



STANDARD OPERATING PROCEDURES FOR CARE FACILITIES FOR SENIOR CITIZENS IN NIGERIA

NATIONAL SENIOR CITIZENS CENTER STANDARD OPERATING PROCEDURES (SOP)/ REGISTRATION REQUIREMENTS FOR CARE FACILITIES FOR SENIOR CITIZENS IN NIGERIA

This Standard Operating Procedure (SOP) is created to achieve the best possible outcomes for all individuals, families and care workers who use, work or visit the facility.

Every Senior Citizens Facility/Centre in the country must consider the following before operating:

- the way their services work,
- the population,
- their governance sign off, to assure quality and safety.

These will be achieved by:

- Keeping the Clients at the heart/Facility/Centre of everything
- Person-Facility/Centred practice by promoting independence to ensure best outcomes for everyone
- Embedding a strengths-based culture and practice as integral of support
- Safeguarding adults at risk of abuse or neglect
- Working with stakeholders to support people and communities to thrive
- Providing a timely and specific response to people in need

Monitoring and Review: This standard operating procedure (SOP) is reviewed, amended and signed by the Registered Manager annually or as required.

The Standard Operational Procedure are set out in detail in the following pages.



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Standard 1: Eligibility and Equal Access,

Aim:

To create Equal Access to All Eligible Persons

Purpose:

The Facility/Centre ensures equal access to all eligible persons.

Procedure:

Within funding availability, the Facility/Centre ensures any eligible adult equal access to participation, services, activities and informational sessions without regard to race, colour, creed, national origin, gender identity, age (over 60), non-citizen or citizen status, disability, sexual orientation, marital status, familial status, military status, arrest or conviction record, predisposing genetic characteristics or other categories protected by law against discrimination.

Service denial to eligible individuals may occur under these circumstances:

- In accordance with program policies and procedures when the individual's behaviour causes physical or mental harm to others.

Standard 2: Language and Cultural Competency

Aim:

To ensure that the Facility/Centre is linguistically and culturally competent

Purpose.

The Facility/Centre is linguistically competent.

The Facility/Centre is culturally competent

Procedure:

The Facility/Centre has a Language Access Plan that includes these provisions:

- The Facility/Centre will provide assistance to persons with limited English proficiency.
- The Facility/Centre will employ staff from different ethnic groups to support language services.



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All service activities reflect

- (1) understanding of the needs, characteristics, cultural expectations and preferences of different ethnic groups residing in the community;
- (2) sensitivity and responsiveness to issues relating to culture, religion, socio-economic status, gender identity, sexual orientation and immigrant adjustment;
- (3) sensitivity to cultural barriers impeding service utilization, including language barriers;
- (4) knowledge of linguistically and culturally competent service providers in the community and Local, and ability to refer individuals to these providers when needed.

Services provided with respect for cultural differences, preferences, styles of communication, and with skill in assisting individuals in overcoming cultural and linguistic barriers.

As appropriate to the type of services provided, cultural preferences are respected – e.g. through foods served, holiday celebrations, social activities and program communications.

Standard 3: Hours of Operation

Aim:

The Facility/Centre is open and services are provided during budgeted hours of operation.

Purpose:

The Facility/Centre is open for the number of days budgeted.

The Facility/Centre provides services during its contracted hours of operation.

At least a Senior Officer is present at the Facility/Centre during hours of operation.

The Facility/Centre responds to calls during business hours in a timely manner.

Procedure:

Calls are answered in person or by voicemail during hours of operation.

After hours and during weather emergencies and unexpected closings, a recorded message informs callers that the Facility/Centre is closed and states the hours of operation.

Standard 4: Respect for Clients



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Aim:

The Facility/Centre respects the rights of Clients.

Purpose:

Respect for clients.

Procedure:

- The Facility/Centre respects the dignity of older persons, their right to receive reliable, safe, quality services, and their rights to courtesy, consideration and recognition of their needs and preferences.
- Senior Facility/Centre programs post a -issued Client Bill of Rights in a public place that is clearly visible to Clients, their families and program staff.

Compliance:

Complaints/Grievances.

- The Facility/Centre has a written policy and procedure that covers responses to the following categories of complaint/grievance:
 - Complaints about service denial (for homecare).
 - Complaints about satisfaction issues (e.g. program services or staff);
 - Complaints about other Clients.
- The Facility/Centre informs Clients about its complaint/grievance procedure.
- The grievance procedure is written in at least in 14 pt. font.
- The written complaint/grievance procedure states the name(s) and title(s), where applicable, of an impartial third party with authority to make a binding decision on the grievance. If grievances are handled by a committee, the procedure states the composition of the committee team. It also states the complainant's rights to:
 - Present his/her complaint or grievance privately.
 - Have his/her complaint or grievance addressed within a timeframe that is stated.
 - Appeal to the Board of Directors of the Facility/Centre's sponsor (procedure specifies name/title of person to whom the appeal should be addressed), or file a Request for a Hearing if the complaint/grievance is against a case management or homecare agency.
 - Appeal the Board of Directors' decision.
 - Have all information and documentation relating to a complaint or grievance treated as a



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confidential matter, and on a need-to-know basis.

- Written or electronic records of all complaints/grievances and actions taken are maintained.

Standard 5: Feedback

Aim:

The Facility/Centre offers Clients opportunities to comment on satisfaction and suggest service improvements.

Purpose:

The Facility/Centre provides opportunities for feedback.

Procedure:

The Facility/Centre provides opportunities for regular input from Clients on satisfaction and service issues, and can demonstrate that feedback is considered.

At least annually, the Facility/Centre conducts a survey to evaluate client experience and satisfaction.

Standard 6: Contributions

Aim:

The Facility/Centre offers Clients opportunities to contribute to service cost.

Purpose:

Contribution guidelines.

Procedure:

The Facility/Centre informs Clients of the following, via a posted sign where possible, and in writing when persons are not served on site:

- Individuals are encouraged to contribute to the cost of the Facility/Centre. Contributions are used to help support the Facility/Centre.



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- Persons with incomes at or above 185% of the poverty line are encouraged to contribute at a level based on the actual cost of the service.
- Contributions are voluntary and confidential.
- No person will be denied service because s/he does not contribute.
- Procedure for making a contribution.

Standard 7: Personal Information

Aim:

The Facility/Centre protects personal information.

Purpose:

Confidentiality protections.

Procedure:

The Facility/Centre keeps confidential all personal information about persons who apply for or receive services. It shares confidential information only on a need-to-know basis with its funding agency and with program staff for purposes of providing services. It shares confidential information with outside entities only with the informed consent of the individual or pursuant to a court order or when there is deemed to be actual and immediate danger to health or welfare of the individual. The Facility/Centre respects the right of Clients and the public to information about how the Facility/Centre protects confidentiality.

Staff members that use 's client data system:

- Have been given a unique user ID and password.
- Do not allow unauthorized staff to use Data system, gain access to passwords, or share IDs.
- Have their access to the client data system immediately deactivated when they are no longer employed by the Facility/Centre or no longer need access to the database.

Privacy.

Staff discuss personal matters with Clients in privacy.

Release of Information.

- The Facility/Centre obtains the Client's signed Consent Form before sharing information necessary for client to receive services from another provider or apply for benefits/ entitlements.



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Note: Release covers all instances of information exchange and does not need to be renewed.

- If Intake is conducted over the phone, the signed Consent is obtained at the first meeting of the client and a program representative face-to-face.
- If no direct contact between program staff and client is anticipated, the Facility/Centre reads the Consent Form to the client and obtains his/her verbal consent.
- The Facility/Centre notes that the client's consent was obtained in 's client data system.

Maintenance of Clients Information

- Only workers authorized to use program files have access to them.
- Paper files are kept secure.
- All computer equipment is secure and protected from theft, damage, misuse or tampering.

Requests for identifying information.

- The Facility/Centre refuses requests from outside organizations or persons for names or other identifying information about service receivers, such as addresses and phone numbers, unless such request is authorized.

Public Information Activities.

- Materials eg reports, press releases, videotapes, etc. produced by the Facility/Centre do not contain identifying information on any Client without his/her written consent.

Standard 8: Respect for All

Aim:

The Facility/Centre is helpful, welcoming and respectful to inquirers and Clients.

Purpose:

Phones are answered in a timely, helpful and courteous manner.

Procedure:

The premises of programs that provide services on site are comfortable and cheerful to the extent possible within program resources.

Clients and clients are welcomed, provided with accurate program information and, where services are provided on site, helped to feel "at home."

The Facility/Centre's director and staff are accessible and available to Clients.



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Clients receive information about changes in program policies and operations that affect their wellbeing in a timely manner.

Standard 9: Autonomy, Independence, and Civic Engagement

Aim:

The Facility/Centre promotes Clients' autonomy, independence, decision-making and social/civic engagement to the extent possible.

Purpose:

Wherever possible, the Facility/Centre offers service options and choices to Clients and respects individual preferences. Also see service-specific standards.

Applicable only to senior Facility/Centres: Advisory Council.

Procedure:

The Facility/Centre has a functioning Client Advisory Council.

Note: Senior Facility/Centres with a single-purpose Board of Directors are exempt from this requirement if at least 51% of Board members are Facility/Centre Clients.

- The Advisory Council has written by-laws.
- Advisory Council members are Facility/Centre Clients elected through regularly scheduled elections open to the entire membership. Advisory Council Officers (President, Treasurer etc.) may be elected by the Advisory Council membership, not Facility/Centre membership.
- The Council has a publicized meeting schedule.
- The Facility/Centre director or her/his delegate attends meetings.
- There are clear channels of communication from the Advisory Council to Facility/Centre management and the sponsoring organization.

Standard 10: Promotional Activities (Public Information and Outreach) Where appropriate to the services it provides, the Facility/Centre conducts activities to promote its services.

Aim:



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Promotion of services.

Procedure:

At least twice yearly, the Facility/Centre promotes its services to the general public and/or underserved populations in its service area through promotional activities, unless services are over-utilized.

Where services are under-utilized, promotional activities occurs more often.

Promotional activities include:

- Public Information: examples of public information include but are not limited to: obtaining media coverage for the Facility/Centre's services;
- stationing a representative at a Resource Fair in the community;
- distributing flyers or other promotional materials to various places in the community such as local street fairs, retail shops, pharmacies, residences; organizing a mass mailing of information;
- holding an event that brings currently unserved seniors to its site.

Outreach: This includes face-to-face or telephone contact between a staff person and an individual.

Outreach is when the Facility/Centre finds an isolated older person, not when an older person finds the Facility/Centre.

Examples include:

(1) Staff visits to a new senior housing building to locate isolated individuals who have never been clients of the Facility/Centre (this contact must be conducted one-on-one and not done as a group presentation).

(2) The Facility/Centre has a table at a health event where staff conduct face-to-face identification of isolated individuals by discussing the individual's needs and available services one-on-one.

Public information and outreach materials include the availability of free language assistance for persons with limited English proficiency.

The Facility/Centre can demonstrate that it regularly seeks support for its services and activities from other organizations or institutions in the community.



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Standard 11: Linkages

Aim:

The Facility/Centre works with other community service providers and organizations to foster coordination, minimize service duplication and promote access to services.

Purpose:

The Facility/Centre maintains effective linkages.

Procedure:

As appropriate to the services it provides, the Facility/Centre maintains effective linkages with other funded programs in the community as well as with resources such as:
settlement houses and other multi-purpose service organizations,
houses of worship,
ethnic and social clubs,
educational institutions,
cultural programs,
food stores, food pantries,
banks
pharmacies.

Standard 12: Effective Administration

Aim:

The Facility/Centre's policies and procedures promote effective administration.

Purpose:

Local, state and federal regulations/contract requirements.

Procedure:

The Facility/Centre's policies and procedures address applicable local, state and federal regulations as required by contract.



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These include but are not limited to:

- Prohibition of the use of funds to advance any sectarian or partisan effort.
- Prohibition of any sectarian, partisan or religious services, counselling, proselytizing, instruction.
- Prohibition of political activity at the Facility/Centre site or where clients receive program services.

If the Facility/Centre permits any legally qualified candidate for any public office (including the current office holder) to visit the facility or to visit clients for political purposes (e.g. to make a speech, provide a photo or TV opportunity, etc.), other candidates for the same office are allowed to visit for the same purpose, amount of time, number of appearances, time of day, etc.

(The Facility/Centre is not obligated to inform other candidates, but only to respond to requests).

- Attendance by seniors at any event involving the appearance of public officials is voluntary.
- Contributions for political purposes may not be collected.
- Prohibition of illegal gambling.

Policies.

Written and up-to-date policies cover these areas at minimum standards:

- Recruitment
- Health and Safety
- Safeguarding Vulnerable Adults
- Prohibition of Nepotism and Conflict of Interest
- Non-discrimination/non-harassment
- Confidentiality protection
- Background checks/references
- Drug-free/Alcohol-free workplace
- Employment classification (exempt/non-exempt, part-time, full-time, temporary)
- Leave policies (vacation, sickness, FMLA)
- Employee Grievance Procedure
- Employee Benefits
- Whistleblowing Policy
- Employee Termination
- Disciplinary Actions and Dismissals:
- Record retention and disposal
- Social Media
- Incident/Accident Protocols (on and off-site)



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Standard 13: Prohibitions on the Usage of Public Funds

Aim:

The Facility/Centre does not use public funds to support, endorse or promote commercial products.

Purpose:

The Facility/Centre observes these prohibitions:

Procedure:

Verbal or written endorsement of products or services is not allowed.

- Acceptance of money or other incentives from vendors aimed at encouraging enrolment of seniors in a service or purchase of a product is not allowed.
- Sales of commercial products or services are not allowed:
 - Mailing or calling lists that contain names, addresses, telephone numbers, etc. are not given out under any circumstances.
 - Individual vendors may not peddle products or conduct sales.

Vendors may give instructional/educational talks on specific topics of concern to older persons.

The presentations must be educational, not commercial, and the Facility/Centre must allow other similar vendors the same access if requested.

Standard 14: Due Recognition

Aim:

The Facility/Centre gives due recognition to government funding sources.

Purpose:

The Facility/Centre gives due recognition and its state and federal funding sources (as applicable) for aging services in printed program brochures, printed stationery and other public information materials.



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Procedure:

Unless inconsistent with applicable laws and lease and license requirements, the Facility/Centre has an identifying sign at its point of entrance, including sponsorship by the Department, program name and days and hours of operation.

Standard 15: Staffing Levels

Aim:

The Facility/Centre's staffing corresponds to levels specified in its contract proposal.

Purpose:

The Facility/Centre's staffing corresponds to the levels proposed

Procedure:

Key positions are filled within three months or the Facility/Centre can document strenuous efforts to fill important vacancies.

Standard 16: Staff Understanding of Responsibility

Aim:

The Facility/Centre ensures that staff understand their job responsibilities, program purpose and mission and requirements as applicable to their functions.

Purpose:

There are current job descriptions for each position, including title, minimum qualifications and duties.

Procedure:

The Facility/Centre maintains documentation that new staff have read and understood their job descriptions.



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Staff function in the position for which they were hired, and in accordance with their job descriptions and program personnel policies.

The Facility/Centre provides staff with information needed for job performance in a timely and effective fashion, including but not limited to:

- The Facility/Centre's most recent contract proposal to
- Program standards and applicable service standards.
- Changes to policies and procedures.
- Operational issues, problems, and concerns as relevant to effective job performance.

Standard 17: Orientation, Training, and Supervision

Aim:

The Facility/Centre ensures that staff and volunteers are appropriately oriented, trained and supervised.

Purpose:

The Facility/Centre provides and documents its orientation of new staff.

Procedure:

Orientation covers the following at minimum (see also service specific standards):

- Program personnel policies;
- Job functions and tasks;
- Program policies and procedures;
- Relevant standards;
- Client and client rights (including rights to consideration, privacy, dignity and respect);
- Emergency procedures



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Appropriate staff attend mandated Care trainings.

Designated staff person supervises volunteers; Procedures and Methods

Standard 18: Data Collection

Aim:

The Facility/Centre uses 's client data system to register all Clients and to document service provision.

Purpose:

Registration Data.

Procedure:

The Facility/Centre collects the following information at registration: name, address, phone number(s), emergency contact, physician, major chronic condition(s), birth date, proof of age or signed declaration of age, diet, and for referral and reporting purposes, income and ethnic status. Note: Services cannot be denied if this information is not provided.

The Facility/Centre reviews the 's profile with the individual on an annual basis and updates as necessary, unless a more frequent review is specified for specific services.

The Facility/Centre records service provision to the Client in the data system.

The Facility/Centre inactivates/closes the 's file in Client's data base when the individual will no longer be receiving services from the Facility/Centre.

Standard 19: Emergency Contact Information

Aim:

The Facility/Centre requests emergency contact information from every.

Procedure:

The Facility/Centre has a current record of emergency contacts for Clients, including name, address, telephone numbers and locations where contacts can be reached.



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Standard 20: Emergency Procedures

Aim:

The Facility/Centre has comprehensive accident and emergency procedures covering on-site and/or offsite services, as applicable.

Purpose:

Fire/Other Evacuation Emergency Procedures.

Procedure:

When services are provided on-site, the Facility/Centre has written evacuation plan that has been developed in consultation with the local Fire Station for situations requiring building evacuation.

The plan includes:

- The location of fire extinguishers;
- The primary fire exits and alternative exits;
- The order in which groups should leave the building;
- Persons responsible for leading groups;
- Persons responsible for checking premises, including bathrooms; and,
- The destination of each group once outside.
- The written plan and diagram is posted in each room, office and public bulletin board.
- The Facility/Centre holds two evacuation (fire) drills annually and documents the date and time of each drill, who participated in the drill (to ensure that assigned staff manned the assigned exits and led group out as indicated in the written evacuation plan), the time needed to evacuate the building and any problems encountered.
- Each staff person and volunteer is trained on evacuation emergency procedures and knows his or her responsibility in the event of an emergency, including whom to notify.

Accident/Medical Emergencies

- The Facility/Centre has a written plan that specifies staff responsibilities in dealing with accidents or medical emergencies.

The plan includes what to do for the casualty, what to do for others who witness the emergency, who to notify, and insurance or other forms that must be completed.



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- The Facility/Centre has the number of all local emergency services including the local Police.
- When services are provided at the Facility/Centre facility, at least one staff person has current certification on First Aid.
- If Emergency services has been called, a staff person:
 - stays with the Client until Para-medics are on the scene;
 - informs the Facility/Centre Manager, who gets in touch with the Client's emergency contact.

Emergencies on Group Trips.

- The Facility/Centre has a written plan to deal with emergencies that occur on trips, such as accidents, medical emergencies, or the disappearance of a Client from the group.
- The written plan specifies what to do for the ill or injured individual; what do for the rest of the group; criteria for ending the trip; who to notify, and what forms to complete.
- A staff person or volunteer of the organization that has organized the trip accompanies each trip as the designated "leader," knows the exact population count, and has been trained on emergency procedures.
- Before each group trip the designated leader does a head count and checks that Clients carry identification with them, and that they have the telephone number of the Facility/Centre.
- Group trip Clients are told that they must notify the group leader if they intend to leave the group for any reason.
- If a Client is "lost" from the group, and her/his whereabouts cannot be ascertained, the incident is immediately reported to the Facility/Centre, to and to the police.

Program Accident and Incident Recording and Reporting.

- The Facility/Centre uses Client's Incident Report Form.
- There is an accident/incident report on file for all accidents and incidents that involve or affect client safety, services continuity and program integrity. Examples include: accidents or other emergencies, incidents of physical violence, facility emergencies such as flooding or fires, burglaries or forced entry; thefts, vandalism, etc.
- Report elements comply with Client's instructions.
- Accidents and incidents are reported appropriately and timely to insurance companies and other regulatory bodies.
- Accidents or incidents involving serious injury or death of a Client are reported immediately to contact persons and to appropriate authorities.



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Standard 21: Emergency Preparedness

Aim:

The Facility/Centre has an emergency preparedness and response plan to address local, regional and local-wide emergencies.

Purpose:

As required, the Facility/Centre has a current emergency preparedness and response plan for local, regional and local-wide emergencies.

Procedure:

During any year in which the plan requires activation, the Facility/Centre's response is timely and in accordance with its plan and other and Local, requirements.

The Centre arranges at least one emergency preparedness seminar annually. Target Population.

Standard 22: Target Population

Aim:

The Facility/Centre serves its target population and service areas.

Purpose:

The Facility/Centre serves communities, community districts within its service area.

Procedure:

The Facility/Centre demonstrates it reaches out to the diverse linguistic, cultural and socioeconomic older adult groups within its service area and seniors across the age spectrum.

The Facility/Centre can demonstrate that it reaches out to unserved and underserved older populations, including those in greatest economic and social need, particularly older persons in these categories: low income; low income minority; limited English proficiency; frail and/or with disabilities.

Standard 23: Safety The Facility/Centre facility is safe.



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Aim:

To work in a Physical Safe Environment, using Safe Equipment

Purpose:

The Facility/Centre operates in a code compliant environment.

Procedure:

Equipment is fit for purpose and compliant: - Inspections of fire alarm systems occur regularly (record is maintained and current), carbon monoxide detectors are maintained as required by code and, if required, there is a current holder of the required Certificate of Fitness.

- If required, boilers are inspected and reports filed annually.
- Central Air Conditioning systems have been filed and have all acquired approvals/compliance.
- Filters for central air conditioner and window/wall units are replaced or cleaned on a regularly
- Central air conditioning systems are regularly serviced and maintained.
- Range hood exhaust and ANSUL systems are periodically inspected.

Violations. All violations cited for Building, Fire, Health or Sanitation Departments are addressed and corrected on a timely basis as required.

Certificates of Correction for each violation are filed in a timely manner.

- Upon receiving a citation for a violation, the Facility/Centre notifies and implements the citation.

Certificate of Occupancy.

- The site has a Certificate of Occupancy (C of O which certifies that the building is suitable for occupancy for the purpose for which it is being used).
- · Program operations do not exceed or contradict the Certificate of Occupancy at any time.

Place of Assembly Permit.

- Each room large enough to be occupied by 75 or more persons has a current Place of Assembly Certificate of Operation and a current Place of Assembly Permit.
- The current Permit, maximum occupancy sign and approved floor plan are publicly posted, or available on site for review upon request.

Exits and Exit Lights.

- The site has at least two exits.



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· Exit doors:

- Have working exit lights to identify their location.
- Are clearly identified as exits.
- Open in the direction of exit travel. If premises are occupied by 75 or more persons, one exit leads directly outside while the others may lead to a rated corridor.
- Are unobstructed at all times and may be easily opened when building is in use.
- Do not require a key from the exiting side.

Emergency Lighting.

Rooms occupied by 75 or more persons have emergency lighting as specified in building code.

Fire Preparedness.

- Programs that are not required to obtain a Place of Assembly Permit each year request an annual fire inspection through the local Firehouse.
- Programs that have elevators maintain inspections as required by the Department of Buildings.
- Programs that have elevators place signs at each landing that show the location of the stairs in a diagram and instruct occupants to use the stairs in case of fire.
- Premises are equipped with smoke detectors as required by code.
- Premises are equipped with fire extinguishers as required by the Fire Department.

Specifications of the type, number, placement and maintenance are obtained for Fire Prevention.

- Extinguishers are tagged with the date of the last maintenance inspection
- Extinguishers are of approved type.
- Extinguishers are inspected annually.
- Decorations, drapes, curtains, scenery used in play production, etc. are certified flame proofed and flame-proof certification is kept up to date.
- Tables and seats are situated in accordance with the approved plan. .
- Smoking is not permitted. "No Smoking" signs are posted in appropriately places.

Emergency First aid.

- First Aid Kits are visible and accessible to staff.
- Contents are replenished after use or when passed their expiration dates.

Pest and Rodent Control.

- There is no roach infestation, or infestation by other pests or rodents, in any program room, or in



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the kitchen, dining room, or bathroom.

- Insect infestation control is scheduled when seniors are not present.

Avoidance of safety hazards.

- Stairs and passageways are well lit.
- Stairs, treads, and landings are built with/made of non-skid material. This is not limited to rubberized treads and could simply be sanded paint or concrete.
- Hallways and areas leading to exits are free of obstructions and debris.
- Electric wires are covered.
- Window glass has no serious breaks or cracks.
- Flooring is safe, no broken, cracked, chipped loose tiles or planks.
- Ceilings are safe, no extensive breaks, cracks, peeling or chipping in tiles, paint or plaster.
- Toxic substances are stored in a locked area not accessible to Clients.
- The site is litter free.

Standard 24: Cleanliness

Aim:

The Facility/Centre facility is clean and well-maintained.

Purpose:

Program rooms and grounds.

Procedure:

All program rooms and grounds are clean and safe.

- All program rooms (including ceilings) and grounds are well-maintained.
- Paint and plaster is maintained in good condition (no serious breaks, peeling or cracks).

Toilets/Bathrooms.

- Cleanliness is maintained.
- Ventilation is adequate.



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- Operable windows are screened.
- Adequate handwashing facilities are provided and maintained in or adjacent to toilet rooms.
- Handwashing facilities is to be provided with running hot and cold or tempered potable water.
- Each handwashing facility is to be provided with hand-cleaning liquid soap or detergent with a sanitary storage receptacle.

Disposable towels, and warm air blowers are to be provided

Conveniently located waste receptacles are to be provided for disposable towels used.

- Handwashing facilities, liquid soap or detergent receptacles, handwashing and drying devices and related facilities are kept clean and in good repair. Handwashing signs are posted at all employee handwashing facilities.
- Toilets, urinals, sinks and any mechanical hand dryers are in working condition.

Standard 25: Records

Aim:

Record keeping is appropriate and up to date.

Purpose:

The Facility/Centre keeps appropriate records and archiving systems.

Procedures:

Records are:

- Easily Accessible;
- Clear;
- Legible;
- Well-organized;
- Up-to-date.

Standard 26: Monitoring



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Aim:

Records and other documents are available for monitoring.

Purpose:

The Facility/Centre makes records available as requested

Procedure:

The records maintained at the Centre include:

- Documentation of Service denials. Temporary exclusions, including actions taken and reasons.
- Complaint and Grievance records
- Contributions Records
- Notices of Code Violations and copies of responses to issuing agencies
- Fire/Theft/Vandalism Documentation
- Accident/Incident Reports
- Fire and Emergency Drill Records
- Employee files containing:
 - Documentation of orientation
 - Signed Job Description
 - Job application and/or resume - as well as other records relating to hiring process, as applicable
- files containing documents specified in service-specific standards.

Standard 27: Recordkeeping

Aim:

The Facility/Centre maintains records in accordance with requirements.

Purpose:



STANDARD OPERATING PROCEDURES FOR CARE FACILITIES FOR SENIOR CITIZENS IN NIGERIA

Standards for specific documents/records that must be maintained.

Maintaining records.

Procedure:

The Facility/Centre maintains required records for seven years, unless otherwise specified in service-specific standards.

If any litigation, claim, audit, negotiation or other action involving the record has been started before the expiration of the seven-year period, the records are retained until completion of the action and resolution of all issues which arise from it, or for a seven-year period, whichever is longer.

When required, in accordance with required timeframes and content specifications, the Facility/Centre submits requested information, reports and documents.