TURATHUNA

OFFICE OF THE CHAIRMAN OF THE BOARD OF TRUSTEES

EXECUTIVE DIRECTIVE: Incident Management and Reporting Policy

Directive Number: TF-DIR-2026-013

Date of Issuance: May 18, 2026

Effective Date: June 1, 2026

1. PURPOSE & RATIONALE

In alignment with the Turathuna Foundation's commitment to institutional excellence, rigorous governance, and compliance with the standards required by our international partners and donors, the Board of Trustees has formally approved the **Incident Management and Reporting Policy**.

The implementation of this policy is essential to ensure that our operations remain transparent, ethically sound, and fully aligned with global best practices in cultural heritage preservation and humanitarian action.

2. MANDATORY COMPLIANCE

Pursuant to the authority vested in the Chairman of the Board of Trustees, and in accordance with the Foundation's bylaws, all personnel—including Board members, management, staff, volunteers, consultants, and implementing partners—are hereby directed to adhere strictly to the guidelines and procedures set forth in the attached policy.

3. IMPLEMENTATION & ENFORCEMENT

- **Effective Date:** This policy shall come into full force and effect starting **June 1, 2026**.
- **Responsibilities:** Department heads and Project Managers are responsible for the immediate dissemination of this policy to their respective teams and for conducting necessary training to ensure full understanding and operational alignment.
- **Compliance:** Failure to adhere to the provisions of this policy may result in disciplinary action, as outlined in the *Code of Ethics and Professional Conduct*.

4. REVIEW & UPDATES

This policy shall be subject to periodic review by the Board of Trustees to ensure its ongoing effectiveness in the face of evolving operational challenges. Any proposed amendments must be submitted to the Board for formal approval.

5. ATTACHMENTS

Attached to this directive is the full version of the **Incident Management and Reporting Policy**, which serves as the official operational guide for the Foundation.

BY ORDER OF THE BOARD OF TRUSTEES:

Lama Abboud
Chair of the Board of Trustees
Turathuna Foundation

Cc:

- Executive Director
- Finance Department
- HR Department
- Project Managers
- Central Policy Repository

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1. PURPOSE AND SCOPE

The Turathuna Foundation operates in dynamic and complex environments where risks are inherent. Despite our rigorous *Risk Management* and *HSSE* policies, incidents can and do occur.

The purpose of this Incident Management and Reporting Policy is to establish a standardized, transparent, and rapid protocol for identifying, reporting, managing, and investigating incidents. It fosters a "Zero Blame" culture where reporting is encouraged to facilitate organizational learning, ensure the safety of our personnel and beneficiaries, and protect the Foundation's assets and reputation.

This policy applies universally to all Foundation employees, Board members, volunteers, consultants, sub-grantees, and contractors operating on Turathuna sites or representing the Foundation.

2. DEFINITION AND CATEGORIES OF INCIDENTS

An **Incident** is defined as any unplanned event that results in, or has the potential to result in, harm to people, damage to property or heritage assets, financial loss, or reputational damage. A **"Near Miss"** is an event that did not result in harm or damage but had the potential to do so under slightly different circumstances.

Incidents are categorized into the following core areas:

- **Health, Safety, and Environment (HSSE):** Workplace injuries, traffic accidents involving foundation vehicles, medical emergencies on-site, or environmental spills (e.g., chemical or fuel spills during restoration).
- **Security Threats:** Theft, vandalism, physical threats, localized armed conflict near project sites, or the discovery of Unexploded Ordnance (UXO) in historical rubble.

- **Safeguarding and Social Incidents:** Allegations of Sexual Exploitation, Abuse, and Harassment (PSEAH), child protection violations, or severe community grievances. *(Managed strictly in conjunction with the Safeguarding Policy).*
- **Heritage and Asset Damage:** Accidental structural collapse during restoration, damage to acquired historical artifacts, or severe data loss.
- **Financial and Compliance Incidents:** Suspected fraud, corruption, loss of funds, or a breach of international sanctions.

3. SEVERITY CLASSIFICATION

To ensure an appropriate and proportionate response, incidents must be classified by the reporter or their manager into one of three tiers:

- **Tier 1: Minor (Low Impact):** Near misses, minor first-aid injuries requiring no time off work, minor equipment damage, or localized community complaints.
- **Tier 2: Moderate (Medium Impact):** Injuries requiring professional medical treatment, localized security threats causing temporary site closure, moderate financial loss, or significant damage to foundation property.
- **Tier 3: Severe / Critical (High Impact):** Fatalities or severe injuries, allegations of safeguarding violations/PSEAH, major fraud, severe damage to a historic site, kidnapping, or any incident likely to attract negative national/international media attention or donor suspension.

4. IMMEDIATE RESPONSE AND LIFE SAFETY FIRST

In the event of an incident, the immediate priority is **always** the preservation of human life and safety.

1. **Stop Work:** Exercise "Stop Work Authority." Halt all restoration or field activities immediately if the area is unsafe.
2. **First Aid / Emergency Services:** Provide first aid or contact local emergency/civil defense services as necessary.
3. **Secure the Scene:** Prevent further harm or damage. If a heritage asset has collapsed or a security incident has occurred, secure the perimeter to preserve evidence for investigation.

5. MANDATORY REPORTING TIMELINES AND PROCEDURES

- **Verbal/Immediate Notification:**
    - **Tier 1 & 2:** Must be reported verbally to the direct supervisor or Project Manager as soon as it is safe to do so.
    - **Tier 3 (Critical):** Must be reported verbally to the Executive Director and the President of the Board **immediately**, regardless of the time of day.
- **Written Incident Report:** A formal "Incident Report Form" must be completed and submitted to the Foundation's Management (and HR/Safeguarding Focal Point if applicable) within **24 hours** of the incident occurring, regardless of severity.

- **Donor Notification:** For Tier 2 and Tier 3 incidents, the Executive Management is responsible for formally notifying relevant international donors in accordance with the specific grant agreement timelines (typically within 48-72 hours).

6. INVESTIGATION AND ROOT CAUSE ANALYSIS

Every reported incident and near miss must be investigated to determine the root cause and prevent recurrence.

- **Minor Incidents (Tier 1):** Investigated locally by the Project Manager or HSSE Coordinator to implement immediate corrective actions.
- **Moderate to Severe Incidents (Tier 2 & 3):** Investigated by a designated Incident Review Team, assembled by the Executive Director. This team may include external experts (e.g., structural engineers for a site collapse, or independent investigators for fraud/safeguarding).
- **Root Cause Analysis:** The investigation will focus on *why* the incident occurred (e.g., system failure, lack of training, faulty equipment) rather than simply blaming the individual involved.

7. SPECIAL HANDLING: SAFEGUARDING AND FRAUD

Incidents involving allegations of PSEAH, child abuse, or financial fraud require specialized handling.

- **Confidentiality:** These reports must be handled with strict confidentiality on a "need-to-know" basis to protect the survivor, the whistleblower, and the integrity of the investigation.
- **Direct Reporting:** If the incident involves a direct supervisor, personnel must bypass the standard reporting chain and report directly to the HR/Safeguarding Focal Point, the Executive Director, or the Board.

8. WHISTLEBLOWER PROTECTION AND "ZERO BLAME" CULTURE

The Turathuna Foundation relies on the vigilance and honesty of its team.

- We operate a "Just Culture." Personnel who report incidents, mistakes, or near-misses in good faith will **not** face disciplinary action for the reporting itself.
- Retaliation, intimidation, or discrimination against anyone who reports an incident or participates in an investigation is strictly prohibited and constitutes gross misconduct.

9. CLOSURE, LEARNING, AND ADAPTATION

An incident is not considered "closed" until all corrective actions have been implemented.

- **Action Plan:** The investigation report will conclude with a Corrective Action Plan detailing specific tasks, responsible persons, and deadlines.
- **Policy Update:** If the incident reveals a gap in organizational policies, the *Risk Register*, *HSSE Policy*, or operational manuals must be updated accordingly.

- **Lessons Learned:** Anonymized lessons learned from significant incidents or near-misses will be shared across all project teams during monthly coordination meetings to foster continuous improvement and a proactive safety culture.