

OPP 123

MAJOR INCIDENT AND DISASTER RESPONSE POLICY AND PROCEDURES



Table of Contents

1. POLICY INTRODUCTION	3
2. SCOPE	3
3. ROLES AND RESPONSIBILITIES	3
4. POLICY STATEMENT	4
4.1. Training	4
4.2. Planning	4
4.3. Executing	4
4.4. Continuity	14
4.5. Recovery	14
5. RELEVANT LEGISLATION	15
6. KEY PROCESSES	15
6.1. Planning / Risk Mitigation	15
6.2. Initial Incident Management - First Unit on Scene	15
6.3. Triage	17
6.4. Appendix 1 - Operational Control Site Diagram	17
6.5. Appendix 2 - Local/Emirate level incident	18
6.6. Appendix 3 - Federal Level Incident	19
6.7. Appendix 4 - National Level Incident	19
7. RELATED POLICIES & PROCEDURES	20
8. FEEDBACK	20
9. DOCUMENT CONTROL AND OWNERSHIP	20



1. POLICY INTRODUCTION

The Major Incident and Disaster Policy and Procedure establishes common criteria for medical emergency preparedness and the provision of healthcare in the United Arab Emirates serviced by National Ambulance. This policy is designed to meet the criteria issued by the local medical authority. The policy is based on an “all hazards” approach and provides sufficient flexibility to respond to any incident and to all threats.

The policy utilizes, and is to be used in conjunction with, UK MIMMS, US NIMS and local medical authority regulations and with the Department of Health (DOH) recognized National Ambulance MIMMS training course. The policy strives to include both tested principles from the UK and US incident management system and lessons learnt from recent global events in clinical care.

This policy is related to Management components of Leadership and Commitment, and Risk Evaluation and Management.

2. SCOPE

This policy applies to all National Ambulance employees including, but not limited to, clinical and non-clinical assigned to special events, mass gatherings, or any other disaster that may occur.

3. 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.

3.1. 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.

3.2. CHIEF OPERATIONS OFFICER

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

3.3. 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.

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.



3.4. 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.

4. POLICY STATEMENT

4.1. 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.

4.2. PLANNING

4.2.1. PREVENTION/RISK MITIGATION

In regards to 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 in regards to 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.

4.3. EXECUTING

4.3.1. EMERGENCY RESPONSE PROCEDURE

4.3.1.1. 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.

4.3.2. 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.

4.3.3. 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.

4.3.4. 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 (MD)
 - 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 MD, 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 MD)
 - 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

4.3.5. 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.

4.3.6. 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 manner 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> <i>*type of casualty i.e. Military, CNIA police civilian etc.</i> 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> <i>*type of casualty i.e. Military, CNIA police civilian etc.</i> 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 Declared Exact Location</i> <i>Type of Incident</i> <i>Hazzards</i> <i>Access and Egress to location</i> <i>Number and type of casualty*</i> <i>Emergency Services on scene (including press)</i> <i>*type of casualty i.e. Military, CNIA police civilian etc.</i> Proceed to initiate Major Incident procedure. Complete relevant documentation Comply with Fedral 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> <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></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> <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.</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> <i>Type of Incident</i> <i>Hazzards</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.</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
	Timeframe	Immediately	Immediately	Immediately

<p>Operations Manager</p>	<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-determined location.</p> <ul style="list-style-type: none"> • Duty Manager to mobilise to scene and establish bronze commander . Update Silver so they can establish command and commence NA internal plans, whether it be on-site or a predetermined location. 	<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 complete a report within 24 hours. On conclusion compile a report within 24 hours
---------------------------	---	--	--	---

				<ul style="list-style-type: none">• Call all other available resources as required• Support ACC staff• On conclusion compile report within 24 hours	
<i>Timeframe</i>	Immediate action as required but otherwise weekly reporting If stakeholder involvement within – 48 Hours	<i>Ops Manager should be contacted by SMS or by phone. E-mail report within 24 hours.</i>	<i>Within 15 minutes of declaration. Mobilisation to site will have commenced</i>	<i>Immediately</i>	

	Silver / Gold	<ul style="list-style-type: none">Consider Major Incident activation	<ul style="list-style-type: none">Consider Major Incident ActivationInform 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 requiredContact PRO.On Conclusion compile a report within 24 hours	<ul style="list-style-type: none">Gold call CEO.Attend NA Head Office and begin Silver or Gold command as requiredContact PRO.Consider mobilising other or alternative specialist departments i.e. I.T.On Conclusion compile a report within 24 hours
<i>Timeframe</i>	<i>N/A</i>		<i>48 hours to CEO</i>	<i>Within 30 minutes of declaration</i>	<i>Within 30 minutes of declaration</i>

4.3.7. 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.

4.4. CONTINUITY

4.4.1. 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.

4.4.2. 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 COO, 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.

4.5. RECOVERY

4.5.1. 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 COO, 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.

4.5.2. 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.



4.5.3. 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.

5. 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

6. KEY PROCESSES

6.1. 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.

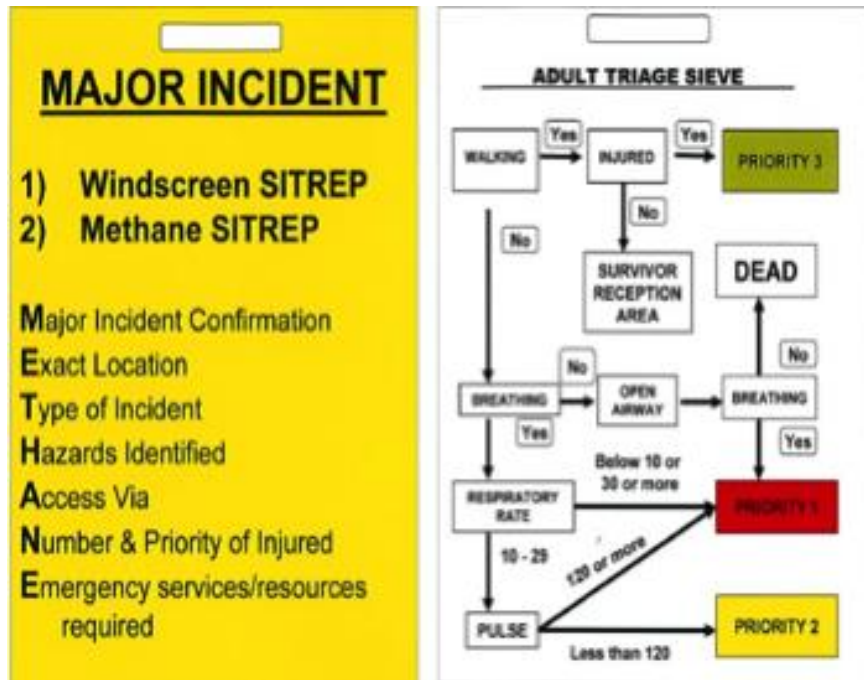
6.2. INITIAL INCIDENT MANAGEMENT – FIRST UNIT ON SCENE

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:

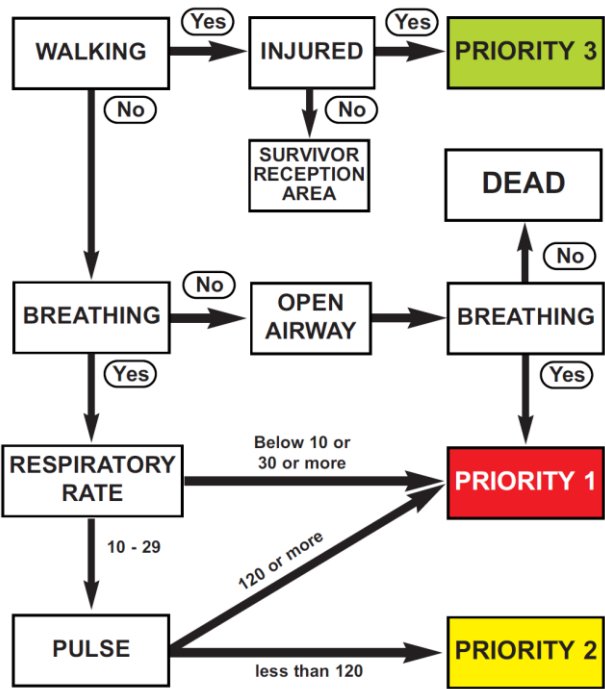
1. Assume Command until Fire or Police arrives.
2. ENSURE PERSONAL SAFETY

- 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.

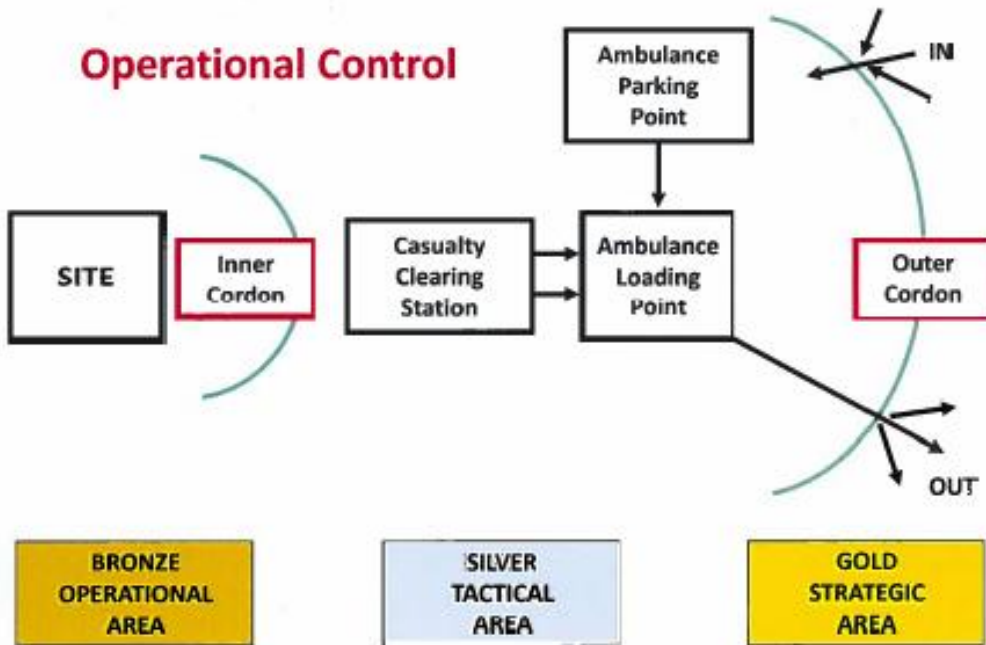


6.3. TRIAGE

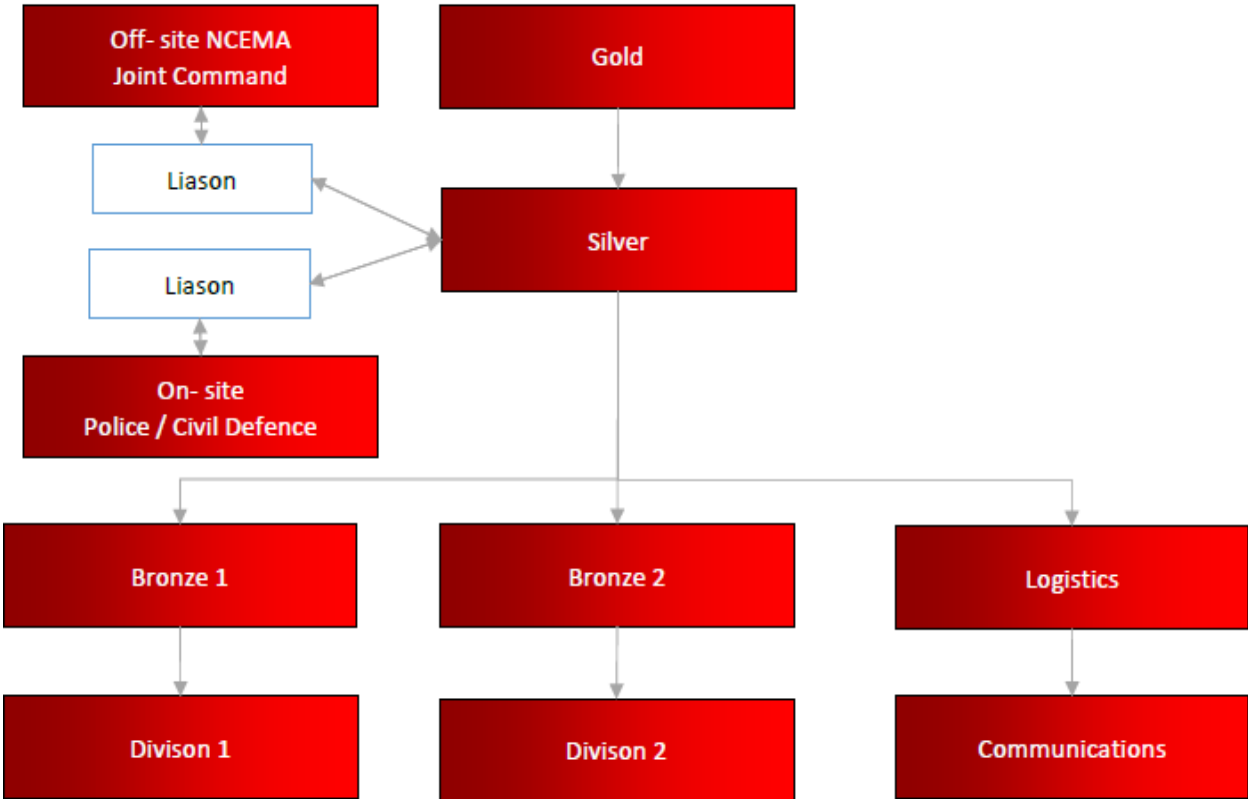
Perform Triage as trained using STAR Triage as shown on graphic below. Utilize color-coded triage tags as provided in kit.



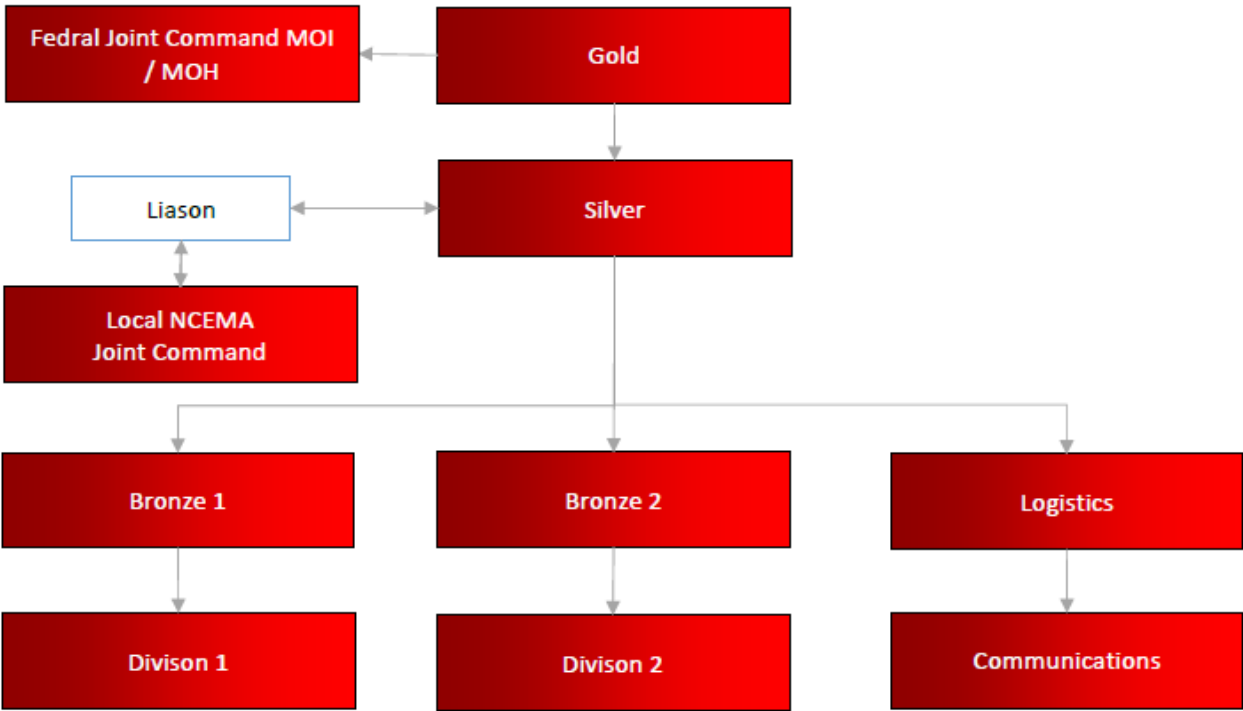
6.4. APPENDIX 1 – OPERATIONAL CONTROL SITE DIAGRAM



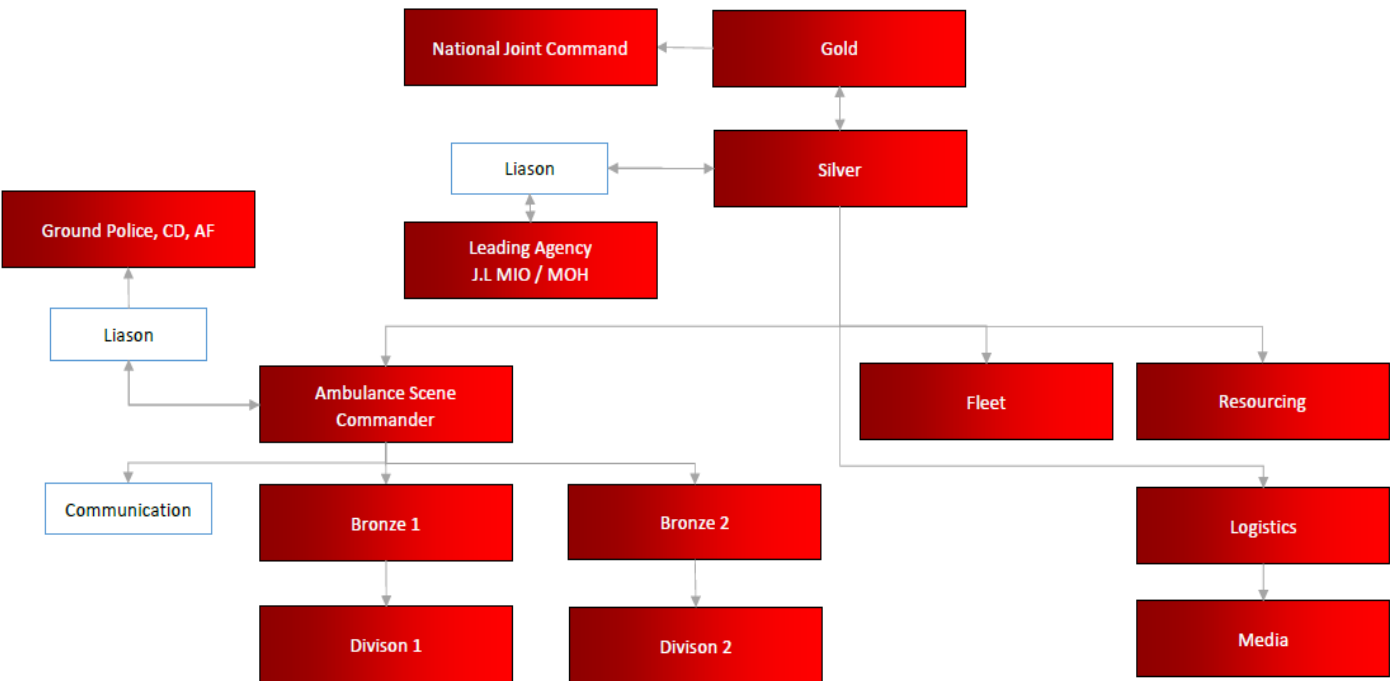
6.5. APPENDIX 2 – LOCAL/EMIRATE LEVEL INCIDENT



6.6. APPENDIX 3 – FEDERAL LEVEL INCIDENT



6.7 APPENDIX 4 – NATIONAL LEVEL INCIDENT



7. RELATED POLICIES AND FORMS

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

Policy & Procedure /Form
<u>OPF105 - Incident Report Pad</u>
<u>OPF108 – Operations Plan</u>
<u>OPF109 - Event Information Gathering Template</u>
<u>OPP114 - Chemical, Biological, Radiological, and Nuclear Incidents</u>
<u>OPF238 – ACC Escalation Matrix</u>

8. FEEDBACK

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

9. 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:

- COO

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

Change Brief

Version No.	Date	Change
1	06-January-2014	New document
2	25-September-2014	Update to include escalation policy
3	January 2017	No Changes due to review
4	November 2020	Inclusion of bronze roles and responsibilities Update to Incident Escalation Matrix Define escalation pathway for incidents in Northern Emirates or Dubai/Abu Dhabi Changes of names from supervisor to manager. Removal of director roles. Inclusion of framework for response to local/federal/national emergencies. Adding of relevant legislation.

CEO Approval

Board Member Verification

