OCCUPATIONAL HEALTH SAFETY POLICY & PROCEDURE

NIGERIA CENTRE FOR DISEASE CONTROL

Foreword

The management of the Nigeria Centre for Disease Control (NCDC) recognizes that the nature of our work may place staff at risks of occupational hazards. The agency is committed to providing a safer and healthier work environment to its workforce, while mitigating the risks that may occur in the delivery of our services.

This policy has been formulated to enable the health and safety of all staff of NCDC, as well as visitors to our campuses. This is in compliance with National Policy on Occupational Safety and Health 2006.

The purpose of the health and safety policy and procedures is to provide guidance to all employees in working safely and preventing injury, both to themselves and others.

All employees are required to take responsibility and adhere to the measures in this policy, for health and safety reasons. This policy will be made available to all employees and enforced by the Occupational Health and Safety committee of the agency. It will also be reviewed regularly in line with best practice.

While the NCDC mandate requires that staff are involved in activities to protect the health of Nigerians, it is important that staff are aware of and adhere to health and safety measures for their protection. Together, we can achieve a safe and happy work environment.

Dr. Chikwe Ihekweazu
Director General
October 2021

Preface

As we strive individually and collectively to fulfil our mandate to protect the health of Nigerians, it is critical that the health and safety of staff receive the attention they deserve - this Occupational Health Safety Policy & Procedure has been prepared to do just this.

This document has been prepared as part of our commitment to help prevent injuries, illnesses, and death from work-related causes, and should accidents occur, to minimize the risk of losses of material and other resources and work interruptions. It encompasses interventions to control all types of hazards we may be exposed in carrying out our official duties.

Our work at the Nigeria Centre for Disease Control is founded on our abilities to work safely, to the best of our abilities, within a protected workspace. Following the handover of the leadership of the NCDC in October 2021, the work of the Occupational Health and Safety Unit has remained a priority in areas such as the provision of first aid including basic life support training, fire and environmental safety, and prevention of the transmission of COVID-19 in the office, amongst others.

This document serves as a written reminder of our responsibility to cater to the needs of NCDC staff as well as provide guidance on topics such as mental health, vaccinations, and ergonomics, food safety, breastfeeding, and sexual harassment.

We owe the team that has worked tirelessly to draft and finalise this policy under the leadership of my predecessor an immense debt of gratitude. I encourage current and prospective staff to take ownership of this policy and to actively participate in the review, implementation, and enforcement of this Occupational Health Safety Policy & Procedures across the entire institution.

Dr. Ifedayo Adetifa
Director General, Nigeria Centre for Disease Control
April, 2022

INTRODUCTION

The Nigeria Centre for Disease Control (NCDC) is the national public health institute mandated to lead the preparedness, detection, and response to infectious disease outbreaks and public health emergencies. The mission of the agency is to protect the health of people through evidence-based prevention, integrated disease surveillance, and response activities. The agency ensures that the discharge of these duties goes without harm to people, the environment, and equipment. Also, it is paramount that all staff is in good health to properly carry out their various duties and to support the mission of the agency. Therefore, to ensure a safe work environment, there is need for a harmonized policy that articulates the processes and procedures for creating a safe workplace. Hence, the health and safety policy has been developed to cover these. This is done in line with legal requirements and to strive for excellence in health and safety management.

The Health, Safety and Welfare Policy is an approach to establish and promote a health and safety management system for the agency that is effective and efficient to deliver a safe and healthy workplace and environment including the promotion of a positive and sustainable safety culture.

Purpose

The purpose of this policy is to protect the health, safety, and welfare of NCDC's workforce and to act in compliance with legal obligations, including standards relevant to the organization, as reasonably practicable.

Scope

This policy shall apply to all NCDC workplaces, including field offices. The organization aims to prevent accidents and departures from health that might arise out of or in the course of work, improve work conditions and environment, and effectively manage hazards and risks arising from its facilities or activities, through the following:

1. Provide and maintain a safe working environment and systems for employees and visitors.

2. Provide occupational health services and personal protective clothing and equipment, which are appropriate for every task, at no cost to employees.

3. Provide information, instruction, training, and supervision to employees as required; to safeguard their health and safety at work.

4. Provide adequate First Aid facilities

5. Provide timely, effective rehabilitation for work-related injuries and non-work injuries where appropriate and practicable.

6. Provide compensations for work-related disabilities and rehabilitation of such employees as reasonably practicable.

7. Establish health and safety objectives which will be reviewed once in three years; however, these policy objectives can be reviewed in cases of emergencies to ensure continuous improvement in health and safety management.

8. Provide resources to support employees to achieve the required health and safety objective outcomes.

9. Ensure accurate reporting, notification, and investigation of all exposures, injuries, and incidents.

10. Preparation, implementation, and regular review of a written statement of this general policy concerning the health and safety of the employees.

11. Ensure partnership between management, other employees, and relevant third parties/public on matters relating to safety and health at the workplace.

Obligations of Employees

All employees are mandated to do the following;

A. Report all incidents and injuries as soon as practically possible after an event

B. Participate in the health and safety management systems in operation within the organisation, including the usage of safety equipment provided

C. Report to relevant health and safety personnel any identified hazard to self/others

D. Actively participate in rehabilitation for work-related injuries/illnesses.

Appraisal

Health and safety performance monitoring and review shall be as follows:

A. Quarterly reports on health and safety performance will be submitted to the Head, Health and Safety Committee, through the health and safety compliance team

B.   Annual health and safety performance report, with goal setting and achievements, policy reviews, significant events, corrective actions, and audit results inclusive.

OCCUPATIONAL VACCINATION

The Occupational Vaccination Policy is to protect NCDC employees by providing appropriate vaccinations to meet the needs of their occupations, where effective vaccines are available. The policy shall apply to all NCDC workers. (Add definition of terms in the glossary)

Goals

1. To ensure the protection of employees against vaccine-preventable diseases.

2. To reduce the risk of transmission or dissemination of infection among employees, especially to those who might be vulnerable, pregnant women, immuno-compromised, or non-immunised employees.

3. To engage employees for vaccination, as indicated by local risk assessment

4. To maintain comprehensive immunisation records

5. To collate and report data on employee vaccination uptake, refusal, and incidence of Vaccine-Preventable Diseases.

Potential exposure

For every task or work environment, the risk of exposure to pathogens shall be identified and appropriate control measures implemented.

Vaccine availability

Vaccine shall be offered where effective vaccines exist and are available for vaccine-preventable diseases and for which diseases that NCDC staff are exposed to.

Training program

All employees are to be provided formal training, tailored to the job, where the risk of exposure to a pathogen is identified, and such training shall entail;

    A. Characterisation of the hazards

    B. Mode and prevention of transmission

    C. Vaccine and vaccination procedure, side effects, and other relevant information

    D. Necessary protective actions in the event of exposure

    E. Signs and symptoms of the disease condition

    F. Reporting structure and available remedy

    G. Sharps management protocol where applicable

Employee consent

A.   Informed consent must be taken and documented appropriately before any vaccination. The attached appendix is the vaccine consent form for use

B.   The case of vaccine refusal (due to medical or non-medical reasons) is to be documented in the employee's occupational health file. (Write the other outcome of a non-

compliant staff to the effect of vaccination (Include in the document) such employee is to sign vaccine refusal indemnity form

Immunisation Status and Records

A.   Employee immunisation status shall be assessed, and vaccines offered according to the level of risk associated with tasks and work environment

B.   i. In the case of non-immunisation (vaccine refusal, non-response, etc.), counsel employees regarding associated risk and the need for vaccination. Also, employees are expected to sign the vaccine indemnity form

   ii. Where there is a high risk of exposure, work restrictions should be considered

C.   Records of vaccinations and immunisation status of an employee are to be documented in the employee's occupational health file.
D.   Duration of vaccine record storage 20-30years
E.   Immunity status should be determined where applicable
F.   None respondents should be offered the opportunity for repeat vaccination or offered none respondent indemnity form (share template for these forms indemnity form)

Cost of Vaccination under this policy, all vaccinations shall be at no cost to employees but to NCDC.

Vaccination Clinic

Accredited healthcare providers shall organise and conduct employee vaccination on-site or off-site and as required.

Vaccine Management and Safety

Vaccines are to be secured by accredited healthcare providers directly through pharmaceutical companies or government agencies.

Vaccines are to be stored, transported, and administered in line with the manufacturer's instructions and Cold chain standards.

Applicable cold chain management will be applied during transportation and storage

Requirements for employee vaccination

a. Provide information on setting up an immunisation clinic

b. Informed Consent including vaccine contra- indication checklist

c. Cold chain standards

d. Administration of vaccines

e. post-vaccination information

f. Record keeping

g. Management and reporting of vaccine side effects and adverse events

anaphylactic kits should be maintained in all centres where vaccination is administered

Basic requirements for Accreditation of Healthcare Provider

a. Available Personnel to monitor & manage vaccine storage

b. Equipment for vaccine storage & transport

c. Maintenance of vaccine storage equipment

Ability to manage adverse effects following immunisation (AEFI)

Ability to keep proper record & share same with NCDC

Should be accredited by the relevant health authority

MENTAL WELLBEING

The mental wellbeing of the workforce is important for an individual's physical health, social wellbeing, and productivity. Many factors in the workplace influence the mental well-being of the individual employee, departments, and the organisation. Mental wellbeing in the workplace is relevant to all employees and everyone has a role. Psychosocial distress and stress can affect anyone, regardless of their position in the organisation.

As an employer, NCDC aims to promote the mental wellbeing of its employees.

Objectives

A. Create a healthy workplace environment, tackle workplace factors that may negatively affect mental wellbeing, and develop management skills to promote the mental wellbeing of all employees across all departments and units.

1. Ensure that all employees will be given information to increase their awareness of mental wellbeing.
2. Ensure that opportunities will be provided for employees to look after their mental wellbeing, for example through physical activity, stress-relief activities, and social events.
3. Ensure employees are offered flexible working arrangements that promote their mental wellbeing.
4. Ensure all staff is given equal opportunities to develop and fully utilize their skills.
5. Line managers/ supervisors should ensure that realistic targets will be set for employees so that they are not required to work unreasonable hours.
6. Line managers and Heads of Departments should ensure all staff have clearly defined job descriptions, objectives, and responsibilities (Terms of Reference)
7. Staff should be provided with adequate management support, appropriate training, and adequate resources to do their job.
8. Workplace stressors will be identified, and risk assessments conducted to eliminate stress or control the stress-associated risks. These risk assessments will be regularly reviewed.

9. Provide regular training in good management practices, including those related to employee health, safety, and stress management.

10. Provide confidential expert counselling for staff affected by workplace stress or external stress.

11. Ensure the workplace is free from bullying and harassment, discrimination, and racism; and manage conflicts effectively.

B. Develop a culture based on trust, support, and mutual respect within the workplace**.**

As an employer, NCDC aims to create and promote a culture where employees can talk about their job, difficulties, and stress.

Responsibilities

Everyone is responsible for an effective workplace mental wellbeing policy.

Managers have a responsibility to:

1. Supervise the workplace, identify hazards and risks and take steps to eliminate or reduce this as far as is reasonably practicable

2. Ensure effective two-way communication between management and staff.

3. Support employees who are known to have psychosocial distress or are experiencing stress outside work – for example, due to bereavement or separation.

4. Ensure staff are provided with the resources and appropriate training required to carry out their job

5. Monitor workloads and job demands to ensure that people are not overloaded.

6. Develop fatigue/burn-out risk-assessment-tool

7. Pre-employment and periodic medical examination to include mental health assessment

8. Ensure staff is not overworking longer than is reasonably necessary by monitoring work hours, overtime, and holidays/leave to ensure that staff is taking their full entitlement.

9. Ensure staff is provided with meaningful professional development opportunities.

10. Senior management will ensure that staff performing a management or supervisory function have sufficient competence and skill required to discharge that function.

Human resources staff have a responsibility to:

- Organise training and awareness courses on workplace mental health and wellbeing in collaboration with suitable experts
- Provide advice and support to employees and managers concerning this Mental well-being policy
- Monitor and report on level and pattern of "sickness absence" which relate to mental health problems including stress-related illness (in conjunction with the occupational health service and manager).
- Ensure zero stigmatization policy for all employees who suffer mental health challenges

Employees have a responsibility to:

- Raise issues of concern/ worry and seek help from their safety representative, line manager, human resource managers, or occupational health team
- Accept opportunities for counselling when recommended.

The staff of the Occupational health and safety have a responsibility to:

1. Provide specialist advice and awareness training on workplace mental wellbeing.
2. Train and support line managers in implementing and evaluating stress risk assessments.
3. Support individuals who have been sick-off with psychosocial distress and stress problems and advise them and their managers/supervisors on a planned return to work.
4. Refer individuals to workplace counsellors or specialist collaborating agencies as required.
5. Monitor, evaluate, and review the effectiveness of measures in the organisation to promote mental wellbeing.
6. Inform the supervisor and the health and safety committee of any changes and developments of stress at work.
7. OHS Committee must consult with staff on the issue of stress and conduct workplace stress surveys.

8. Conduct risk assessment process and joint workplace inspections at least once every three months, to ensure that workplace stressors are properly controlled. See attached stress and fatigue risk assessment tool

Workstation Ergonomics

Purpose

This Policy is to protect workers from the health risks associated with poorly designed workstations or environments that can lead to musculoskeletal disorders, visual fatigue, mental stress, and reduced productivity.

Scope

The workstation ergonomics covers both office and field-based employees who may be involved in the use of display screen equipment, manual handling, and prolonged postures.

Display Screen Equipment

Display Screen Equipment is any alphanumeric or graphic display screen, regardless of the display process involved. It covers PCs, laptops, tablets, and smartphones as well as other methods of displaying data, such as CCTV screens.

Purpose

This is to protect workers from the health risk associated with Display Screen Equipment (DSE). Wrong use of DSE or poorly designed workstations or environments can lead to musculoskeletal disorders, visual fatigue, and mental stress.

NCDC Management

NCDC management shall;
1. Conduct DSE workstation assessment see attached DSE risk assessment tools
2. Institute measures to reduce risks, such as regular short breaks from DSE or change of activities.

3. Provide safe workstation and equipment (like screen protector, safe display equipment, and configurations)

4. Provide DSE workstation training for employees and encourage self-risk assessment

5. Provide periodic visual acuity check, subject to job demand, and provide necessary interventions for delivery of DSE work including but not limited to prescription glasses

6. Provide training and information for users on DSE risk, appropriate workstation arrangement, and intervention on work-related health problems.

Manual Handling

This is the transporting or supporting a load by hand or bodily force. This includes lifting, putting down, pushing, pulling, carrying, or moving loads. A load can person, an object, or an animal.

Purpose

- Avoid hazardous manual handling so far as it is reasonably practicable
- Access the risk of injury from any hazardous manual handling operation that cannot be avoided
- Reduce the risk of injury from manual handling as low as reasonably practicable

Manual Handling Risk Assessment

Whenever manual handling cannot be avoided, effort should be made to consider the task, the load, the working environment, and individual capability.

Such consideration should include the following:

- The posture adopted
- How far the load is lifted, lowered, or carried
- The frequency of the task, weight of the load, the nature of the load (hot, sharp, or slippery)
- Cramped worked areas
- Poor lighting and extremes of temperature
- Worker's strength
- Fitness and underline medical conditions

Documented evidence of manual handling training

Where required, appropriate gadgets for manual handling should be used to aid task

Risk assessment

1. Appropriate equipment and workstation shall be used for every task.
2. Risk assessment (RA) shall be conducted to identify potential problems for users of display screen equipment and those involved in manual handling
3. Display screen, workstation (keyboards, work desks, and chairs), and environmental factors (space, lighting, temperature, noise, and humidity) shall be considered in the RA tools

    RA shall be repeated if an employee changes workstation

FIRST AID POLICY

First aid is the emergency or immediate care given when there is injury or illness until full medical treatment is available. In minor conditions, first aid care may be enough. In life-threatening situations, first aid care should be continued until more advanced care becomes available. The decision to act appropriately with first aid can mean the difference between life and death.

The purpose is to ensure employees and guests at the departments, units or field locations of NCDC receive appropriate first aid treatment in the event of an accident.

Goals

● Prevent or minimises adverse outcomes of accidents, illnesses, or emergency occurrences

Objectives:

The objectives of the First Aid Policy are:

● To provide adequate and appropriately stocked first aid kits see appendix of standard component and inventory management basic materials
● To nominate designated trained first aiders who will be responsible for the administration of first aid at named units

- To assess first aid needs of departments, units, or field stations for adequate and appropriate first-aid arrangements
- To provide information to all employees of first-aid arrangements see appendix on what to do in an emergency
- To provide basic first aid training for every employee

Location and Availability

First aid kits will be made available in strategic places and for individuals as needed.

- Departments, units, or field locations
- Vehicles conveying employees

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First Aid Training

- All employees shall have basic first aid training
- First, aider(s) shall be competent individuals having appropriate training as determined by the first aid need assessment with valid certification(s).

Cost of first aid care

Under this policy, all first aid care within the work environment and training shall be at no cost to employees but to NCDC

Records

The care administered shall be documented in the injury/illness record. This includes full name, age, sex, a brief description of the incident, first aid care given, place of referral and referral destination, etc either electronic or paper-based

WORKPLACE HEALTH PROMOTION

Purpose

This Policy is developed as one of many policies to show organisational commitment to a safe, positive, and healthy workplace. The NCDC recognises and supports a holistic approach to creating and sustaining a healthy workplace and improving employee well-being.

Workplace health promotion is the process of facilitating a responsible and healthy lifestyle for employees through wellness programs/initiatives promoted and supported in the workplace. Management should be committed to providing activities and facilities to promote physical exercise within the office space.

Scope

This Policy applies to all employees.

Objectives

1. To ensure a healthy work environment that will reflect NCDC's commitment and support for employee health and wellbeing.

2. To promote and implement comprehensive wellness programs focusing on health promotion, disease prevention, and lifestyle modification.

3. To facilitate a positive interpersonal and intra-organisational (manager-manager, manager-employee, and employer-employee) relationship that will promote the health and wellbeing of all.

4. To increase the understanding of workplace issues that impacts the health and well-being of the NCDC workforce.

5. Lowering health care costs through preventive interventions

6. Achieve a higher level of employee productivity

Wellness team

The Wellness Team will be a group of volunteers who are interested in and committed to improving the health and wellbeing at NCDC workplaces. Members of the wellness team will be from management, human resources, and other departments.

The roles of the NCDC Wellness Team are as follows but not limited to;

1. Assessment of employee wellness needs through active involvement of stakeholders (managers and employees) e. g health needs assessment

2. Development and implementation of wellness programs to meet the needs of NCDC employees

3. Provide resources to employees to promote their health and wellbeing.

4. To determine appropriate incentives to encourage employee participation

5. Organise periodic health promotion programs to discuss different topics on health and safety relevant to the workforce

6. To develop and circulate health promotion materials

7. To evaluate the effectiveness and achievement of the wellness program

Human resources

1. Administer the workplace wellness budget, workplace wellness program (s), and wellness team

2. Review and revise human resources policies that impact employee health to ensure that they support and are in line with NCDC wellness policies.

3. Develop and review annually suitable policies that will promote and support employee well-being in collaboration with the management and wellness team.

Management

The roles of the management will be, but not restricted to;

1. Regular communication of workplace health promotion activities and programs to employees.

2. Support and encourage employee involvement in the health promotion activities (i.e. create a healthy work environment and Wellness teams, etc.)

3. Provide appropriate training to members of the Wellness team.

4. Participate in the Wellness programs/activities and utilize resources disseminated.

Policy Implementation

1. Employee participation and engagement are the keys to the success of any workplace program. Therefore, employees are encouraged to participate in any or all programs Organised for them.

2. Surveys will be conducted by the Wellness team annually to determine initiatives that are appropriate and important. Findings are to be used as a guide to developing Wellness initiative(s) for the following year.

3. To provide flexibility and promote maximal engagement of employees, workplace health promotion initiatives/sessions will take place during work hours, over lunch breaks, and after work hours

4. Information and modalities regarding workplace wellness sessions will be communicated through suitable channels.

5. The Policy will be evaluated using data and trends indicating outcomes. A GAP analysis will be conducted annually to improve planning and implementation.

Wellness programs

A wellness program should be based on relevant employee and evidence base needs of the workforce, effort should be made to focus on programs that would benefit a greater number of employees. The wellness program will include but is not limited to the following:

A. **Keep fit Wellness Programme**; Regular physical activities are beneficial in the prevention and management of non-communicable diseases such as heart disease, diabetes, and stroke. Physical activity also helps maintain healthy body weight and can improve mental health and well-being.

Aim; To maintain fitness for optimal health through regular physical activity

Scope

1. Provide facilities and activities that will encourage employees to engage in regular physical activity in the workplace

2. Encourage ambulation and making it easy and effective

3. Provide a fitness trainer and workout space with aerobic and weight training equipment (with instructions on proper equipment use)

4. Partner with fitness facilities where workplace facilities or office space is inadequate or not available

5. Offer regular fitness programs/sessions for workouts, on-site or offsite during selected periods.

Diet Modification Programme

This aims to encourage and support employees in making healthy food choices to maximize health outcomes especially in conditions like obesity, diabetes, hypertension, heart disease, etc.

Scope

1. Encourage and support employees to eat right to maintain optimal health.
2. Encourage and support employees to eat as indicated by the existing disease conditions such as high fibre diet, calorie-controlled diet, high protein diet or salt-restricted diet, etc.
3. Ensure workplace cafeteria to serve healthy foods
4. Provide for employee's access to a qualified dietician.

Biometric Screening, BS: This is a clinical screening that is done to measure certain physical characteristics. The goal of BS is to give a snapshot of employee health and provide an alert to any changes in employiee health status. BS is not a substitute for periodic fitness examinations.

Parameters to be assessed during biometric screening will include:

- Height
- Weight
- Body mass index
- Blood pressure
- Blood sugar
- Blood cholesterol

Findings from biometric screening may be compared with population and inform health promotion interventions

Disease Management & Health Coaching

Employees with a known chronic noncommunicable disease should be encouraged to ensure regular medical check-ups, medication compliance, and lifestyle modifications. Appropriate health promotion materials should be developed to address chronic non-communicable diseases. Employee health coaching refers to personalized education sessions with a certified expert it can be conducted one on one or in a group format. This may be executed as a next step action for employees identified as high risk through a biometric screening or for other persons who are

looking for guidance and support to improve their health. Efforts should be made to include health coaching as part of employee health care plan (HMO)

Flexible Work Schedule

Employees should be encouraged to achieve work-life balance through flexible work schedules. On a case-by-case basis, employee needs should be reviewed, and opportunities created to allow them to alter their workday in a manner that enables them to accommodate their needs outside the office. This may include remote work options where employees can complete their work-related tasks away from the office.

Smoking Cessation Programme

Based on the health needs assessments and objective evaluation of the workforce; lifestyle efforts should be made to discourage smoking within and outside the workplace. Antismoking work education materials should be made available. A conducive environment should be created to enable smokers to seek help for smoking cessation without stigmatization.

Employee Assistance and Counselling

Employee wellbeing programs would be comprehensive enough to address various aspects of employee health including mental health and financial counselling. The wellbeing program should leverage existing employee assistance programmes to provide counselling services for employees. Financial wellness is increasingly becoming relevant to employee wellbeing. It is a good practice to engage the service of financial experts to support staff in financial planning thereby reducing additional stress that may arise from financial imbalance

EMPLOYEE HEALTH SURVEILLANCE POLICY

Introduction

Occupational Health Surveillance according to the International Labour Organisation (ILO) occupational surveillance is the ongoing systematic collection, analysis, interpretation, and designation of data for prevention. In occupational health surveillance mechanisms are put in place to detect the early signs of adverse health outcomes that could indicate damage to the employees' well-being.

Scope

The scope of surveillance should be based on risk assessment outcomes and local regulatory requirements where hazards are identified with the potential for exceedance of recommending exposure limits. Appropriate work surveillance should be put in place in addition to exposure appropriate controls. Workplace surveillance applies to all employees and personnel (including contractors) at workplaces under the control of NCDC.

The Objective of workplace surveillance should include but not be limited to:

- Protection of employee health by early detection of diseases or adverse health outcomes which may be work-related such as exposure to hazardous substances
- Evaluate the effectiveness of existing risk management measures and identify areas for improvement.
- Maintain and retain up to date records to determine and evaluate risks to health
- To achieve regulation compliance where applicable

Management Responsibilities

- Ensure competent, suitable, and enough employees are appointed and trained as risk assessors within their area of responsibility.
- Ensure employees (risk assessors) undertake appropriate risk assessments and implement appropriate control measures for all work that poses a risk to the health.
- Support the appointed person(s) in implementing measures to comply with health surveillance regulations and guidelines.
- Ensure all managers/supervisors and employees within the department discharge their responsibilities following this policy.

- Identify and inform employees when health surveillance is required.

- Ensure adequate and up-to-date records are maintained.

Managers/Supervisors

- Ensure appropriate risk assessments are carried out and identify the need for health surveillance

- Ensure risk assessments are reviewed as required

- Ensure employees are suitably trained in all aspects of safe work.

- Identify all employees who may require health surveillance and inform the Occupational Health unit/provider

- Ensure employees under them receive appropriate health surveillance.

- Ensure employees under them comply with guidance given.

Safety Officers /Responsible Persons

- Monitor all risk assessments and health surveillance following the policy

- Assist in training of all employees and personnel.

- Audit risk assessments documentation to verify that suitable and sufficient assessment is in place and up to date.

- Ensure suitable and appropriate personal protective equipment (PPE) is provided and maintained in good condition.

- Examine reusable protective equipment regularly for damage, malfunction, and wear and tear.

- Ensure equipment and engineering controls are maintained and scheduled accordingly.

NCDC Occupational Health Unit

- Guide and provide advice on health surveillance for specific risks.

- Undertake and arrange appropriate health surveillance for similarly exposed groups

- Advice on remedial action(s) to be taken in the event of health and safety concerns

- Give workplace recommendations and adjustments as indicated.

- Support health surveillance training

- Provide statistics relating to health surveillance.

Employee/Personnel Responsibilities

- Inform the Occupational Health unit/provider of any significant health issues.
- Reporting any significant changes in their health to the Occupational Health Unit in intervals between health surveillance sessions.
- Cooperating with health surveillance programmes and other risk reduction measures for the protection of their health.
- Avoid putting selves or others at risk by actions or inactions.

Records

Records completed by the Occupational Health unit/provider are confidential. Details of an employee's medical record can only be given to the manager/supervisor or as the case may be with written informed consent by the individual.

Key legislative References for surveillance include but are not limited to:

- Nigeria Factory Act 1987
- Nigerian National Policy on Occupational Health and Safety 201

Hierarchy of Control
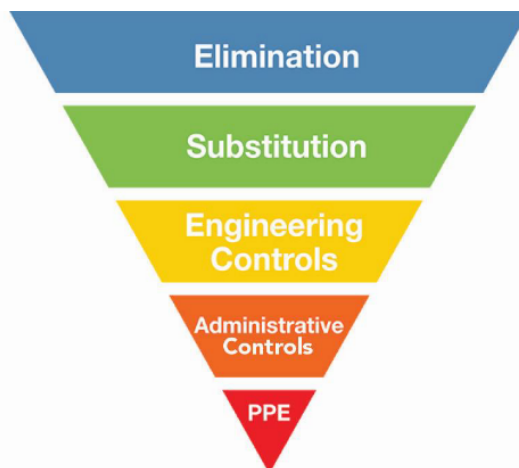
NCDC EMPLOYEE HEALTH SURVEILLANCE PROCEDURE

Purpose

This is to promote the physical and mental well-being of employees.

Objectives

1. To establish the physical and mental health status of employees.

2. To ensure employees meet the constitutional requirements of the job before employment or in the case of redeployment.

3. To establish fitness to work in assigned roles.

4. To ensure employees can perform their work optimally or make an appropriate recommendation for re-assignment as required.

5. To rehabilitate and re-integrate following injury and or ill-health.

6. To promptly diagnose and manage medical conditions.

7. To monitor employees to minimize work-related ill health and prevent risk to self/others.

Outcome

On completion of the examination, Human Resources shall receive a certificate indicating clearly, whether the employee is:

- Fit for the job, with no restrictions
- Fit for the job, with certain restrictions
- Unfit for the job, with recommendations for assignment to other roles
- Unfit for work

Method:

Employee Health Assessment and Screening shall consist of

1. The completion of the relevant questionnaire.

2. Physical examination

3. Laboratory and other investigations as required (See attached medical fitness scope matrix)

4. Review of findings on examination, investigation results, and consultation.

5. Communication of results

Employee Responsibilities

All employees must comply with all health and safety management systems to safeguard their health and safety.

All employees should;

1. Safeguard their health and safety and that of others

2. Observe safe work practices and procedures.

3. Keep the immediate work area safe and in tidy condition.

4. Safeguard and use appropriate safety devices and equipment provided at all times.

5. Participate in all activities aimed at the prevention of workplace accidents, injuries, and illnesses.

6. Report faulty equipment or unsafe work condition to the health and safety unit.

7. Report to their supervisors all accidents, injuries, exposures, and ill-health occurring within the workplace.

8. Report to their supervisors all exposures, accidents, injuries, and ill-health occurring outside of the workplace with the potential of affecting their work or posing health and safety risks to others.

9. Take appropriate steps in the event of exposure to infectious agents to prevent the dissemination of such agents.

10. As soon as possible, complete an incident report form where an incident or exposure has occurred.

11. Attend occupational health and safety training programmes and awareness campaigns when organised.

12. Receive information, instruction, and ongoing supervision on likely hazards (physical, chemical, biological, psychosocial, ergonomic, e.t.c) of the job.

13. Undergo appropriate training, if inexperienced, in the use of a piece of equipment.

14. Report all forms of harassment or bullying in the workplace.

Components

A. Pre-Employment/Placement Medical Examination

A pre-employment examination is a comprehensive medical history, physical examination, and clinical investigation of new employees. This is to determine employee health status in line with the requirement of the job and to establish a baseline.

B. Periodic Medical Examination

A periodic examination is a medical and occupational history and physical examination of existing employees. It is arranged to monitor the health of employees.

The periodic medical examination shall be carried out;

- Biennially (once in 2 years) for employees below the age of 50
- Annually for employees aged 50 years and above
- More regular assessments for specified exposures may be necessary.

The management shall be notified after the third reminder in the event an employee fails to complete the recommended periodic medical examination.

C. Biological Monitoring

Shall be conducted for employees with the following;

- Routinely exposure to chemicals in the workplace
- Accidental exposure to hazardous chemical(s)
- For health surveillance and exposure assessment.

D. Return to Work Medical Examination

All employees who have been absent for more than four (4) consecutive weeks shall undergo medical examination for the following reasons;

- Medical conditions
- Accident at work
- Or any other accident

E. Pre-Retirement Medical Examination

Retiring employees shall undergo a pre-retirement medical examination: where the periodic medical examination was last carried out more than six (6) months before retirement.

E. Expectant and Nursing Mothers

A Health Risk Assessment shall be carried out at her workplace to determine if any modifications at the workplace are required. The following shall be considered;

- Pregnancy has to be confirmed
- Pregnant employees shall be monitored for pregnancy-related ill-health that may adversely affect their work, health, or the baby
- Necessary adjustments, restrictions, or temporary redeployment for pregnant women or nursing mothers as recommended.

EMERGENCY MANAGEMENT

Emergency management is the control and management of the resources and responsibilities of all NCDC staff as regards all aspects of emergencies (preparedness, response, mitigation, and recovery). The aim is to reduce the harmful effects of all hazards, including disasters within NCDC operations.

Accident and incidence

The term **incident** can be defined as an occurrence, condition, or situation arising in the course of work that resulted in or could have resulted in injuries, illnesses, damage to health, or fatalities. ... "Near miss" or "dangerous occurrence" are also terms for an event that could have caused harm but did not.

Accident, unexpected event, typically sudden in nature and associated with injury, loss, or harm

Occupational accident contains the following indices;

1. Unexpected, sudden, or unexpected external event;
2. During working hours/on the way to and back from the workplace;
3. Arising out of work performed in the course and the scope of employment;
4. Bodily harm;
5. The causal link between the event and the harm.

Occupational accidents are accidents that *arise out of work performed in the course and the scope of employment*.

Emergency Planning and Control

Emergency planning is a discipline within all NCDC operations; it aims to reduce emergencies to as low as reasonably practicable, initiates an efficient action plan to mitigate the results and effects of any emergencies. The development of emergency plans is a cyclical process. The following factors need to be developed such as;

• Recognition or identification of risks

• Ranking or evaluation of risks

• Responding to significant risks

• Resourcing controls and planning

• Reporting and Monitoring Risk Performance

• Reviewing the Risk Management Framework

Medical emergency

Physical exposures

• Flood

• Fire Outbreak

• Security threat

• Bomb explosion

● Electrocution

Chemical exposures

• These chemicals can be released directly or indirectly.

Action point: The MSDS of all the chemicals involved should be made available to the hospital or HMO

All chemicals must remain in their original labelled container

Gas leaks and spills

Biological exposures

• Exposure/Disease outbreak

Psychosocial Exposures

NCDC responsibilities

•   NCDC shall maintain a safe and healthy workplace for its employees.

•   When an emergency occurs, NCDC is expected to protect workers from all harm resulting from any potential hazard, including physical, chemical, and biological exposure.

•   Departmental heads should provide pre-emergency – training and build an emergency action plan depending on their operation.

Emergency action plan (EAP)

The EAP shall state what action employers and employees should take when responding to an emergency. According to OSHA regulations 1910.38, NCDC must have an Emergency Action Plan to control possible emergencies during operations.

To develop an EAP, Departmental heads should conduct workplace evaluation exposure monitoring, hazard control, work practices, and training.

Task: develop an emergency response flow chart.

● To develop an emergency evacuation floor plan

Training

NCDC shall train its employees before an emergency action plan is implemented to inform employees of their responsibilities and/or plan of action during emergencies.

The training program should include the types of emergencies that may occur, the appropriate response, evacuation procedure, warning/reporting procedure, and shutdown procedures.

Training requirements are different depending on the size of the workplace and workforce, processes used, materials handled, available resources, and who will be in charge during an emergency.

Phases and Personal Activities

Emergency management consists of five phases: prevention, mitigation, preparedness, response, and recovery.

Prevention

Preventive measures are designed to provide permanent protection from disasters. The risk of loss of life and injury can be mitigated with good evacuation plans, environmental planning, and design standards.

• Elimination or substitution: Eliminating the hazard from the workplace.

• Engineering controls

• Work practice or administrative controls: Change how the task was performed to reduce the probability of exposure that can result in an emergency.

• Personal protective equipment

Mitigation strategy

Workplace disasters are any unforeseen situation that might threaten employees, customers, or the public. This can take the form of emergencies. Emergencies can be natural or man-made. In every organisation, some situations may occur that may lead to disaster which affects the health and safety of staff and the entire workplace

NCDC shall take disaster mitigation measures to eliminate or reduce the impacts and risks of hazards through proactive measures taken before an emergency or disaster occurs.

Preventive or mitigation measures vary for different types of disasters that may occur.

Preparedness

Preparedness focuses on preparing equipment and procedures for use when a disaster occurs. Such as collaboration with security agencies, collaboration with ambulance services, NEMA, fire services, FMOH, road safety, identified health facilities, and other relevant agencies. There should be a prior meeting and synergy between the agencies and the lead agency must be known.

Response

The response phase of an emergency may commence with Search and Rescue will quickly focus on fulfilling the basic humanitarian needs.

Arrangements for Emergency Services/Response Procedures

Guidelines are required for the management of emergencies that may arise because of the aforementioned disasters. In the workplace the involvement of relevant stakeholders in the design of programs and action plans for prevention, relief, and rehabilitation are as follows:

- Management, Head of the department, Divisional heads
- Unit/Area Safety/Emergency Warden or Health and Safety Officer.
- Staff at and nearest to the place of accident/disaster.
- All sectional supervisors/ward in-charges.
- Security

Risk reduction of vulnerable staff should be the driving goal and defines the strategies to be adopted for the prevention or minimisation of such disaster, Evacuation of victims, deployment of medical assistance, and evaluation of the damage.

- Telephone numbers of NCDC security posts, Fire Service, Police, and other emergency service agents should be posted at prominent places on the walls of NCDC premises.
- An Alarm system, with a unique sound for emergencies, should be provided and maintained at the facility level.
- Workers on the premises should be trained to react appropriately to the alarm.
- At the sound of the alarm, all staff is to gather at the NCDC designated Muster point.
- Encourage people to remain calm and orderly as they leave the building.
- Set out escape plan indicating:
- Designated escape routes from each work location within a building.
- Divide staff numbers to ensure optimum use of escape routes and to avoid congestion.
- Escape doors/gates should be indicated and appropriately labelled.
- Indicate high risks areas such as kitchens, chemicals/ generators/ and hazardous material storage areas on a diagram of the building.
- Designate duties of individuals, such as shutting down equipment, checking offices, different floor, and corridors, physically challenged and other forms of vulnerable workers, etc., and train accordingly.
- Train Search and Rescue; and medical duties for any workers designated to perform them.

- Appropriate PPEs (suits, breathing apparatus, etc.), ramp, emergency lighting systems (e.g. facemasks, torch lights with batteries, etc.)
- The integration of preventive actions into NCDC programmes.
- Staff capacity building with appropriate technical personnel and material resources and equipment for prevention and rescue in the case of disasters.

The establishment of an appropriate budget to take care of finance and material requirements, taking into cognizance the type and nature of the disaster.

Recovery

NCDC shall start the recovery process after the immediate threat to human life has subsided. The immediate goal of the recovery phase is to bring the affected area back to normalcy as quickly as possible.

EMERGENCY AND PREPAREDNESS

General emergency procedures

This procedure shall be taken into account in all emergencies.

- Evacuation may be necessary in case of a health or safety emergency/threat to the team or any member of the team.

- This Evacuation plan should be discussed in advance with all team members and the threshold to activate the plan should be known by all team members based on the peculiarities of the assignment.

- Any threat / Emergency should be communicated to the team lead immediately (when possible) or other members of the team (if the team lead is not reachable).

- The team lead has the authority to order an evacuation (when reachable) or another designated member of the team.

- Such a decision should be escalated to the higher command structure Emergency Operations Centre (EOC) immediately so that other support can be rendered to the team.

- The evacuation plan should include local assets (local security apparatus, vehicle, and mode of evacuation, local health facility in case of health emergency and host as a guide)

- Evacuation should be through the safest available route (road, water bodies, or air). Preplanning and identification of evacuation routes save time and ensure adequate logistics for evacuation.

- Once an emergency is declared by any member of the team, the team lead / designated team member should warn other team members and ensure all other team members are accounted for.

- Other team members (based on strength, skill, or knowledge) can be called in to aid the evacuation (when it is safe to do so). Otherwise, leave safe team members where they are and use local resources to evacuate the team member in need.

- In case of a medical emergency, the first aid kit (checked before setting out) should be used to administer care till definite medical intervention is possible.

Highlights

- Have an escape route and plan.

- Escape as fast as possible.

- Follow the instructions of law enforcement officers.

- Do not attempt to move severely wounded people.

- Call an emergency/ helpline when you are in danger

Chain of command

- The team lead should be the responsible individual, with the appropriate training to lead and coordinate the RRT emergency evacuation plan.

- The team members must understand that the team leader has the responsibility for making life-saving decisions during an emergency.

- The team lead should be responsible for assessing the situation to determine how to liaise between NCDC and field emergency Services.

Emergency Response and Evacuation

The following command order shall be adhered to in case of emergencies:

  I.   Upon discovery or in case of a disaster due to fire explosion, flooding, or any threatening situation e.g., a bomb, immediately sound the emergency alarm and notify appropriate agencies such as fire services, NEMA, and the Police.

 II.   Switch off all Power supplies in the affected area and or facility if it is safe to do so

III.   The fire extinguishers should be serviced regularly.

IV.   Identify all emergency exits

 V.   Locate the nearest fire extinguisher and if trained and safe to do so, use the fire extinguisher.

VI.   Under the supervision of the trained personnel, carry out rescue/evacuation of people from affected areas if it is safe to do so as follows:

  a) Do not use lifts in case of any disaster.

  b) Close doors and windows behind you as you leave the building.

c) When escaping through the smoke-filled area, keep close to the floor as there is most oxygen at that level.

d) When trapped in a building, do not panic. Move to an outer room and try to attract attention from a window.

e) Do not attempt to jump from a building unless you are sure there is enough arrangement made to ensure your safe landing e.g., on a safety net or a soft piece of soil, etc.

f) Should clothes catch fire do NOT RUN. Fall to the ground and roll.

g) In case of emergency, move to the muster point. Have a roll call to ascertain numbers/names of missing employees who may be trapped or affected and were last seen.

h) Ensure that first aid is rendered and arrange for transportation of injured/affected persons to appropriate health facility/section under the supervision of relevant health staff

i) Cordon off the affected area, to facilitate thorough investigation by the safety department, police service, and other appropriate bodies.

j) Results of all investigations should be used to prevent future occurrences of similar incidents.

k) Conduct mock exercises/fire drills and simulate other disaster management.

l) Train staff at least two times a year. This is to ensure that in the event of any disaster, all employees will be abreast with actions to take.

NB: Do not be involved in rescue operations if you have not been trained.

Emergency Preparedness and Planning:

It is important to develop and implement emergency procedures for potentially major loss-causing events to bring the event under control promptly, reduce the effects of the events (on-premises, equipment, materials, environment, and people that might be affected), and enable procedures fast return to normal condition. In the absence of emergency procedures, there may not be a timely or suitable response to the emergency, allowing it to get out of control and cause more serious effects than if procedures were not in place.

As part of emergency planning and response, management has the following responsibilities:

a) **Organisation**: Grouping NCDC's actions and the formulation of procedures for action in the event of emergencies and collaborating with the state and national agencies for support and effectiveness

b) **Integration of resources:** The issue relating to an emergency should be captured at the planning level and in the budget. This also includes the mobilization and allocation of physical, material, human, and financial resources for actions that materialize the plan before, during, and after the event.

c) In situations where support is needed from the state or national levels, such MUST be leveraged on the existing relationship and such collaboration should be without rancour. Leadership should encourage institutional collaborations and synergy.

d) **Direction:** The incident response procedures Must be developed and complied with always. Discharge of responsibilities during emergencies should be well spelt out. Key response personnel like fire marshals, search and rescue team, first aiders, etc, should be trained and motivated.

e) **Control and evaluation:** Verification of the policy objectives or guiding principles and the adjustment of activities to achieve efficient disaster management. This means that the emergency response planning procedure should be continuously improved especially, by ensuring that lessons learned from incidents are used to improve the strategies and approaches required to achieve the desired success.

Workplace Best practices for Incident prevention

- Discourage Risky Behavior
- Implement Control Measures
  Review Policies and Procedures
- Provide Adequate Training
- Perform Regular Inspections
- Supervise Employees
- Use Employees' Expertise
- Take a Risk Management Approach

- Offer Different Types of Support

- Use Case Management Software

Routine Safety Measures

- General maintenance of office equipment's and facilities

- Strict adherence to transportation management policy

- Switch off appliances after work

- Carry out routine safety inspections

Emergency Response Equipment/ Instruments and their Distribution in the Workplace

- Sickbay/ clinic

- creche for the baby

- First aid boxes at specified locations

- Standby ambulance van

- Hand gloves

- Hoods

- Helmets

- Face Shields

- Body protection (Coveralls)

- Stretchers

- Blankets

- Respirators

- Rescue Equipment

- Safety boots

- Spill kits

- Electrical Insulator

- Firefighting Equipment

- Water Hydrant points

- Fire extinguishers at specific locations

- Fire/ emergency alarm

- Standby water reservoir

Disaster Management in the Workplace

Workplace disasters are any unforeseen situation that might threaten employees, customers, or the public. This can take the form of emergencies. Emergencies can be natural or man-made. In every organisation, some situations may occur that may lead to disaster which affects the health and safety of staff and the entire workplace.

FOOD SAFETY POLICY

Introduction

The NCDC food Safety Policy is intended to minimize the risk of an outbreak of diseases arising from poor safety practices and reduce the prevalence of food-borne and related diseases. This is to ensure that the food handlers across all NCDC campuses adhere to the principles and practice of Hazard Analysis and Critical Control Point (HACCP) system would be applied during the preparation, production, handling, storage, processing/preservation, transportation, and distribution of foods.

Goal

To protect NCDC staff and visitors from the risk of food-borne illnesses and other health-related conditions such as food allergy and death.

Objectives:

1. To ensure that food is safe and is handled safely.

2. To ensure the health-related quality of food in line with national policy on food safety.

3. To ensure that information given about food is truthful, sufficient, and not misleading.

4. To protect staff from health hazards and financial losses caused by foods that violate the food regulations.

5. To provide guidance and issue clarifications/advisories for all matters related to food safety

6. To secure a high-quality system of food control.

FOOD SAFETY GUIDELINES FOR FOOD HANDLERS

Food Premises Inspection (hazard analysis and critical control points- HACCP)

What is HACCP? HACCP is a way of managing food safety. It is based on putting in place procedures to control hazards. It involves:

- Looking closely at what you do in your business and what could go wrong.

- Identifying the 'critical control points' – these are the places you need to focus on to prevent hazards or reduce them to an acceptable level.

- Putting in place procedures to make sure hazards are controlled at your critical control points.

- Deciding what action, you need to take if something goes wrong.

- Making sure that your procedures are working.

- Keeping appropriate records to show your procedures are working.

Food premises of all food handlers catering for NCDC workplaces shall be inspected for compliance with the existing guidelines, to ensure food safety. The inspection shall assess:

● The condition of the structure of the buildings – the cleanliness, layout, lighting, ventilation, and other facilities.

● How hygienically the food is handled – how it is prepared, cooked, re-heated, cooled , and stored.

● The likelihood of sustaining practices observed during an inspection.

- Ensure that all food handlers are medically examined and declared to be free from potential food-borne diseases.

Food handlers will be appropriately issued with any of the under-listed notices:

- Satisfactory Hygiene notice: Shall be issued to food premises that satisfactorily comply with the issued guidelines

- Hygiene Remedial notice: shall make recommendations to address violations, to ensure compliance to the guidelines.

- Unsatisfactory Hygiene notice: Shall be issued to premises that significantly fall below standards.

Frequency of inspections

- Routine inspection will be scheduled at least quarterly. impromptu inspection may be initiated at management's discretion or, following a complaint.

- Premises issued with Remedial, or Improvement notices shall be revisited within the specified period to ensure compliance.

- Failure to comply, following two (2) consecutive inspections shall result in the issuance of an Unsatisfactory Hygiene Notice.

Food Specimen for Testing

The food vendor shall endeavour to keep a sample of the food served daily in a preserved manner for at least 3 days. Such sample should be provided for microbiological examination in the event of suspected cases of food-related infection

PREMISES

Food premises include all the rooms or buildings use in the food business.

General requirements

premises must be kept clean and maintained in good repair and condition.

- The layout, design, construction, site, and size of your premises must:
- Allow adequate maintenance, cleaning, and/or disinfection.
- Avoid or minimize air-borne contamination (i.e., contamination carried in the air).
- Provide enough working space for you to carry out all tasks hygienically.
- Protect against the build-up of dirt, contact with toxic materials, shedding of particles into food, and forming of condensation or mould on surfaces.
- Allow good food hygiene practices, including protection against contamination and pest control.
- Provide, where necessary, suitable conditions for handling and storing food while keeping it at appropriate temperatures. Those temperatures should be monitored and recorded.

HANDWASHING FACILITIES AND TOILETS

- There must be an adequate number of toilets, connected to an effective drainage system.
- Toilets must not open directly into rooms where you handle food.
- There must be an adequate number of washbasins, suitably located and used only for cleaning hands.

- Washbasins for cleaning hands must have hot and cold running water, soap, and materials for hygienic drying.
- Where necessary, you should have a separate sink for washing food.

Ventilation

- There must be enough ventilation, either natural (e.g. opening windows or vents) or mechanical (e.g., extractor fans).
- Ventilation systems must be constructed to allow access to clean or replace filters and other parts. Other requirements
- There must be adequate lighting, either natural (daylight) and/or artificial (an electric light).
- Drainage facilities must be adequate for the purpose intended.
- They must be designed and constructed to avoid the risk of contamination.
- Staff should have adequate facilities to change their clothes, where necessary.

The food handler must not store cleaning chemicals and disinfectants in areas where food is handled.

ROOMS WHERE FOOD IS PREPARED, TREATED, OR PROCESSED

There are special requirements for rooms where you prepare, treat or process food.

The design and layout of the room must allow good food hygiene practices, including protection against

contamination between and during tasks.

Floors

Floor surfaces must be maintained in a sound condition and be easy to clean and disinfect.

This means that floor surfaces need to be made of materials that are impervious (i.e. do not allow fluid to pass through), non-absorbent, washable and non-toxic

Where appropriate, floors must allow adequate surface drainage.

Walls

Wall surfaces must be maintained in a sound condition and be easy to clean and, where necessary,

to disinfect. This means that wall surfaces need to be made of materials that are impervious (i.e. do not allow fluid to pass through), non-absorbent, washable and non-toxic, and must be smooth up to a height appropriate for the work you do

Ceilings

Ceilings (or, where there are no ceilings, the interior surface of the roof) and overhead fixtures must be constructed and finished in a way that:

- prevents dirt from building up
- Reduces condensation, the growth of undesirable mould, and the shedding of particles.
- Windows
- Windows and other openings must be constructed to prevent dirt from building up.
- Windows and other openings (e.g., doors) that can be opened onto the outside must be fitted, with insect-proof screens that can be easily cleaned.
- Where open windows would cause contamination, windows must remain closed and fixed while you are handling food.

Doors

- Doors must be easy to clean and disinfect.
- This means that the surface of doors needs to be smooth and non-absorbent

Surfaces

- Surfaces (including surfaces of equipment) in areas where food is handled, particularly those that
- are touched by food, must be maintained in a sound condition and be easy to clean and disinfect.
- This means that surfaces need to be made of materials that are smooth, washable, corrosion-resistant, and non-toxic,

TRANSPORT

- Vehicles and/or containers used to transport food must be kept clean and maintained in good repair and condition, to protect food from contamination.

- They must be designed and constructed to allow adequate cleaning and/or disinfection.

- Items used to hold food (e.g. boxes) in vehicles and/or containers must not be used for transporting anything other than food where this may cause contamination.

- Where vehicles and/or containers are used for transporting anything other than food, or for transporting different types of food at the same time, you must separate products effectively.

- Where necessary, vehicles and/or containers used for transporting food must be capable of keeping food at appropriate temperatures and allow those temperatures to be monitored.

EQUIPMENT

- All items, fittings, and equipment that food touches must be:

- cleaned effectively and frequently enough to avoid any risk of contamination

- made of appropriate materials and kept in good order, repair and condition, in a way that minimizes any risk of contamination

- made of appropriate materials and kept in good order, repair, and condition in a way that enables them to be kept clean and, where necessary, to be disinfected, except

- for non-returnable containers and packaging

- installed in a way that allows adequate cleaning of the equipment and the surrounding area

- fitted, where necessary, with an appropriate 'control device' (e.g. a temperature sensor)

- If 'chemical additives have to be used to prevent the corrosion of equipment and containers, these must be used following good practice.

FOOD WASTE

- Food waste and other rubbish must be removed from rooms where food is present as quickly as possible, to avoid them building up.

- Food waste and other rubbish must be placed in containers that can be closed

- These containers must be of appropriate construction, kept in sound condition, be easy to clean and disinfect.

- Adequate facilities must be provided for storing and disposing of food waste and other rubbish.
- Stores for waste must be designed and managed in a way that enables them to be kept
- Clean and, where necessary, free of animals and pests.
- All waste must be disposed appropriately in a hygienic and environmentally friendly way
- The waste must not be a direct or indirect source of contamination (e.g. touching surfaces that food is prepared on, or attracting pests).

WATER SUPPLY

- The General Service Division should ensure adequate supply of potable (drinking quality) water, which is to be used whenever necessary to ensure that food is not contaminated.
  - Where non-potable water (i.e. not of drinking quality) is used in your business, for example for fire control, steam production, refrigeration, and other similar purposes, it must circulate in a separate, identified system. It must not connect with, or be able to get into, the systems for potable (drinking quality) water.
  - If recycled water is used in processing or as an ingredient, it must not present a risk of contamination. It must be of the same standard as potable (drinking quality) water
- Ice that is touched by food, or may contaminate food (including drinks), must be made from
- potable (drinking quality) water.
- Ice must be made, handled, and stored in ways that protect it from contamination.
- The steam that is used directly in contact with food must not contain any substance that presents a
- hazard to health or is likely to contaminate the food.
- If you heat food in hermetically sealed containers (containers that are specially sealed to be
- airtight), you must make sure that the water you use to cool the containers after heat treatment is

- not a source of contamination for the food.
- Routine water testing should be performed at least twice a year to ensure that the water source is free from contamination.

PERSONAL HYGIENE

- Every person working in a food-handling area must maintain a high level of personal cleanliness. He or she must wear suitable, clean clothing and, where necessary, protective clothing.
- Staff should keep hair tied back and wear a suitable head covering, e.g. hat or hairnet, when
- preparing food.
- Staff should avoid wearing watches or jewellery when preparing food (except a wedding band).
- Staff should avoid touching their face and hair, smoking, spitting, sneezing, eating, or chewing gum
- when they are handling food.

HANDWASHING

- Effective hand washing is extremely important to help prevent harmful bacteria from spreading from people's hands to food,
- Work surfaces, equipment, etc. Make sure that all staff that works with food wash their hands properly:
    - When entering the food handling area, e.g. After a break or going to the toilet
    - Before preparing food
    - After touching raw food, such as meat/poultry, fish, eggs, and unwashed fruit and vegetables
    - After handling food waste or emptying a bin
    - After cleaning
    - After blowing their nose

- o After touching phones, light switches, door handles, and cash registers, or other surfaces that could come into contact with staff handling raw food
- o Don't forget that staff should dry hands thoroughly on a disposable towel – harmful bacteria can spread more easily if your hands are wet or damp. Use the disposable towel to turn off the tap.

Conclusion

The NCDC food Safety Policy is intended to minimize the risk of an outbreak of diseases arising from food sources. Food vendors and consumers are encouraged to report any breach of food safety policy to Fatima.saleh@ncdc.gov.ng

ALCOHOL AND OTHER PSYCHOACTIVE SUBSTANCE USE

Alcohol and other psychoactive substance use increase the likelihood of accidents, injuries, and impairment of performance at work that reduces productivity and eventually impacting organisational goals and objectives. NCDC is committed to eliminating or minimising health and safety-related risks.

Purpose

The essence of this policy is to reduce or eliminate the risks posed by the use of alcohol and other psychoactive substances to health, safety, and the environment. All employees are advised to comply strictly with the policy.

Components

The following are strictly prohibited:

1. The use, possession, distribution, or sale of alcohol and other psychoactive substances on NCDC work locations or during work hours
2. Being under the influence of alcohol and other psychoactive substance; licit or illicit while at work
3. Driving of vehicle under the influence of alcohol and other psychoactive substances at any point in time.

Implementation

1. The NCDC reserves the right to search and screen all categories of employees for the use of alcohol and other psychoactive substances where employee's behaviour poses a risk.
2. Any employee with known alcohol or psychoactive substance dependence who seeks medical assistance shall not be penalised.
3. Any employee with known alcohol or psychoactive substance dependence under medical treatment and rehabilitation shall be considered for alternative job roles if the condition affects function or performance in the present role.

4. Any employee on medically prescribed psychoactive must have a legitimate indication and prescription for it.

5. There is **zero tolerance** for alcohol or psychoactive substances use. Therefore, a blood alcohol concentration of more than 0.01% is unacceptable during work hours or working environment.

6. Toxicology screening shall be per international standards using non-invasive or minimally invasive methods such as Alcohol Breath Test and Urine Drug Test.

7. Education, training, and counselling programmes shall be Organised routinely to create awareness and promote a healthy lifestyle.

8. Alcohol and other psychoactive substance dependence shall be handled as ill-health. Treatment and rehabilitation shall be in a similar manner.

9. All employees especially supervisors are encouraged to report suspicion of substance abuse.

10. Any employee suspected to be under the influence of any substance can be asked to make himself/herself available for toxicology screening. Refusal to consent will be interpreted as an admission of guilt and will be sanctioned appropriately.

11. The process of conducting the toxicology screening must comply with best practices

12. Where the result of an employee is returned to be positive for a banned substance, the employee must be allowed to defend himself in a panel comprising of medical experts before the conclusion of substance abuse is made as there may be other justifiable reasons for the positive test.

13. When the conclusion of substance abuse is made, the employee will be referred to the appropriate authority for disciplinary measures.

Terminology

1. Alcohol: A broad group of organic compounds with one or more hydroxyl functional groups (−OH) bound to a saturated carbon atom. For this policy, the term alcohol refers

to the primary alcohol ethanol (ethyl alcohol), which is used as a drug or present in alcoholic beverages including locally brewed drinks.

2. Addiction: An uncontrollable need to use a drug even when there are known serious effects.

3. Dependence: A condition in which the body is used to the presence of a drug and stopping the drug suddenly causes unpleasant physical symptoms such as nausea, headache, irritability, mood changes, depression, etc.

4. Psychoactive drug: This is a chemical substance that alters or affects the function of the nervous system causing changes in thought, attention, judgment, mood, awareness, or behaviour. Example: cocaine, cannabis, MDMA (ecstasy), Lysergic acid diethylamide (LSD or blotter), codeine, hashish, e.tc.

JOURNEY MANAGEMENT

Journey management is a systematic process designed to reduce risks related to transportation in the course of duty; to protect the health and safety of employees, prevent property loss, and ensure NCDC's continuous operations. Considering the prevailing insecurity conditions, it is pertinent to adhere strictly to this policy guideline.

This document sets out the arrangements for the control of work-related travel within Nigeria, considering the requirements of the relevant legislation and good practice.

Objectives

The specific objectives of the process are;

1. To demonstrate NCDC's commitments to the safety of employees, assets, and third parties.

2. To eliminate needless trips to reduce the risk of accidents and reduce the cost of transport and liabilities (refer to NCDC drivers manual)

3. To reduce travelling distances

4. To minimise the risks associated with necessary trips.

5. Minimize exposure to traffic hazards.

6. Reduce wear and tear on NCDC vehicles.

7. Increase the efficiency of NCDC drivers.

Factors that affect the outcome of transport during NCDC operations include;

1. Roadway

2. Drivers and Vehicle occupants

3. Vehicle

4. Environment

The factors above are associated with the following hazards.

1. Poor road conditions

2. Driver incompetence, fatigue, or distracting behaviour

3. Unfavourable weather conditions

4. Faulty or unsuitable vehicles

5. Risky behaviours of other drivers

6. Unsecured projectiles (stones, bullets, etc.)

7. Wildlife on the road

8. Communication failure

9. Insecurity, etc.

The management of NCDC discourages trips in the following circumstances.

1. Travelling after 6 pm (refer to NCDC travel guideline)

2. Travelling towards crisis areas or through unsafe routes.

3. Travelling during bad weather conditions

4. In the event of driver or passenger(s) falling ill.

5. Travelling without risk assessment of vehicles

Trip arrangement and procedures

Before a Trip:

1. All NCDC vehicles must be thoroughly checked every six months for necessary movement (Refer to NCDC's vehicle checklist)
2. For all authorized trips, the Transport Unit would ensure the availability of a vehicle and driver.
3. Transport unit must allocate a suitable driver and appropriate vehicle (for terrain, weather, number of passengers, asset, prevailing security conditions) in good working condition.
4. All trips outside the official travelling hours or during times of reduced visibility (e.g., dust, smoke, fog, heavy rains, etc.) shall be analyzed for risk and require management approval before commencement. (Pls refer to NCDC driver's manual)
5. All authorized trips must have a Trip Plan and a complete passenger manifest attached given to the driver.
6. There must be a safety briefing before all trips.

During the Trip

1. The driver must remain focused at all times.
2. The transport manager must maintain continual contact (as scheduled) with the driver throughout the trip and respond appropriately in case of an accident/emergency.
3. The trip, in the event of illness or accident, might be suspended to administer first aid or seek medical intervention in the nearest hospital.
4. For safety purposes, the driver can stopover at designated locations (planned before the trip and assessed to be safe) during a trip.
5. In transit, the driver and passenger(s) must identify and secure, safe, and suitable accommodation to safeguard lives and property
6. All vehicle occupants must always use a Seat belt.
7. Driver must not exceed approved speed limits.

After a Trip

1. The vehicle should be inspected for damage and faults

2. Transport manager to document the time of arrival and condition of the vehicle in line with Trip Plan.

3. The driver must submit a Trip report to the Transport Manager. The trip report must include all notable events, near misses, and faults. Drivers must not be penalized for willingly documenting such events in the trip report.

4. Any identified fault(s) in the report submitted as mentioned above should be addressed as appropriate to prevent a recurrence.

Responsibilities

Transport officer

1. Ensure proper documentation and equipment in compliance with all traffic rules and regulations.

2. Ensure compliance with the use of appropriate monitoring devices such as GPRS Tracker, speed limit devices, etc.

3. Provide all resources and support needed for transportation.

4. In cases of non-compliance from the drivers and the passengers, the transport officer should kindly report to the management

5. Follow up with the management to ensure comprehensive insurance for all NCDC vehicles.

6. Follow up with the management to ensure the settlement of all insurance claims and related concerns.

7. To ensure comprehensive training on defensive driving courses and transport of hazardous or infectious substances for all drivers.

8. Coordination and management of all trips.

9. Ensure drivers have a valid license, official identification cards, and medical certification of fitness.

10. Ensure the journey management checklist is completed and authorized.

11. Ensures vehicles are kitted with the standard safety gadgets (fire extinguisher, safety belts, Airbags, First Aid box, Hazard light, C-caution, Toolbox, Speed limiter, Full-size spare tyre, and wheel spanner) and are functioning.

12. Ensure synergy for appropriate support and resources (security agents, ambulance service, fire service, towing service, e.t.c) for the driver/passenger(s) in the event of an accident or emergency.

Driver Responsibilities

1. Must be fit to carry out his/her duties.

2. Must ensure the vehicle is in good condition.

3. Ensure the vehicle have the proper documentation and equipment as required by the law.

4. Must comply with a maximum speed limit

5. Ensure the safety of himself, passengers, and property throughout the trip.

6. Ensure all vehicle occupants use the seat belt.

7. Ensure the vehicle in his/her custody is parked securely and in suitable spaces.

8. Must adhere strictly to all rules and regulations concerning the means of transportation.

9. Must ensure he/she receives the correct Trip Plan attached with the Manifest before starting any trip (No plan/manifest, no trip).

10. Must follow the plan of the trip strictly

11. Must always maintain contact with the Transport officer throughout the trip.

12. Must avoid distractions like playing loud music, eating, or use of mobile phones while driving

Passenger responsibilities

1. Must comply with NCDC travel guidelines.

2. Must comprehend and adhere to the Trip Plan.

3. Must follow all safety rules and regulations (use of seatbelts) throughout the trip.

4. Caution the driver politely when the need arises.

5. Dial the Emergency Hotline (6232 (NCDC emergency hotline) in case of emergency.

GENERAL LABORATORY SAFETY

General laboratory safety procedures

1. All individuals are responsible for their safety and the safety of others.

2. All individuals should be trained in the use of any tool or piece of equipment before an attempt at use.

3. Extreme care should be taken when any tool or piece of equipment is in use.

4. Do not work with faulty equipment for any reason.

5. Report defective equipment or unsafe condition to the designated officer.

6. Always comply with the manufacturer's recommendation regarding the use of any equipment.

7. Always ensure proper use of appropriate personal protective equipment.

8. Perform only tasks authorized by the supervisor (when in doubt, consult your supervisor)

9. All individuals must know the locations and operating procedures for all safety equipment (eyewash station, safety shower, fire alarms, first aid box, emergency exits, etc.)

10. All individuals must know and comply with the proper emergency response procedures for accidents or injuries in the laboratory.

11. Observe good laboratory housekeeping and ensure tools and equipment are always kept in their designated positions

12. Practice good personal hygiene (Hand washing after removing gloves, before leaving the laboratory, and after handling a potentially hazardous material).

13. Properly separate and dispose of all laboratory wastes.

14. Follow all Standard Operating Procedures. When in doubt Ask for help.

Personal Protective Equipment

Proper Personal Protective Equipment (PPE) must always be worn. The following PPE may be required depending on the type and level of risk associated with the task.

- gloves
- Safety glasses

- Face shield

- Labcoat and apron

- respirator - for toxic gases

- Tyvek Suit and Shoe Covers

- Safety masks, etc.

OCCUPATIONAL HEALTH AND SAFETY TRAINING POLICY

All employees of NCDC shall complete mandatory general occupational health and safety training and certification as determined by their job classification and associated tasks.

Responsibilities

The occupational health and safety compliance team are responsible for the following:

- Identifying institutional general safety training requirements

- Provision of safety orientation awareness/training to all employees of NCDC

- Communicating general safety training requirements to departments and units

- Developing and providing either online or in-person general safety training classes

- Recommending dates, times, and locations for in-person general safety training classes

- Recommending online registration for online training courses.

- Creating training profiles based on job activities

- Assisting supervisors on how to identify and provide training for specific workplace hazards

- Monitoring institutional compliance with general safety training compliance

- Providing departments with follow-up summaries of employees attending each training class as requested.

Departments **are responsible for:**

- Ensuring employees take online or in-person general safety training

- Tracking employee compliance for general safety training or department-specific safety training

- Providing suitable arrangements for Department-specific training

- Establishing and maintaining a disciplinary action system for employees failing to comply with safety training requirements.

Employees **are responsible for:**

- Completing general safety training, online training, refresher training, and department-specific safety training
- Notifying your supervisor if a hazard is encountered for which you have not been trained.

Purpose of training

The purpose of occupational health and safety training is to build staff capacity by providing the knowledge and skill necessary to perform a job safely by establishing expectations and responsibilities for employees on how to perform job tasks. Knowledge and skill acquired by participation in training are one of the methods used to create an effective safety culture. Failure to participate in mandatory safety training exposes the individual to the risk of injury. This not only impacts our ability to conduct our mission but also places NCDC in a state of non-compliance with various safety regulations.

Initial/orientation Training

All general safety training required by specific job classification and associated tasks is considered initial training, which is required when:
- An employee first begins work
- An employee is given a new assignment for which training has not previously been provided
- New hazards are introduced into the workplace by new substances, processes, or equipment; and
- A supervisor is made aware of a new or previously unrecognized hazard.

Refresher Training

Some training classes also have a refresher component associated with them and will need to be taken in the future at the prescribed frequency.

Competency Assessment

All employees attending in-person training or completing an online training course shall be required to demonstrate adequate knowledge retention as shown through a learning measurement exercise. Employees not demonstrating adequate knowledge retention shall be retrained and retake the exercise until adequate retention is demonstrated.

During inspections, a representative from the occupational health and safety committee has the right to interview employees to determine the adequacy of safety training compliance.

Record Keeping

All employees attending required face-to-face occupational health and safety training classes shall sign an attendance roster. The information from this attendance roster in conjunction with the learning measurement exercise shall be maintained in a tracking system maintained by the occupational health and safety committee.

Supervisors shall document department-specific safety training regardless of the style (e.g., classroom-style, video, one-on-one, safety meetings). At a minimum, training records shall include the employee's name, job title, supervisor, date, trainer, and training content

Performance Standards

Managers and supervisors shall establish and maintain a disciplinary action system for employees failing to comply with safety training requirements. This system shall be utilized to promote positive health and safety practices.

First Aid Risk Assessment

Adequate and appropriate first aid supplies and arrangements depend on the nature and location of work. The contents of the first aid kit and the need for an appointed person(s) or first aider should be based on first aid needs assessment.

The following should be considered.

Nature of work

- Hazards and possible risks

- Size of the workforce at the department, unit, or location

- Work patterns

- Holiday and other absences of first aiders and appointed individuals

- The history and nature of accidents in each department, unit, or location

- The needs of travelling, remote and lone workers

- The proximity of department, unit, or location to emergency medical services

- First aid for non-employees including members of the public.

WORKPLACE BREASTFEEDING SUPPORT POLICY

Purpose

This Policy intends to protect and improve the health and well-being of women of childbearing age (18 – 45 years). NCDC acknowledges that children are the future therefore, shall create and support an enabling environment for future families. To this end, NCDC has developed this workplace breastfeeding support policy as one of the many family-friendly policies, to enhance and secure more positive outcomes for employees and their children.

Objectives

Breastfeeding is one of the most effective ways to ensure child health and survival. The decision regarding various breastfeeding issues will vary among mothers. Mothers require practical support, time, space, and practice at home and the workplace to continue breastfeeding. Therefore, a supportive breastfeeding environment will:

- Promote exclusive breastfeeding,
- Allow the mothers to reconcile their work with child-raising responsibilities,
- Reduce the time and energy running around to breastfeed,
- Improve their well-being, productivity, and performance.
- Institute breastfeeding breaks during working hours to allow mothers to breastfeed and express milk to continue exclusive or complementary breastfeeding after returning to work
- Provide a creche for the babies of breastfeeding mothers

International standards:

1. Nigerian Public Service rule recommends at least 16 weeks of paid maternity leave and workplace support for breastfeeding families, including two 30-minute breaks in an eight-hour shift.

2. The World Health Organisation recommends exclusively breastfeeding for six months, including initiation within the first hour of life, and continue for up to two years or beyond.

Scope

This applies to all NCDC offices/workspaces

Breastfeeding Space

1. The creche should be secluded, hygienic, and well-equipped (sink, refrigerator, furniture, electrical outlets).
2. The breastfeeding space (creche) shall be large enough to accommodate all mothers when needed.
3. The breastfeeding space shall be well lit, ventilated, and away from any potential source of harm.

Breastfeeding Break

1. A period during working hours to breastfeed or express breast milk for the babies by nursing mother.

2. The duration and frequency shall be determined by management with input from the human resource and the mother(s) themselves in accordance with public service rule (PSR)

3. Resumption and closing time for nursing mothers should be between 8 am to 2 pm following civil service rules for 4 months.

Sexual Exploitation and abuse (SEA)/ Sexual Harassment policy

Purpose

NCDC's sexual exploitation and abuse policy aim to protect men and women in the organisation from unwanted sexual advances and provide guidance to reporting such incidents. NCDC SEA/SH policy will explain appropriate punishment for sexual harassment and protect victims' identities as required by the law.

NCDC has zero tolerance for sexual harassment and continues to build a culture based on mutual respect and collaboration.

Scope

This policy applies to every person in the NCDC workplace regardless of gender, sexual orientation, level, function, cadre, status, or other protected characteristics. We are all obliged to comply with this policy.

Policy elements

What is sexual harassment?

A person sexually harasses someone when they:

- Insinuate, propose or demand sexual favours of any kind.
- Invade another person's personal space (e.g., inappropriate touching.)
- Stalk, intimidate, coerce or threaten another person to get them to engage in sexual acts.
- Send or display sexually explicit objects or messages.
- Comment on someone's looks, dress, sexuality, or gender in a derogatory or objectifying manner or a manner that makes them uncomfortable.
- Make obscene comments, jokes, or gestures that humiliate or offend someone.

- Pursue or flirt with another person persistently without the other person's willing participation. Also, flirting with someone at an inappropriate time (e.g. in a team meeting) is considered sexual harassment, even when these advances would have been welcome in a different setting. This is because such actions can harm a person's professional reputation and expose them to further harassment.

The most extreme form of sexual harassment is sexual assault. This is a serious crime and NCDC will support employees who want to press charges against offenders.

NCDC rules on sexual harassment

- **No one has the right to sexually harass employees in the workplace**.
- **Sexual harassment is never too minor to be dealt with**.
- **We assume every sexual harassment claim is legitimate unless proven otherwise.**
- **We will not allow further victimization of harassed employees.**
- **Those who support or overlook sexual harassment are as much at fault as offenders.**

How to report sexual harassment

NCDC would define a framework for reporting SEA and GBV issues. This is in addition to the appointment of a gender officer who receives and acknowledges the complaint.

If you want to report sexual harassment within our organization, there are two options:

- **Ask for an urgent meeting with your [Head of HR.]** Once in the meeting, explain the situation in as much detail as possible. If you have any hard evidence (e.g., emails), forward it or bring it with you to the meeting.
- **Send your complaint via email**. If you address it to your supervisor, please cc HR to the email and attach any evidence or information that can be used in the investigation. HR and your supervisor will discuss the issue and contact you as soon as possible.

If you report an assault to the police, NCDC will provide any possible support until the matter is resolved. In any case, NCDC will ensure you are not victimized and that you have access to

relevant evidence admissible in court, like security video footage or emails (without revealing confidential information about other employees.)

Disciplinary action and repeat offenders

Employees who are found guilty of sexual assault will be sanctioned after the first complaint and investigation.

We apply these disciplinary actions uniformly. Employees of any sexual orientation or other protected characteristics will be penalized the same way for the same offences.

Helping harassment victims

Apart from investigating claims and punishing perpetrators, we want to support the victims of sexual harassment. If you experience trauma, stress, or other symptoms because of harassment, consider:

- Requesting specified support from the HR and utilizing available support programmes like a psychosocial support program

Speak up, we listen

Sexual harassment can exhaust those who endure it. Speaking up about this issue is often tough for fear of not being heard, upsetting managers, and challenging corporate culture.

Please don't let these fears deter you. NCDC will do everything possible to stop sexual harassment and any other kind of harassment from happening.

Gender-based Violence

Purpose

NCDC does not tolerate any form of violence, harassment, bullying, or intimidation in any form. Our workplace violence policy aims to acquaint employees with what we consider workplace violence and ask them to report early signs or threats. We want to provide our employees with

a safe workplace where mutual respect is given. We ask everyone to <u>be professional and ethical</u> at work.

Scope

This policy applies equally to all employees, contractors, public visitors, clients, and anyone else whom our employees encounter during work.

Policy elements

"**Workplace violence**" refers to physical acts of violence or threats to harm a person or property. Abusive behaviours, whether verbal, psychological, or physical, are also considered violence. More specifically:

- Verbal abuse can be using unwelcoming, embarrassing, offensive, threatening, or degrading language.
- Psychological abuse is an act that provokes fear or diminishes a person's dignity or self-esteem.
- Sexual abuse is any unwelcome verbal or physical assault.

We ask managers and team members to be vigilant. Report any concerns or violent acts to HR as soon as possible. Examples of violent behaviour among co-workers include but are not limited to:

- Intimidating or bullying others
- Abusive language
- Physical assault
- Threatening behaviour
- Concealing or using a weapon
- <u>Sexual, ethnic or racial harassment.</u>

We maintain the right to conduct periodic inspections, using reasonable methods, without employees' consent or prior notice.

Grievance Procedure

NCDC to appoint a designated gender officer to manage grievance regress issues such as sexual exploitation and abuse/ sexual harassment (SEA/SH) and gender-based violence (GBV).

Disciplinary Consequences

The committee in charge of this will carry out the appropriate disciplinary action as well as potential criminal charges.

- The name, email address, and phone number of this designated person will be made available, and every member of the committee will have access to such information.

Appendix

Safety Checklist for Covid 19 Rapid Response Team – Pre and Post Deployment

About Nigeria Centre for Disease Control

Nigeria Centre for Disease Control's mission is to protect the health of Nigerians through evidence-based prevention, integrated disease surveillance, and response activities, using a one health approach, guided by research and led by a skilled workforce. NCDC is an operationally autonomous executive agency of the Federal Ministry of Health.

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Background

This checklist provides an overview of the requirements to be fulfilled before and after a field mission by the Rapid Response Teams (RRT) deployed by the Nigeria Centre for Disease Control (NCDC) or team members at the Emergency Operations Centre (EOC).

Target

This checklist is to be completed by the RR team lead/supervisor. It includes key questions on health and safety, Infection prevention and control, and Security in the pre and post-deployment period.

Pre-deployment checklist for RRT

S/N	Items	Yes	No	N/A	Comment
	Health and safety				
1	Copy of SOPs/Protocols for all planned activities is available for all team members *(please ask for the SOPs/Protocols if you don't have them)*				
2	The team briefed on proposed activities *(ask to be properly briefed before setting out. Ensure you contact your host and ask necessary questions before setting out)*				
3	All team members have been trained on proposed activities				
4	Are you aware of possible hazards associated with the proposed task? *(please anticipate possible threats and challenges)*				
5	Is there a mitigation plan in place for the anticipated hazards *(please discuss with the team for possible options if there's no known protocol)*				
6	Are all team members aware of the mitigation plan? *(please ensure that every team member is informed)*				
7	Is the team equipped with a first aid kit? *(please verify content)*				
8	Does everyone have structured training on basic life support? *if not, identify those that have the skill in your team)*				
9	Is everyone with his/her routine medications *(if any)*				
	IPC				
10	Can all team members properly don and doff PPE?				
11	Are team members familiar with IPC protocol for the planned activities? *(please retrain if there is a need to)*				

12	All required PPE for the team available in good condition? *(please verify)*				
	Security				
13	Have you contacted the host and enquired about the security situation?				
14	Do you have any local number to contact in case of an emergency?				
15	Is the number known to every member of the team?				
16	Is the NCDC emergency number available to everyone?				
17	Is all equipment in good condition? *(please test and verify before setting out)*				
18	Is your proposed accommodation in a secured area? *(please liaise with the host)*				
19	Is your proposed means of transportation the safest option?				
20	Is your planned route safe*? (please liaise with the host to ensure this)*				
21	Are you aware of the evacuation plan in NCDC in case of an emergency?				
22	Does every team member understand the evacuation protocol? *(if not, brief the team)*				
23	Is there an incident reporting form?				
24	Are team members aware of who and how to report incidents? *(please brief the team on this)*				

Please ensure corrective actions before setting out. Be safe!!!!!

Post-deployment checklist for RRT

S/N	Items	Yes	No	N/A	Comment
1	Any experiences on safety issues?				
2	Are you aware that any RRT member coming from the field where there has been at least a confirmed case should self-Isolate?				
3	Are there gaps in the existing safety measures?				
4	Are there lessons learned about safety measures?				
5	Did you observe any best practices on safety measures?				
6	Were there any violations of the safety measures by the team?				
7	Were there any incidents/ accidents due to No 6 above?				
8	Were there instances of stock-out of safety commodities?				
9	Are emergency numbers made available to members of the EOC?				

Safety Checklist for the EOC team

S/N	Items	Yes	No	N/A	Comment
	Health and safety				
1	Is there a mitigation plan in place for the anticipated hazards *(please discuss with the team for possible options if there's no known protocol)*				
2	Are all EOC members aware of the mitigation plan? *(Please ensure that every team member is informed)*				
3	Is the EOC equipped with a first aid kit*? (Please verify content)*				
4	Does everyone have structured training on basic life support? *if not, identify those that have the skill in your team)*				
5	Is everyone with his/her routine medications *(if any*)				
	Security				
6	Is the NCDC emergency number available to everyone?				
7	Are you aware of the NCDC evacuation plan in case of an emergency?				
8	Does every team member understand the evacuation protocol? *(if not, brief the team)*				

Please ensure corrective actions before setting out. Be safe!!!!!

Safety Checklist for EOC team

S/N	Items	Yes	No	N/A	Comment
1	Any experiences on safety issues?				
2	Are there gaps in the existing safety measures?				
3	Are there lessons learned about safety measures?				
4	Did you observe any best practices on safety measures?				
5	Were there any incidents/ accidents due to 5 above?				
6	Is there a hand sanitizer dispenser at the entrance of the EOC?				
7	Are there Handwashing facilities at the entrance of the EOC?				
8	Are there posters on cough etiquette at the entrance of the EOC?				
9	Are there security guards stationed at the entrance of the EOC?				
10	Do attendees at the EOC have a standard means of Identification?				
11	Is there an Emergency exit at the EOC?				
12	Are there functional fire extinguishers at the EOC?				
13	Is there a muster point at the EOC?				
14	Are emergency numbers made available to members of the EOC?				

Checklist for Indoor/Outdoor Lighting

S/N	Checklist for Indoor/Outdoor Lighting	Yes	No	Action required
1.	Is there good general illumination (with no glare) throughout the organisation?			
2.	Is there regular cleaning and maintenance of lights and windows?			
3.	Where necessary, are windows or skylights whitewashed or shaded to avoid glare?			
4.	Is there local lighting for close work to reduce eye strain and fatigue?			
5.	Are "flickering" fluorescent tubes replaced as soon as possible?			
6.	Are the walls and ceilings painted in light colours and kept clean?			
7.	Is there adequate emergency lighting in all areas?			
8.	Are outside areas satisfactorily lit for work, and access during			
9.	hours of darkness, for security as well as safety?			

NCDC COVID – 19 INCIDENT REPORTING FORM

HEALTH AND SAFETY INCIDENT REPORT

PART 1 – INITIAL INCIDENT REPORT FORM

Complete an initial report of the incident. Complete section 1(**General Information)** for all incident types and any other section in part 1 as appropriate. Part 2 of the form is to be used for providing updated information, details of the investigation, and close-out actions. This form should be completed and sent to fatima.saleh@ncdc.gov.ng within 48 **hours** of incident occurrence.

Section 1 – **GENERAL INFORMATION**

Note: Any incident may have more than one type. For instance, a vehicle incident may result in an injury to the driver/passenger. For reporting purposes, if a vehicle is involved, the PRIMARY incident type will be the **vehicle** and the SECONDARY incident type will be **an injury**

------ Are you reporting a near miss? (Note: If reporting a near miss, complete only Section 1 of part 1. Complete part 2 as appropriate).

PRIMARY INCIDENT TYPE

--- Vehicle ---- Environmental ---- Illness
--- Fire --- Theft --- Security
--- Radiation ---- Explosives ----- others (Describe) --------------------------------------

Briefly Describe Incident: Describe what happened (DO NOT use people's names or any medical diagnosis)

	dd-MM-YYYY	Time	Form completed by: Supervisor/Team Lead of work details:	Name Phone
Occurrence Date and Time				
Date and Time reported				
Location Detailed Description of Location Location Type (e.g., Health facility, community, etc.)				
SECONDARY INCIDENT TYPE (Describe)				

EMERGENCY ACTION PLAN (EAP)

Nigeria Centre for Disease Control (NCDC) Emergency Preparedness and Response Plan shall be part of the Occupational Health and Safety (OHS) Management System and will provide a framework and direction to the staff and other relevant partners in promoting effective coordination and coherence among the workforce in preparing and responding to multi-hazard and disaster emergencies.

The EAP was adapted from the United States Centers for Disease Control and Prevention (US. CDC) and The Centre for the Study of Traumatic Stress **(CSTS)** documents.

This Emergency Action Plan (EAP) establishes guidelines for all reasonably foreseeable workplace emergencies. Because each emergency involves unique circumstances, the guidelines provide general guidance only. Thoughtful actions based on situation assessment are always required when responding to an emergency.

NB: Safety and health are the overriding priorities in all emergency situations. Think before you act and… if you see something, say something!

GENERAL INFORMATION

Emergencies can be identified as Medical, Fire, Severe Weather, Bomb Threats, Chemical Spills, Terrorist Attacks, Criminal Acts, Extended Power Loss, etc. Personnel should identify these emergencies and report them to the OHS Officer and **CALL 6232** to alert the Police. The local Emergency Services respond to emergencies.

ASSEMBLY AREA

NCDC WORKPLACES

GENERAL INSTRUCTIONS FOR REPORTING EMERGENCIES

Summon emergency assistance by **CALLING 6232**

Be prepared to provide the following information:

- Your name and location.
- Phone number from where the call is being made.
- Location of the emergency, including facility name, building number, suite number, full address.

- Type of emergency:
  - ✔ Medical
  - ✔ Fire
  - ✔ Confined Space Rescue
  - ✔ Hazardous Material
  - ✔ Criminal Act
  - ✔ Bomb Threat
- Other important Information:
  - ✔ Number and condition of victims.
  - ✔ Location and extent of the situation, hazard, fire, etc.
  - ✔ Involvement of Hazardous Materials (as available, give product name and/or describe any markings, labels, or placards).
- What is needed

DO NOT HANG UP FIRST. Let emergency personnel hang up first.

After the call, station someone to direct Emergency Response personnel to the scene of the emergency.

MEDICAL EMERGENCY

- Survey the scene; evaluate personal safety issues.
- Request assistance (SHOUT FOR HELP)
- **Call 6232**
- Provide the following information:
  - ✔ Nature of medical emergency,
  - ✔ Location of the emergency (address, building, room number)
  - ✔ Your name and phone number from which you are calling.
- Do not move the victim unless absolutely necessary.
- If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:
  - ✔ Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
  - ✔ Clear the air passages using the Heimlich Manoeuvre in case of choking.

- In case of assisting personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

FIRE EMERGENCY

When a fire is discovered:

- Activate the nearest fire alarm (if installed)

- Notify the local Fire Department

- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means (check applicable):

  - ✔ Voice

  - ✔ Communication

  - ✔ Phone Paging

  - ✔ Radio

  - ✔ Other (specify)

Fight the fire ONLY if:

- The Fire Department has been notified.

- The fire is small and is not spreading to other areas.

- Escaping the area is possible by backing up to the nearest exit.

- The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes.

- Assemble in the designated area (specify location):

- Remain outside until the competent authority (Designated Official or designee) announces that it is safe to re-enter.

Designated Official, OHS Officer or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.

- Coordinate an orderly evacuation of personnel.

- Perform an accurate headcount of personnel reported to the designated area.

- Determine a rescue method to locate missing personnel.

- Provide the Fire Department personnel with the necessary information about the facility.
- Perform assessment and coordinate weather forecast office emergency closing procedures

Area/Floor Monitors must:

- Ensure that all employees have evacuated the area/floor.
- Report any problems to the Emergency Coordinator at the assembly area.

Assistants to Physically Challenged should:

- Assist all physically challenged employees in an emergency evacuation.

EXTENDED POWER LOSS

In the event of extended power loss to a facility, certain precautionary measures should

be taken depending on the geographical location and environment of the facility:

- Unnecessary electrical equipment and appliances should be turned off if power restoration would surge causing damage to electronics and affecting sensitive equipment.
- Facilities with freezing temperatures should turn off and drain the following lines in the event of a long-term power loss.
- Fire sprinkler system
- Standpipes
- Potable water lines
- Toilets
- Add propylene-glycol to drains to prevent traps from freezing
- Equipment that contains fluids that may freeze due to long-term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

Upon Restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

When a Large Chemical Spill has occurred:

- Immediately notify the designated official and OHS Officer.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.).
- Secure the area and alert other site personnel.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call the medical emergency number, if required.
- Call a local spill clean-up company or the Fire Department (if an arrangement has been made) to perform a large chemical (e.g., mercury) spill clean-up.
- Evacuate the building as necessary

When a Small Chemical Spill has occurred:

- Notify the OHS Officer and/or supervisor.
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- Deal with the spill following the instructions described in the MSDS.
- Small spills must be handled safely while wearing the proper PPE.

SEVERE WEATHER AND NATURAL DISASTERS

Flood:

If indoors:

- Be ready to evacuate as directed by the OHS Officer and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

If outdoors:

- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to higher ground.

ACTIVE SHOOTER AND WORKPLACE VIOLENCE

Profile of an Active Shooter:

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically using firearms.

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

1. EVACUATE	2. Hide Out	3. Take Action
- Have an escape route and plan in mind - Leave your belongings behind - Keep your hands visible	- Hide in an area out of the active shooter's view - Block entry to your hiding place and lock doors.	- As a last resort and only when your life is in imminent danger. - Attempt to incapacitate the active shooter - Act with physical aggression and throw items at the active shooter
Call 6232 WHEN IT IS SAFE TO DO SO		

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES ON THE SCENE

How you should react when Law Enforcement Arrives	
- Remain calm and follow the officer's instructions - Immediately raise hands and spread fingers - Avoid making quick movements towards officers such as attempting to hold on to them for safety	- Avoid pointing, screaming, and/or yelling - Do not stop to ask officers for help or directions when evacuating. Just proceed in the direction from which the officers entered the premises.

Information you should provide to Law Enforcement	
- Location of an active shooter - Number of shooters, if more than one - Physical description of shooter(s)	- Number and type of weapon(s) - Number of potential victims at the location

PERSONS WITH DISABILITIES

Employee and Supervisor Responsibilities

If you are an employee with a disability, there are critical steps you should take to help ensure that you will be safe during an emergency. First, inform your supervisor if you require assistance in the event of an evacuation. Second, work with your supervisor to develop a plan to ensure your safe evacuation in the event of an emergency. If you do not wish to share your needs with your supervisor, you should review the procedures to be followed in an emergency affecting your assigned facility and familiarise yourself with your evacuation route and assembly area.

If you are a supervisor, you are responsible for reviewing your facility's EAP with all employees under your supervision, including those with disabilities, to ensure that each employee clearly understands procedures that must be followed during an emergency event. Be proactive in developing emergency plans to meet the needs of employees with a disability. You should also include your employees with disabilities in the decision-making process when selecting special equipment and developing evacuation procedures in collaboration with your building managers. Ensure the "Aide for Persons with Disabilities" is notified of any employee that may require special assistance in the event of evacuation or emergency.

Procedures

Options for disability evacuation include:

• Shelter in Place—Take immediate shelter at the designated location.

• Evacuation Chair or Other Assistive Device—An evacuation chair or escape chair is a lightweight wheelchair used to evacuate a physically disabled person from an area of danger, such as a burning building. The chair is designed to allow an attendant to transfer the person downstairs more safely than could be done with a normal wheelchair. Such chairs may be folded to a small size and stowed in much the same manner as other firefighting equipment such as fire hoses and fire extinguishers.

• Two-person Carry—This is a way to carry a person to safety with the assistance of a partner. The two assistants link arms to form a backrest and grip wrists from a seat.

Please remember, when making decisions regarding the best way to evacuate individuals with disabilities from your building, you should work closely with your local emergency response personnel and their safety specialists.

BOMB THREATS

Phone Bomb Threat
- Stay calm – do not alarm others.
- Notify your supervisor who will report the threat to law enforcement by **calling 6232** If a supervisor is not present, you make the call.
- The decision to evacuate the building will be made by law enforcement personnel.

Written Bomb Threat
- Remain calm and leave the message where it is found.
- Do not handle the document any more than necessary to preserve fingerprints and other evidence.
- Do not alarm others.
- Notify your supervisor who will report the threat to law enforcement by **calling 6232** If the supervisor is not present, you make the call.
- Do not give information to anyone except the supervisor and law enforcement personnel.

Food Premises Inspection Checklist

Name of facility: _____NRL, GADUWA_____Name of Business Owner: _____

Date Inspected: _____ Inspected by: _____

ITEMS	Y	N	N/A	Comments/ Action required	Date Action taken
Does layout comply with guidelines?					
HANDWASHING FACILITIES AND TOILETS					
Do toilets open directly into rooms where food is handled?					
Adequate number of toilets?					
Adequate number of hand basins for washing hands?					
Running water from wash hand basin taps?					
Are soap and paper towels located adjacent to hand washbasins?					
Soap displayed at the wash hand basin?					
OTHER REQUIREMENT					
Adequate ventilation?					
Adequate lighting?					
Adequate drainage?					
FLOORS, WALLS, CEILING, SURFACES, AND DOORS					
Easy to clean and disinfect?					
FLOOR					
WALL					
CEILING					
DOORS					
SURFACES					
Are surfaces impervious?					
FLOOR					
WALL					

CEILING					
DOORS					
SURFACES					
Prevent the build-up of dirt?					
FLOOR					

Food Premises Inspection Checklist

Name of facility: ___NCDC HQ, JABI___ Name of Business Owner: _____

Date Inspected: _____ Inspected by: _____

ITEMS	Y	N	N/A	Comments/ Action required	Date Action taken
Does layout comply with guidelines?					
HANDWASHING FACILITIES AND TOILETS					
Do toilets open directly into rooms where food is handled?					
Adequate number of toilets?					
Adequate number of hand basins for washing hands?					
Running water from wash hand basin taps?					
Are soap and paper towels located adjacent to hand washbasins?					
Soap displayed at the wash hand basin?					
OTHER REQUIREMENT					
Adequate ventilation?					
Adequate lighting?					
Adequate drainage?					
FLOORS, WALLS, CEILING, SURFACES, AND DOORS					
Easy to clean and disinfect?					
FLOOR					
WALL					
CEILING					
DOORS					
SURFACES					
Are surfaces impervious?					
FLOOR					
WALL					
CEILING					
DOORS					
SURFACES					
Prevent the build-up of dirt?					
FLOOR					

Food Premises Inspection Checklist

Name of facility: ___**CPHL-YABA**___ Name of Business Owner: _____

Date Inspected: _____ Inspected by: _____

ITEMS	Y	N	N/A	Comments/ Action required	Date Action taken
Does layout comply with guidelines?					
HANDWASHING FACILITIES AND TOILETS					
Do toilets open directly into rooms where food is handled?					
Adequate number of toilets?					
Adequate number of hand basins for washing hands?					
Running water from wash hand basin taps?					
Are soap and paper towels located adjacent to hand washbasins?					
Soap displayed at the wash hand basin?					
OTHER REQUIREMENT					
Adequate ventilation?					
Adequate lighting?					
Adequate drainage?					
FLOORS, WALLS, CEILING, SURFACES, AND DOORS					
Easy to clean and disinfect?					
FLOOR					
WALL					
CEILING					
DOORS					
SURFACES					
Are surfaces impervious?					
FLOOR					
WALL					
CEILING					
DOORS					
SURFACES					
Prevent the build-up of dirt?					
FLOOR					

GENDER REGRESS MANAGEMENT (GRM) CHECKLIST

Appendix 1: GRM. 01 Indicative time limits for processing complaints

	GRM. 01: Indicative time limits for processing complaints	
N°	**Steps**	**Timeframe**
1	Receipt, Classification and filing of complaints	Immediate (1 day)
2	Assessment of the eligibility of the complaint under the mechanism	5 working days
3	Acknowledgement of receipt	
4	Review of complaints and identification of possible solutions	30 days maximum (where no investigation is required)
		30 days maximum (where no investigation is required)
5	Implementation, follow-up of agreed measures, and closure of the complaint	90 days maximum

Appendix 2: GRM 02 Complaint Receiving Form

GRM 02: Complaint Receiving Form					
Date: ……………………… (dd/mm/yyyy)	Location of complaint				
Complaint no.: ……………	....				
Mode of lodging the complaints (Please tick as applicable):	Writing	Verbal	Phone	Email	Surface mail
Details of the Complainant:					
Name (optional): ………………………………… Address: .... Phone no.: …………………………. Gender: ………………… Email address: ………………………					
Location of complaint/concern:	Village/Town/City/Area: ……………………………………………………… ………………………………………………… State: ……………………………				
Category of Complainant (please tick as appropriate):	Heath Facility operator [ ] Community member [ ] Health workers [ ] Contractors [ ] Government [ ] Others………………………………………………				
Category of Grievances (Please tick as appropriate):	i. Project implementation related [ ] ii. Social [ ] iii. Environment [ ] iv. Gender-Based grievance [ ]				
Brief Description of the Grievance: …… (You can use a separate Sheet) ……………………………………………………… .... ……………………………………… (Attach letter/petition/documents detailing grievance information as submitted)					
Received/prepared by: …………………………………..	Signature: ………………………………		Date………………………………………. (dd/mm/yyyy)		

(*): Complainant identification number (to be used in case of anonymity of the complainant)
(**): Mode of receipt of the complaint (**) Self-referral of the GRC based on supervision reports and press articles.
(2): Facts found during meetings/ field visits.
(3): Formal letter sent to the PIU of REDISSE.
(4): Formal letter sent to the PCU of REDISSE.
(5): Telephone call

(***): Complaint classification (***) Sensitive Complaint (SC), Non-Sensitive Complaint (NSC)

Appendix 3: GRM/03 Acknowledgement Receipt Form

Complaint no.: ……………………………………………….

Date of complaint: ………………………………………….   (*dd/mm/yyyy*)

Location of complaint:

Village/Town/City/Area: …………………………………………   State:

………………………………………………….

Details of the Complainant:

Name: …………………………………….

Address: ……………………………………

Email address: ……………………………

Age: …………………………………………….

Gender: ………………………………….

Phone no.: ………………………………

Attachment/Supporting documents submitted:

i. ……………………………………………………………………….

ii. ……………………………………………………………………….

iii. ……………………………………………………………………….

iv. ………………………………………………………………………..

v. …………………………………………………………………………

Summary of complaint:

………

………

………

Name of Officer receiving Complaint: _____

Signature of Officer receiving Complaint: _____

Appendix 4: GRM 04 Meeting Record Structure Form GRM 04
(Grievance Redress Committee & Other Meetings)

Date of Meeting: ……………………… Complaint no.: ……………………Venue of Meeting: ……………………….

List of participants:

Complainant Side	Grievance Redress Committee Members
1) 2) 3)	1) 2) 3)

Summary of Grievance:

………

………

………

Key discussions:

1)

2)

3)

4)

5)

Decisions Made/Recommendations by the Grievance Redress Committee:

1)

2)

3)

Statues of Grievance (tick where applicable):

Resolved		Unresolved	

Chairperson's name: _____

Chairperson's signature: _____

Date (dd/mm/yyyy): _____

Appendix 5: GRM 05 Standardized disclosure Form
Location
Village/Town/City/Area………………………   State…………………
The outcome of Grievance Redress

1. Complaint no.

2. Name of Complainant:

3. Date of Complaint:

4. Summary of the Complaint:
………
………
………

5. Summary of Resolution:
………
………

6. Level of Redress (please tick where applicable)

First/Community		**Second/State**		**Third/National**	

7. Date of grievance redress (dd/mm/yyyy): _____

Name of complainant: _____

Signature of the Complainant, indicating acceptance of the solution to his/her grievance:

_____

Name of Grievance Handling Officer: _____

Signature of Grievance Handling Officer: _____

Date (dd/mm/yyyy): _____
(Note: Copy to be sent to the complainant and the PCU/PIU at REDISSE Office)

Appendix 6: GRM 06 Quarterly Report of Registered Complaints Form GRM 06

Location ……………………. Date (dd/mm/yyyy) ………………….

Period (Quarter ending) …………………............

i. **Details of Complaints Received:**

Place of issuing Complaint	Name & Address of Complainant	Location of Complaint/concern	Date of Receipt	Complaint no.

ii. **Details of Grievance Redress Meetings:**

Date of meeting	Venue of meeting	Names of Participants	Decisions/Recommendations Made

iii. **Details of Grievances addressed:**

Date of issuing Complaint	Category of Complaint	Category of Grievance	Brief description of grievance	Date of Complete Resolution

S/N	OUTPUT	INDICATOR	SOURCES OF INFORMATION	FREQUENCY OF DATA COLLECTION	RESPONSIBLE ENTITY
1.	Conduct Preliminary stakeholder engagements/ Awareness building	Number of stakeholder's engagement meetings conducted Awareness building and communication materials (flyers, billboards, Bills, other awareness and instructive materials) distributed	Meeting minutes or reports Monthly reports of NCDC Grievance Regress committee and GRM officer	1st Quarter Monthly	NCDC Gender Regress committee (GRC)
2.	Set up GR mechanism	NCDC GRC established Complaint's uptake channels, set up Telephone hotlines, Email, WhatsApp, etc. in place	Reports with photographs submitted to the OHS Committee monthly and the management quarterly	Monthly/ Quarterly	NCDC Gender Regress committee
3.	Initiate and Operate GR mechanism	Townhall Community Briefing conducted as at when due Grievance receipt and registration (logging); screening; sorting; and feedback to complainants on grievances are being carried out on schedule NCDC Communication channels, posters, flyers, etc. maintained and effective	Participation/coverage Photographic evidence Report submitted to the GRC monthly and the NCDC management quarterly	Quarterly	NCDC Gender Regress committee
4.	GRM processes are working effectively and identifying needs for refinements and changes	Beneficiaries are aware and encouraged to participate in GRM. Beneficiaries actively participating and using GRM	Reports from In-house evaluation	Quarterly	NCDC Gender Regress committee
5.	Refinements and changes	Beneficiaries actively participating and using GRM	Reports from In-house evaluation Results from GRM user satisfaction survey survey and audit of GRM performance and effectiveness by the Ministry of women affairs	Annually	NCDC Gender Regress committee

Appendix 7: GRM 07 Monitoring Framework for R-GRM (Form GRM 07)

Health, Safety Environment Assessment Checklist				

General	Y	N	N/A	Comments
The workplace is clean and orderly				
Hazardous objects/chemicals are clearly labelled				
Hazardous objects/chemicals are properly stored				
Exits are clear, accessible, and marked				
Floors, walls, ceiling, coverings are in good repair				
Ventilation ducts are clean and clear				
Eating/drinking areas are separated from work areas				
Lighting levels are suitable for necessary work				
Is there loose material, debris, worn carpeting?				
Are the floors slippery, oily, or wet?				
Are lamp reflectors clean?				
Are bulbs missing?				
Are any areas dark?				
Are they Stairways and Aisles clear and unblocked?				
Are handrails, handholds in place?				
Are the aisles marked and visible?				
Is all fire control equipment regularly tested and certified?				
Is fire control equipment appropriate for the type of fire it must control?				
Is emergency lighting in place and regularly tested?				
Are washrooms and food preparation areas clean?				
potable (drinkable) water provided				
Are emergency (evacuation, fire, bomb threat, hostile person) procedures in place?				
Are all equipment and supplies in their proper places?				
Are aisles, doorways, and corners free of obstructions to permit visibility and movement?				
Training	-	-	-	-
Employees have been given safety training				
Safety handbooks are available to all employees				

All employees know the building's evacuation plan				
Employees know what to do in case of an accident				
Training sessions are held regularly				
Equipment	-	-	-	-
Equipment is clean and in good working order				
All electrical cords are well-grounded				
There is suitable ventilation				
Personal protective equipment is available				
Stopping mechanisms have been put in place				
Fire Safety	-	-	-	-
First aid supplies are accessible and marked				
Fire extinguishers are accessible and updated yearly				
Sprinkler heads have an 18" clearance				
Cabinets and shelves are at an adequate height				
Cabinets/shelves over a certain height are secured to the wall				
Loose materials are secured or bolted down				
Fragile materials are securely locked down				

HEPATITIS B NON-RESPONDER INDEMNITY FORM

Patient/Resident/Staff Member Information:

First Name: _____   Last name: _____

Medical Record #: _____   ☐ N/A - staff member

Date of Birth: _____ Age: _____

Gender: ☐ Female   ☐ Male

I acknowledge that I have had the opportunity to receive a Hepatitis B vaccination. I am aware that despite completion of the required doses I have not developed detectable immunity based on Hepatitis B immunity check.

I am aware that my job carries a potential risk of exposure to hepatitis B virus and my organisation will prefer a role reassignment to non-exposure job category where available.

In the event that non-reassignment to other non-exposure tasks is not achievable, I wish to declare my intention to continue in my current role despite my non-responder status.

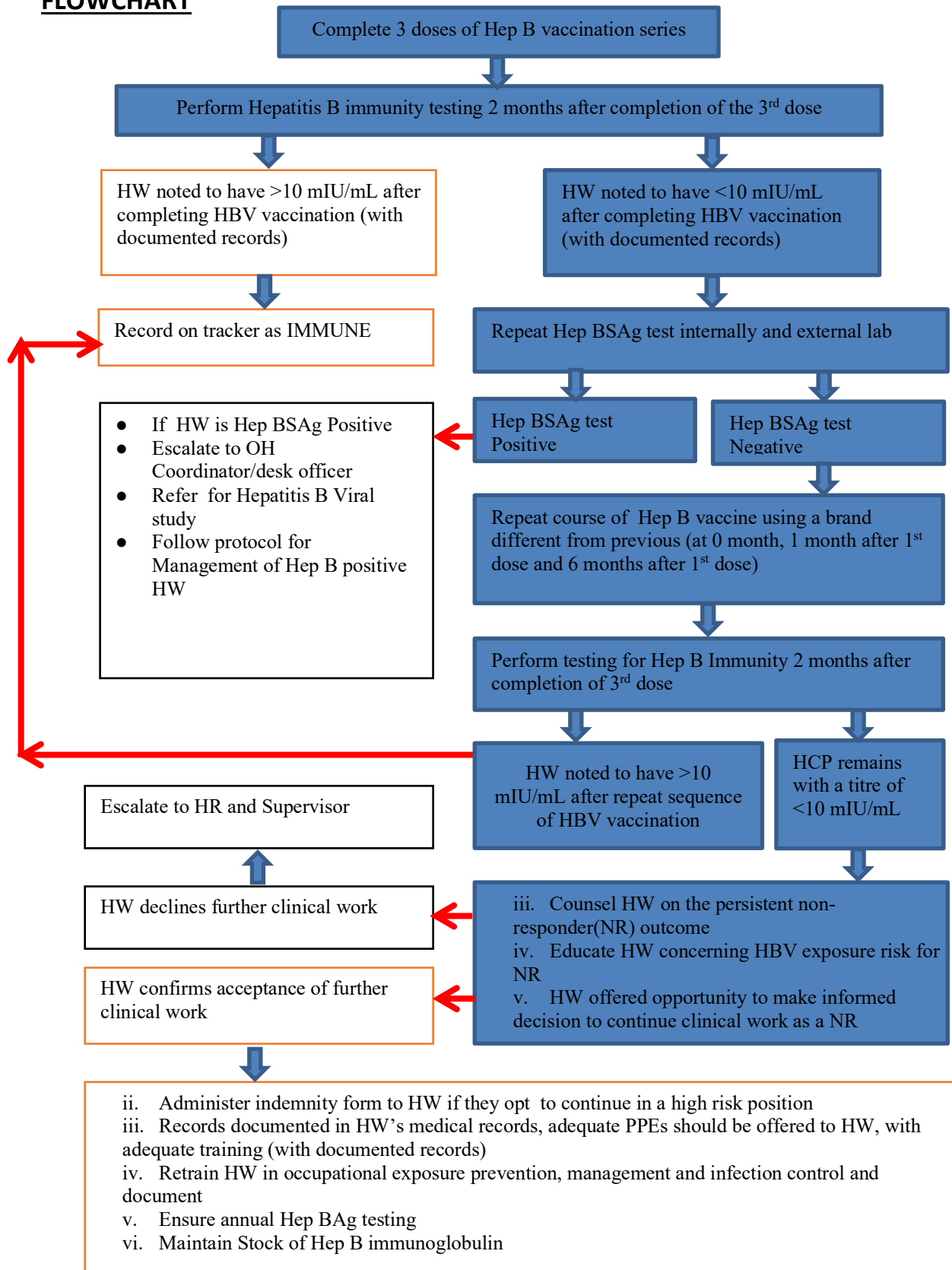I hereby declare that my employer (NCDC) will not be responsible for the outcome of my decision.

Sign: _____   Date: _____

MANAGEMENT OF NONRESPONDERS TO HEPATITIS B VACCINE

Non-responders (NR) are defined in this case, as completely vaccinated health workers (HW) with anti-HBs <10 mIU/mL (CDC).

FLOWCHART

Complete 3 doses of Hep B vaccination series

Perform Hepatitis B immunity testing 2 months after completion of the 3rd dose

HW noted to have >10 mIU/mL after completing HBV vaccination (with documented records)

HW noted to have <10 mIU/mL after completing HBV vaccination (with documented records)

Record on tracker as IMMUNE

Repeat Hep BSAg test internally and external lab

- If HW is Hep BSAg Positive
- Escalate to OH Coordinator/desk officer
- Refer for Hepatitis B Viral study
- Follow protocol for Management of Hep B positive HW

Hep BSAg test Positive

Hep BSAg test Negative

Repeat course of Hep B vaccine using a brand different from previous (at 0 month, 1 month after 1st dose and 6 months after 1st dose)

Perform testing for Hep B Immunity 2 months after completion of 3rd dose

HW noted to have >10 mIU/mL after repeat sequence of HBV vaccination

HCP remains with a titre of <10 mIU/mL

Escalate to HR and Supervisor

HW declines further clinical work

iii. Counsel HW on the persistent non-responder(NR) outcome
iv. Educate HW concerning HBV exposure risk for NR
v. HW offered opportunity to make informed decision to continue clinical work as a NR

HW confirms acceptance of further clinical work

ii. Administer indemnity form to HW if they opt to continue in a high risk position
iii. Records documented in HW's medical records, adequate PPEs should be offered to HW, with adequate training (with documented records)
iv. Retrain HW in occupational exposure prevention, management and infection control and document
v. Ensure annual Hep BAg testing
vi. Maintain Stock of Hep B immunoglobulin

NCDC MEDICAL FITNESS FOR WORK CERTIFICATE

NAME	FIRST NAME	SURNAME

DATE OF BIRTH dd/mm/yy	
JOB TITLE/POSITION	
ID NUMBER	

FITNESS RATING

◘FIT FOR WORK WITHOUT RESTRICTION (Two years validity)	☐
◘ FIT FOR WORK WITH RECOMMENDATION FOR ANNUAL REASSESSMENT	☐
◘ LEVEL 1 FOLLOW UP: FIT WITH RESTRICTION: Follow-up is required within a period of …………. MONTHS	☐
◘ LEVEL 2 FOLLOW UP: Follow up is required before offshore mobilization	☐
◘ ON HOLD	☐

Examining/Reviewing Physician Name	Date of Medical Examination dd/mm/yy
Hospital/Clinic Name:	Signature and Stamp
Medical certificate Expiry Date:	Signature Date:

NCDC MEDICAL FITNESS FOR WORK EXAMINATION FORM

A. GENERAL INFORMATION

PRE-EMPLOYMENT MEDICAL EXAMINATION ☐

PERIODIC MEDICAL EXAMINATION ☐

MODE OF IDENTIFICATION: DRIVERS LICENSE ☐ INTL.PASSPORT ☐ ID CARD ☐

Last Name (Surname) —————— **First Name** ——————

Sex (Gender) —————— **Date of Birth** ——————

Dd/mm/yy

Phone Number —————— **Nationality** ——————

Home Address ——————

——————

Email Address ——————

Job Title (Position) ——————

Job Description (Brief) ——————

NCDC Campus ——————

I hereby authorize the release of this medical information to NCDC. I also authorize NCDC to receive, deliver and/or disclose information concerning my medical history to medical professionals, including a nominated representative of NCDC.

Date: dd/mm/yy   **Signature**

B. JOB DESCRIPTION QUESTIONNAIRE

Please indicate in the square beside each item if the individual duties include any of the following:			
Overseas assignment	☐	Operating precision equipment	☐
Fieldwork	☐	Operating welding machine	☐
Frequent travels	☐	Standing for long periods	☐
Prolonged sitting	☐	Working in confined spaces	☐
Shift work (Back-to-back)	☐	Involved in electrical work	☐
Supervisory position	☐	Working at height, use of harness	☐
Administrative work	☐	Working at night shift	☐
Display Screen work for long periods	☐	Emergency response or rescue team duties	☐
Operating heavy machinery	☐	Possible use of breathing apparatus/respirator	☐
Manual handling of loads	☐	Driving	☐
Squatting or bending for too long	☐	**Handling Laboratory equipment**	☐
Please indicate if the individual is exposed to any of the following:			
Noise	☐	Biological agents	☐
Extreme temperatures	☐	Poor illumination	☐
Fumes	☐	Dust	☐
Hazardous Chemicals	☐	Bodily fluids	☐
Heavy metals (lead mercury etc)	☐	Whole-body vibration/Hand Arm Vibration	☐

Alcohol grams per week (10 g = 1 can beer = 1 glass wine = 1 glass / nip spirit)	**Cigarette's stick smoked per day**
List all allergies (food, medication, etc):	
List any medications that you are taking currently/ routinely:	
Do you take any preventative medication when in high-risk areas? **If yes, please state which:** _____	

Do You have a vaccination card		Yes ☐ No☐	.
If known, state date of last vaccination: dd/mm/yy		Polio: / /	
Hepatitis B / /	Hepatitis A / /	Tetanus / /	
Measles (MMR)	Varicella	Meningitis	
Typhoid / /	Covid-19: / /	Others / /	

C. SOCIAL, VACCINATION, MEDICATION, AND ALLERGY HISTORY

D. MEDICAL HISTORY

To be completed by the employee assisted by the examining physician							
Do you have or have you ever had?						**Have you ever been?**	
Tick yes or no	YES	NO	Tick yes or no	YES	NO	Tick yes or no	YES	NO
1. Sinus trouble	☐	☐	24. **abnormal heartbeat**	☐	☐	47. rejected for employment for medical reasons	☐	☐
2. **Neck swelling/glands**	☐	☐	25. **High blood Pressure**	☐	☐	48. awarded benefits for industrial injury	☐	☐
3. Poor vision	☐	☐	26. **stroke**	☐	☐	49. treated for a mental condition	☐	☐
4. Any ear discharge	☐	☐	27. serious chest pain	☐	☐	50. treated for drinking problem/drug abuse	☐	☐
5. Asthma/bronchitis	☐	☐	28. any blood disease	☐	☐	51. exposed to		
6. Hay fever/other allergies	☐	☐	29. kidney disease	☐	☐	Mercury	☐	☐
7. **Any skin trouble**	☐	☐	30. painful passage of urine	☐	☐	Radioactivity	☐	☐
8. **Tuberculosis**	☐	☐	31. blood in urine	☐	☐	Toxic chemicals	☐	☐
9. **Shortness of breath**	☐	☐	32. diabetes	☐	☐	Excess noise	☐	☐
10. **Coughed blood**	☐	☐	33. headaches/migraine	☐	☐	FOR WOMEN ONLY		
11. Abdominal pain	☐	☐	34. dizziness/fainting	☐	☐	Have you ever had		
12. Stomach ulcer	☐	☐	35. epilepsy	☐	☐	52. an abnormal Pap smear	☐	☐
13. recurrent indigestion	☐	☐	36. joints/spinal trouble	☐	☐	53. a gynecological treatment	☐	☐
14. jaundice/hepatitis	☐	☐	37. Previous LBP* history	☐	☐	54. are you pregnant	☐	☐
15. gall bladder disease	☐	☐	38. More than one attack	☐	☐	*LBP: Low Back pain		
16. marked change in bowel habits	☐	☐	39. Over a year since the last LBP attack	☐	☐	** If you are suffering from a medical condition not mentioned above eg disease that lowers immunity, please elaborate in the space below.		
17. blood in stool	☐	☐	40. Radiating leg pain	☐	☐			
18. change in weight	☐	☐	41. Previous LBP surgery	☐	☐			

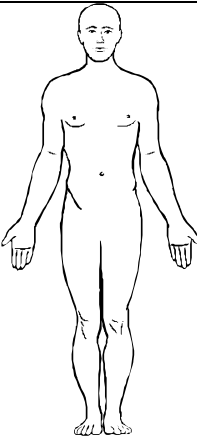|					
19. varicose veins	☐	☐	42. LBP Sickness absence	☐	☐
20. lump in breast	☐	☐	43. surgical operation	☐	☐
21. cancer /Tumor	☐	☐	44.accident/fracture	☐	☐
22. heart disease	☐	☐	45. tropical disease	☐	☐
23. rheumatic fever	☐	☐	46. fear of heights	☐	☐

If you have answered yes for any of the questions, or if you have or had an illness not mentioned above, please detail in English (printed clearly in capital letters), and review with the examining physician.

E. PHYSICAL EXAMINATION

GENERAL PARAMETERS

Tests	Results
Blood Pressure- Systolic (mmHg)	
Blood Pressure- diastolic (mmHg)	
Pulse Rate (per minute)	
Irregular Pulse (yes/ no)	
Respiration Rate (per minute)	
Temperature (^{o}C)	
Body Weight (kg)	
Height (meters)	
Body Mass Index BMI *	
Hip-Waist Ratio	

IIE.   SYSTEMIC EXAMINATION (To be completed by examining physician)

N	A	Please indicate Normal (N) or Abnormal (A) in the box	Please mark abnormalities and scars
☐	☐	1. Eyes and Pupils	
☐	☐	2. Ears / Nose / Throat	
☐	☐	3. Teeth & Mouth	
☐	☐	4. Lungs & Chest	
☐	☐	5. Cardiovascular System	
☐	☐	6. Abdominal Viscera	
☐	☐	7. Hernial Orifices	
☐	☐	8. Anus & Rectum	
☐	☐	9. Genito - Urinary	
☐	☐	10. Extremities & Back	
☐	☐	11. Musculoskeletal	
☐	☐	12. Skin / Varicose Veins	

☐	☐	13. Neurological	
☐	☐	14. Breast	
☐	☐	15. Prostate (if > 50 years)	
☐	☐	16. Lymph Nodes	

F.   VISION

VISION	Distance (Far) Unaided	Distance (Far) Aided (lens /glasses	Near Unaided (Without glasses/lens)	Near Aided (With glasses/lens)
Right Eye	20/ (6/)	20/ (6/)	N	N
Left Eye	20/ (6/)	20/ (6/)	N	N
PERIPHERAL VISION BY CONFRONTATION			**NORMAL**	**ABNORMAL**
Right Visual Fields			☐	☐
Left Visual Fields			☐	☐
Colour blindness -Ishihara			☐	☐

G.   AUDIOMETRY (HEARING) *only for high-risk individuals*

Pure Tone audiometry (Air conduction)	NORMAL	ABNORMAL	REMARKS
Right Ear	☐	☐	
Left Ear	☐	☐	
Conversational speech perception	☐	☐	

H.   CARDIO-RESPIRATORY

Chest X Ray (PA)	Normal ☐	Abnormal ☐	Remarks
RESTING ECG	Normal ☐	Abnormal ☐	Remarks
SPIROMETRY (LUNG FUNCTION TEST)	Normal ☐	Abnormal ☐	Remarks PEF…………L/MIN

I.   LABORATORY

RED BLOOD CELL			SGOT(AST)		
WBC TOTAL			GPS(ALT)		
NEUTROPHIL			GGT		
EOSINOPHIL			TOTAL CHOLESTEROL		
BASOPHIL			LDL-CHOLESTEROL		
LYMPHOCYTE			HDL-CHOLESTEROL		
MONOCYTE			TRIGLYCERIDE		
HAEMATOCRIT			FASTING GLUCOSE		
HAEMOGLOBIN			URIC ACID		
PLATELETS			CREATININE		
ESR			BLOOD GROUP IF UNKNOWN		
	PH		KETONE	BLOOD	
	SPEC.GRAVITY		UROBILINOGEN	PARASITES	
	LEUCOCYTES		BLOOD/Hb		
	NITRITES		**STOOL ANALYSIS**	BLOOD	

URINE ANALYSIS	PROTEIN			PARASITES	
	GLUCOSE			OTHERS	
DRUG AND ALCOHOL TEST –FOR PRE-EMPLOYMENT					
URINE DRUG SCREENING		NEGATIVE ☐		NON-NEGATIVE ☐	
ALCOHOL TEST(BREATH ALYZER) INDICATE VALUE		NEGATIVE………(%BAC).		NON-NEGATIVE………(%BAC).	

***Laboratory and other investigations shall be based on physician recommendation after assessment of exposures and individual risks

NCDC VACCINE DECLINATION /REFUSAL FORM

Partner/Resident/Staff Member Information:

First Name: _____ **Last name:** _____

Medical Record # (where applicable): _____ ☐ **N/A - Staff member**

Date of Birth: _____ **Age:** _____ **Gender:** F☐ale Male ☐

I acknowledge that I have read and/or understood the General Information handout and Fact

Sheet explained to me regarding the *SPECIFY NAME OF VACCINE*

I have had the opportunity to ask questions, which have been answered to my satisfaction and I

understand the benefits and risks of the vaccination as described.

I understand that if I decline the vaccine, I may change my mind and request to be vaccinated

later, with the understanding that the vaccination will be based on the availability of the *SPECIFY*

NAME OF VACCINE

I wish to refuse the *SPECIFY NAME OF VACCINE*

I certify that I am at least 18 years of age and I hereby declare that my employer (NCDC) will not

be held responsible for the outcome of my decision

_____ Date: _____

Partner/Resident/Staff Member Signature

RECOMMENDED VACCINATION FOR NCDC STAFF

S/N	List of Vaccines
1.	COVID-19
2.	Hepatitis B
3.	Meningitis
4.	Diphtheria
5.	Cholera
6.	Yellow fever

Based on risk assessment, epidemic trends, and post events, staff may receive vaccinations not listed for their staff cadre.

Vaccination Matrix by Staff Cadre

The matrix outlines the minimum vaccination recommended for each cadre of staff

Vaccination	Hepatitis A	Hepatitis B	Meningitis	COVID-19	MMR	Varicella	Polio	Salmonella Typhi	Yellow fever	Tetanus	DPT	
Specific Job requirements												
Laboratory staff and others with risk of exposure to body fluid or contact with potentially infected persons	√	√	√	√	±	±	√	√	√	√	√	
Janitors	√	√	√	√	±	±	√	±	*	√	±	
Security		√	√	√	±	±	±	√	*	√	±	
Drivers	±	√	√	√	±	±	±	√	*	√	±	
Office based workers and managers		√	√	√		±			*	¥	±	
± If warranted by specific job exposure or field trip or												

* To be done where indicated for Visa purposes or specific client/travel destination request
¥ To be done if clinically indicated

JOURNEY MANAGEMENT POLICY STATEMENT

As part of its mandate, the Nigeria Centre for Disease Control (NCDC) supports outbreak preparedness and response activities across the 36 states and Federal Capital Territory (FCT). The NCDC is committed to ensuring the safety and welfare of all drivers and passengers.

The NCDC explores all possible means within its reach to ensure that all vehicles are fit for road use and safe for users, and drivers are competent and capable. This is done through an efficiently managed fleet and logistics function, driven by a highly competent, high performing and well -motivated workforce.

The staff of NCDC and all users of NCDC vehicles are required to adhere to NCDC's travel policies as stated in the travel policy.

NIGERIA CENTRE FOR DISEASE CONTROL NCDC VEHICLE CHECKLIST

AFTER

S/N	VEHICLE	Present	Absent
1	Vehicle Body		
2	Vehicle Screen		
3	Vehicle Head Light		
4	Vehicle Break Light		
5	Vehicle Tires		
6	Vehicle Engine		
7	Side Mirror		
8	General Maintenance		
9	Jack		
10	Spanner		
11	Battery		
12	Caution sign		

13	Reflective Vest		
14	Vehicle particulars		
15	Driver's license		

Ambulance Checklist

S/N	Equipment	Present	Absent
1	Service brake		
2	Hand brake		
3	F/lights (L)		
4	F/lights (R)		
5	Mirror (L)		
6	Mirror (R)		
7	WIP (L)		
8	Motor		
9	Horn		
10	No. of bad tyres		
11	Driver's license		
12	Plate number		
13	Windscreen		
14	Fire extinguisher		
15	Vehicle particulars		
16	Revolving light and siren		
17	Vehicle particulars		
18	Driver's license		
19	Jack		

20	Spanner		
21	Caution sign		
22	Reflective vest		
23	Battery		
24	Fuel level (Full tank =FT, Half Tank=HF, Empty Tank=ET. Should not exceed reserve		
25	Stretcher		
26	Driver sign in		
27	Safety Rep sign		
28	Glucometer		
29	Defibrillator		
30	PPEs (N95mask, Gloves, Safety boots, coveralls		
31	IV kit (Tourniquet, drip-set, needles)		
32	Drip stand		
33	Flashlights		
34	Oxygen cylinder		
35	Stethoscope		
36	Blood pressure cuff		
37	Pulse oximeter		
38	Notepad, pens		
39	Bandages		
40	Medical tapes		
41	Blanket		
42	Blood transfusion equipment		

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