Policy on Risk Management and Business Continuity for the Health Sector

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1. Policy Purpose and Brief

1.1 Brief:
Amid rapid changes and escalating challenges in the healthcare sector, the Department of Health – Abu Dhabi places a high priority on strengthening the capacity of healthcare facilities to manage risks, emergencies, and crises, while ensuring the continuity of critical services under all circumstances. Risk management and business continuity represent foundational components of healthcare governance due to their critical role in minimizing the impact of emergency events and maintaining institutional performance. This policy aims to empower healthcare facilities across the Emirate of Abu Dhabi to adopt effective methodologies for identifying, assessing, and addressing risks, while always ensuring the preservation of essential health services without negatively impacting the quality of care or safety of beneficiaries.

1.2 Purpose:

1.2.1 To enhance the resilience and preparedness of healthcare facilities and embed the principles of risk management and business continuity across all health sector facilities, ensuring the safe and effective delivery of vital health services under all circumstances, including emergencies, crises, and disasters.

1.2.2 To align the policies of healthcare facilities with the requirements of the Department of Health regarding risk management and business continuity management system.

1.2.3 To provide a framework for developing an institutional risk management and business continuity system within healthcare facilities, establishing related objectives.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Business Continuity	The capacity of an organization to continue the delivery of products and services within acceptable time frames at predefined capacity during a disruption.
2.2	Business Continuity Management System (BCMS)	A structured framework that defines the policies, procedures, and resources required to ensure the continuity of essential functions during disruptions
2.3	Business Impact Analysis (BIA)	A systematic process to determine and evaluate the potential effects of an interruption to critical business operations as a result of a disaster, accident, or emergency.
2.4	Continual Improvement	A recurring activity to enhance the performance of the BCMS or ERM framework based on results of monitoring, audits, and lessons learned.
2.5	Control Measure	An action, device, or procedure that reduces the likelihood or impact of a risk event.
2.6	Control(s)	Measure that maintains and/or modifies risk.
2.7	Department of Health (DoH)	The regulative body of the Healthcare Sector in the Emirate of Abu Dhabi, Established based on law No. (10) of 2018
2.8	Disruptions	Events or conditions that interrupt, degrade, or significantly impact normal operations, services, or critical functions, whether caused by internal failures, external incidents, emergencies, or unexpected changes.
2.9	Enterprise Risk Management (ERM)	• Coordinated activities to direct and control an organization regarding risk. • The systematic application of management policies, procedures, and practices to identify, analyse, assess, treat, and monitor risk.
2.10	Exercise	An activity designed to test, assess, and validate elements of a business continuity or emergency response plan.
2.11	Healthcare Facilities (HCFs)	Healthcare Facilities licensed by Department of Health (DOH) Abu Dhabi.

2.12	Healthcare Supporting / Enabling Services	Entities providing non-clinical yet critical services (e.g., laboratories, logistics, maintenance, IT, and supply chain) that directly support healthcare delivery and emergency operations.
2.13	Incident	An event that has caused or has the potential to cause disruption to operations, services, or reputation.
2.14	Maximum Tolerable Downtime (MTD)	The total time a critical activity can be disrupted before the impact becomes unacceptable.
2.15	Recovery Point Objective (RPO)	The maximum acceptable amount of data loss measured in time before the disruption occurred.
2.16	Recovery Time Objective (RTO)	The targeted duration of time and service level within which a business process or system must be restored after a disruption.
2.17	Resilience	The ability of an organization to absorb and adapt in a changing environment to deliver its objectives and maintain continuity.
2.18	Risk	Level of uncertainty/Effect of uncertainty on objectives.
2.19	Risk Criteria	The terms of reference against which the significance of a risk is evaluated (e.g., likelihood, impact, thresholds).
2.20	Risk Owner	A person or entity with the accountability and authority to manage a particular risk and ensure that appropriate controls are implemented.
2.21	Risk Register	A centralized record that lists identified risks, their analysis, evaluation, treatment plans, and monitoring status.

3. Policy Content

In alignment with its regulatory and legislative mandates, and in fulfillment of its responsibility to enhance the resilience of the healthcare sector, the Department of Health – Abu Dhabi(DoH) hereby issues this policy as a comprehensive reference framework for the development and implementation of an Enterprise Risk Management and Business Continuity System across all healthcare facilities within the Emirate of Abu Dhabi., and to strengthen their preparedness and ability to respond to emergencies and crisis effectively.

This policy underscores the commitment of the DoH and all healthcare facilities in the Emirate of Abu Dhabi to ensuring the uninterrupted provision of essential and critical health services under all circumstances.

The Department of Health emphasizes that compliance with this policy is mandatory for all healthcare facilities. Any facility found to be in violation of these requirements shall be subject to strict regulatory oversight and enforcement measures, which may include temporary suspension of operations, the imposition of administrative penalties, or any other corrective actions deemed necessary by the Department to ensure the protection of public health and the integrity of the healthcare system in the Emirate of Abu Dhabi.

All licensed healthcare facilities operating within the Emirate of Abu Dhabi are required to fully adhere to the provisions outlined in this document, and to adopt and implement the measures, procedures, and plans necessary for establishing and operating a Risk Management and Business Continuity Management System across their associated utilities, in accordance with the approved standards. Specifically, all healthcare facilities shall adhere to the following:

3.1   Business Continuity Management (BCM) Requirements
3.1.1   All licensed healthcare facilities, ambulance service providers, and healthcare supporting/enabling services shall establish, implement, and maintain a Business Continuity Management System (BCMS) aligned with the ISO 22301:2019 Standard, the Abu Dhabi Business Continuity Standard for Healthcare, and the National Standard for Business Continuity Management System (AE/SCNS/NCEMA 7000:2021).
3.1.2   The following are the minimum requirements that all entities must fulfil to ensure full alignment and compliance:

3.1.2.1   Leadership and Governance
3.1.2.1.1 Appoint a Business Continuity Coordinator or team responsible for establishing,

implementing, and maintaining the BCMS.

    3.1.2.1.2   Endorse a formal Business Continuity Policy approved by top management, demonstrating organizational commitment.

    3.1.2.1.3   Integrate BCMS objectives into strategic, operational, and clinical plans across all departments and supporting entities.

    3.1.2.1.4   Ensure availability of sufficient financial, technical, and human resources to sustain continuity arrangements.

3.1.2.2 Business Impact Analysis (BIA)

    3.1.2.2.1   Identify and classify critical and essential functions, including clinical, administrative, ambulance, and healthcare support services, that must continue during disruptions.

    3.1.2.2.2   Define Maximum Tolerable Downtime (MTD), Recovery Time Objectives (RTO), and Recovery Point Objectives (RPO) for each critical function.

    3.1.2.2.3   Conduct and update the BIA at least annually or after any significant operational change, in accordance with the Abu Dhabi BCM Standard.

3.1.2.3 Continuity Strategy and Planning

    3.1.2.3.1   Develop and maintain Business Continuity Plans (BCPs) that cover all vital departments, IT systems, medical and logistics operations, and coordination mechanisms for ambulance and enabling services.

    3.1.2.3.2   Ensure BCPs address response, recovery, communication, and resource allocation across the organization and its partners.

    3.1.2.3.3   Utilize official DoH BCM templates and reporting formats to ensure standardization and comparability.

    3.1.2.3.4   Review, test, and update all plans at least once per year or following activation.

3.1.2.4 Training and Awareness

    3.1.2.4.1   Provide ongoing training for medical, administrative, technical, and ambulance personnel, covering response procedures, evacuation plans, and alternate site operations.

    3.1.2.4.2   Promote a resilience and preparedness culture, emphasizing that business continuity is a shared responsibility.

3.1.2.5 Testing and Exercising

    3.1.2.5.1   Conduct simulation exercises (tabletop, functional, and full-scale) at least annually, in line with NCEMA 7000 and the Abu Dhabi BCM Standard.

    3.1.2.5.2   Record lessons learned, identify improvement areas, and implement corrective actions.

3.1.2.6 Technology and Infrastructure Readiness

    3.1.2.6.1   Maintain redundancy and protection for critical systems and infrastructure, including ambulance dispatch platforms, electronic medical records, and communication networks.

    3.1.2.6.2   Ensure backup systems and data recovery mechanisms are regularly tested and documented.

    3.1.2.6.3

3.1.2.7 Coordination and Communication

    3.1.2.7.1   Establish robust communication and escalation protocols among healthcare facilities, ambulance providers, and supporting services.

    3.1.2.7.2   Coordinate with the Department of Health (DoH), Abu Dhabi Civil Defense, ADCMC, and NCEMA to ensure unified preparedness and incident response.

    3.1.2.7.3   Report immediately to the DoH BCM Team any incident or disruption affecting critical healthcare or ambulance operations.

3.1.2.8 Continuous Improvement and Reporting

    3.1.2.8.1   Evaluate BCMS effectiveness through audits, management reviews, and performance assessments.

    3.1.2.8.2   Submit updated BIA, BCPs, Risk Registers, and Exercise Reports to the Department of Health annually or upon request.

    3.1.2.8.3   Continuously enhance the BCMS in alignment with ISO 22301, the Abu Dhabi BCM Standard, and NCEMA 7000 frameworks.

3.2 Risk Assessment and Management Requirements

3.2.1   All licensed healthcare facilities, ambulance service providers, and healthcare supporting/enabling services shall

establish and maintain an Enterprise Risk Management (ERM) Framework aligned with ISO 31000:2018 (Risk Management — Guidelines), ISO 31073:2022 (Risk Vocabulary), and the Department of Health's governance and compliance framework.

3.2.2   The following are the minimum requirements to ensure a consistent and effective risk management process across the Abu Dhabi health sector:

3.2.2.1   Risk Identification

3.2.2.1.1   Identify internal and external risks that could impact clinical, operational, financial, reputational, or technological objectives.

3.2.2.1.2   Include risks related to patient safety, data security, supply chain continuity, ambulance operations, and support services.

3.2.2.1.3   Maintain a comprehensive Risk Register documenting all identified risks, their sources, and potential consequences.

3.2.2.2   Risk Analysis and Evaluation

3.2.2.2.1   Analyse each risk using qualitative and/or quantitative methods to assess likelihood and potential impact.

3.2.2.2.2   Evaluate risks against defined risk criteria, appetite, and tolerance levels as approved by senior management.

3.2.2.2.3   Prioritize risks based on their significance to patient safety, service continuity, and regulatory compliance.

3.2.2.3   Risk Treatment and Mitigation

3.2.2.3.1   Determine and implement appropriate strategies to avoid, reduce, transfer, or accept risks.

3.2.2.3.2   Define clear mitigation actions, control measures, and responsible owners for each identified risk.

3.2.2.3.3   Integrate mitigation actions into business continuity and emergency response plans to ensure alignment across systems.

3.2.2.4   Monitoring, Review, and Reporting

3.2.2.4.1   Review and update the Risk Register periodically—at least annually or following any significant event, audit, or change.

3.2.2.4.2   Monitor the effectiveness of controls and treatments through performance indicators, audits, and management reviews.

3.2.2.4.3   Submit risk assessment documentation and updates to the Department of Health (DoH) as required on Quartey bases.

3.2.2.5   Communication and Consultation

3.2.2.5.1   Engage all relevant stakeholders, including clinical, operational, ambulance, and support service teams, during risk assessment and decision-making processes.

3.2.2.5.2   Ensure transparent communication of key risks, mitigation progress, and lessons learned.

3.2.2.5.3   Promote a risk-aware culture that supports proactive identification and management of emerging risks.

3.2.2.6   Minimum ISO 31000 Requirements

3.2.2.6.1   All entities must demonstrate the following minimum components, as per ISO 31000:2018:

3.2.2.6.2   A documented Risk Management Policy establishing context, scope, and objectives.

3.2.2.6.3   Defined roles, responsibilities, and accountabilities for risk owners and coordinators.

3.2.2.6.4   Integration of the risk process into decision-making, performance management, and business continuity systems.

3.2.2.6.5   Established risk criteria and consistent evaluation methodology across departments.

3.2.2.6.6   Documented processes for recording, reporting, and retaining risk-related information.

3.2.2.6.7   Regular review and continual improvement of the ERM framework based on performance and incident learnings.

4. Policy Roles and Responsibilities

Stakeholder name	Stakeholder Key Role
licensed healthcare facilities, ambulance service providers, and healthcare supporting/enabling services	Implement the policy.
	Issue and approve plans.
	Allocate necessary resources.
	Establish and maintain Risk / Business Continuity / Emergency team(s) formation
Operations / BC coordinators / Risk Departments or Teams	Develop and update emergencies, crisis and Business Continuity plans, monitor implementation.
	Execute procedures, document actions, actively participate.
	Performance monitoring
All Employees	Comply with procedures and participate in relevant meetings / training / drills / audits.
Department of Health	Provide guidance and monitor compliance and performance evaluation.

5. Policy Scope of Implementation

5.1 This policy applies to all healthcare providers, including hospitals, ambulance service providers, clinics, centers, diagnostic centers (labs), Cord Blood stem cell storage center, rehabilitation centers and drug stores, pre-hospital care, enabling services and all other healthcare dependencies within the Emirate of Abu Dhabi, including:

    5.1.1 Hospitals, divided as General, specialized, rehabilitation and diagnostic centers.

    5.1.2 Outpatient care facilities (General Medicine Clinic, General Dental Clinic, Specialty Clinic, Specialty Dental Clinic, School Clinic, Medical Centre)

    5.1.3 External Health care facilities (Same Day Surgery center, Fertility Clinic, Dialysis Clinic, Sleep Disorder Diagnostic and Treatment Centre)

    5.1.4 Outpatient Care Facilities (Remote Patient Monitoring Centre, Oncology Centre, Gastrointestinal Endoscopy Centre, Psychotherapy Centre)

    5.1.5 Medical Diagnostic Centers (Medical Imaging Centers, Medical Analysis Laboratories)

    5.1.6 Specialist Units (First Aid Unit, Umbilical Cord and Stem Cell Blood Storage Centre, Mobile Medical Unit, Health and Ambulance Services Centre, Home Care Centre)

    5.1.7 Traditional, complementary and alternative medicine center's (Chinese Acupuncture Centre, Ayurveda Centre, Chiropractic Centre, Osteopathy Centre, Cupping Centre, Naturopathy Centre, Homoeopathy Centre, Traditional Chinese Medicine Centre, Traditional Korean Medicine Centre, Traditional Greek Medicine Centre)

    5.1.8 Ancillary Health Service Centers (Physiotherapy Centre, Occupational Therapy Centre, Speech and Communication Therapy Centre, Audiology Centre, Orthotics and Prosthetics Centers, Dental Lab, Optical Centre, Psychology Centre, Diet and Weight Control Centre, Foot Treatment Centre)

    5.1.9 Long-term Health Care Homes (Nursing Home, Palliative Care Home, Assisted Living Home).

6. Exempted from Policy Scope

This policy applies to all departments and units within healthcare facilities, as well as pre-hospital and ambulance service providers. It covers both clinical and non-clinical functions, and no areas are exempted from the scope of business continuity management and risk management

7. Enforcement and Compliance (Consequences/sanction of not applying policy by related stakeholder)

DoH may impose sanctions in relation to any breach of requirements under this standard in accordance with the disciplinary regulation of the Healthcare sector.

8. Monitoring and Evaluation (Key success factors)

The policy shall be reviewed by the Department of Health on an annual basis, or in response to significant operational or regulatory changes, or as deemed necessary, to ensure its continued relevance in addressing emerging challenges and threats.

5.Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
01	2025	Abu Dhabi BCM Standard for Healthcare	https://www.doh.gov.ae/en/resources/standards
01	2025	Business Continuity Management System for the healthcare sector of Abu Dhabi Emirate Circular No. (40/2025)	https://www.doh.gov.ae/en/resources/Circulars
02	2022	Risk management — Vocabulary ISO 31073	https://www.iso.org/standard/79637.html
03	2021	The National Standard for Business Continuity Management System AE/SCNS/NCEMA 7000	https://www.ncema.gov.ae/vassets/48c1c32a/Publication-en.pdf.aspx
04	2019	Business continuity management systems Standard — Requirements ISO 22301	https://www.iso.org/standard/75106.html
05	2018	Risk management Standard — Guidelines ISO 31000	https://www.iso.org/standard/65694.html