

# Standard for Pre-Hospital Mass Casualty Incident (MCI) Management in Abu Dhabi

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Contact:	<a href="mailto:CEPAR@DOH.Gov.AE">CEPAR@DOH.Gov.AE</a>		

## 1. Standard Scope

This Standard serves as a comprehensive approach for governance, planning and execution of medical coverage to mass casualty incidents (MCIs) within the Emirate of Abu Dhabi. This document is designed to ensure the highest level of patient care, crew & public safety, and operational efficiency in the field of emergency medical services (EMS). This standard applies to all MCI responses in the Emirate of Abu Dhabi.

## 2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Advanced Medical Priority Dispatch System (AMPDS)	Computer aided dispatch system for optimizing the use of ambulances in the prehospital setting.
2.2	Best practice	The application of the best knowledge, derived from accepted high quality research, respected expert clinical experience to achieve optimum processes and outcomes of care for patients.
2.3	Business Continuity	Measures undertaken to ensure availability of critical healthcare services and continuity of operational functions of the facility to patients, staff, regulators, and other stakeholders that must have access to those functions during Major Incidents.
2.4	Computer-Aided Dispatch (CAD)	Technology systems that optimize the use of ambulances in the pre-hospital setting
2.5	Center of Emergency Preparedness and Response (CEPAR)	Center of Emergency Preparedness and Response (CEPAR) maintains independent authority over healthcare emergencies, and shares authority with the appropriate DOH sectors including Healthcare Facilities, Workforce, Payers, and Legal. It is the combination of all of these authorities that delineate the medical direction system. The regulatory authorities reside with CEPAR and each of the sectors and shall be enforced through them.
2.6	Disaster	Any incident or incidents causing very serious damage, and which require the cooperation of the government and society to achieve recovery and may require the support and help of the international community (NCEMA).
2.7	Department of Health (DoH)	Department of Health - Abu Dhabi is the regulative body of the Healthcare Sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of the population.
2.8	Electronic Criteria based Dispatch (eCBD)	Technology based systems that optimize the utilization of ambulances in the prehospital setting.
2.9	Emergency	Any major incident or incidents resulting in serious damage to individuals or properties, or threatens the general order, the continuity of government functions, the safety and health of the population, the environment, or threatening the economy, and which requires special mobilisation and coordination between multiple agencies.
2.10	Emergency Medical Dispatch (EMD)	Emergency Medical Dispatch: The use of emergency medical dispatchers within an emergency dispatch system, tasked with gathering essential information, triaging emergency calls, dispatching of appropriate medical resources, providing caller instructions, updating responding units, and ensuring accurate recording of data.
2.11	Emergency Management	An ongoing process to prevent, mitigate, prepare for, respond to, and recover from an incident that threatens life, property, operations, or the environment.
2.12	Emergency Medical Services (EMS)	Ambulance services linked to #999 services for public safety response to healthcare emergencies in the prehospital setting.
2.13	Emergency Operations Plan (EOP)	Emergency Operations Plan: A written plan that reflects the overall strategy, tactics, risk management, member safety and communications in the event of an incident.
2.14	Electronic Patient Care Report (ePCR)	Electronic record for ambulance and patient transport services in the prehospital setting

2.15	Health Facility	A DOH-licensed establishment where healthcare services are provided by DOH-licensed healthcare professionals/providers.
2.16	Health insurers	Company that provides insurance coverage for medical, surgical, prescription drugs, and sometimes dental expenses.
2.17	Health System Stakeholders	This includes patients, health providers, health insurers, payers, national and local health regulators, and other relevant entities.
2.18	Hazard Vulnerability Analysis (HVA)	Hazard Vulnerability Analysis (HVA) is a systematic approach to recognizing hazards that may affect demand for the hospitals services or its ability to provide those services. The risks associated with each hazard are analysed to prioritize planning, mitigation, response, and recovery activities. The HVA is a needs assessment for the Emergency and Disaster Management program.
2.19	Impact Analysis	Identification of vulnerability and assessment of consequences that may occur from sudden loss of or overwhelming of function, resources, or loss of supporting infrastructure for the facility due to Major Incident/ Disaster or a threat of such.
2.20	Information Technology (IT)	The use of computers, information management systems, integration of those systems, and qualified users to input, assess, and act on data.
2.21	Major Casualty Incident	An incident which overwhelms or threatens to overwhelm the resources of any healthcare facility due to its nature, type, location, severity, or number of casualties involved. Such incidents require the mobilization of extraordinary resources both from the facility itself and often from elsewhere.
2.22	Medical Directors Office	CEPAR-based clinical oversight or supervision of all Abu Dhabi-based healthcare organizations, services, groups, or individuals providing medical care to people, commonly in a hospital or a pre-hospital setting. Led by a medical director with appropriate qualifications in emergency medicine and EMS (pre-hospital emergency medicine).
2.23	METHANE	<b>Major incident declared, Exact location, Type of incident, Hazards, Access, Number and type of casualties, Emergency services present and those required</b>
2.24	Mitigation	Measures undertaken to reduce loss of life and property by lessening the impact, consequences, extent, or severity of a disaster and reduce vulnerability. For mitigation to be effective action needs to be taken before the disaster to reduce human and financial consequences later. Mitigation is therefore analysing risk, reducing risk, and insuring against risk.
2.25	Major Incident Medical Management and Support (MIMMS)	A model for mass casualty incident management in prehospital and hospital settings.
2.26	National Emergency Crisis and Disaster Management Authority (NCEMA)	The coordination center for major incidents requiring national level coordination.
2.28	Policies	Refer to decisions, plans, and actions that are undertaken to achieve DOH's health care goals for Abu Dhabi. DOH's policies define a vision for the future, which in turn helps to establish targets and points of reference for the short and medium term. They outline priorities and the expected roles of different groups; and it builds consensus and informs people.
2.29	Pre-hospital Care Services	A licensed and integrated medical care delivery organization provides emergency and non-emergency medical care in a pre-hospital setting. Interchangeable with Emergency Medical Service (EMS)
2.30	Pre-hospital Sector	All activity in the community that occurs prior to hospital operations with respect to the care of patients. This includes EMS and patient transport, community healthcare volunteer responders, deployable medical response teams, provision of first aid, access to defibrillators, prevention, and community awareness programs.
2.31	Preparedness	Preparedness is a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action. NCEMA defines Preparedness as the procedures related to preparing resources, capabilities, and plans to respond to emergencies, crises and disasters that might occur in the future. This stage includes developing, co-ordinating and training on the National Response Plans.

2.32	Recovery	Activities and programs designed to return conditions to a level normalcy for the facility, prior to an incident or emergency.
2.33	Response	Immediate activities, tasks, and systems to manage the effects of an incident.
2.34	Risk Assessment	The process used to determine risk management priorities by evaluating and comparing the level of risk against predetermined standards, target risk levels or other criteria.
2.35	Risk management	It is a well-known concept with related elements such as risk registry, identification, assessment, analysis of likelihood of threats or hazards and its impact/ consequence affecting the provision of healthcare and function of the facility approaches and strategies to mitigate, avoid, prevent those risks.
2.36	Situation Analysis	The process of evaluating the severity and consequences of an incident and communicating results.
2.37	Stakeholder	Any individual, group, or organization that might affect, be affected by, or perceive itself to be affected by the incident.
2.38	Simple Triage and Rapid Treatment (START)	A simple, common triage system designed for use in mass casualty situations.
2.39	Unified Incident Command System (UICS)	A model used for coordinating all aspects of incident management across local, regional, national, and jurisdictional boundaries.
2.40	Unified Medical Operations Command (UMOC)	Unified Medical Operations Command: Development of a UMOC that will include tracking of patient transport, activation, monitoring, and facilitation of SPPs, hosting Poison Control Center activities, and serving as the incident management center for DOH Emergency Management.

### 3. Standard Requirements and Specifications

**3.1 Guiding Principles:** All DoH licensed Prehospital and Hospital based Healthcare Providers shall: 3.1.1 Implement risk reduction, emergency preparedness, response actions, and community recovery activities implemented along an All-hazards approach model, regardless of the cause, recognizing that, while hazards vary in source (natural, technological, societal), they often challenge health systems in similar ways.

3.1.2 Be active in a whole-health approach that advocates that the emergency preparedness planning process, the overall coordination procedures, surge, and operational platforms are led and coordinated by an emergency coordination body at the federal and local levels, includes all relevant disciplines of the health sector, and deals with all potential health risks.

3.1.3 Use multi-sectoral coordination across all sectors at all levels both local and federal to work jointly towards risk reduction and emergency preparedness.

3.1.4 Ensure communities are prepared to play their important role in emergency management activities and are informed and up to date with their roles and responsibilities in emergencies.

3.1.5 Ensure continuous improvement through robust emergency preparedness and a commitment to continuous improvement of standard, programmes, practices, and service delivery at all levels of the government to improve community safety.

3.1.6 Use transparent stakeholder engagement: All relevant stakeholders' commitment and active participation is required to advance and coordinate DOH's effort to improve overall emergency preparedness.

3.1.7 Be accountable where failings and noncompliance have been identified.

3.1.8 Use evidence-based and forward-looking strategy: implementation strategies of the standard shall be evidence-based, forward-looking and consider merging global trends and local cultural and physical needs.

3.1.9 Be context sensitive: while considering best practices and existing best models for emergency preparedness, the standard and implementation of the standard shall be driven by local and regional realities and priorities.

3.1.10 Pursue partnerships: payers and providers (public and the private sector) shall be seen as strategic partners driving the development of this standard and its implementation.

3.1.11 Demonstrate coordination, collaboration and communication, critical components of effective emergency management, at all stakeholder levels.

### **3.2 Incident Management Phases, Objectives, and Strategies Activities**

**3.2.1 Phase 1: Mitigation & Prevention:** DoH shall ensure that all pre-hospital care services in the Emirate of Abu Dhabi have minimum requirements in place for Mitigation and Prevention of disaster and MCI involving the Health Sector through clear governance; centralized data management, and risk assessments.

3.2.1.1 DoH shall ensure clear governance that ensures support and commitment of the leadership towards robust healthcare emergency and disaster management in the Emirate of Abu Dhabi, and DoH shall set out the governance framework with roles and responsibilities for the entire healthcare sector to ensure that executive support and commitment to emergency and disaster management is achieved through the following actions:

3.2.1.1.1 Drive the development and implementation of multi-sectoral health policies, standards, and guidelines to provide direction and support to the Abu Dhabi health sector for emergency and disaster management priorities in accordance with Federal and Abu Dhabi Laws.

3.2.1.1.1 Enhance disaster prevention and mitigation activities in the Abu Dhabi Emirate by ensuring the allocation of dedicated resources to emergency and disaster management priorities.

3.2.1.1.3 Ensure clear and transparent Emergency and Disaster Management decision-making through stakeholders' collaboration and cooperation.

3.2.1.1.4 Supervise the pre-hospital sector's development of capacity and capabilities in emergency and disaster management per the requirements set out by DoH and NCEMA.

3.2.1.1.5 Implement effective governance through sound performance management and continuous improvement of emergency preparedness frameworks.

3.2.1.2 All DoH-licensed pre-hospital care services shall:

3.2.1.2.1 Ensure that their actions to drive Emergency Preparedness are in accordance with Federal and Abu Dhabi laws and regulations.

3.2.1.2.2 Ensure consistent compliance with regulations and requirements as set out by DoH towards disaster management and Mass Casualty Incident standards.

3.2.1.2.3 Ensure that internal executive support and commitment to disaster management and Mass Casualty Incident standards is achieved within their organisations.

3.2.1.2.4 Integrate effective emergency preparedness initiatives into their organisational, strategic, and corporate plans that shall include:

3.2.1.2.4.1 Business continuity plans

3.2.1.2.4.2 Disaster Preparedness and Mass Casualty Incident and response systems

3.2.1.2.4.3 Risk Management

3.2.1.2.4.4 Workplace Health and Safety in accordance with Abu Dhabi Occupational Safety and Health Management System (OSHAD) requirements.

3.2.1.2.4.5 Environmental Health and Safety

3.2.1.2.4.6 Chemical, Biological, Radiation and Nuclear Management

3.2.1.2.4.7 Prevention and Control of Infection and Outbreaks.

3.2.1.3 DOH shall ensure a collaborative, evidence-based and centralised data management system for emergency and disaster management-related data by setting out the requirements for pre-hospital care services and DOH through the following:

3.2.1.3.1 Seek to enhance the system of data management on healthcare emergency and disaster management in collaboration with all relevant stakeholders as per DoH's defined Data Standards.

3.2.1.3.2 Develop baseline data, norms, standards and information on health sector risk reduction and emergency preparedness.

3.2.1.3.3 Establish a common IT infrastructure to enable exchange of information among relevant healthcare entities.

3.2.1.3.4 Define the methods and frequency to report the data on emergency preparedness and shall identify the system to be implemented.

3.2.1.3.5 Capture lessons learnt and incorporate data collected and analysed on emergency preparedness into effective standards and practice. DoH shall also determine what information can be made available to the public and stakeholders to enhance the work of emergency planners and responders.

3.2.1.3.6 Define all information security measures required to maintain patient information confidentiality.

3.2.1.3.7 Develop risk registries at all levels of the healthcare emergency and disaster management system that clearly identify risks and vulnerabilities in the community.

3.2.1.4 All DoH-licensed pre-hospital care services shall:

3.2.1.4.1 Adopt DoH's defined standards related to data management, disaster management, and Mass Casualty Incidents.

3.2.1.4.2 Acquire the necessary resources or use existing ones to comply with DoH standards related to data exchange.

3.2.1.4.3 Establish processes and procedures required to collect all the data on emergency preparedness.

3.2.1.4.4 Report the data to DoH on emergency preparedness as per DoH's defined methods and frequency.



- 3.2.1.4.5 Comply with DoH-defined information security measures required to maintain patient information confidentiality.
- 3.2.1.4.6 Contribute data to the risk registries as defined by DoH to ensure clear identification of risks and vulnerabilities in the community.
- 3.2.1.4.7 Capture lessons learnt during emergency exercises or real-life events and incorporate data collected and analysed on emergency preparedness into effective standards and practices.
- 3.2.1.5 DoH shall ensure Health Sector mechanisms, including early warning instruments and systems, to assess and manage the risks to health and health systems and develop safer and sustainable communities through the following:
  - 3.2.1.5.1 Align the healthcare multi-agency emergency management planning processes including risk assessment.
  - 3.2.1.5.2 Execute and administer federal level priorities to foster a unified system for emergency and disaster management.
  - 3.2.1.5.3 Set out the requirements for pre-hospital care services to develop programs, arrangements, or measures where appropriate, aimed at mitigating risks from all hazards, including mass gatherings, clinical protocols, and ambulance services.
  - 3.2.1.5.4 Maintain surveillance systems to detect and monitor risks and early escalation of any MCI plan.
  - 3.2.1.5.5 Conduct risk assessments, including those affecting critical infrastructure, within or related to their area of responsibility, based on all-hazards risk analysis and risk assessment methodology.
  - 3.2.1.5.6 Define the risk assessment methodology applicable to the local context to guide the health sector on which methodology to implement.
  - 3.2.1.5.7 Seek to have in place surveillance and monitoring of potential threats to health using elements like:
    - 3.2.1.5.7.1 Hazard Vulnerability Analysis (HVA)
    - 3.2.1.5.7.2 Capacity Analysis
    - 3.2.1.5.7.3 Impact Analysis
    - 3.2.1.5.7.4 Risk Assessments
- 3.2.1.6 All DoH-licensed pre-hospital care services shall:
  - 3.2.1.6.1 Ensure compliance with DoH requirements for planning processes, including risk assessment and exercise.
  - 3.2.1.6.2 Develop programs, arrangements, or measures, where appropriate, aimed at mitigating risks from all hazards as directed by DOH, OSHAD and relevant local and federal authorities.
  - 3.2.1.6.3 Report data to DoH as part of the surveillance systems to detect and monitor increased risk or early activation of MCI plans.
  - 3.2.1.6.4 Conduct periodic risk assessments and ensure compliance with DoH requirements of an all-hazards risk analysis and risk assessment methodology.
  - 3.2.1.6.5 Have in place early warning surveillance and monitoring systems to be able to identify potential threats to health using elements like:
    - 3.2.1.6.5.1 Hazard Vulnerability Analysis (HVA)
    - 3.2.1.6.5.2 Capacity Analysis
    - 3.2.1.6.5.3 Impact Analysis
    - 3.2.1.6.5.4 Risk Assessments
- 3.2.2 Phase 2: Preparedness:** DoH seeks to ensure that all pre-hospital care services in the Emirate of Abu Dhabi will have minimum requirements in place a comprehensive approach to emergency preparedness and MCI response.
  - 3.2.2.1 DOH shall ensure requirements for pre-hospital care services are in place, relevant, frequently tested, and up to date through the following:
    - 3.2.2.1.1 Develop emergency plans for the pre-hospital sector in collaboration with the Abu Dhabi Response Plan and federal-level plans to respond to emergencies effectively.
    - 3.2.2.1.2 Establish Abu Dhabi-wide pre-hospital preparedness programmes and ensure hospital emergency response plans availability as per DoH requirements.
    - 3.2.2.1.3 Set the requirements for and have a process in place to test the emergency preparedness plans for the pre-hospital care services sector.
    - 3.2.2.1.4 Have a process to keep the pre-hospital sector's emergency preparedness plans current.
    - 3.2.2.1.5 Incorporate in the emergency preparedness planning process lessons learned and best practices derived from the conduct of actual events, training, and exercises.
    - 3.2.2.1.6 Ensure sustainable capacity to meet the goals outlined in emergency preparedness plans, based on risk assessments, priorities, needs analysis and capability requirements.
    - 3.2.2.1.7 Conduct or participate in exercises to test and implement emergency preparedness plans and participate in training with respect to emergency preparedness planning.
    - 3.2.2.1.8 Include arrangements or other measures to provide for business continuity in the emergency preparedness plans and programs.

- 3.2.2.1.9 Provide post-exercise and post-event feedback related to the Abu Dhabi Response Plan or federal emergency plans in accordance with the guidelines and improvement process provided to relevant local and federal entities.
- 3.2.2.2 All DoH-licensed pre-hospital care services shall:
- 3.2.2.2.1 Comply with any governance documents issued by DoH in relation to Disaster Management and Mass Casualty Incident Management.
  - 3.2.2.2.2 Develop preparedness programmes and emergency response plans for their organisations to respond to all emergencies in alignment with DOH requirements effectively.
  - 3.2.2.2.3 Ensure a process exists to test their individual emergency preparedness plans and integration into the wider health emergency response plan.
  - 3.2.2.2.4 Have a process in place to keep their emergency preparedness plans up to date.
  - 3.2.2.2.5 Ensure sustainable capacity to meet the goals outlined in emergency preparedness plans based on priorities, needs analysis and capability requirements as defined by DoH, OSHAD and relevant local and federal authorities.
  - 3.2.2.2.6 Conduct or participate in routine exercises to test and implement emergency preparedness plans and participate in training with respect to emergency preparedness planning involving its staff.
  - 3.2.2.2.7 Incorporate lessons learned, and best practices derived from the conduct of actual training, exercises, and events in the emergency healthcare management planning process.
  - 3.2.2.2.8 Include in their emergency preparedness plans and programs, arrangements, or other measures to provide for business continuity of their operations in line with the guidelines and best practices recommended by DOH and NCEMA.
  - 3.2.2.2.9 Submit all Disaster Management & Mass Casualty Incident Response Plans to the DoH, CEPAR, Medical Directors office on an annual basis to review and enable continuous improvements.
- 3.2.2.3 DOH shall ensure prehospital care providers build, maintain, and develop resources, capacity, and capability in Disaster Management and MCI through the following:
- 3.2.2.3.1 Promote capability and capacity for risk reduction and disaster preparedness in the pre-hospital sector.
  - 3.2.2.3.2 Ensure that the pre-hospital sector builds technical skills within all health disciplines involved in emergency preparedness and response through sound and credible training and educational material.
  - 3.2.2.3.3 Ensure that overall training standards are identified and disseminated to all parts of the healthcare system and that training considers the guiding principles of this standard.
  - 3.2.2.3.4 Ensure that the training is delivered through realistic exercises and drills, including those done in cooperation with other local and federal entities as directed by DoH.
  - 3.2.2.3.5 Set out the requirements for the prehospital care providers to establish clear communication protocols in case of emergency and disaster or major incidents in the pre-hospital care services.
- 3.2.2.4 All DOH-licensed pre-hospital care services shall:
- 3.2.2.4.1 Develop surge capacity to manage a significant increase in the number of patients during Mass Casualty incidents.
  - 3.2.2.4.2 Develop a general operational plan for managing critical areas of operations such as supplies, staff availability, coordination and communication capability, contingencies, business continuity and backup systems' availability in emergencies.
  - 3.2.2.4.3 Conduct a Hazard Vulnerability Analysis (HVA) / Risk Assessment to allow the early identification of any hazards or risks that might compromise the operational functions of the pre-hospital care service or the delivery of its core healthcare services.
  - 3.2.2.4.4 Ensure that their pre-hospital care service operational model, command structure, assets and resources are fit for purpose and disaster resilient as required by DoH.
  - 3.2.2.4.5 Build technical skills within all health disciplines involved in emergency management and response through sound and credible training and educational material.
  - 3.2.2.4.6 Ensure compliance with overall standards of emergency management-related training for health care staff as mandated by DoH, OSHAD and NCEMA.
  - 3.2.2.4.7 Organise and/or ensure participation in disaster management, preparedness and Mass Casualty Incident related exercises and drills, including those done in cooperation with other local and federal entities as directed by DOH.
  - 3.2.2.4.8 Establish clear pre-hospital emergency communication protocols in compliance with DoH requirements.
  - 3.2.2.4.9 Collaborate with relevant stakeholders to implement changes based on lessons learned and best practices derived from conducting training and exercises.



**3.2.3 Phase 3: Response and Recovery:** DoH shall ensure adequate resources are in place and integrated for response and recovery across prehospital and hospital-based services.

3.2.3.1 DoH shall establish and ensure requirements for prehospital care compliant with Abu Dhabi wide standardized approach to emergency management and response:

3.2.3.1.1 Lead the pre-hospital care services and hospital coordination in the advent of any Mass Casualty Incident and have a Unified Incident Command System (UICS) in place.

3.2.3.1.2 Direct and coordinate the pre-hospital care services response in Abu Dhabi in coordination with other relevant government entities and agencies at the Emirate or Federal level in the advent of any emergency.

3.2.3.1.3 Direct the mobilisation of additional pre-hospital care services resources to the emergency site or commence interfacility transfers to create hospital capacity and initiate prioritised patient bed management or location-allocation.

3.2.3.1.4 Direct providers to provide the prehospital care services necessary to respond to and recover from the emergency.

3.2.3.1.5 Ensure that the prehospital care services have an incident command system in place as per DoH requirements.

3.2.3.1.6 Provide direction to the prehospital care services in developing a robust incident command system.

3.2.3.1.7 Establish a standardised Triage system and patient tracking system across All DoH-licensed pre-hospital care services.

3.2.3.1.8 Establish a unified incident levelling system across the healthcare sector (alert, standby, declare, and all clear).

3.2.3.1.9 UMOG will establish and maintain a register of volunteers to be used during MCIs if required.

3.2.3.2 All DOH-licensed pre-hospital care services shall:

3.2.3.2.1 Ensure full compliance with the DOH Mass Casualty Incident management system and all other relevant DoH governance regulations.

3.2.3.2.2 Implement a dedicated Notification and Activation process between DoH, CEPAR, UMOG and the pre-hospital care service to include the following.

- Incident notification procedures
- METHANE site report
- Activation of the response plan
- Internal and external communication plan

3.2.3.2.3 Implement a Mass Casualty Incident activation standard message of "METHANE". Ensure all staff are trained in "METHANE" message and when to utilise it as per MIMMS structure.

3.2.3.2.4 Ensure all command and MCI response relevant staff undergo accredited Incident Command System training annually.

3.2.3.2.5 Implement an internationally recognised Incident Command System (ICS) in compliance with DOH requirements. This ICS program and educational material must be reviewed and approved by DOH, CEPAR, Medical Directors Office.

3.2.3.2.6 Ensure all licensed pre-hospital staff complete at least 2 MCI MIMMS/ ICS-training exercises (or events) per year as part of the MIMMS/ ICS team.

3.2.3.2.7 Ensure the organisation's ICS has the following key components.

- Internally and externally unified and aligned Incident Command System (ICS).
- Digital integration with DOH, CEPAR UMOG
- Clear Chain of Command with roles and responsibilities:
- Efficient Resource Management:
- Interagency Coordination:
- Scalability and Flexibility:
- Effective Communication and data recording systems.
- Digital Information Management (ePCR, CAD, AMPDS/ eCBD, EMD, Patient Tracking & communications system):
- Consistent Incident Response Framework across all sectors or responders:

3.2.3.2.8 Implement a MIMMS response in compliance with DOH requirements. DOH, CEPAR, Medical Director's Office must review and approve this MIMMS program and educational material.

3.2.3.2.9 Ensure all DoH-licensed pre-hospital staff undergo DOH-accredited MIMMS training biannually.

3.2.3.2.10 Ensure all pre-hospital staff in command or supervisory roles complete at least 2 MIMMS MCI exercises or events per year as part of the Mass MIMMS response plan.

3.2.3.2.11 Implement a standardized triage system in the organisation.

3.2.3.2.12 Triage systems and patient tracking should be electronic with paper based back up. The system must be compatible with full integration to DoH, CEPAR UMOG

3.2.3.2.13 Ensure the organisation's MIMMS has the following key components.

- Unified and aligned MIMMS.

- Efficient Medical Resource Management & Medical Direction:
- Streamlined Coordination and Communication:
- Clear Command and Control Structure:
- Enhanced Triage and Patient Tracking & Patient Management:
- Consistency and Interoperability:
- Training and Preparedness:
- Digital integration with DoH, CEPAR UMOG.

3.2.3.2.14 As part of the organisations Mass Casualty Incident Response plan, implement a mutual support agreement with additional pre-hospital care service providers to ensure continued service delivery in the event of Mass Casualty Incidents

3.2.3.2.15 Submit Mass Casualty Incident Response plans to the DOH, CEPAR, Medical Directors Office for review. MCI Plan must include MIMMS-ICS, METHANE, Triage system, mutual support, use of volunteer's communication plans and integration with DoH, CEPAR, UMOG.

3.2.3.3 DOH shall ensure processes are in place to promote effective communication and coordination in the health sector for effective collaboration and communication for timely decisions throughout all stages of an emergency through the following:

3.2.3.3.1 Direct and coordinate the communication with the public during the initial response and subsequent recovery periods.

3.2.3.3.2 Via DoH, CEPAR UMOG Direct and coordinate the communication with the pre-hospital care services during initial response and subsequent recovery periods.

3.2.3.3.3 Set out the requirements for the prehospital care services to establish clear communication protocols.

3.2.3.4 All DOH-licensed pre-hospital care services shall:

3.2.3.4.1 Ensure compliance with the requirements from DoH to establish clear communication protocols.

3.2.3.4.2 Ensure all digital systems (telemedicine platforms, fleet telematics, smart triage, MCI response systems, electronic patient tracking systems, information systems, ePCR, cardiac monitors and communication platforms are compatible and capable of integrating with the DoH, CEPAR, UMOG.

3.2.3.5 DOH shall ensure that all prehospital care services have plans in place for continuity of operations through the following:

3.2.3.5.1 Ensure creation of systems for prevention and recovery to deal with potential threats to the health sector.

3.2.3.5.2 Set out the requirements for the pre-hospital care services sector to establish business continuity plans.

3.2.3.5.3 Ensure compliance of all pre-hospital care services with the requirements from DoH to establish business continuity plans to ensure readiness to deal with emergencies.

3.2.3.5.4 Ensure continuity of critical services during Major Incidents/Disasters involving pre-hospital care services as per DOH requirements.

3.2.3.6 All DOH-licensed pre-hospital care services shall:

3.2.3.6.1 Ensure availability of critical pre-hospital care services and continuity of operational functions of the facility to patients, staff, regulator, and other entities that must have access to those functions during Major Incidents.

3.2.3.6.2 Apply Business Continuity principles to Emergency Planning and that should form part of the organisations plan, must carry senior executive responsibility, and have a framework to understand and manage all aspects of supply chain, maintain critical services, mutual aid, evacuation, deliver training, audit, and performance management.

3.2.3.6.3 Identify assets needed to maintain critical services for 24 hours, for 72 hours and for 1 week.

3.2.3.6.4 Establish agreements and contracts, with providers, suppliers and with other facilities to establish continuity in critical care with focus on workforce, infrastructure, IT & telecommunications, utilities, and supplies. Determine how the above relationships with key stakeholders will be managed at the onset and during the disruption.

3.2.3.6.5 Quantify timeframes of return to normal activity following disruption for each critical service, the maximum period for which disruption can be tolerated with and without additional available resources mobilized, dependencies, critical objectives, and resources needed over time to maintain critical services within maximum tolerable limits.

3.2.3.6.6 Take account of services or activities that critical services depend upon.

3.2.3.6.7 Create alternative plans where staff of the organisation could be affected by the Incident or staff deserting the area considering a perceived threat.

3.2.3.6.8 Set alerting mechanisms to activate continuity plan, mobilize resources and alert stakeholders.

3.2.3.6.9 Implement early notice and escalation process where the pre-hospital care services inform DoH, CEPAR, UMOG of every event that has potential of developing into a Mass Casualty Incident.

**3.2.4 Phase 4: Post-Disaster Assessments:** DoH seeks to ensure all prehospital care services in the Emirate of Abu Dhabi have a structured approach for continuous improvement processes related to emergency management programs through self-monitoring and continuous improvement of prehospital care provider emergency plans.

3.2.4.1 DoH shall ensure prehospital care services monitor and continuously improve their emergency plans including through post incident review and evaluations of emergency management plans through the following:

3.2.4.1.1 Ensure all pre-hospital care services have robust and frequently tested emergency preparedness plans in place for the purpose of post-disaster evaluations.

3.2.4.1.2 Undertake comprehensive review and evaluation of emergency management plans for the pre-hospital care services through testing, monitoring, auditing, and continuous improvement processes.

3.2.4.1.3 Undertake post-recovery analysis and incorporate lessons learned and best practices into emergency management plans.

3.2.4.1.4 Apply and implement changes, as well as collaborate with stakeholders to implement changes, based on lessons learned and best practices derived from the conduct of training and exercises as well as from response and recovery experiences.

3.2.4.2 All DOH-licensed pre-hospital care services shall:

3.2.4.2.1 Ensure compliance with the requirements from DoH to conduct post-recovery analysis and incorporate lessons learned and best practices into emergency preparedness plans.

3.2.4.2.2 Provide DoH with copies of their emergency management plans for the purpose of post-disaster evaluations.

3.2.4.2.3 Link emergency management improvement efforts with the pre-hospital care services quality improvement processes as per DoH Standard for Quality and Patient safety and OSHAD continual improvement process as per OSHAD SF requirements, including a periodic review of the effectiveness of Emergency and Disaster Management programs and corrective action plans.

## 4. Key stakeholder Roles and Responsibilities

4.1 DOH shall:

4.1.1 Ensure all regulatory provisions are enabled to address service gaps, inefficiencies, malpractice, or unfairness.

4.1.2 Ensure the safety of the patients and readiness of the health sector in the advent of any emergency.

4.1.3 Provide the necessary stewardship, ensure that the requirements set out in this Standard are met through its regulatory powers and where necessary, set out further regulatory measures to address the current and future health system needs for emergency preparedness.

4.2 Pre-hospital care services, providers, and professionals:

4.2.1 Ensure safety and wellbeing of the patients and continuity of service delivery in the advent of any emergency.

4.2.2 Strengthen delivery of appropriate care to patients affected during and after an emergency. Furthermore, business continuity plans shall also be in place to ensure services are not disrupted when they are most needed.

4.2.3 When applicable, pre-hospital care services shall ensure effective response to emergencies and ensure that they comply with the DOH directions set out in this standard and relevant UAE rules and regulations.

## 5. Monitoring and Evaluation

A monitoring and evaluation framework shall be developed to monitor the implementation and impact of this Standard.

5.1 DOH shall:

5.1.1 Escalate and take all appropriate actions where it determines that a breach of duty has occurred.

5.1.2 Exercise its powers in a flexible manner to ensure that regulatory action is targeted where it is needed.

5.1.3 Bring to an end any failure to comply with this Standard.

5.1.4 Prevent any such failure from being repeated in the future.

5.1.5 Restore the situation (as far as possible) to what it would have been if the failure had not occurred.

5.1.6 Administer its investigative process to determine any breach of this Standard, Laws or Regulations. Once DoH has undertaken its investigation appropriate enforcement will be subject to DOH's determination of the level of breach or non-compliance. The healthcare facility, professional or insurer may seek to appeal a DOH decision subject to satisfying the requirements of DOH appeal grounds, rules, and process.

## 6. Enforcement and Sanctions

Failure to adhere to the requirements of this Standard, laws & regulation, will impact the medical care of patients within the Service and System, preventing the services of providers failing to comply, and may result in fines and penalties in accordance with the healthcare sector disciplinary regulation.

## 7. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	Dec 2023	Executive Council Resolution 235, Regarding Additional Powers for the Department of Health	Authorities for DoH regarding regulatory oversight of ambulance services for Abu Dhabi, <a href="https://www.abudhabi.gov.ae/-/media/sites/adgov/gazettes/2023/en/11th-edition-english-2023.ashx">https://www.abudhabi.gov.ae/-/media/sites/adgov/gazettes/2023/en/11th-edition-english-2023.ashx</a>
2	June 2023	Standard for Strategic Medical Stockpile	Authorities for CEPAR stockpiles for Disaster Preparedness. <a href="https://www.DoH.gov.ae/-/media/3DAD8D5BD7B64586946CCC591AE9C8D6.ashx">https://www.DoH.gov.ae/-/media/3DAD8D5BD7B64586946CCC591AE9C8D6.ashx</a>
3	Aug 2019	DOH/ QD/SD/MT/0.9 DOH STANDARD FOR MEDICAL TOURISM IN THE EMIRATE OF ABU DHABI	Authorities and objectives for medical tourism in Abu Dhabi <a href="https://www.DoH.gov.ae/-/media/DF2C78D3F36B48169AA386F71408BBC1.ashx">https://www.DoH.gov.ae/-/media/DF2C78D3F36B48169AA386F71408BBC1.ashx</a>
4	2012	International Standards Organization (ISO) 22301; Business Continuity Management	A part of overall risk management in a company, partially overlapping with information security management and IT management. Implementation and certification are useful to prove your company's compliance to your partners, owners, and other stakeholders. <a href="https://www.iso.org/standards/popular/iso-22301-2019-plus-redline-security-and-resilience-business-continuity-management-systems-requirements-ansi.org/">ISO 22301:2019 Plus Redline - Security and resilience - Business continuity management systems - Requirements (ansi.org)</a>
5	Nov 2009	ISO 31000 Risk Management Training	An international standard that provides principles and guidelines for <b>effective risk management</b> . It outlines a generic approach to risk management, which can be applied to different types of risks (financial, safety, project risks) and used by any type of organization. <a href="https://www.iso.org/iso-31000-risk-management.html/">https://www.iso.org/iso-31000-risk-management.html/</a>
6	1987	ISO 9000 Quality Assurance and Management	A set of internationally recognized standards for quality assurance and management. Published by the International Organization for Standardization, it aims to encourage the production of goods and services that meet a globally acceptable level of quality. <a href="https://www.iso.org/standards/popular/iso-9000-family">https://www.iso.org/standards/popular/iso-9000-family</a>
7	16 January 2024	<u>Medical Support &amp; Preparedness at Mass Gatherings and Events Standard</u>	<u>Standard</u> delineating management of medical operations supporting mass gathering and special events in Abu Dhabi.
8	12 January 2024	<u>Medical Direction System Standards</u>	<u>Standard</u> delineating medical direction overseeing components of EMS and ambulance services and systems managing healthcare emergencies in Abu Dhabi.
9	19 Dec 2024	<u>Abu Dhabi Ambulance and EMS Standards</u>	<u>Abu Dhabi Ambulance and EMS Standards</u> governing the oversight and operations of ambulance services and fleet management in Abu Dhabi.
10	Feb 2024	EMS Clinical Protocols	<a href="https://www.DoH.gov.ae/-/media/CECB13E1AC3C4401B3DA00B01139E94C.ashx">https://www.DoH.gov.ae/-/media/CECB13E1AC3C4401B3DA00B01139E94C.ashx</a>
11	Dec 2023	Scope of Practice for Emergency Medical Services Professionals	<a href="https://www.DoH.gov.ae/-/media/5E748E2794FE40A1979EC654D7354D6C.ashx">https://www.DoH.gov.ae/-/media/5E748E2794FE40A1979EC654D7354D6C.ashx</a>