



OCCUPATIONAL HEALTH, SAFETY AND  
ENVIRONMENT (OHSE)

APPROVED CODE OF PRACTICE (ACOP)  
FOR CLINICAL OPERATORS

# OHSE ACOP FOR CLINICAL OPERATORS

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# OHSE ACOP FOR CLINICAL OPERATORS

## Section 1: Introduction

The Occupational Health, Safety and Environment (OHSE) Approved Code of Practice (ACOP) for Clinical Operators operating within Dubai Healthcare City (DHCC) has been developed to ensure compliance to international best practices, standards, United Arab Emirate Federal laws, Dubai Government Laws and Dubai municipality HSE code of practices. It is binding on all tenants, stakeholders, visitors, employees, contractors and consultants connected to Clinical operations. Full compliance with this document will ensure that statutory and regulatory obligations are met whilst non compliance may result in breach of legal and statutory requirements.

DHCC clinical tenants cannot be operational until a pre operational OHSE assessment has been conducted by DHCC OHSE department and approval has been granted by issuance of an “OHSE Operational Readiness Certificate”.

The DHCC OHSE Department shall make periodic inspections and/or audits to DHCC tenant facilities to ensure compliance with UAE federal laws, Dubai Government laws, Dubai municipality and DHCC OHSE ACOP for Clinical Operators. Identified nonconformities will be reported to DHCC and the tenant for corrective actions. It is the responsibility of each tenant to fully cooperate with the DHCC OHSE Department to ensure compliance.

**Saeed Al Muntafiq**

Chairman of the Board  
Dubai Healthcare City

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## Section 2: Abbreviations & Glossary

### 2.1 Abbreviations

2.1.1	DHCC	Dubai Healthcare City
2.1.2	OHSE	Occupational Health, Safety & Environment

### 2.2 Glossary

2.2.1.	Accident	Undesired event giving rise to death, ill health, injury, damage or other loss.
2.2.2.	Appointed Person	Appointed person is a person appointed to take action when someone is injured or falls ill, including calling ambulance if required. He shall look after the first-aid equipment and restocking the first-aid box. Appointed persons <b>shall not</b> attempt to give first aid for which they have not been trained through short emergency first aid training courses.
2.2.3.	Audit	Systematic examination to determine whether activities and related results conform to planned arrangements and whether these arrangements are implemented effectively and are suitable for achieving the organization's policy and objectives.
2.2.4.	Auditor	Person with the competence to conduct an audit
2.2.5.	Autoclave	A piece of equipment that uses steam at high pressure to sterilize (clean) objects used in medical operations.
2.2.6.	Continual improvement	Process of enhancing the OHSE management system, to achieve improvements in overall OHSE performances, in line with the organization's OHSE policy.
2.2.7.	Corrective Action	An action to eliminate the cause of a detected nonconformity.
2.2.8.	Disaster	A sudden event that results in death, incapacitation, or injury to a relatively large number of persons, creating a usual stress on organizational resources.
2.2.9.	Document	Information and its supporting medium. The medium can be paper, magnetic, electronic or optical computer disc, photograph or master sample, or a combination thereof.
2.2.10.	Emergency	A sudden and usually unforeseen event that must be countered immediately to minimize the consequences.
2.2.11.	Environment	Surroundings in which an organization operates, including air, water, land, natural resources, flora, fauna, humans, and their interrelation.
2.2.12.	Environmental Aspect	Element of an organization's activities or products or services that can interact

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		with the environment. A significant environmental aspect has or can have a significant environmental impact.
2.2.13.	Environmental Impact	Any change to the environment, whether adverse or beneficial, wholly or partially resulting from an organization's environmental aspects.
2.2.14.	First Aider	A first aider is a person who has received training and who holds a current first aid certificate from an organization or employer whose training and qualification for first aiders are approved by the OHSE Department.
2.2.15.	Hazard	Source or situation with a potential for harm in terms of injury or ill health, damage to property, damage to the workplace environment, or a combination thereof.
2.2.16.	Hazard Identification	Process of recognizing that a hazard exists and defining its characteristics.
2.2.17.	Hazardous Materials	Hazardous materials appear in various forms than can cause death, serious injury, long-lasting health effects, or cause damage to property. They come in the form of explosives, flammable and combustible substances, poisons, acid or alkali chemicals, and radioactive materials.
2.2.18.	Ill Health	Identifiable, adverse physical or mental condition arising from and or made worse by a work activity and or work related situation.
2.2.19.	Incident	Work related events in which an injury or ill health (regardless of severity) or fatality occurred or could have occurred. Events that give rise to an accident or have the potential to lead to an accident. An accident where no ill health, injury, damage, or other loss occurs is also referred to as a "near-miss". The term "incident" includes "near-miss".
2.2.20.	OHSE Management System	An OHSE management system is a set of interrelated elements used to establish OHSE policy and objectives and to achieve those objectives. An OHSE management system includes organizational structure, planning activities, responsibilities, practices, procedures, processes and resources.
2.2.21.	OHSE Objective	Overall OHSE goal, consistent with the OHSE policy, that an organization sets itself to achieve.
2.2.22.	OHSE Performance	Measurable results against the organization's OHSE policy, objectives, targets and performance requirements.
2.2.23.	OHSE Policy	Overall intentions and direction of an organization related to its OHSE performance as formally expressed by top management. The OHSE policy provides a framework for action and for the setting of OHSE objectives and HSE targets.

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2.2.24.	OHSE Target	A detailed performance requirement applicable to the organization or parts thereof, that arises from the OHSE objectives.
2.2.25.	Interested party	Individual or group concerned with or affected by the OHSE performance of an organization.
2.2.26.	Occupational Health and Safety	Conditions and factors that affect the well-being of employees, contractor personnel, visitors and any other person in the workplace.
2.2.27.	Organization	Company, corporation, firm, enterprise, authority or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration within the DHCC.
2.2.28.	Prevention of Pollution	Use of processes, practices, techniques, materials, products, services or energy to avoid, reduce or control (separately or in combination) the creation, emission or discharge of any type of pollutant or waste. Examples include; efficient use of resources, material and energy substitution, reuse, recovery, recycling, reclamation and treatment.
2.2.29.	Preventive Action	Identification and actions to eliminate the cause of a potential nonconformity.
2.2.30.	Procedure	Specified way to carry out an activity or a process. Procedures can be documented in an electronic or paper form.
2.2.31.	Record	A document stating results achieved or providing evidence of activities performed. Records may be in paper or electronic forms.
2.2.32.	Risk	Combination of the likelihood and consequence(s) of a specified hazardous event occurring.
2.2.33.	Risk Assessment	Overall process of estimating the magnitude of risk and deciding whether or not the risk is tolerable
2.2.34.	Safety	Freedom from unacceptable risk of harm.
2.2.35.	Tenant	Leadership of hospital, clinic, firm, enterprise, or institution licensed to operate within DHCC.
2.2.36.	Tolerable Risk	Risk that has been reduced to a level that can be endured by the organization having regard to its legal obligation and its own OHSE policy.

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## Section 3: OHSE Compliance – Roles & Responsibilities

### 3.1 Enforcement of the Occupational Health, Safety and Environmental Approved Code of Practice

The OHSE Department shall be responsible for the enforcement and implementation of the OHSE ACOP.

**NB: Appendix D outlines the Quality Policy (Version 5.0).**

**NB: Appendix E outlines the Occupational Health, Safety and Environmental Policy (Version 6.0).**

#### 3.1.1 Authority of OHSE Department

For the protection of Occupational Health & Safety of the people and the environment, the OHSE Department is empowered to:

- Amend as necessary the OHSE ACOP for the safe conduct of work and protection of the environment;
- Inspect and audit work places, take samples or photographs, issue directions, instructions and orders;
- Issue improvement and Prohibition notices for non compliances;
- Issue fines to violators via a pre-determined amount set by the Dubai Municipality (DM) Code of Practice; and
- Prepare and execute education training programs.

### 3.2 Responsibilities of Tenant / Contractors

#### 3.2.1 OHSE Compliance

DHCC tenants are responsible for complying with UAE Federal Laws, Dubai Government Laws, Dubai Municipality Guidelines, Codes of Practices and DHCC OHSE ACOP.

The DHCC Legal and Other Requirements Register contains the list of applicable Dubai Government Laws, Ministerial and Local Orders, Dubai Municipality Guidelines, Codes of Practices and International Best Practices in which the DHCC employees, tenants and contractors must abide by. The Legal & Other Requirements Procedure (SP-08) supports the register in ensuring compliance is achieved by all DHCC Tenants and Contractors.

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## 3.2.2 OHSE Policy

DHCC tenants shall develop an OHSE policy in accordance with the Federal & local OHSE Laws, Articles and Code of Practice. The OHSE policy shall be communicated and accessible to all personnel within the clinical workplace.

## 3.2.3 OHSE Management System

The DHCC tenants shall document and implement an OHSE Management System. For the protection, health, safety and wellbeing of the people and the environment, the DHCC OHSE department may introduce additional standards, policies and procedures which must be documented and implemented into the tenants OHSE management system.

## 3.2.4 OHSE Representative

The DHCC tenant shall appoint one OHSE representative for each workplace. The duties of the OHSE Representative shall include the following:

- Inspection of all clinical workplaces and the promotion of the safe conduct of work;
- Occupational Health and Safety Hazard identification and implementation of control measures;
- Environmental Aspect and Impact identification and implementation of control measures;
- Maintaining first aid facilities and personal protective equipment as demanded by the nature of the work;
- Reporting on incidents/accidents, investigating and maintaining records;
- Training of staff and ensuring that they are issued with adequate instructions;
- Maintain a register of chemical materials used at the premises, their Material Safety Data Sheets and advise management on their safe handling;
- Providing regular reports and advice to management and liaising with the DHCC OHSE Department to ensure compliance to the regulations and rules;
- Reviewing the emergency preparedness of the department; and
- Ensuring compliance to the provisions of this OHSE ACOP.

Where a tenant employs in excess of 50 persons, a full time OHSE representative shall be employed. The qualifications of the full time OHSE Representative shall include:

- Possesses a degree in any branch of Science, Engineering or Technology;
- Training in OHSE Management Systems;

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- Practical experience of working with OHSE Management Systems for not less than 1 Years; and
- Possesses an adequate knowledge of English.

## 3.2.5 Safe Working Conditions

The responsibility of the DHCC tenant is to provide safe working conditions which are free from recognized occupational health and safety hazards that may result in serious physical, emotional or mental harm or death to any staff, patients and visitors.

## 3.2.6 Exposure Standard

The DHCC tenant covered by a code of practice or handling any substance, for which an exposure standard is specified, shall comply and adopt with the technical and management directions and limitations.

## 3.2.7 Medical Examination

The DHCC tenant shall arrange for a medical examination of all staff engaged in the healthcare or allied activities, at the expense of the tenant within 30 days of initial recruitment and every 36 months thereafter. These results shall be kept confidential and maintained in the employee's personal files. Medical examinations shall be conducted at the Dubai Municipality clinic or any other clinic or hospital approved by the DHCC OHSE Department.

## 3.3 OHSE Committee

An OHSE Committee, comprising of the DHCC Senior Staff, the OHSE team and OHSE tenant representatives shall be formed to bring awareness, analyze and resolve OHSE issues, and to improve OHSE conditions in DHCC. The OHSE Committee is an advisory body for reporting and ensuring continual improvement of OHSE within DHCC. Representation shall include:

- Chairperson – OHSE Committee;
- DHCC OHSE Executive / Officer;
- OHSE Representative – Tenants; and
- OHSE Representative – Service Providers / Contractors / Subcontractors.

The OHSE Committee shall meet on a quarterly basis.

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## 3.3.1 Chairperson – OHSE Committee

The Chairperson of the OHSE committee shall be appointed by DHCC Senior Vice President and shall be responsible for:

- Providing leadership and direction to OHSE committee members;
- Chair the OHSE Committee meetings; and
- Approve the minutes of the OHSE Committee meetings.

## 3.3.2 DHCC OHSE Executive / Officer

The DHCC OHSE Executive / Officer shall be responsible for:

- Preparation of OHSE meeting schedule and agenda; and
- Monitor OHSE action plans.

## 3.3.3 OHSE Committee Members

The OHSE Committee members shall be responsible for:

- Regularly attending and contributing to OHSE meetings; and
- Carry out OHSE action plans as agreed upon.

## 3.4 OHSE Disciplinary Action

### 3.4.1 Verbal Notification

In instances where an OHSE hazard is immediately correctable, the OHSE Department shall inform the DHCC OHSE tenant representative of the existence of the OHSE hazard, impact or violation. The OHSE Department shall make a note of the time, place and person informed by the Verbal Notification. If, after 48 hours, the violation has not been corrected, a Written Notification in the form of an Improvement Notice will be issued.

### 3.4.2 Improvement Notice

In instances where an OHSE hazard is not immediately correctable or when a Verbal Notification has been ignored, the OHSE department shall issue an Improvement Notice. The Improvement Notice shall provide details of a Verbal Notification (when applicable), full explanation of the OHSE problem, and recommendations for corrective actions, including time frames. The

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Improvement Notice may include penalties and will most certainly be escalated to a Prohibition Notice if it is not complied with within the stipulated time frame. Copies of the Improvement Notice shall be distributed to the DHCC Senior Vice President, Vice Presidents and the DHCC Tenant.

## 3.4.3 Prohibition Notice

In instances where an OHSE violation or non compliance is of a serious nature and DHCC's OHSE Department deem there is significant risk to employees and others or to the building, plant and equipment, the OHSE Department will issue a Prohibition Notice. The Prohibition Notice shall include all details of the violation or non compliance and will include details of any corrective action required and the time frame to rectify the situation. The work process, plant or equipment will not re-commence or start up until the Prohibition Notice is closed out in coordination with DHCC's OHSE Department. Should the DHCC tenant fail to comply with the requirements of the Improvement Notice punitive action will be taken against the offender. Copies of the Prohibition Notice will be distributed to the DHCC Senior Vice President, Vice Presidents and the DHCC Tenant.

## Section 4: Occupational Health & Safety

### 4.1 Pre-Employment Assessment

The DHCC tenants shall not employ any person (male or female) under the age of 15. The tenants shall conduct a pre-employment assessment of employee health and maintain pre-employment medical history along with records of all medical tests performed.

### 4.2 Health Surveillance & Immunization

The DHCC tenant must conduct medical checks through a Dubai municipal or DHCC approved clinic & review the Health risk assessments of its employees. The tenants shall ensure vaccination of employees to prevent transmission of diseases. Health Records must be maintained and provided to DHCC as and when required.

### 4.3 Employee Training

All employees of the tenants shall receive regular OHSE education and training such as:

- Orientation;
- Modes of disease transmission;
- Disease control measures;
- Compliance to standard precaution;
- Immunization;

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- First Aid;
- Emergency Preparedness;
- Fire safety and
- General health, safety and environmental issues.

**NB: Evidence of training activities and attendees shall be documented, maintained, and available for auditing purposes.**

## 4.4 Pregnant Employees

The DHCC tenants shall advise pregnant employees on practicing standard precautions when dealing with patients.

## 4.5 Infectious Disease Exposures

The DHCC tenants shall develop an Infection Control plan which will include adequate steps to prevent exposure of employees to infectious diseases which include, but are not limited to hepatitis, chickenpox, measles, rubella, mumps, and tuberculosis. Where employees are infected with such diseases, the DHCC OHSE department must be informed and will assess the severity and exposure risk to all personnel.

## 4.6 Occupational Hazards

The tenants shall identify, minimize and control occupational hazards within the work environment. Occupational hazards shall include, but are not limited to:

- Biological/ Infectious hazards – such as bacteria, viruses, fungi or parasites;
- Chemical Hazards – such as toxins / gases;
- Mechanical Hazards – such as injuries, accidents, strains;
- Physical Hazards – such as radiation, electricity, extreme temperature, etc, that can cause trauma; and
- Psychological Hazards - associated with work environment, stress and/or emotional strain.
- Ergonomics Hazards – associated with the work station and lifting activities

## 4.7 Needle Stick / Sharp Injuries

All DHCC tenants shall have a needle stick / sharp injuries policy and procedure. The employees of the tenants shall report all needle stick/sharp injuries (percutaneous injury). The employees of the tenants shall also report all mucutaneous exposures of a mucous membrane (eye, nose

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or mouth) or chapped, abraded or dermatitic skin with blood, tissue or other body fluids that are potentially infectious.

## 4.8 Personal Protective Clothing and Equipment

The DHCC tenants shall provide protective clothing and equipment necessary to protect all employees from risk and/or danger. All protective clothing and equipment should comply with the relevant standards. Protective clothing and equipment of a personal nature, such as footwear or hairnets should be provided on an individual basis. All employees must use the protective equipment and clothing provided to prevent health and safety hazards.

## 4.9 Warning Signs

The DHCC tenants must provide suitable warning signs in front of dangerous positions, such as gas cylinders storage areas, radiation, biological hazards, chemical hazards and high voltage. The warning signs should be displayed in such a position that is clearly visible to persons working in or visiting the area.

Other signs shall also be provided to indicate designated areas or access such as emergency exits and access for persons with disabilities.

## 4.10 Housekeeping

Proper housekeeping, including a system for the separation of waste segregation shall be maintained. Refer to Section 11.2 for waste segregation identification.

## 4.11 Chemical Material Safety Data Sheets (MSDS)

The DHCC tenant shall ensure the following:

- Material Data Safety Sheets (MSDS) shall be kept for all chemicals – (Soaps, detergents, and disinfectants excluded);
- All storage areas must be approved by the OHSE Department;
- Chemicals shall be handled and stored according to the MSDS. All the hazardous chemicals should be stored in a manner to protect from weather conditions with adequate spill collection, ventilation, separation and fire protection; and
- Highly flammable products shall be maintained in a controlled environment.

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## 4.12 Ventilation & Lighting

The DHCC tenant shall provide adequate ventilation and illumination in the work place to ensure the safe conduct of work.

## 4.13 Radioactive Isotope

The DHCC tenant shall undertake approval from the CPQ / OHSE Department for importing, handling and storage of radioactive isotopes within the DHCC premises. The current IAEA, local rules and regulations shall apply.

## 4.14 Electrical Equipment

The DHCC tenant shall ensure the following:

- Electrical equipment shall be routinely checked by an authorized person. Evidence of the last checked date shall be kept, either using a date sticker adhered to the equipment and/or recording in a safety check logbook;
- Defective electric cables, apparatus, motors or fans must be rectified before any work is conducted;
- The use of two (2) electrical pin pugs is discouraged within DHCC. However, if there is no other alternative standard, the use of three (3) pin adaptors must be utilized.
- Electrical extension boards must not be overloaded and all cables must be secured and must not run across access routes.
- It is forbidden to replace burnt-out electrical fuses, or fit fuses which have a higher rating than the specified rating;
- Electric heaters, motors, fans or transformers must not be covered, but are to be protected so that they are not subjected to moisture, water, oil or steam;
- Isolation, where necessary, must be carried out before undertaking any repair/maintenance work on electrical installations.
- During work breaks and at the completion of the work day, lighting, electric motors, and electrical appliances that are not critical shall be switched off or on power saver mode;
- DHCC encourages the installation and use of energy saving electrical accessories & light fittings such as CFL.

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## 4.15 Alcohol and Non-Prescription Drugs

Alcohol and illicit drugs shall not be permitted within the DHCC premises. Persons suspected to be under the influence of alcohol or illicit drugs should not be permitted onto the DHCC tenant's premises.

## Section 5: Public Health

### 5.1 No Smoking Policy

It is prohibited for any DHCC tenant, their visitors or contractors to smoke in the DHCC premises other than in the designated smoking areas. Non compliance will result in disciplinary action as per Dubai Municipality legal guidelines and subsequent amendments.

### 5.2 Littering

Littering is not permitted in the DHCC premises. Violators will face disciplinary action as per Dubai Municipality legal guide lines and codes of practice.

### 5.3 Cleanliness

It is the responsibility of the DHCC tenant to maintain a clean and tidy facility at all times.

### 5.4 Display of Goods

It is prohibited for any tenant to display goods, abandon goods, deposit waste, or carry out any sort of activity outside of their premises.

### 5.5 Advertisements

It is prohibited to place advertisements upon any building other than the places designated by DHCC. A prior approval from DHCC will be required before placing any advertisements. DHCC reserves its discretion to allow such advertisements to be distributed only on payment of a pre-agreed fee.

### 5.6 Sanitary Facilities

The DHCC tenant shall ensure the following:

- Separate toilet facilities must be provided for male and female employees, patients and visitors;

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- Each facility must provide sufficient water closets, wash hand basins with running hot and cold water, liquid soap dispensers and hand dryers; and
- Toilet rooms should be well lit, ventilated to the external air and should have self-closing and tight-fitting doors. All toilet rooms and fixtures should be kept in good and sanitary condition.

## 5.7. Rest/ Waiting Area Facilities

The DHCC tenant shall ensure the following:

- Correct ergonomic seating(s) shall be provided for use of staff and visitors. When selecting seating, ergonomic principles should be considered, such as height, weight and stability of seating;
- Suitable rest areas shall be provided. The area(s) shall be lit, well-ventilated, free from distractions (i.e. noise or smell) and equipped with comfortable furniture; and
- Areas must be identified for disability and wheelchair access.

## 5.8 Eating Area within Workplace

The DHCC tenant shall ensure the following:

- A room or suitable place should be identified for employee eating / rest by the tenant;
- The designated area should be furnished with tables and chairs/stools; and
- The designated area should be lit, well ventilated, equipped with a microwave, refrigerator and sink with hot/cold running water.

## 5.9 Drinking Water

The DHCC tenant shall ensure the following:

- Adequate filtered cold drinking water facilities should be provided. Water should be available near the work area and easily accessible for disabled persons; and
- Drinking points should not be located in sanitary accommodation. Any appliance used to cool drinking water should be regularly inspected and well maintained as to prevent contamination.

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## 5.10 Water Tanks

Where applicable, the DHCC tenant shall ensure the following:

- All fresh water tanks must be kept in good condition and maintained properly. Water tanks should be cleaned on regular bases by approved cleaning company; and
- Records of tank maintenance shall be maintained, where the maintenance responsibility is that of the building owner, a copy of the maintenance record should be obtained.

## 5.11 Water Taps

The DHCC tenant shall ensure that all external water taps should be fitted with a proper drainage system.

## 5.12 Pet Animals

The DHCC tenant shall ensure that no pet animals, birds or live stock are allowed to be kept or fed in the work area without prior permission.

## 5.13 Infections

The DHCC tenant must inform the OHSE Department in case of any outbreak of any infectious disease and / or food poisoning case(s).

## Section 6: Emergency Preparedness & Response

### 6.1 Facility Layout

The DHCC tenant shall ensure a display of the clinical facility layout which shows sufficient detail to enable rescue services, utility workers and employees, to locate electrical power shutoffs, fire protection devices and emergency exits. The facility layout shall be reviewed and updated on a regular basis.

### 6.2 Fire Marshal and Emergency Coordinator

The DHCC tenant shall ensure that one person within their facility undertakes Fire Marshal training. The training undertaken must be approved by a company who is trained to deliver fire

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marshal training. Fire marshal certificates must be kept on hand for verification purposes by the OHSE department.

Emergency Coordinator and deputy coordinator shall be designated for each clinical facility. The Emergency Coordinator, and in his/her absence, the deputy coordinator, is in charge of the Emergency Action Plan. The Emergency Action Plan shall include contact information of the Emergency Coordinator, deputy coordinator and all employees.

## 6.3 Emergency Action Plan

The DHCC tenant shall ensure an effective Emergency Action Plan is available in accordance to the DHCC OHSE Emergency Plan, to:

- Prevent personal injury or death;
- Avoid damage to environment; and
- Minimize property or equipment damage.

The Emergency Action Plan shall take into account:

- Serious or life-threatening injury;
- Entrapment;
- Fire;
- Explosion;
- Radiation;
- Chemical release or spill;
- Flammable liquid and gas leaks;
- Structural failure;
- Natural disaster;
- Power failure;
- Bomb threat;
- Civil disorder; and
- Security Risks.

**NB: In the absence of a DHCC tenant identifying an Emergency Action Plan, the DHCC's Emergency Action Plan (EP- 09) will become applicable.**

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## 6.4 Emergency Response Team (ERT)

The DHCC tenant shall ensure that an Emergency Response Team (ERT) is assigned with specific responsibilities in the event of any emergency. The responsibilities of the ERT shall include, but is not limited to:

- Procedures for shutting of utilities;
- First Aid;
- Contacting emergency services; and
- Control of traffic, onlookers and security.

The Emergency Coordinator shall direct the ERT and coordinate activities of the Emergency Action Plan. The contact details of the ERT shall be indicated within the Emergency Action Plan.

## 6.5 Emergency Communications

The DHCC tenant shall ensure that employees are able to respond and report all emergencies. Basic information for such reporting shall include:

- Caller's name and facilities name;
- Location of emergency (as specific as possible);
- Details of the emergency (i.e. fire / spill / explosion); and
- Urgency of the emergency (i.e. out of control / nearby / explosive materials).

## 6.6 Emergency Services

The DHCC tenant shall ensure Emergency Services contact details shall be displayed in the waiting/reception areas. Phone numbers shall include, but are not be limited to,

- Tatweer Emergency Incident line (8007005)
- DHCC Control Room (04-3752193)
- Civil Defense
- Police
- Emergency Ambulance Service
- Utility Companies
- Hospital(s)

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## 6.7 Ambulance Services

The DHCC tenant shall ensure arrangements with other healthcare entities to provide ambulance services in case of an emergency and or a non-emergency transfer of their patients.

## 6.8 Security

All DHCC tenants, staff & visitors entering DHCC must provide necessary documentation for access and material transfer as requested by the DHCC security personnel.

Depending on the level of threat or emergency and on receiving authorization from DHCC Senior Management, DHCC Security reserves the right to check baggage of any tenant, staff and visitor entering the DHCC buildings and if required, restrict access.

A key providing access to the premise of a DHCC tenant must be maintained with the DHCC security. DHCC Tenant(s) working during unscheduled hours and / or at evening times within DHCC buildings must inform the DHCC security of their presence within the premises.

The DHCC tenant shall ensure that during or after an emergency, only authorized personnel are permitted to enter the tenant's facility.

## 6.9 Salvage and Recovery

The DHCC tenant shall ensure provisions for cleanup, salvage and recovery after an emergency. The DHCC tenant shall ensure a backup plan in case of emergencies to minimize damage and to enable immediate resumption of operations including, but not limited to:

- Protection of undamaged property;
- Customer notification;
- Information and records protection;
- Backup communications; and
- Emergency supplies.

## 6.10 Emergency Training

The DHCC tenant shall ensure all employees are provided with orientation and training in terms of their responsibilities during an emergency, the locations of exit routes, alarm signals, fire extinguisher locations and hazardous material information.

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## 6.11 Emergency Drills

The DHCC tenant shall ensure emergency drills are conducted on regular basis (minimum 1 per year) to allow employees to practice emergency procedures under simulated conditions. In addition, DHCC tenants must ensure that they are familiar with the DHCC Emergency procedure (EP-09) and ensure coordination and participation in all planned / unplanned exercises which are organized by DHCC OHSE department.

## 6.12 Visitors

The DHCC tenant shall ensure visitors and contractors are registered whilst on the premises. All visitors and contractors will be informed on emergency exit / evacuation routes and participate in evacuation drills if scheduled during their visit to a DHCC tenant.

## Section 7: First Aid

### 7.1 General

The DHCC tenant shall ensure that:

- All premises are provided with adequate first aid boxes;
- Equipment and facilities are adequate and appropriate to the facility; and
- The number of appointed and/or first aiders in different workplaces are in accordance with the following requirements:

No. of Employees	First-aid Personnel
Fewer than 50 employed	At least one trained first aider
Between 50 & 100 employed	One trained first-aider
More than 100 employed	One more first-aider to every 100

### 7.2 First Aid Training

The DHCC tenant shall ensure that the First Aid training undertaken is conducted by a licensed health care professional and company who is trained to deliver first aid. First aid certificates must be kept on hand for verification purposes by the OHSE department.

**NB: Further detail regarding First Aid training is listed within section 16.2.**

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## 7.3 First Aid Facility

All work areas must have a first-aid box established in accordance with the following table of:

First-Aid Facility	Number of Employees				
	1 - 50	50 - 150	150 - 250	250 - 1000	> 1000
First-aid box	1	2	2	In each work area	
First-aid room			Yes	Yes	Yes
Trained certified first-aid staff				Yes	Yes
Nurse or Doctor					Yes

## Section 8: OHSE Incidents & Accidents

### 8.1 Incident Reporting

The DHCC tenant shall establish and maintain an accident / incident record system within their facility which can be made available to the OHSE Department. This system shall contain the following information:

- Nature of the OHSE incident / accident;
- Description and cause;
- Name of the worker affected;
- Treatment given;
- Days of absence; and
- Corrective and preventive action(s) taken.

Any accident/incident resulting in death of an employee or admission/attendance at a hospital, or any other dangerous accident/incident must be reported by the DHCC tenant to the OHSE and Quality Improvement Department within 24 hours via the DHCC OHSE Incident report form (see Appendix C).

In addition, the DHCC tenant must keep, for a minimum of three years, a record that contains the following:

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- Reportable deaths/injuries arising out of or in connection with work;
- Reportable occupational diseases; and / or
- Reportable dangerous occurrences.

## 8.2 Duty to Notify

The DHCC tenant shall notify the OHSE Department (via the report form) within 24 hours of the incidents. The following will be recorded:

- Death of a person as a result of an accident/incident arising out of, or in connection with work;
- A major injury/illness suffered as a result of an accident/incident arising out of or in connection with work;
- A major injury/illness suffered by a person not at work (e.g. a visitor, customer, client, passenger, and by-stander) as a result of an accident/incident arising out of or in connection with work and where that person is taken from the accident/incident location to the hospital for treatment; and / or
- A dangerous occurrence.

The DHCC tenant is under duty to disclose further accident/incident information to the OHSE Department upon request.

The DHCC tenant shall be responsible for ensuring the health and safety of all personnel with respect to their premises. The DHCC tenant shall be held liable/responsible for any accident/incident that may involve the external personnel not employed by their facility.

## 8.3 Penalties

NB: Contravention of any of the provisions above is an offence.

## 8.4 Reportable OHSE Accidents, Dangerous Occurrences, Occupational Diseases

### 8.4.1 Accidents / Incidents

The DHCC tenant shall ensure reporting to the OHSE department of the following:

- Accidents/Incidents that lead to an employee's absence from work for more than three consecutive days (i.e. excluding the day of the accident/incident but including any days which would not have been working days); and / or

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- Accidents/Incidents that include non-consensual physical acts of violence done to a person at work, suicide in/out of work.

## 8.4.2 Occupational Diseases

The tenants shall report all occupational diseases in accordance to the Dubai Municipality Local Order 11, to the OHSE department.

## 8.4.3 Dangerous Occurrences

The DHCC tenant shall ensure reporting to the OHSE department of the following:

- The death of an employee, where the employee's death occurred within a year of suffering an injury/illness; and
- Any death or major injury/illness, which has arisen out of, or in connection with gas inhalation or explosion of a gas cylinder.

In respect of a deceased person, the death certificate must include particulars as to whether death might have been due to, or contributed to, by the workplace or an occupational hazard.

## 8.5 Accident/Incident Report Register

The DHCC tenant shall ensure the following:

- An accident/incident report register shall be maintained by the tenant;
- All minor or major accidents/incidents shall be registered; and
- All major accidents/incidents shall be reported to the OHSE Department for further investigation.

## Section 9: Fire Prevention (Requirements)

### 9.1 General

The objective of these requirements is to safeguard the lives and property within the premises of DHCC against possible fire hazards.

The scope of these requirements covers three elements:

- Fire Protection
- Fire Prevention

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- Fire Control

## 9.2 Fire Protection

Every building or structure shall be designed, constructed, arranged, equipped, maintained, operated and provided with fire protection facilities in order to avoid undue danger to the occupants from fire, smoke, fumes or resulting panics as per the recommendations / approval of the DHCC OHSE Department or specialized consultants appointed by DHCC.

No alterations or installation of fire systems must be carried out without securing a permit from DHCC facility management. Modification and replacement of installed fire doors required approval from DHCC OHSE department and must comply with NFPA standards. Certification for fire rating of glass doors as replacement must be provided to DHCC OHSE department.

The DHCC tenant shall be held liable for any damage or malfunction arising due to acts or omissions by any of its employees, visitors and contractors on the installed fire systems for the building. The resulting damages shall be claimed from the DHCC tenant.

### 9.2.1 Fire extinguishing system

The type of fire extinguishing system within a clinical facility should include:

- Automatic fire extinguishers/ sprinklers/ smoke detectors;
- Portable fire extinguishers; and
- Special extinguisher system in server room, cooking areas and/or laboratories. This includes:
  - Carbon dioxide system
  - Dry chemical system
  - FM 200

## 9.3 Fire Prevention

All DHCC tenant shall be responsible for implementation of appropriate / necessary fire preventive measures, including housekeeping within work areas to prevent the outbreak of fires or explosions that could result in loss of valuable lives and property.

The fire preventive measures shall include, but is not limited to the precautions against:

1. Sources of ignition including heat transfer;

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2. Lightning;
3. Spontaneous combustion;
4. Explosions;
5. Flammable / combustible dusts, gases or other special requirement applications storage areas, and vapors and wastes;
6. Hazardous processes;
7. Naked lights and flames; and
8. Hazardous chemicals posing flammability risks.

**NB: No use of naked flame(s) where compressed gas cylinders are used or stored is acceptable.**

Accident/Incident of fire / explosion taking place in the premise of a DHCC tenant shall be reported via the DHCC OHSE incident report form to the OHSE Department. An investigation into the root cause shall be conducted by the OHSE Department with the sole objective of implementing appropriate / necessary corrective measures to prevent a reoccurrence.

Fire Prevention within a DHCC tenant's work area responsibility and co-operation is essential to prevent the outbreak of fires which could destroy valuable lives and property. The tenants, therefore, shall ensure the following:

- Smoking is allowed in DESIGNATED areas only;
- Avoid careless disposal of burning cigarette butts;
- Check ashtrays for smoldering cigarettes or other combustibles before closing down;
- Do not use naked flame such as candles, lamps etc. Use of burners in a controlled way in laboratory fume hoods or hospitals may be allowed with proper process/procedure and precautions in place;
- Do not let papers, rags or other rubbish accumulate at your place of work;
- Use proper containers for flammable liquids, and not open tins or buckets;
- Handle flammable liquids at a safe distance from possible sources of ignition;
- Do not overload electrical circuits;
- Switch off from mains any electrical equipment when not in use;
- Check electrical cables, plug sockets, for damage/fraying;
- Wipe out spilled oil, grease or liquids;
- Store your tools safely when not in use;
- Use metal containers for waste;
- Do not leave rubbish lying out;
- Do not hang clothing over or near heating element;
- Keep compressed gas cylinders away from sun, artificial heating, flammable materials, corrosive chemicals and fumes;

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- Do not obstruct access to fire extinguishers;
- Make sure that staff members and visitors know the escape routes in case of fire;
- Keep fire escapes exits unobstructed;
- Ensure that all fire protection facilities are inspected / maintained / serviced – Hose Reels (monthly), Fire Extinguishers (six monthly) and Fire Detector/Alarm System (six monthly);
- Ensure that employees are trained in the use of Firefighting equipment, Fire Action and Evacuation on a yearly basis; and
- Ensure that staff members and visitors know what to do in case of a fire.

## 9.4 Fire Control

Fire Emergency / Evacuation plan shall be in place and it shall be rehearsed / drilled at least annually. The plan shall be coordinated with the DHCC OHSE Emergency Management Procedures and updated suitably as may be necessitated by the changed requirements.

It shall be ensured that employees are trained in the use of firefighting equipment, fire actions and evacuation annually. The employees should know the location and the correct use of:

- Fire extinguishers;
- Alarm call points;
- Emergency telephones;
- Escape routes and fire exists; and
- Assembly points

## 9.5 Fire Action

Action to be taken in case of fire:

- a) Raise Alarm by actuating the Fire Alarm System or by shouting “**FIRE FIRE FIRE**”;
- b) Attack the fire by using an available and correct Fire Extinguisher(s) where possible;
- c) Inform the DHCC Emergency Control Room immediately (04-3752193);
- d) Evacuate the building and assemble outside if you believe the fire is going beyond control; and
- e) Do not re-enter the building until declared safe by the Emergency responders (DHCC Security or Fire brigade).

**NB: Actions ‘a’ to ‘c’ must be taken simultaneously to avoid delays. Also refer to Emergency Preparedness and Response (Section 6).**

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## Section 10: Environmental Protection

### 10.1 Reduce, Reuse, and Recycle

The DHCC tenant shall practice the principle of the “Three R’s” - Reduce, Reuse & Recycle, in order to minimize waste production. The principles are as follows:

- Reduce the amount and toxicity of the waste, including waste prevention through source reduction;
- Reuse container and product use; and
- Recycle as far as reasonable practicable. This includes buying products with recycled content(s).

### 10.2 Ozone Depleting Substances

The DHCC tenant shall adhere to the requirements of the Montreal Protocol of Ozone Depleting Substances whereby the use of chemicals such as Chlorofluorocarbons (CFCs), Halons, Carbon Tetrachloride and Trichloroethane used in air-conditioning, refrigeration, fire protection systems and aerosol sprays are controlled. DHCC actively promotes the goal of controlling ozone depleting substances to achieve a timely phase out of the ozone depleting substances.

### 10.3 Prohibited Discharge

It is prohibited to discard, abandon or discharge any of the following materials listed below in any road, path, passage, open land, roof, wall, fence or any other such public place whether communal or private:

- All kinds of waste and unwanted discarded materials such as garbage, waste paper, waste packing materials, waste equipment, medical waste, chemical waste and waste water; and
- Anything which may hinder the free passage of vehicles and pedestrians or adversely affect the environment of DHCC areas or cause contamination or any other breach or threat to public health and environmental safety.

### 10.4 Hazardous Chemicals

It is prohibited to dispose of chemicals or other hazardous chemicals (i.e. toxic waste, corrosive waste or chemical waste) or the empty cans of these products into the ordinary skips. Prior approval must be taken from DHCC before disposing of such waste.

**NB: Guidance on the disposal of hazardous waste can be obtained from by DMTG 26.**

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## 10.5 Disposal of Light Waste

Light waste such as papers, polybags or light packing materials which may move or fly easily by the environment must not be disposed of untidily into skips or in any uncovered bins.

## 10.6 Skip Service

The DHCC tenant shall provide permanent skip service for the segregation and the disposal of waste types.

## 10.7 Air Conditioning - Condensed Water

If applicable, the DHCC tenant shall ensure the following:

- Air conditioning condensed water drainage is connected to a central drainage system;
- Connections include a designed air gap to prevent system backflow;
- Drainage is maintained and routinely inspected for blockages and air gapes; and
- Maintenance records are retained.

## 10.8 Septic Tanks

If applicable, the DHCC tenant shall ensure the maintenance of septic tanks and soak aways in proper condition. The maintenance record shall be retained.

## 10.9 Collection of Waste

The DHCC tenant shall ensure all refuse are collected in plastic dust bins with inner bags and covering lids before being disposed of in the collection bins appropriate for waste stream separation.

## 10.10 Indoor Air Quality Standards

Indoor air quality parameters and element exposure limits are displayed below. If applicable, the DHCC tenant shall ensure periodic monitoring of the important parameters and maintain measurement records of the readings and provide the reports as requested by DHCC OHSE department to ensure control measures are appropriate.

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Substance	Symbol/Formula	Max. allowable limits ( $\mu\text{g}/\text{m}^3$ )	Average time
Sulphur Dioxide	$\text{SO}_2$	350	1 hour
		150	24 hours
		60	1 year
Carbon Monoxide	CO	30 (mg/m <sup>3</sup> )	1 hour
		10 (mg/m <sup>3</sup> )	8 hours <sub>1</sub>
Nitrogen Dioxide	$\text{NO}_2$	400	1 hour
		150	24 hours
Ozone	$\text{O}_3$	200	1 hour
		120	8 hours <sub>2</sub>
Total Suspended Particles	TSP	230	24 hours
		90	1 year
Particulate Matter (10 microns in diameter)	$\text{PM}_{10}$	50	24 hours <sub>3</sub>
Particular Matter (2.5 microns in diameter)	$\text{PM}_{2.5}$	25	24 hours <sub>4</sub>
Lead	Pb	0.50	1 year

The units of measure for the standard are milligrams per cubic meter (mg/m<sup>3</sup>) and micrograms per cubic meter ( $\mu\text{g}/\text{m}^3$ ) of air.

**NB:**

- <sup>1</sup> Not to be exceeded more than once per year.
- <sup>2</sup> To attain this standard, the 3-year average of the fourth-highest daily maximum 8-hour average ozone concentrations measured at each monitor within an area over each year must not exceed 120  $\mu\text{g}/\text{m}^3$ .
- <sup>3</sup> To attain this standard, the 3-year average of the weighted annual mean  $\text{PM}_{10}$  concentration at each monitor within an area must not exceed 50  $\mu\text{g}/\text{m}^3$ .
- <sup>4</sup> To attain this standard, the 3-year average of the 98th percentile of 24-hour concentrations at each population-oriented monitor within an area must not exceed 25  $\mu\text{g}/\text{m}^3$ .

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## 10.11 Air Pollutants Emissions Limits

### 10.11.1 Air pollutants emissions limits for hazardous and medical waste incinerators

SUBSTANCE	EMISSION LIMITS (mg/Nm <sup>3</sup> )
Total Suspended Particles (TSP)	10 (daily average) 30 (½ hourly average)
Carbon Monoxide (CO)	50 daily average 100 (½ hourly average)
Nitrogen Oxides (NO <sub>x</sub> )	200 daily average 400 (½ hourly average)
Sulphur Dioxide (SO <sub>2</sub> )	50 daily average 200 (½ hourly average)
Hydrogen Chloride (HCl)	10 daily average 60 (½ hourly average)
Hydrogen Fluoride (HF)	1 daily average 4 (½ hourly average)
Total Volatile Organic Compounds (VOC)	10 daily average 20 (½ hourly average)
Cadmium Thallium	Total 0.1
Mercury (Hg)	0.1
Antimony (Sb) Arsenic (As) Chrome (Cr) Cobalt (Co) Copper (Cu) Lead (Pb) Manganese (Mn) Nickel (Ni) Tin (Sn) Vanadium (V)	Total 1

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## 10.11.2 Air pollutants emission limits from stationary sources

SUBSTANCE	SOURCES	EMISSION LIMITS (mg/Nm <sup>3</sup> )
Visible emissions	Combustion sources	250
	Other sources	None
Total Suspended Particulates (TSP)	All Combustion sources	250
	Large sources	100
Sulfuric acid mist or sulfur trioxide (SO <sub>3</sub> )	All sources	50
Sulfur Dioxide (SO <sub>2</sub> )	All fuel burning sources	500
Hydrogen sulfide (H <sub>2</sub> S)	All sources	5
Hydrogen Fluoride (HF)	All sources	2
Oxides of Nitrogen (NO <sub>x</sub> )	All Sources	150
Carbon Monoxide (CO)	All sources	500
Chlorine (Cl <sub>2</sub> )	All sources	200
Mercury (Hg)	All sources	0.5
Heavy metals in total:		
Lead (Pb)	All sources	5
Copper (Cu)		
Arsenic(As)	All sources	1
Cadmium (Cd)		
Antimony (Sb)		

## 10.12 Noise

To protect the public from excessive noise, DHCC has established specific noise criteria. The DHCC tenants shall ensure that the emission of noise does not exceed the set levels. An authorized representative from DHCC may investigate a complaint of excessive noise and may issue a verbal or written notification where appropriate.

AREA	ALLOWABLE LIMITS FOR NOISE LEVEL (dB)	
	DAY (7 am - 8 pm)	NIGHT (8 pm - 7am)
Healthcare Facility	40-50	30-40

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## 10.13 Hazardous Materials Storage

### 10.13.1 Hazardous Materials

The DHCC tenant shall ensure the following:

- Hazardous material(s) are stored in a manner for protection against weather conditions, including spill collection and fire protection equipment; and
- Hazardous materials are labeled and segregated as per the hierarchy of storage groups given below. The storage of two incompatible goods must be at least 3 meters apart. All highly flammable and reactive goods are to be stored in separate fire rated enclosures.

#### Hazardous material segregation categories

##### Hierarchy of Storage Groups

1	Radioactive Material A1	11	Non Flammable – Non Toxic Gas G4
2	Explosive E1	12	Flammable Liquid F1
3	Herbicides P1	13	Oxidizers R1
4	All other Pesticides P2	14	Pyrophoric R4
5	Flammable – Toxic Gas G1	15	Water Reactive R3
6	Non Flammable – Toxic Gas G3	16	Reducers R2
7	Flammable – Non Toxic Gas G2	17	Corrosive Acid C1
8	Acetylene Gas G7	18	Corrosive Base B1
9	Oxygen/Oxidizer G6	19	Toxic Chemicals T1
10	Chlorine Gas G5		

### 10.13.2 Oil Storage

The storage of more than 200 liters of oil in tanks and containers, outside and above the ground at DHCC, shall meet the following requirements:

- Tanks, drums or other containers must be strong enough to hold the oil without leaking or busting;
- A form of secondary solid containment to oil and water, such as bund or drip tray must be provided to catch any oil leaking from the container or pipe work and equipment;
- The bund must be large enough to contain 110% of the maximum contents of the oil container;

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- The bund must not have any outlet, valve or drain to remove rainwater or oil spilt;
- The bund base and walls must be resistant to water and oil. It should be checked regularly for leaks; and
- Above ground pipe work must be adequately protected and the underground pipes should be protected from damage and have provision for leak detection.

The storage area and the environmental protection measures taken by the DHCC tenant have to be approved by the OHSE Department. OHSE Department or its nominated representative shall carry out periodic inspections of the hazardous material storage sites to ensure compliance to the policy.

## **10.14 Asbestos products**

The use of asbestos products in all clinical facilities within DHCC is strictly prohibited.

## **10.15 Wastewater disposal**

The following substances are prohibited for discharge into the water environment:

- Pesticides and herbicides;
- Oil and solvent waste;
- Radioactive waste; and
- Residues from the removal of anti-fouling paints.

All sewer discharge points must be located 1 meter below the low water level and equipped with a sampling point to provide access for sampling requirements.

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## Wastewater discharge limits to Sewerage system

Indicators	Maximum allowable limits (Sewerage system) mg/L
<b>Physico-chemical Parameters</b>	
Biochemical oxygen demand	1,000
Chemical Oxygen demand	3,000
Chlorine residual	10
Cyanides	1
Detergents	30
Nitrogen	40
Oil and grease	50
pH (range) units	6-10 (units)
Pesticides	Nil
Chlorides	Nil
Phenols	50
Phosphorous	30
Sulfates, total	500
Sulfides as S	10
Suspended solids	500
Surfactants	Nil
Temperature	35-40 0C
TDS	3,000

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Indicators	Maximum allowable limits (Sewerage system) mg/L
<b>Physico-chemical Parameters</b>	
<b>Metals</b>	
Total metals	10
Arsenic	0.50
Aluminum	Nil
Barium	Nil
Beryllium	Nil
Boron	2
Cadmium	0.3
Chromium	1
Cobalt	Nil
Copper	1
Iron	Nil
Lead	1
Magnesium	Nil
Manganese	1
Mercury	0.01
Molybdenum	Nil
Nickel	1
Selenium	Nil
Silver	1
Sodium	Nil
Zinc	2
<b>Bacteriological</b>	
Total coliforms MPN/100ml.	500

## 10.16 Shipment and Disposal of Hazardous and Radioactive Waste

DHCC follows the Basel Convention requirements, as Dubai Municipality is a signatory to the Montreal Protocol. Therefore, any trans-boundary shipment and disposal of hazardous and radioactive waste shall be carried out in accordance to applicable local and international protocols such as “Basel convention on control of trans-boundary movements of hazardous wastes and their disposals”, IAEA regulations for safe transport of radioactive materials and the UAE Federal laws or regulations.

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## Section 11: Medical Waste

### 11.1 Medical Waste Coordinator

The DHCC tenant generating medical waste shall nominate an employee as a waste coordinator who shall be responsible for the safe and efficient handling and collection of medical waste. The waste coordinator will ensure the DHCC monthly waste generation report is sent through to the DHCC OHSE department on a monthly basis.

### 11.2 Medical Waste Bags

The DHCC tenant shall ensure that all medical waste generated are placed in the approved medical storage bags or sharp containers for collection into wheeled container trolleys provided by the approved medical waste transporter.

The DHCC tenant shall ensure that the medical waste bags are securely tied, sealed and labeled with the tenant's facility name. The bags shall not be re-bagged except under tenant supervision in the event of a bag failure.

A Yellow color lockable bin with an identification label of the facility name will be used for storage of medical waste. The bin will be stored in a DHCC Medical Waste Storage Room located within the building and which may be shared by various clinical tenants.

The following color coded bags shall be used:

<b>Waste Category</b>	<b>Bag Color</b>
General Waste	Black
Radiotherapy Waste	Red
Cytotoxic Waste	Purple
Waste for Autoclaving	Light Blue
Other Medical Waste	Yellow

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## 11.3 Medical Waste Segregation

The DHCC tenant shall ensure that all medical waste is not disposed or mixed with any non-hazardous general waste. The tenant shall ensure the following segregation guidelines are followed:

<b>Treatment Room Waste</b>	<ul style="list-style-type: none"> <li>▪ Yellow bags for collection of medical wastes</li> <li>▪ Provide with Sharp boxes for of hypodermic needles, syringes, blades and broken glass items contaminated with medical waste.</li> <li>▪ Sharp containers are to be replaced on being <math>\frac{3}{4}</math> filled.</li> </ul>
<b>Laboratory Waste</b>	<ul style="list-style-type: none"> <li>▪ Waste chemicals generated shall be segregated for disposal as hazardous waste. The hazardous chemical waste will be disposed based on the DM Guideline 26.</li> <li>▪ Samples shall be autoclaved and deposited in Yellow bags or Sharp Boxes</li> <li>▪ Culture dishes and other infested wastes must be autoclaved and deposited in Yellow bags</li> </ul>
<b>X-Ray &amp; Radiography</b>	<ul style="list-style-type: none"> <li>• Developer chemicals shall be collected and recycled with approval of Dubai Municipality. They will be treated as a hazardous chemical waste and will be disposed based on the DM Guideline 26.</li> <li>▪ Radioisotopes shall be segregated and stored safely for 4 half-lives of the isotope involved. After this time, the material shall be disposed as general waste.</li> <li>▪ Irradiated liquids may be flushed down the sewage system with copious quantities of water on receipt of written approval from Dubai Municipality</li> </ul>

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## 11.4 Waste Storage and Handling Guidelines:

- The DHCC tenant shall ensure bagged medical waste (when labeled) is not stored in an office or patient care area.
- The medical waste shall be taken to a dedicated medical waste collection point, which is impervious, hard standing and is of adequate size in relation to the volume of production and the frequency of collection.
- The storage area for the waste which is awaiting collection (if outside the clinic or laboratory) must be secured and locked. Access to these storage facilities should be limited to those responsible for handling, transporting or disposing of the waste.
- Only the approved wheeled collection container trolleys should be used when collecting, moving or transporting full bags of medical waste from the point source into the designated collection or storage area.
- All waste streams shall be collected from DHCC on a regular basis with no less than one week between collections. Collection logs shall be retained.
- Medical waste bags used to store medical waste must not be filled up more than 80% of its nominal capacity in order to allow effective closure by tying up its neck.
- The sealing of plastic bags can be carried out by tying the neck with a purpose made plastic coated metal wire. Staples must not be used as they may cause tearing-off of the bags or cause injury to the handlers.
- At times where manual handling is involved (for example when placing into the wheeled collection trolleys), the necks of the bags should be positioned upright to allow any subsequent handling to be easily undertaken. Heavy duty gloves should be worn and the bags held at the closure end as there is a risk of “puncture injury” by sharps or hypodermic needles.
- When handling the sharps container, heavy duty gloves should be worn and the container picked up only by the handle provided. The other hand should not be used to support the bottom of the container as sharps have been known in some instances to pierce the sides of its containers.
- Bodily contact with the bags of medical waste should be avoided. If there is the slightest chance of them brushing against clothing or body when being handled, an industrial apron or leg protectors should be worn. Sturdy shoes or industrial “Wellington” boots are to be used to protect injury against bags accidentally dropped.
- Personal protective outfits such as overall, mask, disposable gloves or eye protector, need to be worn when engaged in cleaning body fluid especially when there is a risk of the worker’s skin becoming contaminated.
- Basic cleaning tools should be readily available including disinfectant and granular chlorine compound for blood spillage or suitable equipment and sand available in sealable plastic bags which can be used in the event of a liquid package.

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- A full course of anti-tetanus, Hepatitis B and serum feaces carried disease immunization must be considered for all employees conducting medical waste handling and disposal operations.
- If the contracted medical waste transporter is not available, all medical waste generators must have a contingency plan in place for spillage and rupturing of any container of waste, injury of personnel handling such wastes and alternative collection and transport plans.

**NB: Appendix H outlines the frequency of inspections, collection and reporting for Medical and General Waste.**

## 11.5 Medical Waste Training

The DHCC tenant will be responsible for ensuring that all employees who work in areas where medical waste arises understand the proper procedures for waste handling, storage and segregation. In particular employees should be trained to:

- Ensure the medical waste bags are securely sealed;
- Medical waste bags are handled by the neck only;
- Understand the process of accidental spillage and how to report this incident in a prompt manner;
- Review the integrity of the seal of the medical waste bags when movement is complete;
- Be able to identify the medical waste bag and ensure that the origin of the waste is clearly marked on the bag;
- Be aware of all occupational health and safety procedures related to the handling of medical waste.

## 11.6 Medical Waste Transportation

- Generators of medical waste shall be responsible for its proper handling and transportation to the central medical waste treatment facility located in Jebel Ali.
- Clinics and laboratories should seek the approval of the DHCC OHSE Department for before commencing a contract with a medical waste collection and transport company.

Only Dubai Municipality approved medical waste and transport companies which hold vehicles with valid permits for medical waste collection and transportation to the treatment facility are allowed to operate within DHCC.

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## 11.7 Assessment of Waste Generation

The medical waste coordinator/team shall make an assessment of all waste generated in the hospital/clinic/laboratory. The waste should be classified as mentioned above. The survey should determine the average daily quantity of waste in each category by each department. Evidence of poor waste segregation shall be rectified and outcomes recorded.

**Sample Weekly Assessment of Waste Generation**

Waste collection point (department)	Waster category	Total per week		Quantity of waste generated per day													
				Mon.		Tue.		Wed.		Thurs.		Fri.		Sat.		Sun.	
		Kg	Lit.	Kg	Lit.	Kg	Lit.	Kg	Lit.	Kg	Lit.	Kg	Lit.	Kg	Lit.	Kg	Lit.

## Section 12: Pest Control

### 12.1 Pest control program

The tenants shall establish effective written pest control program and maintain appropriate records. The written pest control program shall include:

- Name of the contact person at the facility for the pest control
- Name of the pest control company
- List of chemicals and methods used
- A bait location map
- Frequency of inspection
- Reports

**NB: Appendix H outlines the frequency of inspections, treatments (where applicable) and reporting for Pest Control.**

### 12.2 Prevention of Rodents

At points where pipe works/ vents/ services etc. pass into buildings, maximum care should be taken to ensure that rodents cannot gain access.

### 12.3 Pest Infestations

It is the responsibility of the tenants to report to the DHCC OHSE Department in case of any pest infestation.

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## 12.4 Aerosol Agents

Companies may not use any form of residual pesticide but may use aerosol/flushing agents, which are properly labeled. With the exceptions of domestic aerosol products, companies are not permitted to use any pesticides in DHCC without first consulting the DHCC OHSE Department.

## 12.5 Commercial Pest Control

The DHCC tenant may not have the services of private pest control services without approval of the DHCC OHSE Department.

## Section 13: Compressed Gas Cylinders

### 13.1 General

The DHCC tenant shall ensure appropriate mechanisms are used for safeguarding patient, staff, visitors and property by promoting safe practices in the receipts, storage, handling and use of compressed gas cylinders. The tenant shall ensure that personnel involved in use and transport of compressed gas cylinders are trained in proper handling of cylinders, supports and cylinder-valve-protective caps.

The following gases and / or combination of gases are used within a healthcare program:

- Carbon Dioxide / Nitrogen
- Carbon Dioxide / Oxygen / Nitrogen
- Carbon Dioxide / Air
- Industrial Grade Oxygen
- Nitrous Oxide
- Medical Air
- Liquid Nitrogen
- Ethylene Oxide 100%
- Acetylene
- Chlorine
- Freon

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## 13.2 Compressed Gas Cylinder Identification

The DHCC tenant shall ensure cylinder contents are identified by labels or stencils in English, naming the component(s), giving their proportions and with appropriate cylinder color-coding. All cylinders stored and in-use shall display a label “Empty / In-Use / Full” status condition.

## 13.3 Compressed Gas Cylinder Storage

The DHCC tenant shall ensure the following safety conditions are observed with regard to compressed gas cylinder storage:

- Cylinders are stored in approved locations;
- Storage rooms must be dry, cool and well ventilated and maintained below 35°C;
- Storage area is secured to prevent tampering;
- No Smoking signs are posted and clearly visible to show the presence of compressed gas cylinders;
- Compressed gas cylinders are kept away from radiators, steam pipes, direct sunlight and other sources of heat;
- Cylinders are not stored in operating room;
- No flammable gases or liquids stored with oxygen and nitrous oxide;
- Oxygen and nitrous oxide cylinders are stored at least 20 feet away from any combustible materials such as paper, cardboard, plastics and fabrics;
- Cylinders are secured, upright and properly chained or supported by a metal strap in cylinder storage racks / stands / carts;
- Large cylinders not stored in racks shall be stored upright (nitrous oxide excepted) and secured. Nitrous oxide cylinders shall be stored horizontally;
- Compressed gas cylinders must be capped when not in use or when not connected to the delivery system;
- Wrappers shall be removed from cylinders prior to storage;
- Empty cylinders shall be segregated from full cylinders;
- Valves shall be closed on all cylinders in storage;
- All empty Freon cylinders must be discarded and used for no other purpose;
- Cylinder carts must be used for transporting cylinders. No rolling or dragging of cylinders shall be permitted;
- Use of oil / grease / lubricants on cylinder valves, regulators or fittings is prohibited;
- Do not attempt to repair damaged cylinders or to force frozen cylinder valves; and
- Storage locations are shown on emergency evacuation plans both for the tenancy area and building.

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## 13.4 Compressed Gas Cylinder Handling and Use

The tenant shall ensure the following safety conditions are observed with regard to compressed gas cylinder handling and use:

- Cylinders in use must be secured in an approved manner;
- Equipment designed for one gas should not be utilized for another;
- Regulators should be “Off” as the cylinder is turned “On” and the cylinder valve is opened slowly;
- Regulators and hoses should never be interchanged between materials without gas supplier’s approval;
- Before equipment is disconnected from a cylinder, the cylinder valve is closed and pressure released from the device;
- Trans-filling of cylinders is hazardous and shall not be done;
- Cylinders must not be lifted by the cap;
- Cylinders are not knocked or bumped together;
- Never lubricate valve outlets or connecting equipment;
- Replace cap on empty cylinders and ensure cylinder status label indicated “empty”;
- Position cylinders so that the label is clearly visible;
- Check the label and color code of the compressed gas cylinder before use;
- No source of open flame is permitted in areas where compressed gas cylinders are in use;
- Equipment designated for use with a specific gas must be clearly and permanently labeled accordingly;
- Cylinder carts must be self supporting design with appropriate casters and wheels, serviceable clamping or cylinder storage devices. The appropriate cart must be used at all times when full and empty cylinders are transported.

## 13.5 Oxygen - Handling and Use

The tenant shall ensure the following safety conditions are observed with regard to use of oxygen:

- When oxygen is in use, fire and safety sign / labels shall be conspicuously displayed;
- Ensure cylinders are secure on rack and never hang anything on cylinder;
- Safety relief mechanisms, non-interchangeable connections and other safety features shall not be removed or altered;
- Do not use wool or nylon inside the oxygen tent as they may cause sparks;

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- Control valves on equipment must be closed before connections / disconnections are made and when cylinder is not in use;
- Store oxygen cylinders in well ventilated area, secured and 25 to 50 feet away from slow burning to highly combustible materials respectively.

## 13.6 Ethylene Oxide (ETO) - Handling and Use

The tenant shall ensure the following safety conditions are observed with regard to the use of ETO:

- Cylinders should not be stored outdoors in direct sunlight;
- A wrench or other leverage device should not be used to tighten if a leakage is discovered. Instead, remove the leaking cylinder to open air (if safely practicable) and notify emergency services;
- The storage of ETO cylinder(s) should be segregated from other cylinder sources;
- Appropriate signage for the cylinder;
- Employees are trained in the safe management of cylinders and systems using ETO and the training records are retained.

## 13.7 Liquid Nitrogen and Other Cryogenic Material Handling and Use

The following precautionary handling measures listed below should be applied for facilities using Liquid Nitrogen or other cryogenic liquids to minimize the risk involved.

### 13.7.1 Operating Precautions

- Liquid nitrogen should never be used except in a well-ventilated area. This is especially true when filling a warm container or transfer tube or inserting a warm object, as large volumes of nitrogen gas is evolved. The safe volume of liquid nitrogen stored or used in any enclosed space is described later;
- The dispensing of liquid nitrogen from the supply tank may be carried out only by those trained to do so;
- Only containers or fittings (i.e. pipes, tongs) that have been designed specifically for use with cryogenic liquids may be used as non-specialized equipment may crack or fail. In particular, food type vacuum flasks must not be used as they can implode resulting in flying glass fragments;
- All glass Dewars must be protected against the possibility of flying glass fragments, arising from failure by mechanical or temperature stress damage, by sealing all exposed glass either in an insulated metal can or by wrapping with adhesive tape;

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- Warm Dewars should be filled slowly to reduce temperature shock effects and to minimize splashing. Storage Dewars should not be over-pressured when filling a globular Dewar. The minimum pressure required to maintain a flow of liquid should be used;
- Containers of liquid nitrogen must be suitably vented and unlikely to block due to ice formation;
- Care must be taken to avoid the formation of liquid oxygen in cold-traps that are open to air or the increase of liquid oxygen content in a flask of liquid nitrogen that has been cold for a long period (Liquid oxygen has a blue water-like appearance);
- Solid carbon dioxide (dry ice) should be considered as an alternative coolant in situations where liquid oxygen could accumulate. However, most liquid nitrogen containers are closed except for a small neck area and the nitrogen vapor issuing from the surface forms a barrier which keeps air away from the liquid thus preventing oxygen contamination;
- Skin contact with either liquid nitrogen or items cooled by liquid nitrogen should be avoided as serious burns may occur. Care must be taken with gloves, wrist-bands or bracelets which may trap liquid nitrogen close to the skin; and
- Personal Protective Equipment (especially safety glasses) must be worn to protect against splashes, freezing vapor, failure of glass apparatus or brittle failure of items cooled by liquid nitrogen.

## 13.7.2 Personal Protective Equipment

The following equipment should be worn when handling or dispensing liquid nitrogen:

- Face shield or safety glasses;
- Dry insulated gloves when handling equipment that has been in contact with the liquid.

**NB: There is a dispute over the advisability of wearing gloves while handling liquid nitrogen due to a possibility that gloves could fill with liquid and therefore prolong hand contact which would make burns more severe. If gloves are worn they should be loose fitting and easily removed.**

- Lab coat or overalls are advisable to minimize skin contact and also trousers *over* shoe/boot tops to prevent shoes filling in the event of a spillage.

**NB: Special kits are available for handling of cryogenic liquid.**

## 13.7.3 Avoidance of Oxygen Depletion/ Asphyxiation

- **Liquid nitrogen should normally be used only in a well-ventilated area.** However, there may be occasions (i.e. Transport of Dewars in lifts) when this may not be possible. To avoid the danger of oxygen depletion, the following should be noted:

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- **Safe limit in an unventilated space:** Calculate the room volume in m<sup>3</sup> and the max volume of nitrogen in m<sup>3</sup> (this can be found from the volume of liquid in litres x0.7). If the volume of nitrogen amounts to >0.15 of the room volume, special precautions or ventilation are required.
  - **Spillage during filling:** during filling assume that 10% of the final volume may be spilled.
  - **Loss during storage:** the boil off loss from a 5l Dewar is expected to be 0.2l per day.
- **Transport of liquid nitrogen in lifts:** To avoid in possible risks from nitrogen boil off during, for example, a prolonged period of lift breakdown, Dewars of liquid nitrogen **must not be accompanied in lifts**. Rather, two people should be used to transport the Dewars, one to load and one to receive at the destination floor. To prevent others from entering the lift, the fitted straps should be pulled across the entrance.

## 13.7.4 Training

Formal training is required before the use of the liquid nitrogen dispensing facility. All personnel handling liquid nitrogen should receive instruction in its use from the experienced personnel prior to the handling of liquid nitrogen. The training record should be maintained.

## 13.7.5 Remaining Level of Risk

There remains a significant risk in using liquid nitrogen from inadvertent condensation of oxygen into a closed system. It is therefore recommended that whenever possible some other coolant is used e.g. solid carbon dioxide/liquid traps or baths – the preferred liquids for such baths are isopropanol or glycols. It is recommended that such baths be used in preference to liquid nitrogen when long term storage is envisaged.

(Source: Based on Risk Assessment: Handling, Transportation and Storage of Liquid Nitrogen and other Cryogenic Material, Assessor Dr. K MacNeil, <http://www.tlchm.brisk.ac.uk/safety/Initcry.htm>)

## Section 14: Building Utilities

### 14.1 General

The DHCC tenant shall ensure safe and reliable operation of all building utilities and utility systems such as emergency power systems, electrical distribution, emergency power, heating, ventilation and air-conditioning, plumbing, steam and hot water generation, medical gas, medical / surgical vacuum and facility communication systems through:

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- Maintenance Inventory that details current and accurate inventory of system and components of the utility systems that support patient care environment and require regular observation and / or maintenance;
- Preventive Maintenance Plans for ensuring ongoing performance and reliability of utility systems; and
- Failure Response Plans for responding to system disruptions and failures.

## 14.2 Electrical Distribution

The tenant shall ensure effective management and maintenance of the electrical distribution systems to maximize safety and reliability and to guard against shocks and hazards associated with misuse and electrical interruption.

## 14.3 Emergency Power Systems

An emergency power system shall be provided to ensure availability of sufficient power to maintain essential functions during power failures, thereby reducing the risks associated with such failures. This shall include provision of:

- Emergency generators;
- On-site fuel storage for generators;
- Emergency lighting system;
- Emergency generators shall be tested on load each month; and
- Records of test shall be maintained.

## 14.4 Heating, Ventilating and Air Conditioning Systems (HVAC)

Heating, cooling and proper distribution of air are of prime importance in a healthcare facility. Correct temperature, humidity and air flow shall be provided in order to ensure a comfortable environment inside the facility, regardless of the climatic conditions outside.

The management and maintenance of HVAC systems shall address system performance, air balancing, smoke control, filters and servicing.

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## 14.5 Plumbing Systems

The DHCC tenant shall ensure effective management and maintenance of the plumbing systems to accommodate facility needs for:

- Hot and cold potable water;
- Cold non potable water;
- Processes potable water for laboratory and patient treatment applications;
- Waste and storm water collection and disposal; and
- Sanitary sewage disposal.

## 14.6 Steam and Hot Water Generation Systems

Steam and hot water services form an essential part of a healthcare facility. The management and maintenance of steam and hot water generation system shall address generation and distribution subsystems, steam and water quality, boiler water pre-treatment, smoke emission control, alarm and protection devices, and fuel supplies in the event of contingencies.

## 14.7 Medical Gas and Vacuum System

Medical gas and vacuum systems form an essential feature for the provision of gases and reliable piped vacuum facility, oxygen and nitrous oxide to locations in the healthcare facility. The prime objective of the medical gas system is to ensure patient safety by having the correct gas, of the right purity and pressure pipe to dedicated user outlets.

The management and maintenance of medical gas and vacuum system shall address all component features, product purity controls, distribution configuration, alarms, automatic pressure switches, shut off valves, connectors and outlets, emergency shut-off controls and alternative supply methods. The tenant must ensure activities are conducted by an authorized person or organization accredited to provide such a service.

## 14.8 Facility Communication Systems

The DHCC tenant shall ensure effective management and maintenance of the facility communication systems to address component maintenance, system security, system configuration and alternative communication resources during system failures.

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## 14.9 Conservation of energy and utilities

The tenants shall practice good engineering and behavior principles to minimize the consumption amount of energy and water.

The tenants have to take under control all their activities associated with the use of energy and utilities. The tenant shall demonstrate evidence of continual improvement by measuring and targeting improvement goals with respect to energy and utility usage within DHCC.

## Section 15: Food Safety

### 15.1 General

This section is applicable to food establishments within clinical facilities operating within the DHCC premises. Hospitals will have its own kitchen and food serving facility to cater the needs of the patients and staff. The operators of food establishments shall ensure:

- Safe preparation, handling and storage of food to minimize contamination by microorganism and chemicals;
- Employee training on food safety; and
- Compliance to the Food Safety (HACCP) Standards.

### 15.2 Layout and design

The layout and design of a cafeteria and/or restaurant for the food establishments within the clinical facility of DHCC shall conform to the CPQ design standards. Restaurants and catering premises shall include the following:

- Raw food and vegetable preparation rooms;
- Raw food and vegetables storage;
- Cold storage for raw meat, fish and poultry;
- Chiller room for thawing and meat preparation;
- Cooked food preparation area;
- Cooked food storage;
- Dishwashing area;
- Cleaned pots and dish storage; and
- Packing room.

The layouts must ensure the work process flow(s) clearly separate food preparation, storage, dishwashing and packing area.

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## 15.3 Unauthorized Personnel and Visitors

The tenants shall:

- Restrict unauthorized personnel entering food preparation areas, and food facilities in general; and
- Restrict visitors' entry into food preparation areas unless wearing a cover coat and hair restraint.

## 15.4 Food Handlers

The DHCC tenant shall ensure food handlers:

- Are properly trained and certificated;
- Carry out cleaning and sanitation procedures, including cleaning and sanitizing of trays, utensils, tableware and other surfaces;
- Follow proper and frequent hand washing and personal hygiene practices;
- Wear and maintain proper clean attire during food handling;
- Do not eat, drink or smoke while preparing and handling food;
- Undergo a medical screening process and carry a valid medical examination certificate indicating that they are free from infectious diseases and fit to work as a food handler; and
- Are managed appropriately for the work related illnesses and / or injuries.

## 15.5 Employee Training

The DHCC tenant shall provide employee training which shall include, but not limited to the following:

- Hand washing;
- Food safety hazards;
- Food storage, preparation, transportation and display;
- Sanitation and disinfection; and
- Personal hygiene.

## 15.6 Food Products Purchase

The DHCC tenant shall ensure:

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- Food products are purchased from an approved source and inspected on delivery for the expiration date and signs of spoilage;
- Any damaged food or containers are rejected; and
- Perishable food products are stored immediately at proper temperature.

## 15.7 Food Storage

The DHCC tenant shall:

- Store non-perishable food in clean, dry, properly ventilated areas, and inspect periodically for any signs of spoilage or expiration dates;
- Store food in designated areas. Do not store in housekeeping and dishwashing areas or near any sources of potential contamination;
- Store food at least 6 inches above floor level and away from walls to facilitate cleaning and allow pest control measures;
- Rotate food stocks to avoid outdated food to be used. Follow the First in First out (FIFO) system;
- Store foods in a way to avoid cross contamination between cooked and raw foods, washed and non-washed food;
- Store food covered and labeled at proper temperature for refrigeration (freezing storage less than -18 Degree Centigrade, refrigeration 1-4 Degree Centigrade, and hot storage above 64 Degree Centigrade); and
- Monitor refrigerators and freezers temperature and record it daily.

## 15.8 Food Preparation

The DHCC tenant shall ensure the following:

- Instruct and supervise personnel on personal hygiene and food safety during food preparation;
- Wash vegetables and fruits properly;
- Thaw in a microwave (above 75° C) or refrigerator (at 4° C or below) or under running potable water (not above 21°C for not more than 4 hours). Do not thaw under room temperature;
- Do not thaw and refreeze;
- Cook food thoroughly to reach correct temperature for different types of food;
- Reheat food at least at 75°C and serve at least at 65°C;
- Store prepared food protected at proper temperature once ready to avoid contamination. Do not allow to sit uncovered at room temperature;

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- Avoid food handling with bare hands, use proper and clean utensils like tongs and spoons;
- Use separate cutting boards for raw meat, poultry, fish, raw fruits, vegetables and cooked food, unless boards are non-absorbent (scratch, chip, crack) and can be cleaned and sanitized adequately between uses; and
- Use clean equipment and utensils during food preparation and avoid cross contamination.

## 15.9 Food Transport, Display and Serving

The DHCC tenant shall ensure the following:

- Transport food to different areas protected in temperature controlled carts;
- Establish safe times for food items to be stored in inpatient care areas;
- Protect food on display from customer contamination by use of easily, cleanable counter protector devices; and
- Maintain food on display at right temperature when hot or cold.

## 15.10 Washing and Cleaning

The DHCC tenant shall ensure the following:

- Comprehensive cleaning schedules are established to include different areas, equipment, fixtures and physical facility structure;
- Monitor dishwashing and rinsing temperature to achieve proper sanitation and washing of food utensils;
- For manual washing, sanitize all utensils and equipment either by hot water minimum at 70 degree centigrade or the use of sanitizer at appropriate concentrations and exposure time; and
- Wash all working surfaces, thoroughly rinse and sanitize them after each use with the proper sanitizer, dilution, exposure time and water temperature.

## 15.11 Water

If applicable the tenants shall ensure use of clean, potable and safe water in the food service facility. The tenants shall test water monthly for its quality and portability from a DHCC approved laboratory and records maintained. Immediate corrective action should be initiated if the water does not conform to the UAE unbottled drinking water specification Standard No. 148/2000.

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## 15.12 Ice Machine

The DHCC tenant shall ensure the following:

- Preferably use ice dispensing machine;
- Use potable water for ice making;
- Clean and disinfect ice machines bi- monthly; and
- Use a clean scoop to dispense ice. Do not handle ice with bare hands.

## 15.13 Waste Management at Food Facility

The DHCC tenant shall ensure the following:

- Storage of garbage in leak and pest proof containers with tight fitting covers;
- Store all garbage containers either outdoors or above a smooth surface of non-absorbent material; and
- Wash containers and sanitize routinely in an area provided with a floor drain connected to a sanitary sewer.

## 15.14 Pest Control at Food Facility

The DHCC tenant shall ensure appropriate pest control measures such as sanitation, screens, closure of cracks and holes, etc to prevent the access and extermination of pests.

## 15.15 Maintenance

The DHCC tenant shall identify and follow a cleaning and sanitization procedure all equipment used in food services. All equipment such as food processing, washing, refrigerated storage rooms, shall undergo routine servicing in conjunction with a maintenance program schedule. Evidence of maintenance shall be retained.

## Section 16: Guidelines

### 16.1 General Evacuation Procedure

#### 16.1.1 Emergency Information

Evacuation diagrams (including routes and fire alarm pull stations) and maps of the Emergency Assembly Area (EAA) shall be displayed in prominent positions within the facility.

#### 16.1.2 When evacuating the building or work area in an emergency:

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- Stay calm, do not rush, and do not panic;
- Safely stop work;
- Gather personal belongings if it is safe to do so;
- If safe, close office door and window, but do not lock them;
- Use the nearest safe stairs and proceed to the nearest exit. Do not use the elevator;
- Proceed to the designated Emergency Assembly Area (EAA) and report to the Fire Marshall
- Wait for any instructions from emergency services; and
- Do not re-enter the building or work area until instructed to do so by the emergency services.

## 16.1.3 Fire Procedure

A building occupant is required by law to evacuate the building when the fire alarm sounds.

### Fire within work area:

- Immediately notify DHCC Security by operating the alarm station;
- If trained, able and safe, use a portable fire extinguisher to extinguish the fire. Evacuate if one extinguisher does not put out the fire;
- Evacuate the building as soon as the alarm sounds and proceed to the designated Emergency Assembly Area (EAA). On the way out, warn others nearby;
- Move away from fire and smoke. Close doors and windows if time permits;
- Touch closed doors. Do not open them if they are hot;
- Use stairs only; do not use elevators;
- Move well away from the building and go to the designated EAA; and
- Do not re-enter the building or work area until instructed to do so by the emergency services.
- In addition to General Evacuation Procedure, all clinical facilities shall ensure that a patient evacuation plan exists and rehearsed for emergency evacuation.

### Fire within the building:

- Follow evacuation procedures as soon as you hear the fire alarm sound (see "General Evacuation Procedures").

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## 16.1.4 Earthquake Procedure

In case of an earthquake:

### Inside the Building:

- Duck under the nearest sturdy object and hold onto it until the shaking stops. If you are not near a sturdy object, make yourself as small as possible and cover your head and neck;
- If you stand in a doorway, brace yourself against the frame and watch out for a swinging door or other people;
- Avoid windows, filing cabinets, bookcases and other heavy objects that could fall or shatter;
- Stay under cover until the shaking stops, and then leave the building (refer to 16.1.2 above); and
- If it is safe to do so, stabilize any laboratory procedure that could lead to further danger.

### Outside the Building:

- Move away from trees, signs, buildings, electrical poles and wires;
- Protect your head with your arms from falling bricks, glass, plaster, and other debris;
- Move away from fire and smoke;
- Proceed to the Emergency Assembly Area if safe, or proceed to a pre -designated alternate assembly area; and
- Stay alert for further instructions.

## 16.1.5 Criminal or Violent behavior

All personnel must report suspicious situations or persons to DHCC and building security.

Information provided should include:

- Nature of the incident;
- Location of the incident;
- Description of the person(s) involved; and
- Description of the property involved.

If you witness a criminal act or notice person(s) acting suspiciously, immediately notify DHCC and building Security. Assist the police when they arrive by supplying them with any additional information requested; ask others to do the same.

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## 16.1.5 Explosion or bomb threat

A suspicious-looking box, package, object or container in the work area may be a bomb or explosive material. Do not handle or touch the object. Move to a safe area and notify building and DHCC Security **04 3752193** and Police. Do not operate any power switch, and do not activate the fire alarm.

Ensure mobile phones and two way radio systems are switched off in the effected work areas.

### **If there is an explosion:**

- Take cover under sturdy furniture, or leave the building if directed to do so by emergency responders;
- Stay away from windows;
- Do not light matches;
- Move well away from the site of the hazard to a safe location;
- Use stairs only (do not use elevators); and
- Leave doors and windows open; do not turns light switch on or off.

### **If you receive a bomb threat (via the telephone)**

- Stay calm and keep your voice calm.
- Pay close attention to details. Talk to the caller to obtain as much information as possible. Ensure to ask the following questions and take notes:
  - When will it explode?
  - Where is it right now?
  - What does it look like?
  - What kind of bomb is it?
  - Where did you leave it?
  - Did you place the bomb?
  - Who is the target?
  - Why did you plant it?
  - What is your address?
  - What is your name?

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## Observe the caller's:

- Speech patterns (accent, tone)
- Emotional state (angry, agitated, calm, etc.)
- Background noise (traffic, people talking and accents, music and type, etc.)
- Age and gender

## Document other relevant details:

- Date and time of call
- How the threat was received (letter, note, and telephone)

### 16.1.6 Hazardous materials procedure

Training is required for the use of hazardous materials, in particular for proper use and storage of hazardous materials. This training should include hazard information, proper procedures for preventing spills, and emergency procedures when a spill occurs.

If a hazardous material spill is witnessed, evacuate the spill site and warn others to stay away. Call DHCC and building Security **04-3752193** If determined that the spill is not life-threatening, follow the procedures outlined below.

- Leave the area of the spill first and proceed to a safe location nearby. Then assess if you have the proper training and protective gear to clean up the spill;
- If you are able to clean up the spill, follow proper cleanup procedures and use proper personal protection, and spill kit when available;
- Manage the generated waste as appropriate (consult your supervisor if necessary);
- Isolate the spill area to keep everyone away, and post signs as necessary; and
- If you suspect or witness a release of a hazardous material to the environment (air, water, ground), call OHSE Department and building and DHCC Security.

### 16.1.7 Utility failure

#### ▪ Elevator Failure

- If you are trapped in an elevator, use the emergency telephone to call for assistance; and
- If the elevator does not have an emergency telephone, turn on the emergency alarm (located on the control panel) to signal your need for help.

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## ▪ **Gas Leak**

If any gas is smelt or there is suspicion of a leak:

- Cease all operations immediately;
- Do not switch lights on or off;
- Notify building and DHCC Security and OHSE Department; and
- Evacuate as soon as possible (see "General Evacuation Procedures" above).

## ▪ **Ventilation Problem**

If odors come from the ventilation system:

- Immediately notify building and DHCC Security and DHCC OHSE department;
- If necessary, cease all operations and evacuate area (see "General Evacuation Procedures" above); and
- If smoke is present, activate the fire alarm system by pulling the pull station and notify building and DHCC Security from a safe location.

## **16.2 First Aid Training**

A certificate of qualification as a first-aider is valid for two years, after which a two-day refresher course, followed by further examination is necessary before the person can be granted a further certificate. First-aiders should be trained in the following techniques and be knowledgeable about:

- Communication and delegation in an emergency;
- Recognition of illness;
- Management of unconscious casualty;
- Resuscitation;
- Treatment and control of bleeding;
- Treatment of shock;
- Treatment to injuries to bones, muscles and joints;
- Treatment of burns and scalds;
- Poisons;
- Treatment of minor injuries;
- Eye irritation;
- Treatment of a casualty overcome by case or fumes;

# OHSE ACOP FOR CLINICAL OPERATORS

- Personal hygiene in treating wounds;
- Transport of casualties;
- Simple record keeping;
- Contents of first-aid rooms; and
- Purchasing first-aid supplies.

## 16.2.1 Employee's Responsibilities

Employee's are to be informed of their responsibilities which are:

- Follow instruction, don't take chances, if you don't know, ask;
- Correct / Report unsafe conditions, and help to keep everything clean and orderly;
- Use right tools and equipment for the job, use them safety;
- Report all injuries, get first aid promptly;
- Use, adjust and repair equipment only when authorized;
- Use prescribed equipment, wear safe clothing, and keep them in good condition;
- Don't horseplay, avoid distracting others;
- When lifting, bend your knees, get help for heavy load; and
- Comply with all safety rules and signs.

## Section 17.0: Review of ACOP for Clinical Operators

The DHCC OHSE department will review the OHSE ACOP for clinical operators on a annual basis or earlier if business requirements or current standards change.

# OHSE ACOP FOR CLINICAL OPERATORS

## Appendix A

### FIRST AID BOX CONTENTS CHECKLIST

Check List - First Aid Box				
Box Inspection Date:				Signature:
Item	Premier 10	Premier 20	Premier 50	Checked Quantity
Persons	10	20	50	
Guidance Leaflet	1	1	1	
Eye Pads	2	4	6	
Triangular Bandages	4	6	8	
Safety Pins	12	12	12	
Medium Dressings	6	9	12	
Large Dressings	2	3	4	
Gloves (Pairs)	2	4	6	
Wipes	10	10	20	
Plasters	20	40	60	
<i>Additional HSE items to standard range:</i>				
Pilfer proof plasters	50	50	50	
Accident Book & Pen	1	1	1	
Tape	1	1	1	
Scissors	1	1	1	
Resuscitator	1	1	1	
Apron	2	2	2	

# OHSE ACOP FOR CLINICAL OPERATORS

## Appendix B

### FIRST AID ROOM CONTENTS

1. A Stretcher
2. Wheel chair
3. A sink with hot and cold running water
4. Drinking water
5. Paper towels, soap
6. Smooth topper impermeable work surfaces
7. Clean garments for use by first aiders
8. Clinical thermometer
9. One wash bottle
10. A couch with pillow and blankets frequently changed
11. Dressing trolley
12. Kidney tray medium size
13. Splints of different size
14. First Aid Box

# OHSE ACOP FOR CLINICAL OPERATORS

## Appendix C

### OCCUPATIONAL HEALTH, SAFETY AND ENVIRONMENT INCIDENT FORM

- This form is for **DHCC Operational/Construction areas** only. This form is not to be used for **Clinical Incidents**.
- This form is to be completed within the **specified timeframes** (refer to DHCC OHSE Incident Reporting Process) for all **OHSE incidents, near misses and hazards** within DHCC areas.
- The **Reporter** is to complete **only the relevant sections** for the specific classification type. The **Witness** is to complete **only the Witness section** on page 2.
- For further information on the Incident process, please review the DHCC OHSE Incident Reporting Procedure (SP – 01) please contact Yasmin Kamel on +971 4 375 2361 or [yasmin.kamel@cpq.dhcc.ae](mailto:yasmin.kamel@cpq.dhcc.ae)

Please send the completed form to the Health, Safety and Environment email address: [healthsafety.environment@cpq.dhcc.ae](mailto:healthsafety.environment@cpq.dhcc.ae) or via fax on +971 4 362 4771 (Attn: Yasmin Kamel)

<b>1) Classification Type</b>	<input type="checkbox"/> Injury	<input type="checkbox"/> illness	<input type="checkbox"/> Near Miss
	<input type="checkbox"/> Hazard	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Environment
	<input type="checkbox"/> Community	<input type="checkbox"/> Other:	

<b>2) Details of Incident / Near Miss / Hazard</b>  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Date and time of incident / near miss / hazard:	Date:     /     /     /	Time:
	Date and time incident / near miss / hazard reported:	Date:     /     /     /	Time:
	Description of exact location:		
	Describe the details of the occurrence and immediate actions taken:		
	Proposed Actions:		

<b>3) Notification (please tick most appropriate)</b>	<input type="checkbox"/> DHCC - OHSE team	<input type="checkbox"/> DHCC Security	<input type="checkbox"/> Dubai Police	<input type="checkbox"/> Dubai Civil Defense
	<input type="checkbox"/> Dubai Municipality	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Family of injured /ill	<input type="checkbox"/> Other:
<b>Details of Notification</b>				
<b>Further Investigation Req'd</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>4) Reporting Person</b>  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Full Name:			
	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	Department / Facility
	Status:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Other		

<b>5) Details of injured / ill Person</b>  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Full Name:			
	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	Department / Facility:
	Status :	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Other		
	Immediate treatment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type	<input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Other:
	Further details:			

# OHSE ACOP FOR CLINICAL OPERATORS

<b>6) injury / illness</b> (please tick most appropriate)  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	<input type="checkbox"/> Superficial Injury	<input type="checkbox"/> Sprain / Strain Injury	<input type="checkbox"/> Foreign Body - Eye	<input type="checkbox"/> Fracture / Dislocation
	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Burn	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Bite - Insect / Animal
	<input type="checkbox"/> Other:			

<b>Body Part Affected</b> (please tick most appropriate)  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	<input type="checkbox"/> Head / Face / Neck	<input type="checkbox"/> Eye (R) (L)	<input type="checkbox"/> Ear (R) (L)	<input type="checkbox"/> Back
	<input type="checkbox"/> Chest / Abdomen	<input type="checkbox"/> Shoulder (R) (L)	<input type="checkbox"/> Arm / wrist (R) (L)	<input type="checkbox"/> Hand/Finger/Thumb (R) (L)
	<input type="checkbox"/> Leg / Knee (R) (L)	<input type="checkbox"/> Ankle/Foot/Toe (R) (L)	<input type="checkbox"/> Other:	

<b>7) Witness</b>  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	<b>Full Name:</b>				
	<b>Gender:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Age:</b>	<b>Department / Facility:</b>	
	<b>Status:</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Other			
	<b>Additional Information:</b>				

<b>8) Hazard</b> (please tick most appropriate)  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	<input type="checkbox"/> General Waste	<input type="checkbox"/> Medical Waste	<input type="checkbox"/> Liquid Waste	<input type="checkbox"/> Noise/Vibration
	<input type="checkbox"/> Lighting/Electrical	<input type="checkbox"/> Flying Object	<input type="checkbox"/> Vehicle	<input type="checkbox"/>
	<input type="checkbox"/> Other:			

<b>9) Environmental</b> (please tick most appropriate)  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	<input type="checkbox"/> Spill - Chemical	<input type="checkbox"/> Spill - Other	<input type="checkbox"/> Sewerage	<input type="checkbox"/> Water Discharge
	<input type="checkbox"/> Contaminated discharge	<input type="checkbox"/> Waste Management	<b>Spill Location/Volume:</b>	
	<input type="checkbox"/> Dust	<input type="checkbox"/> Other:		

<b>Property Damage</b> (please tick most appropriate)  Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	<input type="checkbox"/> Building	<input type="checkbox"/> Equipment	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Other:
	<b>Estimation of Damage Costs:</b>			
	<b>Coverage by Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Risk Rating</b> (for OHSE dept use only)	<b>Probability</b>	<b>Consequence</b>	<b>Risk Score</b>

# OHSE ACOP FOR CLINICAL OPERATORS

## Appendix D

### Quality Policy

Dubai Healthcare City (DHCC) aspires to become an internationally recognized location of choice for quality healthcare and an integrated center of excellence for clinical and wellness services, medical education and research.

Continual improvement in Quality, Health, Safety and Environmental (QHSE) performance is a corporate priority and is fully integrated into our business.

QHSE is the responsibility of all employees. We will strive to ensure that:

- Our products and services are to the highest Quality standards with optimum use of natural resources;
- We employ processes, practices, materials or products that avoid, reduce or control pollution;
- Applicable environmental legislations and contractual requirements are complied with; and
- Protect the Health, Safety and property of our stakeholders and third parties.

This shall be achieved by:

- Setting objectives and targets through which our performance will be regularly measured and improved using the European Foundation for Quality Management business excellence model;
- An ongoing programme of activities aimed at enhancing our environmental performance;
- The training, education and involvement of our staff so they understand, promote and assist in the implementation of this policy; and
- Communication with customers, suppliers, regulatory authorities and other interested parties to promote positive health, safety and environmental issues.

Dr. Ayesha M. Abdullah

Senior Vice President: DHCC

Approval Date: July 10, 2008

# OHSE ACOP FOR CLINICAL OPERATORS

## Appendix E

### Occupational Health, Safety and Environment Policy Statement

Dubai Health Care City (DHCC) aspires to become an internationally recognized location of choice for quality health care and integrated centre of excellence for Clinical and Wellness services, Medical Education and Research.

This policy is based on the DHCC's firm corporate conviction that continual improvement in Occupational Health, Safety and Environmental (OHSE) aspects are integrated into our business. DHCC Management, therefore, is fully committed that this integration is fully achieved while ensuring full compliance with all relevant Local, Federal and International laws and other best practices.

Management will strive to prevent ill health, injuries and occupational illness and protect the environment through the active participation of its employees, its customers such as Clinical and Non-Clinical Operators, Contractors engaged in Facilities Maintenance, Construction Contractors, Sub-Contractors and Consultants operating on DHCC sites and visitors to DHCC facilities.

These objectives will be achieved by ensuring compliance to all applicable OHSE Rules and Regulations in their day to day activities. DHCC is committed to the provision of necessary resources at its command to meet the requirements of OHSAS 18001:2007 and ISO 14001:2004 to ensure an effective Occupational Health and Safety Management System and Environmental Management System to attain a high degree of standard in all matters pertaining to OHSE.

Whilst customer satisfaction and delivery of products and services of the highest quality standards is our top priority, all OHSE issues will also receive the utmost priority as those of other business matters.

DHCC management will ensure the following in line with the above declaration:

- Setting OHSE objectives and targets;
- Setting the monitoring frame work to ensure that set objectives and targets are fully achieved according to the requirements of ISO 14001:2004 and OHSAS 18001:2007;
- Ensuring that hazards are identified and appropriate procedures for Risk Management through proper Risk Assessments and Controls and Emergency Response are in place, reviewed and updated on a regular basis;
- Ensure that all new Projects or activities take full account of OHSE requirements;
- The provision of training, education and ensuring involvement of employees so that they understand, promote and assist in the implementation of this policy and driving the company towards its objectives;
- Communication with employees, customers, suppliers, contractors, consultants and regulatory authorities and other interested parties to promote positive Occupational Health, Safety and Environmental issues that maximize stakeholder's benefits;
- Minimize the impact of pollution generated by our activities on the environment by reducing emissions, discharges and wastes and by promoting energy conservation and recycling of wastes;

# OHSE ACOP FOR CLINICAL OPERATORS

- Promote general health and environmental awareness in the society through our Corporate Social Responsibility plans; and
- Incorporate Green Dubai concept for the environmental benefits and sustainable development in future DHCC projects.

This OHSE policy will be communicated to all concerned stakeholders and reviewed periodically to address the changing business requirements and regulatory needs.

Dr. Ayesha. M. Abdullah  
DHCC - Senior Vice President  
Approval Date: November 11<sup>th</sup> 2008

# OHSE ACOP FOR CLINICAL OPERATORS

## Appendix F

### General Waste

- Collection to be performed on a daily basis for all areas.
- Reporting: General waste reports to be submitted to the DHCC Facilities Management and /or QHSE team on a weekly basis.

### Medical Waste

- Collection to be performed on a weekly basis.  
**NB:** Collection of medical waste can be increased for individual facilities as per their requirements. This will be agreed upon directly with the medical waste handler & the facility and listed within the terms of contract.  
Reporting: Medical Waste reports to be submitted to the DHCC QHSE team on a monthly basis.

### Pest Control

- Garbage rooms / areas: Weekly Inspections
- DHCC Common areas: Monthly Inspections
- All tenants: Quarterly inspections
- Treatment to be undertaken quarterly for DHCC common areas
- Treatment to be undertaken quarterly for the all tenants (i.e. internal areas of the facility)
- The treatment provided is to cover the following:
  - Cockroaches
  - Ants
  - Flies and Breeding Sites
  - Mosquitoes and Breeding sites
  - Firebrats and Silverfish
  - Rats
  - Mice
  - Red Back Spiders
  - Scorpions
- The treatment is to ensure a “pest free environment” (whilst utilizing treatment products & chemicals which comply with current market standards and are approved by the Dubai Municipality and the UAE Ministry of Agriculture and Fisheries.
- Reporting: Inspection & Treatment reports to be provided to the DHCC QHSE team as per the set inspection/treatment schedules.

# OHSE ACOP FOR CLINICAL OPERATORS

## References

S.N.	Reference	Description
<b>International Standards</b>		
1.	ISO 14001: 2004	Environmental Management System - Requirements
2.	OHSAS 18001: 2007	Occupational Health & Safety Management Systems - Specifications
3.	ISO 22000: 2005	Food Safety management Systems - Requirements
4.	CODEX Alimentarius	HACCP Requirements & Procedure
5.	HSEEA Manual	Tecom
6.	Codes of Practice	Construction Safety (Practice and Technical Guidelines)
<b>International Protocols</b>		
7.	Ozone	The Montreal Protocol on Substances that Deplete the Ozone Layer
8.	May 1992	Basel convention on control of trans-boundary movements of hazardous wastes and their disposals
9.	2005 Edition	International Atomic Energy Agency (IAEA) Regulations for Safe transport of Radioactive material
<b>Local Orders (Dubai)</b>		
10.	Local Order No. 7 of 2002	Management of Waste Disposal Sites in the Emirate of Dubai
11.	Local Order No. 61 of 1991	Environment Protection Regulations in the Emirate of Dubai
12.	Administration Order 211 of 1991	Executive Regulations
13.	Local Order No. 58	Control of Pest Control Operations in the Emirate of Dubai
14.	Local Order 27 of 1985	LPG Safety
15.	Local Order 115 of 1997	Management of Medical Waste in the Emirate of Dubai
16.	Local Order 11 of 2003	Public Health and Community Safety in the Emirate of Dubai
17.	Administrative Order No.20	Food hygiene regulations (February 1992)
<b>Federal Laws (UAE)</b>		
18.	Federal Law No.24 of 1999	Protection & Development of Environment
19.	Federal Law No, 1 of 2002	Regulation and Control of the Use of Radiation Sources and Protection against their
20.	Labour Law	Labour Law
21.	Final Air Pollution Law	Final Air Pollution Law
22.	Regulations 2004	Regulations of Radioactive Waste Management
23.	Regulations 2004	Regulations of the safe transport of radioactive materials
24.	Ministerial Order No. 32	Determination of ways & means to protect Employees against Occupational Hazards.
25.	Ministerial Order No. (5/1) 1982	Specifies dangerous operations in which employment of young person's is forbidden
26.	Ministerial Order No, (6/1) 1982	Prohibits employment of women in certain jobs
<b>Dubai Municipality Guidelines</b>		
27.	Guideline No. 1	Application of Waste Discharge Permits to Sewer, Land & Marine Environment
28.	Guideline No. 2	Guideline for Waste Audit Reports
29.	Guideline No. 3	Guidelines for Safety Audit Reports

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30.	Guideline No. 4	Guidelines for Preparation of Environmental Impact Report for New Industrial Premises
31.	Guideline No. 5	Oil Spill Response & Preparedness
32.	Guideline No. 6	Industrial Compressed Gas Cylinders
33.	Guideline No. 7	Heat Stress at Work
34.	Guideline No. 8	Entry into Confined Spaces
35.	Guideline No. 9	Electrical Safety at Work
36.	Guideline No. 10	Guarding of Dangerous Machinery
37.	Guideline No. 12	Requirements of Waste Water Separators
38.	Guideline No. 13	Industrial Waste Water Disposal
39.	Guideline No. 14	Personal Protective Equipment – Head Protection
40.	Guideline No. 15	Personal Protective Equipment – Eye & Face Protection
41.	Guideline No. 16	Personal Protective Equipment – Hearing Protection
42.	Guideline No. 17	Personal Protective Equipment – Protective Clothing
43.	Guideline No. 18	Personal Protective Equipment – Hand Protection
44.	Guideline No. 19	Personal Protective Equipment – Foot Protection
45.	Guideline No. 20	Personal Protective Equipment – Fall Protection / Safety Lines
46.	Guideline No. 21	Personal Protective Equipment – Respiratory Protection
47.	Guideline No. 22	Safe Use of Industrial Organic Solvents
48.	Guideline No. 23	Procedures for Testing the Leaching Characteristics of Hazardous Wastes
49.	Guideline No. 24	Sampling of Hazardous Wastes
50.	Guideline No. 25	First Aid Requirements
51.	Guideline No. 26	Application for Approval to Dispose of Hazardous Wastes
52.	Guideline No. 27	Annual Approval for Hazardous Waste Disposal
53.	Guideline No. 28	Waste Minimization
54.	Guideline No. 29	Requirements for the Discharge of Waste Gases, Fumes & Dusts to the Atmosphere
55.	Guideline No. 32	Acetylene Generators
56.	Guideline No. 33	Disposal of Outdated Pharmaceuticals & Medicines
57.	Guideline No. 34	Requirements for the use of Waste Oil in Boilers and Furnaces
58.	Guideline No. 35	Guidelines for Sampling, Preservation & Analysis of Water & Waste Water
59.	Guideline No. 37	Transport of Non-Hazardous Liquid Wastes by Tanker Vehicles
60.	Guideline No. 38	Health & Safety in Kitchen & Food Preparation Areas
61.	Guideline No. 39	Septic Tank / Soakaway Design
62.	Guideline No. 40	Examination and Certification of Boilers and Pressure Vessels
63.	Guideline No. 43	Placarding of Vehicles Carrying Dangerous Goods
64.	Guideline No. 46	Clearance of Dangerous Goods
65.	Guideline No. 47	Guidelines for the disposal of Used Chemical Containers
66.	Guideline No. 48	Safety in handling Asbestos
67.	Guideline No. 49	Hazardous Waste Exemption Policy
68.	Guideline No. 50	Requirements for the Transport of Hazardous Waste
69.	Guideline No. 51	Sampling & Preservation of Water Borne Oils
70.	Guideline No. 53	Environmental Impact Assessment Procedures
71.	Guideline No. 54	Clean-up of contaminated land

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72.	Guideline No. 56	Establishment of Environmental Management Systems
73.	Guideline No. 57	Building of Storage Tanks & Transfer Facilities
74.	Guideline No. 58	Policy on the Control of Ozone Depleting Substances
75.	Guideline No. 59	Management of Medical Wastes from Clinics & Laboratories
76.	Guideline No. 60	Approval of Environmental Auditors
77.	Guideline No. 61	Development of Emergency Response Procedures for Accidents Involving
78.	Guideline No. 62	The reuse and irrigation of Wastewater & Sludge
79.	Information bulletin	Environmental standards and allowable limits of pollutants on land, water and
80.	Dubai Municipality	HACCP Guidelines and requirements for retail premises (July 2005)
81.	Standards Australia	AS/NZ: 2865:2001 Safe Working in a Confined Space
82.	Standards Australia	HB 213:2003 handbook Safe Working in a Confined Space
83.	Standards Australia	AS/NZ: 4801 Hazards
84.	Standards Australia	AS/NZ: Health & Safety at work: Principles & Practices
85.	MSIR 1995	Mine Safety Inspection Regulation 3.22
86.	Dr K MacNeil	Handling, Transportation and Storage of Liquid Nitrogen & Other Cryogenic Material