# REDEEMERS HEALTH VILLAGE

Human Resources Department

# STAFF SAFETY & PROTECTION FROM ASSAULT POLICY

Policy Code: HR-POL-032

| | | | |
|---|---|---|---|
| **Date of Issue:** | April 28, 2026 | **Next Review Date:** | April 28, 2027 |
| **Version:** | 1.2 | **Last Review Date:** | New Policy |
| **Author:** | Adedayo Bazunu, Acting Chief Human Resources Officer | | |
| **Directorate:** | Human Resources Department | | |
| **Approved By:** | Chief Executive Officer \| Chief Operating Officer \| REMCO, RHV Board | | |
| **Date Approved:** | — | | |

## Relevant Standards

- Labour Act of Nigeria (Cap L1 LFN 2004)
- Criminal Code Act (Cap C38 LFN 2004) — Assault and Threatening Behaviour provisions
- National Health Act 2014
- RHV Health and Safety Policy (HR-POL-014)
- RHV Mandatory Reporting Policy (HR-POL-012)
- RHV Whistleblowing Policy (HR-POL-026)
- RHV Disciplinary Action Policy (HR-POL-005)
- WHO Guidelines on Workplace Violence in the Health Sector (2002)

## Amendment History

| Issue | Status | Date | Reason for Change | Authorised |
|---|---|---|---|---|
| 1 | Draft | April 28, 2026 | New Policy Implementation | |
| 2 | Final | April 28, 2026 | Board Submission Revision — Author & Governance Updated | CHRO/CEO |
| 3 | | | | |

# 1. Introduction

Healthcare workers are among the most exposed to workplace violence of any professional group globally. At Redeemers Health Village (RHV), we recognise that our staff clinical and non-clinical regularly work in conditions of significant emotional and physical pressure, often dealing with patients and families in crisis. This does not make violence acceptable. It makes our commitment to staff protection more important, not less.

This policy establishes RHV's comprehensive framework for preventing, reporting, investigating, and responding to all forms of violence, aggression, and assault directed at our staff. It makes clear to every employee, patient, and visitor that RHV operates a genuine, actively enforced zero-tolerance approach to workplace violence and that staff who experience any form of assault or aggression will be believed, supported, and protected.

# 2. Purpose

- Establish a clear, institution-wide framework for preventing and responding to all forms of violence and aggression against RHV staff.
- Ensure that staff who experience or witness violence have an immediate, accessible, and safe reporting pathway.
- Define RHV's obligations to support affected staff, physically, psychologically, legally, and operationally.
- Establish the consequences for patients, families, or visitors who perpetrate violence against staff.
- Comply with Nigerian labour law and applicable healthcare worker safety standards.

# 3. Scope

This policy applies to all RHV employees — full-time, part-time, temporary, contract, locum, and volunteer — across all departments and facilities. It covers all forms of violence and aggression directed at staff, whether by patients, patients' family members, visitors, contractors, or colleagues. It applies to incidents occurring on RHV premises, at work-related events, during home visits or community outreach conducted on RHV's behalf, and in digital communications used in a professional context.

# 4. Definitions

## 4.1 Physical Assault

Any intentional act of physical force directed at a staff member including hitting, punching, slapping, kicking, pushing, biting, scratching, throwing objects, or any other act of unwanted physical contact intended to cause or capable of causing bodily harm. Physical assault is a criminal offence under the Nigerian Criminal Code Act.

## 4.2 Verbal Abuse and Threatening Behaviour

Any communication — spoken, written, or digital — that is abusive, threatening, or intimidating in nature. This includes: shouting, screaming, or sustained verbal aggression directed at a staff member; use of profanity, slurs, or derogatory language in an aggressive context; explicit or implicit threats of violence; and sustained and deliberate intimidation intended to cause fear or distress.

## 4.3 Psychological and Emotional Aggression

Sustained hostile behaviour intended to intimidate, humiliate, or cause psychological harm — including: deliberate personal humiliation of a staff member in front of others; persistent, targeted harassment via phone calls, messages, or social media; and manipulation or coercion intended to compromise a staff member's professional judgement or personal wellbeing.

## 4.4 Sexual Assault and Harassment

Any unwanted physical contact of a sexual nature, or any verbal, written, or behavioural conduct of a sexual nature directed at a staff member without consent. This includes groping, inappropriate touching, explicit

propositions, and sexual threats. Sexual assault is both a serious disciplinary matter and a criminal offence. Refer also to the RHV Harassment and Bullying Policy (HR-POL-006).

### 4.5 Property Damage and Threatening Gestures

Deliberate damage to or destruction of RHV property or a staff member's personal property carried out in an aggressive or threatening manner, or threatening gestures made toward a staff member — including brandishing objects, invading personal space in a threatening manner, or any gesture intended to create fear of imminent harm.

## 5. RHV's Zero-Tolerance Commitment

RHV maintains an absolute zero-tolerance position on all forms of violence and aggression against its staff. Zero tolerance means:

- Every reported incident is taken seriously, investigated promptly, and responded to proportionately regardless of the clinical status or vulnerability of the perpetrator.
- The fact that a perpetrator is a patient, a patient's relative, or a person in distress does not, by itself, excuse or justify their conduct toward our staff.
- Staff will never be asked or expected to absorb, dismiss, or minimise acts of violence against them in the name of patient care or service.
- Where violence is perpetrated, RHV will take all appropriate action including removal from premises, permanent access bans, and referral to law enforcement regardless of any clinical relationship with the patient or family.

RHV equally acknowledges that most clinical aggression occurs in contexts of high distress, illness, or cognitive impairment. Our approach is to de-escalate where possible, protect staff at all times, and reserve enforcement action for situations where escalation, intent, or severity warrants it.

## 6. Prevention Measures

### 6.1 Environmental Design

- Visible, prominently placed signage throughout RHV's premises stating that violence, abuse, and threatening behaviour toward staff will not be tolerated and may result in removal from the premises and prosecution.
- Security access control systems at all entry points, with heightened access restrictions to clinical areas after standard hours.
- CCTV surveillance in all public-facing areas, waiting rooms, corridors, and high-risk clinical zones, with footage retained for a minimum of 30 days.
- Duress alarm systems installed at clinical workstations, reception points, and emergency department bays. Alarms are tested monthly.
- Adequate lighting in all internal and external areas, including car parks and staff access routes.

### 6.2 Patient and Visitor Orientation

- RHV's behavioural expectations for patients, families, and visitors are communicated clearly at all points of entry including through signage, leaflets, and verbal communication by reception and clinical staff.
- Where a patient or family member displays early signs of agitation or distress, clinical and administrative staff are empowered to escalate for proactive de-escalation support before a situation deteriorates.
- High-risk patients those with a documented history of violence or aggression in a clinical setting are identified in advance by clinical leads, and appropriate risk management plans are put in place before their engagement with RHV staff.

### 6.3 Security Staffing

- Trained security personnel are on duty on-site at all times, with enhanced staffing in identified high-risk areas including the Emergency Department, and the main entrance and during night shifts.
- Security personnel receive specific training in conflict de-escalation, physical restraint within legal limits, and coordination with law enforcement.
- A documented security escalation protocol specifying contact methods, response times, and escalation thresholds is maintained by the Head of Security and shared with all departmental supervisors.

### 6.4 Training

- Mandatory training in conflict de-escalation, recognising the warning signs of escalating aggression, and personal safety is provided to all RHV employees as part of their induction and annually thereafter.
- Clinical staff in high-risk areas (Emergency Department and Paediatrics) receive enhanced training, including practical de-escalation techniques appropriate to their patient population.
- Training completion is recorded in PAID HR. Non-completion of mandatory training is treated as a compliance matter escalated to HR.

## 7. Incident Reporting

### 7.1 Duty to Report

All employees are required to report every incident of violence, aggression, or threatening behaviour directed at themselves or witnessed against a colleague. Reporting is not optional. Failure to report whether from fear, misplaced loyalty to a patient, or a sense that the incident was 'not serious enough' undermines the institution's ability to protect its staff and identify systemic risk patterns. No incident is too minor to report.

### 7.2 Immediate Response

Where violence or an imminent threat of violence occurs, the immediate priorities are:

1. Personal safety: Remove yourself and any patients or colleagues from immediate danger.
2. Alert security: Contact the on-duty security team immediately via the designated emergency channel.
3. Call for medical assistance: Where any person has been physically harmed, medical attention is sought immediately.
4. Secure the area: Where possible and safe, prevent others from entering the area until security has assessed the situation.

### 7.3 Formal Incident Report

Following any act of violence or aggression, the affected employee must complete an Incident Report Form, available in all departments and through the HR portal within four (4) hours of the incident. The form should document:

- The date, time, and location of the incident
- A factual description of what occurred, as specifically as possible
- The identity or description of the perpetrator (where known)
- The names of any witnesses
- Any physical injuries or psychological impact experienced
- Actions taken immediately following the incident

Completed forms are submitted to the Head of Department, who forwards them to HR and Security within 24 hours. HR logs all incidents on the Workplace Violence Incident Register, maintained centrally and reviewed monthly by the CHRO and Safety Officer.

### 7.4 Protection from Retaliation

No employee will face any adverse consequence, formal or informal for reporting an incident of violence or aggression in good faith. Any form of retaliation against a reporting employee is itself a serious disciplinary offence. Reports of retaliation must be made directly to the CHRO or through the Whistleblowing channel.

## 8. Investigation and Response

### 8.1 Investigation

All reported incidents are reviewed by a designated Workplace Violence Response Team comprising HR, Security, and the relevant Head of Department. The team assesses: the severity and nature of the incident; CCTV footage and witness accounts; any prior incidents involving the same perpetrator; clinical context, including any relevant mental health or capacity factors; and the immediate risk to the affected employee and their colleagues. Investigations are completed within five (5) working days for standard incidents and immediately for severe or sentinel events.

### 8.2 Law Enforcement

RHV will support any employee who wishes to file a formal complaint with the Nigerian Police Force following an act of violence. HR will:

- Provide the employee with a completed copy of the Incident Report Form to accompany the police report.
- Assign an HR representative to accompany the employee to the police station where requested.
- Retain and provide all relevant evidence including CCTV footage, witness statements, and medical records of injury to law enforcement on request.
- Follow up on police investigations and, where warranted, support civil or criminal legal proceedings against the perpetrator.

Where an act of violence is of sufficient severity including any physical assault causing injury, any sexual assault, or any credible death threat. RHV will file a police report on the institution's behalf, regardless of the individual employee's preference, in fulfilment of its legal and duty-of-care obligations.

### 8.3 Consequences for Perpetrators

The following escalating consequences apply to patients, family members, or visitors who perpetrate violence against RHV staff:

- First incident — verbal warning: The individual is formally warned by the Head of Department or Security that further aggressive conduct will result in removal from the premises. The warning is documented on the Incident Register.
- Second incident or first severe incident: The individual is removed from RHV premises immediately and issued with a formal written warning, delivered in person or by letter, of the consequences of any further conduct.
- Gross violence or repeat offending: The individual is issued with a permanent or time-limited ban from RHV premises. Continuation of the patient's treatment is transferred to another appropriate facility where clinically safe to do so. A formal police report is filed.
- Criminal conduct: RHV pursues criminal prosecution and, where applicable, civil claims for damages arising from the conduct.

Where the perpetrator is a patient who lacks the mental capacity to understand or control their behaviour, due to acute psychiatric crisis, dementia, or other clinical causes; the response is led by the clinical team, who implement appropriate safe management protocols. This does not remove the obligation to document the incident or to provide support to the affected staff member.

## 9. Support for Affected Staff

### 9.1 Immediate Support

- Medical attention for any physical injuries is provided without delay. Staff should not be expected to continue a shift without adequate medical review following a physical assault.
- A post-incident debrief is conducted by the Head of Department or a designated HR officer within 24 hours of the incident, not to assess the employee's conduct, but to provide a structured opportunity to process the experience and identify immediate support needs.
- The affected employee is offered a period of rest, away from patient-facing duties, for a minimum of 30 minutes immediately following a violent incident.

### 9.2 Psychological and Welfare Support

- All staff involved in or witnessing a violent incident are offered access to confidential psychological counselling through HR or RHV's Employee Assistance Programme.
- Staff who experience a significant psychological reaction following a violent incident including trauma responses, anxiety, or an inability to return to their normal duties are supported with modified or temporary alternative duties while receiving treatment. This is not a disciplinary matter.
- HR monitors the affected employee's recovery and wellbeing at weekly intervals for a minimum of one (1) month following the incident.

### 9.3 Legal and Financial Support

- Where an employee incurs medical expenses directly resulting from an assault at RHV, these are borne by RHV up to the value of the employee's treatment, subject to documentation and Management approval.
- RHV provides all reasonable institutional support including legal representation, where appropriate to any employee pursuing a civil or criminal case arising from violence experienced in the course of their duties at RHV.
- Sick leave taken as a direct result of a workplace assault will not be counted against the employee's standard sick leave entitlement for the year, subject to medical certification and CHRO approval.

## 10. Workplace Violence Response Team

The Workplace Violence Response Team (WVRT) is a standing cross-functional team responsible for: reviewing all reported incidents monthly; identifying patterns or systemic risk factors; recommending and overseeing preventive interventions; and reporting to the CHRO quarterly on incident trends and response effectiveness. The WVRT comprises: the CHRO (Chair); the Head of Security; the Safety Officer; the CCO or designee; and a senior nursing representative. The CHRO presents an annual WVRT report to the Board, including: total incidents by type and location; response time metrics; staff support utilisation; and enforcement actions taken.

## 11. Roles and Responsibilities

### All Staff

Report all incidents promptly and accurately; cooperate with investigations; attend mandatory training; support colleagues following a violent incident; never minimise or discourage reporting by others.

### Line Managers and Heads of Department

Create an environment where reporting is normalised and supported; respond immediately to violent incidents; submit incident documentation within the required timeframe; conduct post-incident debriefs; escalate systemic risks to HR.

### Security Department

Respond immediately to all violence alerts; de-escalate or contain situations; support law enforcement where applicable; maintain CCTV and access control systems; contribute to the WVRT.

### HR Department

Administer and enforce this policy; maintain the Workplace Violence Incident Register; coordinate staff support; monitor recovery of affected employees; report trends to the CHRO and Board.

### CEO and CHRO

Champion a culture of zero tolerance and active staff protection; ensure adequate resources for security, training, and support; receive and act on WVRT reports; ensure Board awareness of significant incidents.

## 12. Monitoring and Review

The Workplace Violence Incident Register is reviewed monthly by the WVRT. Quarterly trend data including incident volumes by department, type, and outcome is presented to the CHRO and COO. The CHRO presents an annual report to the Board. This policy is reviewed annually by the CHRO in conjunction with the Safety Officer, Security Head, and Medical Director, and is updated following any major incident that reveals a gap in the policy framework.