



Administrative Policies & Procedures (APP)

APP #: GHI 001-025-001

Approved Date: 01/01/2025

Next Revision Date: 01/01/2028

Title/Description:

Environmental Management System Policy

Applies to/Concerned Areas:

All departments, staff, and relevant interested parties of (EBGH) within the defined scope of the Environmental Management System (EMS).

Original Issue Date: 2025

Number of Pages: 9

1. Purpose:

- 1.1 To define Dr. Erfan & Bagedo General Hospital's (EBGH) overall policy toward environmental management and the framework through which the hospital manages its environmental responsibilities while balancing environmental, economic and social considerations.
- 1.2 To describe the Environmental Management System (EMS) implemented and maintained by EBGH. The hospital's EMS is certified to ISO 14001:2015 within the scope stated in the valid certificate of registration and supports implementation of the Joint Commission International (JCI) Global Health Impact (GHI) standards.
- 1.3 To provide a framework for setting environmental objectives, fulfilling applicable legal, regulatory and other compliance obligations, managing environmental risks and opportunities, and driving continual improvement of environmental performance and the EMS.

2. Policy:

- 2.1 EBGH recognizes the need to achieve an appropriate balance between the environment, the economy and society and maintains an Environmental Management System (EMS) to systematically manage environmental aspects, compliance obligations, risks and opportunities.
- 2.2 The EMS supports EBGH in protecting the environment during hospital activities; preventing or mitigating adverse environmental impacts; responding to environmental incidents; fulfilling compliance obligations; improving environmental performance; and demonstrating responsible environmental stewardship to patients, staff, regulators, the community and other interested parties.
- 2.3 Environmental sustainability initiatives shall be implemented without compromising patient safety, quality of care, infection prevention and control, regulatory requirements, or continuity of essential healthcare services.
- 2.4 EBGH is committed to:
 - 2.4.1 Providing a framework for setting and reviewing measurable environmental objectives and indicators based on significant environmental aspects, compliance obligations, organizational priorities and reliable available data;

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- 2.4.2 Fulfilling applicable legal, regulatory, contractual and other environmental compliance obligations;
- 2.4.3 Formal governance of environmental sustainability, including leadership oversight, periodic management review, annual governing-body review and appropriate communication of progress;
- 2.4.4 Raising awareness and providing education to employees on climate change, its impact on human health, environmental sustainability, and low-carbon and resilient healthcare;
- 2.4.5 Measuring and reducing, where feasible, the avoidable use of energy, water, materials and supplies; reducing waste and other significant environmental impacts; and progressively improving relevant greenhouse-gas and resource-use performance;
- 2.4.6 Reducing the environmental impact of procurement and the supply chain through appropriate sustainability considerations in purchasing, supplier evaluation and outsourced services;
- 2.4.7 Assessing and strengthening the resilience of hospital infrastructure, services and emergency preparedness against relevant environmental and climate-related risks; and
- 2.4.8 Continual improvement of the suitability, adequacy and effectiveness of the EMS and environmental performance.

3. Definition:

- 3.1 Environmental Management System (EMS) is part of EBGH's overall management system used to manage environmental aspects, fulfil compliance obligations and address risks and opportunities.
- 3.2 Chief Sustainability Officer is the individual designated by hospital leadership to lead and coordinate the hospital sustainability program and oversee implementation and performance of the EMS.
- 3.3 Three Pillars of Sustainability refers to the balance between environmental, economic and social considerations that guide EBGH's sustainability approach and operational decisions.

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3.4 Greenhouse Gas (GHG) Emissions are emissions arising directly or indirectly from EBGH operations and value-chain activities. They may be categorized as Scope 1, Scope 2 and Scope 3 where relevant data and recognized measurement methods are available.

3.5 Low-Carbon and Resilient Care refers to healthcare delivery that seeks to reduce avoidable environmental impact while remaining safe, effective, efficient and resilient to climate-related hazards and service disruptions.

4. Procedures and Responsibilities:

4.1 Hospital Top Management:

- 4.1.1 Demonstrate commitment to environmental protection and continual improvement through this Environmental Policy and by providing appropriate leadership, resources and organizational support to establish, implement, maintain and improve the EMS.
- 4.1.2 Ensure systematic review of EMS performance through management review meetings, departmental meetings and other appropriate governance forums, including review of environmental objectives, performance indicators, compliance status, significant risks and opportunities, audit findings and improvement actions.
- 4.1.3 Ensure environmental sustainability strategies are integrated, as appropriate, into hospital governance, operational planning, quality and patient safety, facility management, procurement, emergency preparedness and performance-improvement processes.
- 4.1.4 Include environmental sustainability and low-carbon and resilient care on the governing-body agenda at least once a year, with reporting of progress, resources allocated and assessment of implementation. Meeting minutes shall reflect discussion, decisions and follow-up actions.
- 4.1.5 Ensure progress on environmental strategies is included in the hospital's annual governance report or equivalent public communication, as applicable, for visibility and accountability to relevant stakeholders.
- 4.1.6 Appoint or designate the lead sustainability role and evaluate the performance of the Chief Sustainability Officer in this role at least annually.

4.2 Chief Sustainability Officer



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- 4.2.1 Hold overall responsibility for coordinating implementation, maintenance and continual improvement of the EMS on behalf of Hospital Top Management, including prevention or mitigation of undesirable environmental impacts.
 - 4.2.2 Assign and coordinate authorities and responsibilities for environmental management processes and ensure relevant employees understand their assigned roles.
 - 4.2.3 Promote integration of the EMS with hospital processes and coordinate follow-up of applicable environmental compliance obligations.
 - 4.2.4 Report to Hospital Top Management and the governing body on EMS performance, environmental objectives, significant issues and improvement priorities.
 - 4.2.5 Coordinate with Human Resources, Academic Affairs and relevant departments to determine required environmental-management competencies and maintain an appropriate education and awareness plan.
 - 4.2.6 Retain governance oversight of environmental management processes performed by internal or external third parties within the EMS scope, supported as applicable by contracts, evaluations, meeting minutes and performance records.
 - 4.2.7 Coordinate collection, monitoring and reporting of key sustainability indicators according to the approved Environmental Management Plan and available reliable data, including relevant energy, water, waste, resource-use and environmental-performance measures.
 - 4.2.8 Establish and maintain a mechanism for employees to submit environmental sustainability ideas and suggestions, and review submissions to identify potential initiatives and priorities.
 - 4.2.9 Define the sustainability plan, strategies and goals in consultation with relevant stakeholders and coordinate sustainability reports and communications for internal and external stakeholders.
- 4.3 HR & Academic Affairs Department:**
- 4.3.1 Maintain training, education and other relevant records that demonstrate environmental sustainability awareness and competencies, as applicable.

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4.3.2 Ensure medical and non-medical staff undergo specific yearly training addressing climate change, its impact on human health, and good practices for environmentally sustainable and resilient healthcare.

4.3.3 Include a module on climate change, environmental sustainability, and low-carbon and resilient care in new-employee orientation and onboarding.

4.4 All Departments and Employees

4.4.1 Support implementation of the EMS within their areas of responsibility and contribute relevant data, improvement ideas and actions through established meetings, audits, assessments and communication channels.

4.4.2 Comply with applicable EMS requirements and this Environmental Policy during daily hospital activities and report environmental incidents, utility losses, avoidable resource waste or improvement opportunities through established channels.

4.4.3 Identify unnecessary or avoidable use of supplies within applicable areas, including pharmaceuticals and other chemicals, cleaning and disinfecting products, food and agricultural products, medical devices, hospital equipment and instruments. Collectively, the hospital should identify opportunities in at least three of these areas and evaluate safe, practical alternatives, including reusable items where clinically appropriate and consistent with infection-prevention requirements.

4.5 Environmental Objectives and Planning

4.5.1 Environmental objectives and indicators are documented in the Environmental Management Plan and reviewed at least annually as part of the management review process, or sooner when significant change requires revision.

4.5.2 Objectives and indicators are measurable where practicable and are based on significant environmental aspects, compliance obligations, JCI requirements, organizational priorities, feasibility and reliable baseline data. The plan defines, as applicable, responsible owners, baseline, target, timeframe, data source and review frequency.

4.5.3 The Environmental Management Plan addresses relevant resource and environmental priorities, including waste, energy, water, materials and greenhouse-gas emissions, and supports annual reporting of applicable renewable-energy use,

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water-conservation performance and demonstrated improvement in relevant operational areas.

4.5.4 Clinical practices with environmental impact are periodically evaluated with relevant clinical, quality, patient-safety and infection-prevention stakeholders to identify safe opportunities for improvement.

4.6 Sustainable Procurement and Supply Chain

4.6.1 Climate and environmental sustainability criteria are incorporated into hospital procurement guidance and supplier evaluation where relevant and proportionate to clinical, quality, safety, cost, availability and operational requirements.

4.6.2 For new supplier or vendor arrangements, department managers consider and, where suitable alternatives exist, prioritize suppliers and vendors with credible sustainability and carbon-emission-reduction objectives.

4.6.3 Outsourced service providers, including relevant catering, laundry, cleaning and waste contractors, are expected through applicable contracts, specifications and/or supplier evaluation to support EBGH sustainability objectives.

4.7 Climate Resilience and Emergency Preparedness (Refer to Internal & External Emergency Preparedness Plan and Utility System Emergency Management Plan)

4.7.1 Climate- and environment-related hazards that may affect hospital operations, service delivery or patient populations are identified and included in the hospital risk register or equivalent risk documentation.

4.7.2 A documented assessment of environmental risks, scenarios and vulnerabilities affecting the hospital and surrounding community is conducted at least every three years, using relevant information from the most recent three-year period where available, and updated sooner when significant changes or emerging risks warrant review.

4.7.3 The assessment informs a written plan of adaptive actions to mitigate priority current and future climate-related hazards. Progress against agreed actions or targets is reviewed and documented.

4.7.4 Preparedness programs for adverse weather scenarios and environmentally disruptive events are incorporated into applicable emergency preparedness and

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utility-management arrangements, tested at least annually as applicable, updated based on lessons learned, and include training of relevant employees for assigned response roles.

4.8 Risk and Opportunity Management

- 4.8.1 Risk and opportunity management takes place at the level of significant environmental aspects and impacts, environmental planning, organization-wide risk management, business change management and individual projects, as applicable.
- 4.8.2 High-level environmental risks and opportunities are reviewed at least annually, or upon significant change to the hospital's context, operations, environmental aspects or compliance obligations, in line with the hospital Risk and Opportunity Assessment Process.
- 4.8.3 Environmental incidents, nonconformities, audit findings and significant performance gaps are investigated as appropriate; corrective actions are assigned, followed up and evaluated for effectiveness.

4.9 Control of Documents and Records

- 4.9.1 All EMS policies, plans, procedures and records are documented, approved, controlled, retained and managed through their lifecycle in accordance with the hospital Procedure for the Control of Documented Information.
- 4.9.2 EMS documents are uniquely identified, with current versions tracked through the approved document-control system and/or EMS Documentation Log.
- 4.9.3 Relevant EMS evidence, including monitoring data, compliance evaluations, audits, training records, meeting minutes, corrective actions and applicable contractor records, is retained according to hospital record-management requirements.
- 4.9.4 Internal EMS audits and management reviews are conducted according to the approved EMS audit and management-review arrangements to evaluate conformity, performance and opportunities for continual improvement.

5. Acronyms:

- 5.1 EMS: Environmental Management System
- 5.2 ISO: International Organization for Standardization
- 5.3 EBGH: Dr. Erfan & Bagedo General Hospital



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5.4 GHG: Greenhouse Gas

5.5 GHI: Global Health Impact (JCI accreditation chapter)

5.6 CSO: Chief Sustainability Officer

6. Reference:

6.1 Joint Commission International Accreditation Standards for Hospitals, 8th Edition (2025), Global Health Impact (GHI), Standards GHI.01.00-GHI.05.00.

6.2 ISO 14001:2015, Environmental Management Systems - Requirements with Guidance for Use.

6.3 EBGH ISO 14001:2015 Certificate of Registration, issued 27 July 2026, and subsequent valid surveillance/recertification documentation.

6.4 EBGH Internal & External Emergency Preparedness Plan; Utility System Emergency Management Plan

7. Revision Changes:

7.1 New policy

8. Revision:

8.1 Every 3 years, or earlier when required

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Revision Schedule

Month	Year	Signature of Responsible Body	Month	Year	Signature of Responsible Body