

Cedric Dean Holdings, Inc.

Peer Support NC Program
Organizational Safety Plan Policy

1. Policy Title

Organizational Safety Plan Policy

2. Effective Date

Effective: January 21, 2026

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

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.

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.

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.

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.

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

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

16. Non-Retaliation Policy

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

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

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

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.