shift leader assisting with either call taking or dispatching as required.

2.4. Actions on Arrival at APCC

2.4.1. When arrived to APCC

- Notify the Manager that they arrived to APCC
- The driver and Team Leader only must enter the secondary room and make sure that the room is ready with all equipment's needed ,meanwhile everyone must be waiting in the car continuing their normal work .

- Shift Leader must search for the strongest radio signal connection and setup a table for the dispatchers in that area.
- After ensuring that the room is ready, Then the driver and Team Leader and shift leader must assist the dispatcher one at a time to enter the room and set it up .No more than 1 dispatchers allowed to leave the car to ensure safety and business continuity

2.4.2. Team Leader/Shift Leader Responsibilities

- Ensure back up laptops are set up at assigned desks and that all are working and connected to Wi-Fi.
- Once all call takers and dispatchers are ready send an update SMS to state that Ajman is being evacuated and fallback control is running.
- Notify ACC Manager or Duty Manager.
- Notify on coming staff members of the requirement to attend APCC due to ongoing issues.

2.4.3. Dispatcher Responsibilities

- Set up laptop at the assigned desk and ensure it is connected to the Wi-Fi or through Ethernet cord connection.
- Check handheld radio is on the correct channel with search for a good reception spot .
- Assist with any channel required during the transition period.
- Resume normal dispatch functions.

2.4.4. Call Taker Responsibilities

- Log into the Avaya phones in HQ.
- One call taker to be assigned task of writing up any manual call taking forms and adding them to ICCC .

2.4.5. Returning to Normal Operations

- Once it is confirmed that the emergency or cause of evacuation is over and the ACC effected can be inhabited all staff can return on the instruction of the ACC TL or ACC Manager.
- If the ICCC was effected and is now functioning normally again, the ACC TL will undertake a test case to test ICCC functionality.
- Once it is confirmed that the test case using the ICCC performed normally the ACC TL will instruct all EMDs to return to using the ICCC as the primary system for Call Taking and Dispatch.
- The ACC TL will update the ACC Manager/Director of the return to normal service (during office hours).
- The ACC TL will appoint a member of staff to enter all calls into the ICCC, ensuring outcome and relevant information is recorded. The Manual Call Taking Forms are to be scanned and saved in the appropriate folder on the N drive.
- Phone system will be tested and all phones that are forwarded shall be taken off forward once verification has been made that the system is working properly.
- The TL will insert the USB flash drive into the computer and save all files on the N drive that were recorded during the evacuation.
- The ACC TL will complete summary of the incident and email to QHSE.

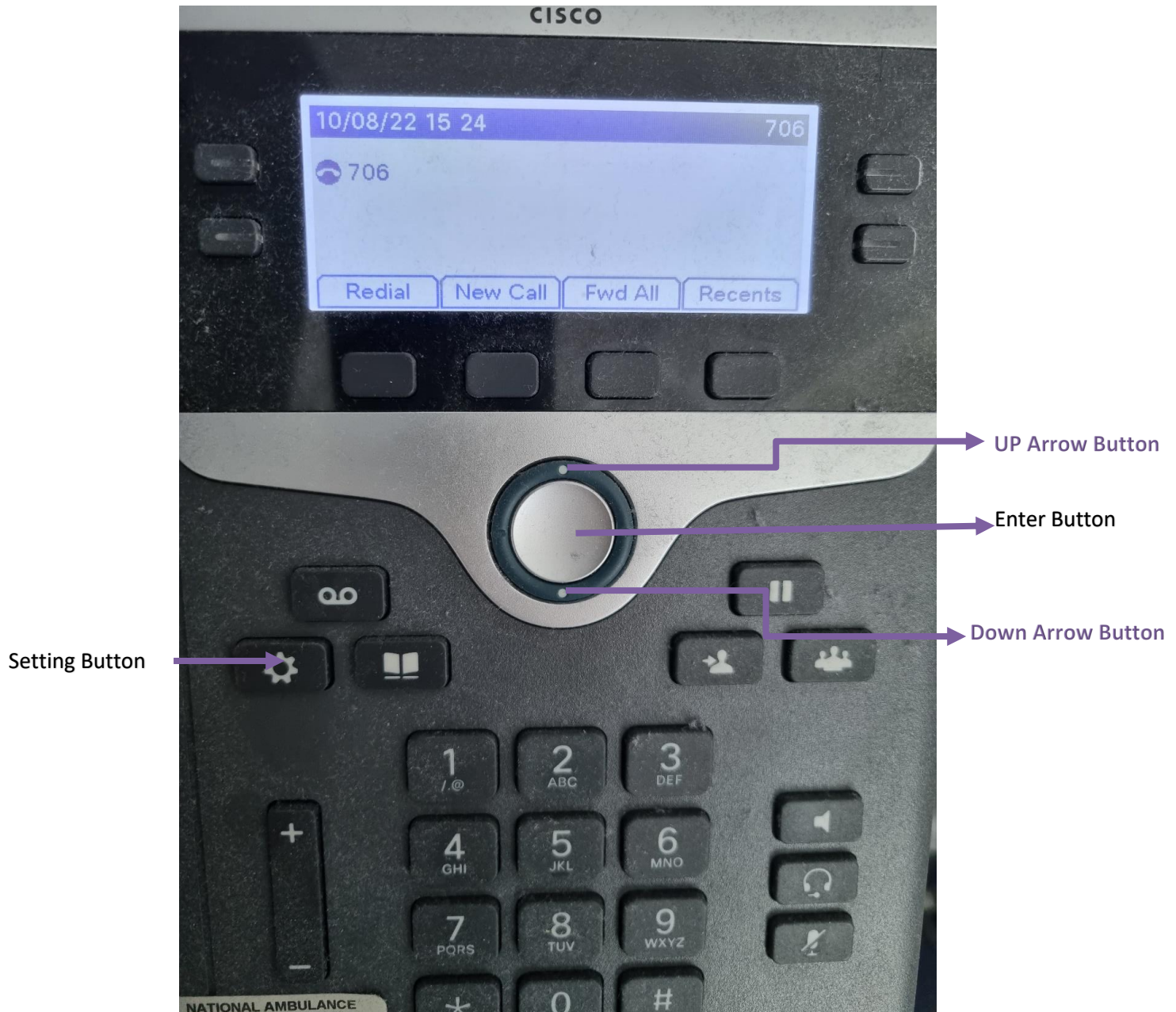
2.5. Fall Back Preparations

- Every week on Monday all laptops must be placed on charge until a full batter is obtained.
- Monthly all laptops must be turned on to ensure they are updated and functioning.

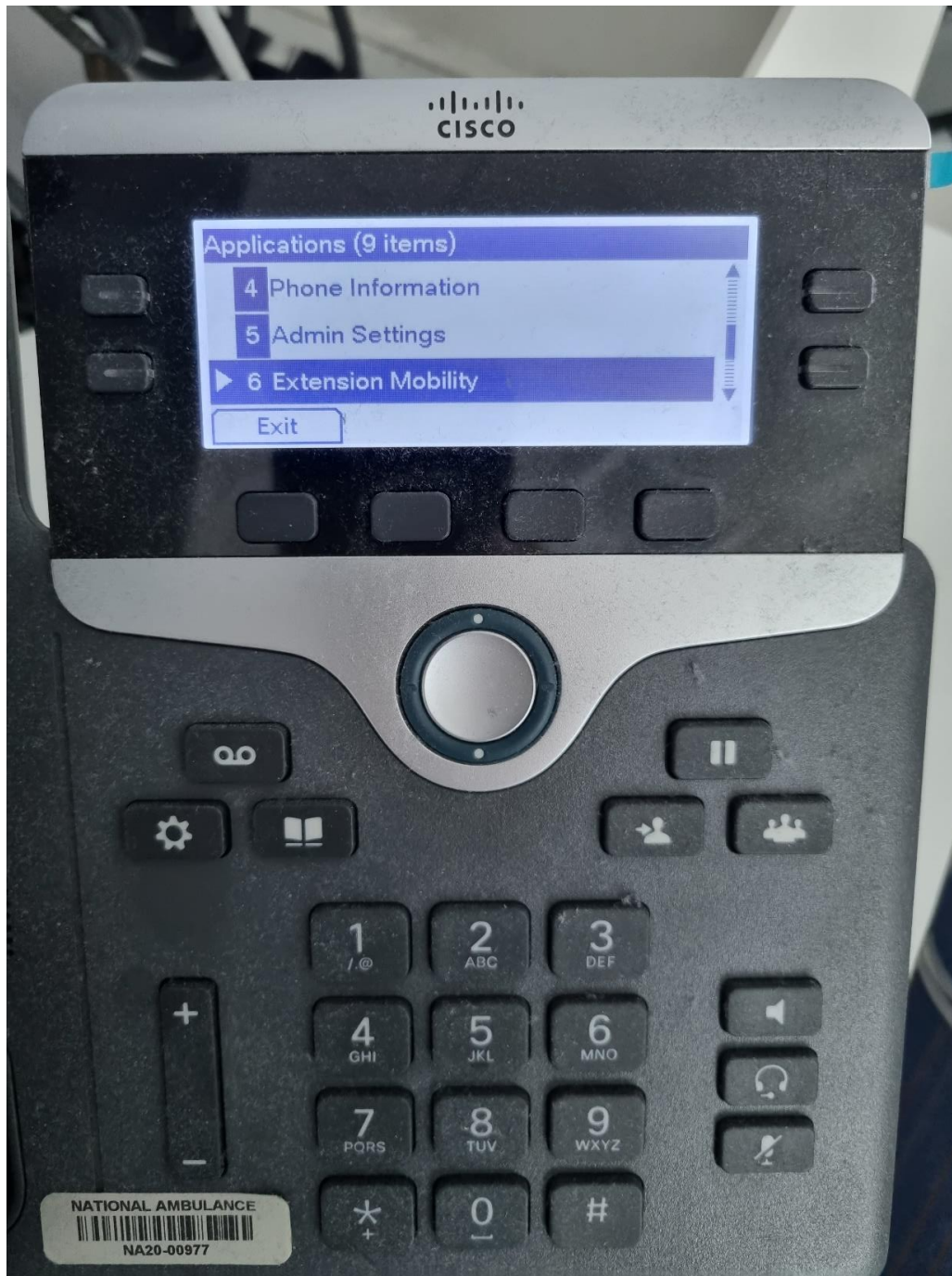
- Every week on Saturday all cell phones must be placed on charge.
- Monthly all cell phones must be switched on and a test call must be performed to ensure functionality and SIM cards are working.
- Each week all evacuation bags are to be inspected and its contents matched with Appendix 2 Evacuation Bag Checklist.

Steps for ACC users to login in cisco IPT Phones

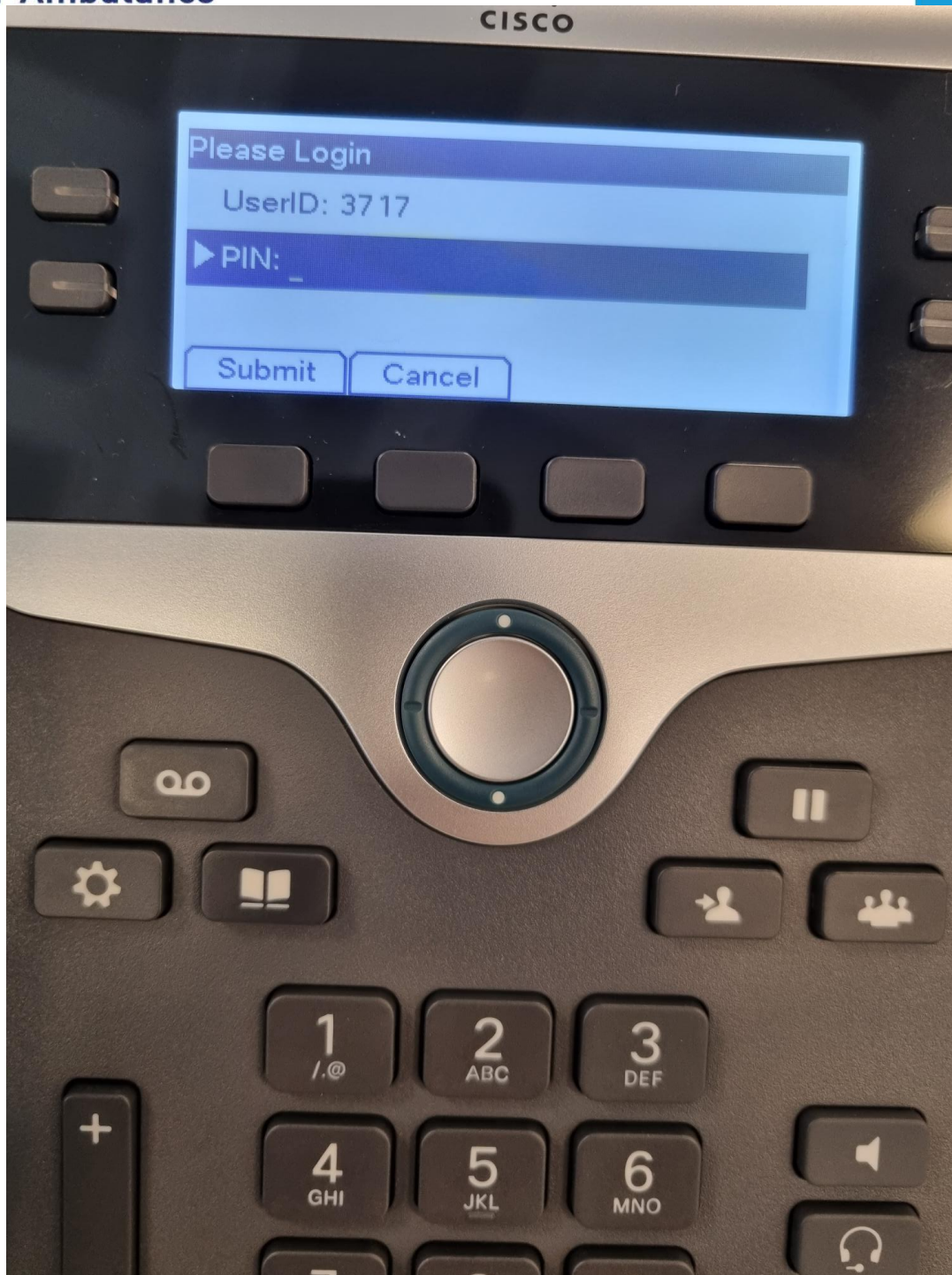
- Before going for the steps, please check the buttons below which will be used frequently:-



- 1) First press the "Setting" button and Go to the Extension Mobility by pressing Down Arrow Button and Press Enter Button



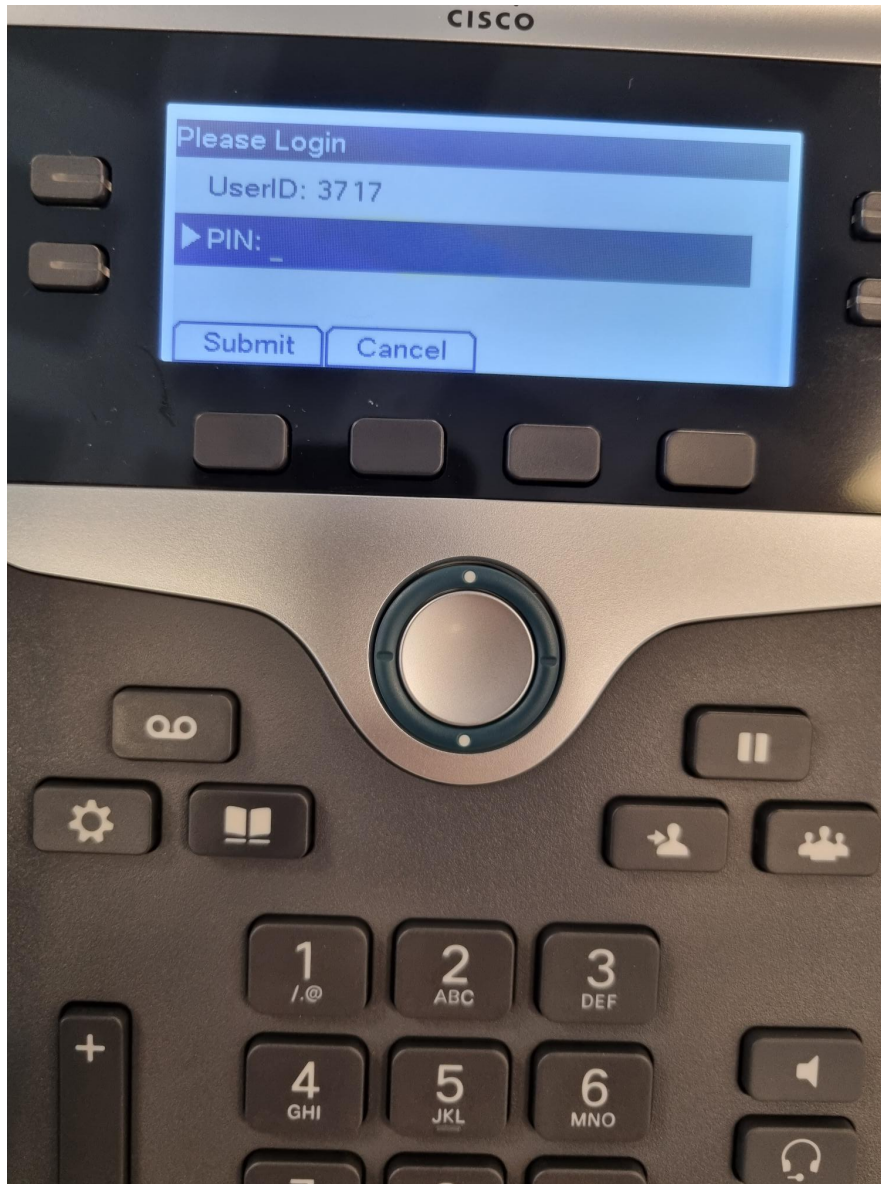
- 2) Then press the "Drop down arrow" button till you get the "Extension Mobility" option and then press the "Enter" button as Shown below:-



- 3) Then enter the preferred “User ID” (Agent ID) through the “Number” buttons on the phone (e.g.: 3717 Agent ID)

Note : - If you want to enter a different “User ID” (Agent ID), then use the “Arrow” button to erase the existing number.

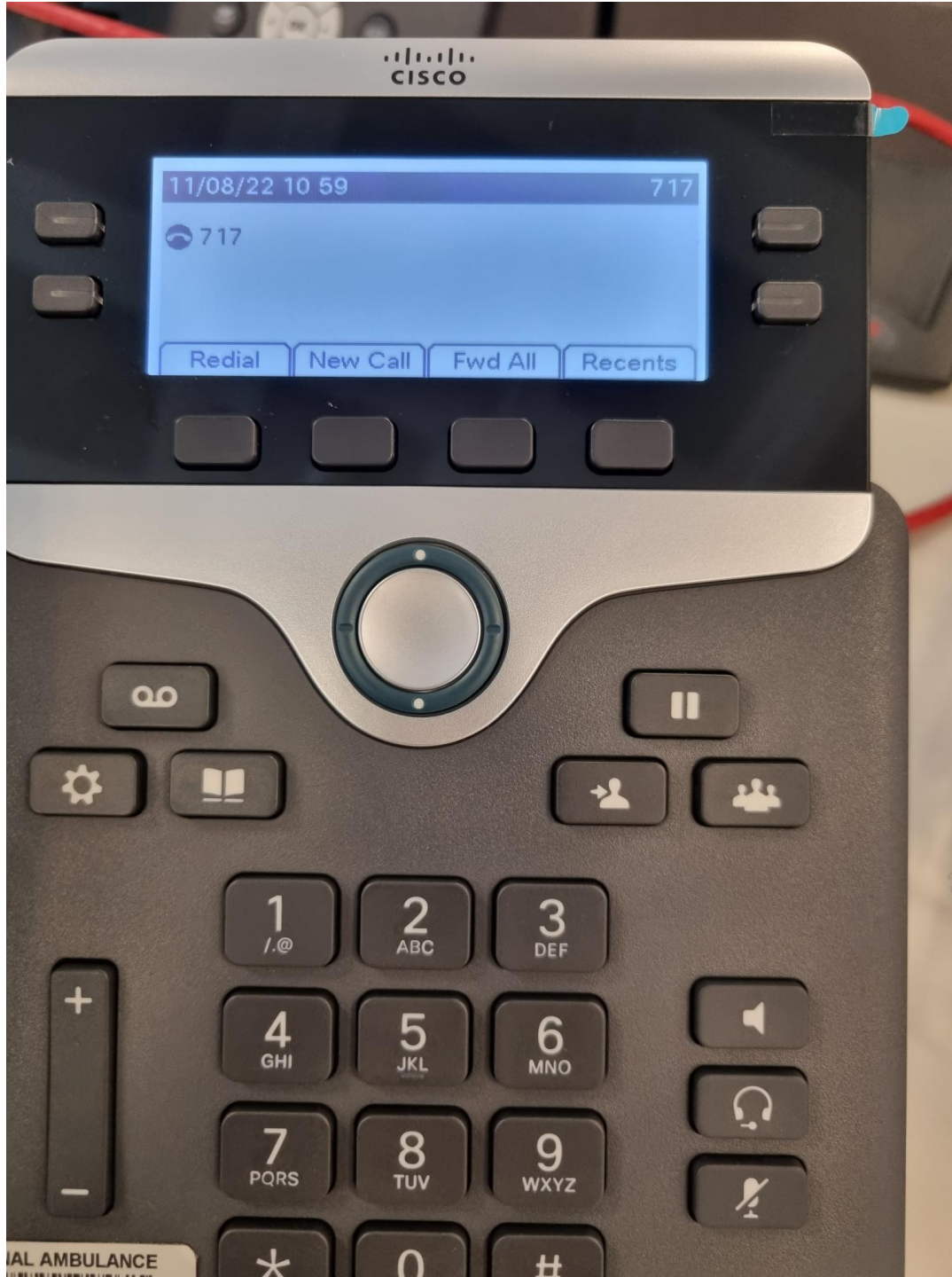
- 4) After entering the “User ID” (Agent ID) use the “Drop down arrow” button to bring the cursor to the PIN option, which will allow you to enter the “PIN number” (Password code)



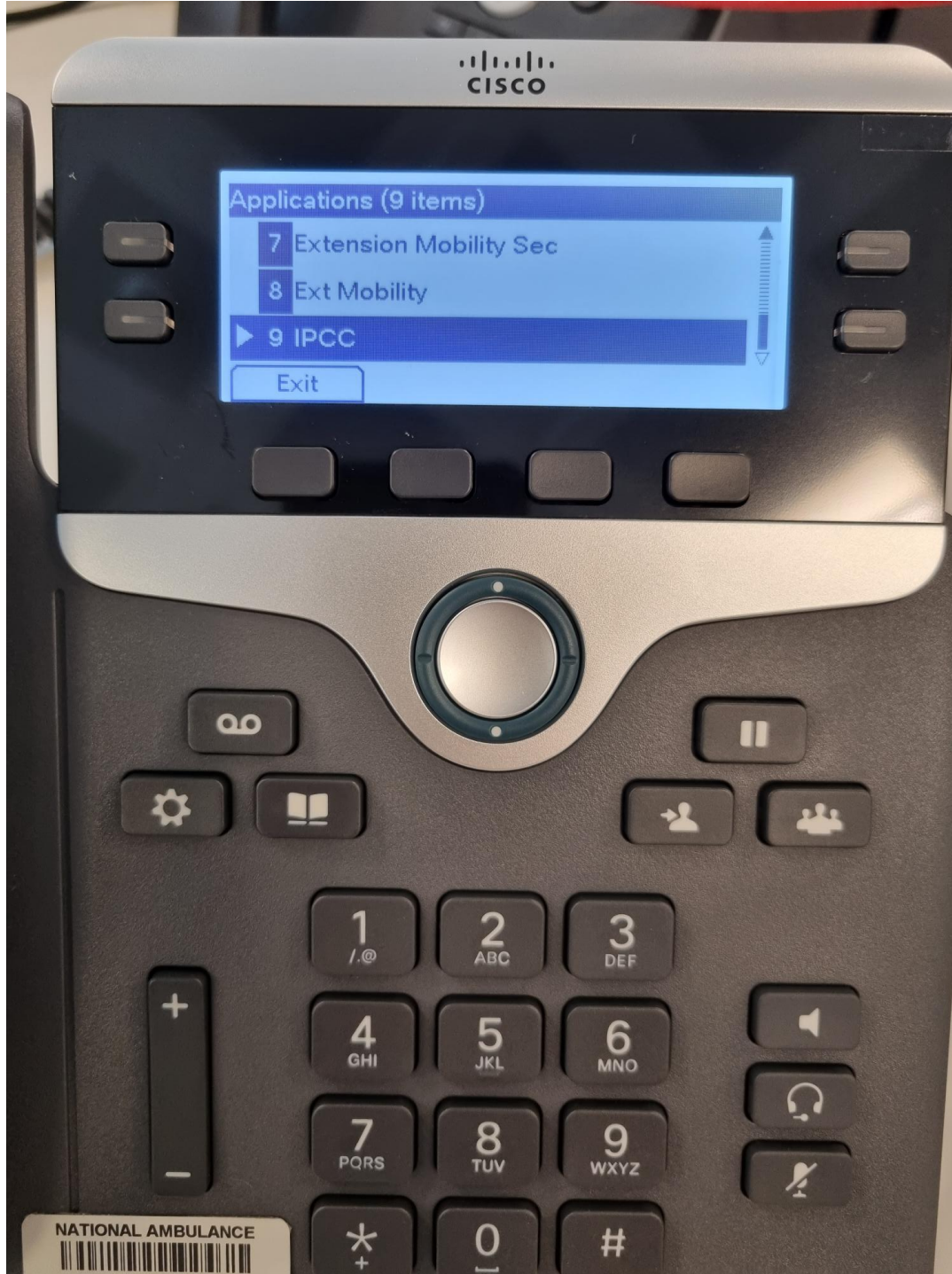
The Passcode is “123456”

5) Then press the “Submit” button and wait for “10 seconds” for setting the system.

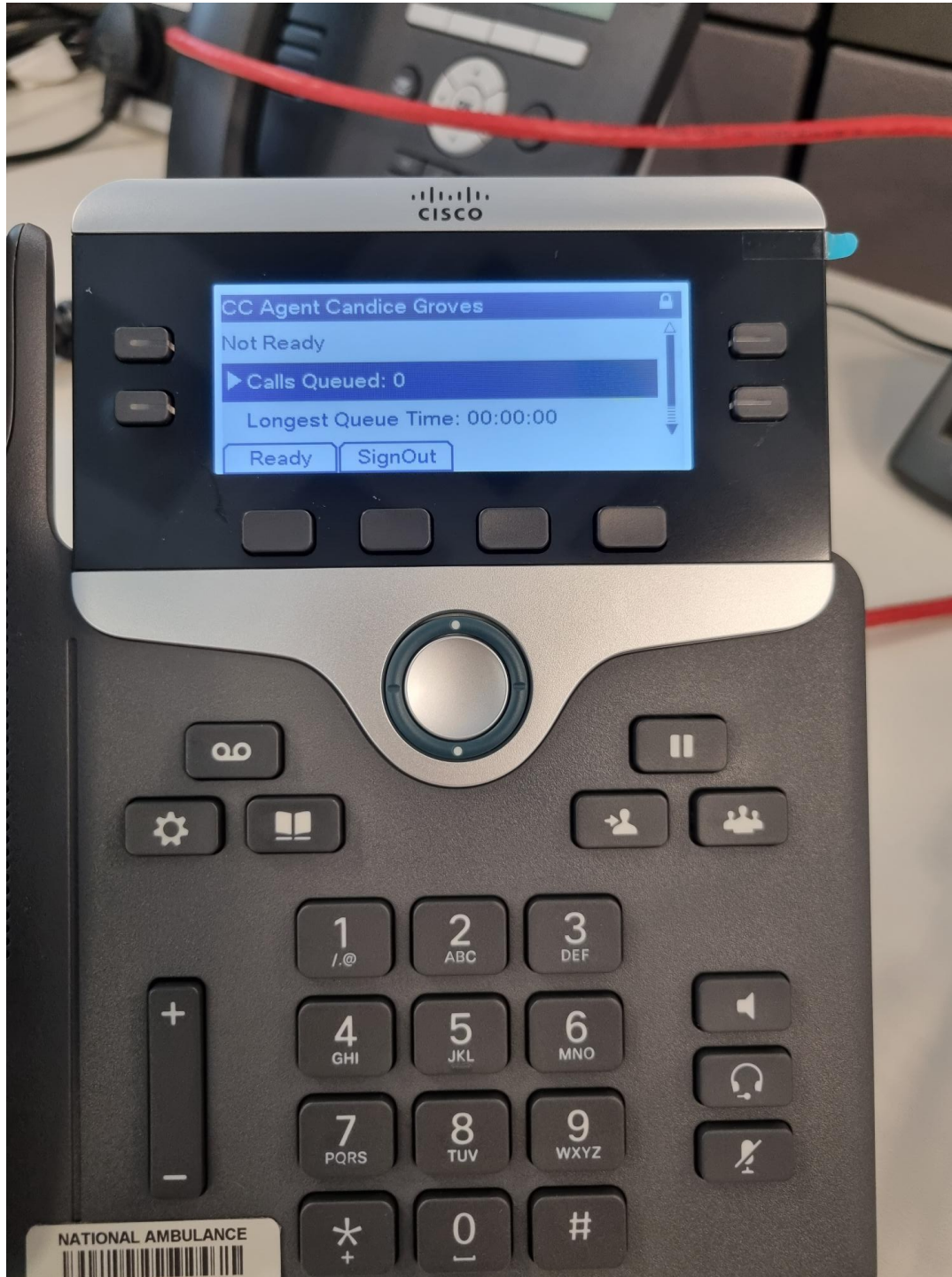
6) After Login as agent you should see below screen:



- 7) Now you must make agent available for 998 calls, Go to Settings and Press Down Arrow and select IPCC and Press Enter as seen below:

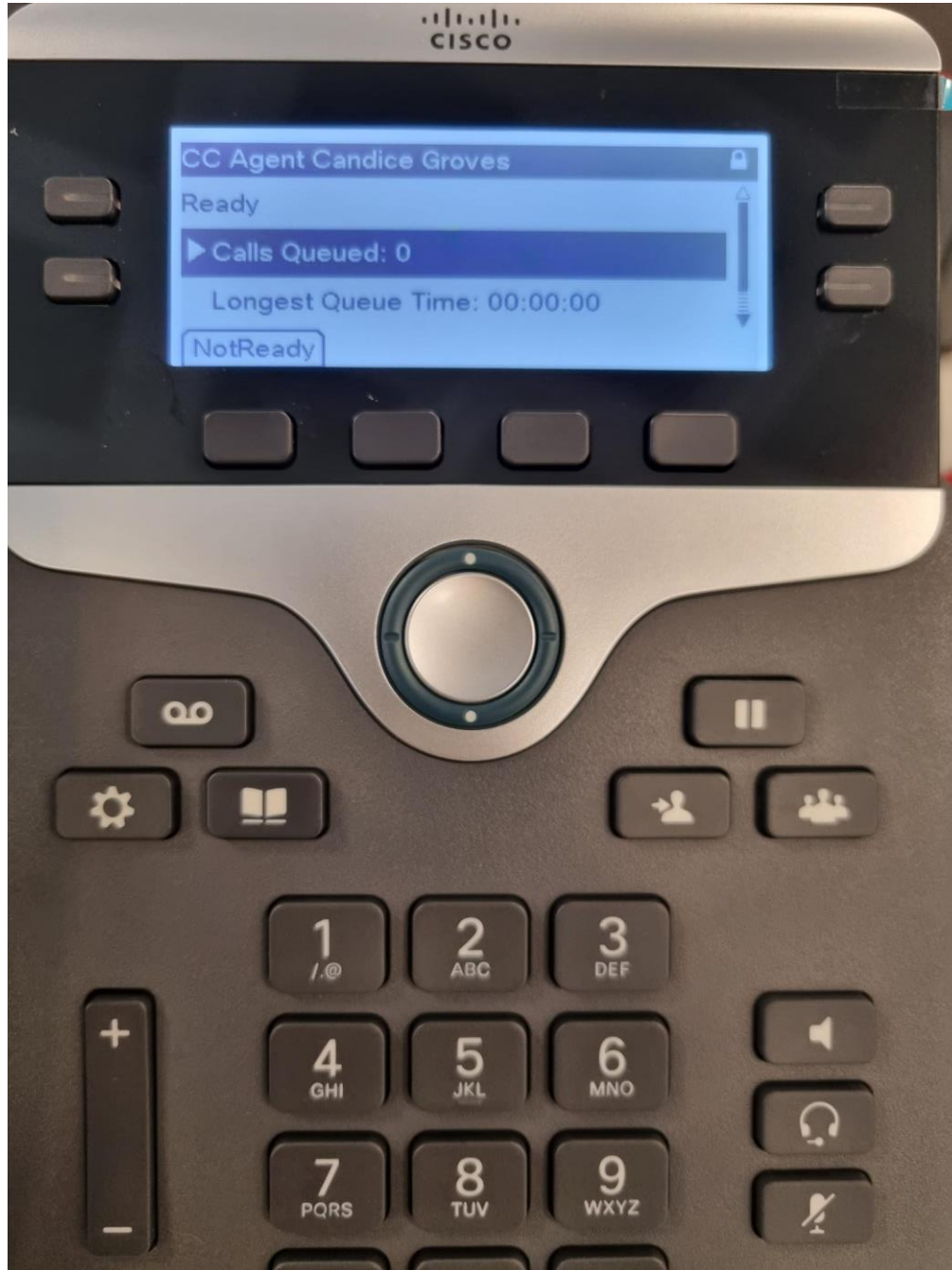


8) Once you Press Enter on IPCC you will see below screen:



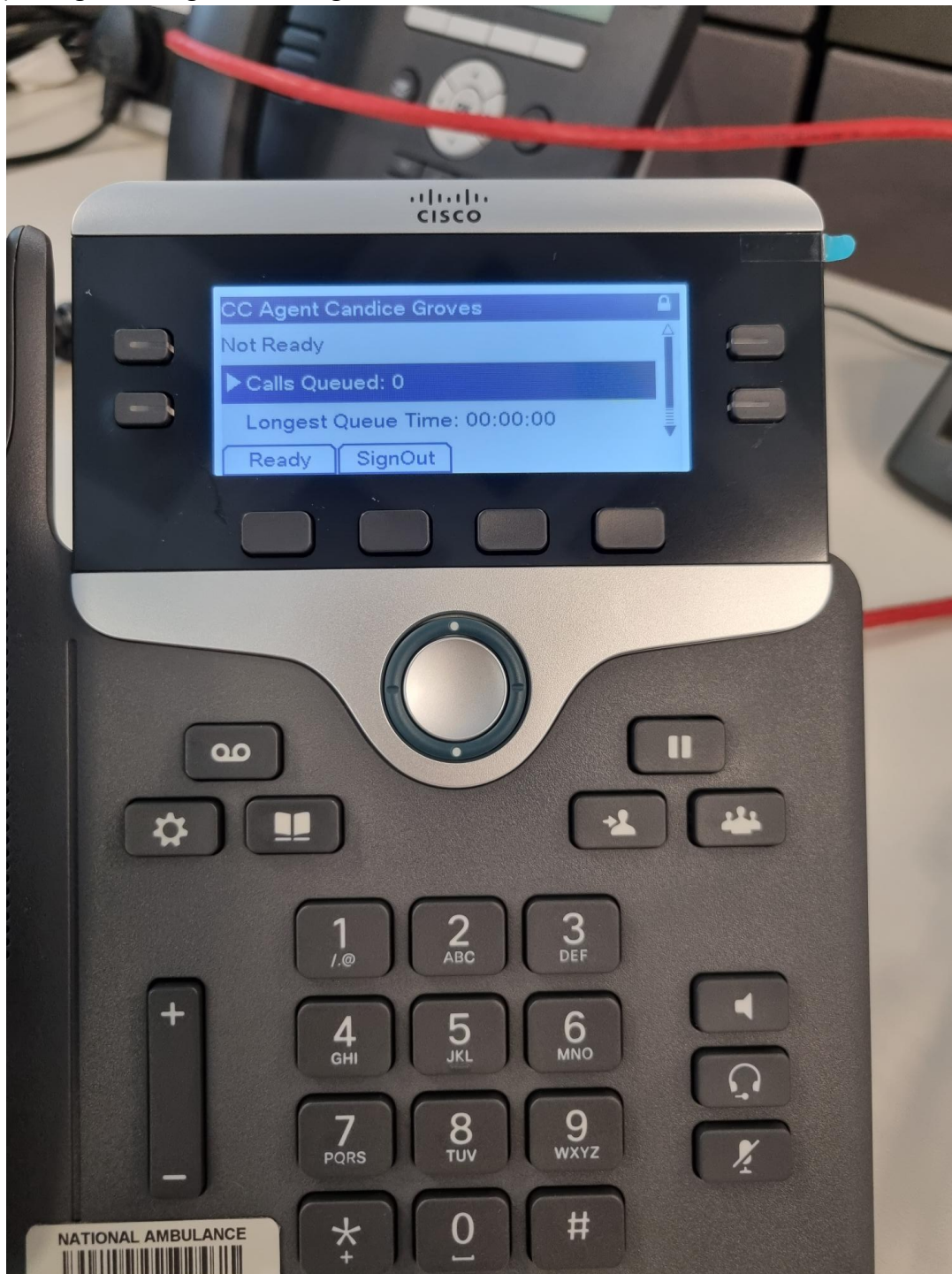
9) Press Ready from above screen and agent is available to take 998 calls.

10) Once agent is Ready you will see below screen and if agent wants in Not Ready, just press Not Ready from below screen.

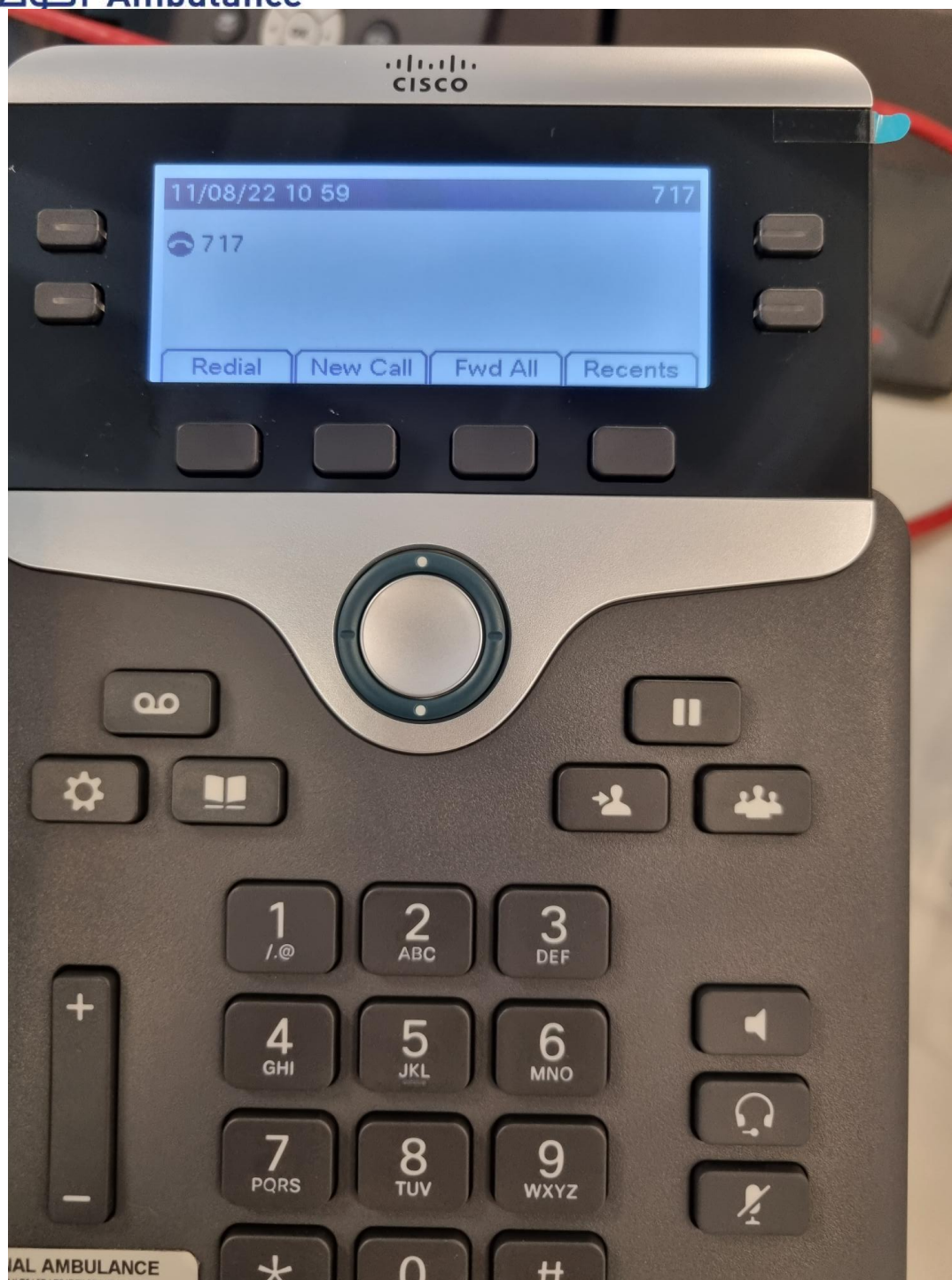


- Steps how to logout from “Agent login”

11) To log-out as agent Press Signout from below screen:



12) Once you log-out as agent you can see below screen and there is no agent is logged IN currently as there is no name of the agent seen on screen:



3.2. PROCEDURE 2-LAPTOP VPN SET UP

3.2.1 The laptop back up system is to be used when there is a complete failure of the local area network within Aldar HQ. The laptops allow user to connect to a different internet provider via a dongle and can be connect to the National Ambulance network via a VPN. This process is to be started at the decision of the Team Leader on duty.

3.2.2 How to set up the laptops.

- Log in using the user name and password labelled on the laptop.
- Check the USB dongle is plugged into the laptop
- Click on the Wifi icon on the right bottom side.
- Turn WIFI off
- Turn cellular on
- Select "Etisalat" from the list of connections.



3.2.3 Connecting to the VPN

- Click on "FortiClient" on the desktop or Task Bar.
- Enter your username and password. (This is your network login information)
- Also enter the one-time password token received in your registered mobile number or NA email.
- Select the "auto connect" option and click "connect".
- You will receive a token number by email and sms to your personal phone .(add pics)
- Add this number to the "FortiClient" screen , this will allow you to login

FortiClient

File Help

AUzoigwe

COMPLIANCE & TELEMETRY

VULNERABILITY SCAN

REMOTE ACCESS

Notifications

Settings

About

Unlock Settings

VPN Name: Office_VPN

Username: Auzoigwe

Password:

Token: 615476

☐ Auto Connect ☐ Always Up

OK Cancel

FortiClient login Page

All Unread By Date ▾ ↑

NA-MFA Token code: 615476 User name: Auzoigwe	10:20 AM
webshopi [MARKETING] Fortinet Firewall ... The Pinneet sale of the year is	10:17 AM

Token code: 615476

NM NA-MFA <namfa@nationalambulance.ae>
To Augustine Uzoigwe

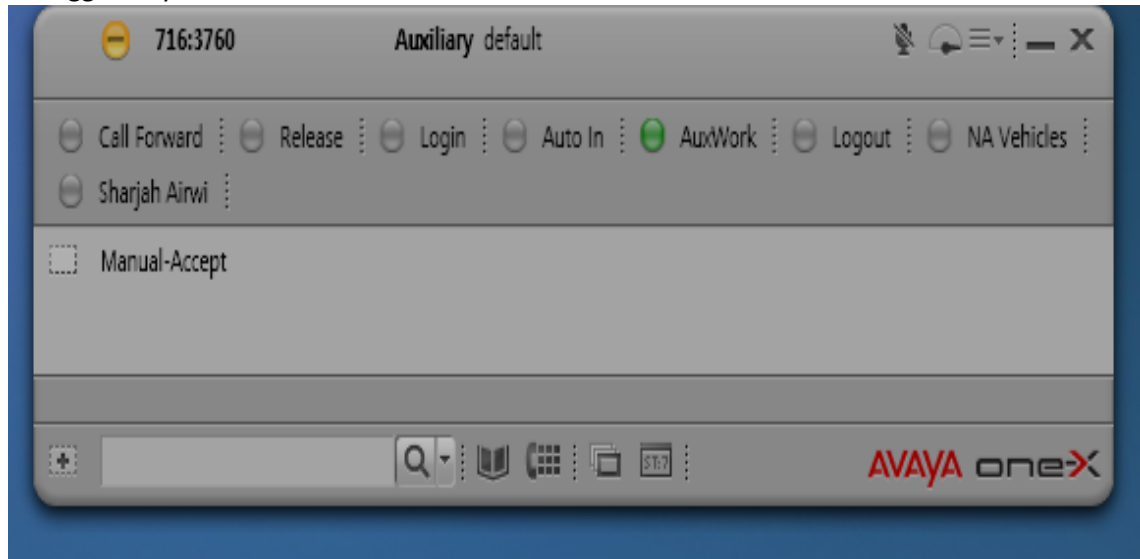
User name: Auzoigwe
Your authentication token code is 615476

Fortitoken received by Email & SMS



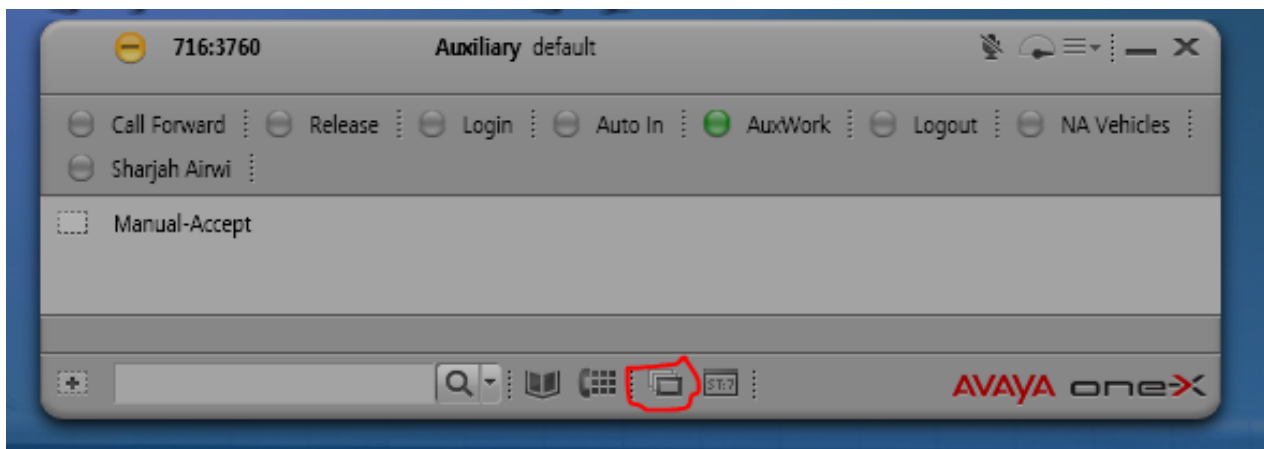
3.2.4 Opening Avaya Soft Phone.

- Before opening Avaya, be sure that your head set is plugged in.
*Note: if you missed this set,your headset wont work *
- Open “Avaya One-X Agent” application from the shortcut on the desktop.
- Once loaded click “OK”.
- Enter your extension number and password
- Enter you “Agent ID”.
- Enter the password (should be 123456).
- Once logged in you should see this screen.

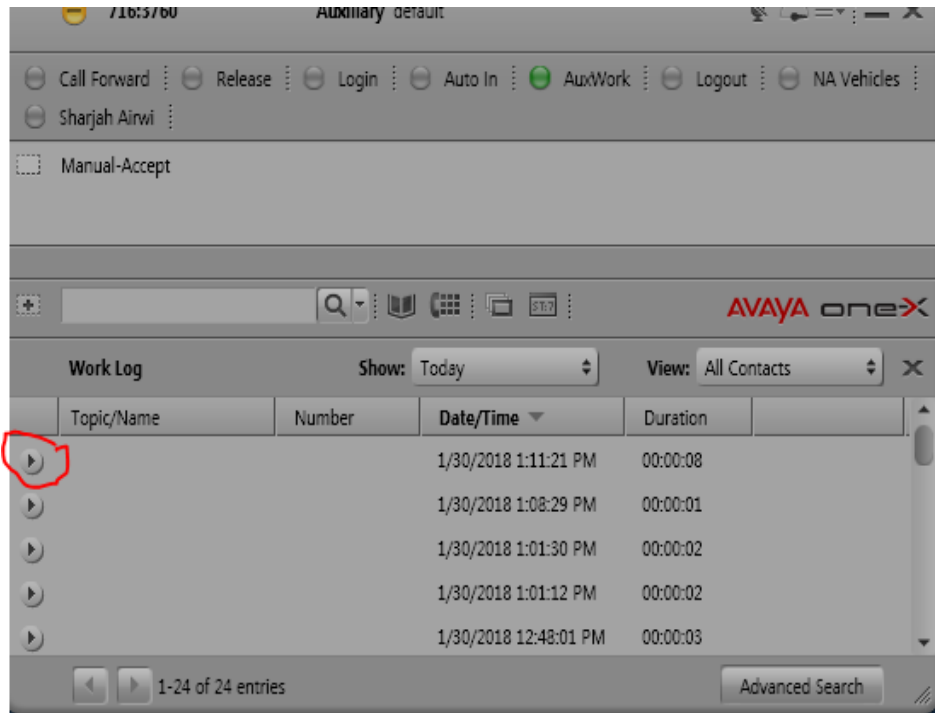


3.2.5 Searching for dropped calls.

- To view the call history click on the icon circled in red as shown.

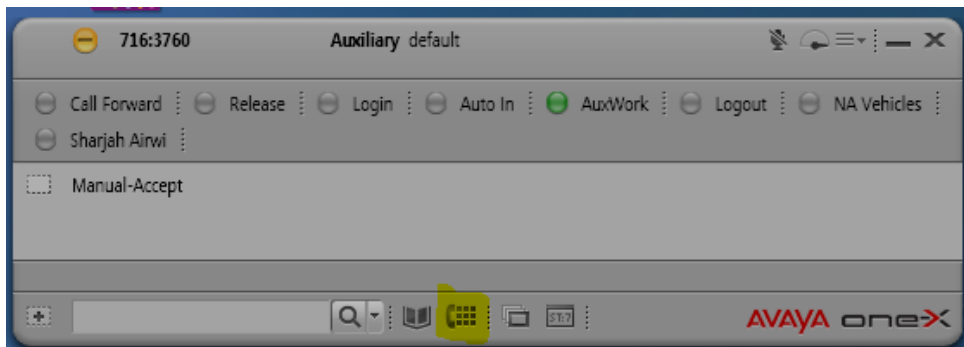


- Click on the chevron icon circled in red as shown to get the phone number of a past call.



3.2.6 Speed Dial

- If you need all the speed-dial numbers you can click on the 'dial pad' icon.



APPENDIX 1 Evacuation Checklist

Ambulance Communications Centre - Evacuation Checklist

Date:

Team Leader:

Watch:

Key Timings	Time	Comments				
Reason for evacuation						
Aldar HQ (80060160) or Security (025570527) to confirm if fire or drill.						
Back Up Mobile Phones switch on						
Police Operations Centers informed of back numbers		Sharjah	Ajman	UAQ	RAK	FUJ
Test calls from Police Operations centers received		Sharjah	Ajman	UAQ	RAK	FUJ
Dispatchers switch to portable radios						
3 x extra Portable Radios collected with 5 x spare batteries						
Evacuation bag ready						
Print screen shot of Unit status screen						
Maps distributed (in SL Evac bag)						
CBD Books distributed						
All EMDs have blue clip boards with 20 x Manual CT forms						
Switch to Manual						
Notify field crews that ACC in in process of evacuation						
Evacuate with following items: <ul style="list-style-type: none"> - 5 x portable radios - 6 x mobile phones - 1 x TL Evac bag - 5 x laptops - 6 X CBD BOOKS - 5 X Map books - Personal mobile phones 						
Evacuation started - Time						
Notify Duty Managers and IT (by phone) – they will escalate from there						
Time moving to Fallback centre – if required						
Initiate start up procedure for offsite ACC. (see procedure)						

APPENDIX 2 EVACUATION BAG CONTENTS

Ambulance Communications Centre - Evacuation Bag and Attachments

Beside the ACC Team Leaders (TL) desk is black evacuation backpack and other important items to allow for continued Call Taking and Dispatch functionality during a building evacuation. In the event of an evacuation these items should be taken with staff out of the building

Evacuation Bag and Attachments

Item	Quantity
Evacuation Backpack (contents below)	
Mobile Phone Chargers	1
Portable Radio Chargers	4
Map Books	5
Blue/Black Pens	2 boxes
Manual CT Forms	100
ACC – Key Document Folder (Refer to document checklist)	1
Other Items	
Portable lamps	2
Laptop Computers	5
Torches	2

4. 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
NCMA 7000:2021 Standard	UAE

5. RELATED POLICIES AND FORMS

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

Policy & Procedure /Form

6. FEEDBACK

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

7. 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

Change Brief

Version No.	Date	Change
1.0	July 2021	New document
1.1	September 2022	Change in the ACC section to reflect the update in OPP126 ACC Evacuation and Escalation Plan Change COO to OD Change of ownership to QHSE

CEO Approval

Board Member Verification