

ASSENTED TO AT IKEJA, THIS 16TH DAY OF JANUARY 2006.

CHIEF BOLA AHMED TINUBU
Governor of Lagos State



Law No. 11

2006

Lagos State of Nigeria

**A LAW TO PROVIDE FOR THE REFORM OF THE LAGOS STATE
HEALTH SECTOR, LAGOS STATE HOSPITALS MANAGEMENT
BOARD, PRIMARY HEALTH CARE BOARD, TRADITIONAL
MEDICINE BOARD AND FOR CONNECTED PURPOSES**

(16th January 2006) Commence-
ment.

THE LAGOS STATE HOUSE OF ASSEMBLY enacts as follows:

PART I

**OBJECTS OF THE LAW, RESPONSIBILITY FOR HEALTH AND
ELIGIBILITY FOR FREE HEALTH SERVICES**

1. The objects of this Law are to regulate health services within the State and to provide uniformity in respect of health services across the State by – Objects of
the Law.

(1) establishing a State health system which –

(a) encompasses public and private providers of health services;

(b) provides the population of the State with the best possible health services that available resources can afford; and

(2) setting out the rights and duties of health care providers, health workers, health establishments and users.

2. The Ministry of Health, subject to the provisions of this Law, shall be responsible for the formulation, monitoring, evaluation of policies, strategies, plans of action and supervision of health services in the State and shall perform the following functions: Objectives of
the Ministry.

(1) supervision and control of all health facilities in the State in order to ensure a minimum standard in all public and private health facilities;

(2) supervision and control of all Hospital Boards and Government Health Bodies and Agencies including Traditional Medicine Board;

(3) formulation of regulations and subsidiary legislations for the approval of the Lagos State House of Assembly ;

- (4) approval of long-term plans and variations of such plans;
- (5) development of management, financial guidelines and performance standards for internal control of public hospitals;
- (6) policy approval of rate and scale of charges for services rendered to the public by the Hospital Boards;
- (7) recommendation for capital and operating budgets for Hospital Boards (which includes recommendation for major adjustments, increase in salaries, allowances and fringe benefits for hospital employees);
- (8) elevating the quality of health practice in the professional disciplines through the advancement of appropriate standards and research priorities;
- (9) collation and analysis of monthly medical statistical data (attendance, morbidity, mortality and utilization of services) from Hospital Boards;
- (10) obtaining annual audited accounts of hospitals and Hospital Boards within three months after the end of the preceding financial year which must be submitted to the State Auditor-General's Office for verification (applicable only to public Hospitals);
- (11) co-ordination and integration of the various hospital services at all levels in the State to ensure that they conform with the State health policies and programmes; and
- (12) maximizing the effective use of resources within the health sector in the State.

Responsibilities of the Commissioner for Health.

- 3.** The Commissioner shall, within the limits of available resources—
 - (1) endeavour to protect, promote, improve and maintain the health of the population;
 - (2) promote the inclusion of health services in the socio-economic development plan of the State;
 - (3) determine the policies and measures necessary to protect, promote, improve and maintain the health and well-being of the population;
 - (4) ensure the provision of such essential health services to the population of the State as may be prescribed after consultation with the National Health Council; and

(5) prioritise the health services that the State can provide taking into consideration health needs and available resources with the approval of the House of Assembly by a simple majority.

4.—(1) The Commissioner may, with the approval of the Governor, prescribe conditions subject to which categories of persons eligible for such free health services at public health establishments as may be prescribed.

Eligibility for free health services in public health Establishments.

(2) In prescribing any condition contemplated in subsection (1), the Commissioner may have regard to the:

- (a) range of free health services currently available;
- (b) categories of persons already receiving free health services; and
- (c) impact of any such condition on access to health services.

PART 2

HEALTH SERVICE COMMISSION

5. There is established the Lagos State Health Service Commission (referred to in this Law as ‘the Commission’) which shall have overall responsibility for health personnel management.

Establishment of the Lagos State Health Service Commission.

6. The Commission shall be on a full-time and shall be composed of:

Composition of the Commission.

- (1) a Chairman; and
- (2) four other members;

who shall be persons with extensive experience (at least 15 years) in the Health Sector, preferably Health Care Professionals.

7. The quorum of the Commission shall be three members including the Chairman.

Quorum of the Commission.

8. There shall be a Commission Secretariat which shall be headed by a Permanent Secretary who shall be a medical/health care professional in the Public Health Sector with a minimum of 15 years post qualification experience in medical practice and experienced in Public Administration.

Secretariat.

9. The Chairman and other members of the Commission shall hold office for a term of five years, renewable for another term of three years as the Governor may deem fit.

Tenure of Office of Members.

Functions of the Commission.

- 10.** The functions of the Commission shall be to—
- (1) recruit, promote, public hospital employees on GL. 07 and above;
 - (2) implement establishment policies in respect of Public Hospitals;
 - (3) handle pension matters for all hospital employees;
 - (4) monitor activities of Public Hospitals on appointments, discipline and promotion of employees on GL. 01 to 12 in order to ensure that the guidelines are strictly and uniformly adhered to;
 - (5) serve as the appellate body for all dismissal/retirement petitions from aggrieved public hospital employees on GL. 07 to 12 and appellate body for GL 13 and above for all other disciplinary measures;
 - (6) maintain up-to-date personnel records of all Public Hospital employees;
 - (7) maintain a comprehensive data-base of all grades of Public Hospital employees;
 - (8) co-ordinate inter-state, inter-service and inter-hospital transfers of Public Hospital employees;
 - (9) compile for gazette publication of establishment matters, staff movements, including new appointments, promotions and retirements/dismissals;
 - (10) oversee public hospitals joint staff welfare matters including Housing, Transport;
 - (11) ensure manpower planning development and training in the Public Hospital Services; and
 - (12) exercise direct responsibility over training and staff development of Public Hospital employees on GL. 13 and above.

Powers of the Commission.

- 11.** The Commission shall have the power to:
- (1) set general and uniform guidelines for the establishment of Junior and Senior Personnel Management Committees in public hospitals;
 - (2) delegate to the Hospital Governing Board the powers for appointments, promotions, discipline, training and staff development in respect

of Public Hospital employees on GL. 01 to 06, and similar functions for employees on GL. 07 to 12 with the exception of the powers of appointment;

(3) delegate to the Governing Boards of Public Hospitals power to discipline staff on GL.13 and above except for dismissal/retirement and termination;

(4) delegate to the Hospitals Governing Board direct responsibility for training and staff development of public hospital employees on GL. 12 and below.

12. The Commissioner shall exercise a supervisory role over the Health Service Commission.

Supervisory role of the Commissioner.

13.—(1) The Secretary shall carry out the day-to-day administration of the affairs of the Commission in accordance with the provisions of this Law, and without prejudice to the generality of the foregoing provisions of this Section, he shall be responsible for the following matters—

Secretary to the Commission.

- (a) making arrangements for meetings of the Commission;
- (b) preparing the agenda and the minutes of such meetings;
- (c) implementing the decisions of the Commission;
- (d) arranging for payment of fees and allowances of meetings and all other matters affecting members of the Commission as may be specifically assigned to him by the Commission; and
- (e) keeping and securing the records of the Commission.

(2) The Secretariat shall have a variety of distinct and major categories of health professionals as doctors, pharmacists, nurses, etc. at Director/Assistant Director levels.

14. There shall be paid to the Chairman and other members such salary and allowances as are considered reasonable by the Governor and commensurate with the salary scale paid by similar Commissions.

Remuneration of Commission Members.

15. The Commission shall submit an annual report of its activities to the Commissioner and the Committee on Health Services of the Lagos State House of Assembly before the 31st day of March of the following year.

Annual Report.

16. The Commission shall operate bank accounts for its funds with a reputable bank or banks in the State with the advice of the Accountant-General of the State and the signatories to the account shall be the Permanent Secretary or in

Bank Account.

his absence his designated representative and the Head of Accounts, or in his absence his designated representative or any person duly authorised by the Commission in that behalf.

Account and
Audit returns
by the
Commission.

17.—(1) The Commission shall keep proper accounts of all its transactions in such form as it may direct, which shall conform with standard accounting practice.

(2) The form of accounts shall be such as to ensure the provision of separate information in respect of each of the main activities and divisions of the Commission.

(3) The accounts shall be audited annually by the Auditor-General or any person authorised by him in that behalf in accordance with the provisions of the Constitution and Financial Regulations of the State.

(4) The Commission shall establish proper internal control measures to administer its accounts.

Directorates.

18. The Commission shall have the following Directorates:

(1)(a) The Directorate of Medical Services – which shall handle recruitment of doctors, other health care professionals and appeal on disciplinary issues.

(b) This Directorate shall be headed by a Director or an Assistant Director who should be a doctor.

(2)(a) The Directorate of Pharmaceutical Services - which shall handle the recruitment of Pharmacists and appeals on disciplinary issues.

(b) This Directorate shall be headed by a Director or an Assistant Director who shall be a pharmacist.

(3)(a) The Directorate of Nursing Services - which shall handle the recruitment of nurses and appeals on disciplinary issues.

(b) This Directorate shall be headed by a Director or an Assistant Director who shall be a nurse.

(4)(1)(a) The Directorate of Finance and Administration - which shall handle staff welfare matters of all health care workers.

(b) This Directorate shall be headed by a Director or an Assistant Director.

(5)(2)(a) There shall be a legal division under this Directorate to provide legal services to the Commission and be headed by a Legal Officer.

(b) The Legal Officer shall be a representative of the Ministry of Justice with a minimum of 6 years post call experience.

(6)(a) The Directorate of Pensions and Establishment Matters - which shall be responsible for pension matters of all health care workers and implementation of circulars.

(b) This Directorate shall be headed by a Director or an Assistant Director.

(7) The Directorate of Accounts -This Directorate shall be headed by a Director or an Assistant Director.

(8)(a) The Directorate of Engineering Services - This Directorate shall be responsible for:

- (i) Recruitment of Engineering Personnel;
- (ii) Promotion of Staff;
- (iii) Discipline issues and other Engineering matters;

(b) This Directorate shall be headed by a Director or an Assistant Director.

19. The Commission may make Regulations as may be necessary or expedient for securing the due performance of any duty imposed and the effective exercise of any power conferred upon the Commission by or under the provisions of this Law.

Power to make Regulations.

PART 3

HOSPITAL GOVERNING BOARDS

20.—(1) There is established a part-time Governing Board for each hospital or group of hospitals in the State as specified in the Schedule to this Law as the Governor may deem fit.

Establishment of Hospital Governing Boards.

(2) The Governing Board shall:

(a) be a body corporate with perpetual succession and a common seal;

(b) have power to sue and be sued in its corporate name; and

(c) be capable of holding, purchasing, acquiring and disposing of property moveable and immovable subject to the approval of the Commissioner.

- Composition of the Governing Board. **21.—(1)** The Governing Board of a hospital or group of hospitals shall consist of:
- (a) a private medical/dental practitioner of proven integrity with a minimum of 10 years experience;
 - (b) a private pharmacist of proven integrity with a minimum of 10 years experience;
 - (c) a private nursing officer of proven integrity with a minimum of 10 years experience;
 - (d) two (2) persons of proven integrity selected from the Community within which the hospital is situate;
 - (e) a medical officer of health or his representative not below GL 14 from one of the Local Governments in which the hospital is situate;
 - (g) the Medical Director(s) of the hospital or group of hospitals; and
 - (h) a Director or similar Officer in a Corporate Organization;
 - (i) a private health professional of proven integrity with a minimum of 10 years experience.
- (2) The Chairman and members of the Board shall be appointed by the Governor on the advice of the Commissioner.

Appointment of Secretary to the Board. **22.** The Hospital Secretary shall be the Secretary to the Board and shall be a non-voting member of the Board.

Functions of the Board. **23.** Subject to the provisions of this Law, the Board shall perform the following functions:

- (1) setting out targets in line with the overall objectives of setting up the hospital(s) and taking due cognisance of government policy directives as provided by the Commissioner, in respect of economic, financial, operational and administrative programmes;
- (2) measuring performance against set targets;
- (3) implementing broad policy measures on hospital and health care development plans;
- (4) supervising and monitoring management committees to ensure that targets are achieved;

(5) be the appellate body for petitions on dismissal/retirement of staff on GL. 01-06.

(6) Promotion and discipline of staff on GL. 07 to 12 who will have right of appeal on all personnel matters to the Health Service Commission;

(7) exercise powers to discipline staff on GL. 13 and above, but can only make recommendation for dismissal/retirement for GL. 13 and above to Health Service Commission;

(8) considering plans and budgetary proposals of the Hospitals Management Committee before submission to the Budget Office through the Ministry of Health and consequently to defend before the House of Assembly by the Hospitals Management Committee;

(9) delegating to the Hospitals Management Committee its powers of promotion and discipline including suspension/dismissal of staff on G.L. 01-G.L. 06, but the staff shall have a right of appeal to the Hospital Governing Board.

(10) delegating to the Hospitals Management Committee the responsibilities for delivery of health care service that meets community needs and satisfaction;

(11) appointing committees to which it may delegate any of its functions;

(12) ensuring co-ordination and integration of various hospital services within its jurisdiction; and

(13) approving expenditure up to a maximum amount as approved by the Governor for each hospital, and delegating as appropriate, any portion of that power to the Hospitals Management Committee.

(14) Considering and accommodating private sector participation in clinical and non-clinical support services in line with approved guidelines issued by the Ministry, e.g. Pharmacy, Radiology, Laboratory, Mortuary and any service(s) that may be necessary for the hospital.

24. The funds and resources of each Board shall consist of:

Funds and
Resources of
the Board.

(1) all sums, investments or other property vested in the Board by virtue of the provisions of this Law;

(2) such sums or other advances by way of loans, or grants to the Board by the Government;

(3) such sums or other property as may from time to time be advanced by way of loans or grants to the Board by any agency or institution, any international organisation and private foundation or any person whatsoever;

(4) any investments or other property whatsoever acquired by or vested in the Board; and

(5) money earned or arising from any investments or other property acquired by or vested in the Board.

Loans and
Grants by the
State
Government.

25.—(1) It shall be lawful for the Governor to make to the Board the following:

(a) grants of any sum of money or property deemed necessary; and

(b) loans upon such terms as to repayment of interest or otherwise as the Government may determine.

(2) The Governor may, if he deems it expedient to so do, waive in favour of the Board any right or liability to the Government in respect of any property vested in the Board by virtue of the provisions of Section 20 (2)(c) of this Law.

(3) The Board shall in respect of any money (other than grants) advanced by the Government, create and maintain an advance account in favour of the Government of an amount equal to the total sums of money so advanced.

(4) The advance account referred to in subsection (3) of this Section shall be subject to such conditions as to interest and repayments as the Governor may determine at the time of taking such loans notwithstanding that the Governor may waive at any time such interest and principal repayments as may become due and payable.

Power to
borrow
money.

26.—(1) The Board may with the approval of the Governor from time to time, borrow money by issuing debentures, stocks or other securities or in any other manner for and in connection with the exercise of its functions under this Law as the Board may deem necessary.

(2) An approval given for the purpose of this Section may be either general or limited to a particular borrowing or otherwise and may be subject to conditions.

Tenure of
Office.

27. The Chairman and members of the Board shall hold office for a period of three (3) years and shall be eligible for re-appointment for a further term of three (3) years.

Meetings.

28. The Board shall sit only once a month (except when there is need for an emergency meeting) and shall hold quarterly review meetings with the Ministry.

Remuneration.

29. The Chairman and other members of the Board shall be paid a monthly sitting allowance as the Governor may determine from time to time.

30. The Ministry and all Hospital Governing Boards must ensure that adequate and comprehensive information is disseminated on the health services for which they are responsible, which shall include— Duty to disseminate information.

- (1) the types and availability of health services;
- (2) the organization of health services;
- (3) operating schedules and time-tables of visits;
- (4) procedures for access to the health services;
- (5) other aspects of health services which may be of use to the public; and
- (6) procedures for laying complaints.

31. Any person in charge of a health establishment must ensure that a health record containing such information as may be prescribed is created and maintained at that health establishment for every user of health services. Obligation to keep Records.

32.—(1) All information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment is confidential. Confidentiality.

(2) Notwithstanding the provisions of Section 30, no person may disclose any information contemplated in subsection (1), unless—

- (a) the user consents to that disclosure in writing; or
- (b) a court order or any law requires that disclosure; or
- (c) non-disclosure of the information represents a serious threat to public health as determined by the Board.

33.—(1) Any person working for or on behalf of any health establishment or any health care provider and has access to the health records of a user and may disclose such personal information to any other person, health care provider or health establishment as is necessary for any legitimate purpose within the ordinary course and scope of his duties where such access or disclosure is in the interest of the user. Access to health records.

(2) For the purpose of this section, “personal information” means any official information held about an identifiable person; but does not include information that bears on the public duties of public employees and officials.

Access to health record by health care provider.

34. A health care provider may examine a user's health records for the purposes of—

- (a) treatment with the authorisation of the user; and
- (b) study, teaching or research with the authorisation of the user, head of the health establishment concerned and the relevant health research ethics Committee.

Protection of health records.

35.—(1) The person in charge of a health establishment in possession of a user's health records must set up control measures to prevent unauthorized access to those records and to the storage facility in which, or system by which, records are kept.

(2) Any person who—

- (a) fails to perform a duty imposed on them in terms of subsection (1);
- (b) falsifies any record by adding, deleting or changing any information contained in that record;
- (c) creates, changes or destroys a record without authority to do so;
- (d) fails to create or change a record when properly required to do so;
- (e) provides false information with the intent that it be included in a record;
- (f) without authority, copies any part of a record;
- (g) without authority, connects the personal identification elements of a user's record with any element of that record that concerns the user's condition, treatment or history;
- (h) gains unauthorised access to a record or record-keeping system, including intercepting information being transmitted from one person, or one part of a record-keeping system, to another;
- (i) without authority, connects any part of a computer or other electronics system on which records are kept to —
 - (i) any other computer or other electronics system;
 - (ii) any terminal or other installation connected to or forming part of any other computer or other electronics system; or

(iii) modifies or impairs the operation of—

(aa) any part of the operating system of a computer or other electronics system on which a user's records are kept; or

(bb) any part of the programme used to record, store, retrieve or display information on a computer or other electronic system on which a user's record are kept;

commits an offence and is liable on conviction to a fine or imprisonment for a period not exceeding one year or both.

36.—(1) Any person may lay a complaint about the manner in which he or she was treated at a health establishment and have the complaint investigated. Laying of complaints.

(2) Each Hospital Governing Board shall establish a procedure for the laying of complaints within those areas of the State health system for which they are responsible in compliance with the Ministry's directive.

(3) In laying a complaint, the person contemplated in subsection (1) must follow the procedure established by the Ministry.

PART 4

HOSPITAL MANAGEMENT COMMITTEES

37. There are established Hospital Management Committees to manage the affairs of the hospitals on a day-to-day basis. Establish-ment of Hospital Management Committees.

38. A Hospital Management Committee shall consist of: Composition of the Committees.

(a) the Medical Director who shall be the Chairman;

(b) all Heads of Clinical Departments;

(c) the Head of the Nursing Division;

(d) the Head of Pharmacy;

(e) all Heads of Supporting Service Departments, e.g. Accounts, Engineering, etc. and

(f) the Hospital Secretary who shall be a member and Secretary to the Committee.

Functions of
the Commit-
tees.

- 39.** The functions of the Health Management Committee shall be to—
- (1) assist the Chief Medical Director in the day-to-day management of the hospital and to ensure proper medical care of patients in the hospital;
 - (2) implement executive decisions of the Governing Board with regard to:
 - (a) the overall planning, expansion, development and maintenance of the hospital or health institutions within its jurisdiction;
 - (b) the revenues and expenditures of the hospital;
 - (c) the purchase of stores, furniture and equipment within the limits approved by the Governing Board;
 - (3)
 - (a) serve as the Personnel Management Committee for the appointment, promotion, discipline, including termination, dismissal of staff on G.L. 06 and below, with a right of appeal on dismissal/retirement to the Governing Board by aggrieved staff on G.L. 01-06;
 - (b) serve as the Personnel Management Committee for the promotion, discipline including termination/dismissal of staff on G.L. 07 – 12 but to refer cases of termination/retirement/dismissal to the Governing Board;
 - (4) implement staff training programmes and Continuing Medical Education Programmes with the approval of the Governing Board;
 - (5) set up standing sub-committees to assist in performing the following functions:
 - (a) quality control;
 - (b) ethics;
 - (c) procurement and supply;
 - (d) drugs and therapeutics;
 - (6) prepare and submit monthly statistical summaries (on attendance, morbidity, mortality and utilization of services), financial statements, quarterly reports, annual plans and progress report to the Governing Board and the Ministry; and
 - (7) prepare budget and establishment proposals to be cleared by the Governing Board(s) and the Health Service Commission before submission to the Ministry and thereafter present and defend the budget before the House of Assembly.

40.—(1) Subject to the provisions of this Law, each Medical Director shall be appointed by the Governor on the recommendation of the Commissioner as the Chief Executive and Accounting Officer of the Hospital(s) and the appointment shall be based on capability to manage and not on seniority.

Medical Director.

(2) The appointment shall be open to eligible public and private medical practitioners as further set out in Schedule 1 to this Law. If private medical practitioner is so appointed, the appointment cannot revert to lower or career grade on leaving the post of Medical Director.

Schedule 1.

41. The functions of the Medical Director shall be to—

Functions of Medical Director.

(1) handle the day to day management of human, financial and material resources of the hospital(s) in accordance with the objectives and targets set by the Governing Board of Hospital(s).

(2) discipline staff on the following grade levels:

(a) GL 12 and below whose conduct is prejudicial to the interest of the hospital, with punishment of between one to two weeks (7/14 days) suspension;

(b) officers on GL 13 and above, such suspension shall not be carried out if such recommendation is not supported by the Governing Board of the Hospital(s):

Provided that officers on GL 13 and above may appeal to the Health Service Commission if aggrieved by the disciplinary action while officers on GL 07 to 12 may appeal to the Governing Board.

42. A Medical Director who feels that his Governing Board has misdirected itself on a given policy issue, may, on giving due notice to the Board, refer the matter to the Health Service Commission which should then consult with the Commissioner.

Appeal.

43.—(1) The Medical Director of the Hospital shall hold office for a term of three years which may be renewable for another term based on performance.

Tenure of Office.

(2) The Medical Director may revert to his former post in the Hospital if appointed from a career post.

44.—(1) Where the Health Management Committee fails to comply with the provisions of Section 39 (6) of this Law, the Ministry may sanction the Committee of the Hospital or group of Hospitals concerned. Offending Health Management Committee and its Medical Director will be dissolved by the Board on the recommendation of the Ministry of Health.

Non-compliance.

(2) The continued existence of any Health Management Committee and its Medical Director shall be based on performance and compliance with the provisions of this Law.

PART 5

HEALTH FACILITIES MONITORING AND ACCREDITATION AGENCY

Establishment
of the Lagos
State Health
Facilities
Monitoring
and Accredita-
tion Agency.

45.—(1) There is established the Lagos State Health Facilities Monitoring and Accreditation Agency (referred to in this Law as “the Agency”);

(2) The Agency shall be a body corporate with perpetual succession and a common seal;

(3) The Agency may sue and be sued in its corporate name;

(4) The Agency shall be capable of taking, purchasing, leasing, holding, selling, exchanging and disposing of movable and immovable properties;

(5) The Agency may do all acts and things which a body corporate may by law do and which are necessary for the purpose of this Law;

(6) The common seal of the Agency shall be kept in such custody as the Agency directs and shall not be used except as authorised by the Commissioner.

Composition
of the Agency.

46.—(1) The Governing Board of the Agency shall consist of the following members:

(a) a Chairman nominated by the Commissioner for Health, being an experienced medical practitioner with a minimum of 10 years experience of high repute with quality service delivery goals;

(b) one member nominated by the Nigerian Medical Association (NMA);

(c) one member nominated by the National Association of Nigerian Nurses and Midwives, Lagos State Branch;

(d) a medical laboratory scientist nominated by the National Association of Medical Laboratory Scientists of Nigeria (Lagos State Branch);
and

(e) a legal practitioner nominated by the Honourable Attorney-General and Commissioner for Justice and who shall be a person with at least 10 years post call experience.

(2) The Governor shall appoint the nominees.

(3) There shall be an Executive Secretary who shall be a full-time and a non-voting member of the Agency.

47. In performing its functions and exercising its powers, the primary objectives of the Agency shall be to set up necessary standards for both public and private hospitals and other health institutions, improve the quality and efficiency of health care services to the patients by setting adequate standards and ensure strict compliance with same. Objectives of the Agency.

48. The functions of the Agency shall be to— Functions of the Agency.

(1) set required minimum standards for operations of health facilities both in public and private health sectors as shown in the Schedule to this Law;

(2) issue a format for registration form to include information on projected patient flow and monitoring chart for actual performance;

(3) accredit, inspect, monitor, and license all health facilities listed in a Schedule to this Law ;

(4) evaluate performance based on set standards by at least a monitoring visit twice a year;

(5) oversee the Quality Drug Assurance Laboratory;

(6) disseminate specific performance indicators by way of information to the public from data made available by the Research and Statistics Department at least quarterly and this shall be the responsibility of the Executive Secretary;

(7) ensure actual performance of the indicators;

(8) process applications for registration submitted to the Agency from any person;

(9) inspect the premises to be registered under this Law;

(10) collate all necessary information on registered health facilities in the State;

(11) advise the Commissioner on all matters relating to the registration, inspection and supervision of private and public hospitals in the State;

(12) enforce compliance with the provisions of this Law;

(13) ensure the authenticity of the credentials of its personnel.

Powers of the Agency.

49. The Agency shall have powers to—

- (1) receive applications for registration of premises for health facility;
- (2) inspect any premises to be registered as a health facility;
- (3) supervise private health facilities registered under this Law;
- (4) supervise public health facilities under this Law;
- (5) appoint franchise companies to monitor, inspect and ensure compliance with this Law by all health facilities in the State;
- (6) issue certificate of registration in respect of any premises registered under this Law;
- (7) charge fees payable for application forms and for any other services rendered under this Law;
- (8) suspend, revoke or cancel any certificate of registration issued under this Law.
- (9) set up standards for all facilities;
- (10) monitor strict compliance with the set standards;
- (11) enforce compliance for the improvement of health services to patients; and
- (12) acquire public and private sector resources to achieve the set objectives.

Conditions for appointing a Franchise Company.

50.—(1) A Franchise Company shall be a limited liability company with wide experience in health care facilities establishment and management including quality assurance.

(2) A Franchise Company shall have a registered office and staff complement to include all categories of health workers and shall be assisted by staff of the Local Government.

(3) An appointed Franchise Company shall carry out the monitoring and inspection of public and private health facilities in the State.

Funds of the Agency.

51. The funds of the Agency shall consist of:

- (1) such sums of other monies advanced by way of subvention or loans to the Agency by the State Government;

(2) revenue from inspection and penalties and charges;

(3) fees from other services rendered;

(4) such sums of other monies advanced by way of subvention or loans to the Agency by any government or donor agency; and

(5) such sums or other property as may from time to time be advanced by way of loan or grant to the Agency by the State Government;

(6) all monies paid for registration shall be payable into an account to be managed by the Agency; and

(a) the Agency shall retain 30% for its running costs;

(b) the Agency shall pay 50% to the franchise company or agent; and

(c) the Agency shall retain the remaining 20% to be paid as bonus in the first quarter of the new year to the Franchise Company or agent who brought in the revenue based on performance.

52.—(1) The Agency shall meet at least three times a month and at any other time deemed necessary by it. Meetings.

(2) The Agency may regulate its own proceedings at its meeting.

(3) Every meeting of the Agency shall be presided over by the Chairman.

(4) A record shall be kept of the members present and of the business transacted.

(5) The quorum of meetings shall be three members including the Chairman.

53.—(1) There shall be an Executive Secretary to the Agency who in addition to his functions under this Law, shall have such other administrative functions as may be assigned by the Chairman. Executive Secretary to the Agency.

(2) Where under this Law any function or power is conferred on the Agency, any exercise of such function or power by the Agency may be signified under the hand of the Secretary.

(3) The Secretary shall be a Civil Servant on a grade level not lower than GL13 preferably a health care professional with administrative experience to be appointed by the Commissioner.

- Quarterly Report. **54.** The Secretary to the Agency shall render quarterly reports on the activities of the Agency to the Ministry.
- Register. **55.** The Secretary shall cause an up to date register to be kept and maintained containing details of all public and registered health facilities under the Agency and such other particulars as the Commissioner may prescribe.
- Custody of Register. **56.** The Secretary shall secure the safety of the register which shall be in his custody and when not in use, the register shall be kept in such a way as the Secretary may direct.
- Alteration of Register. **57.** No person may insert, delete, alter or cause to be altered any material particular in the register relating to any registered health facility unless the Agency so directs such alteration, deletion or insertion in writing.
- Power to co-opt. **58.**—(1) Where the Agency desires to obtain advice of any person upon any matter, it may co-opt such person to be a member for such meeting or meetings as may be required and any such person shall, whilst so co-opted, have all the rights and privileges of a member of the Agency except that he shall not be entitled to vote on any question or count towards a quorum.
- (2) The Agency shall be assisted by such members of staff from the State Civil Service as may be required to assist in the execution of its duties under the Law.
- Power of the Commissioner to give directives. **59.** Subject to the provisions of this Law, the Commissioner may give to the Agency, general or specific directives as to the policy to be followed in the exercise of its functions, and the Agency shall comply with and give effect to all such directives.
- Registration of Health facilities. Schedules. **60.** As from the commencement of this Law, no person shall establish, carry on or run a health facility in the State in any premises not registered with the Agency under the provisions of this Law, and also to review licences already issued and inspect their facilities.
- Condition for Registration. **61.** Subject to the provisions of this Law, premises intended to be used as a health facility shall only be registered by the Agency if the Agency is satisfied that—
- (1) the medical practitioner in charge of, and any other medical practitioner connected with the health facility or any part thereof is qualified to practise any special branch of medicine there dealt with and is in all other respects a fit and proper person;
- (2) the registered nursing staff is adequate;

(3) the Matron or other person in charge of the Nursing Staff is a qualified Nurse and holds a diploma or certificate of training in nursing recognised by the Nursing and Midwifery Council of Nigeria;

(4) the premises (i.e. the site, building and general amenities) are satisfactory and in conformity with the requirements approved by Authority;

(5) the equipment is suitable and sufficiently adequate to meet the requirements of such Health facility as may be laid down by the Agency;

(6) the provisions of this Law or regulations made hereunder are complied with insofar as registration of premises for health facilities with in-patient facilities and health facilities with out-patient facilities are concerned;

(7) the health facility with in-patient facilities contains the maximum number of beds allowed under this Law;

(8) where a health facility or a clinic in operation engages in compounding of drugs, such Health facility or clinic shall employ and retain the services of a qualified Pharmacist who shall be registered and licensed by the Pharmacy Board of Nigeria; and

(9) the health facility complies with the provisions of this Law.

62.—(1) Any person aggrieved by a decision of the Agency in accordance with the provisions of this Law may appeal in writing to the Commissioner against such decision.

Appeal to
Commis-
sioner against
Agency's
Decision.

(2) Such appeal shall:

(a) be lodged within 60 days from the date on which written reasons for the decision were given by the Agency or such later date as the Commissioner permits; and

(b) set out the grounds of appeal.

(3) After considering the grounds of appeal and the Agency's reason for the decision, the Commissioner shall as soon as practicable—

(a) confirm, set aside or vary the decision;

(b) substitute any other decision for the decision of the Agency.

63. The Agency shall:

Standard of
Compliance.

(1) keep the Commissioner informed of the quality of health services provided throughout the State as measured against prescribed health standards;

- (2) advise the Commissioner on standards for quality in health services;
- (3) recommend to the Commissioner any changes which should be made to the prescribed health standards;
- (4) recommend to the Commissioner new systems and mechanisms to promote quality of health services;
- (5) monitor compliance with prescribed health standards by health establishments, health care providers and health agencies;
- (6) report to the Commissioner any violation of a prescribed standard where such violation poses an immediate and serious threat to public health and make recommendations to the Commissioner on the action to be taken in order to protect public health;
- (7) prepare an annual report to the Commissioner concerning its findings with regard to compliance with prescribed standards;
- (8) institute monitoring activities and processes for quality assurance in health facility;
- (9) inspect health facility in order to determine levels of compliance with prescribed health standards; and
- (10) instruct a health officer in compliance with Section 49 to inspect health facilities in order to—
 - (a) investigate any complaint, allegation or suspicion relating to the prescribed health standards; and
 - (b) report to the Chairman on the findings of any investigation contemplated in paragraph (a).

Certificate of
Registration.

64.—(1) The Agency shall issue a Certificate of Registration to any person who applies under this Law and has satisfied the conditions in Section 61 of this Law, in respect of premises to be used for a health facility.

(2) A Certificate of Registration issued by the Agency shall be signed by the Secretary and shall contain the Seal of the Agency.

(3) Subject to the provisions of this Law, no medical practitioner shall be in charge of more than one registered health facility.

Renewal of
Certificate.

65.—(1) A Certificate of Registration may be renewed every 12 months on the provision of Medical Records and Statistics.

(2) The Agency shall recommend any defaulting Hospital Governing Board for sanctions for non-provision of the specified Medical Records and Statistics or non-compliance with set standards.

66. The following certificates shall be displayed in a conspicuous place in any health facility: Display of Certificate.

- (1) Certificate of Registration;
- (2) Current Licence to practise; and
- (3) Professional Certificate of the head of the facility.

67.—(1) Subject to the provisions of this Law— Management of Health Facility.

- (a) every health facility shall be under the management, control and supervision of a Medical Practitioner referred to in this Law as the Medical Practitioner in-Charge;
- (b) every laboratory or diagnostic centre shall be under the management, control and supervision of other suitably qualified personnel who shall be responsible for carrying into effect the provisions of this Law or any other Law in the health facility concerned.

(2) Where more than one medical practitioner is connected with a health facility one of such medical practitioners shall be nominated as medical practitioner in-charge.

(3) Every medical practitioner in-charge of every health facility shall be registered with the Agency.

68. Subject to the provisions of this Law, the Commissioner may give to the Agency, general or specific direction as to what fees to charge for the initial registration and subsequent renewal of registration of health facilities in the State and the Agency shall comply and give effect to all directives. Power of Commissioner to regulate Fees.

69.—(1) The Agency or its duly authorised agent and/or franchise companies may between the hours of 8a.m.-5p.m. enter premises in respect of which the Agency had received application for registration as health facilities, for the purpose of inspection and to ensure that conditions for registration under Section 61 of this Law are being complied with. Inspection and Supervision.

(2) The Agency or its duly authorized agent, or its duly authorised Franchise Company may between the hours of 8a.m.-5p.m. enter any registered health facility in the State for the purpose of supervision and may require to be produced to it, all or any of the records, registers, and other documents required

to be kept under the provisions of this Law and the medical practitioner in-charge shall take such steps as may be necessary to facilitate such supervision and inspection:

Provided that nothing in this section shall be deemed to authorise the inspection of any medical record relating to a particular patient in a health facility.

(3) The Agency or duly authorised franchise company may enter any health facility in the State for ascertaining if it has been registered or whether it is being run in accordance with the provisions of the Law.

(4) The Agency, its duly authorized agency and/or its duly authorized franchise company shall inspect every health facility at least twice a year to ensure compliance with this Law, but may conduct announced or unannounced inspections of health facility at any time.

(5) An order issued with respect to subsection (4) above must be in writing and issued to the head of the health facility in question.

Notice of
non-
compliance

70.—(1) The Agency shall issue a written notice of non-compliance to the head of the health facility if the Agency determines that the health facility does not comply with:

- (i) any provision of this Law;
- (ii) building regulations; or
- (iii) the provisions of any other law.

(2) A notice of non-compliance shall be issued to the person responsible for any condition contemplated in subsection (1) above stating the nature and extent of the non-compliance and directing the appropriate corrective action to be taken within a specified period in respect of the health service practice or to minimize or rectify the non-compliance.

(3) A notice of non-compliance contemplated in subsection (1) above remains in force until the relevant provisions of this Law has been complied with and the Agency has issued a compliance certificate in respect of that notice.

Power to
cancel
Registration.

71.—(1) Where it appears to the Agency or any franchise company that the provisions of this Law are not being carried into effect in a health facility or that the health facility is not being conducted in the best interest of the health or well-being of the patients admitted thereto or that any medical practitioner connected with the health facility has ceased to be fit and proper person, the Agency may by order publish in the State Gazette:

(a) suspend the registration of such health facility until the conditions which caused the order of suspension to be issued have been rectified; or

(b) cancel the registration of such health facility if the conditions that warranted the suspension is not rectified within six (6) months:

(2) The Agency shall temporarily close down a health facility pending the order of the court if—

(a) the health facility has not been duly registered with the Agency;

(b) the health facility is being run by unqualified personnel or persons not registered with the appropriate professional body.

(3) When an order of suspension, temporary closure or cancellation of registration of a health facility has been made under the provisions of subsection (1) of this Section, such health facilities shall thereupon be closed and the in-patients shall, in the discretion of the Agency, be discharged or transferred to another private hospital or retained in the said health facility which has been so closed until, in the opinion of the Agency they are fit to be discharged or transferred and such retention of in-patients shall not be deemed to constitute an offence under the provisions of this Law. The cost incurred in effecting such transfer shall be borne by the offending health facility.

(4) Any person aggrieved by a suspension, temporary closure or cancellation made under the provisions of this Section may appeal to the Commissioner.

(5) Any order of suspension, temporary closure or cancellation made under the provisions of this Section shall be in addition to any proceedings which may be instituted in respect of any contravention or failure to comply with the provisions of this Law and to any penalties which may be imposed on conviction in such proceedings whether or not such conviction is heard on the facts on which the order of suspension, temporary closure or cancellation was made.

Provided that no such order of suspension or cancellation of registration shall be made until the medical practitioner in charge of such health facility has had an opportunity of defending himself either personally or in writing before the Agency.

72. Any person who wilfully delays or obstructs a person duly authorized by the Agency in the performance of its functions under this Law, or fails without reasonable excuse to give any information, which he is duly required to give shall be guilty of an offence and shall be liable to a fine as specified in a Schedule to this Law.

Obstruction
of duly
authorised
person from
the Agency.

Offences. 73. Where an offence has been committed against this Law as regards the establishment or the conduct of health facility and such health facility is owned by a person then, in addition to the Medical Practitioner in-charge, such person or in the case of a company, every director, company secretary who knowingly being a party to such offence, shall be guilty of an offence and liable on conviction to the penalty provided under the provisions of this Law.

Penalties. 74.—(1) Any person who establishes or operates a health facility without registering it with the Agency shall be guilty of an offence and liable on conviction to a fine of two hundred and fifty thousand Naira (₦250,000.00) *only* or imprisonment not exceeding three (3) years or both in case of an individual; and in case of corporate body, five hundred thousand Naira (₦500,000.00) *only* and the Directors shall each be liable to a term of imprisonment of three (3) years and fine.

(2) Any person who for the purpose of procuring the registration of health facility, makes a false statement or presents any document which is false shall be guilty of an offence and liable on conviction to a fine of two hundred and fifty thousand Naira (₦250,000:00) *only* or two (2) years imprisonment or both.

(3) Where health facilities are being run by unqualified persons, such persons shall be guilty of an offence and liable on conviction to two years imprisonment or One hundred thousand Naira (₦100,000:00) *only* fine or both.

(4) Where a health facility has employed the services of an unqualified person, both the proprietor and the medical practitioner-in-charge shall be guilty of an offence and shall each be liable to a fine of five hundred thousand Naira (₦500,000.00) *only* or imprisonment for six months or both.

(5) Any person who for the purpose of registration of health facility under this Law falsely represents himself or assumes any title of a health care practitioner for which he is not qualified or is not duly registered with the appropriate professional body, shall be guilty of an offence and shall be liable on conviction to a fine of not less than five hundred thousand Naira (₦500,000.00) *only* or imprisonment for a term not exceeding three (3) years or both and such impersonation shall invalidate the registration of the health facility if already approved.

(6) Any person whose premises is used as an illegal health facility shall be guilty of an offence and liable to a fine of fifty thousand Naira, and for any subsequent offence shall be liable to a fine of one hundred thousand Naira *only* or six months imprisonment or both.

(7) Any person contravening or failing to comply with any of the provisions of this Law shall on conviction in addition to other penalties forfeit any equipment and instrument impounded from such health facilities to the State Government.

(8) (1) Any person contravening or failing to comply with any of the provisions of this Law for which no penalty has been provided shall be guilty of an offence and liable to a fine of not less than one hundred thousand Naira, only or imprisonment for 6 months or both; and

(2) For any subsequent offence:

(a) In the case of an individual, a fine of not less than one hundred thousand Naira (₦100,000.00) only or imprisonment for six months or both;

(b) In the case of a company, a fine of not less than two hundred and fifty thousand Naira (₦250,000.00).

75. Subject to the provisions of this Law, the Agency shall have power to perform all acts necessary in connection with the performance of its functions and to enable it achieve its objectives under this Law.

Powers and attainment of objectives by the Agency.

76. The Ministry shall exercise supervisory control over the Agency.

Supervisory control over the Agency.

77. The Departments of the Agency shall include—

Departments of the Agency.

(1) The Administrative/Personnel Department which shall be headed by a Civil Servant on an equivalent position of a Chief Administrative Officer (GL. 14);

(2) The Department of Enforcement and Legal Services:

(a) There shall be a Department of Enforcement and Legal Services which shall be headed by a Legal Officer not below GL12 from the Ministry of Justice with appropriate experience in Civil Litigation/ Corporate Law experience;

(b) The Department shall be responsible for issuance of advice on all legal matters including enforcement of patients' rights and responsibilities even when the defects in the practices occur in public institutions and ensure the prosecution of offenders by the Ministry of Justice.

(3) The Department of Finance and Internal Audit which shall be headed by an equivalent of a Civil Servant not lower than GL.10 with appropriate experience in Finance and Accounts;

(4) (a) The Department of Research and Medical Statistics which shall be under a head who shall be an equivalent of a Chief Statistician or Medical Doctor with wide experience in Medical Statistics and Health Management Information System not below GL. 14.

(b) A Medical Doctor with public, health degree shall be considered an advantage for the post.

(5) (a) The Inspectorate Department which shall be under a head who shall be an experienced Medical Doctor not below GL. 14 with wide experience in General Practice, Medical Administration and Health Management.

(b) The head of the Department shall be capable of making decisions on specialised units e.g. E.M.S, Mortuary Services, Company Clinics, Diagnostic Facilities, and ability to co-opt other specialists like Ophthalmologists, Optometrists, Radiologists, Physical Medicine Consultants, Physiotherapists, Reproductive Health Specialists and Alternative Medicine Practitioners.

(c) The Department shall have powers to co-opt any person(s) in carrying out its activities under this Law.

Mass Burial of
Unclaimed
Bodies.

78.—(1) The operator of a mortuary shall have powers to carry out mass burial of unknown persons and destitutes where no relations show up to identify and claim the bodies after a period of six weeks. Provided the consent of the Hospital Management Committee has been obtained in writing.

(2) The Ministry shall monitor mass burials emanating from all mortuaries in the State.

PART 6

LAGOS STATE PRIMARY HEALTH CARE BOARD (LSPHCB)

79.—(1) There is established the Lagos State Primary Health Care Board (referred to in this part as ‘the Board’) which shall have the overall responsibility for Primary Health Care Management.

Establishment of the Lagos State Primary Health Care Board.

(2) The Board shall—

(a) be a corporate body with perpetual succession and a common seal;

(b) have power to sue and be sued in its corporate name; and

(c) be capable of holding purchasing, acquiring and disposing of property movable and immovable.

80. The Board shall be composed of—

Composition of the Governing Board.

(i) The Chairman; and

(ii) Four other members, who shall be persons with extensive experience in the Health Sector, preferably Health Care Professionals.

(iii) Director of Public Health, State Ministry of Health.

(iv) Representatives of the following Ministries:

(a) Finance;

(b) Budget and Planning;

(c) Information; and

(d) Local Government and Chieftaincy Affairs.

(v) Permanent Secretary who shall be the Board Secretary.

(vi) The Chairman, Traditional Medicine Board or his representative.

(vii) The Chairman and other non-ex-officio members shall be appointed by the Governor on the recommendation of the Commissioner.

81.—(1) The quorum of the Board shall be eight members including the Chairman.

Quorum and Voting.

(2) All questions at any meeting of the Board shall be determined by a majority of votes of members present and voting.

(3) When there is equality of votes at a meeting, the Chairman or any member presiding at such meeting shall have a casting vote.

Secretariat. **82.**—(1) There shall be a Board Secretariat which shall be headed by a Permanent Secretary who shall be a medical professional with post-graduate qualification in Public Health with a minimum of 15 years post qualification experience in medical practice.

(2) He shall be appointed from among the body of serving Medical Officers of Health in the State.

Tenure of Members. **83.** The Chairman and other members of the Board shall hold office for a term of three years, renewable for another one term of three years as the Governor may deem fit but not more than two terms.

Removal from Office. **84.** A member may be removed from office by the Governor on the occurrence of the member becoming bankrupt, convicted, disqualified or suspended by professional body, or becomes of unsound mind.

Functions of the Board. **85.** Subject to the provisions of this Law, the Board shall—

(1) Be responsible for the coordination of the planning, budgeting, monitoring and evaluation of all the Primary Health Care (PHC) services that affect the residents of the State and other matters incidental thereto;

(2) Advise the Commissioner and the leadership of the Local Government Area on any matter regarding PHC services in the State;

(3) Pay salaries and allowances to PHC staff in the State;

(4) Disburse funds provided to it from both the NPHCDA and other sources;

(5) Recruit, promote PHC employees on GL. 07 and above;

(6) Improvement/establishment of policies in respect of PHC Implementation Matters;

(7) Handle pension matters for all PHC employees;

(8) Monitor activities of Local Government Health Authority on appointments, discipline and promotion of employees on GL. 01 to 06 in order to ensure that the guidelines are strictly and uniformly adhered to;

(9) Serve as the appellate body for all dismissal/retirement petitions from aggrieved PHC employees on GL. 01 to 06;

(10) Maintain up-to-date personnel records of all PHC employees;

(11) Maintain a comprehensive database of all grades of PHC employees;

(12) Coordinate inter-state, inter-service and inter-facility transfers of PHC employees;

(13) Compile for gazette publication of establishment matters, staff movements, including new appointment, promotions and retirement/dismissals;

(14) Oversee PHC joint staff welfare matters including Housing, Transport;

(15) Ensure manpower planning development and training in the PHC services;

(16) Exercise direct responsibility over training and staff development of PHC employees on GL. 07 and above; and

(17) Approve promotions for PHC employees on GL. 01 – GL. 06 as recommended by each Local Government Health Authority.

86. The Board shall have the power to—

Powers of the Board.

(1) Set general and uniform guidelines for the establishment of Junior and Senior Personnel Management Committees;

(2) Delegate to the Local Government Health Authority (LGHA) the powers for appointments, promotions, discipline, training and staff development in respect of primary health-care employees on GL. 01 to 06; and

(3) Delegate to the Governing Boards of LGHA power to discipline staff on GL. 7-GL. 12 except for dismissal/retirement.

87. The Ministry of Health shall exercise a supervisory role over the Board.

Supervisory role of the Ministry of Health.

88.—(1) The Secretary shall carry out the day-to-day administration of the affairs of the Board in accordance with the provisions of this Law, and shall be responsible for the following matters—

Secretary to the Board.

(a) Making arrangements for meetings of the Board;

(b) Preparing the agenda and the minutes of such meetings;

- (c) Implementing the decisions of the Board;
- (d) Arranging for payment of fees and allowances of meetings and all other matters affecting members of the Board as may be specifically assigned to him by the Board.
- (e) Keeping and securing the records of the Board.

(2) The Secretariat shall have a variety of distinct and major categories of health professionals as Doctors, Pharmacists, Community Health Workers, Nurses, Health-Educators, Environmental Health Officers, etc. at Director/ Assistant Director levels.

Remuneration of the Board Members.

89. There shall be paid to the Chairman and other members of the Board such salary and allowances as are considered reasonable by the Governor.

Standing Committees.

90. The Board shall set up standing committees to assist in performing the following functions—

- (1) Quality control;
- (2) Ethics;
- (3) Procurement supply;
- (4) Drugs and therapeutics.

Annual Report.

91. The Board shall submit an annual report of its activities to the Commissioner and the House of Assembly before the 31st day of March of the following year.

Funds and Resources of the Board.

92. The funds and resources of the Board shall consist of:

- (1) all sums, investments or other property vested in the Board by virtue of the provisions of this Law;
- (2) such sums or other advances by way of loans, or grants to the Board by any Government;
- (3) such sums or other property as may from time to time be advanced by way of loans or grants to the Board by any agency or institution, any international organisation and private foundation or any person whatsoever;
- (4) any investments or other property whatsoever acquired by or vested in the Board;

(5) money earned or arising from any investments or other property acquired by or vested in the Board; and

(6) the funding shall be in accordance with the National Health Act.

93.—(1) The Board may with the approval of the Governor from time to time, borrow money by issuing debentures, stocks, or other securities or in any other manner for and in connection with the exercise of its functions under this Law. Power to borrow money.

(2) An approval given for the purpose of this section may be either general or limited to a particular borrowing or otherwise and may be subject to conditions.

94. The Board shall operate bank accounts for its funds with a reputable bank or banks in the State and the signatories to the account shall be the Permanent Secretary or in his absence his designated representative and the Head of Accounts, or in his absence his designated representative. Bank Account.

95.—(1) The Board shall keep proper accounts of all its Audit transactions in such form as it may direct, and which shall comply with standard accounting practice. Account and Audit returns by the Board.

(2) The form of accounts shall be such as to ensure the provision of separate information in respect of each of the main activities and divisions of the Board.

(3) The accounts shall be audited annually by the Auditor-General or any person authorized by him in that behalf in accordance with the provisions of the Constitution.

(4) The Board shall establish proper internal control measures to administer its accounts.

96. The Board shall have the following directorates— Directorates.

1. The Directorate of Medical and Disease Control Services;
2. The Directorate of Nursing Services;
3. The Directorate of Pharmaceutical Services;
4. The Directorate of Community Health;
5. The Directorate of Health Education and Promotion;
6. The Directorate of Environmental Health Services;

7. The Directorate of Health Planning, Research and Statistics;
8. The Directorate of Finance and Administration;
9. The Directorate of Accounts;
10. The Directorate of Pension and Establishment matters.

Power to
make
regulations.

97. The Board may make regulations as may be necessary or expedient for securing the due performance of any duty imposed and the effective exercise of any power conferred upon the Board by or under the provisions of this part.

PART 7

LOCAL GOVERNMENT HEALTH AUTHORITY

Establishment
of Local
Government
Health
Authority.

98.—(1) There is established a part-time Health Authority for each Local Government in the State as specified under this part.

(2) The Authority shall:

- (a) Be a body corporate with perpetual succession and a common seal;
- (b) Have power to sue and be sued in its corporate name; and
- (c) Be capable of holding purchasing, acquiring and disposing of property movable and immovable.

Composition
of the
Authority.

99.—(1) The Local Government Health Authority (LGHA) shall consist of:

- (a) A part-time Chairman who shall be a qualified medical/health practitioner of proven integrity with a minimum of 10 years experience;
- (b) A representative of the private healthcare providers in the Local Government Area;
- (c) Two (2) persons of proven integrity selected from the community within the Local Government Area one of whom shall be a female;
- (d) The Medical Officer of Health of the Local Government Area; and
- (e) A representative of the Traditional Medicine Board.

(2) The Chairman and members of the Authority shall be appointed by the Commissioner on the recommendation of the Local Government Area Chairman.

100. The Medical Officer of Health shall be the Secretary to the Authority and shall be the Administrative Head of the Authority.

Secretary to the Local Government Health Authority.

101. Subject to the provisions of this part, the Authority shall perform the following functions:

Functions of the Local Health Authority.

(i) Setting out targets in line with all overall objectives of setting up the Primary Health Committee (PHC) Facilities and taking due cognizance of government policy directives as provided by the Executive Chairman of the Local Government Area, in respect of economic, financial, operational and administrative programmes;

(ii) Measuring performance against set targets;

(iii) Implementing broad policy measures on primary health care development plans;

(iv) Supervising and monitoring management committees to ensure that targets are achieved;

(v) Exercise powers to discipline staff on GL 01-06;

(vi) Considering plans and budgetary proposals of the Ward Health Committee before submission to the Ministry of Health through Board;

(vii) Delegating to the Ward Health Committee (WHC) the responsibilities for delivery of healthcare services that meet community needs and satisfaction; and

(viii) Ensuring coordination and integration of various health services within its jurisdiction.

102. The funds and resources of each Authority shall consist of:

Funds and Resources of the Authority.

(1) All sums, investments or other property vested in the Authority by virtue of the provisions of this Law;

(2) Such sums or other advances by way of loans, or grants to the Authority by the Government;

(3) Such sums or other property as may from time to time be advanced by way of loans or grants to the Authority by any agency or institution, any International Organization and private foundation or any person whatsoever;

(4) Any investments or other property whatsoever acquired by or vested in the Authority; and

(5) Money earned or arising from any investments or other property acquired by or vested in the Authority.

Loans and
Grants by any
Government.

103.—(1) It shall be lawful for the Government through the Ministry of Health to make to the Authority the following:

(a) Grants of any sums of money or property deemed necessary; and

(b) Loans upon such terms as to repayment of interest or otherwise as the Government may determine.

(2) The Government may, if it deems it expedient so to do, waive in favour of the Authority any right or liability to the Government in respect of any property vested in the Board.

(3) The Authority shall in respect of any money (other than grants) advanced by the Government, create and maintain an advance account in favour of the Government of an amount equal to the total sums of money so advanced.

(4) The advance account referred to in subsection (3) of this Section shall be subject to such conditions as to interest and repayments as the Governor may determine at the time of taking such loans notwithstanding that the Governor may waive at any time such interest and principal repayments as may become due and payable.

Tenure of
Office.

104. The Chairman and members of the Authority shall hold office for a period not exceeding three (3) years and shall be eligible for re-appointment for one other term as the Executive Chairman may deem fit.

Meetings.

105.—(1) The Authority shall meet only once a month (except when there is need for an emergency meeting) and shall hold bi-annual review meetings with the Ministry.

(2) The Authority shall hold a quarterly review meeting with the Board.

Remuneration.

106. The Chairman and other members of the Authority shall be paid a monthly sitting allowance as the Executive Chairman may determine from time to time.

107. The Ministry, the Board and all Local Government Health Authorities must ensure that adequate and comprehensive information is disseminated on the health services for which they are responsible, which shall include—

Duty to disseminate information.

- (1) The types and availability of health services;
 - (2) The organization of the health services;
 - (3) Operating schedules and timetables of visits;
 - (4) Procedures for access to the health services;
 - (5) Other aspects of health services which may be of use to the public;
- and
- (6) Procedures for laying complaints.

108. Any person in charge of a health establishment must ensure that a health record containing such information as may be prescribed is created and maintained at that health establishment for every user of health services.

Obligation to keep Records.

109.—(1) All information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment is confidential.

Confidentiality.

(2) Subject to the provisions of this Law, no person may disclose any information contemplated in subsection (1), unless —

- (a) The user consents to that disclosure in writing; or
- (b) A court order or any law requires that disclosure; or
- (c) Non-disclosure of the information represents a serious threat to public health.

110.—(1) Any person working for or on behalf of any health establishment or any health care provider has access to the health records of user and may disclose such person’s information to any person, health care provider or health establishment as is necessary for any legitimate purpose within the ordinary course and scope of his duties where such access or disclosure is in the interest of the user.

Access to health records.

(2) For the purpose of this section, “personal information” means any information held about an identifiable person; but does not include information that bears on the duties of public employees and official.

Access to health record by Health Care Provider.

111. A health care provider may examine a user's health records for the purpose of—

- (i) treatment with the authorization of the user; and
- (ii) study, teaching or research with the authorization of the user, head of the health establishment concerned and the relevant health research ethics committee.

Protection of health record.

112.—(1) The person in charge of a health establishment in possession of a user's health record must set up control measures to prevent unauthorized access to those records and to the storage facility in which, or system by which, records are kept.

- (2) Any person who—
 - (a) Fails to perform a duty imposed on them in terms of subsection (1);
 - (b) Falsifies any record by adding, deleting or changing any information contained in that record;
 - (c) Creates, changes or destroys a record without authority to do so;
 - (d) Fails to create or change a record when properly required to do so;
 - (e) Provides false information with the intent that it be included in a record;
 - (f) Without authority, copies any part of a record;
 - (g) Without authority, connects the personal identification elements of the user's record with any element of that record that concerned the user's condition, treatment or history;
 - (h) Gains unauthorized access to a record or record-keeping system, including intercepting information being transmitted from one person, or one part of a record-keeping system, to another;
 - (i) Without authority, connects any part of a computer or other electronics system on which records are kept to—
 - (i) Any other computer or other electronics system;
 - (ii) Any terminal or other installation connected to or forming part of any other computer or other electronics system; or

(iii) Modifies or impairs the operation of—

(aa) Any part of the operating system of a computer or other electronics system on which a user's records are kept; or

(bb) Any part of the programme used to record, store, retrieve or display information on a computer or other electronic system or which a user's record are kept;

commits an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding one year or both.

113.—(1) Any person may lay a complaint about the manner in which he or she was treated at a health establishment and have the complaint investigated. Laying of complaints.

(2) Each Health Facility shall establish a procedure for the laying of complaints within those areas of the primary health system for which they are responsible.

(3) In laying a complaint, the person contemplated in subsection (1) must follow the procedure established by the Health Facility concerned.

PART 8

WARD HEALTH COMMITTEE AND HEALTH FACILITY MANAGEMENT TEAM

114. There is established a Ward Health Committee (WHC) in each Ward of the Local Government Area. Establishment of Ward Health Committee.

115. The Committee shall compose of—

- (1) A part-time Chairman;
- (2) Three persons representing the Community; and
- (3) The officer in-charge of the Management Team as member;

(4) The Chairman and members of the Ward Health Committee shall be appointed by the Chairman on the advice of the Supervisor for Health.

Composition
of the
Management
Team.

- 116.**—(1) The officer in charge as team leader.
- (2) All Heads of Units;
- (3) All Heads of inter-related units, e.g. Accounts, Engineering, Agriculture, Education, etc.

Functions of
Ward Health
Committee.

- 117.** The functions of the Ward Health Committee shall be to—
- (1) Assist the Medical Officer of Health in the day to day management of the health facility and to ensure proper medical care of patients;
- (2) Make proposals with regard to—
- (a) The overall planning, expansion, development and maintenance of the health institutions within the jurisdiction;
- (b) The revenues and expenditures of the facility;
- (c) The purchase of stores, furniture and equipment within the limits approved by the Authority;
- (3) Implement staff training programmes and continuing Medical Education programmes with the approval of the Authority.
- (4) Prepare and submit monthly statistical summaries (on attendance, morbidity, mortality and utilization of service), financial statements, quarterly, annual plan and progress report as required by the Authority and the Board; and
- (5) Prepare budget and establishment proposals for approval by the Authority before submission to the Board.

Functions of
Medical
Officer of
Health.

- 118.** The functions of the Medical Officer of Health shall be to—
- (1) Handle the day-to-day management of human, financial and material resources of the health facility(ies) in accordance with objectives and targets set by the Local Government Health Authority.
- (2) Discipline staff whose conduct is prejudicial to the interest of the Authority.
- (3) Carry out all other duties as stated in Schedule 15 of this Law.

119.—(1) The Officer-in-Charge shall be appointed from among the body of serving Health Workers. Officer-in-Charge (OIC) of Facility.

(2) He shall be the most Senior Health Worker within the health workers posted to the Facility and Community Health Officer qualification may be an added advantage.

(3) The officer in charge of the Health Facility shall hold office for a term of three years, which may be renewable for another term based on performance.

120.—(1) Where the Ward Health Committee fails to comply with the provisions of Section 101 (*vii*) of this Law, the Local Government Health Authority may sanction the committee of the Facility concerned. Non-compliance.

(2) The continued existence of any Ward Health Committee and its officer in-charge shall be based on performance and compliance with the provisions of this Law.

PART 9

THE LAGOS STATE TRADITIONAL MEDICINE BOARD

121.—(1) There is hereby established a body to be known as the Lagos State Traditional Medicine Board (in this part referred to as “the Board”). Establishment of the Lagos State Traditional Medicine Board.

(2) The Board shall be a body corporate with perpetual succession and a common seal and may sue and be sued in its corporate name.

122.—(1) The Board shall consist of twelve members listed as follows— Composition of the Board.

- (a) a Chairman who shall be a University Graduate registered with the Traditional Medicine Board and with a minimum of 10 years experience.
- (b) One person each who shall represent the five divisions of the State who shall be a registered practitioner with a minimum of 5 years experience, and shall be nominated by his Association.
- (c) Two representatives with considerable experience in Traditional Medicine who shall be appointed from:
 - (i) the Health Service Commission;
 - (ii) the Pharmaceutical Society of Nigeria, Lagos State Branch; and
- (d) A Legal Practitioner of not less than 10 years post call experience representing public interest.

- (e) One representative each from:
 - (i) Ministry of Education; and
 - (ii) Lagos State Drug Quality Assurance Laboratory;
- (f) The Registrar of the Board who shall be a University Graduate with considerable experience in traditional medicine and also a registered traditional medicine practitioner for at least 5 years.

(2) The Chairman and members of the Board specified in subsection (1) of this Section shall be appointed by the Governor on the recommendation of the Commissioner.

(3) The supplementary provisions set out in the First Schedule to this Part shall have effect with respect to the proceedings of the Board and other matters contained therein.

Tenure,
Resignation
and Removal
from Office.

123.—(1) The Chairman and members of the Board, other than ex-officio members shall each hold office for a period of 3 years on such terms and conditions as may be specified in their letters of appointment and may be re-appointed for one further period of 3 years and no more.

(2) Notwithstanding the provisions of subsection (1) of this Section, the Chairman or any member of the Board may, at any time, be removed from office by the Governor, on the recommendation of the Commissioner, for inability to discharge the functions of his office (whether arising from infirmity of mind or body or any other cause), or for corrupt practices or any act of misconduct.

(3) The Chairman or any member of the Board may, at any time resign his office by a letter addressed to the Governor, or if the Governor is satisfied that it is not in the interest of the Board or in the interest of the public for the person appointed to continue in office, the Governor, on the recommendation of the Commissioner, may notify the person in writing to that effect.

(4) Soon after the office of the Chairman or any member of the Board has become vacant, the authority by which he was appointed shall appoint another person in his place for the unexpired term of office in accordance with the provisions of this Law.

Remunera-
tions and
Allowances of
Members of
the Board.

124.—(1) The Chairman and members of the Board shall be paid such remunerations, allowances and benefits as may be determined from time to time by the State Government.

(2) The Chairman and members of the Board, other than ex-officio members shall not, while holding office, hold any other office of emolument in any of the public services of the State.

125. The Board shall—

Functions of
the Board.

(1) facilitate, coordinate and harness all efforts aimed at the development of traditional medicine in the State;

(2) establish institutional framework and propose policies for the practice of traditional medicine in the State;

(3) liaise with the relevant regulatory authorities on traditional medicine at the Federal and Local Governments with respect to implementation of the National policies and guidelines on traditional medicine;

(4) encourage and promote the establishment of model services and institutions on traditional medicine such as clinics, schools, botanical gardens, herbal centres, drug manufacturing units, etc. in the State;

(5) on a regular basis, collect, publish, disseminate and exchange information on traditional medicine and develop a State Traditional Medicine Information system;

(6) establish and maintain a register of persons entitled to practise traditional medicine in the State and publish annually, a list of persons so registered;

(7) prepare and review, from time to time, code of practice for practitioners of traditional medicine in the State;

(8) in collaboration with the relevant agencies or bodies, develop curricula of studies, and determine the standards of knowledge and skills for training in traditional medicine in the State;

(9) in collaboration with relevant agencies or bodies, accredit institutions properly organized and equipped for conducting the whole or any part of a course of training on traditional medicine approved by the Board;

(10) to compile and maintain a register of all Traditional birth attendants, Nurses, Midwives and Traditional Medicine Ingredients/Product Sellers or other practitioners of Traditional Medicine in the State; and

(11) perform such other functions as are necessary for carrying out its objectives under this Part.

126.—(1) The Board shall have power to—

Powers of the
Board.

(1) set standards for certifying persons seeking registration with the Board as traditional medicine practitioners;

- (2) make regulations for the discipline of erring traditional medicine practitioners;
- (3) set guidelines for the establishment of Committees for the regulation and practice of traditional medicine in the State;
- (4) establish and periodically review and update the guidelines for the regulation of traditional medicine practice in the State with a view to protecting the population from quackery, fraud and incompetence;
- (5) have right of access to all records of any institution or bodies to which this Law applies;
- (6) enter into collaborative and cooperative agreements or arrangements with agencies and bodies with similar objectives within and outside the State;
- (7) consider for approval or otherwise any qualification in traditional medicine obtained from foreign institutions or training schools recognized by government of the countries where the institutions or schools are located and the Board may withdraw such approval in line with the provisions of this Law;
- (8) standardizing training in traditional medicine and type of medical service to be rendered;
- (9) to establish within the State registration offices for purposes of registering traditional herbalists, birth attendants, and other practitioners in traditional medicine practising within the State;
- (10) to lay down conditions to be followed by traditional herbalists, birth attendants and other practitioners in traditional medicine in clinics and hospitals, within the State;
- (11) to regulate the code of conduct and practice of traditional herbalists or healers, birth attendants or other practitioners in traditional medicine in the State;
- (12) to charge fees for and collect fees for registration and to review such fees;
- (13) to regulate the code of conduct and practice of traditional herbalists;
- (14) to regulate the conduct and practice of Traditional Medicine Ingredients/Products Sellers;

(15) to make regulations with respect to sale of herbal products within the State; and

(16) to do anything generally which in its opinion shall ensure the achievements of the purposes of this Part.

(2) The Board shall be responsible for the overall supervision of traditional medicine, hospitals, clinics and traditional institutions owned by traditional herbalists or healers, birth attendants or other practitioners in traditional medicine within the State and the supervision and maintenance of any traditional clinic, health centres and hospitals that the Board may set up and operate by virtue of this Part.

(3) In addition to any powers conferred on the Board under this Part the Board shall have the following powers—

- (a) subject to the approval of the Commissioner to borrow money and to invest the funds of the Board;
- (b) to charge and collect fees for any facilities provided by or by arrangement with the Board;
- (c) such other powers as the Commissioner may by order confer on the Board.

127.—(1) There shall be for the Board a Registrar who shall be—

Registrar of
the Board.

- (a) appointed by the Governor on the recommendation of the Commissioner;
- (b) responsible for the execution of policy and the day-to-day running of the affairs of the Board as directed by the Chairman and the Board;
- (c) the head of the Secretariat of the Board; and shall
- (d) issue notices of meetings of the Board;
- (e) keep and secure the records of the Board;
- (f) be responsible for the preparation of the minutes of the Board; and
- (g) perform such other functions as may be determined, from time to time by the Board.

(3) The Registrar shall hold office in the first instance for a term of 4 years and may be re-appointed for a further term of 4 years; and no more on such terms and conditions as may be specified in his letter of appointment.

(4) The Board shall appoint such other category of staff as it may deem necessary, from time to time, for the purpose of performing the functions of the Board under this Part.

(5) The Board shall, with the approval of the Commissioner, determine the terms and conditions of service including remunerations, allowances, benefits, etc., of officers and employees of the Board.

Contributory Pensions Act.

128. Service in the Board shall be approved service for the purpose of the Contributory Pensions Act, and accordingly, employees of the Board shall be entitled to pension, and other retirement benefits in respect of that office as applicable in the Civil Service of the State.

Establishment of State Traditional Medicine Fund.

129. There is established for the Board, a Fund to be known as the Traditional Medicine Fund (in this Part referred to as “the Fund”). The Fund established pursuant to this Section shall consist of the following—

- (a) such sums as may be appropriated, from time to time, to the Board by any Government;
- (b) money paid to the Board by way of grants, subsidies, donations, gifts, charges, fees, subscriptions and interest; and
- (c) all other sums of money accruing to or vested in the Board in respect of any matter incidental to its powers or functions under this Law.

Expenditure of the Board.

130. The Board may, from time to time, apply the proceeds of the Fund established under Section 129 of this Law to:

- (a) offset the cost of administration of the Board;
- (b) offset the payment of emoluments, allowances and benefits of members of the Board and for reimbursing members of the Board or of any committee set up by the Board and for such expenses as may be expressly authorized by the Board;
- (c) offset the payment of salaries, fees or other remuneration or allowances, gratuities and pensions, and other benefits payable to the staff and other employees of the Board.

- (d) The development and maintenance of any property vested in or owned by the Board;
- (e) Maintaining general financial reserves subject to general or special directives that may be given in that behalf by the Governor in accordance with the provisions of this Law; and
- (f) Carry out in connection with all or any of its functions under this Part.

131. The Board may, with the approval of the Commissioner or in accordance with the general authority given by the State Government, borrow by way of loan or overdraft from any source any monies required by the Board to meet its obligations and its functions under this Part.

Power to borrow.

132.—(1) The Board shall accept gifts of land, money or other property on such terms and conditions, if any, as may be specified by the person or organization making the gift.

Power to accept Gifts.

(2) The Board shall not accept any gift if the conditions attached by the person or organization making the gift are inconsistent with the objectives of the Board under this Part.

133.—(1) The Board shall, not later than the 30th day of September in each year, submit to the Commissioner an annual report of the estimate of its income and expenditure during the succeeding year and such report shall include a copy of the audited accounts of the Board for that year and the auditors' report on the accounts.

Annual Reports.

(2) The Board shall keep proper accounts in respect of each year and proper records in relation to those accounts and shall cause its accounts to be audited within six months after the end of each year by auditors appointed by the Board from the list and in accordance with the guidelines supplied by the Auditor-General of the State.

134. There is established for the Board, a Committee to be known as the Traditional Medicine Board Disciplinary Committee (in this Law referred to as "the Disciplinary Committee") which shall be charged with the duty of considering and determining any case referred to it by the Investigating Panel established in the State and any other case of which the Disciplinary Committee has cognizance under the provisions of this Part.

Establishment of Traditional Medicine Board Disciplinary Committee.

135. The Disciplinary Committee shall consist of—

Composition of the Disciplinary Committee.

- (a) The Chairman of the Board as Chairman;
- (b) Four Traditional Medicine Practitioners;

- (c) Two representatives of the Board; and
- (d) two persons to represent public interest to be appointed by the Commissioner, one of whom shall be a legal practitioner with a minimum of five years post-call experience.

Penalties for
Professional
Misconduct.

136.—(1) Where—

- (a) a person practising under this Law is deemed by the Disciplinary Tribunal to be guilty of infamous conduct in any professional respect; or
- (b) a person practising under this Law is convicted by a law court or Committee in the State or elsewhere having power to award imprisonment, of an offence (whether or not an offence punishable with imprisonment) which in the opinion of the Disciplinary Committee is incompatible with the status of a traditional medicine Practitioner; or
- (c) The Disciplinary Committee is satisfied that the name of any person has been fraudulently registered;
- (d) The Disciplinary Committee may, if it deems fit, make a recommendation to the Board to give a direction reprimanding that person or ordering the Registrar of the Board to strike his name off the relevant part of the register;

(2) The Disciplinary Committee may, if it deems fit, defer or further defer its decision as to the giving of a direction under subsection (1) of this Section until a subsequent meeting of the Disciplinary Committee:

Provided—

- (a) no decision shall be deferred under this subsection for periods exceeding two years in the aggregate; and
 - (b) no person shall be a member of the Disciplinary Committee for the purposes of reaching a decision which has been deferred or further deferred, unless he was present as a member of the Disciplinary Committee when the decision was deferred.
- (3) For the purpose of subsection (1) of this Section, a person shall not be treated as convicted, as therein mentioned, unless the conviction stands at a time when no appeal or further appeal is pending or may (without extension of time) be brought in connection with the conviction.

(4) When the Disciplinary Committee gives direction under subsection (1) of this Section, the Disciplinary Committee shall cause notice of the direction to be served on the person to whom it relates.

137.—(1) A person to whom a direction relates may, at any time within twenty-eight days from the date of service on him of notice of the direction, appeal against the direction to the High Court and the Disciplinary Committee may appear as respondent to the Appeal and, for the purpose of enabling directions to be given as to the costs of the Appeal and of proceedings before the Disciplinary Committee, the Disciplinary Committee shall be deemed to be a party thereto whether or not it appears on the hearing of the Appeal.

Appeal against direction of the Disciplinary Committee.

(2) A direction of the Disciplinary Committee under subsection (1) of this Section shall take effect—

- (a) where no appeal under this Section is brought against the direction within the time limited for such an appeal, or on the expiration of that time;
- (b) where an appeal is brought and is withdrawn or struck out on the withdrawn or striking out of the appeal;
- (c) where an appeal is brought and is not withdrawn or struck out as aforesaid, if and when the appeal is dismissed and shall not take effect in accordance with the foregoing provisions of this subsection.

(3) A person whose name is struck off the register in pursuance of a direction of the Disciplinary Committee under this Section shall not be entitled to be registered in that register again except in pursuance of a direction in that behalf given by the Disciplinary Committee on the application of that person.

(4) A direction under Section 136 (1)(d) of this Law, for the striking off of a person's name from the register, may prohibit an application under this Section by that person until the expiration of such period from the date of the direction (and where he has duly made such an application from the date of his last application) as may be specified in the direction.

138.—(1) There is established for the Board a body to be known as the Lagos State Traditional Medicine Board Investigating Panel (in this Law referred to as "the Investigating Panel"), which shall be charged with the duty of—

Establishment of the Lagos State Traditional Medicine Board Investigating Panel.

- (a) conducting preliminary investigation into any case where it is alleged that a person practising traditional medicine has misbehaved or committed an act of misconduct or breached any of the ethics or code of practice of Traditional Medicine or should for any other reason be subject of proceedings before the Disciplinary Committee; and

(b) deciding whether the case should be referred to the Disciplinary Committee.

(2) Subject to the provisions of subsection (1) of this Section, the Investigating Panel shall, upon conclusion of its investigation and if it is of the opinion that the matter shall be the subject of proceedings before the Disciplinary Committee, refer the matter to the Disciplinary Committee.

Composition of the State Traditional Medicine Investigating Panel.

139.—(1) The members of the Investigating Panel established under this Section shall be appointed by the Board and shall consist of—

(a) two registered traditional medicine practitioners who are resident in the State;

(b) two representatives of the Board; and

(c) two other persons who shall not be members of the Board, and one of whom shall be a legal practitioner of not less than 5 years post qualification experience to represent public interest.

(2) The provisions of the 23rd Schedule to this Part shall, insofar as they are applicable to the Investigating Panel, have effect with respect to it.

Direction by the Commissioner, etc., to the Board.

140. The Commissioner may give to the Board such directives of a general nature or relating generally to matters of policy with regard to the exercise of its or his functions or with respect to the maintenance and securing of public safety and order.

Powers to make regulations.

141. The Commissioner may, in accordance with the Board's guidelines and on the advice of the Board, make regulations generally for the purposes of this Part or for giving effect to the functions of the Board and in particular prescribe—

(a) for the performance of any duty imposed under this Part; and

(b) standards and guidelines for maintenance, management, organization, administration, and operation of traditional medicine, clinics, health centres, and hospitals or any facilities for traditional medicine of any description owned or operated by the Board or any private individual or corporate body in the State;

(c) The Commissioner may give to the Board or the Registrar such directives of a general nature or relating generally to matters of policy with regard to the exercise of its or his functions or with respect to the maintenance and securing of public safety and order.

- (d) The Commissioner may, on advice of the Board, make regulations generally for the purposes of this Part or for giving effect to the provisions of this Part.

142.—(1) As from the commencement of this Law, any person who is not a registered Traditional Medicine Practitioner who: Offences and penalties.

- (a) for or in expectation of reward, practices or holds himself out as a registered Traditional Medicine Practitioner or practices as a Traditional Medicine Practitioner, or

- (b) takes or uses the title, of Traditional Medicine Practitioner, commits an offence.

(2) If any person for the purpose of procuring the registration of any name, qualification or other matter:

- (a) makes a statement which he believes to be false in a material particular;
or

- (b) recklessly makes a statement which is false in a material particular, commits an offence under this Section.

(3) If the Registrar or any person employed by the Board wilfully makes any falsification in any matter relating to the register he commits an offence under this Section.

(4) A person who is guilty of an offence under this Section shall be liable:

- (a) on first conviction, to a fine of ₦50,000; and on subsequent conviction or indictment, to a fine of ₦100,000; or

- (b) imprisonment for a term not exceeding 5 years or both.

(5) Where an offence under this Section which has been committed by a body corporate is proved to have been committed with the consent or connivance of, or to be attributable to any neglect on the part of any director, manager, secretary or other similar officer of the body corporate, or any person purporting to act in any such capacity, he as well as the body corporate, shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Interpreta-
tion.

143. In this Law, unless the context otherwise requires—

“Board” means the Lagos State Traditional Medicine Board;

“Chairman” means the Chairman of the Lagos State Traditional Medicine Board;

“Charitable Basis” means non-profit making basis;

“Company” means a duly registered company under the provisions of the Companies and Allied Matters Act and any other company, association or partnership of any number of persons;

“Commissioner” means the Lagos State Commissioner for Health;

“Communicable Disease” means a disease resulting from an infection due to pathogenic agents or toxins generated by the infection, following the direct or indirect transmission of the agents from the source to the host;

“Corporate body” means any body incorporated under the provisions of any law;

“Diagonistic Centre” includes a clinic for radiography, pathology or physiotherapy;

“Disciplinary Committee” means the Disciplinary Committee established under Section 134 of this Law;

“Director” means the Director of Health Services;

“Duly authorised person” means any staff of the Commission or any other person duly authorised by the Commissioner or Governor;

“Governor” means the Governor of Lagos State of Nigeria;

“Health agency” means any person other than a health establishment—

- (a) whose business involves the supply of health care personnel to users or health establishments;
- (b) who employs health care personnel for the purpose of providing health services;
- (c) who procures health care personnel or health services for the benefit of a user, and includes a temporary employment service involving health workers or health care providers;

“Health care personnel” means health care providers and health workers;

“Health care provider” means a person providing health services under the provisions of this Law or any other Law;

“Health establishment” means the whole or part of a public or private institution, facility, building or place, whether for profit or not, that is operated or designated to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventive or other health services under Section 60;

“Health research” includes any research which contributes to knowledge of—

- (a) the biological, clinical, psychological or social processes in human beings;
- (b) improved methods for the provision of health services;
- (c) human pathology;
- (d) the causes of disease;
- (e) the effects of the environment on the human body;
- (f) the development or new application of pharmaceuticals, medicines and related substances; and
- (g) the development of new applications of health technology;

“Health services” means health care services that are preventive, protective, promotive, curative and rehabilitative in respect of physical, mental and social well-being;

“Health worker” means any person who is involved in the provision of health services to a user, but does not include a health care provider;

“Infectious disease” shall have the same meaning as from time to time contained in the Public Health Law;

“In-patient care” referred to in this Law means the provision of health care service by a duly registered private hospital on a twenty-four hour basis;

“Investigating Panel” means the Investigating Panel of the State Traditional Medicine Board;

“Local Government Health Authority” means any authority established under Section 98;

“Medical Practitioner” means a medical practitioner or a dental practitioner, as the case may be, fully registered under the Medical and Dental Practitioners Act;

“Member” means a member of the Board and includes the Chairman;

“Ministry” means the Ministry with the responsibility for health matters;

“National health policy” means all policies relating to issues of national health as approved by the Federal Executive Council on the advice of the National Council on Health through the Minister;

“National health system” means the system within the Federal Republic of Nigeria, whether in the public or private sector, concerned with the financing, provision or delivery and regulation of health services;

“Non-communicable disease” means a disease or health condition that cannot be contracted from another person, an animal or directly from the environment;

“Organ” means any part of the human body adapted by its structure to perform any particular vital function, including the eye and its accessories, but does not include skin and appendages, flesh, bone, bone marrow, body fluid, blood or a gamete;

“Person” means an individual and shall include a limited liability company or an organization duly registered under the Companies and Allied Matters Act, a charitable organisation or association or a partnership of a number of persons;

“Premises” means any building, structure or tent together with the land on which it is situated and the adjoining land used in connection with it and includes any land without any building, structure or tent and any vehicle, conveyance or ship;

“Primary health care services” means such health services as may be prescribed by the Minister to be primary health care services;

“Private health establishment” means a health establishment that is not owned or controlled by an organ of the State;

“Public health establishment” means a health establishment that is owned or controlled by a government body;

“Private hospital” includes a hospital, convalescent home, or nursing home and a clinic. All establishments providing in-patient or out-patient care irrespective of whether or not bed accommodation is provided; or any premises used or intended to be used for the reception of persons suffering from any sickness, injury or bodily or mental infirmity and for the reception of women in ante-natal, child-birth or immediately after child-birth for the purposes of providing such persons with nursing or medical or surgical or radiological or pathological or physiotherapeutic attention including persons and companies providing home-based health-care services and also includes hospitals, convalescent homes, nursing homes, clinics and all other establishments controlled by the State or the State Hospital Governing Boards or a Local Government Council or Board of Traditional Medicine or any other Agency of the State;

“Registrar” means the Registrar of the Board appointed under Section 127 of this Law;

“Rehabilitation” means a goal-oriented and time-limited process aimed at enabling impaired persons to reach an optimum mental, physical or social functional level;

“State” means the Lagos State Government;

“Tertiary hospital” means a public or private hospital approved by the Minister to provide health services at a tertiary specialist level of care;

“Traditional Medicine” means the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing; and includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness;

“Traditional Medicine Association” means any group of persons and/or association, who join together as one for the main purpose of promoting the practice and/or development of traditional medicine anywhere in the world particularly in Lagos State irrespective of whatever name the association, or group of persons is called;

“Traditional Medicine Clinic” means a premises registered with the Board by a Traditional Medical Practitioner for the sole purpose of practising traditional medicine and/or treating patients with traditional medicine on an out-patient basis;

“Traditional Medicine Hospital and Maternity Home” means premises registered with the Board by a traditional medical practitioner for the sole purpose of practising traditional medicine and/or treating patients with traditional medicine on an in and out-patient basis;

“Traditional Medicine Ingredient/Product Seller” means a traditional medicine ingredient/product seller registered with the Board to sell traditional medicine ingredients and products in the State;

“Traditional Medicine Midwife” shall be taken to refer to traditional ‘birth attendant’ as contained in the provisions of this Law and means a traditional medicine midwife who has registered with the Board to practise Traditional Medicine Midwifery;

“Traditional Medicine Nurse” shall be taken to refer to traditional herbalist attendant and means a traditional medicine nurse who has registered with the Board to practise traditional medicine nursing;

“Traditional Medical Practitioner” shall be taken to refer to ‘traditional herbalist and healer’ as appear in the Traditional Medicine Board Law and means a traditional medical practitioner duly registered with the Board to practise traditional medicine in the State;

“User” means the person receiving treatment in a health establishment, and where the person is—

- (a) below the maturity age includes the person’s parent or guardian or another person authorized by law to act on the first mentioned person’s behalf;
- (b) in the absence of (a) above, the grandparent, adult child, brother, sister or another;
- (c) a person authorized by law to act on the first mentioned person’s behalf;

“Ward Health System” means the organization and delivery of primary health care services at the Ward and Village levels.

Registration of health facility having radiographic unit.

144. In addition to the conditions stipulated under Schedule 41 of this Law, no premises shall be registered as a health facility by the Agency, unless:

- (1) the radiographic or x-ray unit shall be constructed with solid concrete of adequate thickness, and be lead lined with density and consistency

capable of protecting adjoining rooms and spaces from ionising, radiation leakage above the maximum permissible level, and this shall be without prejudice to the use of modern mobile radiographic equipment;

- (2) the equipment installed shall meet internationally accepted safety requirements in respect of x-ray tube leakage, electrical and mechanical risks; and
- (3) the staff operating the equipment and handling the patients shall satisfy the minimum standard of education, training, and adequate protection.

145. The Commissioner may make regulations in respect of the establishment, registration, conduct, supervision and inspection of health facilities within the State and generally for the carrying into effect the purposes of this Law and without prejudice to the generalities of the power so conferred in particular for—

Power to
make
regulations.

- (1) prescribing any matter or thing required to be prescribed under the provisions of this Law;
- (2) prescribing the standards of sanitary arrangement;
- (3) regulating the accommodation for in-patients;
- (4) regulating the accommodation and equipment for operating theatres, laboratories, sterilization and disinfections, pharmacies and other similar purposes;
- (5) prescribing the number of qualified nurses or midwives and other medical staff to be employed, in proportion to the number of beds available;
- (6) regulating the preparation and storage of food and drugs and where drugs are compounded in health facilities, the number of qualified pharmacists to be employed;
- (7) regulating the arrangements for disinfections and the prevention of the spread of infection;
- (8) prescribing the arrangements for the prevention and control of fire and for the safety of patients and staff in the event of fire;
- (9) prescribing the records and statistics to be kept and mode of keeping them as well as regular returns of such records and statistics to the Agency;

- (10) prescribing the registers and records to be kept in respect of patients as well as bi-annual returns of such records to the Agency;
- (11) prescribing the monthly notification of deaths, births, still-births, miscarriages and abortions and also infectious diseases and notifiable puerperal pyrexia;
- (12) prescribing the records to be kept when a child born in a health facility discharged or removed therefrom;
- (13) prescribing the conditions or requirements applicable for the registration of health facilities under this Law;
- (14) prescribing or approving the maximum fees and charges allowable;
and
- (15) prescribing the mode of execution of the provisions of this Law.

Repeals. **146.** The Private Health Facilities Inspection Law Cap. P14, 2003, Private Hospital Law Cap. P 15 of 2003 and the Lagos State Hospitals Management Law Cap. L 27 of 2003 of Lagos State, Lagos State Board of Traditional Medicine Law Cap. L 49 of 2003; Free Health Services (Miscellaneous Provisions) Law Cap. 10 of 2003 are repealed.

Citation and Commencement. **147.** This Law may be cited as the Lagos State Health Sector Reform Law and shall come into force on the 16th day of January 2006.

SCHEDULE 1

CRITERIA FOR APPOINTMENT OF A MEDICAL DIRECTOR

The desired candidate is required to possess the following qualities/ qualifications (among others):

(a) Must be a medical doctor of at least 10 years post qualification experience.

(b) Must possess a post-graduate degree in any field of medicine (possession of a post-graduate degree in Business Administration will be an added advantage).

(c) Must have relevant and adequate experience in top management of a large hospital with not less than 25 beds.

(d) Must maintain high professional standards, discipline and communications skills.

SCHEDULE 2

RIGHTS AND DUTIES OF USERS AND HEALTH CARE PROVIDERS

- Emergency treatment. **1.** Health care provider or health establishment may not refuse a person emergency medical treatment.
- User to have full knowledge. **2.** Every health care provider must inform a user of—
- (a) the user's health status except in circumstances where there is substantial evidence that the disclosure of the user's health status would be contrary to the best interest of the user;
 - (b) the range of diagnostic procedures and treatment options generally available to the user, certainly within and possibly outside that facility;
 - (c) the benefits, risks, costs and consequences generally associated with each option; and
 - (d) the user's right to refuse health services.
- Consent of User. **3.—(1)** Subject to Section 109, a health service may not be provided to a user without the user's informed consent, unless—
- (a) the user is unable to give informed consent and such consent is given by a person—
 - (i) mandated by the user in writing to grant consent on his or her behalf; or
 - (ii) authorized to give such consent in terms of any law or court order;
 - (b) if the user is unable to give informed consent and no person is mandated or authorized to give such consent, and the consent is given by the spouse or partner of the user or, in the absence of such spouse or partner, a parent, an adult child or a brother or sister of the user, in the specific order as listed;
 - (c) the provision of a health service without informed consent is authorized in terms of any law or a court order;
 - (d) failure to treat the user, or group of people which includes the user, will result in a serious risk to public health; or

(e) any delay in the provision of the health service to the user might result in his or her death or irreversible damage to his or her health and the user has not expressly, impliedly or by conduct refused that service.

(2) For the purposes of this section, “informed consent” means consent for the provision of a specified health service given by a person with legal capacity to do so and who has been informed as contemplated in Section 109.

4. A health care provider must provide a user with a discharge report at the time of the discharge of the user as an in-patient from a health establishment containing such information as may be prescribed. Discharge reports.

SCHEDULE 3

1. The Private Health Institutions in the State are classified into the following categories:

- (a) Private Hospital
- (b) Private Clinic
- (c) Maternity Centre
- (d) Private Nursing or Convalescent Home
- (e) Private Physiotherapy Clinic
- (f) Private Dental Clinic
- (g) Private Medical Laboratory
- (h) Optical or Ophthalmic Centre
- (i) Radiodiagnostic Centre
- (j) Radiotherapy Centre
- (k) Advanced Life Support Services
- (l) Mortuary Services
- (m) Mobile Clinics
- (n) Optometric/Optical Clinics
- (o) Home Care Services
- (p) Missionary Health Care Services
- (q) Corporate Organisation Health Care Services
- (r) Local Government Health Institutions
- (s) Alternative Medical Services
- (t) Other Health Care Units in Special Categories

Application to Register a Private Health Institution.

2. Application forms for registration of a Health Institution are obtainable from the Secretary to the Authority on the presentation of Treasury Receipt for a prescribed sum paid into the State Government Treasury.

A Brochure containing the Government approved Regulations on the Registration of Private Health Institution is also available from the Secretary on the payment of the sum of ₦250.00. Payments should be made to the same sub-head as above.

3. On receipt of completed application form and necessary documents, the Authority will inspect the Health Institution, to ensure that conditions for Registration under Section 60 and Schedule 3 of this Law are complied with . Inspection and Regulation.

4. The Authority shall issue a Certificate of Registration to any person who applies under this Law and who has satisfied the conditions in Section 60 of this Law, in respect of premises to be used for Private Health Institution. The Certificate of Registration issued by the Authority shall be signed by the Chairman and the Secretary and shall contain the Seal of the Authority. The Certificate of Registration/ Current Renewal Certificate issued under the Law shall be displayed conspicuously as well as in the Health Institution; as well as the current Licence to Practise of the Health Professional in-charge. Certificate of Registration to be completed with.

5. The Emblem of the State Private Hospital Registration Authority with appropriate identification issued by the Authority shall be on display and shall indicate the category of the Health facility. Emblem of Registration.

6. The Authority or its duly authorized agents may at all reasonable time enter a Registered Private Health Institution in the State for the purpose of supervision and may require to be produced all or any of the records, registers, and other documents required to be kept under the provisions of this Law and the health Professional in charge, shall take steps as may be necessary to facilitate such supervision and inspection. Supervision.

7. The Authority has the power to cancel or suspend registration where it appears that the Private Health institution is not being conducted in the best interest of the health or well-being of the patients attending therein, or that any Health Practitioner connected with the private Health Institution has ceased to be a fit and proper person. To this end, the Authority may by order publish in the State gazette the suspension and cancellation of the registration of such private hospital, until the conditions which caused the order of their suspension or cancellations to be issued have been rectified. Powers to cancel or suspend registration.

8. Any person who wilfully delays or obstructs a person duly authorized by the Authority in the performance of its functions under the Law or fails without reasonable excuse to give any information, which he is duly required to give shall be guilty of an offence and shall be liable to a fine of Ten Thousand Naira (₦10,000.00). Obstruction of officer and failure to give information.

9. Where an offence has been committed against the Law as regards the establishment of and the conduct of a Private Health institution and such a private health institution is owned by a person then, in addition to the Medical Practitioners in-charge such person or in the case of a company every Director and Manager, officer knowingly being a party to such offence, shall be guilty of the like offence and liable to the same punishment. Offence.

Penalties.

10. (a) Any person who contravenes or fails to comply with any of the provisions of the Law and the Regulations made hereunder shall be guilty of an offence and liable on conviction to a fine of Two hundred and fifty thousand Naira (₦250,000.00) in the case of an individual. In the case of a company it shall be liable to a fine of Five hundred Thousand Naira (₦500,000.00).

(b) For any subsequent offence:

(i) In the case of an individual, a fine of Five hundred Thousand Naira (₦500,000.00) or imprisonment for six months or both.

(ii) In the case of a company, a fine of One million Naira (₦1,000,000.00).

SCHEDULE 4

CONDITIONS FOR THE OPERATIONS OF PRIVATE HOSPITAL

1. As from the commencement of this Law, any registered private Hospital with beds for out-patient and in-patients in the State should meet guidelines in Schedule 4A of this Law.
2. As from the commencement of this Law, any registered private clinic in the State which caters only for out-patients shall have the facilities set out in Schedule 4B of this Law.
3. As from the commencement of this Law, any registered maternity centre in the State which caters for in-patients and out-patients shall have the facilities set out in Schedule 4C of this Law.
4. As from the commencement of this Law, any registered private nursing or convalescent home in the State which caters for both in-patients and out-patients respectively shall have the facilities set out in Schedule 4D of this Law.
5. Every registered Private Physiotherapy clinic within the State shall have the facilities set out in Schedule 4E of this Law.
6. Every registered private dental clinic within the State shall have the facilities set out in Schedule 4F of this Law.
7. Every registered private medical laboratory within the State shall have the facilities set out in Schedule 4G of this Law.
8. Every registered Ophthalmology/Optical/Optomety centre within the State shall have the facilities set out in Schedule 4H of this Law.
9. Every registered radio-diagnostic centre within the State shall have the facilities set out in Schedule 4I of this Law.
10. Every registered radiotherapy centre within the State shall have the facilities set out in Schedule 4J of this Law.

SCHEDULE 4 A

PRIVATE HOSPITAL OR MEDICAL CENTRE

Out-Patient and In-Patient.

Definitions: Premises with facilities for medical investigation diagnosis and treatment including bed care, nursing and other relevant professional services. Such premises shall be composite and shall not form part of normal residential accommodation.

1. Minimum Basic Facilities:

PART A

- Out-Patient:**
- (a) Waiting/Reception Room of 4x3 meters with sitting facilities, registration table.
 - (b) Medical Record Facilities.
 - (c) Consulting Room(s) of 4x3 meters with examination couches wash-hand basin, towels and basic diagnostic tools.
 - (d) Treatment Room of 4x3 metres with Instrument/Drug Cabinet, pedal bin and wash-hand basin and towels.
 - (e) Toilet facilities with Water Closet.
 - (f) Staff/Cloak Room.
 - (g) Dispensing Room with Pharmacy Technician Dispensing if compounding a registered Pharmacist is required.
 - (h) Oxygen cylinder with gauge and mask and suction machine.
 - (i) Other Services – Ambulance and Fire Extinguisher.

PART B

- 1. In-Patient:**
- (a) Lying-in ward with minimum distance of one meter between two adjoining beds of 1x3 metres between two rows of beds.
 - (b) Ward(s) with locker and over-bed table for each bed (separate Rooms for male and female patients).
 - (c) Delivery Rooms (where applicable) of 12 sq. meters.
 - (d) First Stage Labour Room (where applicable).
 - (e) Suitably equipped Theatre with floor to ceiling ceramic tiling.
 - (f) Sluice room.
 - (g) Toilet Facilities— 1 water closet per 8 beds (separate for male and female).

- (h) Bathroom Facilities— 1 bath per 8 bed (separate for male and female).
- (i) Nurse Bay.
2. (a) Minimum investigations required are for blood, urine and stool tests and include Full blood count, urinalysis, blood chemistry, Serum Electrolytes, Urea and Creatinine. Arrangement with an approved Laboratory may be made. Diagnostic Facilities.
- (b) X-ray unit (optional). The walls of the room shall be lined with X-ray proof material in accordance with international regulations for preventing and protecting individuals from radiation hazards, the part V Section 79(8) of this Law.
3. (a) Adequate and suitable theatre equipment/instruments for minor/major surgeries. Equipment.
- (b) Suction machine;
- (c) Oxygen cylinder with gauge and mask;
- (d) Anaesthetic machine (arrangement with Anaesthetist may be made to provide when needed);
- (e) Operating lamp;
- (f) Adequate Delivery/Labour Room equipment.
4. (a) Clean and adequate water supply pipe borne, borehole water tank; Sanitation.
- (b) Washable floors;
- (c) Adequate drainage;
- (d) Adequate Ventilation;
- (e) Adequate illumination.
5. (a) Laundry; Other Facilities.
- (b) Kitchen;
- (c) Fire Extinguisher;
- (d) Ambulance.
6. (a) One Medical Practitioner in-charge with a minimum of 5 years post qualification experience; Minimum Staff Complement.
- (b) One Medical Practitioner per shift;

- (c) One Registered Nurse in-charge of Nursing Services;
- (d) One Registered Staff Nurse/Midwife or Staff Nurse per 8 in-patients beds per shift;
- (e) One Laboratory Assistant/Technician;
- (f) One Registered Pharmacist for a Hospital/Pharmacy Technician;
- (g) Medical Records and Secretarial Staff;
- (h) Ward Assistant or Aides (optional).

SCHEDULE 4B

PRIVATE CLINIC

General Medical Practice

Out-Patient:

Definitions: Premises where medical care is given on out-patient basis and/or 24 hrs observation.

PART A

1. Waiting/Reception Area 4x3metres – with sitting facilities, Basic registration table and record keeping facilities. Minimum Facilities.
2. Consulting Room of 4x3metres with examination couch equipment for physical examination, wash hand basin and towels.
3. Treatment Room of 4x3 metres with drug /instrument cabinet, wash hand basin, towels.
4. Small operating theatre (optional) not less than 4 x3 metres for minor surgery needing local anaesthesia only.
5. Observation room with not more than 2 beds (optional) and a minimum distance of 1 meter between two adjoining beds.
6. (a) Oxygen cylinder with gauge and mask;
(b) Suction Machine.
7. Facilities for Basic Diagnostic investigations (e.g. Sideroom Laboratory) for routine urine, blood and stool tests (optional).
8. Public health facilities shall include – Adequate Ventilation, Adequate illumination, Clean and Adequate Water Supply, pipe borne/treated borehole, tank water, Toilet Facilities (W.C) exclusively to the clinic. Adequate arrangement for refuse collection and disposals and upkeep of premises.
9. Other services – Ambulance (optional), fire extinguisher.

PART B

- (a) One Medical Practitioner registered to practise in Nigeria with minimum of 5years post qualification must complement: Minimum Staff Complement.
- (b) One Registered Nurse/Midwife registered to practise in Nigeria with minimum of 5years post qualification.
- (c) One Clinic Assistant.
- (d) One clerk/ Receptionist.
- (e) A trained Ward Assistant (optional).

To be clearly stated on the premises for information to the public and the Authority. Hours of Consultation.

SCHEDULE 4C

MATERNITY CENTRE

Definition: Premises where obstetric and gynaecological services are provided including ante-natal, delivery and post-natal care, with bed care and nursing service.

PART A

Minimum Basic Facilities:

1. **Out-Patient**
 - (a) Waiting/Reception Area 4x3metres – with sitting facilities, registration table and record keeping facilities.
 - (b) Consulting Room of 4x3metres with examination couch equipment for physical examination, wash hand basin and towels.
 - (c) Treatment Room of 4x3 metres drug/instrument cabinet wash hand basin, towels.
 - (d) Small operating theatre (optional) not less than 4x3 metres for minor surgery needing local anaesthesia only.
 - (e) Observation room with not more than 2 beds (optional) and a minimum distance of 1 meter between 2 beds of 1x 3meters.
 - (f) Facilities for Basic Diagnostic Investigations (e.g. Sideroom Laboratory) for routine urine, blood and stool tests (optional).
 - (g) Public health facilities shall include – Adequate Ventilation, Adequate Illumination, Clean and Adequate Water Supply, Pipe Borne/Treated Borehole, Tank Water, Toilet Facilities (W.C) exclusively to the clinic. Adequate arrangement for refuse collection and disposals and upkeep of premises.
 - (h) Easy access to blood banking services.
 - (i) Oxygen cylinder with gauge, suction machine.
 - (j) Other services – Ambulance (optional), fire extinguisher.
2. **In-Patient**
 - (a) Lying-in ward with minimum distance of one meter between two adjoining beds of 1x3metres between two rows of beds.
 - (b) First Stage Labour Room of 12 sq. metres with necessary equipment.
 - (c) Couch, Wash hand basin, placenta receiver, baby resuscitation machine, mucous extractor, suction machine, weighing scale, oxygen cylinder, etc.
 - (d) Sluice Room.
 - (e) Dispensing Room of 12 sq. metres with dispensing facilities.
 - (f) Storage facilities.

3. (a) Facilities for basic diagnostic investigations. There shall be evidence of an arrangement with approved laboratory and X-ray centre for the other specialized investigations (where applicable) Diagnostic Facilities.
- (b) Provision of minimum equipment for running a maternity centre such as oxygen cylinders, sterilizers and other suitable equipment.
4. Public Health Facilities shall include: Public Health Facilities.
- (a) Staff Room;
- (b) Adequate Ventilation;
- (c) Adequate Water Supply;
- (d) Adequate Drainage;
- (e) Adequate Toilet and Bath Facilities –one (1) water closet and one (1) bath per 8 beds.
- (f) Adequate arrangement for refuse collection and disposal and upkeep of premises.
5. (a) Kitchen (optional); Other Services.
- (b) Laundry Services – Evidence of established adequate arrangement;
- (c) Sterilization of Equipment;
- (d) A Fire Extinguisher;
- (e) Ambulance (mandatory).

PART B

Minimum Professional Staff Complement:

- (1) An obstetrician and gynaecologist or a medical practitioner registered to practise in Nigeria with at least 5 years relevant obstetric post-qualification experience for sessional supervision and available for emergencies.
- (2) One registered staff midwife or staff nurse/midwife per 8 in-patients beds per shift.
- (3) One registered midwife with a minimum of 5 years post-registration in charge of nursing services.
- (4) A trained Community Health Aide per 5 in-patients.
- (5) One Clerk/Receptionist.

SCHEDULE 4D

PRIVATE NURSING OR CONVALESCENT HOME

Definition: Premises for Nursing Services and Management of Convalescent Patients.

Minimum Basic Facilities.

- 1. Out-Patient**
- (a) Waiting/Reception Area 4x3metres – with sitting facilities, registration table and record keeping facilities.
 - (b) Consulting Room of 4x3metres with examination couch equipment for physical examination, wash hand basin and towels.
 - (c) Treatment Room of 4x3 metres with drug/instrument cabinet, wash hand basin, towels.
 - (d) Small operating theatre (optional) not less than 4x3 metres for minor surgery needing local anaesthesia only.
 - (e) Observation room with not more than 2 beds (optional) and a minimum distance of 1x3meters between 2 beds.
 - (f) Facilities for Basic Diagnostic Investigations (e.g. Sideroom Laboratory) for routine urine, blood and stool tests (optional).
 - (g) Public health facilities shall include – Adequate Ventilation, Adequate illumination, Clean and Adequate Water Supply, Pipe Borne/Treated Borehole, Tank Water, Toilet Facilities (W.C) exclusive to the clinic. Adequate arrangement for refuse collection and disposals and upkeep of premises.
 - (h) Other Services – Ambulance (optional), Fire Extinguisher.
- (b) In-Patient:**
- (i) Facilities for waiting/reception, record keeping.
 - (ii) Wards with locker and over-bed for each bed (separate wards for male and female patients).
 - (iii) Equipment for minor surgery, e.g. local anaesthesia and provision for sterilization of each equipment.
 - (iv) Adequate toilet facilities 1 water closet per 8 beds (separate for male and female).
 - (v) Bathrooms one bath per 8 beds (separate for male and female).
 - (vi) Nursing Bay.
 - (vii) Facilities for minor laboratory tests.
 - (viii) Sluice Room.
 - (ix) Sanitary facilities in accordance with Public Health Law.

(x) Dispensing Room for compounding and dispensing of drugs
(where applicable).

(xi) Storage facilities.

- 2.—**
- 1 Urine examination. Diagnostic Facilities.
 - 2 Haemoglobin.
 - 3 Stool examination.
 - 4 Full Blood Count by arrangement with an approved laboratory.
- 3.**
- (a) Provision of Patient's Diet (adequate arrangement). Other Facilities.
 - (b) Laundry.
 - (c) Fire Extinguisher.
 - (d) Ambulance (mandatory).
- 4.**
- (a) One Medical Practitioner to be available in case of emergency (supervision) and one Registered Nurse in-charge. Minimum Staff Complement.
 - (b) One Staff Nurse per 10 in-patients beds per shift.
 - (c) Medical Records and Secretarial Staff.
 - (d) Ward Assistants or Aides (optional).
 - (e) Registered Pharmacy Technician where there is dispensing, registered pharmacist where there is compounding of drugs.

SCHEDULE 4E

PRIVATE PHYSIOTHERAPY CLINIC

Definition: A centre for rehabilitation of muscular and skeletal disorders.

PART A

1. Basic Facilities:

- (a) Waiting/Reception Area 4x3 metres – with sitting facilities, registration table.
- (b) Record keeping facilities.
- (c) Consulting Room of 4x3metres with wash basin and towels (optional).
- (d) Treatment rooms each of 12 sq.meters.
- (e) Gymnasium, with equipment for professional use as well as wash-hand basin and towels.
- (f) Sanitary and Toilet facilities in accordance with the Public Health Law.

Equipment. **2.** Shall be comprehensive to provide basic functional requirements such as water-baths, ultraviolet and red lamps, ergometric machine.

3. Public Health Requirements shall include:

- (a) Water Supply;
- (b) Adequate Ventilation;
- (c) Toilet Facilities (W.C exclusive to the clinic);
- (d) Covered Dustbins.

4. Business hours shall be clearly displayed in the premises.

PART B

Staff Complement. **1.** (a) A qualified Physiotherapist registered with appropriate professional body.
(b) Clerk/Receptionist.
(c) One Physiotherapy Assistant (optional).
(d) One Clinical Assistant / Attendant (optional).

SCHEDULE 4F

PRIVATE DENTAL CLINIC

Definition: Premises where dental care is given on out-patient basis.

1. Minimum Basic Facilities shall be as in the Second Schedule in addition to the following:

- (a) A Waiting Room,
- (b) A room for Installation of Dental Equipment,
- (c) Recovery Room with at least one (1) bed/couch,
- (d) Toilet Facilities.

2. (a) Dental X-Ray Unit (optional),
(b) Developing Machines/Solution,

Diagnostic
Facilities.

3. (a) Dental Chair,
(b) Dental Unit Operative Light,
(c) Dental Aspirator and Local Anaesthetic,
(d) Adequate Dental Hand Instruments,
(e) Surgeon's Dental Stool,
(f) Dental Cabinet,
(g) Compressor,
(h) Autoclave.

Minimum
Equipment.

4. (a) At least a dental surgeon registered to practise in Nigeria in whose name the clinic shall be registered and who shall be in attendance during business hours.
(b) A Receptionist/Clerk;
(c) A Dental Therapist (optional);
(d) A Dental Nurse/Dental Surgical Assistant.

Staff
Complement.

SCHEDULE 4G

PRIVATE MEDICAL LABORATORY

Definition: A centre for investigation and diagnosis of medical disorders.

PART A

1. Minimum Facilities:

- (a) Waiting/Reception room of 12 sq.metres with sitting facilities and registration table.
- (b) Record keeping facilities.
- (c) Consulting Room of 12 sq. metres with wash hand basin and towels (optional).
- (d) Working areas with adequate benches, running water and sinks; Discipline to be covered include at least two of the following—
 - (i) Haematology.
 - (ii) Clinical Chemistry.
 - (iii) Bacteriology.
 - (iv) In working areas where radioactive materials are used provision for staff protection and laboratory wall radioactive proffering shall be put in place.
 - (v) Blood group serology and blood transfusion.

All blood for transfusion must be sent to Government approved screening centre for HIV & Hepatitis B tests.

Equipment. **2.** Equipment shall be comprehensive, basic and functional and relevant to the discipline(s) being covered by the private medical laboratory.

3. Public health requirements shall be as follows:

- (a) Water supply;
- (b) Adequate ventilation;
- (c) Adequate illumination;
- (d) Toilet facilities (exclusive to the centre);
- (e) Covered dust bins;
- (f) Washable floors;
- (g) Staff room;
- (h) Adequate arrangements for disposal of waste radioactive materials.

SCHEDULE 4H

OPHTHALMIC CENTRE OR EYE CENTRE

Definition: A centre for investigation, diagnosis and treatment of ocular disorders (which includes medical, surgical and optical treatment of eye diseases).

PART A

1. Eye Clinic and Eye Hospitals:

- (a) Waiting/Reception Area 4x3 metres – with sitting facilities, registration table.
- (b) Medical Record Facilities.
- (c) Consulting Room of 4x3metres with special equipment examination couches, wash hand basin and towels.
- (d) Treatment Room of 4x3metres/Instrument Cabinet, Wash Hand Basin and Towels.
- (e) Toilet Facilities.
- (f) Staff Room.
- (g) Dispensing room with Pharmacist Technician dispensing; if compounding registered pharmacist and compounding facilities are required.

2. (a) Minimum Facilities:

- (i) Reception/Office;
- (ii) Refraction Room of 12sq.metres, containing the requisite specialist equipment;
- (iii) Optical Workshop of 12sq.metres for the cutting, grinding and fitting of lenses and repair of glasses.

Optical
Centre.

PART B

- 1. (a)** An Ophthalmologist (M.B.B.S; F.W.A.C.S; F.M.C.O PATH;D.O).
- (b) Optometrist or Ophthalmic Optician with a B.Sc.Degree or D.O in appropriate professional body.
- (c) Clerk/Receptionist.

Staff
Complement.

SCHEDULE 4 I

RADIO-DIAGNOSTIC CENTRE

Definition: A centre where radiation is used in diagnosis and treatment.

- Minimum Facilities.
1. (a) Waiting/Reception Office of 2sq.metres, record keeping and storage facilities.
- (b) Consulting Room of 12 sq. metres.
- (c) X-ray Room of 12 sq.metres with walls of adequate thickness and lined with lead of barium plaster.
- (d) Dark Room and Light Trap Entrance.
- (e) X-ray Room of 12 sq. metres with walls with 9 inch thick of and lined with lead of 5mm thickness.
- (f) Dark Room and Light Trap Entrance.
- (g) Sorting and Filling Room of 12sq. metres.
- Equipment.
2. Must meet internationally recommended standards and be adequate.
- (a) X-ray Machine and Accessories;
- (b) X-ray Film Processing Equipment;
- (c) Other Accessory Equipment, e.g. Lead Rubber Aprons and Gloves Equipment, Provision for continuous personnel radiation exposure monitoring and site exposure monitoring, e.g. Geiger Counter.
- Other Services.
3. Public Health Requirements shall include:
- (a) Staff Room;
- (b) Adequate Water Supply – Pipe Borne/Treated Borehole Tanker Services;
- (c) Adequate Ventilation;
- (d) Adequate Illumination;
- (e) Toilet Facilities;
- (f) Adequate arrangement shall be made for safe disposal of waste and radioactive materials;
- (g) Staff shall be provided with protective clothing and radiation counter shield.
4. (a) Fire Extinguisher.

5. (a) At least a Radiologist registered to practise in Nigeria shall be in attendance in whose name the premise is registered. Staff Complement.
- (b) A Radiographer registered to practise in Nigeria.
- (c) Dark Room Technicians.
- (d) Receptionist/Clerk.

SCHEDULE 4J
RADIOTHERAPY CENTRE

1. Minimum Facilities

- (a) Room for Office /Reception of 12sq. metres.
- (b) Consulting Room of 12 sq.meters.
- (c) X-ray Room with walls of adequate thickness and lined with lead of barium plaster.
- (d) Dark Room.
- (e) Sorting and Filling Room.

2. Equipment: shall be comprehensive, basic and functional and relevant to the discipline(s) being covered by the Centre and in conformity with international regulations for the use of ionizing radiation.

3. Public Health Facilities shall be as follows:

- (a) Staff Room.
- (b) Covered Dust Bin.
- (c) Adequate Water Supply –Pipe Borne/Treated Borehole Tanker Service.
- (d) Toilet Facilities.
- (e) Adequate arrangement for refuse disposal and upkeep of premises.
- (f) Adequate arrangement should be made for safe disposal of waste radioactive materials.
- (g) Staff should be provided with protective clothing and radiation counter shields.

Other
Services.

4. (a) Fire Extinguisher.

Staff
Complement.

- 5. (a) At least a Radiotherapist registered to practise in Nigeria shall be in attendance in whose name the premises is registered.**
- (b) A Radiographer registered to practise in Nigeria.
 - (c) Dark Room Technicians.
 - (d) Receptionist.

Hours of
Consultation.

6. Business hours shall be clearly displayed in the premises.

SCHEDULE 5

**B. ADVANCED LIFE SUPPORT SERVICES
 MINIMUM STAFF COMPLEMENT**

Staffing of a basic ambulance must comprise of at least:

1. Driver – Qualification Level One first aid training course, must also be competent in assisting the Pre-Hospital Emergency Care Doctor – with ALS equipment.
2. Doctor – Qualification Pre-Hospital Emergency Care Course.

Minimum Facilities

VEHICLE:

A suitable vehicle which has been specially adapted to transport both seated and stretcher patients in a comfortable and safe manner. In the absence of an advanced Life Support Ambulance, the Emergency Service must have a 24-hour Response Vehicle (Stocked with ALS equipment and disposables) available to assist the Basic Life Support Ambulance Crew. This response vehicle must be manned by a doctor competent in Pre-Hospital Emergency Care. The Basic Life Support Vehicle must also be able to facilitate the Advanced Life Support Equipment needed to sustain life.

STRETCHER SPECIFICATION:

1. Stretcher must be suitably secured to the vehicle with a locking mechanism, which is easily released to allow for stretcher portability.
2. Stretcher straps must be on the vehicle in order to secure the patient to the stretcher.

OXYGEN:

- 1 Portable Oxygen Cylinders x 2.
- 2 Portable Oxygen Delivery Gauge.
- 3 Oxygen Tubing and Mask (40%) Adult x 2.
- 4 Oxygen Tubing and Mask (40%) Child x 2.
5. Nasal Cannular x 2.

OPTIONAL:

- Large Oxygen Cylinders x 2;
- High Pressure Oxygen Gauge;
- Piped Oxygen to Wall Mount x 2;
- Oxygen Flow Meterconnected to Wall Mount x 2.

SUCTIONING:

- 1 Portable Suction unit x 1 (with charging facility);
- 2 Suction Catheter 8g x 2;
- 3 Suction Catheter 14g x 2;

BASIC EQUIPMENT REQUIREMENTS:

1. Trauma Board x 1;
2. Scoop Stretcher x 1;
3. Trac III Splint;
4. Short Spinal Boards or Vehicle Extrication Device (e.g. Kendriche-K.E.D/ Spencer - S.E.D) x 1;
5. Head Blocks x 1;
6. Adult Bag Valve Mask x 1;
7. Paediatrics Bag Valve Mask x 1;
8. Neonatal Bag Valve Mask x 1;
9. Cervical Collar Small x 1;
10. Cervical Collar Medium x 1;
11. Cervical Collar Large x 1;
12. Splints (arm, leg);
13. Spider Harness x 1 or Stretcher Straps x 3;

14. Bed pan x 1;
15. Urinal x 1;
16. Kidney Dish x 1;
17. Sharps Container x 1;
18. Scissors x 1;
19. Thermometer x 1.

ADVANCED LIFE SUPPORT EQUIPMENT REQUIRED.

1. Defibrillator.
2. Portable Ventilator.
3. M.A.S.T. Suit.
4. Pressure Infuser.
5. Laryngoscop and Blades 1 to 4.
6. Adult Introducer.
7. Neonatal Introducer.
8. Adult Magils Forceps.
9. Paediatric Magils Forceps.
10. Artery Forceps.
11. Mosquito Forceps.

MONITORING DEVICE.

1. Portable BP. Cuff.
2. Stethoscope.
3. Pupil Torch.
4. Glucometer.
5. Pulse Oximeter.
6. Portable 3 Lead Cardiac Monitor.

**ADVANCED LIFE SUPPORT JUMP BAG
BLS.**

1. Oropharyngeal Airway 00 x 2.
2. Oropharyngeal Airway 0 x 2.
3. Oropharyngeal Airway 1 x 2.
4. Oropharyngeal Airway 2 x 2.
5. Oropharyngeal Airway 3 x 2.
6. Oropharyngeal Airway 4 x 2.
7. Elastoplasts Roll 75mm x 1.
8. Triangular Bandage x 2.
9. Conforming Bandages 50mm x 6.
10. Conforming Bandages 100mm x 6.
11. Conforming Bandages 150mm x 6.
12. Crepe Bandages 50mm x 6.
13. Crepe Bandages 100mm x 6.
14. Crepe Bandages 150mm x 6.
15. Gauze x 1 pkt (100) 10mm x 10mm.
16. Trauma Pad 100mm 200mm x 6.
17. Blood Lancets x 10.
18. Blood Glucose Testing Strips x 1 Bottle.
19. Mucous Extractor x 2 .
20. Cord Clamps x 4.
21. Scalpel Blade x 2.
22. Sanitary Towels x 4.
23. Oral Glucose x 2 Sachets.

ALS:

24. Administration Set 15 dropper x 2.
25. Administration Set 60 dropper x 2.
26. Alcohol Swabs x 10.
27. Colloid x 2 units.
28. E.T. Tube Size 2.0mm cuffed x 1.
29. E.T. Tube Size 2.0mm cuffed x 1.
30. E.T. Tube Size 2.5mm cuffed x 1.
31. E.T. Tube Size 3.0mm cuffed x 1.

32. E.T. Tube Size 3.5mm cuffed x 1.
33. E.T. Tube size 4.0mm cuffed x 1.
34. E.T. Tube Size 4.0mm cuffed x 1.
35. E.T. Tube Size 4.5mm cuffed x 1.
36. E.T. Tube Size 5.0mm cuffed x 1.
37. E.T. Tube Size 6.0mm cuffed x 2.
38. E.T. Tube Size 7.0mm cuffed x 2.
39. E.T. Tube Size 8.0mm cuffed x 2.
40. E.T. Tube Size 9.0mm cuffed x 2.
41. Electrodes Adult x 21.
42. Electrodes Child x 21.
43. Hypodermic Needles Green x 10.
44. Hypodermic Needles Orange x 10.
45. I.V. Cannular 12g.
46. I.V. Cannular 14g.
47. I.V. Cannular 16g.
48. I.V. Cannular 18g.
49. I.V. Cannular 20g.
50. I.V. Cannular 22g.
51. I.V. Cannular 24g.
52. NAACL 200ml x 2.
53. Ringers Lactate 1000ml x 2.
54. Nasogastric Tube Adult.
55. Nasogastric Tube Paed x 2.
56. Nebulisation Set Adult x 2.
57. Nebulisation Set Adult x 2.
58. Syringe 1ml x 4.
59. Syringe 2ml x 6.
60. Syringe 5ml x 4.
61. Syringe 20ml x 4.
62. Urine Catheter Adult x 2.
63. Urine Bag x 2.

DRUGS REQUIRED:

1. Adenosine 6mg/2ml x 6.
2. Adrenalin 1:00 1ml x 30.
3. Atropine 1mg x 10.
4. Atrovent UDV x 6.
5. Betrotec UDV X 6.
6. Calcium Gluconate 10% 10ml x 2.
7. Dextrose 50% 20ml x 4.
8. Aspirin 300mg x 10.
9. Dormicn 15mg x 3.
10. Oral Glucose x 4.
11. Ipradol 25ug/10ml.
12. Frudisemide 20mg x 10.
13. Lignocaine 10% 500mg/5ml x 2 or Lignocaine 2% 100mg/5ml x 10.
14. Lignocaine Spray.
15. Maxolon x 5.
16. Morphine Sulphate 15mg x 5.
17. Nitro Lingual Spray x 1.
18. Sodium Bicarbonate 8.5% 20ml x 4.
19. Solucortef 100mg x 4.
20. Sterile Water 10ml x 4.
21. Tramadol 100mg x 5.
22. Diazepam 10mg x 4.
23. Salbutamol Aerosol x 1.
24. Salbutamol UDV x 10.

SAFETY EQUIPMENT:

- 1 Safety Glasses x 2.
- 2 Fire Extinguisher x 2.
- 3 Hazard Triangles x 1.
- 4 Gloves x 1 Box.
- 5 Reflective Jacket x 2.

OTHERS:

- 1 Sheets x 2.
- 2 Blankets x 1.
- 3 Pillows x 2.
- 4 Pillow Cases x 2.

SCHEDULE 6

MORTUARY SERVICES.

DEFINITION: Premises with facilities for mortuary services with or without postmortem examinations. Such premises may be composite or be a unit in a hospital.

Minimum Basic Facilities:

1. Waiting/Reception Room of 4x3m with adequate sitting facilities.
2. Records Facilities (must be adequate).
3. Toilet Facilities.
4. Staff Room.
5. Cooling (Body) Chambers.
6. Autopsy Room (optional) required only if post-mortem examinations would be carried out.
7. Embalming Room.

Equipment (Minimum):

- (a) Trolley x 2.
- (b) Suction Machine x 1.
- (c) Embalming Table x 2 (connected directly to the septic tank).
- (d) Embalming Machines (attached directly to the table).
- (e) Refrigerated Body Units x 24.
- (f) Formalin Tank (optional).

Sanitation:

- (a) Adequate water supply either pipe borne/borehole water tank.
- (b) Walls must be well tiled from top to bottom.
- (c) The floor must be washable and tiled preferably with vitreous tiles.
- (d) Adequate Drainage.
- (e) Adequate Ventilation.
- (f) Adequate Illumination.
- (g) Alternative Source of Electricity (Generating Set).
- (h) Adequate Waste Disposal.

Minimum Staff Complement.

Pathologist may be part-time/optional, if there would be post-mortem services.

Three Pathology Assistants/Embalmers.

Aides /Cleaners.

Receptionist/Clerk.

SCHEDULE 7

MOBILE CLINICS.

DEFINITION: The provision of health care services by Ambulatory facility. Medical care is usually provided on outpatient basis.

1. Sea : e.g. Boat to deliver Primary Health Care Services to Riverine Rural Areas.
2. Land: Motor Vehicle to the motorable areas of the State.

PART A

Minimum Basic Facilities: as in Schedule 4B

- (1) Reception /Consulting area with sitting facilities, registration table and record keeping facilities, examination couch, equipment for physical examination, wash hand basin and towels.
- (2) Instrument Cabinet, Drug Cabinet.
- (3) Facilities for Basic diagnostic Investigation for routine urine, blood and stool tests (optional).
- (4) Public health facilities shall include – Adequate Ventilation, Adequate illumination, Clean and Adequate Water Supply, Adequate arrangement for refuse collection and disposals.
- (5) Fire extinguisher.

PART B

Minimum Staff Complement

- (a) One Medical Practitioner registered to practise in Nigeria must be in charge.
- (b) One registered Nurse/Midwife registered to practise in Nigeria.
- (c) One Clinic Assistant/Attendant.

Hours of Consultation

To be clearly stated on the mobile facility for information to the public and the Authority.

SCHEDULE 8

OPTOMETRIC/OPTICAL CLINICS

DEFINITION: A centre for diagnosis and correction of optical defects.

- (1) Waiting/Reception Room of 4x3m with sitting facilities, registration table.
- (2) Record Facilities.
- (3) Refraction Room of 12sq meters containing the requisite specialist equipment.
- (4) Optical Workshop of 12sq meters for the cutting, grinding and fitting of lenses and repair of glasses.

Staff Complement

1. Optometrist or Ophthalmic Optician with a B.Sc. degree or D.O. in Optometry or Ophthalmic Optics.
2. Aides.
3. Clerk/Receptionist.

N.B.

1. Optometrics are not allowed to dispose ophthalmic/medical drugs.
2. They are not allowed to carry out surgical procedures in an optical clinic.
3. All eye care facilities run by Optometrics must have optical clinic designated in their facility.

SCHEDULE 9

HOME CARE SERVICES.

DEFINITION: The provision of health care services in the home of the patient; especially for patients who are chronically ill, elderly or disabled.

Minimum Basic Facilities:

1. Emergency kit to comprise—
Portable oxygen cylinder with delivery gauge, Oxygen tubing and mask, Portable suction machine, Ambu bag, Emergency drugs, Wound dressing packs, delivery packs.
2. Facilities for basic diagnostic investigations for routine urine, blood and stool tests.
3. Ambulance (Mandatory).

Minimum staff Requirements:

1. Registered Nurse.
2. Nurse Aides.
3. Medical practitioner (Supervisory)
There must be good communication between the home care facility (provider) and the hospital of the patient.

Other facilities that may be provided:

Laundry.

Feeding.

SCHEDULE 10

MISSIONARY HEALTH CARE SERVICES

DEFINITION: Any health care facility established by religious and non-religious bodies providing charitable or subsidized health care services.

Basic Requirements:

As applicable under the appropriate schedule designated.

SCHEDULE 11

CORPORATE ORGANISATION HEALTH CARE SERVICES

DEFINITION: The health facility inside the building of a corporate organization. This category of health care service may be a hospital, a medical clinic or any other and should be so clearly designated.

Basic Requirements:

Same as the designated category, taking into account the environmental factors relating to the corporate organization.

SCHEDULE 12

LOCAL GOVERNMENT HEALTH INSTITUTIONS

PART A

DEFINITIONS: The health facility under the control and supervision of the Local Government Health Authority. It is really a primary health care centre, but this definition shall include other categories of health facilities owned by the same Authority.

Primary Health Care Facility Services to be rendered at the PHC Clinic:

1. Maternal and Child Health;
2. Adolescent Health;
3. Men Health;
4. Care of the Elderly;
5. Life Saving Services including minor operations;
6. Treatment of minor ailments (e.g. malaria);
7. Oral Health;
8. Mental Health;
9. Voluntary Counselling and Screening;
10. Family Planning;
11. Immunization;
12. Drug dispensing including Drug Revolving Funds;
13. Environmental Health Services and Food Control;
14. Nutrition Education and Micronutrient Supplementation;
15. Registration of Births and Deaths;
16. Health Education;
17. Referral System;
18. Community Development Activities.

Hours of Service.

Mostly 8hrs/day for 5 working days in a week, except few with the capacity for 24/7.

PART B

1. Basic Requirements:

Minimum Staff Complement needed for 24/7 Clinics rendering midwifery services.

1. 1 Visiting Doctor.
2. 1 Community Health Officer i/c and/or most senior nurse.
3. 4 Staff Nurses/Midwives.
4. 4 Community Health Environmental Workers.
5. 4 Environmental Health Officers.
6. 1 Pharmacy Technician.
7. 3 Ward Maids.

Support Staff:

1. Driver, where there is an Ambulance.
2. Gardener.
3. Security.

Minimum Staff Complement needed for 8hrs/day:

1. 1 Visiting Doctor.
2. 1 CHO i/c.
3. 2 Staff Nurses/Midwives.
4. 2 CHEW'S.
5. 2 Environmental Health Officers.
6. 1 Pharmacy Technician.
7. 2 Ward Maids.

Support Staff:

1. Security.
2. Gardener.

Minimum Basic Facility:

1. Waiting/Reception Area 4x3m, with sitting facilities, registration table and record keeping facilities.
2. Consulting Room of 4x3m with examination couch, wash hand basin and towels.
3. Treatment Room with Drug Cupboard and Instrument Cabinet.
4. Observation Room(s) with beds and a minimum distance of 1x3 meters between 2 beds 9 for clinic rendering 8hrs a day service).
5. Wards (optional) with locker and over-bed table for each ward 9 Separate for male and female patients). In facilities rendering 24/7 services.
6. Toilet Facilities: 1 water closet per 8 beds (Separate for Male and Female).
7. Bathroom Facilities: 1 bath per 8 beds (Separate for Male and Female Patients).
8. Public Health Facilities shall include – Adequate Ventilation, Adequate Illumination, Clean and Adequate Water Supply/Pipe Borne/Borehole.
9. Adequate arrangement for refuse collection and disposal and upkeep of premises.
10. Fire Extinguisher.

SCHEDULE 13

PREMISES OF ALTERNATIVE MEDICAL SERVICES

DEFINITIONS: Any premises where alternative complementary non-orthodox health care is provided by practitioners such as Homeopaths, Acupuncturists, Osteopaths, Chiropraths, Naturopaths.

1. Homeopathy Clinic/Hospital: Any alternative medicine premises in which disorders are treated by giving the patient minute doses of substances that produce the same symptoms as does the disorders.

Minimum Basic Facilities:

- (1) Waiting/Reception area 4x3m, with sitting facilities, registration table and record keeping facilities.
- (2) Consulting Room of 4x3m with examination couch, wash hand basin and towels.
- (3) Treatment Room with cabinet for alternative medicine.
- (4) Observation Room with not more than 2 beds (optional) and a minimum distance of 1x3 meters between 2 beds.
- (5) Ward(s) (optional) with locker and over-bed table for each bed (Separate for Male and Female Patients).
- (6) Toilet Facilities – 1 water closet per 8 beds (Separate for Male and Female).
- (7) Bathroom Facilities – 1 bath per 8 beds (Separate for Male and Female Patients).
- (8) Public Health Facilities shall include – Adequate Ventilation, Adequate Illumination, Clean and Adequate Water Supply (pipe borne/borehole).
- (9) Adequate arrangement for refuse collection and disposal and upkeep of premises.
- (10) Fire Extinguisher.

Minimum Staff Complement:

1. Homeopath (qualified and registered with MDCN).
2. Assistants/Aides.
3. One Clerk / Receptionist.

Hours of consultation should be clearly stated by the Authority.

2. Acupuncture Clinic/Hospital – Any alternative medicine premises, in which the ancient system of Chinese medicine, for relief and treatment of pain in which the therapist inserts long needles in certain, precisely determined parts of the patient's body.

Minimum Basic Facilities:

- (1) Waiting/Reception area 4x3m – with sitting facilities registration table and record keeping facilities.
- (2) Consulting Room of 4x3 meters with examination, wash hand basin and towels.
- (3) Treatment Room/Acupuncture room of 4x3m with instrument cabinet, instruments (acupuncture needles, macbuction, massage machine).
- (4) Observation Room with not more than 2 beds (optional) and a minimum distance of 1x3m between 2 beds.
- (5) Wards (optional) with locker and overbed table for each bed (Separate for Male and Female Patients).
- (6) Toilet Facilities – 1 water closet per 8 beds (Separate for Male and Female Patients).
- (7) Bathroom Facilities –1 bath per 8 beds (Separate for Male and Female Patients).
- (8) Public health facilities shall include: Adequate Ventilation, Adequate Illumination, Clean and Adequate Water Supply; (pipe borne/ borehole).
- (9) Adequate arrangements for refuse collection and disposal, upkeep of premises.
- (10) Fire Extinguisher.

Minimum Staff Complement:

- (i) Acupuncturist (qualified and registered with Medical and Dental Council of Nigeria).
- (ii) Assistant/Aides.
- (iii) One Clerk/Receptionist.

Hours of Consultation: clearly stated on the premises.

3. Osteopathy clinic/ Hospital – Any alternative medicine premises in which the system of treating disease is through the manipulation of bones, muscles, nerves and joints particularly of the spinal column.

Minimum Basic Facilities:

1. Waiting/Reception area 4x3m, with sitting facilities, registration table and record keeping facilities.
2. Consulting Room of 4x3m with examination couch, wash hand basin and towel.
3. Treatment Room (Adjusting Room) 4x3m with instrument cabinet, instruments (nervoscope, macubation, massage machine, adjusting table).
4. Observation Room with not more than 2 beds (optional) and a minimum distance of 1x3meters between 2 beds.
5. Ward(s) (optional) with locker and overbed table for each bed (Separate for Male and Female Patients).
6. Toilet Facilities – 1 water closet per 8 beds (Separate for Male and Female).
7. Bathroom facilities – 1 bath per 8 beds (Separate for Male and Female).
8. Public Health Facilities shall include – Adequate Ventilation, Adequate Illumination, Clean and Adequate water supply (Pipe Borne/Borehole).
- (9) Adequate arrangements for refuse collection and disposal and upkeep of premises.
- (10) Fire Extinguisher.

Minimum Staff Complement:

- (a) Osteopath (qualified and registered with Medical and Dental Council of Nigeria).
- (b) Assistants/Aides.
- (c) One Clerk/Receptionist.

Hours of Consultation – clearly stated in the premises.

3. Chiropractic Clinic/Hospital Any alternative medicine premises where special attention is given to spinal musculoskeletal, and neurological and vascular mechanics with integration of the nutritional and environmental relationship.

Minimum Basic Facilities:

1. Waiting/Reception area 4x3m with sitting facilities, registration table and record keeping facilities.
2. Consulting Room of 4x3m with examination couch, equipment for physical examination, wash hand basin and towels.
3. Treatment Room/Chiropractic room of 4x3m with instruments (nervoscope, massage machine, macubuction, adjusting table).
4. Observation Room with not more than 2 beds (optional) and a minimum distance of 1x3m between 2 beds.
5. Ward(s) optional with locker and overbed table for each bed (Separate for Male and Female Patients).
6. Toilet Facilities – 1 water closet per 8 beds.
7. Bathroom Facilities – 1 bath per 8 beds (Separate for Male and Female Patients).
8. Public Health Facilities shall include – Adequate Ventilation, Adequate Illumination, Clean and Adequate Water Supply (pipe borne /borehole).
9. Fire Extinguisher.

Minimum Staff Complement:

- (a) Chiropractic practitioner (qualified and registered with Medical and Dental Council Nigeria);
- (b) Assistants/Aides;
- (c) One Clerk/Receptionist.

Hours of Consultation – clearly stated in the premises.

5. Naturopathy Clinic/Hospital – Any alternative medicine premises in which method of treatment is through diet, and physical therapies such as hydrotherapy and exercise.

Minimum Basic Facilities:

- (1) Waiting/Reception area 4x3m with sitting facilities, registration table and record keeping facilities.
- (2) Consulting room of 4x3m with examination couch, equipment for physical examination, wash hand basin and towels.
- (3) Treatment room of 4x3m with instrument cabinet, massage machine, adjusting table).
- (4) Observation room with not more than 2 beds (optional) and a minimum distance of 1x3m between 2 beds.
- (5) Ward(s) optional with locker, an overbed table for each bed (Separate for Male and Female Patients).
- (6) Toilet Facilities – 1 water closet per 8 beds.
- (7) Bathroom Facilities – 1 bath per 8 beds (separate for male and female patients).
- (8) Public Health Facilities shall include – Adequate Ventilation, Adequate Illumination, Clean and Adequate Water Supply (pipe borne /borehole).
- (9) Fire Extinguisher.

Minimum Staff Complement:

- (a) Naturopath (qualified and registered with Medical and Dental Council of Nigeria).
- (b) Assistants/Aides.
- (c) One Clerk/Receptionist.

Hours of Consultation – clearly stated in the premises.

SCHEDULE 14

OTHER HEALTH CARE UNITS IN SPECIAL CATEGORIES

DEFINITION: The specialized Health Care Facilities, which cannot be registered under the already listed categories. For example, Artificial Reproductive Therapy. (ART) Centre, Medical Genetic Engineering Units; Renal Dialysis Centre, HIV/AIDS Care Centre and others.

SCHEDULE 14 A.

Special Category

Renal Dialysis Unit: Renal Care/Dialysis given on out-patient basis and/or 24 hours consultation.

Minimum Basic Facilities:

1. Waiting Room/Reception area 4x3m.
2. Consulting Room 4x3m.
3. Treatment Room with drug cabinet 4x3m.
4. Observation Room 4x3m.
5. Dialysis Room – adequately equipped with:
 - Oxygen Cylinder x1;
 - Nasal Cannular;
 - Oxygen Tubing and Mask x 1 Child;
 - Oxygen Tubing and Mask x 1 Child for emergency resuscitation;
 - Stethoscope/Sphygmomanometer;
 - Suction Machine;
 - Walls and Floor of the room should be tiled and washable;
 - sterility of international standard for Dialysis Room to be maintained.
6. Blood Bank.
7. Facilities for basic diagnostic investigations: Blood, Electrolytes and Urea.

8. Public health facilities- Adequate Ventilation. Adequate Illumination. Clean and Adequate Water Supply, Water Treatment Unit. Reversed Osmosis can be two ways—
 1. On-Line from above to the system.
 2. Percolating stored in a tank (Ultraviolet light is needed)
Toilet Facilities
Adequate refuse disposal.
Alternative power source – generator.
Ambulance (optional).

Minimum Staff Complement:

- (a) Medical practitioner conversant with renal dialysis and emergency resuscitation.
- (b) Consultant Nephrologist (supervisory).
- (c) One registered Nurse.
- (d) Clinic Assistants/Nurse Aides.
- (e) One Clerk/Receptionist.

Hours of consultation should be clearly stated in the premises for information to the public and the Authority.

SCHEDULE 14B

Premises where medical care and counselling is given on out-patient basis.

Minimum Basic Facilities:

1. Waiting /Reception Area 4x3m – with sitting facilities, registration table and record keeping facilities.
2. Consulting Room of 4x3m with examination couch equipment for physical examination, wash hand basin and towels.
3. Treatment Room 4x3m with drug and instrument cabinet, wash hand basin, towels.
4. Observation Room 4x3m beds.
5. Facilities for emergency resuscitation must be available. (Universal Safety Measures must be strictly enforced).
6. Facilities for Basic Diagnostic investigations.
7. Public Health Facilities.
8. Adequate Ventilation, Adequate illumination, Clean and Adequate Water Supply.
9. Adequate Refuse Disposal.
10. Ambulance – optional.

Minimum Staff Complement:

11. Medical Practitioner.
12. Consultant Haematologist (supervisory).
13. Registered Nurses.
14. Clinic Assistants/Nurse aides.
15. One Clerk/Receptionist.

Hours of Consultation should be clearly stated in the premises for information to the public and the Authority.

SCHEDULE 15

The Medical Officer of Health:

The Medical Officer of Health is the Administrative Head of the Primary Health Care Department and the Primary Health Care Coordinator for the Local Government. He is responsible for implementing both State and Federal Health policies at Local Government level. He is also responsible for enforcing both Federal and State Laws relating to Health that are applicable at Local Government Level within the jurisdiction of the customary courts.

The Duties include:

1. Administration of the Primary Health Care Department,
 - Planning (programme planning & management, development plans),
 - Budgeting,
 - Staff Discipline,
 - Financial Control.

2. Supervision, coordination and control of all the functions of the division in the department through which planned programmes and projects are implemented, viz:
 - (a) Family Health Service Division:
 - (i) Maternal Health – Antenatal, Delivery, Post-Natal Services;
 - (ii) Child Health – Child Welfare Clinics;
 - (iii) Nutrition – Food Demonstration Clinics;
 - (iv) Family Planning Services;
 - (v) National Programme on Immunisation;
 - (vi) School Health – School Clinics, Deworming, Health Inspection of pupils;
 - (vii) Monitoring and Evaluation.

 - (b) Health and Disease Control Division:
 - (i) Control of Food and Regulated Premises
 - Issuance of Licences and Permits to Food and Regulated Premises;
 - (ii) Epidemiology
 - Pest Control;

- Issuance of Yellow cards, i.e. International Travel Certificate of Vaccination.
- (iii) Issuance of Burial Permits and Certificates for Transfer of Corpses both Local and International;
- (iv) Disease Surveillance and Notification;
- (v) Vital Statistics;
- Custodian of register of Births and Deaths prior to National Population Commission take over for searching and issuance of certified true copies.
- (vi) Enforcement of Laws and Prosecution;
- (vii) Investigation and Control of Epidemics;
- (viii) Disease Control Programmes.
 - Malaria;
 - Onchocerciasis;
 - Guinea worm, etc;
 - Tuberculosis / Leprosy.
- (c) Pharmacy Services Division.
 - Management of the Drug Revolving Fund (DRF) Scheme;
 - Procurement of Essential Drugs;
 - Storage and Distribution of Essential Drugs.
- (d) Community Health Division.
 - Coordinating and encouraging community participation in health care delivery;
 - Supervision of Volunteer Health Workers;
 - Managing Out-Patient Services;
 - Managing Health Services in Health Posts;
 - Provision of Outreach Services;
 - National Programme on Immunisation.
- (e) Health Education Division:
 - Health Education and Promotion and Sensitisation of Communities and Target groups.
- 3. Monitoring and Evaluation
 - Health Management Information System (HMIS)
- 4. Liaising with the State and Federal Ministries of Health and their parastatals, Local and International NGOS, Community Based Organisations (CBOS), International Agencies, etc., on behalf of the Local Government.

5. Giving professional advice on health and health-related matters to the Local Government.
6. Responsible for staff health:
 - Running the staff clinic;
 - Monitoring and referrals.
7. Co-ordinates HIV/AIDS Control Activities within the Local Government Area.
8. Disaster Management.
9. Training of Junior Workers (Attendants), Volunteer Health Workers, Traditional Birth Attendants.
10. Advocacy programmes to various interest groups.
11. Any other duties that may be assigned by the Local, State or Federal Government from time to time.

The Medical Officer of Health shall be on duty at all times except when on leave.

SCHEDULE 16

**SUPPLEMENTARY PROVISIONS RELATING TO THE TRADITIONAL
MEDICINE BOARD**

1. The Board shall for the purposes of this part, meet six times in each year and subject, thereto, the Board shall meet whenever it is summoned by the Chairman if required to do so, by notice given to him by not less than five other members, the Chairman shall summon a meeting of the Board to be held not less than 7 days from the date on which the notice is given.

2. Where the Board desires to obtain the advice of any person on a particular matter, the Board, may co-opt him to the Board for such period as it deems fit; but a person who is a member by virtue of this paragraph shall not be entitled to vote at any meeting of the Board and shall not count towards a quorum.

3.—(1) The Board may appoint one or more committees to carry out, on behalf of the Board, some of its functions under this Law as the Board may determine.

(2) A committee appointed under this paragraph shall consist of such number of persons (not necessarily members of the Board as may be determined by the Board); and a person, other than a member of the Board shall hold office on the committee in accordance with the terms of his appointment.

(3) A decision of a committee of the Board shall be of no effect until it is confirmed by the Board.

4.—(1) Fixing of the seal of the Board shall be authenticated by the signature of the Registrar or of any other person authorized generally or specifically to act for that purpose by the Board or Registrar.

(2) Any contract or instrument, which if made or executed by a person not being a body corporate, would not be required to be under seal may be made or executed on behalf of the Board by the Registrar or any person generally or specially authorized by the Board to act for the purpose.

(3) Any document purporting to be a document duly executed under the seal of the Board shall be received in evidence and shall, unless and until the contrary is proved, be presumed to be so executed.

5. The validity of any proceedings of the Board or of a committee thereof shall not be adversely affected by any vacancy in the membership of the Board or of a committee, or by reason that a person not entitled to do so took part in the proceedings of the Board or Committee.

6.—(1) A member who is directly or indirectly interested in any matter being deliberated upon or considered by the Board or is interested in a contract made or proposed to be made by the Board shall, as soon as possible after relevant facts have come to his knowledge, disclose the nature of his interest in writing or at a meeting of the Board.

(2) A disclosure made under sub-paragraph (1) of this paragraph shall be recorded in the minutes of meetings of the Board considering the matter or contract in respect of which the interest was disclosed and the members shall not participate in the meeting.

MEETINGS OF THE BOARD

7.—(1) Subject to the provisions of any standing orders of the Board, the Board shall meet whenever it is summoned by the Chairman, and if the Chairman is required to do so, by notice in writing given to him by not less than five other members, he shall summon a meeting of the Board to be held within fourteen days from the date on which the notice is given.

(2) At every meeting of the Board, the Chairman shall preside or in his absence the members present at the meeting shall appoint one of their members to preside at the meeting.

(3) The quorum of the meeting of the Board shall consist of the Chairman, or in appropriate case, the person presiding at the meeting and 7 other members.

(4) Where the Board desires to obtain the advice of any person on a particular matter, the Board may co-opt him as a member for such period as the Board thinks fit, but a person who is a member by virtue of this subparagraph shall not be entitled to vote at any meeting of the Board and shall not count towards a quorum.

(5) Notwithstanding anything in the foregoing provisions of this paragraph, the first meeting of the Board shall be summoned by the Commissioner.

SCHEDULE 17

SUPPLEMENTARY PROVISIONS RELATING TO THE DISCIPLINARY COMMITTEE OF THE TRADITIONAL MEDICINE BOARD

1. The quorum of the Disciplinary Committee shall be five members.
- 2.—(1) The Attorney-General of the State shall make rules as to the selection of members of the Disciplinary Committee for the purpose of any proceedings, the procedure to be followed and the rules of evidence to be observed in proceedings before the Disciplinary Committee.
 - (2) The rules shall not be limited to, but in particular provide—
 - (a) for notice of the proceedings to be given at such time and in such manner, as may be specified by the rules to the person who is the subject of the proceedings;
 - (b) for determining who, in addition to the initial party to the proceedings, shall be a party to the proceedings;
 - (c) for securing that any party to the proceedings shall, if he so requires, be entitled to be heard by the Disciplinary Committee; and
 - (d) for representation, by a legal practitioner, of a party to the proceedings.
3. For the purpose of any proceedings before it, the Disciplinary Committee may administer oaths and any party to the proceedings may issue out of the registry of the Disciplinary Committee writs of *subpoena ad testificandum* and *subpoena duces tecum* but no person appearing before the Disciplinary Committee shall be compelled—
 - (a) to make any statement to the Disciplinary Committee tending to incriminate himself;
 - (b) to produce any document under such writ which he could not be compelled to produce at the trial of an action.
4. Any person ceasing to be a member of the Disciplinary Committee shall be eligible for re-appointment as a member of that body.
5. The Disciplinary Committee may act notwithstanding any vacancy in its membership and the proceedings of the Committee shall not be invalidated by

any irregularity in the appointment of any member of the Committee or by reason of the fact that any person who was not entitled to do so took part in the proceedings of the body.

6. Any document authorised or required by virtue of this Law to be served on the Disciplinary Committee shall be served on the Registrar.

7. Any expenses of the Disciplinary Committee shall be defrayed by the Board.

8. A person shall not by reason of his appointment as an assessor to the Disciplinary Committee, be treated as holding an office in the Public Service of the State.

9.—(1) For the purpose of advising the Disciplinary Committee on questions of law arising in proceedings before it, there shall in all such proceedings be an assessor to the Disciplinary Committee who shall be appointed by the Board on the nomination of the Attorney-General of the State and shall be a legal practitioner of not less than seven years standing.

(2) The Attorney-General of the State shall make rules as to the functions of assessors appointed under this paragraph and in particular such rules shall contain provisions for securing—

(a) that where an assessor advises the Disciplinary Committee on any question of law as to evidence, procedure or any other matter specified by rules, he shall do so in the presence of every party or person representing a party to the proceedings who appear thereat or, if the advice is tendered while the Disciplinary Committee is deliberating in private, that every such party or person as aforesaid shall be informed what advice the assessor has tendered, and

(b) that every such party or person as aforesaid shall be informed if in any case the Disciplinary Committee does not accept the advice of the assessor on such a question as aforesaid.

(3) An assessor may be appointed under this paragraph either generally or for any particular proceedings or class of proceedings and shall hold and vacate office in accordance with the terms of the letter by which he is appointed.

SCHEDULE 18

Supplemen-
tary Provi-
sions relating
to the
Investigating
Panel.

1. The quorum of the Investigating Panel shall be three, two of whom shall be traditional medicine practitioners.
- 2.—(1) The Investigating Panel may at any of its meetings attended by all the members of the Panel, make standing orders with respect to the business of the Panel.

(2) Subject to the provisions for any such standing orders, the Investigating Panel may regulate its own procedure.
3. A person ceasing to be a member of the Investigating Panel shall be eligible for re-appointment as a member of that body.
4. The Investigating Panel may act notwithstanding any vacancy in its membership, and the proceedings of the panel shall not be invalidated by any irregularity in the appointment of any member of that body or by reason of the fact that any person who was not entitled to do so took part in the proceedings of that body.
5. Any document authorized or required by virtue of this Law to be served on the Disciplinary Committee or the Investigating Panel shall be served on the Registrar.
6. Any expenses of the Disciplinary Committee or the Investigating Panel shall be defrayed by the Board.
7. A person shall not by reason of his appointment as an assessor to the Disciplinary Committee, be treated as holding an office in the Public Service of the State.

SCHEDULE 19

LAGOS STATE TRADITIONAL MEDICINE BOARD

- 1.** Subject to the provisions of this Law, the Traditional Medicine Board (hereinafter referred to as “the Board”) may upon application as may be made in the prescribed Form ‘A’ set out in the 20th Schedule of this Law issue to any traditional medical practitioner, a licence to practise as such for a period of not less than one year and renewable annually on payment of the prescribed fees PROVIDED that the traditional medical practitioner complies with the code of conduct of the profession and practices within the limits of the Law.

Application for Licence to Practice as a Traditional Medical Practitioner.
- 2.** As from the commencement of these regulations, every traditional medical practitioner desiring to be registered must have satisfied the conditions and undertaken to observe the code of conduct of the profession set out in Schedule 21 to these Regulations.

Conditions for Registration as Traditional Medical Practitioner.
- 3.** A licensee shall display or cause to be prominently displayed in the premises of his practice of traditional medicine a copy of the licence.

Licence be displayed.
- 4.** Application for registration as traditional medicine ingredients/herbal product seller shall be as in the prescribed Form ‘B’ set out in Schedule 23 of this Law.

Traditional Medicine Ingredients/Herbal Product Seller.
- 5.—(1)** Every traditional medicine ingredient/herbal product seller desiring to be registered must have satisfied the conditions and undertaken to observe the code of conduct of his profession set out in Schedule 23 of this Law.

Conditions for Registration.

(2) A certificate of entitlement to practise as traditional medicine ingredients/herbal products seller shall be issued on registration as in the prescribed Form ‘C’ specified in Schedule 24 of this Law.
- 6.—(1)** Every person desiring to be registered as a traditional medicine midwife and/or traditional medicine nurse must have satisfied the conditions and undertaken to observe the code of conduct of the profession set out in Schedule 26 of this Law.

Traditional Medicine Midwife/Nurse.

(2) Application for registration as traditional midwife and/or traditional medicine nurse shall be in the prescribed Form ‘D’ in Schedule 25 of this Law.
- 7.** There shall be established an Inspectorate Division which from time to time shall supervise traditional medicine health care in the State and perform such other functions as stated in Schedule 27 of this Law.

Inspectorate Division.

- Composition of the Inspectorate Division. **8.** The members of the Inspectorate Division shall consist of:
- (a) A Chairman who shall be a traditional Medical Practitioner;
 - (b) One traditional midwife;
 - (c) One traditional medicine nurse;
 - (d) One traditional medicine ingredient/products seller;
 - (e) One representative of each of the registered traditional medicine associations;
 - (f) Four other persons who must be Nigerians appointed on the recommendation of the Chairman;
 - (g) A Secretary who shall be a civil servant on grade level 09.
- Appointment of Members of the Inspectorate Division. **9.** The Chairman and other members of the Inspectorate Division all of whom must be able to read and write shall be appointed by the Board.
- Tenure of Office. **10.** The members of the Inspectorate Division shall hold office at the pleasure of the Board.
- Removal from Office. Revocation of Appointment. **11.—**(1) The Inspectorate Division shall automatically dissolve on the dissolution of the Board.
- (2) Any person appointed under Section 9 of this Schedule may be removed from office at any time by the Board.
- (3) Without prejudice to the generality of sub-section (2) above, if the Chairman of the Board is satisfied that a member of the Inspectorate Division—
- (a) has been absent from three consecutive meetings of the Inspectorate Division without permission of:
 - (i) the Chairman of the Board in the case of the Chairman of the Inspectorate Division; and
 - (ii) the Chairman in the case of any other member; or
 - (b) is incapacitated by physical or mental illness from performing his functions as a member; or
 - (c) is otherwise unable or unfit to discharge the functions of a member, the Chairman of the Board may revoke the appointment of that member.

(4) Notwithstanding anything contained in the instrument by which he is appointed a member of the Inspectorate Division may resign his office by notice in writing to the Chairman of the Board.

12. A person shall be qualified to hold the office of the Chairman of the Inspectorate Division if—

Qualification of the Chairman of Inspectorate Division.

(a) He is qualified to practise as a traditional medical practitioner in the State and has been so qualified for a period of not less than 10 years; and

(b) He has established a functional traditional medicine hospital or clinic, traditional maternity home or must have in the past established such a hospital whether or not such hospital is functioning at the time of his employment or appointment.

13. The Secretary to the Inspectorate Division shall be responsible to the Chairman of the Inspectorate Division and he shall be under the direction and control of the Chairman, and he shall carry out the day to day administration of the affairs of the Inspectorate Division and in addition shall be responsible for the following—

Secretary and Functions.

(a) The execution of the decisions of the Inspectorate Division;

(b) Preparing the agenda and minutes of meetings;

(c) Conveying the decisions and recommendations of the Inspectorate Division to members of the traditional medicine practitioners;

(d) Keeping proper records of proceedings of the Inspectorate Division;

(e) Performing such other functions as the Inspectorate Division and/or the Board may from time to time direct.

14. As from the commencement of this Law, any registered traditional medicine hospital and maternity home in the State which caters for in-patients and out-patients shall have the facilities set out in Schedule 28 of this Law.

Facilities for Traditional Medicine Hospital and Maternity Home.

15. As from the commencement of this Law, any registered traditional medicine clinic in the State which caters only for out-patients shall have the facilities set out in Schedule 29 of this Law.

Facilities for Out-patient Traditional Medicine Clinic.

16. As from the commencement of this Law, any registered traditional medicine maternity home in the State shall have the facilities set out in Schedule 30 of this Law.

Traditional Medicine Maternity Home.

- Mode of Dressing. **17.** The uniforms to be worn by traditional medical practitioners and other allied professionals while at work are as stated in Schedule 31 of this Law.
- Requirements for Traditional Medicine Psychiatric Hospital. **18.—(1)** As from the commencement of this Law, every registered traditional medicine psychiatric hospital within the State shall confine psychiatric patients within the treatment premises of the hospital at any given time.
(2) Every Hospital shall also isolate violent psychiatric patients from the docile ones in addition to complying with those requirements specified in Schedule 28 of this Law relating to traditional medicine hospital.
- Special Penalty. **19.** Any person who contravenes or fails to comply with any of the above stated provisions of these regulations shall be guilty of an offence and shall be liable on conviction to a fine of ₦25,000.00 (twenty-five thousand Naira) only or imprisonment for 3 months.
- Teaching Hospital. **20.** The Board may, if it deems fit shall upgrade any registered private traditional medicine hospital within the State into a traditional medicine Teaching Hospital.
- Facilities for Teaching Hospital. **21.** Every standard traditional medicine hospital being upgraded to a Teaching Hospital shall have additionally the facilities set out in Schedule 32 of this Law.
- Syllabus for Traditional Medicine. **22.** The Board shall provide the Teaching Hospital with the syllabus in traditional medicine and such must be adhered to strictly.
- Qualification for Admission to Teaching Hospital. **23.** Candidates for admission into the Teaching Hospital must possess or must have reached a standard of education equivalent to that of the First School Leaving Certificate approved by or on behalf of the State Ministry of Education and must also be of good character.
- Duration of Course at Teaching Hospital. **24.** Students shall spend a period of not less than four years at the Teaching Hospital before he can be admitted to sit for the final external examination.
- Manner of conducting Examination. **25.** The conditions affecting the scope and manner of conducting the examination and any other matter appertaining thereto shall be determined by the Board.
- Board's Decision to be final. **26.** The decision of the Board on any matter affecting the examination shall be final.
- Granting of Certificates. **27.** A certificate shall be granted to each candidate who has completed and passed the examinations and has satisfied the Board as to his good character.

28. A person shall be entitled to have his name registered as Traditional Medical Practitioner; Traditional Medicine Ingredients/Herbal Products Seller; Traditional Medicine Midwife or Nurse or for any profession in traditional medicine if he is successful at the examinations and has satisfied the Board that he is of good character and a fit and proper person to practise traditional medicine in the State. Registration.

29. The Board shall make and keep a correct register of persons to whom a licence and/or certificate has been granted and such register shall be called the Register of Traditional Medical Practitioners and Allied Professions. Register to be kept.

Provided only that separate register shall be kept for each of the professions such as Traditional Medical Practitioner, Traditional Medicine Ingredients/Products Seller, Traditional Medicine Midwife, Traditional Medicine Nurse and any other profession that may be registered for the practice of Traditional Medicine in the State.

30.—(1) The Register of Traditional Medical Practitioners and Allied Professions shall be revised by the Board in December of each year and the names of persons except those in Government employment, who have not renewed their licences and/or certificates of registration of their premises for two consecutive years shall be removed from the register, but may be restored on the payment of registration fees together with any penalty that may be imposed as fine by the Board. Register to be revised.

(2) All entries in and removals from the register shall be published in the Gazette.

31.—(1) A Registrar to be appointed by the Board shall be responsible for the keeping of the Register of Traditional Medical Practitioners and Allied Professions. Appointment of Registrar.

(2) Such person so appointed shall for the time being, be called the Registrar of Traditional Medical Practitioners and Allied Professions (hereinafter referred to as the Registrar).

32.—(1) Application for registration of premises shall be made in the prescribed Form 'F' set out in Schedule 33 of this Law. Application for Registration of Premises.

(2) A Certificate of registration/retention of premises shall be issued in the prescribed Form 'G' in Schedule 34 of this Law on satisfaction by the Board that the premises in question meets the required standard laid down for the practise of such health care services.

33.—(1) The fees set out in Schedule 35 of this Law shall be payable in respect of registration of premises of each branch of traditional health care. Fees for Registration of Premises.

(2) A renewal fee shall become due and payable on the 1st day of January in each year.

Demand for Fees.

34.—(1) The Registrar shall send to any person who has not paid a renewal fee which is payable by him on demand for payment thereof which demand shall be by registered letter addressed to such person at his registered premises and to his last known place of abode if such place is different from his registered premises.

(2) The Registrar shall notify the Board of the failure to pay on the part of any person on whom a demand has been made.

Penalty for Default.

35. A person making payment in arrears in accordance with the provisions of this Schedule, shall pay in addition to the retention fee, a further sum as may be decided by the Board from time to time by way of penalty for the default.

Register of Premises to be kept.

36. The Registrar shall prepare and keep a correct register showing the address of each set of premises, the names of the traditional medical practitioner or traditional medicine midwife and traditional medicine nurse or and traditional medicine ingredient/herbal product seller carrying on business therein, and the name of the registered traditional medical practitioner or traditional midwife or and traditional medicine ingredient/herbal product seller having personal control of the business.

Registration of Traditional Medical Associations.

37.—(1) The Board shall have the sole power of recognizing and/or registering traditional medical associations and unions in the State.

(2) The Board reserves the right to limit the number of traditional medical associations that may be registered in the State from time to time for the prevention of unnecessary multiplicity of the Traditional Medical Associations.

(3) The conditions for registration and recognition of Traditional Medical Associations shall be as specified in Schedule 36 of this Law.

General Fees.

38. The fees specified in Schedule 35 of this Law shall be charged in respect of the matters or things specified therein.

Disciplinary Committee.

39. The Board shall appoint such persons as it thinks fit to enforce discipline in the traditional medical profession and such persons so appointed shall, for the time being constitute and be called the Disciplinary Committee.

Handling of Poison Packed for Transport and Labelling.

40.—(1) No practitioner in the traditional medicine profession shall consign any poison for transport unless it is sufficiently stoutly packed to avoid leakage arising from the ordinary risks of handling and transport.

(2) Subject to the provisions of this Schedule, the particulars with which the container of a poison is required to be labelled under these regulations must appear in a conspicuous position on the container in which the poison is sold and on every box or other covering of whatever nature enclosing the container, and the particulars must be clearly and distinctly set out and not in any way obscured or obliterated.

(3) Where the poison is contained in a cachet or similar article, it shall not be necessary to label the article itself, if every box or other covering in which the article is enclosed is duly labelled.

(4) The labelling of any transparent cover or any wrapper, hamper, packing case, crate or other covering used solely for the purposes of transport or delivery shall not be necessary.

41.—(1) Any preparation containing poison shall be labelled with the prescribed particulars as to the proportion of poison contained therein.

Preparation of Poison to be stated on Label.

(2) The label of the container of any preparation containing a poison as one of its ingredients shall, subject as hereinafter provided, include a statement of the proportion which the poison bears to the total ingredient of the preparation.

(3) In the case of a substance, preparation or surgical dressing, it shall not be necessary to state on the label the proportion of the poison contained in the substance, preparation or surgical dressing, and in the case of any dilution, concentration, the administration of such a substance or preparation, it shall be sufficient to state the proportion which the substance or preparation bears to the total ingredients of the dilution, concentration or administration.

(4) Where the poison is in tablets, pills, cachets or similar articles, it shall be sufficient to state on the label of the box or other covering in which the articles are enclosed the number of articles and the amount of the poison, or in the case of such a preparation as is mentioned in sub-section (3) above, the amount of the preparation contained in each article.

42.—(1) Any person contravening or failing to comply with any of the provisions of these regulations shall be guilty of an offence and, when no special penalty is provided, shall be liable on summary conviction to a fine of twenty thousand Naira only or to imprisonment for three months.

General Penalty.

(2) Where the contravention of or non-compliance with any of the provisions of this Law is by a corporation, a body corporate or incorporate, or association, the penalty shall be fifty thousand Naira only (₦50,000.00) for each offence and in addition the Secretary or Director or Manager or Chairman of the said corporation, or Association shall be liable to a fine of twenty thousand Naira only (₦20,000.00) or to imprisonment for three months for each offence.

General
Offences and
Penalties.

43.—(1) Where—

- (a) a registered traditional medical practitioner or other practitioner in the traditional medicine is adjudged by the disciplinary committee to be guilty of infamous conduct in any professional respect; or
- (b) a registered traditional medical practitioner or other practitioner in the traditional medicine is convicted, by any court in Nigeria having power to award imprisonment, of an offence (whether or not an offence punishable with imprisonment which in the opinion of the disciplinary committee is incompatible with the status of a traditional medical practitioner or of such particular practitioner in any branch of traditional medicine; or
- (c) the disciplinary committee is satisfied that the name of any person has been fraudulently registered, the disciplinary committee may, if it deems fit, give a direction—
 - (i) ordering the Board to strike that person's name off the register and revoke his licence;
 - (ii) suspending that person from practice by ordering him not to engage in practice as traditional medical practitioner or such other practitioner for such period as may be specified in the direction; or
 - (iii) admonishing that person, and any such direction may, where appropriate include provision for refund of money paid or the sealing of the premises of business of such traditional medical practitioner or other practitioner in traditional medicine or charging to court or any other thing as the circumstances of the case may require.

(2) Where a registered traditional medical practitioner or other practitioner in traditional medicine is found by the Disciplinary Committee to be guilty of misconduct not amounting to infamous conduct which in the opinion of the Disciplinary Committee is incompatible with the status of a traditional medical practitioner or such other practitioner, the Disciplinary Committee may, if it thinks fit, give such direction as is authorized by paragraph (c) (ii) or (iii) of Section 43 (1) above, any such direction may, where appropriate, include provision for refund of money paid or the sealing of the premises of business of such traditional medical practitioner or of such other practitioner in the traditional medicine or charging him to court or any other thing as the circumstances of the case may require.

44. In these Schedules, unless the context otherwise requires—

Interpreta-
tion.

“Board” means the Lagos State Traditional Medicine Board;

“Commissioner” means the Lagos State Commissioner for Health or the Commissioner charged with responsibilities for health matters in the State;

“Court” includes magistrates’ courts, High Courts and customary courts;

“Functions” includes powers and duties;

“Inspectorate Division” means a body of the Traditional Medicine Board duly constituted by the Board to supervise generally, the practice of traditional medicine in the State;

“State” means the Lagos State of Nigeria;

“Premises” includes a house or building or any part thereof together with its gardens or other appurtenances;

“Traditional Medicine Association” means any group of persons and/or association who join together as one for the main purpose of promoting the practice and/or development of traditional medicine anywhere in the world particularly in Lagos State irrespective of whatever name the association, or group of persons is called.

“Traditional Medicine” means and includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness;

“Traditional Medicine Clinic” means a premises registered with the Board by a traditional medical practitioner for the sole purpose of practising traditional medicine and/or treating patients with traditional medicine on an out-patient basis;

“Traditional Medicine Hospital and Maternity Home” means premises registered with the Board by a traditional medical practitioner for the sole purpose of practising traditional medicine and/or treating patients with traditional medicine on an in and out-patient basis;

“Traditional Medicine Ingredient/Product Seller” means a traditional medicine ingredient/product seller registered with the Board to sell traditional medicine ingredients and products in the State;

“Traditional Medicine Midwife” shall be taken to refer to traditional ‘birth attendant’ as contained in the Traditional Medicine Board Law and means a traditional medicine Midwife who has registered with the Board to practise Traditional Medicine Midwifery;

“Traditional Medicine Nurse” shall be taken to refer to traditional herbalist attendant and means a traditional medicine nurse who has registered with the Board to practise traditional medicine nursing;

“Prescribed” means prescribed by this Law and orders made thereunder;

“Traditional Medicine Psychiatric Hospital” means premises registered with the Board by a traditional medical practitioner for the purpose of practising psychiatric traditional medicine and/or treating psychiatric patients with traditional medicine on in and out-patient basis and shall include premises where traditional medical practitioner with special knowledge of psychiatric medicine admits psychiatric patient for treatment;

“Traditional Medical Practitioner” shall be taken to refer to “Traditional Herbalist and Healer” as appears in the Traditional Medicine Board Law and means a traditional medical practitioner duly registered with the Board to practise traditional medicine in the State;

SCHEDULE 20

LAGOS STATE GOVERNMENT



BOARD OF TRADITIONAL MEDICINE

FORM 'A'

ANNUAL LICENCE TO PRACTISE AS A TRADITIONAL MEDICAL PRACTITIONER

M

of

.....
having duly paid the prescribed fees is hereby licensed to practise as a TRADITIONAL MEDICAL PRACTITIONER under the LAGOS STATE BOARD OF TRADITIONAL MEDICINE LAW of 2005 and is authorized to practise the art of traditional healing provided he complies with the CODE OF CONDUCT as laid down by the Board and practises within the bounds of the Law.

This Licence expires on the 31st day of December, 200

ISSUED at this day of

200

FEE FOR LICENCE: ₦ : K

.....
S e c r e t a r y.

SCHEDULE 21

TRADITIONAL MEDICAL PRACTITIONER

- Conditions for registration.
- 1.—(1) Satisfactory proof of training for a period of not less than four years under one or more registered traditional medical practitioners.
- (2) Should have a thorough knowledge and clear understanding of herbs, their medical proportions and diseases and/or ailments for which they can be used.
- (3) Must have very good knowledge of diseases, how they can be diagnosed, their causes, symptoms and clinical indications.
- (4) Ability to prescribe, mix herbs proportionally and dispense drug to produce a suitable compound to cure ailment affected.
- (5) Good and sound knowledge of anatomy of human body with special reference to major organs.
- (6) Good and clear understanding of psychological diseases and their treatment.
- (7) The Board reserves the right to register any person who though has not satisfied all the conditions above but has satisfied the Board that he has proven ability to practise traditional medicine.
- Code of Conduct for Traditional Medical Practitioner.
- 2.—(1) See himself as a professional in the practise of the art of traditional medicine;
- (2) Regard other members of the profession as colleagues and appreciate the need and necessity of referring patients he cannot cure to a specialist in the ailment;
- (3) Desist from holding on to a patient whose ailment he does not understand and/or he knows he has no solution;
- (4) Refrain from making damaging remarks and/or defamatory statement either in writing or orally about professional competence of his professional colleagues particularly in the presence of patients;
- (5) Try as much as possible to desist from performing any major medical care on any member of his immediate family. Nothing in here contained shall prevent a traditional medical practitioner from performing medical care on any member of his family in case of an extraordinary emergency;

(6) Must not solicit for patients and/or advertise his skill and/or knowledge of practice of traditional medicine in any form whatsoever except in the midst of his professional colleagues or in journals dealing with traditional medicine;

(7) Treat any communication whether oral or in writing between himself and his patient relating to the patient's ailment or between himself and his professional colleague in respect of a patient's ailment as secret and confidential information and not divulge same without the patient's prior consent to any other person other than a traditional medical practitioner or member of para-traditional medical staff or a member of the patient's immediate family for purposes of effecting a speedy traditional medical treatment on the patient and/or family;

(8) Regard opinions of professional colleagues as personal on any issue, respect and give thorough consideration to such opinions even where it conflicts with his own opinion;

(9) Be willing and prepared to assist his professional colleague where and when occasions warrant it particularly where his view or opinion is requested for in respect of treatment of an ailment;

(10) Keep full and proper records of the names, address, age, sex, ailment, date of treatment of patients and full particulars of the nature of treatment given where patient is in patient record, showing the date of admission, and discharge must be kept by the traditional medical practitioner himself or by a literate person where the traditional medical practitioner is unable to read and write;

(11) Be prepared to produce the record of any patient treated in his hospital/clinic to the Board or any authorized person or body at the shortest notice;

(12) Ensure hygienic preparation and storage of drug under optimum temperature and pressure to prevent contamination;

(13) Keep a register of births and deaths in his hospital, clinic and/or maternity home;

(14) Not to unlawfully procure abortion;

(15) Not have sexual intimacy with or seduce a patient;

(16) Keep his hospital/clinic clean and ensure suitability for human habitation at all times; and

(17) Keep the interest and welfare of patient paramount in his mind.

SCHEDULE 22

TRADITIONAL MEDICINE INGREDIENTS/HERBAL PRODUCT SELLER (ELEWE-OMO, ETC.)

Condition for Registration.

1. Should have undergone a training for a period of not less than three (3) years under one or more registered traditional medicine ingredients/herbal product sellers PROVIDED ONLY that the Board reserves the right to register a person who has not been trained by a registered traditional medicine ingredients/herbal product seller if the Board is satisfied that such a person is a fit and proper person and has a proven ability to sell traditional medicine product/herbal ingredients.

Code of Conduct for Traditional Medicine Ingredients/Product Seller.

2.—(1) Ensure that the health, safety and welfare of the patient is of paramount consideration and must therefore furnish all relevant information about any particular herb to the patient;

(2) Not leave or put in charge of his/her shop, shed or selling place a person who is not professionally trained in the art of traditional medicine ingredient or who has not undergone a training for a period of not less than (2) years under a traditional medicine ingredients/product seller;

(3) Desist as much as possible from having discussion about prescribed herbs with a patient in a manner that will impair the confidence of the patient in the traditional/alternative medical practitioner who prescribed the herbs;

(4) Refrain from making damaging remarks concerning the ability and/or knowledge of his/her co-traditional medicine ingredients/herbal product seller with respect to his trade;

(5) Not to divulge without the consent of the patient any information given to him by a patient relating to his/her ailment and/or the herbs he wants to buy;

(6) Not to sell animal ingredients or any other ingredients that has less vital part of flower;

(7) Not to misrepresent traditional medicine ingredients/ herbal product to a customer or patients;

(8) Shall ensure that his stall, shop or selling premise is clean and tidy at all times;

(9) Label all the ingredients/ herbal product he sells with the respective names of the herb boldly written on a paper;

(10) Not to engage in hawking of any traditional medicinal ingredients or herbal product or medicine;

(11) Shall restrict his sales to his registered stall or shop;

(12) Co-operate and interact with other traditional medicine ingredients herbal product sellers with a view to rendering the best services to patients/ customers;

(13) Refrain from making damaging or defamatory remarks about his colleagues' professional competence in the presence of a patient/customer;

(14) Not to prescribe or dispense traditional medicinal ingredients/ herbal product for patients/customers for treatment of ailment for children who are under the age of ten (10) years;

(15) Uphold the honour and dignity of the trade, accept and abide by its ethical principles;

(16) Should not engage in any activity that will bring discredit to the trade and should make a report to the Board within 72 hours of any of his colleagues engaging in an act or omission likely to bring discredit to the trade.

SCHEDULE 23



BOARD OF TRADITIONAL MEDICINE

TRADITIONAL MEDICINE INGREDIENTS/HERBAL PRODUCT SELLER (ELEWE-OMO, ETC.)

FORM 'B'

4

APPLICATION FORM FOR REGISTRATION

1. Names in Full
2. Age:.....
3. Tribe and Nationality:.....
4. Residential Address and Local Government Area:
5. Business Address (Market, Stalls, No. etc.)
6. Permanent Address:
7. Local Government Area:
8. Name of Association to which you belong:.....
9. Which of the following Ingredients/Herbal Products do you sell, and how many types?
 - (a) Herbs:.....
 - (b) Animal Parts:.....
 - (c) Minerals:.....
 - (d) Others:
10. Can you recognize all of them by name?.....
11. How long did you train? give dates:.....
12. Under whom and where did you train? Give name, Address and date:
13. How long have you been selling these traditional herbal products/ ingredients?.....give date.....
14. Do you prepare or administer traditional medicine?.....
15. What other things do you sell or do?
16. Do you train other sellers?.....

17. If so, how many?

18. Any other information:

.....

Signature or thumb Impression.....

Witness to Thumb impression

Date:

Name & Address of Guarantor

.....

.....

SCHEDULE 24

FORM C



BOARD OF TRADITIONAL MEDICINE

**TRADITIONAL MEDICINE INGREDIENTS/HERBAL PRODUCT
SELLER (ELEWE-OMO, ETC.)**

This is to certify that:
..... of
.....
..... has been registered as a Traditional Medicine Ingredient/Herbal Product Seller (Elewe-Omo, etc) in Lagos State having satisfied the Board of Traditional Medicine of his Professional proficiency in the art of identification of Traditional Herbs (Elewe-Omo) etc. He/She is therefore entitled to practise the art of Traditional Medicine Ingredients/Herbal Product selling subject to he/she complying with the CODE OF CONDUCT as laid down by the Board and practising within the bounds of the Law.

Dated this day of 200.....

.....
Chairman

.....
Secretary.

SCHEDULE 25

LAGOS STATE GOVERNMENT
BOARD OF TRADITIONAL MEDICINE

FORM 'D'

Affix a
Passport
Size
Photograph
Here

THE PRACTICE OF THE ART OF TRADITIONAL MEDICINE
MIDWIFERY AND/OR TRADITIONAL MEDICINE NURSE
REGISTRATION FORM

1. Surname:.....
2. Other Names:.....
3. Permanent Address:.....
4. Clinic/Business Address (if different from the above).....
.....
5. Residential Address:.....
6. Local Government Area of Practice:.....
7. Age:..... Date of Birth..... Place of Birth.....
8. Nationality:.....
9. State of origin:.....
10. Place of Training including Address with Dates.....
.....
11. Period of Training:.....
12. Are you prepared to undergo a test, in traditional medicine if necessary?.....
13. Do you belong to any Traditional Medical Association?.....(If yes, name it and attach photocopy of your membership certificate).
14. Have you any Certificate of Proficiency?.....(If so, attach a photocopy).
15. Field of specialty. Tick the appropriate Box:

| | | | | | |
|-----------------|--------------------------|--------------|--------------------------|------------|--------------------------|
| General Booking | <input type="checkbox"/> | Midwifery | <input type="checkbox"/> | Psychiatry | <input type="checkbox"/> |
| Bone Setting | <input type="checkbox"/> | Eye Diseases | <input type="checkbox"/> | Dentistry | <input type="checkbox"/> |
| Skin Diseases | <input type="checkbox"/> | | | | |
| Asthma | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Cancer | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> | | | | |
16. Mention names of any other Disease(s) you can cure (if any).....
17. State years of experience after training.....
18. Are you willing to serve in the Government Traditional Medicine Institutions? Yes/No.....

19. DECLARATION

I,.....
declare that all the above information given by me are true and correct.

.....
Signature or Thumb Impression.

SCHEDULE 26

TRADITIONAL MEDICINE MIDWIFE AND TRADITIONAL
MEDICINE NURSE

- 1.—(i) Traditional Medicine Midwife: The person must have been trained for a period of not less than two years by a traditional medical practitioner and/or an experienced traditional midwife or traditional medical practitioner. Conditions for Registration.
- (a) Traditional Medicine Nurse: The person must have been trained for a period of not less than three (3) years by a Traditional Medical Practitioner and/or an experienced Traditional Medicine Nurse.
- (b) Must be able to read and write.
- (c) Must have paid the prescribed fee for registration.
2. This shall be as in the First Schedule 21 of this Law in respect of Traditional Medical Practitioner. The code of conduct therein shall also apply to both the traditional medicine midwife and traditional medicine nurse with modifications where necessary. Code of Conduct.

SCHEDULE 27

Functions of
the Inspec-
torate
Division.

1. To inspect any premises and make its recommendation to the Board as to whether the premises meets the required standard before the building is registered for any branch of health care of traditional medicine.
2. Inspection of any of the existing registered health care building to ensure compliance with the required standard of the Board.
3. Visiting and inspection of premises of all branches of traditional medicine health care in the State in order to ensure compliance with the rules and regulations as regards the practise of traditional medicine particularly with special reference to personnel, environment, premises, record keeping, labelling of medicine and drugs.
4. Conducting periodic medical supervision of registered private traditional medicine hospital within the State and making recommendations where appropriate for the upgrading of such private hospital to traditional medicine teaching hospital.
5. Supervision and inspection of Traditional Teaching Hospitals within the State.

SCHEDULE 28

TRADITIONAL MEDICINE HOSPITAL AND MATERNITY HOME

1. Minimum Basic Facilities:

- 1 Clean and Tidy Environment.
- 2 Clear demarcation from domestic household, if building is partly used as such.
- 3 Adequate arrangement for refuse collection and disposal and upkeep of premises.
- 4 Six (6) rooms each to be used as—
 - (a) Waiting/Reception Room;
 - (b) Labour room;
 - (c) One room for Preservation of Herbs;
 - (d) Consulting/Examination room with examination couches;
 - (e) One room for trainees;
 - (f) Ward.

2. Other Basic Necessities:

- 1 Bed and bedding;
- 2 Scissors, forceps, etc.;
- 3 Wash-hand basin, delivery couch, placenta receiver, etc.;
- 4 Locker or small cupboard;
- 5 Window blinds or curtain;
- 6 Mosquito nets either fixed to the windows or attached to the bed;
- 7 Electric light and/or gas/kerosene/lantern.

3. Basic Facilities in the Wards:

- 1 Bed and bedding;
- 2 Clean and adequate water supply;
- 3 Locker or small cupboard at bedside;
- 4 Window blinds or curtains;
- 5 Mosquito nets either fixed to the windows or attached to the bed;
- 6 Washable floors and walls;
- 7 Electric light and/or gas/kerosene lantern;
- 8 Adequate ventilation;
- 9 Adequate drainage;
- 10 Adequate toilet and bath facilities.

4. Minimum Staff Complement:

- 1 One Traditional Medical Practitioner in charge;
- 2 One Registered Traditional Nurse/Midwife.

SCHEDULE 29

TRADITIONAL MEDICINE CLINIC

1. Minimum Basic Facilities:

- 1 Clean and tidy environment;
- 2 Clear demarcation from other parts of the building;
- 3 2 rooms of 8 x 10ft each to be used as:
 - (a) Waiting/Reception Room;
 - (b) Consulting/Examination Room.

2. Other Basic Necessities:

- 1 Bed and Bedding;
- 2 Shelves with Bottles properly labelled;
- 3 Wash Hand Basin with Hand Towel/Napkins;
- 4 Electric Light and/or Gas/Kerosene Lantern;
- 5 Sanitation Facilities;
- 6 Toilet Facilities;
- 7 Adequate arrangement for refuse collection and disposals and upkeep of premises.

3. Minimum Staff Complement:

- 1 One Traditional Medical Practitioner registered to practise traditional medicine in the State; and
- 2 One Traditional Medicine Midwife and/or Nurse registered to practise traditional medicine in the State.

SCHEDULE 30

TRADITIONAL MATERNITY HOME

1. Minimum Basic Facilities:

1 Four (4) Rooms to be used as :

- (1) Waiting Room;
- (2) Consulting Room;
- (3) Labour Room;
- (4) Recovery Room.

2. Public Health Facilities shall include:

- 1 Adequate Ventilation;
- 2 Adequate Illumination;
- 3 Adequate Water Supply;
- 4 Adequate Toilet and Bath Facilities;
- 5 Adequate arrangement for refuse collection and disposal and upkeep of premises.

3. Other Services:

Kitchen and Facilities listed under labour room and wards for a traditional medicine hospital and maternity home in the Seventh Schedule.

4. Minimum Staff Complement:

- 1 One Registered Traditional Medical Practitioner and/or One registered Traditional Medicine Midwife.

SCHEDULE 31

UNIFORM

1. A Traditional Medical Practitioner shall wear a white overall with green pockets at all times while attending to patients in the hospital.
- 2.—(1) A Traditional Medicine Midwife and Traditional Medicine Nurse shall wear white dress like the orthodox nurses, but taped with green.
 - (2) The white dress shall have green pockets attached.
 - (3) A traditional midwife and traditional medicine nurse shall also wear green cap and white belt taped with green.

SCHEDULE 32

**ADDITIONAL REQUIREMENTS FOR PRIVATE TRADITIONAL
MEDICINE HOSPITAL UPGRADED INTO TEACHING HOSPITAL**

1. Additional Minimum Basic Facilities:

Minimum Basic Facilities shall be as in the Seventh Schedule in addition to the following—

- (1) Four (4) standard rooms approved by the Board to be used as lecture rooms.
- (2) All basic classroom necessities—
 - (a) Chairs;
 - (b) Tables;
 - (c) Stationeries, etc.
- (3) Garden of not less than 5 x 12 ft where herbs of different types could be planted for practical purposes.
- (4) Experienced Traditional Medical Practitioners in various branches of specialization plus ability to disseminate knowledge to lecture students.

2. Minimum Staff Complement:

- (1) Not less than four lecturers for the first year students.
- (2) Not less than six lecturers while the School is in second year.
- (3) Not less than eight lecturers while the School is in the third year.
- (4) Not less than ten lecturers while the School enters the fourth and final year.

SCHEDULE 33

FORM 'F'

APPLICATION FOR REGISTRATION OF PREMISES

..... Name of Registered
 Traditional Medical
 Practitioner/Midwife/Nurse
 ingredients/Herbal Products
 Seller having control of the
 business.
 Address.

Occupation

I hereby apply for registration and enclose a
 Registration fee of

Signature

Date

For Official Use

Name of Approving Officer

Designation:

Remarks:

Signature:

Date:

SCHEDULE 34

LAGOS STATE GOVERNMENT



BOARD OF TRADITIONAL MEDICINE

FORM 'G'

CERTIFICATE OF REGISTRATION/RETENTION OF PREMISES

The premises situate at:

.....and

Owned by

Under the TRADITIONAL MEDICINE PRACTITIONER of

.....were on the

..... day of200.....

duly registered for the practise of the art of Traditional Medicine subject to compliance with the laid down regulations by the Board and the provisions of the Lagos State Health Sector Reform Law.

This Certificate of Registration expires on 31st December 200

FEE FOR REGISTRATION: N : K

.....
Secretary

SCHEDULE 35

FEES

Fees Per Annum

| | | | | |
|----|--|---|---|---|
| 1. | Registration as Traditional medical practitioner | ₦ | : | K |
| 2. | Registration as Traditional medicine ingredients/ herbal product seller | ₦ | : | K |
| 3. | Registration as Traditional Medicine Nurse | ₦ | : | K |
| 4. | Registration as Traditional Midwife | ₦ | : | K |
| 5. | Registration form for Traditional Medicine Medical Association/Union | ₦ | : | K |
| 6. | Registration fees for Traditional Medical Associations. | ₦ | : | K |
| 7. | Renewal of Licence to practise as traditional Medical Practitioner | ₦ | : | K |
| 8. | (a) Registration of Premises for various health care services— | | | |
| | (i) Traditional Medicine Hospital | ₦ | : | K |
| | (ii) Traditional Medicine Clinic | ₦ | : | K |
| | (iii) Traditional Medicine Maternity Home | ₦ | : | K |
| | (iv) Traditional Medicine Psychiatric Hospital | ₦ | : | K |
| 9. | (b) For Renewal of premises registered— | | | |
| | Under 8A (i) above: per annum | ₦ | : | K |
| | Under 8A (ii) above: per annum | ₦ | : | K |
| | Under 8A (iii) above: per annum | ₦ | : | K |
| | Under 8A (iv) above: per annum | ₦ | : | K |

N.B: Every premises renewal fee shall be due and payable on the 1st day of January in each year.

SCHEDULE 36

TRADITIONAL MEDICAL ASSOCIATION

Conditions
for and
Recognition.

- 1.—(1) Aims and objectives must be for the Registration advancement of traditional medicine and for the progress of all traditional medical practitioners, and allied professions;
- (2) Must have registered and obtained a certificate of registration under PART 'C' OF THE COMPANIES AND ALLIED MATTERS ACT CAP 59, LAWS OF THE FEDERATION OF NIGERIA 1990;
- (3) Must have membership of not less than two hundred and fifty (250) out of whom not less than twenty-five (25) must have registered with the Board to practise any or all of the following:
- (a) Traditional Medicine;
 - (b) Traditional Medicine Midwifery;
 - (c) Traditional Medicine Nursing;
 - (d) Traditional Medicine Ingredients/Herbal Product Selling;
- (4) Must have a Secretariat within the State;
- (5) Must have paid all prescribed fees by the Board;
- (6) Satisfy any other condition as laid down by the Board.

SCHEDULE 37

**SUPPLEMENTARY PROVISIONS AS TO THE DISCIPLINARY
COMMITTEE OF THE TRADITIONAL MEDICINE BOARD**

1.—(1) The Board shall make rules for the purposes of any proceedings and as to the procedure to be followed and the rules of evidence to be observed in proceedings before the Disciplinary Committee.

(2) The Rules shall in particular provide—

(a) for ways of ensuring that notice of the proceedings be given, at such time and in such manner as may be specified by the rules, to the person against whom the proceedings are brought;

(b) for determining who, in addition to the person aforesaid, shall be a party to the proceedings;

(c) for securing that any party to the proceedings shall, if he so requires, be entitled to be heard by the Disciplinary Committee;

(d) for enabling any party to the proceedings to be represented by a legal practitioner if he so wishes;

(e) for requiring, in a case where it is alleged that the person against whom the proceedings are brought is guilty of infamous conduct in any professional respect, that where the Disciplinary Committee adjudges that the allegation has not been proved, it shall record a finding that the person is not guilty of such conduct in respect of the matters to which the allegation relates;

(f) that names of persons struck off the register or suspended from practice be published in the State Gazette by the directive of the Disciplinary Committee.

2. It shall be the duty of the Board to afford to the Disciplinary Committee such facilities, whether by way of accommodation, secretarial assistance or otherwise, as the Disciplinary Committee may reasonably require for the purpose of its functions.

3.—(1) A person appointed by the Board to be a member of the Disciplinary Committee shall, unless he previously resigns, hold office for such term, not exceeding three years or as may be specified in his instrument of appointment.

(2) The Disciplinary Committee may act notwithstanding any vacancy in its membership and no proceedings of the Disciplinary Committee shall be invalidated by any irregularity in the appointment of a member thereof or by reason of the fact that any person who was not entitled to do so took part in the proceedings.

This printed impression has been compared by me with the Bill which has been passed by the Lagos State House of Assembly and found by me to be a true and correctly printed copy of the said Bill.

R. O. A. JAIYESIMI
Clerk of the House of Assembly