



## Assault Policy

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**Location:** Nisa Premier Hospital, Jabi Abuja  
Nisa Garki Hospital, Garki Abuja  
Nisa International Medical Centre, Maitama Abuja  
Cell genomics, Abuja  
Nisa Pharma, Abuja  
Nisa Fertility Centre, Kaduna

**Approved by:**NMG Board

**Effective Date:**May 2026

**Review Date:**May 2028

### 1. Policy Statement

Nisa Medical Group (NMG) is committed to providing a safe, respectful, and supportive environment for all patients, visitors, employees, contractors, and stakeholders. The hospital maintains a **zero-tolerance stance** toward any form of assault, whether **verbal, physical, psychological, or sexual**, and whether directed from **patients to staff, staff to patients, or between staff members**.

Every individual within the hospital environment has the right to **safety, dignity, respect, and humane treatment** while receiving or delivering healthcare services. Any act of assault is unacceptable and will be addressed promptly, fairly, and in line with hospital policy, labor laws, and ethical standards

### 2. Purpose of the policy

The purpose of this policy is to:

- Establish clear standards for the **prevention, reporting, investigation, and management** of assault incidents.
- Protect the **rights, safety, dignity, and wellbeing** of staff, patients, and visitors.
- Ensure **prompt, confidential, and impartial handling** of all assault-related incidents.
- Promote a culture of **mutual respect, accountability, and zero tolerance to violence** within NMG facilities.

### 3. Core Objectives of the policy

The core objectives of this Policy are to:

- Establish clear standards for the **prevention, reporting, investigation, and management** of assault incidents.
- Protect the **rights, safety, dignity, and wellbeing** of staff, patients, and visitors.
- Ensure **prompt, confidential, and impartial handling** of all assault-related incidents.
- Promote a culture of **mutual respect, accountability, and zero tolerance to violence** within NMG facilities

### 4. Scope of the policy

This policy applies to:

- All NMG employees (clinical and non-clinical).
- Patients receiving care within NMG facilities.
- Visitors, relatives, caregivers, and companions of patients.
- Contractors, vendors, and service providers operating within hospital premises.
- All hospital locations, including wards, OPD, emergency areas, administrative offices, car parks, and ancillary facilities.

### 5. Definition

**Assault:** Any act or threat that causes or is likely to cause physical harm, psychological distress, fear, humiliation, or violation of personal dignity. This includes:

- Verbal abuse (threats, insults, intimidation)
- Physical violence
- Psychological or emotional abuse
- Sexual harassment or sexual assault

### 6. Core Area of focus

#### 6.1. Protection of Rights

- All individuals have the right to a safe environment free from violence and intimidation.
- Patients have the right to receive care without fear of abuse.
- Staffs have the right to perform their duties without exposure to assault or harassment.
- No retaliation shall be tolerated against any individual who reports an assault in good faith

## 6.2. Prevention

NMG shall:

- Promote respectful communication and professional conduct at all times.
- Provide regular awareness and training on workplace violence prevention.
- Ensure visible security presence in high-risk areas.
- Implement early identification and de-escalation strategies for aggressive behaviour.
- Enforce access control and visitor management systems

## 6.3. Reporting and investigation

### *Reporting Procedure:*

1. All incidents of assault or suspected assault must be **reported immediately to the Customer service lead (non-medical) or Clinical Director (medical personnel)**. Over the weekends or during the evening/night shifts, reports are made to the Supervising/Compound nurses.
2. The Chief Security Officer/Security supervisor/Highest ranked security personnel at the time of the assault is notified to ensure safety of staff immediately, and institute plans in accordance to the risk at the said time.
3. The incident shall be documented in **NISA-I (Incident Register)**.
4. *A formal email report must be sent through the Clinical Director or Customer service lead to Top Management, with the Medical Director (MD), Head of Human Resources (HR), and Head of Quality Improvement & Development (QID) in copy.*
5. The report should include: date, time, and location of incident, persons involved, nature of assault, photographic evidence if any, immediate actions taken.

### *Investigation:*

- A formal investigation shall be initiated promptly.
- The investigation team will include;
  - The Head of legal who provides advisory
  - Chief Security Officer (CSO) or Assistant CSO (ACSO)
  - Customer service lead
  - HSE Lead
  - Head of the Department of the staff involved
- **Weekend Incidents:** The **Compound Nurse and the Security supervisor** shall take immediate action and ensure proper documentation and escalation.
- Investigations shall be:
  - Fair and unbiased
  - Confidential
  - Completed within a reasonable timeframe

#### **6.4. Support and Recovery**

NMG is committed to supporting victims of assault by:

- Providing **emotional and psychological support** through a designated counselling session or unit.
- Support shall be coordinated by the **HSE Officer** and **Clinical Psychologist**.
- Where the HSE Officer or Clinical Psychologist is unavailable, **Human Resources (HR)** shall provide interim support and referral.
- Ensuring victims are treated with empathy, respect, and confidentiality.
- Facilitating medical care, counselling, or referral as needed

#### **6.5. Accountability**

All offenders, whether **staff, patients, or visitors**, shall be held accountable.

Disciplinary action shall be taken in line with:

- NMG internal policies
- Nigerian labour laws
- Ethical and professional standards

The **Legal Department** shall guide legal actions, sanctions, or referrals to external authorities where necessary.

Patients or visitors found culpable may face restrictions, discharge procedures, or legal action as applicable.

### **7. Roles and Responsibilities**

#### **7.1. Top Management**

- Demonstrate commitment to a zero-tolerance approach to assault.
- Provide resources for policy implementation, training, and support services.
- Ensure enforcement of disciplinary and corrective actions

#### **7.2. Head of legal**

- Provide legal guidance on assault cases.
- Ensure actions align with labor laws, patient rights, and regulatory requirements.
- Support litigation or external reporting where necessary

#### **7.3. Heads of Departments (HODs) and Supervisors**

- Promote compliance with this policy within their units.
- Ensure incidents are reported promptly.
- Support investigations and corrective actions

#### **7.4. HSE Lead**

- Coordinate reporting, investigation, and documentation.
- Lead prevention initiatives and staff awareness.
- Support victims in collaboration with clinical psychology and HR

### **7.5. Chief Security Officer (CSO) / ACSO**

- Ensure immediate response to assault incidents.
- Maintain safety and control during incidents.
- Support investigations and evidence preservation

### **7.6. Employees**

- Treat all individuals with respect and professionalism.
- Refrain from any form of assault or abusive conduct.
- Report incidents promptly and cooperate with investigations

### **7.6. Patients and Visitors**

- Conduct themselves respectfully within hospital premises.
- Comply with hospital rules and instructions.
- Understand that abusive or violent behavior will not be tolerated

## **8. Confidentiality and Consent**

- All assault reports and investigations shall be handled with **strict confidentiality**.
- Information shall only be shared with authorized persons on a need-to-know basis.
- Consent shall be obtained from victims before counselling or referral, except where legally required

## **9. Monitoring and Evaluation**

- The HSE and QID department shall monitor trends, incidents, and compliance.
- Lessons learned shall be used to strengthen preventive measures and training programs.

## **10. Policy Review**

This policy shall be reviewed **every two (2) years** or earlier if:

- There are changes in legislation
- Significant incidents occur
- Organizational or operational changes require updates

Reviews shall be coordinated by the **Legal Department, QID, HR, Security, and HSE** with approval from Top Management

## **11. Approval and Review**

Prepared by: Benedict Jacob

Approved by: NMG Board

Date: May 2026

Next review date: May 2028