

# Cedric Dean Holdings, Inc.

Peer Support NC Program  
Organizational Safety Plan Policy

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## 1. Policy Title

**Organizational Safety Plan Policy**

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## 2. Effective Date

**Effective:** January 21, 2026

**Review Cycle:** Annual and as required by regulatory, operational, or clinical changes

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## 3. Policy Statement

Cedric Dean Holdings, Inc. (CDH) is committed to maintaining a **safe, ethical, trauma-informed, and compliant organizational environment** for all participants, employees, contractors, volunteers, partners, and community stakeholders within the Peer Support NC Program.

This policy establishes a comprehensive, organization-wide framework for **preventing harm, managing risk, responding to emergencies, and promoting a culture of safety, accountability, and continuous improvement** across all operational, administrative, and service delivery functions.

Safety is a core operational and ethical responsibility and is essential to CDH's mission of empowering individuals to live and thrive in the community.

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## 4. Scope

This policy applies to:

- All CDH leadership, employees, contractors, and volunteers
- All Peer Support NC Program participants

- All CDH facilities, service locations, and operational environments, including:
  - Administrative offices
  - Community-based and outreach settings
  - Mobile service environments
  - Residential or supported living settings (when applicable)
  - Virtual and tele-support platforms

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## 5. Definitions

### **Organizational Safety Plan (OSP):**

A formal, structured framework that outlines CDH's policies, procedures, roles, and systems for identifying, preventing, responding to, documenting, and improving safety practices across the organization.

### **Hazard:**

Any condition or activity that has the potential to cause physical, emotional, environmental, legal, or operational harm.

### **Incident:**

Any event that results in, or has the potential to result in, injury, harm, service disruption, legal exposure, or regulatory concern.

### **Critical Incident:**

A serious event involving injury, abuse, neglect, death, major safety breach, or law enforcement or emergency services involvement.

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## 6. Guiding Principles

CDH's organizational safety framework is guided by:

- **Trauma-Informed Practice**
- **Prevention and Preparedness**
- **Transparency and Accountability**
- **Participant and Staff Empowerment**
- **Regulatory Compliance**
- **Continuous Quality Improvement (CQI)**

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## 7. Organizational Safety Objectives

CDH shall:

- Prevent physical, emotional, and environmental harm
- Identify and mitigate operational and regulatory risks
- Ensure compliance with Medicaid, MCO, state, and federal safety standards
- Promote ethical conduct and professional responsibility
- Maintain emergency preparedness and response readiness
- Foster a culture where safety concerns can be reported without fear of retaliation

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## **8. Risk Identification and Assessment**

### **8.1 Safety Risk Categories**

CDH shall monitor and address risks including but not limited to:

- Physical safety hazards
- Behavioral health and crisis risks
- Environmental and facility safety risks
- Transportation and mobile service risks
- Data security and confidentiality risks
- Regulatory and compliance risks
- Staff wellness and workplace safety risks

### **8.2 Ongoing Risk Assessment**

- Quarterly organizational safety reviews
- Environmental safety inspections
- Staff feedback and safety reporting mechanisms
- Review of incident and trend data
- Regulatory and audit readiness assessments

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## **9. Emergency Preparedness and Response**

CDH shall maintain written and trained protocols for:

- Medical emergencies
- Behavioral health crises
- Fire and evacuation
- Severe weather and natural disasters
- Active threat or security incidents
- Technology and data system failures

All staff must be trained annually on emergency response procedures.

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## **10. Incident Reporting and Management**

### **10.1 Reporting Requirements**

All staff must report:

- Injuries or accidents
- Participant or staff safety threats
- Suspected abuse, neglect, or exploitation
- Property damage
- Data breaches or confidentiality concerns
- Law enforcement or emergency service involvement

### **10.2 Documentation Standards**

- Incident Reports must be completed within **24 hours**
- Critical Incidents must be escalated to Program Leadership immediately
- Reports must include corrective actions and follow-up plans

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## **11. Staff Roles and Responsibilities**

### **11.1 Board of Directors / Executive Leadership**

- Establish safety governance and accountability
- Ensure regulatory compliance and resource allocation
- Review safety performance and risk reports

### **11.2 Program Director / Compliance Officer**

- Maintain the Organizational Safety Plan
- Oversee audits and regulatory coordination
- Lead investigations and corrective action plans
- Ensure staff training and documentation compliance

### **11.3 Supervisors and Managers**

- Enforce safety policies and procedures
- Conduct safety briefings and reviews
- Monitor staff performance and participant safety

- Implement corrective measures

## **11.4 All Staff and Contractors**

- Follow all safety protocols
- Report hazards and incidents promptly
- Participate in training and drills
- Uphold participant dignity and rights

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## **12. Training and Competency**

CDH shall ensure all staff complete:

- Organizational Safety Orientation (upon onboarding)
- Annual Safety and Emergency Response Training
- Crisis Prevention and De-escalation Training
- Confidentiality and HIPAA Compliance Training
- Ethics and Professional Conduct Training

Training records shall be maintained and audited annually.

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## **13. Confidentiality and Data Protection**

CDH shall protect all organizational and participant information in compliance with:

- HIPAA and PHI requirements (where applicable)
- State confidentiality laws
- CDH Data Security and Records Management Policies

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## **14. Quality Assurance and Continuous Improvement**

CDH shall maintain a **Safety Quality Improvement Process**, including:

- Review of incident trends
- Staff and participant feedback
- Policy effectiveness reviews
- Corrective and preventive action tracking
- Annual leadership review of safety performance

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## **15. Regulatory Compliance**

This policy aligns with:

- North Carolina DHHS and MCO requirements
- Medicaid service delivery standards
- OSHA workplace safety standards
- HIPAA and confidentiality laws
- Federal and state behavioral health regulations

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## **16. Non-Retaliation Policy**

CDH strictly prohibits retaliation against any individual who reports safety concerns, incidents, or compliance issues in good faith.

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## **17. Disciplinary Action**

Failure to comply with this policy may result in:

- Retraining
- Corrective action plans
- Suspension or termination
- Contract termination
- Regulatory notification when required

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## **18. Policy Review and Revision**

This policy shall be reviewed:

- Annually
- After any critical incident
- Upon regulatory changes
- When organizational structure or service delivery changes

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## 19. Approval and Authorization

**Approved By:**

Cedric Dean, Chief Executive Officer  
Cedric Dean Holdings, Inc.

**Signature:** \_\_\_\_\_

**Date:** January 21, 2026

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## 20. Organizational Commitment Statement

Cedric Dean Holdings, Inc. affirms that **safety is a shared responsibility and a foundation for trust, recovery, and community impact**. Through strong leadership, ethical practice, and continuous improvement, CDH commits to maintaining environments where individuals are protected, respected, and empowered to thrive.