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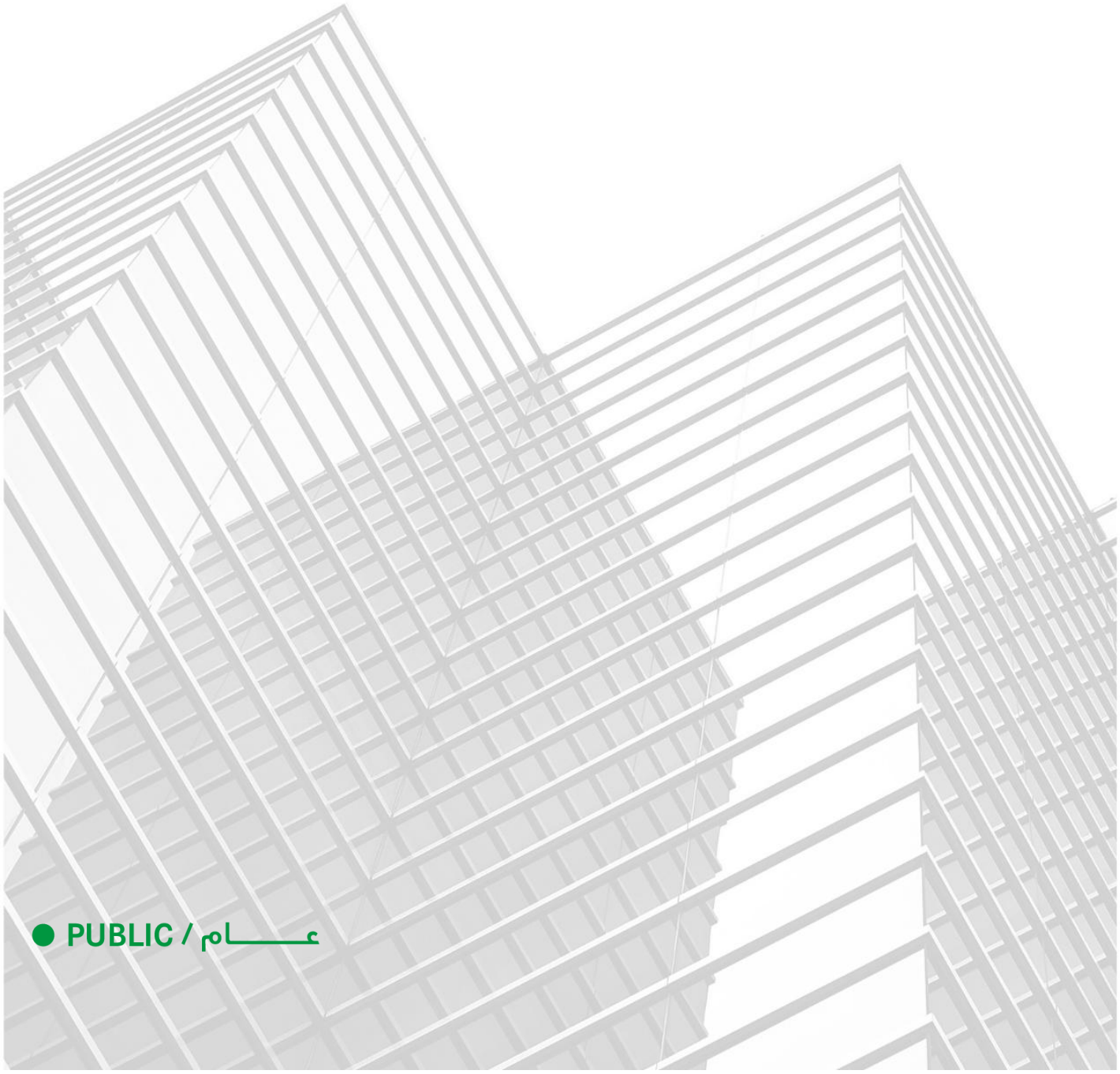
DEPARTMENT OF HEALTH

Emergency Management Standard for Hospitals



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1.Standard Scope

1.1 The Emergency Management Standard for Hospitals applies to all hospitals licensed by the Department of Health – Abu Dhabi. It defines the minimum requirements for developing, implementing, and maintaining an emergency management program that ensures the continuity of critical operations, coordinates emergency response, and protects patients, staff, visitors, and essential functions during emergencies and disasters.

1.2 The Standard applies across all hospital departments and services and must be fully integrated within the hospital's strategic and operational frameworks. It provides a framework for hospitals to prepare for, respond to, and recover from a broad spectrum of hazards, including natural disasters, infectious disease outbreaks, technological incidents, mass casualty events, and hazardous material exposures.

1.3 The Standard addresses the following core components: governance and program structure; staff roles and the Incident Command System; risk management; the Emergency Operations Plan, including the color code system; surge planning and continuity of operations; communication systems; infection prevention and control; education, training, and exercises; program review and continuous improvement; and record management. Collectively, these components aim to strengthen hospital resilience, enhance operational readiness, and protect public health during a crisis.

1.4 This document shall be read in alignment with the DoH regulations.[1,2,3,4]

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Activation	The process of mobilizing a response team or setting in motion an Emergency Operations Plan, process, or procedure for an exercise or an actual incident. An activation may be partial, depending on the components of the EOP being activated or the level of commitment required from the notified entity, or full, involving activation of the entire EOP.
2.2	Activation Criteria	The predefined conditions, thresholds, or triggers, such as specific risk indicators, incident characteristics, or operational impacts, that determine when an emergency response plan, protocol, or team shallbe partially or fully activated. Activation criteria guide decision-makers in initiating an appropriate level of response based on the severity, scope, and potential consequences of an incident or threat.
2.3	After-Action Report (AAR)	A formal record that summarizes the response to an incident or exercise, highlighting observations and findings about how the system performed.
2.4	After-Action Review (AAR Process)	A structured analysis conducted after an incident or exercise to objectively evaluate system performance, identifying both strengths and areas for improvement. A robust AAR process results in "lessons learned" and informs tangible enhancements to policies, procedures, roles, equipment, training, and staffing to support long-term organizational learning and preparedness.
2.5	Annex, EOP	A supplemental section of the Emergency Operations Plan that outlines specific response strategies or operational details related to core functions or particular hazard scenarios. Annexes may be functional or hazard-/incident-specific.
2.6	Annex, Functional	A functional annex is a component of the Emergency Operations Plan (EOP) that outlines specific procedures and responsibilities for performing critical operational functions during an emergency, such as communications, resource management, staffing, safety, utilities, security, and patient care. Functional annexes apply across multiple hazard types.
2.7	Annex, Hazard-Specific	A hazard-specific annex is a component of the Emergency Operations Plan (EOP) that outlines strategies and operational procedures for responding to a

		specific hazard or scenario (i.e., emergency color codes). Also known as an Incident-Specific Annex.
2.8	Area Command	A strategic command structure established to oversee and coordinate multiple incident command operations within a defined geographic or functional area, ensuring unified objectives, resource allocation, and information flow across all involved facilities or response teams.
2.9	Base Plan	The foundational section of an Emergency Operations Plan (EOP) that outlines the organization's emergency response framework: its purpose, scope, structure, key responsibilities, and operational approach. It includes direction and control, planning, communication, logistics, and coordination with external entities.
2.10	Business Continuity Management (BCM) Plan	A formally documented plan that describes how an organization will sustain its essential functions and continue providing critical services during and after a wide range of emergencies.
2.11	Care Bundle	Structured sets of evidence-based clinical practices that, when performed collectively and reliably, improve patient outcomes and reduce the risk of complications. In the context of emergency and infection prevention programs, care bundles are used to standardize high-risk procedures and ensure consistent application of critical interventions.
2.12	Chain of Command	A clear, hierarchical structure that defines authority and reporting relationships during emergency response, ensuring coordinated decision-making and accountability.
2.13	Code Amber	Any suspected missing infant or child from a secure area (e.g., maternity, pediatrics), including both confirmed/suspected abductions and non-abduction scenarios like wandering or unauthorized removal. Immediate lockdown and search protocols apply.
2.14	Code Black	A verbal, written, or otherwise reported threat of an explosive device within or near the facility, or discovery of a suspicious package requiring security and law enforcement response.
2.15	Code Blue	A life-threatening event requiring immediate resuscitation, such as confirmed or suspected cardiac or respiratory arrest, in an adult patient.
2.16	Code Brown	Exposure or release of hazardous substances (chemical, radiological, or nuclear) that pose immediate risk to health and safety, whether due to external accidents (e.g., tanker spill) or internal events (e.g., equipment failure, contamination in labs). Biological agents are excluded.
2.17	Code Gold	Disruption of critical physical systems that support safe hospital operations, including electricity, water supply, HVAC, medical gases, and elevators, and can be partial (e.g., localized outage) or total failure.
2.18	Code Green	The relocation of patients, staff, and visitors from part or all of the facility due to internal or external threats (e.g., fire, flooding, gas leak, structural damage). It includes both partial and full evacuations.
2.19	Code Grey	Adverse natural events that disrupt operations or endanger occupants, such as dust storms, flooding, earthquakes, extreme heat, or sandstorms.
2.20	Code Indigo	An event characterized by regional or global spread of infectious disease (e.g., influenza pandemic, COVID-19), or a high-consequence infectious disease exposure within the facility, accidental lab exposure, or (suspected) incidents involving biological agents.
2.21	Code Orange	A sudden influx of physically injured patients that overwhelms normal hospital capacity. This does not apply to infectious disease surges.

2.22	Code Pink	A life-threatening event involving a newborn or pediatric patient that requires an immediate resuscitative or specialized response from neonatal/pediatric care teams.
2.23	Code Purple	A critical medical condition involving a pregnant or postpartum patient requiring urgent obstetric intervention, such as severe hemorrhage, eclampsia, or cardiac arrest during delivery.
2.24	Code Red	Any confirmed or suspected fire or visible smoke within the facility, regardless of fire alarm activation. Immediate fire response and potential evacuation protocols apply.
2.25	Code Silver	Presence of an armed individual or active firearm discharge within or near the facility.
2.26	Code Steel	Disruption of electronic systems essential to healthcare delivery, including EMR, laboratory and imaging systems, internal networks, tele-communications, and cybersecurity attacks (e.g., ransomware, data breach).
2.27	Code White	An unarmed person exhibiting physically or verbally aggressive behavior that poses a threat to staff, patients, or visitors.
2.28	Code Yellow	Any adult patient found to be missing or who has left the facility without following formal discharge procedures or safety protocols, including incidents where the patient is considered at risk due to cognitive impairment (e.g., dementia), altered mental status (e.g., post-anesthesia), psychiatric instability, suicide risk, or custodial status.
2.29	Common Terminology	Standardized language used across all responders and agencies to promote clarity, reduce confusion, and ensure effective communication during emergencies.
2.30	Communication Plan	The hospital's written framework for ensuring timely, reliable, and coordinated information exchange during emergencies. It defines the structure, roles, procedures, and communication modes necessary to support internal coordination, patient and family communication, and external engagement with authorities, healthcare partners, and the Unified Medical Operations Center (UMOC). The plan also includes protocols to ensure redundancy, protect privacy, and accommodate the functional and access needs of all stakeholders.
2.31	Complex, Large-Scale, or Long-Duration (CLL) Emergency	Event that overwhelms routine hospital response capabilities due to its extended duration, broad operational impact, or coordination demands, typically characterized by sustained HICS activation beyond 48 hours, disruption across multiple departments or facilities, interruption of essential services beyond standard escalation procedures, or the involvement of multiple external agencies or sectors.
2.32	Corrective Action Plan (CAP)	A structured plan developed in response to After-Action Reviews (AARs) that identifies specific issues, assigns responsibilities, sets timelines, and tracks progress to address gaps and improve emergency preparedness and response.
2.33	Crisis Standards of Care	A shift from conventional clinical practices to ethically grounded, resource-constrained care strategies used during extreme emergencies, when the demand for healthcare services exceeds available capacity, aiming to save the most lives and protect public health.
2.34	Cross-Representation	The intentional assignment of members or liaisons between the Emergency Management Committee and other hospital governance bodies to ensure mutual awareness, coordination, and integration of emergency-related decisions across institutional structures.
2.35	Delegation of Authority	A formal process that designates alternate individuals to assume key roles or decision-making responsibilities during an emergency when primary personnel are unavailable, ensuring continuity of leadership and operations.

2.36	Drill	A supervised activity designed to develop and assess specific skills or a series of related skills. It is the most basic form of practical exercise (e.g., a fire drill to test evacuation procedures, or a decontamination drill to test setup and operation of a decontamination area).
2.37	Emergency color Codes	A standardized system of color-coded alerts used to quickly and discreetly communicate specific types of emergency events within healthcare facilities. Each color corresponds to a distinct incident type (e.g., fire, evacuation, active shooter) and triggers predefined response actions.
2.38	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. (DoH Policy on Healthcare Emergency Disaster Management, 2017)
2.39	Emergency Management Committee (EMC)	A multidisciplinary governance body responsible for overseeing the facility's emergency management program. The EMC provides strategic direction, approves plans and policies, and ensures alignment with regulatory standards and identified risks.
2.40	Emergency Management Program (EMP)	The organization, planning, and application of measures that implements and sustains the mission, vision, and strategic emergency management goals and objectives of the healthcare provider. It utilizes a structured approach to emergency management that comprises a range of measures across prevention and mitigation; preparedness; response; and recovery.
2.41	Emergency Operations Plan (EOP)	A formal, all-hazards document that specifies the actions to be taken, the authorities and relationships involved, and the assignment of roles and responsibilities to effectively manage emergencies. It is structured to be facility-wide and typically consists of a base plan outlining general strategy, functional annexes for specific tasks, and hazard-specific protocols for likely incidents.
2.42	Emergency Preparedness and Response Sector (EPAR)	A sector within the Abu Dhabi Public Health Center (ADPHC) responsible for health emergency management across the Emirate of Abu Dhabi.
2.43	Escalation	the deliberate increase in response level, resource deployment, or command system activation in response to a worsening emergency, based on predefined triggers, tiered protocols, or operational needs that exceed routine management capacity.
2.44	Essential Functions	The hospital's critical activities, services, and systems that must be preserved and maintained before, during, and after emergencies to ensure continuity of operations and delivery of safe, effective, and equitable patient care. These include core clinical services, command and communication systems, leadership roles, medical record access, IT infrastructure, and other vital capabilities identified in the Emergency Management Program and Continuity of Operations (COOP) plan.
2.45	Essential Personnel	Individuals designated by the hospital as critical to sustaining operations and managing emergencies. These include clinical, administrative, and support staff whose roles are necessary to protect life, maintain essential functions, and ensure continuity of care during emergencies. Their responsibilities may be pre-defined in emergency protocols, and their availability is prioritized during community-wide disasters, with activation criteria, reporting procedures, and support systems outlined in the hospital's Emergency Management Program.
2.46	Executive Support	The formal commitment, endorsement, and active involvement of a hospital's senior leadership in the development, implementation, and resourcing of the Emergency Management Program (EMP). It includes enabling governance structures, allocating necessary resources, endorsing emergency policies and plans, and ensuring that emergency management priorities are integrated into organizational decision-making and operations.
2.47	Exercise	An event or activity designed to practice, test, and evaluate a system's capability and capacity to meet functional objectives and demonstrate

		competencies for relevant response and recovery roles. Types of exercises include drills, tabletop exercises, functional exercises, and full-scale exercises.
2.48	Exercise, Full-Scale (FSE)	A comprehensive, operations-based exercise that engages most or all functional components of the Emergency Operations Plan. FSEs are designed to test the full range of response capabilities in a high-stress environment that closely mirrors a real incident. It can be used to improve policies, procedures, and coordination across all responding functions.
2.49	Exercise, Functional (FE)	An operations-based exercise (i.e., simulation) designed to test or evaluate the performance of specific roles, tasks, or processes within a functional area of the Emergency Operations Plan. FEs are conducted in a realistic, real-time environment under moderate stress.
2.50	Exercise, Tabletop (TTX)	A scenario-based discussion conducted in a low-stress setting where team members discuss their roles, decisions, and responses to an emergency scenario. TTX is used to identify strengths and weaknesses in the plan and participants are guided through the scenario by a facilitator.
2.51	HICS Profile	A formal, hospital-specific document that outlines the structure, roles, and responsibilities of the Hospital Incident Command System (HICS), including an organizational chart and adapted Job Action Sheets for all command and general staff positions, maintained and reviewed at least annually.
2.52	HICS Toolkit Repository	A centralized collection of digital and hard-copy documents essential for operating the Hospital Incident Command System (HICS), including Incident Action Plans, section chief logs, resource tracking sheets, and decision logs, maintained to ensure operational continuity during emergencies.
2.53	High-Consequence Infectious Diseases and Agents	Infectious diseases or pathogens that pose a significant public health threat due to their severity, transmissibility, or lack of effective treatment or prophylaxis, and that require specialized infection prevention, clinical management, and emergency preparedness measures.
2.54	Hospital Command Center	The designated physical or virtual location from which incident response operations are directed, coordinated, and documented. The HCC activates during emergencies to support communication, resource management, and strategic decision-making.
2.55	Hospital Incident Command System (HICS)	A standardized management framework adapted from ICS (Incident Command System), tailored to the hospital environment. HICS defines clear roles, reporting lines, and decision-making structures to coordinate response efforts during emergencies.
2.56	Hospital Incident Management Team (HIMT)	A designated group of hospital personnel organized under the Hospital Incident Command System (HICS) to manage and coordinate the hospital's response during emergency activations.
2.57	Hospital Liaison Officers (HLOs)	Trained and experienced personnel who represent the hospital in communications and coordination with external partners and the Unified Medical Operations Command Center.
2.58	In-Action Review	A structured evaluation conducted during a prolonged emergency to assess current response performance, identify emerging issues, and guide real-time adjustments, as directed by the Emergency Preparedness and Response Sector (EPAR).
2.59	Incident Action Plan (IAP)	A verbal or written document outlining the broad objectives and overall strategy for handling an incident. It may detail assigned resources and tasks and often includes additional materials that guide operations and provide essential information for managing the incident over one or more operational periods.
2.60	Incident Command System (ICS)	A standardized, scalable management structure used to coordinate emergency response operations through defined roles, clear chains of command, and

		common terminology, enabling effective control of personnel, resources, and communication across all phases of an incident.
2.61	Incident Commander	The person with overall authority and responsibility for managing all aspects of an incident, including setting strategies and tactics, overseeing operations, and controlling the deployment and release of resources. The IC directs all incident activities at the scene and ensures coordination and execution of the response.
2.62	Infection Prevention and Control (IPC) Program	A coordinated set of policies, procedures, and practices designed to prevent the spread of infections within healthcare settings, protect patients and healthcare workers, and ensure safe clinical environments. It includes surveillance, hygiene standards, isolation protocols, use of personal protective equipment (PPE), antimicrobial stewardship, and staff training.
2.63	Job Action Sheet (JAS)	A role-specific, action-oriented document that outlines key responsibilities, tasks, reporting relationships, and operational objectives for personnel assigned to positions within the Hospital Incident Command System (HICS) during an emergency.
2.64	Medical Volunteering Framework	A structured system maintained by the Emergency Preparedness and Response Sector (EPAR) that enables the rapid onboarding, credentialing, and deployment of qualified medical volunteers to support hospitals during emergencies and surge conditions.
2.65	Mitigation	The phase of emergency management focused on reducing or eliminating the likelihood or impact of disasters before they occur.
2.66	Modular and Scalable	An adaptable command structure that can expand or contract by activating, combining, or reassigning roles and functions based on the size, complexity, and evolving needs of an emergency.
2.67	Operational Readiness	The state of being fully prepared to activate and sustain emergency response operations at any time, supported by trained personnel, functional systems, accessible resources, and maintained infrastructure.
2.68	People of Determination (POD)	Individuals who need assistance because of a disability that limits their intellectual and/or physical abilities. (ADPHC)
2.69	Plain Language	Communication that is clear and easily understood by its intended audience, effectively serving the communicator's purpose. Plain language aims to reduce or avoid the use of codes and acronyms, when appropriate, especially during multi-agency incident responses.
2.70	Preparedness	A continuous process aimed at strengthening an organization's ability to respond to and recover from emergencies and disasters. It involves building resilience and operational capacity through pre-incident activities such as planning, training, equipping, organizing, exercising, and evaluating.
2.71	Prevention	Actions taken to stop an incident from occurring or to reduce the likelihood of its occurrence.
2.72	Psychosocial and Mental Health Support	A set of services and interventions aimed at promoting the emotional, psychological, and social well-being of staff during and after emergencies, including stress management, counselling, peer support, and access to professional mental health care.
2.73	Risk Assessment	The overall process of risk identification, risk analysis and risk evaluation.
2.74	Risk Management	Coordinated activities to direct and control an organization with regard to risk. (ISO 31000:2018)
2.75	Recovery	The phase of emergency management focused on restoring normal or improved conditions following an incident.

2.76	Redundancy	Backup or substitute systems, components, assets, or procedures put in place to preserve functionality if another system, component, asset, or process fails or becomes unavailable.
2.77	Response	The phase of emergency management that involves the immediate actions taken to protect life, stabilize the situation, and minimize the impact of an emergency or disaster.
2.78	Stockpiling	The planned accumulation and maintenance of essential supplies, such as medications, personal protective equipment (PPE), and critical consumables, in sufficient quantities to support sustained hospital operations during emergencies or supply chain disruptions.
2.79	Medical-Technical Specialists (MTS)	An individual with specialized knowledge and expertise in a specific clinical, technical, or operational area who is appointed to provide subject-specific guidance and support to the Hospital Incident Management Team during an emergency response or recovery.
2.80	Surge Capacity	The capability to assess and manage a sudden and significant increase in patient volume that strains or surpasses the facility's normal operational limits. This capacity includes direct patient care and additional functions such as large-scale laboratory testing or epidemiological investigations.
2.81	Tiered Response	A scalable activation scheme where the level of response is proportional to the severity and scope of an incident, as defined by pre-set triggers.
2.82	Triage	An organized process for sorting patients based on the urgency of their medical needs and the resources available. It follows a set of clear rules (called a triage algorithm) to decide who gets care first, aiming to save the most lives or achieve the best possible outcome.
2.83	Unified Medical Operations Command Center (UMOC)	The DoH command center that coordinates the health sector's emergency response across the Emirate of Abu Dhabi.

3.Standard Requirements and Specifications

3.1 The Emergency Management Program:

3.1.1 DoH-licensed hospitals must establish, implement, and maintain an Emergency Management Program (EMP).

3.1.2 The EMP is the organization, planning, and application of measures that implement and sustain a healthcare provider's mission, vision, and strategic goals and objectives for emergency management.

3.1.3 The EMP must employ a structured approach that encompasses a range of measures across prevention and mitigation; preparedness; response; and recovery.

3.1.4 The EMP must be specific to the hospital and reflect its unique risks, resources, operational structure, and community context.

3.1.5 The EMP must apply across all departments, units, and services of licensed hospitals.

3.1.6 The EMP shall include the set of plans, procedures, processes, organizational structures, and resources set to protect people, property, and essential functions of the hospital before, during, and after emergencies.

3.2 Planning and Risk Assessment:

3.2.1 The EMP shall be supported by a structured planning process that defines strategies, establishes plans, and develops the capabilities required for effective implementation.

3.2.2 Strategic planning shall provide direction for the EMP by setting the organization's vision, mission, and overarching goals.

3.2.3 Emergency management planning shall address events or scenarios that may significantly disrupt the entity's operations, services, or public confidence. The hospital shall involve key stakeholders in the planning process.

3.2.4 The hospital shall maintain and incorporate an all-hazards risk management process into their EMP, in accordance with ISO 31000:2018[5].

3.2.5 The risk assessment shall be conducted at least annually and updated as needed based on changes that may challenge the existing EMP.

3.2.6 The all-hazard risk assessment shall be informed by facility management and safety risks identified through routine monitoring, incident reporting, environmental assessments, and other relevant data sources across the organization. The risk assessment shall be used to:

3.2.6.1 Identify, prioritize, and evaluate potential hazards and system vulnerabilities that may affect patient, staff, visitor, operational, or infrastructure safety.

3.2.6.2 Establish risk-reduction priorities and define specific goals for improvement.

3.2.6.3 Guide the implementation of corrective actions across programs, procedures, protocols, training, contingency planning, and resource allocation.

3.2.7 The hospital shall evaluate hazard types relevant to healthcare operations, as outlined in Appendix 1.

3.2.8 The hospital shall monitor the effectiveness of implemented interventions and use the findings to continuously update relevant areas. The hospital's risk assessment shall guide planning priorities and may inform components such as those listed in Appendix 2.

3.2.9 An annual summary report of risk management activities and processes shall be submitted to hospital leadership and the governing body for review and action as appropriate.

3.2.10 The hospital shall maintain records demonstrating compliance with planning and risk assessment requirements.

3.3 Governance, Roles, and Responsibilities:

3.3.1 Effective emergency management (EM) requires strong leadership and a clear governance structure to plan for and respond to various emergencies and crises. The hospital's EMP must clearly define and assign the specific roles and responsibilities of all personnel before, during, and after an emergency.

3.3.2 Hospital leadership shall ensure that the EMP is adequately resourced and operationally supported to achieve its objectives and function effectively across all phases of the emergency cycle. Section 4.1.2 of *the Policy on Healthcare Emergency & Disaster Management for the Emirate of Abu Dhabi*[6] requires that: "All DoH licensed hospitals shall ensure that internal executive support and commitment to emergency and disaster management priorities is achieved within their organizations."

3.3.3 Healthcare providers shall retain overall accountability for the EMP (see Section 5.1.2. of *the Policy*[6]) The program is led strategically by the Emergency Management Committee and operationally by a designated Emergency Management Coordinator.

3.4 The Emergency Management Committee:

3.4.1 All DoH-licensed hospitals shall establish an Emergency Management Committee (EM Committee) responsible for overseeing the development, implementation, and evaluation of the hospital's EMP.

3.4.2 The EM Committee is responsible for:

3.4.2.1 Setting the missions, visions, and strategic goals and objectives for the EMP.

3.4.2.2 Reviewing and formally approving the Emergency Operations Plan (EOP) and all supporting elements (see *Emergency Operations Plan*).

3.4.3 Ensuring adequate allocation of funding and resources for preparedness programs, including training, exercises, and equipment, and the coordination of risk assessment.

3.4.4 Reviewing performance reports and metrics, and overseeing the processes of *Program Evaluation and Improvement*, including reviewing after-action reports and the implementation of improvement plans.

3.4.5 Monitoring compliance with related standards from the Department of Health or other authorities.

3.4.6 The EM Committee shall meet at least quarterly and more frequently during periods of elevated risk or prolonged Hospital Incident Command System (HICS) activation.

3.4.7 The committee must maintain as evidence:

3.4.7.1 Formal Charter that states the committee's purpose, scope, authority (including deliberation, voting), composition (Defined Membership titles, roles, and terms of membership. A current list of membership with names and contact details), and reporting obligations.

3.4.7.2 Meeting Records: agendas, minutes, attendance logs, and documented decisions from past meetings. And any related documents as outputs must be documented (policies, plans, risk assessments, corrective actions, or recommendations attributed to the committee).

3.4.7.3 Evidence that the committee reviews outcomes, tracks compliance, or validates implementation of plans.

3.4.7.4 Annual committee report: Summary of activities, progress on objectives, major decisions, and challenges.

3.4.7.5 The EM Committee must be integrated with the broader governance structure, including emergency-related committees, executive leadership bodies, and operational oversight functions. Effective emergency management requires alignment across governance structures. The goal is to ensure consistent priorities and enable coordinated decision-making during both planning and response. For example, in hospitals with separate committees for infection prevention, occupational safety, and emergency management, integration may involve joint planning sessions or shared oversight of drills and corrective actions. The organization meets this standard if it does the following:

3.4.7.6 Defines the reporting line of the EM Committee within the hospital's governance structure.

3.4.7.7 Ensures cross-representation (refer to Section 2.34 *Cross-Representation*) or formal liaison between the EM Committee and other relevant governance structures.

3.4.7.8 Documents coordinated planning activities or joint meetings. Demonstrates that EM Committee decisions are reviewed or endorsed by executive leadership, where applicable.

3.4.7.9 The EMC shall include individuals with primary responsibility or expertise across the phases of emergency management: mitigation, preparedness, response, and recovery.

3.4.7.10 Membership may reflect roles within the hospital's incident command system and shall be informed by the hospital's risk profile and operational structure. The hospital's risk assessment shall inform the range of expertise required for committee membership.

3.4.7.11 Community emergency coordination requirements and medical staff leadership involvement shall be considered when forming the committee. The EM Committee shall include representation from personnel with responsibility for addressing patient needs, community representation, or health equity, to ensure that diverse perspectives are considered in emergency planning, communication, and resource allocation.

3.4.7.12 If the EM Committee is chaired by a designated Chair, the Chair shall not concurrently serve as the Incident Commander.

3.5 The Emergency Management Coordinator:

3.5.1 Each hospital must appoint a qualified individual to the role of Emergency Management Coordinator (EM Coordinator), who is responsible for the day-to-day administration and implementation of the EMP activities. These activities may include:

3.5.1.1 Facilitating operational readiness in alignment with directives from the EM Committee.

3.5.1.2 Coordinating staff education and training programs.

3.5.1.3 Planning, facilitating, and documenting participation in emergency exercises.

3.5.1.4 Monitoring and documenting the testing of emergency systems and equipment.

3.5.1.5 Managing documentation of activities and compliance requirements.

3.5.1.6 Supporting the implementation and continuous improvement of the Emergency Operations Plan.

3.5.1.7 Reporting to the EM Committee on implementation progress, barriers, and other needs.

3.5.1.8 Leading the development and submission of after-action reports following exercises or real incidents.

3.6 Staff Management:

3.6.1 A ready and capable workforce is essential to maintaining hospital operations during any emergency. The hospital shall establish and implement policies and procedures to protect the physical and psychological well-being of all personnel involved in emergency response. These policies and procedures shall include:

3.6.1.1 Provision of resources to ensure the availability and accessibility of all necessary medical supplies, pharmaceuticals, and emergency equipment required to safely manage an incident.

3.6.1.2 Providing education, training, and exercise participation to ensure personnel are prepared to perform their emergency roles, responsibilities, and related operational tasks (see Sections 3.87–3.110).

3.6.1.3 A confidential process for assigning or reassigning personnel with declared health vulnerabilities (e.g., immunocompromised or pregnant people) to minimize their exposure risk.

3.6.1.4 Timely access to psychosocial and mental health support services for staff during and after an incident.

3.6.1.5 Protocols to manage staff fatigue during sustained incidents, including protocols for shift rotations and access to designated rest areas.

3.6.1.6 A documented policy to guide staff during community-wide disasters where professional duties may conflict with personal responsibilities. This policy shall define activation criteria for essential personnel, communication protocols for reporting availability, and the support systems the hospital will offer, where feasible.

3.6.2 Timely clinical decision-making during declared emergencies is supported by the hospital's governance structure, for example through the establishment of pre-approved clinical or operational emergency protocols and standing orders that authorize designated clinical leads to initiate specific actions under defined conditions. Where such protocols and orders are established, they shall specify the clinical actions authorized for implementation by designated leadership in defined scenarios.

3.6.3 The emergency management planning process and its governing committee shall include interdisciplinary representation. The hospital shall ensure emergency plans are developed and reviewed through a collaborative process involving relevant stakeholders across the organization.

3.7 The Hospital Incident Command System:

3.7.1 Hospitals shall establish and maintain a functional Hospital Incident Command System (HICS) tailored to their service scope and risk profile. HICS shall serve as the standardized management structure for responding to all internal and external emergencies and planned events.

3.7.2 The hospital's HICS structure must adhere to the fundamental principles of the Incident Command System (ICS), including: a clear chain of command, management by objectives, use of common terminology, a modular and scalable organization, etc. The implementation of HICS shall align with, or be adapted from, the structure, roles, and procedures outlined in the Hospital Incident Command System (HICS) Guidebook[7].

3.7.3 The hospital shall develop and maintain a HICS Profile:

- 3.7.3.1 The Profile shall include an organizational chart representing the Hospital Incident Management Team (HIMT) and clearly defining the roles, responsibilities, and lines of authority for all Command and General Staff positions (see Appendix 3).
- 3.7.3.2 Each position shall be supported by a Job Action Sheet (JAS), reviewed and adapted to reflect the hospital's operational structure and staffing model. JASs must be concise and action-oriented to support rapid and effective decision-making.
- 3.7.3.3 The HICS structure must include functional sections for Operations, Planning, Logistics, and Finance/Administration. Each section may be expanded with additional units or branches, as needed.
- 3.7.3.4 The hospital shall establish procedures that define the process for HICS activation, scaling (up and down), and deactivation based on the magnitude and complexity of an incident.
- 3.7.3.5 The HICS structure must remain modular and scalable, with roles activated, combined, or reassigned based on the evolving needs of the situation and personnel availability.
- 3.7.3.6 Hospitals are encouraged to assign HICS roles in a way that reflects regular responsibilities, where feasible, to allow familiarity with expectations.

3.7.4 The hospital shall maintain a centralized HICS toolkit repository:

- 3.7.4.1 The repository must include both digital and hard-copy versions of all essential documentation to ensure continuity of operations during technology or power disruptions.
- 3.7.4.2 Essential documentation and records include, but is not limited to, Incident Briefings, Organization Assignment Lists, Incident Action Plans (IAPs), Activity Logs, Demobilization Check-Outs, etc.

3.8 The Hospital Command Center:

3.8.1 Each hospital shall pre-designate and equip a primary Hospital Command Center (HCC) to serve as the centralized location for incident command, communication, and coordination during emergency response and recovery, and at least one functionally equivalent alternate HCC.

3.8.2 The locations of both the primary and alternate HCC must be documented in the hospital's EOP. The EOP must clearly identify the positions with the authority to activate the HCC.

3.8.3 The primary and alternate HCC must be designed and located to meet the following functional requirements for accessibility, security, survivability, sustainability, and functional space:

- 3.8.3.1 Must be maintained in a state of readiness for rapid activation, 24/7.
- 3.8.3.2 Must be easily accessible to authorized personnel while positioned away from public access and critical patient care areas to minimize disruption.
- 3.8.3.3 Must provide secure, controlled access to protect staff, sensitive information, and critical equipment.
- 3.8.3.4 Must be situated in a location that mitigates risks identified in the hospital's all-hazards risk assessment and can withstand foreseeable local hazards.
- 3.8.3.5 Must be connected to critical power circuits and redundant communication systems, including backup telephone lines, secure network access, and radio systems (e.g., TETRA), as mandated by the Unified Medical Operations Center (UMOC).
- 3.8.3.6 Must provide adequate space and workstations for HICS positions, space for visual information displays (e.g., whiteboards, projection screens), and secure storage for response plans, sensitive documents, and critical equipment.

3.8.4 Formal check-in procedures must be established for all personnel assigned to the HCC. These procedures shall address accountability, documentation, and assignment of roles and responsibilities within the incident management structure.

3.8.5 The HCC shall be equipped with the necessary equipment and supplies to manage an incident effectively. This includes, for example, information management resources to support situational awareness, role recognition, and operational coordination, as well as tools that enable real-time tracking, visual command support, response plans, reference materials, and assigned role responsibilities (e.g., color-coded vests).

3.8.6 All essential tools and equipment must be readily accessible at the point of need to avoid delays during activation or response. Items required for immediate use shall not be stored in a manner that impedes rapid deployment. These shall be tested and inspected on a regular, documented schedule to ensure it is fully functional, as applicable.

3.9 Emergency Operations Plan:

3.9.1 Each hospital shall develop, maintain, and annually review a hospital-wide Emergency Operations Plan (EOP).

3.9.2 The EOP must be based on the hospital's all-hazards risk assessment and includes clearly defined strategies for preparedness, response, continuity, and recovery. It must outline a coordinated approach to both internal and external emergencies and disasters that may affect patient care, staff safety, visitors, essential services, and hospital infrastructure.

3.9.3 The EOP comprises the following components:

3.9.3.1 The Base Plan.

3.9.3.2 Functional Annexes.

3.9.3.3 Hazard- or Incident-Specific Annexes (detailed in the section *Emergency Color Codes*).

3.9.4 The hospital must clearly define the processes for activating and terminating the EOP, including designation of authority and criteria for entering and exiting response and recovery phases. The plan also includes recovery strategies to restore critical systems, resume normal operations, and address physical, operational, and psychological impacts of the event.

3.9.5 The plan must be tested annually through at least one full-scale or functional drill, or through response to an actual event. When applicable, the hospital participates in regional or national exercises. Post-event or post-drill debriefings are conducted to evaluate system performance, identify gaps, and implement corrective actions. The results of these evaluations are integrated into revisions of the EOP and related preparedness systems.

3.9.6 A summary of the hospital's emergency preparedness activities, including the effectiveness of the EOP and associated corrective actions, must be submitted annually to the EM Committee for review and further action.

3.10 EOP Component:

3.10.1 The Base Plan:

3.10.1.1 The hospital shall develop a Base Plan as the foundational component of its EOP. The Base Plan shall define the overarching purpose, scope, and objectives of the EOP; establish the authority for emergency operations; and define the hospital's Concept of Operations (CONOPS).

3.10.2 Functional Annexes:

3.10.2.1 Hospitals shall develop and maintain a set of Functional Annexes as part of their EOP. These annexes shall define the specific actions, roles, and systems required to support core operational capabilities across all types of hazards.

3.10.2.2 The Functional Annexes shall address the following six critical functions:

3.10.2.2.1 Communication: see the section titled *"Communication and Coordination"*.

3.10.2.2.2 Resources & Assets: The hospital shall outline strategies for managing medical supplies, equipment, pharmaceuticals, and logistics. This includes procedures for inventory management, resupply, resource conservation, and alternative sourcing during crisis conditions. See also: *Surge Capacity Planning*.

3.10.2.2.3 Staffing & Incident Management: Refer to the sections titled "*Surge Planning"* and *"Governance, Roles, and Responsibilities"*.

3.10.2.2.4 Safety & Security: The hospital shall implement procedures to protect patients, staff, and infrastructure. These include access control, facility lockdown, coordination with law enforcement, crowd control, and safety measures during evacuation or high-risk incidents.

3.10.2.2.5 Utilities Management: The hospital shall describe how it will maintain critical utilities such as power, water, HVAC systems, medical gases, and IT infrastructure.

3.10.2.2.6 Patient Management: The hospital shall define its approach to managing patient care during emergencies. Protocols shall address both the ongoing needs of existing patients and the management of a sudden influx of new patients. Policies and procedures shall cover triage, patient flow and tracking, continuity of clinical care, medical record management, evacuation and transfer, and mortuary and fatality management.

3.10.3 Communication and Coordination:

3.10.3.1 Effective communication is a foundational element of emergency management. It enables coordination, continuity of care, and informed decision-making across all phases of an incident. The hospital shall develop and maintain a written Communication Plan that ensures timely and reliable exchange of information during emergencies, both internally and with external partners.

3.10.3.2 The Communication Plan must support the following capabilities:

3.10.3.2.1 Internal communication among leadership, clinical teams, support services, and staff across the facility.

3.10.3.2.2 Communication with patients and their families, particularly regarding patient condition, tracking, transfers, or service disruptions.

3.10.3.2.3 External communication with the UMOC, relevant authorities, emergency medical services, other healthcare facilities, and community partners to support regional coordination.

3.10.3.3 The Communication Plan shall establish and maintain the structure, roles, and procedures for emergency communication. The plan must:

3.10.3.3.1 Define primary and alternate modes of communication to ensure redundancy in case of infrastructure failure or cybersecurity attack.

3.10.3.3.2 Identify contact information for key internal and external stakeholders, regularly updated and accessible to authorized personnel.

3.10.3.3.3 Describe protocols for the notification of staff

3.10.3.3.4 Detail procedures for notification and information sharing with the UMOC, external agencies, and healthcare providers

3.10.3.3.5 Address methods for protecting patient privacy and data security in accordance with applicable laws, regulations, and standards during emergency communications (e.g., during evacuations, transfers, or disruptions).

3.10.3.3.6 Accommodate the access and functional needs of staff, patients, and the community. The plan must include provisions to ensure that emergency communication is accessible to People of Determination (i.e., individuals with disabilities) and to those who do not speak Arabic or English.

3.10.3.4 Hospitals must ensure that staff are trained in the use of emergency communication equipment and systems, and that communication procedures are regularly tested.

3.10.3.5 The communication plan shall be tested, reviewed, and updated at least annually, and following any incident or exercise that reveals gaps in the system.

3.10.3.6 The UMOC is the designated Area Command for the health sector in Abu Dhabi. It serves to provide coordination and support to activated hospital incident command systems across the sector. Each hospital's HICS shall report to the UMOC via their designated Hospital Liaison Officers (HLOs). The hospital's Liaison Officer shall report directly to the UMOC representatives during emergency activation.

3.10.3.7 Complex, large-scale, or long-duration (CLL) emergencies refer to events that meet one or more of the following conditions:

3.10.3.7.1 Involve sustained HICS activation exceeding 48 hours

3.10.3.7.2 Affect multiple departments or facilities of the hospital

3.10.3.7.3 Disrupt essential clinical or operational functions beyond normal escalation procedures

3.10.3.7.4 Require the involvement of multiple external stakeholders, sectors, or government entities.

3.10.3.8 The Emergency Preparedness and Response Sector (EPAR) will coordinate response efforts through its UMOC and associated response teams. Therefore, EPAR will be responsible for setting regional strategic objectives, managing resource allocation between facilities, and providing consolidated public information. While hospitals may initiate immediate reporting to relevant agencies (e.g., Civil Defense), they are encouraged to notify the UMOC to support coordinated follow-up. The UMOC will provide MTS, deploy privileged volunteers, and facilitate escalation and inter-agency synchronization as needed.

3.10.4 Surge Planning:

3.10.4.1 All licensed hospitals must develop and maintain a Surge Plan as a functional component of their EOP. The Surge Plan shall outline the strategies, resources, and systems required to expand the hospital's ability to manage a sudden and sustained increase in patient volume during emergencies.

3.10.4.2 The plan shall define specific, measurable triggers for activating surge capacity protocols. These triggers may be based on patient volume, acuity levels in critical areas (e.g., Emergency Department, ICU), or notifications from UMOC.

3.10.4.3 Hospitals are expected to prepare for surge across varying levels of severity, including CLL emergencies. Surge requirements may be defined or updated during specific emergencies. Hospitals shall maintain readiness to implement these requirements and scale operations accordingly.

3.10.4.4 The plan shall identify designated physical areas for the expansion of patient care services, including:

3.10.4.4.1 The process for converting non-clinical or semi-clinical areas into critical areas: patient triage, treatment, or holding areas.

3.10.4.4.2 The criteria and procedures for converting specialized units into critical care overflow areas.

3.10.4.4.3 Protocols for the proactive, criteria-based discharge of stable, non-critical patients to increase inpatient bed availability.

3.10.4.4.4 The plan shall include a strategy for augmenting and managing the workforce. Policies and procedures must be in place to expand and manage the clinical workforce during emergencies. Surge staffing plans shall also incorporate pathways for the rapid onboarding of qualified medical volunteers through the Medical Volunteering Framework maintained

by EPAR. Coordination with relevant entities shall be initiated for non-medical volunteer support, where appropriate.

3.10.4.5 The plan shall address the management of critical resources, including

3.10.4.5.1 Stockpiling protocols for essential items such as personal protective equipment (PPE), medications, intravenous fluids, linens, diagnostic supplies, and critical consumables.

3.10.4.5.2 A process to monitor the inventory and consumption rates of essential medical supplies

3.10.4.5.3 Procedures for requesting and receiving resources from external caches, vendors, or partner organizations.

3.10.4.5.4 Stockpile levels must be sufficient to meet extended operational needs during surge events and shall be maintained, rotated, monitored, and inspected.

3.10.4.6 Surge planning is a structured mechanism to expand the hospital's ability to provide care under pressure, while upholding patient care obligations. Surge conditions may require the implementation of modified operational procedures. Hospitals shall pre-establish policies to guide triage under constrained resources, altered standards of care, and the prioritization of services and treatments during crisis conditions. These systems must be ethically grounded, clinically justified, and approved through the hospital's governance structure.

3.10.5 Emergency Colour Codes:

3.10.5.1 Hospitals shall develop, maintain, and annually review a dedicated annex for every color code listed in Appendix 4 – Table 1 of this standard. The latter defines how these emergency color codes are interpreted.

3.10.5.2 Each colour code annex must be structured around a tiered response, where the response is proportional to the risk and is built upon the four phases of emergency management:

3.10.5.2.1 Mitigation and Prevention: Activities and systems designed to prevent emergencies from occurring or to reduce its impact.

3.10.5.2.2 Preparedness: Actions taken in advance of an emergency, including the definition of response levels and activation triggers.

3.10.5.2.3 Response: A scalable set of actions, dictated by the activated response level, to be taken immediately upon activation of the code.

3.10.5.2.4 Recovery: Procedures to return the hospital to normal or near-normal operations and to capture lessons learned.

3.10.5.3 Each annex must contain the following detailed sections, incorporating a tiered response model where applicable:

3.10.5.3.1 Mitigation & Prevention: A description of hospital-specific measures taken to reduce the likelihood or severity of the event.

3.10.5.3.2 Preparedness: For each relevant hazard, the hospital must define and document a multi-level response method. This model must define:

3.10.5.3.3 A minimum of three distinct levels for scalable events (e.g., Level 1: Alert/Standby, Level 2: Partial Activation, Level 3: Full Activation).

3.10.5.3.4 A set of clear, objective triggers for activating each specific response level. These criteria must be tailored to the hospital's unique environment, services, and risk assessment.

3.10.5.4 The hospital must maintain a pre-designated roster of Medical-Technical Specialists (MTS) and Specialized Response Teams. This roster may include, but is not limited to, representatives from: Infection Prevention and Control (IPC), Facilities Management, Security, Laboratory Medicine, Critical Care, Nuclear Medicine / Radiology, etc. The composition of the HICS rosters shall be based on the hospital's risk assessment.

3.10.5.5 The annex must explicitly link the activation of these experts and teams to the specific color code and response level. For each code, the protocol must pre-identify:

3.10.5.5.1 The primary medical or technical advisor(s) for that specific hazard.

3.10.5.5.2 The key supporting specialized response teams required for the response.

3.10.5.6 Response: The annex must detail the precise protocol for internal and external notification. This includes:

3.10.5.6.1 Activation Method: The primary and backup methods for initiating the alert.

3.10.5.6.2 Communication Channels: The systems used to disseminate the alert (e.g., overhead public address system, pagers, mass notification software, mobile apps).

3.10.5.6.3 Message Content: The standardized, plain language message to be announced, including the code, response level (if applicable), event type, and specific location (see Appendix 4 – Table 2 for examples).

3.10.5.7 Step-by-step procedures and/or JAS for general staff and key response teams, with actions scaled according to the activated response level, must be included for each emergency color code.

3.10.5.8 The annex must outline specific procedures to ensure the safety of all persons, as appropriate to each threat. This includes, as appropriate, procedures for evacuation, shelter-in-place, lockdown, access control, and crowd management.

3.10.5.9 A list of critical resources, supplies, and equipment needed for the response and procedures for their deployment, scaled to the response level.

3.10.5.10 The hospital must notify the UMOC based on the activated code and its response level. The following notification timelines apply:

- 3.10.5.10.1 Immediate (within 15 minutes): Activation of any non-clinical emergency code at Level 3 that represents a significant event with potential for operational impact, patient harm, or community risk.
- 3.10.5.10.2 Urgent (within 2 hours): Activation of any emergency code at Level 2 that impacts overall facility operations, requires prompt coordination, and may require external assistance if conditions escalate.
- 3.10.5.10.3 Routine (within 24 hours): Activation of any code at Level 1 that is managed and resolved with internal resources and does not significantly impact overall facility operations.

3.10.5.11 **Recovery**:

- 3.10.5.11.1 Criteria and authority for declaring an "All Clear" and terminating the response must be clearly outlined in the annexes.
- 3.10.5.11.2 Immediate steps to restore normal operations, conduct staff debriefings, and manage post-event psychological stress.

3.11 Policies and Procedures:

3.11.1.1 The EOP is underpinned by a system of Policies and Procedures, which are a foundational component of the broader EMP. The hospital must develop, implement, and maintain policies that provide the official rules and grant the authority for emergency actions. Correspondingly, the hospital shall develop and maintain Procedures, Standard Operating Procedures (SOPs), and JAS that provide the detailed, step-by-step instructions required to execute response tasks consistently and effectively.

3.11.1.2 At a minimum, the hospital's policies must address:

- 3.11.1.2.1 EOP Activation
- 3.11.1.2.2 Crisis Standards of Care (refer to definitions and abbreviations)
- 3.11.1.2.3 Emergency Staffing and Delegation of Authority
- 3.11.1.2.4 Emergency Credentialing and Privileging

3.11.1.3 The hospital shall develop and maintain documented procedures, SOPs, and Job Action Sheets for critical operational functions. These must include, but are not limited to:

- 3.11.1.3.1 Mass Casualty Incident (MCI) Triage Procedure
- 3.11.1.3.2 Patient Tracking Procedure
- 3.11.1.3.3 Emergency Staff Recall Procedure
- 3.11.1.3.4 Job Action Sheets (JAS)
- 3.11.1.3.5 Standard Operating Procedures (SOP) for Patient Decontamination

3.12 Business Continuity Management:

3.12.1.1 Hospitals shall comply with the DoH Enterprise Risk and Business Continuity Management System Policy. Each facility shall develop, implement, and maintain a Business Continuity Management (BCM) Plan, and maintain records demonstrating compliance with applicable BCM standards, including NCEMA 7000:2021 – National Standard for Business Continuity Management System.

3.12.1.2 Operational continuity shall be sustained for at least 96 hours in the absence of external support.

3.12.1.3 Hospitals shall prepare and maintain a Risk Register and all BCM documentation. An annual summary report of BCM and risk management activities, along with the facility's Risk Register, shall be submitted to the DoH BCM team through the designated DoH platform or via email.

3.12.1.4 The effectiveness of continuity interventions shall be monitored and documented. Findings shall be used to update plans and priorities on an ongoing basis.

3.13 Education and Training:

3.13.1.1 Hospitals shall develop, implement, and maintain programs for Education, Training, and Exercises. These programs must be designed to ensure all personnel, at every level of the organization, are equipped with the requisite knowledge, skills, and abilities to effectively execute their assigned roles and responsibilities during an emergency.

3.14 Education

3.14.1.1 Education is structured instruction designed to achieve specific, competency-based objectives, with a primary focus on imparting knowledge that is both general and role-specific. It also extends to higher-order understanding, such as situational awareness, strategic thinking, and the ability to operate effectively under stress.

3.14.1.2 Educational programs shall ensure that all personnel are equipped with higher-order competencies, a foundational understanding of emergency management principles, organizational priorities, and coordinated response mechanisms.

3.14.1.3 The curriculum must be designed to foster critical thinking and support informed, timely decision-making, particularly during complex, high-pressure, or cascading emergency events.

3.14.1.4 Content shall be tailored to both the general workforce and to function-specific roles.

3.14.1.5 Curricula shall be competency-based and proficiency-tiered.

3.14.1.6 Proficiency levels shall correspond with the knowledge and skills required for each role, based on the hospital's risk assessment and operational needs.

3.14.1.7 Proficiency levels shall reflect the nature and severity of identified risks and shall ensure that staff are trained to the appropriate level based on their emergency responsibilities.

3.14.1.8 Educational content shall be reviewed regularly and updated in response to changes in risk profiles, policy updates, or lessons learned from exercises or real events.

3.14.1.9 Educational programs shall comply with applicable regulatory requirements and expectations relevant to emergency management.

3.14.1.10 Records of education sessions, including participation, topic covered, and performance outcomes (where applicable), shall be maintained and made available for audits and program evaluation purposes.

3.14.1.11 Hospitals shall include basic public-facing education materials, including hazard awareness signage, shelter-in-place guidance, or visitor-specific emergency protocols, where relevant and appropriate to the setting.

3.15 Training:

3.15.1.1 Training refers to structured instruction that imparts and maintains the practical skills and physical abilities necessary for personnel and teams to perform their assigned emergency management responsibilities. Training focuses on the development of hands-on, role-specific competencies. These competencies may include clinical procedures, safety protocols, incident command functions, and other operational tasks under stressful or degraded conditions.

3.15.1.2 Training objectives must be:

- 3.15.1.2.1 Competency-based, specifying clear performance expectations.
- 3.15.1.2.2 Proficiency-tiered, aligning with personnel roles and responsibilities.
- 3.15.1.2.3 Realistic; addressing the conditions under which the skill must be executed such as degraded infrastructure, time constraints, or concurrent hazards.

3.15.1.3 The hospital shall:

- 3.15.1.3.1 Establish a formal training program tailored to the needs identified in its risk assessment and aligned with its EOP.
- 3.15.1.3.2 Provide general emergency preparedness training to all personnel, including but not limited to fire safety, evacuation, lockdown, and shelter-in-place procedures to all staff.
- 3.15.1.3.3 Deliver specialized, function-specific training for staff assigned to the HICS, emergency code teams (e.g., Code Brown), or critical care surge response.
- 3.15.1.3.4 Tailor training intensity and depth to each staff member's level of involvement in emergency operations.
- 3.15.1.3.5 Define the scope and frequency of training activities in the hospital's EMP.
- 3.15.1.3.6 Maintain documentation of training completion, frequency, and proficiency assessments.
- 3.15.1.3.7 Ensure that the training program comply with applicable national and local regulations.

3.15.1.4 The training program shall be evaluated regularly to support effectiveness and continuous improvement, and reflect changes in risks, operational procedures, technology, lessons learned from exercises or real events, and regulatory requirements.

3.16 Exercises:

3.16.1.1 Exercises are events or activities designed to practice, test, and evaluate a system's capability and capacity to meet functional objectives and demonstrate competencies for relevant response and recovery roles.

3.16.1.2 Types of exercises include drills, tabletop exercises, functional exercises, and full-scale exercises. These are defined in Section 2 of this standard and shall be adopted as defined.

3.16.1.3 Hospitals are encouraged to consult the World Health Organization's Hospital and Health Facility Emergency Exercises as guidance on the exercise process.

3.16.1.4 Hospitals shall conduct various types of exercises based on their intended purpose, level of complexity, and relevance to:

- 3.16.1.4.1 Familiarize staff with emergency roles, responsibilities, procedures, and command structure.
- 3.16.1.4.2 Validate emergency policies, protocols, plans, and surge procedures.
- 3.16.1.4.3 Identify weaknesses, gaps, or inconsistencies in preparedness strategies.
- 3.16.1.4.4 Test coordination with external agencies and inter-organizational communication pathways.
- 3.16.1.4.5 Evaluate the hospital's capacity to manage time-sensitive decision-making and communication under pressure.
- 3.16.1.4.6 Practice activation and execution of command structures, including HICS.
- 3.16.1.4.7 Clarify internal leadership roles, escalation protocols, and operational coordination points.
- 3.16.1.4.8 Assess team and system performance under simulated emergency conditions.
- 3.16.1.4.9 Reinforce critical skills and ensure individual and collective operational readiness.

3.16.1.5 Drill frequency and type shall be defined in the hospital's EMP and comply with applicable regulatory requirements (e.g., fire code, licensing authority).

3.16.1.6 Findings from drills shall be documented and integrated into ongoing improvement efforts.

3.16.1.7 The hospital shall maintain an annual exercise plan incorporated within its EMP that includes TTX, FE, FSE, and drills. The plan shall specify the frequency, type, and scope of each exercise and include a corresponding schedule. It shall align with the hospital's hazard profile and EMP objectives.

3.16.1.8 The hospital shall conduct exercises at a minimum frequency as defined in Appendix 5. Each exercise shall be documented, including its objectives, scope, participants, outcomes, and recommendations. Findings shall be integrated into reviews, corrective actions, procedural updates, training, and ongoing program refinement according to the requirements of the Program Review and Improvement section.

3.16.1.9 The hospital shall ensure that all exercises are aligned with applicable regulatory and licensing requirements. Exercises shall be coordinated with relevant internal and external stakeholders, such as UMOC, Civil Defense, and EMS, as appropriate.

3.17 High-Consequences Infectious Diseases and Agents:

3.17.1.1 Hospitals shall ensure that their EMP, in coordination with the Infection Prevention and Control (IPC) Program, is equipped to address global communicable diseases, emerging and re-emerging infections, and diseases caused by special pathogens. These include epidemiologically significant infectious diseases (i.e., novel or re-emerging threats with high public health impact) and are collectively referred to within the EMP as High-Consequence Infectious Diseases and Agents (HCIDAs).

3.17.1.2 Hospitals shall ensure that IPC practices are not only included in the emergency planning process but are deliberately designed and operationalized to address the specific risks and demands of emergency scenarios. IPC measures must be formally integrated into the EMP and aligned with the hospital's operational structure, risk levels, and IPC program framework.

3.17.1.3 Hospitals shall define the goals and priorities of their IPC program using a risk-based, data-driven approach that reflects the specific infection risks present across all departments. These goals shall be informed by relevant external, hospital-wide, and department-specific surveillance data.

3.17.1.4 Hospitals shall maintain the ability to rapidly adapt IPC strategies in response to new or emerging infection threats.

3.17.1.5 Hospitals shall establish protocols for protecting healthcare workers during HCIDA events, including fit-tested PPE, staff exposure tracking, prophylaxis or vaccination (where applicable), and psychological support during prolonged or high-risk events.

3.17.1.6 Hospitals shall maintain policies and procedures for patient isolation, cohorting, and specialized infection zones, including clear pathways for triage, admission, and discharge during HCIDA scenarios.

3.17.1.7 Preparedness for HCIDAs shall align with hospital surge planning requirements in the section titled "Surge Planning".

3.17.1.8 Hospitals shall ensure timely access to validated and approved diagnostic testing for HCIDAs by either maintaining a licensed, facility-based diagnostic capability or establishing formal agreements with appropriately licensed national or international (if necessary) reference laboratories.

3.17.1.9 The risk assessment shall guide the development, implementation, and periodic refinement of targeted, evidence-based strategies to prevent or reduce infection risks to patients, staff, and visitors.

3.17.1.10 The hospital shall continuously monitor the effectiveness of implemented interventions, including compliance with care bundles and progress toward improved clinical outcomes. IPC program goals,

strategies, and actions shall be reviewed and updated regularly to reflect findings from the ongoing risk assessment.

3.18 Program Evaluation and Improvement

3.18.1.1 Hospitals shall maintain and improve their EMP by evaluating their policies, program, procedures, and capabilities based on clearly defined performance objectives and outcome-based indicators.

3.18.1.2 Program evaluation shall be used to improve effectiveness of the EMP, promote accountability, and ensure that program objectives remain aligned with operational needs and requirements.

3.18.1.3 Evaluations shall be conducted on a regularly scheduled basis, with a comprehensive program review conducted at least once a year. Additionally, re-evaluation of the existing EMP shall take place when changes could challenge the effectiveness of the program. These may include changes in regulations, hazards, infrastructure, resource availability and critical suppliers, or the entity's structure, capabilities, resources, or operations.

3.18.1.4 Hospitals shall document all reviews and evaluations of the EMP in line with the records management requirements in the section titled Records Management.

3.19 Review Process:

3.19.1.1 The hospital shall maintain a structured review process to evaluate the effectiveness of the EMP.

3.19.1.2 Reviews shall be conducted following exercises, drills, real events, or other significant program activities.

3.19.1.3 The review process shall include a combination of mechanisms:

- 3.19.1.3.1 After-Action Reviews (AARs): Conducted following any activation of the EOP or exercise.
- 3.19.1.3.2 In-Action Reviews (IARs): Conducted during prolonged incidents (extended activation of HICS).
- 3.19.1.3.3 Debriefings and Post-Activity Analyses: Used to gather feedback from personnel and stakeholders involved in preparedness activities, mitigation efforts, or recovery operations.

3.19.1.4 For emergency events that trigger an Immediate or Urgent notification to UMOC (as defined in Clause 3.77), hospitals shall:

- 3.19.1.4.1 Submit an initial AAR within 24 hours of demobilization.
- 3.19.1.4.2 Submit a final AAR and Corrective Action Plan (CAP) within 10 days of demobilization.
- 3.19.1.4.3 Findings shall be captured in an After-Action Report using the form in Appendix 6.
- 3.19.1.4.4 For CLL emergencies, hospitals shall conduct IARs at defined intervals or upon request by the UMOC.

3.19.1.5 Evaluations shall address:

- 3.19.1.5.1 The effectiveness of plans, procedures, and protocols across all phases of the EMP.
- 3.19.1.5.2 Adherence to the EOP, mitigation strategies, continuity plans, and recovery frameworks.
- 3.19.1.5.3 Performance of systems, teams, and resources under expected and unexpected conditions.
- 3.19.1.5.4 Education, training, and stakeholder engagement and satisfaction.
- 3.19.1.5.5 Identification of gaps in capacity, coordination, communication, or decision-making.
- 3.19.1.5.6 Timeliness and appropriateness of actions taken across the emergency cycle.

3.19.1.6 Hospitals shall encourage a culture of learning and non-punitive feedback to promote transparent evaluation and improvement.

3.19.1.7 The review process must incorporate input from all levels of personnel involved in the response to ensure a complete and inclusive analysis.

3.20 Corrective Action Process:

3.20.1.1 The hospital shall establish and maintain a corrective action process to address deficiencies identified through the EMP review process.

- 3.20.1.1.1 Each issue identified shall be linked to a specific corrective or preventive action.
- 3.20.1.1.2 Actions shall be clearly documented, assigned to a responsible party, and accompanied by defined timelines for completion.
- 3.20.1.1.3 The EM Committee shall track all corrective actions through a formal CAP and ensure periodic follow-up until closure is verified and documented.
- 3.20.1.1.4 The process shall include integration of corrective actions into relevant plans, policies, procedures, and training, and shall verify the effectiveness of implemented changes.

3.21 Continuous Improvement:

3.21.1.1 The EMP shall be continually improved using a structured approach that includes the Review and Corrective Action processes.

3.22 Records Management:

3.22.1.1 The hospital shall develop, implement, and manage a records management program to ensure accurate documentation of all activities related to the EMP are available to the hospital and external authorities.

3.22.1.2 The program shall include the following:

3.22.1.2.1 Identification of vital records required to maintain operations.

3.22.1.2.2 Regular backup of records at a frequency sufficient to meet program objectives.

3.22.1.2.3 Verification of the integrity and reliability of record backups.

3.22.1.2.4 Established procedures for the secure storage, retrieval, and recovery of records.

3.22.1.2.5 Protection measures for all records and defined procedures governing record access and authorization.

3.22.1.2.6 A periodic record review process.

3.22.1.3 Documentation, records, and reports shall be provided to the hospital's governance structures for review and follow-up. It shall support operational transparency, enable retrospective analysis, and provide an evidentiary basis for continuous improvement, compliance verification, and reimbursement claims where applicable.

3.22.1.4 Elements outlined in Appendix 7 shall be submitted to the UMOC no later than the third Monday of January each year.

4.Key stakeholder Roles and Responsibilities

4.1 The implementation of this standard requires coordinated engagement from key stakeholders across the healthcare system. Roles and responsibilities shall be guided by the *Policy on Healthcare Emergency & Disaster Management for the Emirate of Abu Dhabi*.

4.2 The Department of Health provides oversight and regulatory guidance to ensure alignment with regional emergency management priorities, including mitigation, preparedness, response, and recovery.

4.3 Hospitals are responsible for developing, maintaining, and implementing their Emergency Management Programs in alignment with this standard and The Policy. Hospital leadership, Emergency Management Committees, and designated emergency teams and personnel are expected to fulfill their roles across all phases of the emergency management cycle.

4.4 All stakeholders are expected to act within their defined authorities and maintain coordination in accordance with applicable policies and directives.

5.Monitoring and Evaluation

5.1 The effectiveness of this standard shall be monitored through periodic evaluation of key success factors related to preparedness and operational readiness. These may include the existence and currency of emergency plans, the regular conduct of drills and exercises, the availability of critical resources, and the level of staff participation in preparedness activities.

5.2 Hospitals are expected to review and update their emergency management activities based on lessons learned, after-action reviews, and evolving risk landscapes.

5.3 DoH may request supporting evidence of implementation and performance as part of routine assessments, audits, or sector-wide evaluations. Monitoring efforts aim to ensure continuous improvement, alignment with national expectations, and the overall resilience of the healthcare system.

6.Enforcement and Sanctions

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

7.Exempted from Scope

There are no exemptions from the scope of this standard.

8. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	2025	Standard for Emergency Departments, Urgent Care Centers, and Select Primary Healthcare Centers in Abu Dhabi	https://www.doh.gov.ae/en/resources/standards
2	2025	Standard for EMS and Ambulance Services	https://www.doh.gov.ae/en/resources/standards
3	2024	Policy for Health Emergency Management (HEM) in Abu Dhabi	https://www.doh.gov.ae/en/resources/policies
4	2024	Special Program Pathway (SPP) Standard	https://www.doh.gov.ae/en/resources/standards
5	2018	ISO 31000:2018 - Risk management — Guidelines	https://www.iso.org/standard/65694.html
6	2017	Policy on Healthcare Emergency & Disaster Management for the Emirate of Abu Dhabi	https://www.doh.gov.ae/en/resources/policies
7	2014	Hospital Incident Command System Guidebook. Operational framework.	https://www.uchcoalition.org/wp-content/uploads/HICS-Guidebook-2014.pdf
9	2019	NFPA 1600: Standard on Continuity, Emergency, and Crisis Management	https://www.nfpa.org/codes-and-standards/nfpa-1600-standard-development/1600
8	2021	NCEMA 7000: Business Continuity Management Standard	https://www.doh.gov.ae/en/resources/standards
9	2023	WHO benchmarks for strengthening health emergency capacities	https://iris.who.int/server/api/core/bitstreams/8883ae92-ecbe-4cc6-8ad4-500297ef1df9/content
10	2023	DoH Enterprise Risk & Business Continuity Management System Policy	https://www.doh.gov.ae/en/resources/policies
11	2021	NCEMA 7000: Business Continuity Management Standard	https://www.doh.gov.ae/en/resources/standards
12	2018	ISO 31000:2018 - Risk management — Guidelines	https://www.iso.org/standard/65694.html
13	2025	Joint Commission International Accreditation Standards for Hospitals	https://www.jointcommission.org/en/standards
14	2011	WHO. Hospital Emergency Response Checklist Global guidance.	https://www.who.int/publications/i/item/hospital-emergency-response-checklist
15	2011	UAE Federal Law No. 2 of 2011 (NCEMA Establishment)	https://www.ncema.gov.ae/vassets/11bfa4f2/Federal%20Law%20No.%202%20of%202011%20-%20NCEMA%20(2).pdf.aspx
16	2010	WHO. Hospital and health facility emergency exercises: guidance materials	https://iris.who.int/handle/10665/207054

Appendix 1 – All-Hazards Event Types

All-Hazards is an approach for prevention, mitigation, preparedness, response, continuity, and recovery that addresses a full range of threats and hazards, including natural, human-caused, and technology-caused ([3]). In hospital emergency management, categories of hazards are developed as part of the hazard identification process. These hazards are first classified qualitatively to ensure a comprehensive scope before proceeding to detailed risk analysis and prioritization.

Human-Caused / Security

Operational

Natural Disasters and Severe Weather
Earthquake
Air Quality Issue
Drought
Flood – External
Hurricane / Cyclone
Inclement Weather
Extreme Heat
Extreme Cold
Tornado / Dust Devil
Lightning
Snow / Ice / Hail
Wildland Fire
Dust Storm / Sandstorm
Landslide
Volcano
Tsunami
Seiche / Tidal Surge

Biological
Pandemic
Epidemic
Seasonal Influenza
Infecti

Humanitarian

Infrastructure / Utility
–

Hazardous Materials
–

MCI / Clinical Surge
–
–
–

Appendix 2 – Risk Assessment Applications

The risk assessment process informs multiple elements of the Emergency Management Program. The examples provided show how risk assessment results are applied across diverse domains. These examples are for reference only and do not replace the specific requirements in the cited clauses of this standard.

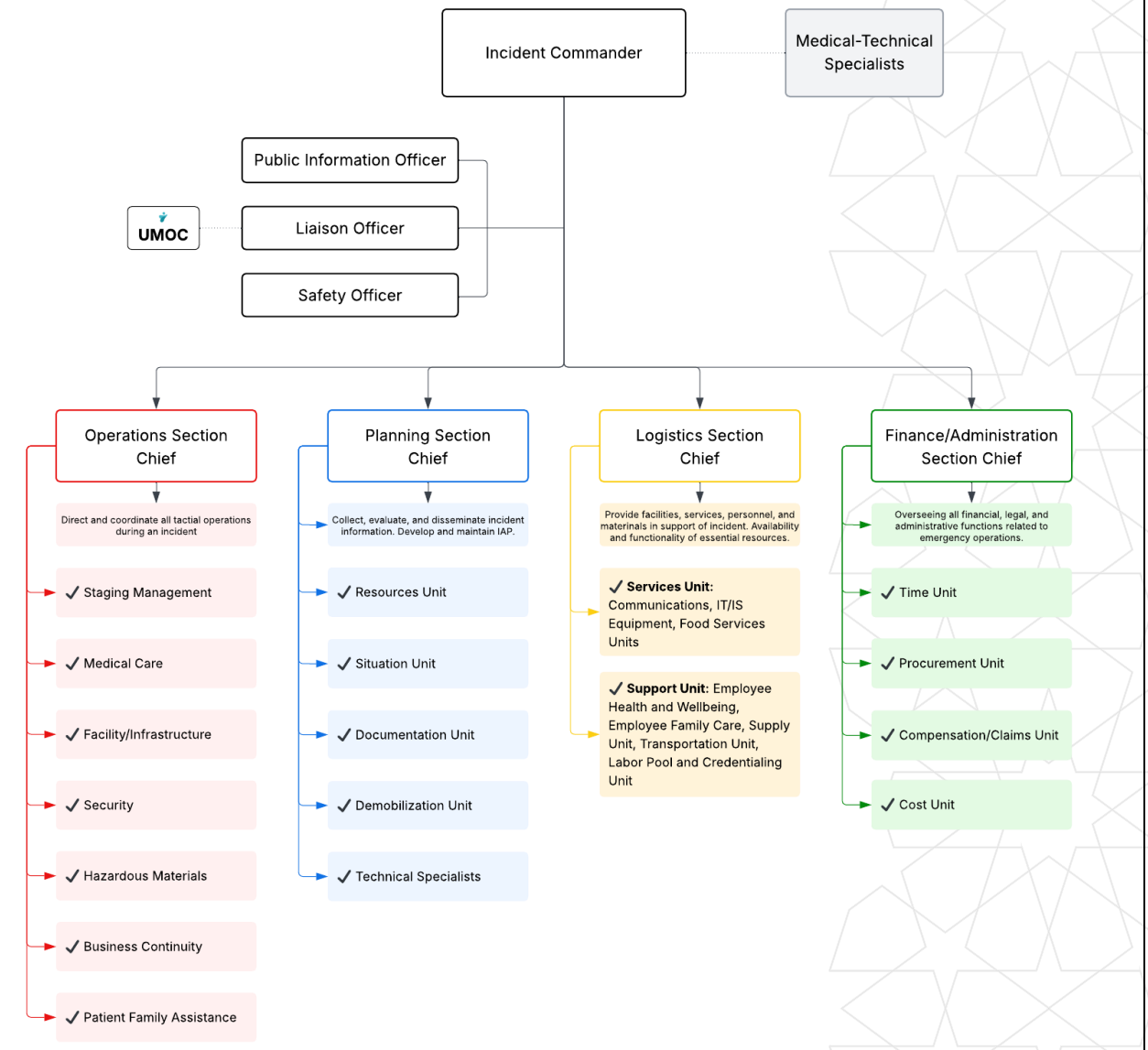
Domain	Examples of Risk-Informed Element	Clause(s)
The Emergency Management Program	• EMP must be specific to hospital risks, resources, structure, and context.	3.4
Planning and Risk Assessment	• All-hazards risk management process per ISO 31000:2018 • Annual risk assessment updated based on changes affecting EMP • Risk assessment findings guide planning priorities	3.10 to 3.14
Governance Structures and the Hospital Incident Command System	• Committee role in setting the strategic direction of the EMP. • Committee Composition	3.21 3.26
	• Hospital Incident Management Team: Structure • Hospital Command Center: Location mitigates risks identified in all-hazards risk assessment.	3.33 3.39
The Emergency Operations Plan (EOP)	• EOP must be based on all-hazard risk assessment.	3.44
	• All components of the EOP (Base Plan, Functional Annexes, Hazard-Specific Annexes) are influenced by the risk assessment.	3.45
Resource and Asset Management	• Stockpiling and Supply Chain Management: Informs what items are critical to stockpile	3.65
Hazard-Specific Response Planning	• Response triggers and scaling are tailored to the risks	3.72-3.73
	• Medical-Technical Specialists and Specialized Response Teams, with composition based on the hospital's risk assessment.	3.74
	• Notification Timelines: code notifications to UMOC	3.80
Education, Training, and Exercises	• Education: Proficiency levels set by risk assessment; content updated for changing risks	3.91-3.93
	• Training program tailored to risk assessment; intensity matches role; regularly evaluated	3.99-3.100
	• Exercises: annual plan aligned with hazard profile and EMP objectives	3.107
Infection Prevention and Control (IPC)	• IPC goals and priorities set using risk-based, data driven approach	3.112
	• Strategies to prevent/reduce infection risks	3.118

Appendix 3 – Hospital Incident Management Team

The Hospital Incident Management Team (HIMT) Chart shall display the organizational structure and personnel assigned to HIMT roles during a specific operational period in visual format. The Chart Form shall include the following elements: incident name, incident identification, operational period, and the filled names and roles in a chart.

Incident Name *A name shall be assigned to the incident.*	**Operational Period #** *The time frame for which the organizational structure is valid is noted on the chart. Enter the start date and time and end date and time for the operational period to which the form applies:*				
Incident ID. *A unique identifier is used to reference the incident across all related documentation (e.g., Incident Action Plans, Situation Reports, resource requests, AARs).*	DATE:	FROM:	DD/MM/YYYY	TO:	DD/MM/YYYY
	TIME:	FROM:	24:00	TO:	24:00

CHART DISPLAY



The chart must be tailored to the entity's EMP and needs; therefore, the entity must use the suitable tool to prepare an editable version of the chart. It shallbe used to provide a clear visual representation of HIMT positions and document the incident command structure as part of record management.Boxes that are highlighted below are standardized across the emirate, but others can be modified as necessary, for example by adding any spaces needed for Command Staff assistants and the organization of each of the General Staff sections.Where a role is not activated, it shallbe marked as "Not Activated".

Appendix 4 – Emergency Colour Codes

Healthcare providers are required to adopt the unified emergency colour codes list as defined in the table below. Hospitals and other healthcare facilities shall maintain a dedicated annex for each code listed below. These annexes are expected to align with the interpretations and guidance on the appropriate use of plain language communication provided here.

The plain language requirement indicates whether communication shall be made using the code alone or if plain language descriptors are permissible. Plain language in this context means communicating information so it is understood immediately, without needing further explanation, and so that the recipient knows what action to take. Under this standard, each event is assigned a specific communication approach: code-only, plain language instead of the code, or plain language alongside the code.

Table 1. Unified Emergency Color Codes. .*(4)*

Healthcare facilities are discouraged from expanding the list beyond those specified.

Colour Code	HEX CODE	Event Type	Definition	Plain Language Use
Orange	FFA500	Mass Casualty Incident	A sudden influx of patients that overwhelms hospital capacity, typically due to external incidents such as transportation accidents, building collapses, or public gatherings turning violent.	Code-only communication is preferred but plain language may be used.
Indigo	3F51B5	Infectious Disease / Biological Threat	A regional or global spread of infectious disease (e.g., influenza pandemic, COVID-19) or a high-consequence infectious disease or agent (HCIDA) case/exposure within the facility, accidental lab exposure, or suspected bioterrorism involving pathogens.	Code-only communication is preferred but plain language may be used.
Yellow	FFFF00	Missing or Eloped Adult Patient	Any adult patient found to be missing or who has left the facility without authorization, especially those at risk due to cognitive impairment (e.g., dementia), altered mental status (e.g., post-anesthesia), psychiatric instability, or suicide risk.	Plain language must be used alongside or instead of the code.
Amber	FFBF00	Infant / Child Missing	Any suspected missing infant or child from a secure area (e.g., maternity, pediatrics), including both confirmed/suspected abductions and non-abduction scenarios like wandering or unauthorized removal.	Plain language must be used alongside or instead of the code.
Brown	964B00	Hazardous Materials (CRN)	Exposure or release of hazardous substances (chemical, radiological, or nuclear) that pose immediate risk to health and safety, whether due to external accidents (e.g., tanker spill) or internal events (e.g., equipment failure, contamination in labs).	Plain language must be used alongside or instead of the code.
Gold	FFD700	Utility / Infrastructure Failure	Disruption of critical physical systems that support safe hospital operations, including electricity, water supply, HVAC, medical gases, and elevators. Can be partial (e.g., localized outage) or total failure.	Plain language must be used alongside or instead of the code.
Steel	4682B4	ICT Failure / Cybersecurity Incident	Disruption of electronic systems essential to healthcare delivery, including EMR, laboratory and imaging systems, internal networks, telecommunications, and cybersecurity attacks (e.g., ransomware, data breach).	Plain language may be used alongside the code.

Grey	808080	Environmental / Severe Weather	Adverse natural events with the potential to disrupt operations or endanger occupants, such as dust storms, flooding, earthquakes, extreme heat, or sandstorms. May trigger protective actions or operational slowdowns.	Plain language must be used alongside or instead of the code.
Red	D32F2F	Fire / Smoke	Any confirmed or suspected fire or visible smoke within the facility, regardless of fire alarm activation. Immediate fire response and potential evacuation protocols apply.	Plain language must be used alongside or instead of the code.
Green	#006400	Evacuation	The relocation of patients, staff, and visitors from part or all of the facility due to internal or external threats (e.g., fire, flooding, gas leak, structural damage). Includes both partial and full evacuations.	Plain language must be used alongside or instead of the code.
Silver	BFBFBF	Weapon or Active Shooter / Hostage	Presence of an armed individual or active firearm discharge within or near the facility.	Plain language must be used alongside or instead of the code.
White	FFFFFF	Violent / Aggressive Behavior	An unarmed person exhibiting physically or verbally aggressive behavior that poses a threat to staff, patients, or visitors. Includes psychiatric outbursts, domestic violence spillover, or behavioral escalations in care areas.	Code-only communication is prefered but plain language may be used according to situation*.
Black	#000000	Bomb / Explosives Threat	A verbal, written, or otherwise reported threat of an explosive device within or near the facility, or discovery of a suspicious package requiring security and law enforcement response.	Code-only communication or plain language*.
Purple	800080	Maternal Emergency	A critical medical condition involving a pregnant or postpartum patient requiring urgent obstetric intervention, such as severe hemorrhage, eclampsia, or cardiac arrest during delivery.	Code-only communication.
Pink	FFC0CB	Pediatric or Neonatal Emergency	A life-threatening event involving a newborn or pediatric patient that requires an immediate resuscitative or specialized response from neonatal/pediatric care teams.	Code-only communication.
Blue	#0000FF	Cardiac Arrest (Adult)	A confirmed or suspected cardiac arrest in an adult patient requiring immediate CPR and activation of the adult code team.	Code-only communication.

This table was adapted from internationally recognized hospital emergency management frameworks (6,7,9,16) and validated through a structured review and survey process conducted by the authorized Abu Dhabi healthcare facilities Taskforce.

Table 2. Public Announcement of Emergencies.

The following are examples of overhead paging alerts (public announcment formats) for the emergency color codes. These are intended as guidance only to illustrate the communication approach to each of the codes (i.e., code-only, plain language, combined).

Colour Codes	Orange Mass Casualty Incident	Indigo Infectious Disease Event / Biological Threat	Missing or Eloped Patient	Infant / Child Missing
Paging Examples	Code Orange. [Descriptor]. [Instruction/Location].	Code Indigo. [Descriptor]. [Instruction/Location].	Code Yellow. [Missing/Eloped] Adult Patient. [Location]. [Instruction].	Code Amber. [Infant/Child] Missing. [Location]. [Instruction].
Colour Codes	Hazardous Materials and Contamination	Utility Failure	ICT Failure / Cybersecurity Incident	Environmental / Severe Weather
Paging Examples	Hazardous Materials. [Substance/Descriptor]. [Location]. [Instruction].	Utility Failure. [Descriptor]. [Location]. [Instruction].	Code Steel. [Descriptor/System] [Instruction].	Severe Weather. [Event Type]. [Instruction].
Colour Codes	Fire / Smoke	Evacuation	Weapon or Active Shooter / Hostage	Violent or Aggressive Behaviour
Paging Examples	Fire/Smoke. [Descriptor]. [Location]. [Instruction].	Evacuation. [Descriptor]. [Location]. [Instruction].	Active Shooter. [Descriptor]. [Location]. [Instruction].	Code White. [Location]. [Instruction].
Colour Codes	Bomb / Explosives Threat	Maternal Emergency	Paediatric or Neonatal Emergency	Cardiac Arrest (Adult)
Paging Examples	Code Black (or Bomb Threat). [Location]. [Instruction].	Code Purple. [Descriptor]. [Location]. [Instruction].	Code Pink. [Descriptor]. [Location]. [Instruction].	Code Blue. [Descriptor]. [Location]. [Instruction].

Appendix 5 – Frequency of Exercises

Table 3. Frequency of Exercises Requirement.

The frequencies indicated in this table represent the minimum number of exercises required for the hospital's Emergency Management Program collectively, and not for each individual emergency code. Exercise planning shall ensure coverage of the hospital's hazard profile by distributing these exercises across applicable emergency codes according to risk and relevance."

Exercise Type	Frequency
Full-Scale Exercise (FSE)	Minimum Once a year
Each Emergency Color Code	Minimum Once a year

Appendix 6 – After-Action Reviews

For emergency events that trigger an Immediate or Urgent notification to UMOC (as defined in Section 3.77), hospitals are expected to submit an initial AAR within 24 hours of demobilization, as well as a final AAR and associated CAP within 10 calendar days of demobilization. The Form below must be used for submitting AARs to the UMOC but hospitals may adapt it for internal purposes.

Incident After Action Report and CAP Form			
Incident Title:	*[Insert a clear and descriptive title, e.g., 'code blue – Emergency response – ward A']*		
Facility name:	*[Enter full name]*	Facility License:	*[DoH license number]*
Facility location:	*[Address, region, city]*	Key Contact(s):	*[Name, phone and email]*
Version Details:	Initial report	Final report	
Date of Version:	DD/MM/YYYY	DD/MM/YYYY	

I. Incident Overview

Date: *DD/MM/YYYY*, | Time: *00:00* **|** Affected Areas/Units*: Department, Unit*

Summary of Incident:

[Ensure to include the incident name, date, affected area, identified threats and hazards, activated code(s), and the level of incident activation] [Brief narrative of what occurred, how it was discovered, and the immediate impact. Include any codes activated (e.g., Code Blue, Code Red), and level of emergency declared.]

II. Response Actions

Response Actions	**Details**
Initial Response	*[Describe what actions were taken immediately upon discovering the incident]*
Interventions	*[Mention medical, logistical, or operational interventions applied]*
Resource Allocation	*[List staff, equipment, or supplies deployed]*
Communication	*[Explain how teams communicated – radios, overhead calls, etc.]*
Coordination	*[Describe teamwork, collaboration, or areas of confusion]*

III. Analysis and Assessment

Analysis and Assessment	Findings
Root Causes	*[Explain contributing factors – e.g., staffing gaps, unclear protocols, delayed activation.]*
Strengths	*[What went well and shallbe maintained in future responses?]*
Participants	*List all teams involved in the response or review (internal departments, external agencies, etc.).*
Recommendations	*[Briefly list suggestions to prevent recurrence or enhance future response.]*

IV. CORRECTIVE ACTION PLAN

	Area of Improvement	Root Cause	CAP	Responsibility	Status	Completion Date
1						
2						
3						
…						

V. Conclusion

This After-Action Report highlights the response to a critical incident at [Your Facility] on [Date / Time], [Summarize key takeaways, next steps, and commitment to continuous improvement.].

Prepared by:	**Date:**	**Signature:**	**Contact Number:**	**Contact Email:**
Approved by:	**Date:**	**Signature:**	**Contact Number:**	**Contact Email:**

Appendix 7 – Annual Record Submission Requirements

As part of the scheduled yearly reporting cycle, hospitals are required to submit the documents and records listed below to the UMOC, in accordance with the cited clauses. Records with time-sensitive submission timelines, defined in this standard, are not included here (this is only for the yearly reporting cycle).

Table 4. Documentation Submission Requirements for the Annual Cycle.

Elements outlined in this Table shall be submitted to the UMOC no later than the third Monday of January each year.

Section	Documents & Records	Clauses
Governance	Emergency Management Committee Charter, Meeting Agendas, Minutes, Attendance Logs, Annual Committee Report	3.23
Hospital Incident Command System	Updated HICS Profile, Job Action Sheets (JASs), Activation/Deactivation Procedures, Centralized Toolkit	3.35–3.36
Risk Management	Annual Risk Assessment and Management Report(s), Risk Register	3.15–3.16
Emergency Operations Plan	Updated Emergency Operations Plan (EOP), including Base Plan, Functional Annexes, and Hazard-Specific Annexes	3.43–3.45
Communication Plan	Internal/External Communication Protocols, Redundant Communication Systems, Notification Logs	3.52–3.54
Surge Plan	Surge Plan including triggers, staffing models, and stockpile monitoring logs	3.60–3.67
Emergency Color Codes	Updated Color Code Annexes with tiered responses and SME rosters	3.68–3.78
Policies and Procedures	SOPs, JASs, and Operational Protocols for response (e.g., triage, staff recall, patient tracking)	3.80–3.81
Business Continuity Management	BCM Plan, Risk Register, Annual BCM Summary Report	3.82–3.85
Workforce Readiness	Training Schedules, Education & Training Records, Exercise Evaluations	3.86–3.110
HCIDAs	HCIDA Preparedness Plans, IPC Strategies, Diagnostic Agreements, Staff Protection Protocols	3.111–3.120
After-Action Review & Improvement	Annual Summary of AARs, Corrective Action Plans (CAPs), In-Action Reviews (IARs), Improvement Plan	3.121–3.134