

**BASIC STANDARDS FOR HEALTH FACILITY
REGISTRATION**

HOSPITAL

DEFINITION

A **Hospital** is a healthcare institution appropriately staffed and equipped to investigate, diagnose and treat patients. It is a medical treatment facility capable of providing continuous services for acute and complex conditions including medical care, nursing care, outpatient, inpatient care and other relevant professional care.

Specialized medical and nursing staff, as well as other healthcare professionals, provide patient care in the hospital. A Hospital is expected to provide 24 hours service.

MINIMUM REQUIREMENTS

In addition to meeting the standards described below, all hospitals shall possess a corporate affairs commission (CAC) certificate. The Practitioner-In-Charge shall be fully registered medical practitioner with a minimum of 5 years' experience. (S)he shall have a valid license from the Medical and Dental Council of Nigeria (MDCN) and shall be a full-time staff.

A. Physical/Work Environment

The physical structure of the hospital, as well as the work environment should take into consideration patient safety, patient privacy, people living with disabilities, and protocol for possible emergencies.

1.1 Location and Accessibility

1.1.1 The hospitals shall put in place adequate biosafety measures.

1.1.2 Hospitals shall be purpose built. Already existing structures should be suitably remodeled to conform with set standards for hospitals. Likewise, the premises of the hospital shall be distinct from the normal residential accommodation and shall not share common passage.

1.1.3 The hospital shall be located in a safe and clean area.

1.1.4 The hospital shall be located in an area with accessible roads and public amenities including water, power, and drainage.

1.1.5 The hospital shall be reasonably free from undue noise, smoke or flood, and hence should not be located close to railroads, children's playgrounds, airports or industrial plants.

1.1.6 Appropriate signage showing all services provided and directional signs shall be available as needed.

- The name of the hospital shall be displayed at the entrance of the premises where the building is located.

1.2 Size of the Facility

There are limits to the number of patients who can be treated effectively at the same time in a hospital. The size of the hospital therefore determines the number of patients to be present at peak periods in all sections of the hospital, the number of healthcare professionals and complement staff present, and the variety of equipment required.

1.3 Security and Privacy

Security and privacy are essential components of the patient's experience. Adequate security shall be ensured for life and property in all sections of the hospital.

1.3.1 The hospital shall have lockable doors and at least a security guard manning the main gate to the premises.

1.3.2 All external areas of the hospital shall be well illuminated after dark.

1.3.3 Security measures shall be in place for those areas that are difficult to monitor after dark such as car parks, entry points, landscaping and building features that may shield or permit easy access to intruders.

1.3.4 Sensitive areas of the hospital (such as the treatment rooms, consulting rooms, etc.) shall provide privacy for patients.

1.4 Structure and Layout

1.4.1 The physical structure shall be planned and constructed in such a way that allows for ease of patient and work flow.

1.4.2 Sensitive areas such as wards, consulting rooms, treatment room, and main theatre shall be located away from sources of outdoor noise.

1.4.3 Way finding and safety signs are especially important and shall be used as appropriate.

- 1.4.4 Mobility access and adequate space for movement of patients in wheelchairs, on trolleys, or using walking aids shall be provided in all sections of the hospital.
- 1.4.5 Make available features and fittings for the people living with disabilities in all relevant areas of the hospital including ramps, rails for support, non-slip floors, overhead pulleys in toilets and bathroom, etc.
- 1.4.6 Parking spaces for vehicles should be adequate. Considerations such as number of staff with vehicles, visitors and patients at peak periods as well as short-term parking for emergencies, deliveries and ambulances should be made when creating parking space. Parking shall not impede ambulance loading, unloading, and movement.

1.5 Flooring

Generally, floors should be fit for purpose and shall be made of appropriate material. The following considerations should be made:

- 1.5.1 Safety – Floors shall necessarily be non-slip to prevent trips and falls. The required slip resistance shall not be compromised for any real or perceived ease of cleaning.
- 1.5.2 Acoustics – Sound absorbing or non-sound reflecting materials are ideal to reduce impact generated noise.
- 1.5.3 Hygiene and Infection Control – Smooth surfaces are the most ideal for areas with a likelihood of fluid or body fluid spills. Textile floor coverings should not be used in these areas.
- 1.5.4 Ease of Cleaning and Maintenance – Materials used should be resistant to corrosion from disinfectant use.
- 1.5.5 Accessibility for Wheelchair and Wheeled Equipment – Movement of heavy equipment and certain wheel types can cause damage to floor surfaces, and this shall be taken into account when choosing floor coverings as maintenance may pose a challenge in this instance. Choose floor coverings that give the least friction to rolling. For example, standard sheet vinyl, rubber and linoleum provide the least rolling friction and are ideal for areas with high traffic of wheeled equipment.

B. Work Sections

The hospital should have at least the following sections:

2.1 Waiting/Reception Area

- 2.1.1 The reception area should be located as close to the entrance as possible.
- 2.1.2 It shall be well lit, well ventilated, kept at a comfortable temperature and free from unwelcome smells.
- 2.1.3 The size of the reception area should cater for the peak number of users expected at the hospital per time.
- 2.1.4 Hand washing and toilet facilities should also be located reasonably close to the reception area.
- 2.1.5 It should be conducive for staff and patients and have at least the following:
 - A receptionist's desk / station that provides a clear, unobstructed view of the entrance and waiting area
 - Adequate, comfortable, non-absorbent, and wipeable seats for patients and their relatives; fabric-covered seats are not allowed.
 - Record keeping facilities such as a secure storage cabinet and / or computers for electronic records.
 - Appropriately placed cooling and ventilation systems
 - Appropriate telecommunication systems for internal and external use.
 - Appropriate number of waste disposal bins with black liners.
 - Potable water.

2.2 Nurses Station

- 2.2.1 Should be sited to provide easy views of patient rooms and treatment areas.
- 2.2.2 It should also be easily accessible and have a nurse call system
- 2.2.3 Activity areas should be within eye shot and ear shot of the nurses' station.
- 2.2.4 The nurses' station should have:

- A desk with a high counter (size should determine the number of staff who can stay behind it)
- Chairs
- Cabinets for secure storage of records
- Appropriate telecommunication systems
- Equipment for monitoring vital signs
- A computer system (optional)

2.3 Consulting Room

2.3.1 One or more consulting rooms are required depending on the number of physicians in the hospital.

2.3.2 Consulting rooms may be combined with examination rooms for flexibility and space optimization or separated from examination rooms. The recommended sizes are at least 16m² when combined or 12m² when separate.

2.3.3 Consulting rooms should be clean, well illuminated and well ventilated

2.3.4 Each consulting room (combined with an examination room) should have:

- A work station (consisting of a desk, chairs, computer, drawer, etc.). A computer is required where there is an Electronic Medical Record.
- Examination couch and screen for privacy
- Equipment for monitoring vital signs
- Equipment for physical examination such as diagnostic set
- Xray viewing box
- Adequate Personal Protective Equipment (PPE)
- Proper hand washing facilities with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer.
- Appropriate medical waste segregation (swing or pedal dustbins with black and yellow bin liners). Perforated and non-covered bins are not allowed.

2.4 Emergency Unit

2.4.1 The emergency unit should ideally be located at the entrance of the hospital and should be accessible from two separate entry points. The front-facing entrance shall be

accessible by ambulant and non-ambulant patients and shall have a ramp. The other entrance, accessible from within the hospital, shall be for staff and patients, as required.

2.4.2 The unit shall be well illuminated and provided with automatic back-up lighting in case of power outage

2.4.3 Adequate security measures shall be in place

2.4.4 The entry points into the emergency unit should be clearly marked and provide wheeled access.

2.4.5 There should be a sitting area for patients and their relatives

2.4.6 All beds in the emergency room shall be adequately equipped for resuscitation and management of critically ill patients.

2.4.7 The emergency unit shall be well equipped with:

- Adjustable beds for patient care
- Equipment for monitoring vital signs
- A crash cart with basic medication and supplies to resuscitate and stabilize patients in an emergency.
- Basic equipment for resuscitation e.g., ambubag, suction machine, oxygen cylinder with gauge or concentrator.
- Adequate Personal Protective Equipment (PPE)
- Proper hand washing facilities with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer.
- Appropriate medical waste segregation materials (safety box, swing or pedal dustbins with black, yellow and red bin liners); perforated and non-covered bins are not allowed.

2.4.8 Hospitals may provide ambulance services and when they do not, arrangements for timely transportation of patients shall be made.

2.4.9 When ambulance services are provided, the vehicle(s) shall be in good working condition at all times and be properly maintained.

2.4.10 The ambulance(s) shall be clearly marked with the word, “AMBULANCE” for easy recognition and movement through traffic.

2.4.11 A red beacon and electronic siren should be mounted on the front top of the ambulance and should only be used only for emergency situations.

2.4.12 The ambulance should be equipped with standard basic life-saving medication (in a ready-to-go bag) and medical equipment such as:

- Scoop stretcher
- Spine board with head block and straps
- Adjustable Cervical collar
- Oxygen cylinder with gauge
- Suction apparatus
- Pulse oximeter
- Pupillary torch
- Resuscitation bag (Ambu bag)
- Blood pressure monitor and stethoscope
- Nebulizer
- Glucometer
- Mobile oxygen cylinder with gauge
- Splints
- Full cannulation kit
- Forceps
- Other materials, as required

2.5 Treatment Rooms

2.5.1 Treatment rooms are required for wound dressings, injection administration, etc. In addition to ensuring patient privacy and comfort, the treatment room should have the following in place:

- Treatment couch
- Sitting facilities
- Instruments, consumables and dressing trolley as needed
- Adequate Personal Protective Equipment (PPE)

- Proper hand washing facilities with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer
- Appropriate medical waste segregation materials (swing or pedal waste bins with black, yellow and red bin liners, safety boxes). Perforated and non-covered bins are not allowed.

2.6 Admission Wards

- 2.6.1 The location of wards needs to ensure privacy and security at all times.
- 2.6.2 Wards may be single bedrooms or multi-bedrooms, but shall be separate for male and female
- 2.6.3 Wards shall have en-suite sanitary facilities, which can be easily accessed by patients.
- 2.6.4 There should be a minimum distance of one (1) metre between two adjoining beds.
- 2.6.5 Each bed should be equipped with a locker and overhead table
- 2.6.6 All mattresses and pillows shall be covered with mackintosh
- 2.6.7 Caregivers shall have access to at least one side of the bed
- 2.6.8 Doorways and circulation space shall allow for trolleys and wheelchairs
- 2.6.9 There should be adequate space for movement of beds in and out of the ward
- 2.6.10 All bed spaces should ideally be exposed to daylight
- 2.6.11 Toilet facilities shall be adequate i.e., one water closet/bathroom per 8 in-patient beds
- 2.6.12 Proper hand washing facilities (i.e., sinks with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer) should be available and adequate.
- 2.6.13 Appropriate medical waste segregation should be implemented using safety boxes and swing or pedal waste bins with black, and yellow bin liners. Perforated and non-covered bins are not allowed.

2.7 First Stage Labour Room

This is a requirement for hospitals that provide child delivery services. This room should be at least 12 sq. metres in size and should be equipped with:

- Bed(s)
- Blood pressure monitor, fetoscope, Sonicaid and stethoscope
- Supplies e.g., gloves, IV giving sets, syringes and needles, etc.

- Materials for appropriate medical waste segregation (swing or pedal dustbins with black, yellow and red bin liners, safety boxes)
- Proper hand washing facilities i.e., sinks with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer.

2.8 Delivery Room

2.8.1 The delivery room shall not be used as a theatre on any occasion.

2.8.2 It should be located away from noise and provide acoustic privacy such that birthing noises cannot be heard from outside of the confines of the space.

2.8.3 Wheelchair access as well as access for beds and trolleys shall be ensured.

2.8.4 It should be of at least 12 sq. metres with enough space for patient and staff to move around

2.8.5 It should be equipped with the following:

- Delivery bed/couch with stirrups
- Delivery Instruments/Trolley/Packs (sterile)
- Oxygen cylinders (complete with flow meter and other apparatus for administration) or concentrators
- Sonicaid / Fetoscope
- Weighing scales (pediatric and adult)
- Baby resuscitaire with radiant warmer and paediatric ambu bag.
- Suction Machine/Sterile Mucus Extractors
- Standard LED light for illumination
- Angle poise Lamp
- Placenta receiver
- Baby identification tag / band / bracelet
- Adequate PPE such as aprons, masks, gloves, delivery boots, patient gowns, etc.
- Proper hand washing facilities with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer.
- Appropriate waste disposal materials – safety boxes, swing or pedal dustbins with black, red and yellow bin liners.

2.9 Operating Theatre

- 2.9.1 Access control of the theatre is required to limit traffic and prevent unauthorized entry and can be achieved through the use of signage and red line(s). Electronic passes for staff is acceptable.
- 2.9.2 The operating theatre shall have uninterrupted power supply at all times from a main source and environment friendly alternative sources of power.
- 2.9.3 All doors shall be wide enough to allow access for beds, trolleys and equipment.
- 2.9.4 The floor of the operating theatre should be smooth, non-slip and stain resistant.
- 2.9.5 The operating theatre shall be adequately equipped; basic equipment required include:
 - Adjustable theatre light
 - Adjustable operating table
 - Anaesthetic machine
 - Suction machine
 - Oxygen cylinders (complete with flow meter and other apparatus for administration) or concentrator
 - Patient monitor
 - Xray viewing box
 - Resuscitaire with radiant warmer
 - Emergency drug shelves
 - Proper hand washing facilities with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer.
 - Appropriate medical waste segregation materials (safety boxes, swing or pedal waste bins with black, red and yellow bin liners. Perforated and non-covered bins are not allowed.

2.9.6 The operating theatre shall have an adjoining changing and scrub room outside of the theatre suite.

2.10 Recovery Room:

The recovery room shall be situated in such a way that it is in close proximity to the operating theatre and shall be kept sterile at all times. Patient monitoring equipment shall be available in the recovery room.

2.11 Clean Supply Room

2.11.1 The clean supply room should be fitted with covered shelves or cupboards for the storage of:

- Clean linen
- New cleaning equipment/supplies (broom, mops, etc.)
- Cleaning liquids and chemicals
- Utilities and consumables

2.11.2 The storage compartments for clean linen should be different from the storage compartments for cleaning supplies to prevent cross contamination and both should be adequately labelled.

2.12 Sluice Room

2.12.1 The sluice room shall be equipped with at least:

- Sluice sink
- Storage cupboards
- Proper hand washing facilities with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer
- Appropriate medical waste segregation materials.

2.13 Sterilization Area

2.13.1 The sterilization area should not be used for other functions so as to minimize the risk of cross contamination.

2.13.2 It should be located close to the operating theatre / treatment room.

2.13.3 It should be wide enough to allow staff members pass each other comfortably.

2.13.4 It should be subdivided into well-defined areas to clearly describe the flow of instruments. Recommended areas include:

- Receiving, cleaning and decontamination
- Preparation and packaging
- Sterilization

- Storage

2.13.5 Instrument activity areas can be separated by walls/partitions where possible.

Where this is not possible, these activities can be spaced out.

2.14 Office/Staff Rooms/Call Rooms

2.14.1 Staff spaces such as offices, changing rooms, break rooms, common rooms should be provided as required and equipped as appropriate

2.14.2 Offices shall be located close enough to treatment areas in case of patient emergencies.

2.15 Dispensary/Pharmacy

The hospital may have a central drug dispensary or pharmacy depending on its size and the services provided. Bigger hospitals may have multiple dispensaries across different sections, as needed. Note that the dispensary / pharmacy shall serve ONLY registered patients of the hospital.

2.15.1 Secure storage for controlled drugs, medicines requiring refrigeration and consumables such as syringes and needles shall be made available

2.15.2 The type of drugs stocked should be in line with the kind of patients addressed at the hospital.

2.15.3 Basic drugs to manage emergencies should be in place e.g., analgesics, antihistamines, salbutamol, etc.

2.15.4 If compounding is done, required facilities should be available

2.15.5 This section of the hospital should have at least the following:

- Shelves to display drugs and storage cabinets for documents
- Chair(s) for the Pharmacy Staff
- Window blinds to protect drugs from environmental conditions that may damage or degrade them e.g., bright light
- Cooling systems to maintain the temperature of the drugs. Current edition of EMDEX (Essential Medicine InDEX) Formulary and BNF
- Room and refrigerator thermometers

2.15.6 An efficient inventory management and stock keeping system shall be used

2.15.7 There shall be an area for counselling patients on medication use

2.15.8 Appropriate waste segregation materials (swing or pedal dustbins with black and brown bin liners) should be available.

2.16 Laboratory/Diagnostic Facilities

2.16.1 A hospital may provide laboratory services on-site or refer patients. When services are provided on-site, laboratories should be equipped to conduct basic investigations such as:

- Blood tests e.g., Packed Cell Volume (PCV), Hemoglobin (Hb), Full Blood Count (FBC), Blood Sugar, Serum Electrolytes, Urea, etc.
- Urine and stool tests e.g., urine microscopy, stool microscopy, etc.
- Rapid Diagnostic Tests (RDTs) e.g., malaria, HIV, etc.
- Other specialized tests, as necessary

2.16.2 Laboratories should have at least the following:

- Hospital laboratories should be managed by pathologists. However, other complement of healthcare workers in laboratory services will also work in the laboratory.
- Adequate work benches, equipment, materials and consumables to perform tests provided by the hospital
- Work benches with surfaces made of material that can easily be cleaned i.e., epoxy resin, silica or chemically resistant laminate
- An administrative area with at least a chair, table and storage shelves/cupboards. Chairs used in the laboratory should be of materials that can easily be cleaned and excludes those covered with fabric.
- Adequate Personal Protective Equipment (PPE)
- Hand washing facilities with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer
- Appropriate medical waste segregation materials (safety box, swing or pedal dustbins with black, yellow and red bin liners)

2.16.3 X-ray services may or may not be provided on-site.

- 2.16.3.1 Hospitals that offer x-ray services require special permission as the walls of the room shall be lined according to acceptable Nigerian Nuclear Regulatory Authority (NNRA) authorization.
- 2.16.3.2 At least two (2) lead aprons and other gadgets for protection shall be available
- 2.16.3.3 Thermoluminescent Dosimeter (TLD) badge (with appropriate documentation that has not expired) shall be available.
- 2.16.3.4 Indication / warning light shall be installed and used appropriately
- 2.16.3.5 Appropriate waste segregation and disposal materials (swing or pedal waste bins with black and yellow bin liners)
- 2.16.3.6 Proper hand washing facilities with running water, liquid antibacterial soap, disposable hand towels/serviette and alcohol-based hand sanitizer.

2.17 Kitchen/Catering Service Department

- 2.17.1 This section should be easily accessible to vehicles coming to deliver supplies
- 2.17.2 This section should ideally be located on the ground floor and be easily accessible to vehicles coming to deliver supplies.
- 2.17.3 The catering unit should have an entry for receiving food supplies with access to a separate loading dock. The loading dock shall be for the catering unit alone and shall not be used for waste collection.
- 2.17.4 Utmost hygiene shall be maintained at all times and food handlers shall be regularly screened.
- 2.17.5 All sections shall be well lit and ventilated with controlled access to prevent unauthorized entry.
- 2.17.6 Workflow should be unidirectional from receipt of supplies to food delivery and should be considered when constructing the catering unit.
- 2.17.7 Swing, automatic or semiautomatic doors are recommended for ease of passage of food and supplies.
- 2.17.8 Window and door nets are compulsory
- 2.17.9 The use of heat extractor is compulsory
- 2.17.10 The following areas are recommended:

2.17.10.1 *Administrative Area*

- Offices should be designated for the head of department or senior staff including dietitians when present.
- The office of the HOD or supervisor should allow for oversight of operational areas
- Staff changing rooms fitted with amenities should be available but shall not open directly into the food preparation area.

2.17.10.2 *Food Preparation Area*

- Food may be cooked on-site or cooked elsewhere and merely heated and distributed in the kitchen department.
- Considerations shall be given for different dietary specifications e.g., cultural restrictions, allergies and health restrictions.
- Cooking equipment shall be of commercial quality and should be installed according to manufacturer's instructions
- It shall be fitted with safety measures in case of emergencies.
- A Plating area for tray preparation should be clearly defined with enough clearing for food trolleys for efficient distribution.

2.17.10.3 *Dishwashing/Cleaning Area*

- This should be located at a reasonable distance from the food preparation and serving area preferably in a separate room or partitioned space.
- There should be a clearly defined portion of the area for collecting used dishware and another for holding clean dishware until they are transferred to the storage area.
- Stainless steel sinks or mechanical equipment for washing of dishes, utensils and cutlery with running water shall be available.

2.17.10.4 *Storage Area*

- Storage will be required for:
 - Dry ingredients

- Perishable food
- Utensils and food trolleys
- Cleaning agents
- The storage area should be fitted with shelves for dry ingredients and other food items, refrigerator, freezers or cold rooms for perishable items.
- All food items shall be kept off the floor.

2.17.11 Appropriate waste disposal facilities shall be available and provision shall be made for cleaning and storage of bins.

2.17.12 Proper hand washing facilities with running water, liquid antibacterial soap (in dispensing bottle or plunger), disposable hand towels/serviette and alcohol-based hand sanitizer.

2.18 Laundry Services

2.18.1 Facility-based laundry services shall be conducted in a clean, safe, and well-ventilated area.

2.18.2 The laundry department should be properly insulated to prevent transmission of noise, heat, steam, and odours to patient care areas.

2.18.3 Laundry services shall not be conducted in patient rooms, or in locations where food is prepared, served, or stored.

2.18.4 The laundry department should be divided into specific clean and soiled processing areas

2.18.5 Clean and soiled processing areas shall either be in separate rooms or be provided with ventilation to prevent cross-contamination.

2.18.6 In cases where non-facility linen services are used, the facility shall ensure that non-facility-based laundry services exercise every precaution to render all linen safe for use.

2.18.7 In situations where patients private clothings/linen are used in the process of providing clinical services, such clothings should be treated as would hospital linen.

C. Equipment

3.1 Basic Requirements

In addition to those mentioned in the different work sections of the hospital, basic medical equipment required for service provision include:

- Stethoscope
- Thermometer
- Sphygmomanometer (B.P. Apparatus)
- Pulse oximeter
- Nebulizer
- Pen torch
- Weight and height scales
- Suction machine (automated and manual)
- Oxygen cylinders (complete with flow meter and other apparatus for administration)
- Oxygen concentrator
- Autoclave
- Patient monitors
- Angle poise lamp
- Automated External Defibrillator (AED)
- Any other hospital equipment/instrument that may enhance the services of the facility

3.2 Safety and Management

- 3.2.1 Posters, labels and signs shall be displayed in visible places with instructions about the use of equipment and warnings of potential hazards and dangers.
- 3.2.2 All equipment should be in good working condition at all times and shall be regularly serviced, as recommended by the manufacturer
- 3.2.3 An equipment maintenance logbook should be kept for all equipment.

D. Guidelines (Standard Operating Procedures)

It is essential that hospitals have written documents that guide their processes. These should be readily available and well known to staff. Basic guideline requirements include:

- 4.1 Guidelines for the management of common medical conditions treated at the hospital.
- 4.2 Guidelines for emergency care including referrals and transfers.
- 4.3 Guidelines for conducting surgical procedures
- 4.4 National treatment guidelines for Tuberculosis (TB), Human Immunodeficiency Virus (HIV) Malaria, COVID-19, Lassa Fever, Cholera etc.
- 4.5 Standard Operating Procedures for relevant processes in the hospital.
- 4.6 Protocols and procedures for infection prevention and control.

E. Infection Prevention and Control

It is required that measures to ensure infection prevention and control within the hospital are put in place. Measures shall align with the Edo State Infection Prevention and Control Guidelines.

5.1 Hand Hygiene

All hospitals shall have:

- 5.1.1 Clean running water in all sections. Storage of water in buckets and drums is not acceptable.
- 5.1.2 Liquid antibacterial soap (in dispensing bottle with plunger) and not bar soap
- 5.1.3 Disposable hand towels / serviette
- 5.1.4 Alcohol based hand sanitizer
- 5.1.5 Hand washing poster reminding staff and patients of how to wash their hands

5.2 Personal Protective Equipment (PPE)

All hospitals shall have at least the following PPE:

- 5.2.1 Gloves
- 5.2.2 Face Masks
- 5.2.3 Safety Goggles
- 5.2.4 Overalls / Scrubs

5.2.5 Face shields

5.2.6 Safety Boots/shoe covers

5.3 Medical Waste Management

The hospital shall ensure compliance with standard healthcare waste management guidelines and adopt practices that do so, such as:

5.3.1 Availability of safety boxes in all relevant areas

5.3.2 Use of safety boxes for all sharps e.g., needles/syringes, scalpels, blades and broken glasses, injection ampoules, vials, and lancets

5.3.3 Availability of appropriate waste bins in all areas of the hospital i.e., pedal and or swing dustbins. All waste bins shall be covered and not perforated.

5.3.4 Use of appropriate colour coded bin liners/bags for all waste collection and disposal as highlighted below:

- Black: non-infectious waste e.g., paper, packaging materials, food, plastic
- Yellow: infectious waste e.g., used gloves, swabs, dressing
- Red: highly infectious waste e.g., heavily blood-stained cotton wool, anatomical waste, IV giving set, etc.
- Brown: chemicals/pharmaceutical e.g., expired drugs and test kits

5.3.5 Safe management and disposal of general and medical waste by ensuring the following:

- Availability of relevant PPE (utility gloves, boots, aprons) for all waste handlers
- Availability of an appropriate final waste collection point that takes into cognizance separation of medical waste from general waste
- Keeping waste storage points out of the reach of patients and their relatives, unauthorized staff, human and animal scavengers
- **Registration with the Edo State Waste Management Board (ESWMB) for final waste disposal; this is compulsory.**
- Protocols and procedures for managing cross contamination and accidents with sharps
- Availability of procedures for handling, storing, treating, transporting and disposing waste

- Periodic training of all staff on proper waste management, including low cadre staff and waste handlers

5.4 Other Precautions

5.4.1 Sanitation and hygiene of toilet facilities

5.4.2 Regular wiping of surface and equipment with disinfectant

5.4.3 Storage of sterile/decontaminated materials and consumables in a manner that prevents contamination

5.4.4 Appropriate pest control procedures (spraying, weeding, fumigating, etc.)

F. Health, Safety and Environment

6.1 Environment

- 6.1.1 The surroundings of the hospital shall be kept clean at all times, free of bushes and other environmental safety hazards.
- 6.1.2 Adequate illumination shall be ensured within and outside of the hospital
- 6.1.3 Proper ventilation shall be maintained in all rooms within the hospital
- 6.1.4 There should be mosquito netting on all windows and all entrance and exit doors.

6.2 Water

- 6.2.1 There shall be adequate clean running water supply at all times throughout the hospital
- 6.2.2 A back-up source shall also be available in case of scarcity or contamination
- 6.2.3 The hospital's main source of water supply should be sited away from all sources of contamination e.g., septic tanks within the premises and neighbouring buildings.

6.3 Sanitation

- 6.3.1 The drainage system of the hospital shall be connected to the septic tank, sited away from the hospital's main source of water supply.
- 6.3.2 Toilet facilities shall be exclusive to the hospital and shall be adequate for patients, their relatives, and staff.
- 6.3.3 Toilets suitable for people living with disabilities shall be available including appropriate signage.
- 6.3.4 The floors shall be cleaned at least three times a day.

6.4 Fire Safety

- 6.4.1 Safety hazard and caution signs (e.g., "electrical shock", "flammable", "radiation", etc.) shall be displayed at appropriate places.
- 6.4.2 Signage for 'No Smoking' shall be displayed in prominent places
- 6.4.3 Functional smoke detectors and firefighting equipment such as fire extinguishers, fire balls, and sand buckets shall be conspicuously placed and readily accessible. Fire hose

reel and fire hydrants are optional. Fire extinguishers shall be serviced when due. Fire balls are not serviceable, and thus shall be replaced once expired.

6.4.4 Firefighting equipment shall be located close to exits and along hallways/corridors

6.4.5 Emergency exits shall be well defined and free from obstruction

6.4.6 An appropriate muster point shall be easily accessible with appropriate signage and located at a safe distance away from the building but within the premises, as prescribed by the Federal or State Fire Service. The size of the muster point depends on the average number of people occupying the hospital at peak periods.

6.4.7 Emergency evacuation diagrams should be clearly displayed in all areas.

6.5 Power Supply

6.5.1 Constant electricity supply to the hospital is compulsory and shall be available from a main source e.g., Benin Electricity Distribution Company (BEDC)

6.5.2 An environmentally friendly alternative source in case of power cuts is required..e.g Inverter and solar systems. .

G. Staff Complement

It is expected that hospitals should be covered by appropriate personnel at all times.

7.1 Minimum Staff Requirement

All professional staff shall be qualified, licensed and shall operate within the jurisdiction of their job descriptions. Staff roles and job descriptions shall be clearly defined and documented. The minimum staffing requirements is as follows:

- 7.1.1 A Practitioner-in-Charge who is a fully registered medical practitioner with at least 5 years of experience. S/he shall have a valid licence from the Medical and Dental Council of Nigeria (MDCN) and shall be a full-time staff. The Practitioner-In-Charge is responsible for:
 - The day-to-day running of the hospital
 - Ensuring hiring of qualified complement staff as needed
 - Providing oversight for all clinical processes
 - Ensuring that best practices are upheld in all sections of the hospital
- 7.1.2 At least 2 medical practitioners duly licensed by MDCN; one per shift. The Practitioner-In-Charge can be one of the medical practitioners.
- 7.1.3 At least three (3) Registered Nurses/Midwives with valid licenses from the Nursing and Midwifery Council of Nigeria (NMCN); One nurse shall be in charge of nursing services. At least one staff nurse shall be available per 8 in-patient beds.
- 7.1.4 Adequate hospital attendants / domestic staff ; these persons shall not participate in clinical work.
- 7.1.5 A Pathologist, Laboratory Scientist and Technician (if operating a laboratory)
- 7.1.6 One Pharmacist (for a hospital pharmacy) / Pharmacy Technician (for dispensaries)
- 7.1.7 Medical Records and Secretarial Staff
- 7.1.8 Clerks / Receptionists
- 7.1.9 Other cadre of staff, as needed by the hospital

7.2 Administration

7.2.1 Copies of staff credentials (certificates and licenses) and job descriptions shall be available at the hospital.

7.2.2 Personnel folders shall include evidence of medical surveillance reports and mandated immunizations.

7.3 Continuous Professional Development

7.3.1 Core staff members shall take part in relevant programs for continuous learning and annual licence renewal.

7.3.2 There shall be regular in-house training for all staff on quality assurance and biosafety.

H. Record Keeping and Advertising

8.1 Record Keeping

- 8.1.1 Record keeping shall be in line with the Nigerian Data Protection Regulation (NDPR)
- 8.1.2 There shall be a system (preferably electronic) for secure storage of clinical records against loss, damage and use by unauthorized persons
- 8.1.3 Systems should be put in place to keep records for 10 years from the time the patient was last seen.
- 8.1.4 Archived records shall be accessible within 24 hours
- 8.1.5 Bookkeeping and financial records shall be maintained
- 8.1.6 Staff records containing personal and professional information shall be kept and regularly updated.
- 8.1.7 Incident registers shall be available and in use
- 8.1.8 The medical record shall contain information to justify admission, support the diagnosis, and describe the patient's progress and response to medications and services.
- 8.1.9 All medical records shall document the following:
 - Evidence of a physical examination, including a comprehensive health history, within twenty-four (24) hours
 - Differential and or final diagnosis
 - Results of all consultative evaluations of the patient and appropriate findings by clinical and other staff involved in the care of the patients.
 - Documentation of complications, facility acquired infections, and unfavorable reactions to drugs.
 - Properly executed informed consent forms for procedures and treatments specified by facility policy, or by federal or state law if applicable, as requiring written patient consent.

- All practitioners' orders, nursing notes, reports of treatment, medication records, radiology and laboratory reports, and vital signs and other information necessary to monitor the patient's condition.
- Discharge summary with disposition of case and plan for follow-up care
- Final diagnosis and complete medical records when discharging the patient.

8.1.10 Timely submission of data to the LGA shall be maintained

8.2 Advertising

8.2.1 Advertising shall be in accordance with the MDCN regulations

8.2.2 A sign board that clearly displays the name of the hospital and services provided should be located at the entrance of the hospital for public information.

8.2.3 A health facility shall not engage in any form of inducement, solicitation, promotion, enticement on any social/electronic/print/news media. Practitioners shall be guided by the Code of Ethics of their respective professions.