REDEEMERS HEALTH VILLAGE

Human Resources Department

MANDATORY REPORTING POLICY

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Relevant Standards

- Public Health Act, Laws of the Federation of Nigeria (LFN) 2004
- Nigeria Centre for Disease Control (NCDC) — Integrated Disease Surveillance and Response (IDSR) Guidelines
- National Health Act 2014
- Medical and Dental Council of Nigeria (MDCN) — Ethical Guidelines
- RHV Code of Professional Conduct (HR-POL-023)
- RHV Whistleblowing & Protected Disclosure Policy (HR-POL-021)
- RHV Health and Safety Policy (HR-POL-013)
- WHO International Health Regulations (IHR) 2005
- RHV Disciplinary Action Policy (HR-POL-003)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Draft	April 28, 2026	New Policy — Board Submission	CHRO
2				
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1. Purpose

The duty to report is one of the most fundamental obligations in professional healthcare practice. It is the mechanism through which RHV learns from near-misses, prevents serious harm from recurring, fulfils its statutory obligations to public health authorities, and demonstrates to patients, regulators, and the Board that it is a safe institution that takes accountability seriously.

This policy establishes RHV's mandatory reporting framework, covering two distinct but equally critical categories: internal clinical incident and near-miss reporting (which drives patient safety improvement within RHV) and external notifiable disease reporting (which fulfils RHV's statutory obligations under Nigerian public health law). Both are non-negotiable professional and institutional duties. Failure to report is a serious disciplinary matter.

2. Scope

This policy applies to all clinical staff — doctors, nurses, midwives, pharmacists, laboratory scientists, radiographers, physiotherapists, and all other health professionals — as well as all non-clinical staff who witness or become aware of a clinical incident or notifiable disease presentation. It applies across all RHV facilities and departments, and covers all patient contact settings including inpatient wards, outpatient clinics, theatres, emergency services, laboratories, pharmacy, and diagnostic imaging.

3. Part A — Clinical Incident and Near-Miss Reporting

3.1 Definitions

For the purposes of this policy, the following definitions apply:

- Adverse Event: An unintended injury or complication arising from healthcare management (rather than from the patient's underlying disease) that results in disability, death, or prolonged hospitalisation.
- Near-Miss: An event or situation that did not cause harm to a patient but had the potential to do so. Near-misses are as important to report as adverse events — they are free lessons in patient safety.
- Sentinel Event: A serious, unexpected patient event involving death, severe permanent harm, or severe temporary harm requiring life-sustaining intervention, that signals a fundamental patient safety failure requiring immediate root cause investigation.
- No-Harm Incident: An event that reached the patient but caused no discernible harm. These must still be reported, as they signal system vulnerabilities.
- Hazardous Condition: A circumstance or situation that significantly increases the probability of a patient safety incident — even if no incident has yet occurred (e.g., a malfunctioning piece of clinical equipment, an inadequately labelled medication).

3.2 What Must Be Reported

The following must always be reported through RHV's clinical incident reporting system, without exception:

- All adverse events resulting in patient harm, regardless of severity
- All near-misses, regardless of how minor they appear
- All sentinel events — immediate notification to the Head of Department and CEO is required in addition to the formal report
- All medication errors — including wrong drug, wrong dose, wrong patient, wrong route, or wrong time — regardless of whether harm resulted
- Patient falls resulting in injury or requiring medical assessment
- Pressure injuries (hospital-acquired) of Grade 2 or above
- Healthcare-associated infections (HAIs) exceeding baseline threshold, or any cluster of HAIs
- Surgical and procedural complications, including unplanned returns to theatre
- Diagnostic errors identified retrospectively (e.g., missed diagnosis, delayed diagnosis)
- Blood transfusion reactions and transfusion errors

- Equipment failures that caused or had the potential to cause patient harm
- Maternal deaths, near-maternal deaths, and unexpected neonatal adverse events
- Patient elopement, missing patient, or patient abduction
- Unexpected patient death — particularly where the death may not be solely attributable to the patient's underlying condition
- Any incident involving a visitor or staff member injured on RHV premises during patient care activities
- Any event that results in or is likely to result in a patient complaint, media attention, or regulatory inquiry

3.3 How to Report — Internal Reporting Process

RHV uses a standardised Clinical Incident Report Form (available in both electronic and paper format) as the primary tool for internal incident reporting. The process is as follows:

1. Immediate action: The first priority is always the patient. Any immediate threat to patient safety must be addressed before the report is completed. Call for clinical help, stabilise the patient, and document care given.
2. Notify the supervisor: The staff member involved or who witnesses the incident notifies their line manager or the on-duty senior clinician immediately — verbally in the first instance for urgent incidents.
3. Complete the Incident Report Form: The report is completed by the staff member closest to the incident, as soon as possible and no later than four (4) hours after the incident occurs (or within 24 hours for less urgent incidents). The form should capture: what happened; when and where it happened; who was involved (patient, staff, equipment); what the immediate consequences were; what immediate action was taken; and the reporter's assessment of contributing factors.
4. Submit to Head of Department: The completed form is submitted to the Head of Department, who reviews it and submits it to the Clinical Governance / Quality Assurance Department within 24 hours.
5. Sentinel events — immediate escalation: For any sentinel event, the Head of Department notifies the Medical Director or Clinical Lead and the CEO immediately by telephone, followed by a written report within two (2) hours. A full Root Cause Analysis (RCA) is commissioned within 48 hours.

3.4 Investigation and Root Cause Analysis

All reported incidents are reviewed and categorised by the Clinical Governance Department using a defined severity classification. The depth of investigation is proportionate to the severity:

- Low severity (near-miss, no-harm incident): Reviewed by the Head of Department; brief written review and corrective action documented within five (5) working days.
- Moderate severity (harm requiring additional treatment or prolonged stay): Formal departmental investigation with written findings and corrective action plan, submitted to Clinical Governance within 15 working days.
- High severity / Sentinel event: Full multidisciplinary Root Cause Analysis (RCA) led by Clinical Governance, with findings and improvement recommendations presented to the Medical Director, CHRO, and CEO within 30 days. Significant findings are presented to the Board.

3.5 Learning and Improvement

The purpose of incident reporting is not blame — it is learning and prevention. RHV is committed to a just culture in which staff feel psychologically safe to report incidents and near-misses without fear of personal punishment, unless the incident involves reckless disregard for patient safety or deliberate harm. To reinforce this commitment:

- Learning from incidents is shared with all relevant clinical teams through a monthly Patient Safety Bulletin, without identifying individual staff members where possible.
- Repeated or systemic themes identified through incident data are addressed at system level (process redesign, training, equipment) rather than solely at individual level.
- The number and type of incidents reported is a positive quality indicator — departments with low reporting rates are investigated for under-reporting, not praised for apparent safety.

- Staff who report incidents in good faith are protected from retaliation by this policy and by the RHV Whistleblowing and Protected Disclosure Policy (HR-POL-021).

3.6 Failure to Report

Failure to report a clinical incident or near-miss — whether through negligence, fear, or a deliberate decision to conceal — is a serious disciplinary offence. Where a failure to report is identified, it will be investigated and addressed under the RHV Disciplinary Action Policy (HR-POL-003). Deliberate concealment of a patient safety incident may also constitute professional misconduct reportable to the relevant regulatory body.

4. Part B — Notifiable Disease Reporting

4.1 Legal Obligation

The reporting of notifiable diseases to the appropriate public health authorities is a statutory obligation under Nigerian law, specifically the Public Health Act and the NCDC's Integrated Disease Surveillance and Response (IDSR) framework. Non-compliance is a criminal offence for both the individual clinician and the institution. RHV takes this obligation with the utmost seriousness.

4.2 Notifiable Diseases — Priority One (Immediate Reporting)

The following diseases must be reported to the Local Government Area (LGA) Disease Surveillance and Notification Officer (DSNO) and the State Epidemiologist within 24 hours of clinical suspicion — a laboratory-confirmed diagnosis is not required before reporting:

- Cholera
- Viral Haemorrhagic Fevers — including Lassa Fever, Ebola, Marburg, and Crimean-Congo Haemorrhagic Fever
- Meningococcal meningitis and other bacterial meningitis clusters
- Yellow Fever
- Monkeypox (Mpox)
- Poliomyelitis — all cases of Acute Flaccid Paralysis (AFP) in children under 15
- Plague
- Severe Acute Respiratory Syndrome (SARS) and any novel respiratory pathogen of public health concern
- Any disease or condition that the NCDC or State Ministry of Health designates as a public health emergency

4.3 Notifiable Diseases — Priority Two (Weekly Reporting)

The following conditions must be included in RHV's weekly disease surveillance returns to the LGA DSNO:

- Malaria (all confirmed cases)
- Tuberculosis (all new and retreatment cases, submitted additionally to the State TB Programme)
- HIV/AIDS (all new diagnoses, submitted anonymously to the State AIDS Programme)
- Typhoid fever (confirmed cases)
- Measles and other vaccine-preventable diseases
- Neonatal tetanus
- Maternal deaths
- Road traffic injuries presenting to RHV emergency services
- Snakebite
- Any other condition included in the current NCDC IDSR reporting list

4.4 Internal Notification Process

When a clinician suspects or diagnoses a notifiable condition, the following process applies immediately:

6. The clinician notifies the Head of Department and the Infection Prevention and Control (IPC) Lead verbally without delay.
7. Appropriate isolation precautions are implemented immediately, in accordance with RHV's Infection Prevention and Control Protocol.
8. The IPC Lead or designated Medical Officer completes the NCDC Integrated Disease Notification Form and submits it to the LGA DSNO within the required timeframe (see Sections 4.2 and 4.3).
9. For Priority One diseases, the CEO and CHRO are notified immediately. The CEO determines whether the Board and any external advisers need to be informed.
10. A copy of all external notifications is retained by the IPC Lead and filed in the RHV Notifiable Disease Register.

4.5 Notifiable Disease Register

The IPC Lead maintains a confidential Notifiable Disease Register recording all cases where external notification has been made. The Register includes: disease or condition; date of clinical suspicion; date of notification; authority notified; and outcome. The Register is reviewed monthly by the Medical Director and is available for inspection by public health authorities. The CHRO receives a summary at the end of each quarter.

4.6 Outbreak Management

Where two or more linked cases of a Priority One disease — or an unusual cluster of any other condition — are identified, the IPC Lead activates RHV's Outbreak Response Protocol immediately, in conjunction with the NCDC and State Ministry of Health. The Outbreak Response Protocol is held by the IPC Lead and the Clinical Governance Department and is reviewed annually. During any declared outbreak, the CEO provides daily updates to the Board.

5. Part C — Other Mandatory Reporting Obligations

5.1 Child Protection Reporting

All staff who have reasonable grounds to suspect that a child patient or accompanying child is a victim of abuse, neglect, or exploitation must report their concern immediately to the Head of Department and HR. RHV will notify the appropriate child protection authority (e.g., State Ministry of Women Affairs, Nigeria Police Force Child Protection Unit) in accordance with the Child Rights Act. Child protection concerns are never managed solely within RHV — external notification is always required. Staff who fail to report a genuine child protection concern may face disciplinary and regulatory consequences.

5.2 Coroner and Police Reporting

Deaths occurring in circumstances that may be non-natural, violent, unexplained, or where a crime may have been committed must be reported to the Nigerian Police Force. This includes: all violent deaths or deaths following assault; deaths in unexplained circumstances; deaths of patients who arrive at RHV already deceased; and any death where the cause is genuinely uncertain after medical review. The Medical Director, in consultation with the CEO, makes the determination to notify the police. Such deaths must not be released for burial without appropriate authorisation.

5.3 Financial Crime Reporting

Any employee who becomes aware of suspected financial crime, fraud, money laundering, or corruption involving RHV must report immediately through the Whistleblowing channel (HR-POL-021) or directly to the CHRO or CEO. RHV cooperates fully with the EFCC and ICPC in all financial crime investigations.

6. Training and Awareness

Mandatory reporting obligations — both clinical incident reporting and notifiable disease reporting — are covered in every new employee's induction, with specific depth for clinical staff. Annual refresher training is mandatory for all clinical staff and covers: how to recognise and categorise reportable events; how to

complete the Incident Report Form; how to report notifiable diseases; and RHV's commitment to a just and psychologically safe reporting culture. Completion of annual reporting training is recorded in the HR system and is a mandatory compliance requirement.

7. Roles and Responsibilities

All Clinical Staff

Report all clinical incidents, near-misses, and suspected notifiable diseases promptly and accurately; never conceal or minimise a patient safety event; cooperate fully with all investigations.

Heads of Department

Ensure their teams understand and comply with reporting obligations; review and submit incident reports without delay; lead departmental investigations; foster a culture of openness and reporting.

Infection Prevention and Control Lead

Manages all notifiable disease notifications; maintains the Notifiable Disease Register; leads outbreak response; provides clinical guidance on IPC matters arising from incidents.

Medical Director / Clinical Governance

Oversees the clinical incident review and RCA process; reviews all moderate and high-severity incidents; ensures lessons learned are systematically implemented; reports to the CEO and Board.

CHRO

Ensures HR policy and disciplinary frameworks support and protect the reporting culture; coordinates HR responses to incidents involving staff conduct; receives quarterly reporting on incident and notification activity.

CEO

Receives immediate notification of sentinel events and Priority One disease cases; ensures Board is informed appropriately; maintains external relationships with regulatory authorities.

Board of Directors

Receives quarterly patient safety reporting; ensures adequate resources are provided for clinical governance and reporting systems; holds management accountable for a robust safety culture.

8. Monitoring and Review

The Clinical Governance Department presents a Patient Safety and Incident Report to the Board's Clinical Governance Committee quarterly, covering: incident volumes and severity trends; RCA completion rates and overdue reviews; notifiable disease notifications; and progress on previously identified improvement actions. This policy is reviewed annually by the CHRO in conjunction with the Medical Director and IPC Lead, and more frequently in response to emerging public health guidance or significant incident learnings.