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DHA Healthcare Emergencies Crises & Disasters Management Framework For The Emirate Of Dubai

Version 1.0

Issue date: 14/11/2024

Effective date: 14/01/2025

Public Health Protection Department (2024)



INTRODUCTION

Public Health and Protection Department forms an integral part of Dubai Health Authority (DHA) and is mandated by Law No. (14) of 2021 amending Law No. (6) of 2018 Concerning the Dubai Health Authority, to undertake several functions including but not limited to:

- Developing and promoting public health strategies and policies in the Emirate of Dubai.
- Preventing and controlling communicable and non-communicable diseases through vaccination programs, health education and surveillance systems.
- Designing and implementing public health programs for the community to encourage healthy lifestyles and wellness.
- Ensuring the health and safety of workers by setting and enforcing standards for workplace health and safety.
- Promoting the health of the school community and supervising the provision of its curative and preventive services and health promotion programs.
- Developing and implementing plans and procedures for responding to public health emergencies, crises and disasters.
- Conducting and supporting research on public health issues and disseminating health information to the public and healthcare professionals.

The DHA Healthcare Emergencies, Crises & Disasters Management Framework for the Emirate of Dubai aims to fulfil the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Leading global efforts to combat epidemics and infectious diseases and prepare for disasters.
- Pioneering prevention efforts against non-communicable diseases.



ACKNOWLEDGMENT

The Public Health Protection Department developed this Framework in collaboration with Subject Matter Experts and would like to acknowledge and thank the health professionals and the members of the Healthcare Readiness Emergency Committee (HREC) for their dedication towards improving the Emirate's emergency preparedness and resilience.

Public Health Protection

Dubai Health Authority

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EXECUTIVE SUMMARY

This Framework is designed to enhance the preparedness, response and recovery capabilities of healthcare facilities in the Emirate of Dubai, ensuring they are ready to handle a wide range of health emergencies, crises and disasters. Under this framework, healthcare facilities are mandated to develop and maintain robust emergency preparedness and response plans and resource management strategies that should be continuously refined. It also, emphasizes the importance of an organized response through a well-established Incident Command System and clear communication protocols, ensuring that facilities can act swiftly and efficiently during emergencies. Furthermore, the framework defines the roles and responsibilities for the deployment of field hospitals during crises, ensuring that healthcare facilities, along with DHA, can mobilize additional medical resources and capacity when the existing infrastructure is overwhelmed. Finally, alongside focusing on the framework's ultimate goal—restoring healthcare services to full capacity—it also advocates for a culture of continuous improvement.



DEFINITIONS

After-Action Review: a structured evaluation process and facilitated discussions used after an incident or an exercise to assess what happened, why it happened, and how it can be handled better.

Continuity of Government (COG) Plan: a strategic framework designed to ensure that a healthcare facility's government leadership can continue to operate effectively during and after a disruption or emergency. The primary objective of a COG Plan is to maintain decision-making capabilities, uphold organizational integrity and ensure that critical functions are sustained, thereby enabling the healthcare facility to deliver essential services and maintain accountability.

Continuity of Operations (COOP) Plan: is a comprehensive strategy designed to ensure that a healthcare facility can continue to perform its essential functions and provide critical services during and after a disruption or emergency. The primary objective of COOP is to maintain the highest possible level of patient care and operational stability in the face of various types of emergencies, such as natural disasters, pandemics, technological failures, or other significant incidents.

Crisis: an incident or series of incidents more complicated than an emergency, posing a significant threat to the stability and welfare of a large segment of the community, as well as the government's capacity to deliver its functions.

Disaster: an incident or series of incidents causing widespread serious damage and requiring full cooperation between the government and society to ensure fast recovery, and which may entail the support and assistance of the international community.

Emergency: an incident or series of incidents causing severe damage and threatening the political order, government business continuity, stability, security, human health, the environment or the economy. Such incidents may also require a special mobilization of and the coordination of multiple agencies.



Emergency Coordination Point (ECP): is a designated location or function within a healthcare facility responsible for managing and coordinating emergency response activities during crises. It serves as the central hub for communication, resource allocation and decision-making, ensuring efficient coordination between internal staff and external entities. The ECP can be quickly activated and is designed to streamline emergency operations without requiring the resources of a full-scale Emergency Operations Centre (EOC).

Emergency Operations Centre (EOC): it is a central command and control facility that coordinates emergency response, preparedness, management and recovery activities. An EOC is where senior officials, decision makers and support agencies receive information and direct operations during an emergency. An EOC can be a temporary or permanent location, depending on the jurisdiction or organization.

Emergency Operations Plan (EOP): also called Emergency Response Plan. It is a comprehensive document that outlines the procedures an organization will carry on to respond to emergencies or disaster. The plan includes identification of hazards, allocation of resources, coordination with external entities and continuity measures to ensure that essential functions are being maintained during disasters.

Emergency Care: refers to the provision of immediate medical attention and interventions (such as initial assessment, resuscitation, operative and anaesthetic care, postoperative care and rehabilitation) to individuals whose health conditions pose an immediate threat to life or require urgent treatment to prevent serious health consequences. It aims to stabilize patients, manage injuries and acute illnesses and prepare for further treatment or evacuation if necessary.

Field Hospital: is a temporary medical facility designed to provide acute and emergency care in situations where existing healthcare infrastructure is overwhelmed or non-existent. Typically, self-sufficient, and is equipped to perform essential medical functions such as triage, emergency care, surgery, and basic inpatient services. Field hospitals are often deployed for a defined period during disasters, military operations, pandemics, or large-scale public events. Their size and capability vary depending on specific



needs and available resources, with further details on the different types and basic requirements provided in (Appendix 12.3 & 12.4).

Hazards: events or physical conditions that have the potential to cause fatalities, injuries, property or infrastructure or environmental damage, disruption of health services or other type of social or economic disruption.

Hazard Mitigation: refers to the strategic process of identifying, evaluating and implementing measures to minimize or eliminate the long-term risks to human life and property from natural and man-made hazards within a healthcare setting. The goal is to reduce the overall impact of these hazards on patients, staff, visitors, and the healthcare facility itself.

Healthcare Emergencies, Crises & Disasters: any occurrences that demand immediate and effective response from healthcare facilities to prevent a potential or actual significant threat to public health and safety.

Healthcare Facilities: all of Dubai's healthcare facilities that are licenced by DHA, excluding cosmetics hospitals.

Healthcare Workforce: licenced health professionals and administrative staff working in Dubai healthcare facilities.

Hybrid Disasters: disasters involving a combination of natural and man-made elements. For example, a flood caused by a dam failure.

Incident Command System (ICS): a standardized management tool that enables coordinated emergency response by integrating facilities, equipment, personnel, procedures and communications within a common organizational structure. It is designed to handle incidents of any size and complexity ensuring efficient resource management, safety and effective operational control.

Man-Made Disasters: they are the extreme hazardous events that are caused by human beings such as environmental, transnational, technological and industrial incidents.

Natural Disasters: disasters that are caused by natural phenomena such as earthquakes, hurricanes, floods, tornadoes, volcanic eruptions, and tsunamis.

Preparedness: measures taken to ensure the necessary capabilities, including plans, training and equipment, for effective management of an emergency, crisis, or disaster. The preparedness phase entails coordinating the preparation, training and exercising of national response plans.

Recovery: all coordinated activities and measures taken following an emergency, crisis, or disaster that are aimed at reconstructing the damaged infrastructure and bringing life back to normal. The recovery phase includes both short-term and long-term measures.

Recovery Plan: a comprehensive strategy designed to restore and resume normal operations, services, and functions after a disruption or emergency. The primary objective of the recovery plan is to ensure a swift, organized, and efficient return to full operational capacity while minimizing the adverse impacts on patient care, staff and the facility's infrastructure.

Resource Management Plan: a strategic and comprehensive document that outlines how the health facility will acquire, allocate, manage and optimize its resources to deliver quality healthcare services. This plan addresses the effective utilization of resources such as medical staff, equipment, supplies, finances and infrastructure to ensure the facility operates efficiently and can respond to both routine and emergency situations.

Response: the immediate actions taken to address the direct impacts of an emergency, a crisis, or a disaster, aiming to prevent loss of life, mitigate damage and provide communities with the necessary support.

Risk Assessment: the process of identifying risks by analysing threats and evaluating the likelihood and potential impact of events to help determine the vulnerabilities and potential effects of different hazards on communities, infrastructure and the environment, in order to prioritize mitigation efforts and allocate resources effectively.



ABBREVIATIONS

COG	Continuity of Government
COOP	Continuity of Operations Plan
DHA	Dubai Health Authority
EOC	Emergency Operations Centre
EOP	Emergency Operations Plan
ICS	Incident Command System
NCEMA	National Crisis and Emergency Management Authority
UAE	United Arab Emirates



1. BACKGROUND

The Emirate of Dubai is recognized globally for its rapid growth. The Dubai Health Authority's (DHA) has established the "Healthcare Emergencies, Crises & Disasters Management Framework" as part of its commitment to safeguarding the health and well-being of its residents and visitors. This initiative is driven by the need to enhance the resilience of healthcare services against the spectrum of potential emergencies, crises and disasters, both natural and man-made, that could impact the region.

2. SCOPE

- 2.1. All Healthcare emergencies, crises and disasters occurring nationally or at the level of the Emirate of Dubai.
- 2.2. Other emergencies, crises or disasters resulting in injuries, mass casualties or conditions that require therapeutic or health care intervention.
- 2.3. Any potential risks that affect public health or have repercussions on healthcare or the community of the Emirate of Dubai.

3. PURPOSE

- 3.1. To set the framework for managing healthcare emergencies, crises and disasters for healthcare facilities under the jurisdiction of DHA.
- 3.2. To ensure rapid, coordinated, and effective responses to protect public health, prevent loss of life, and minimize disruption to healthcare services.



4. APPLICABILITY

- 4.1. DHA licensed healthcare facilities and their workforce.

5. CHAPTER ONE: ROLES AND RESPONSIBILITIES

- 5.1. DHA adheres to the Federal Decree-Law N. (2) of 2011 and the National Response Framework (NRF) by the National Crisis and Emergency Management Authority (NCEMA), and adheres to Decree No. (4) of 2021 Concerning the Supreme Committee of Emergency, Crisis, and Disaster Management in the Emirate of Dubai, and acknowledges the roles and responsibilities defined within accordingly.
- 5.2. DHA should act as the leading entity for managing healthcare emergencies and crises at the Emirate's level and supporting entity at the National level, while coordinating with the relevant entities and healthcare facilities.
- 5.3. DHA should provide all the required support to the leading entity for other types of crises and disasters, while coordinating with the relevant entities and healthcare facilities.
- 5.4. Healthcare facilities should provide all the support during health crises or emergencies and follow the instructions of DHA while coordinating with the relevant stakeholders.



6. CHAPTER TWO: HAZARD MITIGATION & PREVENTION

- 6.1. Healthcare facilities should conduct regular and comprehensive risk assessments to identify and profile all hazards that could impact the healthcare infrastructure and public health in Dubai, including natural, man-made and hybrid disasters.
- 6.2. Healthcare facilities should conduct annual hazard vulnerability analysis against identified risks in order to evaluate its resilience, the adequacy of current medical supplies and the preparedness of human resources.
- 6.3. Every healthcare facility should be identifying the structural and non-structural vulnerabilities of the facility's patient care environments and how the facility will perform in the event of an emergency or disaster.
- 6.4. Healthcare facilities should be able to understand and codify the potential impact of identified risks on service delivery and public health, thus enabling targeted mitigation strategies to strengthen the emergency response system robustness.
- 6.5. Mitigation Plan based on the identified hazards, should be developed through formal planning involving stakeholders to establish short- and long-term strategies, actions, goals and objectives.
- 6.6. Healthcare facilities should share with DHA the outcome of their annual hazard vulnerability analysis, including the top (5) identified risks that affect healthcare directly and their mitigation plans.



7. CHAPTER THREE: PLANNING AND PREPAREDNESS

- 7.1. Healthcare facilities, through formal planning and processes involving stakeholders and by addressing all identified hazards, should develop a Continuity of Operations Plan (COOP) and Continuity of Government (COG) Plan.
- 7.2. Healthcare facilities should identify a focal point for coordination and communication with DHA about health crises and emergencies planning and management. This designated focal point should preferably be an incident command member. For more information on the criteria of the designated focal point see (Appendix 11.1). Information of the designated focal point should be shared with DHA through the Disaster Management Office official channels, Email: DMO@dha.gov.ae, Phone: 04 599 7777.
- 7.3. Healthcare facilities should identify and communicate a dedicated phone number and email to ensure 24/7 effective communication with DHA during emergencies.
- 7.4. Healthcare facilities like hospitals or large specialized medical centres should establish a designated and a full-scale Emergency Operations Centre (EOC) or assign a place that can be converted immediately to serve as an EOC that is staffed appropriately and can function 24/7. In addition, an alternative site must be identified as a business continuity measure in case of damage to the main EOC. This centre will serve as the central hub for coordinating emergency response efforts, ensuring efficient communication and resource management during health crises and emergencies. For more information on the minimum requirement for establishing an EOC see (Appendix 11.2).



- 7.5. Outpatient clinics and ambulatory care centres should establish a simplified command structure or an Emergency Coordination Point (ECP) that can be activated quickly during crises. This ECP will serve as the facility's central point for managing emergency response, coordinating with external healthcare providers, and ensuring clear communication with DHA and other healthcare facilities. While not requiring a full-scale EOC, these facilities must ensure their emergency plans can be swiftly implemented to maintain continuity of care.
- 7.6. Other small healthcare settings, such as primary care clinics and specialized medical centres, should implement basic emergency response plans with a lead or a designated person responsible for managing emergency actions. This lead will coordinate with DHA and other healthcare facilities if required, ensuring timely communication and resource allocation during crises. These facilities are not required to have a full-scale EOC but must ensure they have clear and executable plans for emergency management.
- 7.7. Healthcare facilities should develop and maintain a comprehensive emergency response plans for different emergencies and disasters scenarios in order to outline specific actions, and for resource allocations and deciding of roles of different stakeholders, to ensure a coordinated and effective response. Plans should be reviewed and updated annually or whenever there is a new risk identified, legal or regulatory updates and post emergency, or more frequent as deemed required.
- 7.8. A detailed inventory of all strategic medical stockpile related resources (such as lifesaving medications, medications used in emergencies as well as medications used in



acute and chronic medical cases) should be shared with DHA, through direct communication or system integration.

7.9. Healthcare facilities should establish a Resource Management Plan designed based on the identified hazards and addresses goals, objectives, gap analysis, resource management system, donations management system and the management of volunteers.

7.10. Healthcare facilities should adhere to the established emergency communication protocol for accurate and effective information exchange between stakeholders during health crises, emergencies and disasters.

7.11. Annual training needs assessment should be conducted by the healthcare facilities to determine the training requirements related to health emergencies, crises and disasters.

7.12. Regular training programs and simulation drills/exercises related to health emergencies, crises and disasters should be developed and conducted annually for healthcare workforce. These activities should be based on the training needs assessment to ensure preparedness, familiarize staff with emergency procedures and regularly evaluate the effectiveness of emergency response plans.

7.13. At least one exercise/drill related to health emergencies, crises and disasters should be conducted annually. Exercise/drill report should be shared with DHA.

7.14. The training programs should be evaluated and updated annually to incorporate new procedures and technologies. Additionally, feedback from previous drills and actual events should be considered when developing the training materials and methods.



7.15. Healthcare facilities should engage in collaborative preparedness activities coordinated by DHA, including shared training programs, inter-facility drills and mutual aid agreements, to enhance community resilience and ensure a cohesive response across facilities during widespread emergencies.

8. CHAPTER FOUR: ACTIVATION & RESPONSE

- 8.1. In the event of health crises or emergencies, DHA will activate emergency response plans by releasing clear directives to healthcare facilities through the designated focal points or the EOCs, providing strategic coordination through the Incident Command System (ICS), and mobilizing resources to ensure swift and unified response efforts.
- 8.2. All healthcare facilities are required to provide information and any status updates as requested by DHA.
- 8.3. Every healthcare facility is required to establish an ICS in order to organize response efforts efficiently and effectively. The ICS should provide a standardized approach to the command and control of emergency response while ensuring clear lines of authority, operational processes and communication channels and protocols.
- 8.4. Healthcare facilities should make sure all relevant personnel, receive training in ICS principles and roles. This training will ensure they understand their responsibilities within the command structure, therefore perform their tasks efficiently according to their predefined roles.



- 8.5. Healthcare facilities should make sure their ICS is aligned with the local and national emergency management systems to enable seamless communication and resource coordination across different levels of response during widespread emergencies.
- 8.6. Upon identification of an emergency, healthcare facilities should promptly activate their emergency response plans, while communicating with DHA's ICS to report status within (1-2) hours and receive further instructions.
- 8.7. Healthcare facilities should prioritize maintaining continuity of care and managing patient flow during and following emergencies. An Emergency Operations Plan (EOP) must be established to ensure the maintenance of critical health services, such as emergency medical services, intensive care, surgical services, and maternity care, including strategies for alternative service delivery models as necessary.
- 8.8. Healthcare facilities should identify and maintain essential systems such as power supplies, water, sanitation and medical gas systems during disasters. Backup strategies for different resources or recovery systems should be created for use during and following an emergency, including strategies for alternative service delivery models as necessary.
- 8.9. Healthcare facilities should maintain open lines of communication with DHA, and other relevant entities. Regular updates should be provided to all stakeholders including healthcare workforce and patients, utilizing multiple communication channels to disseminate information accurately and promptly.



8.10. Healthcare workforce who commit to volunteering, after completing the required trainings arranged by DHA, are expected to respond to volunteering requests at times of health emergencies or disasters. Therefore, Healthcare facilities are expected to provide all the support needed in these cases for their volunteering staff.

9. CHAPTER FIVE: FIELD HOSPITALS

9.1. In the event of a disaster requiring the activation of additional medical facilities, DHA should assume responsibility for the deployment of field hospitals, ensuring a rapid and coordinated response to emergent healthcare needs.

9.2. DHA should assess the disaster's impact and strategically identify optimal locations for field hospital deployment. It should determine and communicate the appropriate field hospital level and staffing requirements (including the number and specialization of personnel) based on the severity of incident, the availability of healthcare facilities, resource capacity and the geographic distribution of casualties.

9.3. DHA should manage the logistical coordination, infrastructure setup, and overall oversight of field hospitals, ensuring seamless integration with existing healthcare services. While healthcare facilities should take the responsibility of the overall operation of the field hospital.

9.4. DHA should facilitate the allocation and mobilization of essential medical supplies, equipment and technology from strategic medical stockpile to support field hospital operations when necessary.



9.5. Healthcare facilities in proximity to the deployment site and based on instructions from DHA should provide additional resources, including but not limited to: specialized medical equipment, pharmaceuticals, ancillary supplies and consumables, to manage the operation of the field hospital.

9.6. Healthcare facilities should deploy multidisciplinary teams of healthcare professionals, including physicians, nurses and allied health staff, according to the field hospital requirements that will be defined by DHA, to ensure that they are adequately staffed to manage the increased patient volume and complexity of cases.

9.7. Deployed healthcare professionals should be responsible for delivering high-quality emergency care, including triage and stabilization of patients within the field hospital setting. They should address a spectrum of acute medical and surgical conditions resulting from the emergency, crisis or disaster, for both adults and paediatric patients.

9.8. Healthcare facilities should maintain a state of readiness to provide ongoing support, including additional personnel, supplies and clinical expertise, as the situation evolves and the demand for services continues.

9.9. For more information on field hospitals requirements refer to (Appendix 12.3 & 12.4).

10. CHAPTER SIX: RECOVERY

10.1. Healthcare facilities should engage in recovery and rehabilitation efforts to restore health services, assess and address damages, and support the health and well-being of the community and healthcare workforce.



- 10.2. Healthcare facilities should develop and maintain a comprehensive Recovery Plan that outlines the steps to guide the restoration of services and infrastructure to pre-disaster conditions.
- 10.3. Considering psychological impact of emergencies on patients, families and healthcare workforce, healthcare facilities should provide or facilitate access to mental health and psychosocial support to their staff and patients. This could include, but not limited to, offering counselling, stress management workshops, and peer support groups.
- 10.4. Healthcare facilities should conduct thorough evaluations of their response and recovery efforts, including debriefings and after-action reviews with all involved personnel, to gather insights and identify areas of improvements. Then, findings should be reported to DHA within 30 days for the purpose of enhancing future emergency preparedness and response strategies across the healthcare system. Major findings must be reported within 5 working days to address critical issues requiring immediate action and to ensure leadership is promptly alerted to the situation.
- 10.5. DHA will rigorously assess the efficiency and effectiveness of health crisis and emergency management plans implemented by healthcare facilities to ensure that they align with established standards and deliver optimal outcome during emergencies. Healthcare facilities are expected to share their plans with DHA upon request to facilitate this evaluation.

10.6. Healthcare facilities should ensure the availability and efficient use of medical supplies, pharmaceutical stock, and equipment both before, during and after emergencies and disasters, in alignment with the UAE's strategic medical stockpile.

11. CHAPTER SEVEN: CONTINUOUS IMPROVEMENTS

11.1. A structured continuous improvement process should be in place, integrating lessons learned from drills, simulations, real-world events and feedback from stakeholders, in order to fine tune the disaster response strategies.

11.2. Continuous staff training and competency evaluation should be in place to ensure that all personnel are proficient in their designated emergency roles. Healthcare facilities must make sure that the training programs are frequently updated to reflect the latest in emergency response and alignment with the National Emergency Response.

11.3. DHA encourages healthcare facilities to stay informed about global best practices and technological advancements in emergency and disaster management.

12. APPENDIX

12.1. Criteria for Designating a Focal Point for Coordination and Communication

Role:	Focal Point for Coordination and Communication with DHA
Qualifications and Experience:	
<p>1. Professional Experience:</p> <ul style="list-style-type: none"> ○ Proven experience in emergency management, crisis response, or a related field. ○ Experience within a healthcare setting is preferred. 	



- Demonstrated experience in coordinating with government agencies and healthcare organizations.

2. Skills and Competencies:

- Strong leadership and decision-making skills.
- Excellent communication and interpersonal skills.
- Proficiency in crisis management and emergency planning.
- Ability to work under pressure and manage multiple tasks simultaneously.
- Proficient in the use of emergency management software and tools.
- Knowledge of local, national, and international emergency management protocols and guidelines.

Responsibilities:

1. Coordination and Communication:

- Serves as the primary liaison between the healthcare facility and DHA for all matters related to health crises and emergency planning and management.
- Ensures immediate and accurate communication of information between DHA and the healthcare facility. With notification occurring within (1-2) hours of any major incident.

2. Emergency Planning and Preparedness:

- Leads the development and regular updating of the facility's emergency operations plans (EOPs).
- Coordinates the implementation of training programs and simulation exercises for staff.
- Ensures the healthcare facility's emergency preparedness aligns with DHA guidelines and standards.

3. Operational Readiness:

- Oversees the establishment and maintenance of the facility's emergency operations center (EOC).
- Ensure that the EOC can be activated immediately.
- Maintains an up-to-date inventory of resources, including medical supplies, equipment, and personnel.

4. Risk Assessment and Mitigation:

- Conducts regular risk assessments and vulnerability analyses to identify potential hazards and risks to the healthcare facility.
- Develops and implement mitigation strategies to minimize the impact of identified risks.

5. Continuous Improvement:



- Participates in after-action reviews and incorporates lessons learned into emergency planning and preparedness activities.
 - Stays informed about the latest developments in emergency management and incorporate best practices into the facility's emergency response framework.
- 6. Stakeholder Engagement:**
- Fosters strong relationships with internal and external stakeholders, including government agencies, emergency services, and community organizations.
 - Coordinates collaborative preparedness activities, such as joint training programs and inter-facility drills/exercises, to enhance community resilience.

12.2. Minimal Requirements for Establishing an EOC (applies for alternative EOC)

Location and Physical Requirements:

1. Designated Space:

- A dedicated room.
- Located in a secure and accessible part of the healthcare facility.
- Should be able to accommodate key personnel and necessary equipment.

2. Infrastructure:

- Reliable power supply, uninterruptible power supply (UPS) with backup generators.
- Adequate lighting, ventilation and climate control.
- Sufficient space for workstations, meeting areas and essential equipment.

3. Security:

- Controlled access to ensure the safety and security of personnel and sensitive information.
- Surveillance systems to monitor the EOC and its surroundings (CCTV).

Technological and Communication Requirements:

1. Communication Systems:

- Multi-channel communication systems (e.g., phones, radios, internet, radio/satellite phones/TETRA) to ensure uninterrupted communication.
- Secure and reliable internet connection.
- Video conferencing capabilities for remote coordination.

2. Information Technology:

- Computers and laptops with necessary software for emergency management.



- Large display screens or projectors for real-time data visualization and situation monitoring.

3. Data Management:

- Access to emergency management software and tools for tracking incidents, resources and personnel.
- Secure databases for storing and retrieving critical information.

Operational Requirements:

1. Staffing:

- A roster of trained personnel who can staff the EOC during an emergency (24/7).
- Clear roles and responsibilities for EOC staff members/ Job Action Cards for each position.

2. Resource Management:

- Inventory of necessary supplies (e.g., office supplies, medical supplies, personal protective equipment).
- Access to logistics support for the procurement and distribution of resources.

3. Standard Operating Procedures (SOPs):

- Established SOPs for activating, operating, and deactivating the EOC.
- Protocols for information sharing, decision-making and coordination with internal and external stakeholders.

4. Documentation and Reporting:

- Systems for recording all actions, decisions and communications during an emergency.
- Templates and forms for situation reports, resource requests and incident logs.

5. Training and Exercises:

- Regular training programs for EOC personnel on their roles and responsibilities.
- Periodic drills and exercises to test the functionality and readiness of the EOC.
- After-action reviews to identify areas for improvement and update EOC procedures accordingly.

Health and Safety Requirements:

1. Sanitation and Hygiene:

- Facilities for hand hygiene and sanitation.
- Availability of personal protective equipment (PPE) for EOC personnel.
- Fire Safety Measures (fire alarm systems/sprinkle systems/fire extinguishers/fire exit/smoke detectors and sensors)
- Emergency lights

2. Wellness and Support:



- Provisions for rest areas, food and hydration for EOC staff during prolonged operations.
- Toilets/washrooms for male & female staff

12.3. Minimal Requirements for Establishing Field Hospitals

Infrastructure and Facilities

- The field hospital must have weatherproofed and climate-controlled shelters capable of maintaining a controlled climate for patients, staff and medical equipment.
- Provision of handwashing stations, toilets and appropriate waste disposal systems, to maintain hygiene and control the spread of infections. The management of medical and hazardous waste is essential.
- Reliable power sources, such as generators with backup fuel and refueling process, should be available to ensure continuous operation of medical equipment, lighting and essential systems for the entire duration of the hospital's function.
- Designated and clearly labeled areas for patient triage, clinical services, medical supply storage, staff accommodation, and command/admin functions. Isolation areas with private utilities should also be established for infectious cases.

Medical Services and Equipment

- Capability to provide basic emergency medical services, including triage, stabilization and treatment of trauma, burns and other acute conditions.
- Essential medical equipment such as portable ventilators, transport ventilators, ECG machines, defibrillators, patient monitors, oxygen delivery systems and portable diagnostic tools (ultrasound, X-ray).
- Adequate supply of essential medications, such as analgesics, antibiotics, narcotics, intravenous fluids and emergency drugs (e.g., epinephrine, insulin), must be available. Protocols for drug control and dispensing should be in place.

Staffing and Personnel

- Multidisciplinary medical team consisting of physicians, nurses, paramedics and allied health professionals trained in emergency medicine and disaster response.
- Adequate number of support staff, including logisticians, administrators and sanitation workers to manage facility operations. Ensure staffing for continuous operations, including replacement and shift change processes.



<ul style="list-style-type: none"> Well-established protocols for staff replacement, shift changes, and handover procedures.
<p>Communication and Coordination</p>
<ul style="list-style-type: none"> Reliable communication equipment, such as satellite phones and radios, should be available to ensure constant contact with coordinating bodies, other healthcare facilities, and emergency services. A clear command structure should be established, with designated roles and responsibilities for all staff, to ensure efficient decision-making, resource allocation and smooth operation of the hospital.
<p>Patient Management and Records</p>
<ul style="list-style-type: none"> A triage system must be in place to prioritize patients based on the severity of their conditions, ensuring that those in critical need receive immediate care. A simplified yet effective system for maintaining basic medical records should be implemented, for tracking patient care, insuring continuity of treatment and enabling follow-up if necessary.
<p>Infection Control</p>
<ul style="list-style-type: none"> Strict infection prevention and control protocols must be in place, including the use of personal protective equipment (PPE) and isolation areas for infectious patients. The facility must have the capability to sterilize medical instruments and supplies, either through autoclaves or chemical sterilization methods. Clear process for managing medical waste and hazardous materials, particularly for cases involving infectious disease.
<p>Logistics and Supply Chain</p>
<ul style="list-style-type: none"> A robust logistics plan should be in place to ensure the continuous supply of medical supplies, food, water and essential resources. Pre-established agreements with suppliers and local health authorities are key. Proper waste management systems should be in place to handle medical and non-medical waste, minimizing environmental impact and avoiding contamination.

12.4. Field Hospitals Levels



Field Hospital Level	Field Hospital Type	Medical Service	Required Equipment	Disaster Type
Level 1	Basic Emergency Care: Mobile units or small fixed sites.	<ul style="list-style-type: none"> - Basic first aid and triage - Minor wound care - Stabilization of patients - Limited outpatient services 	<ul style="list-style-type: none"> - First aid kits - Oxygen tanks - Portable monitors - IV supplies - Stretchers 	<ul style="list-style-type: none"> - Localized disasters like floods or storms - Minor mass casualty events - Infectious disease outbreaks (localized)
Level 2	Advanced Emergency Care: Larger mobile units or fixed sites.	<ul style="list-style-type: none"> - Triage and stabilization - Basic surgical interventions - IV fluids & pain management - Trauma care - Resuscitation - Short-term inpatient care 	<ul style="list-style-type: none"> - Portable operating tables - Ventilators - Surgical kits - Ultrasound equipment - X-ray machines - Blood 	<ul style="list-style-type: none"> - Earthquakes - Major storms or floods - Moderate mass casualty events - Infectious disease outbreaks (regional)

REFERENCES

- Law No. (14) of 2021 amending Law No. (6) of 2018 Concerning the Dubai Health Authority
- Executive Council Resolution No. (30) of 2024 Forming the Supreme Committee of Emergency, Crisis, and Disaster Management in the Emirate of Dubai.
- Decree No. (4) of 2021 Concerning the Supreme Committee of Emergency, Crisis, and Disaster Management in the Emirate of Dubai
- Administrative Decision No. (14) of 2024 Regarding the Formation of the Emergency and Health Crisis Preparedness Committee in the Emirate of Dubai.
- Federal Decree-Law N. (2) of 2011 In Respect of the Establishment of the National Crisis and Emergency Management Authority (NCEMA)
- National Response Framework by NCEMA 1st Edition
- Health Emergency and Disaster Risk Management Framework – WHO 2021
- EMAP EMS 5-2022
- Dubai Resilient Strategy (2020-2030)
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- Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters - WHO 2013