REDEEMERS HEALTH VILLAGE

Human Resources Department

HEALTH AND SAFETY POLICY

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Date Approved:	—		

Relevant Standards

- Labour Act of Nigeria (Cap L1 LFN 2004)
- Factories Act (Cap F1 LFN 2004)
- National Environmental Standards and Regulations Enforcement Agency (NESREA) Act
- NIOSH Occupational Safety and Health Standards
- WHO Healthcare Worker Safety and Infection Control Guidelines
- RHV Mandatory Reporting Policy (HR-POL-031)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Draft	May 27, 2024	New Policy Implementation	
2	Final	June 2025	Policy Review & Update	CHRO
3	Final	April 28, 2026	Board Submission Revision	CHRO/CEO

1. Purpose

Redeemers Health Village (RHV) is committed to providing and maintaining a safe, secure, and healthy working environment for all employees, patients, visitors, contractors, and volunteers. This Health and Safety Policy establishes the institutional framework for identifying and managing workplace hazards, preventing illness and injury, maintaining infection control standards, preparing for emergencies, and supporting the physical and mental wellbeing of our workforce. It reflects RHV's obligations under Nigerian law and its commitment to international healthcare safety standards.

2. Scope

This policy applies to all employees (full-time, part-time, temporary, contract, and locum), contractors, volunteers, students, visitors, and third-party service providers across all RHV facilities and departments — including clinical wards, outpatient areas, theatres, laboratories, pharmacy, radiology, administrative offices, kitchens, and support services areas.

3. Workplace Hazard Identification and Risk Assessment

- All employees are personally responsible for proactively identifying, reporting, and — where within their authority — mitigating workplace hazards in their area of work. No employee should pass a hazard without acting on it.
- The designated Safety Officer conducts scheduled inspections of all areas of the hospital and maintains a live Hazard Register. Identified risks are documented with corrective action owners and timelines, tracked to completion, and reviewed at the monthly safety meeting.
- High-risk areas — including operating theatres, intensive care units, the emergency department, and the laboratory — are subject to more frequent safety inspection and additional area-specific risk assessments.
- A comprehensive hazard register and risk assessment database is maintained by the Safety Officer and reviewed quarterly.

4. Infection Prevention and Control (IPC)

- All clinical staff must adhere to RHV's Infection Prevention and Control (IPC) protocols at all times, including the appropriate selection and use of Personal Protective Equipment (PPE) — gloves, masks, gowns, face shields, and other items as required by the clinical context.
- The WHO Five Moments of Hand Hygiene are mandatory for all staff with direct or indirect patient contact. Compliance with hand hygiene protocols is monitored through regular observation audits.
- Medical waste — including sharps, biological waste, and pharmaceutical waste — must be segregated, handled, and disposed of in strict accordance with RHV's waste management protocols and applicable Nigerian environmental regulations.
- Patient care areas, clinical equipment, and high-touch surfaces are subject to defined cleaning, disinfection, and decontamination schedules, monitored by the Infection Control Lead.
- Any cluster of healthcare-associated infections (HAIs) or unusual infection pattern must be reported immediately to the Infection Control Lead and escalated per the RHV Mandatory Reporting Policy (HR-POL-031).

5. Emergency Preparedness and First Aid

- All employees are required to complete CPR and Basic Life Support (BLS) training as part of mandatory orientation, with annual refresher certification. Clinical staff in high-acuity areas must maintain Advanced Life Support (ALS) certification as required by their department.
- Emergency response procedures including cardiac arrest, respiratory emergency, fire, chemical spill, and security incident are documented, posted in all key areas, and communicated during induction. All staff must know the location of emergency equipment in their work area.

- First aid kits and Automated External Defibrillators (AEDs) are strategically placed throughout the facility, with highest density in high-risk clinical areas. Equipment locations are mapped and reviewed quarterly.
- Fire evacuation drills are conducted twice annually by the Safety Officer; general emergency preparedness drills are conducted at least quarterly. Participation is mandatory for all staff on duty at the time of the drill.
- Emergency evacuation plans including designated assembly points are posted on every floor and in every ward and are reviewed annually or following any structural change to the facility.

6. Health and Safety Training

- Mandatory health and safety induction training is delivered to all new employees before or on their first working day. No new employee begins duties in a clinical or high-risk area without completing this induction.
- Annual refresher training for all staff covers: fire prevention and evacuation; infection control and standard precautions; correct manual handling and patient lifting techniques; hazardous substance identification and handling; use and maintenance of emergency equipment; and incident reporting procedures.
- Employees in specialist roles radiology (radiation protection), laboratory (chemical and biological safety), pharmacy (cytotoxic drug handling), and facilities (electrical and mechanical safety) receive additional, role-specific safety training as part of their continuing professional development.
- Completion of all mandatory health and safety training is recorded in the HR information system. Non-completion is flagged as a compliance concern and addressed by the employee's Head of Department.

7. Workplace Safety Equipment

- Adequate and appropriate safety equipment is provided in all areas of RHV, including: fire extinguishers (correctly classified for the fire risks present), first aid kits, PPE, emergency lighting, AEDs, and safety signage.
- All safety equipment is subject to scheduled inspection, maintenance, and replacement in accordance with manufacturer specifications and applicable regulations. Records of all maintenance are retained by the Safety Officer.
- Employees are required to use appropriate safety equipment as provided, to use it correctly, and to report any faulty, damaged, or missing equipment to the Safety Officer immediately.
- No employee should use safety equipment they have not been trained to use, or modify equipment in any way, without authorisation.

8. Accident and Incident Reporting

- All workplace accidents, injuries, near-misses, occupational exposures (e.g., needlestick injuries), and hazardous conditions must be reported immediately to the line manager and the Safety Officer — never delayed until the end of a shift.
- An Incident Report Form must be completed for every reportable event, regardless of severity. Forms are submitted to the Safety Officer and HR within 24 hours of the incident.
- Root cause investigations are conducted for all moderate and high-severity incidents. Findings, corrective actions, and lessons learned are shared with all relevant staff through the monthly Patient Safety Bulletin and departmental safety meetings.
- Clinical incidents involving patient harm or near-miss are additionally governed by the RHV Mandatory Reporting Policy (HR-POL-031).
- Employees are protected from retaliation for reporting safety incidents or concerns in good faith.

9. Employee Mental Health and Wellbeing

RHV recognises that healthcare work places significant psychological demands on its workforce. Employee mental health and wellbeing are a genuine institutional priority, not an afterthought. RHV provides:

- Access to confidential counselling and psychological support services, available to all employees.
- Regular staff wellbeing check-ins facilitated by HR, particularly in high-acuity departments.
- Stress awareness and management resources, accessible to all staff.
- A clear obligation on managers to monitor the wellbeing of their teams and to escalate concerns to HR without delay.

Employees experiencing significant work-related stress, burnout, or mental health difficulties are encouraged to speak confidentially with HR, their manager, or the designated occupational health contact. There is no professional penalty at RHV for acknowledging mental health needs.

10. Workplace Violence Prevention

- RHV operates a zero-tolerance policy for violence, aggression, or threatening behaviour in the workplace whether directed at staff, patients, visitors, or any other person.
- Security personnel are on-site at all times, with enhanced presence in high-risk areas (emergency department, psychiatric services) and during night shifts. CCTV surveillance is maintained in all public and key operational areas.
- All staff receive training in conflict de-escalation, recognising warning signs of escalating aggression, and the personal safety protocols applicable in their area.
- All incidents of violence or threats against staff must be reported immediately. Perpetrators — whether patients, visitors, or staff — will be managed in accordance with RHV's policies and, where appropriate, reported to law enforcement.

11. Ergonomics and Physical Wellbeing

- Workstations in administrative and clinical areas are configured ergonomically. Employees are encouraged to report ergonomic concerns to their manager or HR for assessment.
- Manual handling including patient moving and handling is conducted using correct technique and appropriate equipment at all times. No employee should manually lift a patient without a manual handling assessment and appropriate assistive equipment where available.
- Employees working extended hours are encouraged to take regular rest breaks. Managers are responsible for ensuring their teams are not routinely working without adequate rest.

12. Compliance and Audit

- This policy is subject to annual audit by an independent, qualified health and safety specialist, in addition to the Safety Officer's ongoing internal monitoring programme.
- Compliance with this policy is not optional. Non-compliance including failure to use required PPE, failure to report incidents, or creating unnecessary safety risks may result in disciplinary action.
- Employees may raise safety concerns through their line manager, the Safety Officer, or HR, without fear of retaliation. Safety concerns may also be raised anonymously through the RHV Whistleblowing channel (HR-POL-021).

13. Roles and Responsibilities

All Employees

Adhere to all safety protocols; identify and report hazards and incidents without delay; use PPE and safety equipment correctly; complete all mandatory safety training.

Safety Officer

Conducts safety inspections; maintains the Hazard Register; coordinates safety training; investigates incidents; reports to the CHRO and COO.

Heads of Department

Ensure all staff in their department complete mandatory safety training; enforce compliance with safety protocols; escalate safety concerns promptly.

Infection Control Lead

Develops and monitors IPC protocols; conducts hand hygiene audits; manages HAI clusters and outbreak responses.

HR Department

Ensures health and safety training is embedded in induction and annual compliance tracking; maintains wellness programmes; processes workplace injury claims.

CEO / COO

Ensure adequate resource, infrastructure, and institutional commitment to health and safety; receive quarterly safety performance reports.

14. Monitoring and Review

The Safety Officer provides a quarterly Health and Safety Performance Report to the CHRO and COO, covering: incident volumes and severity trends; audit findings and corrective actions; training completion rates; and any serious or notifiable incidents. This policy is reviewed annually by the CHRO in conjunction with the Safety Officer and relevant clinical leads, and more frequently in response to significant incidents or changes in applicable legislation.