TITLE: **Client Care Environment**	POLICY NUMBER: **HS 5.1**	EFFECTIVE DATE: **1/2026**
CARF REFERENCE: **Health and Safety 1.H.2.**	PAGE NUMBER: **1 of 3**	**Health and Safety**

PURPOSE: To ensure the environment is clean and safe. Carolina Center for Recovery shall commit to ongoing attention to the health and safety of the treatment environment.

PROCEDURE:

- Carolina Center for Recovery shall meet the following housekeeping and sanitation conditions:

1. The Carolina Center for Recovery and its contents shall be clean to sight and touch and free of dirt and debris;

2. All Offices rooms shall be free of condensation, mold growth, and noxious odors;

3. All equipment and materials necessary for cleaning, disinfecting, and sterilizing (if applicable), shall be available in the Carolina Center for Recovery at all times;

4. Thermometers, which are accurate to within three degrees Fahrenheit, shall be kept in a visible location in refrigerators, freezers,

5. Articles in storage shall be elevated from the floor and away from walls, ceilings, and air vents;

6. Aisles in storage areas shall be unobstructed;

7. Controls safe for clients and staff shall be used to minimize and eliminate the presence of rodents, flies, roaches, fleas and other vermin in the Carolina Center for Recovery, and to prevent the breeding, harborage, or feeding of vermin;

8. All openings to the outer air shall be effectively protected against the entrance of insects;

9. Toilet tissue, soap, and disposable towels shall be provided in each bathroom at all times;

10. The temperature within client areas of the facility shall be maintained within a minimum of 68 to 72 degrees Fahrenheit;

11. The facility shall maintain adequate ventilation in all areas used by clients;

The facility shall meet the following safety conditions:

1. Nonskid wax shall be used on all waxed floors

2. Throw rugs or scatter rugs shall not be used

3. All equipment shall have unobstructed space provided for operation

4. Pesticides shall be applied in accordance with State regulations

5. All household and cleaning products in the facility shall be identified, labeled, and securely stored in a cabinet, closet, or room,

6. Combustible materials shall not be stored in heater rooms or within 18 feet of any heater located in an open basement

7. Minimum supplies of paints, varnishes, lacquers, thinners, and other flammable materials shall be stored in a locked storage room or in closets, locked metal cabinets or containers in a non-client area of the facility;

8. All furnishings shall be clean and in good repair, and mechanical equipment shall be in good working order;

9. Equipment shall be kept covered to protect from contamination and accessible for cleaning and inspection;

10. Broken or worn items shall be repaired, replaced, or removed promptly;

11. All fluorescent tubes and incandescent light bulbs have protective covers or shields

12. Materials and furniture for indoor and outdoor use are of sturdy and safe construction, easy to clean, and free of hazards;

13. All indoor and outdoor areas are maintained in a safe and sanitary manner.

TITLE: **Emergency Management Plan (Disaster)**	POLICY NUMBER: **HS 5.2**	EFFECTIVE DATE: **1/2026**
CARF REFERENCE: **Health and Safety 1.H.5.**	PAGE NUMBER: **1 of 1**	**Health and Safety**

Carolina Center For Recovery, has developed this Disaster Response Plan to assist in response to emergency situations. This plan is a guide for more efficient internal communication and will provide a basic understanding of duties and responsibilities of staff and volunteers in the event of an emergency or natural disaster.

Staff Responsibilities

Each staff member should have a personal/family emergency plan and be fully prepared in case of any disaster. Staff should know where and when to report to work after a disaster. If a staff member is severely affected by the disaster, he/she should be helped immediately.

Emergency Color Codes

POLICY STATEMENT: It is the policy of Carolina Center For Recovery, to effectively address Emergency Color Code alerts. To ensure staff and other persons in all Carolina Center For Recovery, facilities are protected from harm due to any type of emergency and to train staff accordingly.

PROCEDURE:

- Color Code alerts are a verbal emergency alert using a color designator and are referenced as a color code. Color codes are used to communicate that an incident has developed.
- Staff will be issued care-badges with the emergency color codes and brief explanations on them to wear on the same lanyards as Carolina Center For Recovery identification badges.
- Additional definitions follow for the emergency color codes to be used by all staff in all Carolina Center For Recovery . The emergency color codes are listed here and descriptions follow:

1. Code Red =Fire
2. Code Blue = Medical Emergency
3. Code Orange =Natural Disaster
4. Code Yellow = Hazardous Materials/Spills
5. Code Silver = Combative Person (s) with weapon
6. Code Grey = Combative Persons (s) without weapon
7. Code Black= Bomb Threat

TITLE: **Emergency Management Plan (Fire)**	POLICY NUMBER: **HS 5.3**	EFFECTIVE DATE: **1/2026**
CARF REFERENCE: **Health and Safety 1.H.5.**	PAGE NUMBER: **1 of 2**	**Health and Safety**

PURPOSE:

The purpose of this plan is to provide a safe environment for clients, staff, and visitors, and to safeguard the facility property in the event of a fire, tornado, hurricane, and or bomb threat. See Emergency Management Binder in the administration office for a detailed fire evacuation plan.

Fire Emergency Procedures:

A. Fire Safety Education

Staff will receive orientation and annual training by the Supervisor to be documented in their personnel file in the following areas to help create an awareness of fire safety and reduce the risk of damage.

A. Annual review of fire plan
B. Equipment inspection requirements
C. Fire Extinguisher training
D. Carolina Center For Recovery smoke free facility policy and smoking policy
E. Procedure regarding supervising client access to smoking materials, matches, and lighters
F. Workplace safety related to fire-safety

Emergency Procedures

A. Upon notification of a fire, building occupants are to evacuate and meet in the designated safe area away from the building. Further direction may be given once outside of the building.

B. Staff members are to complete a head count and ensure all clients, staff, and visitors have safely exited the building.

C. Staff members discovering the fire should follow the R.A.C.E procedure.

Rescue: If possible, locate and evacuate all clients, staff and visitors from the vicinity of the fire.

Alarm: Page Code Red or if appropriate activate alarm.

Contain: Close doors to contain a fire to its location

Extinguish OR Evacuate: Only after the above actions are taken and if the fire is small and localized (for example, fire is in a small trash can), use the local fire extinguisher to attempt to extinguish fire or hold it under control until help arrives. If it is not safe to do so, leave the area and report to the designated assembly location.

If you need to use a fire extinguisher, remember the word- PASS

Pull the pin- fire extinguishers often have a pin, latch, or puncture lever that you need to release first

Aim low- aim the nozzle or hose of the extinguisher at the base of the fire

Squeeze the handle- this releases the extinguishing agent

Sweep from side to side- move in close, and sweep across the base of the fire. Watch for re-flash of fire.

Serious/Life Threatening Injuries

A. Remain calm. Check the exact location and seriousness of the injury. Apply first aid if able.

B. Do not attempt to move or relocate the injured person unless there is immediate danger.

C. Direct the nearest person to dial 911 for Emergency Rescue. If possible, remain with the injured individual if you are not the one calling 911.

D. The individual calling 911 needs to state the following:

1. The type of emergency
2. His/her name
3. The exact location (address, building, and room)

E. Emergency Medical Service (EMS) is in charge as soon as they arrive on the scene.

F. An Incident Form must be completed and submitted to the staff member's direct supervisor within twenty – four (24) hours of the accident.

TITLE: **Emergency Management Plan (Natural)**	POLICY NUMBER: **HS 5.4**	EFFECTIVE DATE: **1/2026**
CARF REFERENCE: **Health and Safety 1.H.5.**	PAGE NUMBER: **1 of 2**	**Health and Safety**

POLICY STATEMENT:

Carolina Center For Recovery, adheres to the Hurricane Preparedness procedures in the event. The purpose of this policy is to assist Carolina Center For Recovery staff in preparing for a hurricane.

HURRICANE RESPONSE PLAN

The purpose of this hurricane response plan is to assist Carolina Center For Recovery staff in preparing for a hurricane. It should serve as a guide and provide a basic understanding of the duties and responsibilities for staff both full-time and part-time. Personnel are asked to be familiar with the plan so that preparation ahead of time will minimize the confusion, loss, and trauma that can be associated with a hurricane.

I. Personnel

The safety of every staff member is of the greatest importance. All other concerns are of secondary importance. That applies to circumstances preceding, during, and following a hurricane.

IV. Communications

For information concerning business operations following a hurricane, personnel should first attempt to contact their supervisor. If that fails, personnel should attempt to contact their supervisor's supervisor.

If a hurricane is so severe that you are unable to contact anyone locally, follow the city and/or county disaster relief plans.

Due to the threat of an impending hurricane, you may decide to leave the area as opposed to staying. If this is your decision, it is critically important that you let your supervisor know that you are leaving the area. Likewise, if you are staying at someone else's home or are located at a telephone number other than the one listed on the staff roster, be certain to advise your supervisor. Otherwise, we will have no way of accurately accounting for the whereabouts and safety of our employees following a hurricane.

TITLE: **Emergency Management Plan (Natural)**	POLICY NUMBER: **HS 5.4**	EFFECTIVE DATE: **1/2020**
CARF REFERENCE: **Health and Safety 1.H.5.**	PAGE NUMBER: **2 of 2**	**Health and Safety**

V. Operational Conditions

A. CONDITION 1 - Storm within 72 hours reach

B. CONDITION 2 - Storm within 48 hours reach

- Begin securing office

C. CONDITION 3 - Storm within 24 hours reach

- Distribute any portable or cellular telephones

- Complete securing of offices

D. CONDITION 4 - Storm is imminent

- All staff should take shelter

Following the storm, all staff should notify their supervisors of their safety, the Executive Director should assess any damage to their offices and advise their supervisor of the recovery plan.

TITLE: **Emergency Management Plan (Hazardous Waste and Management)**	POLICY NUMBER: **HS 5.5**	EFFECTIVE DATE: **1/2020**
CARF REFERENCE: **Health and Safety 1.H.15.**	PAGE NUMBER: **1 of 4**	**Health and Safety**

PURPOSE: It is the policy of Carolina Center For Recovery, to safely manage hazardous material and/or waste and to have a plan in place to outline the processes. The two primary forms of hazardous waste at Carolina Center For Recovery, are defined as material and medical waste. This plan addresses the process involved for the safe handling and disposal of both.

The purpose and objective of this plan is to provide guidelines for establishing and maintaining a program to safety control hazardous materials and waste. Hazardous materials and waste are defined as materials whose handling, use and storage are guided or defined by local, state, or federal regulations.

GOALS AND OBJECTIVES:

The goals and objectives of the Hazardous Material and Waste Management Plan include but are not limited to the following:

A. To provide a safe environment for all employees, visitors, clients and employees;

B. To protect the surrounding community from potential harm due to inappropriate handling and disposal of toxic and/or hazardous materials;

C. Assure compliance to Federal, State, and County regulatory agencies;

D. To communicate and train employees in all aspects of the Hazardous Material and Waste Management Plan;

E. To inventory all chemicals utilized in the facility;

F. To have Material Safety Data Sheets available for all chemicals;

G. To set forth protocols for the identification, handling, labeling, storage and disposal of all hazardous materials and waste.

COMPONENTS

The Hazardous Material and Waste Management Plans include, but is not limited to, the following components:

1. Establishing, supporting, and maintaining a Hazardous Material and Waste Management Program;

2. Selecting, handling, storing, using and disposing of hazardous materials from receipt through use or final disposal;

3. An orientation and education program that addresses hazardous material management;

4. Provide adequate and appropriate space for the safe handling and storage of hazardous materials and wastes;

5. Reporting and investigating all hazardous materials or waste spills and exposures or other incidents;

6. Procedures that describe the specific precautions, procedures, and protective equipment used during hazardous material waste use, spills or exposures.

***PROCEDURE*:**

The two primary forms of hazardous waste at Carolina Center For Recovery , are listed below:

• Hazardous material waste includes substances, gases, and vapors related to the use of materials such as aerosol cans, paint sprayers, vehicles, etc.

• Hazardous medical waste includes human blood and blood-saturated articles, or body fluid contaminated items (e.g. soaked dressings), items contaminated with feces, items that have been in contact with body fluids, 51 mucous membranes, and non-intact skin

I. Management of Hazardous Materials

1. Selection

All hazardous materials, including those used by outside contractors must approved by the Executive Director.

2. Handling

All hazardous materials will be clearly identified and/or labeled

3. Material Safety Data Sheets (MSDS) will serve as the written criteria for hazardous materials and must be accessible for all chemicals used.

A. MSDS must be supplied at the time of staff training and introduction of the material to the system.

B. MSDS to be stored in a notebook in close proximity to where the material is being used. Employees will be knowledgeable of the book's location and contents.

C. Executive Director will hold a master MSDS list. Another copy of the MSDS will be located in the designated chemical cleaning closet.

D. Personal Protection Equipment will be used in accordance with recommendations on MSDS.

E. MSDS will be provided for those substances used by staff.

4. Storage

A. Hazardous materials and waste are stored in accordance with MSDS.

B. Employees will be informed of hazardous materials stored in their workplace.

C. Storage of hazardous materials will be considered as part of maintenance and changes to the physical environment plans.

5. Usage

A. Material is to be used only for its designated purpose based on MSDS

6. Disposal

A. Materials that are no longer needed will be disposed of in accordance with MSDS.

B. If necessary, appropriate vendors will be contacted to assist in proper disposal.

C. Gases and vapors will be managed/disposed of through appropriate ventilation in keeping with MSDS

7. Client Safety

A. Clients are occasionally provided with cleaning chemicals and are supervised by staff.

II. Management of Hazardous Medical Waste

1. **Handling of Medical Waste**
   A. Disposable items saturated with excretion? (feces) or secretions (blood, urine, vomit), must be placed in red plastic bags no less than 3 mils thick) marked "Biohazard."
   A. Universal/Standard Precautions must be followed during all disposal procedures. Items used for Standard Precautions (personal protection equipment) are located in the Housekeeping closet.
   A. Bags will be sealed and contents transported by contracted biohazard waste disposal company.
   A. Storage
   All infectious waste will be placed in containers marked "Biohazard."

III. Spills and Exposures

1. Protect clients, visitors, and staff by sectioning off the area, use of caution signs, and communicating as necessary until the problem is resolved.
2. Personal Protection Equipment is to be worn including appropriate gloves and masks, as deemed appropriate based on MSDS recommendations.
3. Manage spills according to MSDS recommendations.

IV. Investigation, Reporting, and Evaluation of Spills and Exposures

1. Complete an incident report as well as verbally inform supervisor.
2. All department supervisors are responsible for investigating and taking immediate corrective actions when incidents occur.

VI. Employee Education

1. All employees will receive Hazardous Material Management Plan education at the time of new hire orientation and reviewed annually.
2. Education will cover the following issues:

A. Precautions for selecting, handling, storing, sing, and disposing of hazardous materials and waste.

B. Emergency procedures for hazardous material and waste spill or exposure including Personal Protective Equipment.

C. Health hazards of mishandling hazardous materials.

D. Reporting procedures for hazardous materials and waste incidents, including spills or

exposures.

E. Employee training will be documented in the employee's file.

TITLE: **Emergency Management Plan (Bomb Threat)**	POLICY NUMBER: **HS 5.6**	EFFECTIVE DATE: **1/2020**
CARF REFERENCE: **Health and Safety 1.H.15.**	PAGE NUMBER: **1 of 1**	**Health and Safety**

PROCEDURE:

All bomb threats will be taken seriously. The Executive Director will consult with the Police Department to determine the appropriate course of action. All bomb threats are not legitimate and evacuation is not always required.

In most cases, the fire alarm should be activated in the event of a bomb threat. The Emergency Response Coordinator may mobilize the local Police Department without making use of the general alarm system.

RESPONDING TO BOMB THREATS

Employees must be instructed in what to do if a bomb threat call is received. A calm response to the bomb threat caller could result in obtaining additional information. This is especially true if the caller wishes to avoid injuries or deaths. If told that the building is occupied or cannot be evacuated in time, the bomb threat caller may be willing to give more specific information on the bomb's location, components, or methods of initiation.

WHEN A BOMB THREAT IS CALLED IN, PERFORM THE FOLLOWING ACTIONS:

A. Remain calm.

B. Attempt to keep the caller on the line as long as possible. Ask him/her to repeat the message. Record every word spoken by the person and use the telephone bomb threat checklist.

• Ask for the exact location where bomb has been or is going to be planted.

• Get as much information as possible about the caller:

- Vocal characteristic
- Race
- Sex
- Gender
- Group Affiliation
- Why the bomb was placed.

• Clues from background noises, which might indicate caller's identification and location.

C. Immediately after the caller hangs up, report the threat to 911, your supervisor, and the Executive Director. Remain available, as law enforcement personnel will want to interview you.

D. See Emergency Management Protocol Binder (located in executive director's office) for full procedure.

TITLE: **Emergency Management Plan (Combative Person)**	POLICY NUMBER: **HS 5.7**	EFFECTIVE DATE: **1/2020**

CARF REFERENCE: **Health and Safety 1.H.15.**	PAGE NUMBER: **1 of 1**	**Health and Safety**

Code Grey Summons Staff / Security assistance immediately in the event of a physically combative person. This code enables assistance to arrive at the area of the problem without disclosing Security response. Follow the procedures outlined below in the event of a potential risk of aggressive behavior:

PROCEDURE:

Page Code Grey clearly three (3) times to include the exact location of the incident. All employees available are to report immediately to the location involved. De-escalation techniques are to be utilized to dissipate the situation. Call 911 if indicated by danger risk and/or if a weapon is present. Carolina Center for Recovery has a zero tolerance for violence in the workplace. If a patient, visitor or employee becomes physically abusive or violent, implement the Code Grey procedures immediately.

TITLE: **Infection Control Plan**	POLICY NUMBER: **HS 5.8**	EFFECTIVE DATE: **1/2020**
CARF REFERENCE: **Health and Safety 1.H.11.**	PAGE NUMBER: **1 of 8**	**Health and Safety**

POLICY:

A. The goal of Carolina Center for Recovery is to establish a comprehensive Infection Prevention and Control Program to ensure that the organization has a functioning coordinated process in place to reduce the risk of infections and spread of disease in patients and behavioral health care workers and to optimize use of resources through a strong preventive program.

A. The Infection Prevention and Control Program at this Center incorporates the following on an ongoing basis:

1. Surveillance, prevention and control of infections throughout the organization.

2. Develop alternative techniques to address the real and potential exposures.

3. Select and implement the best techniques to minimize adverse outcomes.

0. Evaluate and monitor the results and revise techniques as needed.

0. Education and training on principles/rational for Standard Precautions.

0. Transmission-based Precautions

PURPOSE:

A. Provide education to employees and patients on Standard Precautions, through in services, groups, patient handbook, with particular emphasis on proper use of personal protective equipment (PPE) for personnel at risk of accidental exposure to blood and/or body fluids (Blood Borne Pathogens). In addition, emphasis is placed on educating employees and patients regarding TB, HIV/AIDS, MRSA and their mode of transmission.

B. A variety of educational measures to interrupt flu transmission are listed below:

1. Promote good health habits among employees and patients:
A. Regular hand hygiene in order to prevent contamination between all parties in the Center.

(Equipment Needed: Towels either cloth or paper, and liquid soap if available. If not available, bar soap can be used but should be thoroughly drained between uses.) The Center will assure that adequate supplies and facilities are

available for hand washing for both clients and employees. Hands should always be washed.

Hand washing Techniques

*Wash hands when visibly soiled, otherwise, use sanitizing hand rub;

*Duration of hand cleaning procedure, 40-60 seconds;

*Apply soap to cover entire hand surfaces;

*Rub hands palm to palm;

*Wet hands with water;

*Right palm over back of left with hand;

*Interlaced fingers and vice versa;

*Palm to palm with fingers interlaced; Backs of fingers to opposing palms

with fingers interlocked;

*Rotational rubbing of left thumb

*Clasped in right palm and vice versa;

*Rotational rubbing, backwards and forwards with clasped fingers of right

hand in left palm and vice versa;

*Rinse hands with water;

*Dry hands thoroughly Use towel to turn off faucet.

. Upon arrival for work before and after each contact with a patient wash hands
. Use latex gloves when: direct contact with heavily soiled equipment properly cleaning or sterilizing reusable equipment before using on next client.

IV. Before and after eating

V. After using toilet

VI. When leaving work

- Respiratory etiquette (coughing or sneezing into a sleeve or tissue)
- Protection of healthcare personnel

- Standard precautions focused on protection of clients
- Avoid touching one's eyes, nose, or mouth

2. Conduct frequent environmental cleaning of "high touch" surfaces. (Another general infection control measure is to routinely clean surfaces that are frequently touched and therefore can become contaminated with germs. These can include door knobs, keys, hand rails, telephones, computer keyboards, elevator buttons, etc. Increasing the frequency of environmental cleaning of these surfaces is something that also can be started now, thereby preventing transmission of infections such as the common cold, seasonal flu and MRSA.)

0. Separate the sick from the well.

a. Advise employees to stay home from work if they are sick. (If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.)

b. Promptly identify patients with influenza-like illness (ILI).

4. Use personal protective equipment (PPE) for close contact with any apparent flu cases or visible open wounds.

C. Provide ongoing infection control education.

Infection Control Action Steps

Operations will be primarily responsible for influenza surveillance and infection control.

Increase emphasis on good health habits to stop flu transmission, especially hand washing, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.

a. Make soap dispensers or hand soap available in all employee and patient restrooms.

b. Fill soap dispensers regularly.

c. Provide education on Standard Precautions to employees and patients, through in services, groups, patient handbook, on hand hygiene, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.

d. Regularly assess the hand hygiene practices of employees and patients, and design measures to improve hand hygiene.
d. Assure that employees and visitors can wash their hands when entering and leaving the facility.
d. Emphasize frequent cleaning and disinfection of high-touch areas, i.e., door knobs, keys, telephones.
d. Latex / Non-Latex Gloves

. Latex gloves will be worn at all times when cleaning contaminated areas as a result of bodily fluids.

Latex gloves will be worn during contact with patient's during procedures such as urinalysis

and blood pressure.

MRSA - INFECTION CONTROL/PREVENTION

What is MRSA?

MRSA is the acronym for methicillin-resistant *Staphylococcus aureus.* MRSA is distinguished from other bacteria by its resistance to most antibiotics including all penicillin's and cephalosporin's. MRSA can affect people in different ways. People can carry it in the nose or on the skin without showing any symptoms of illness. This is called MRSA colonization. MRSA can also cause infections such as boils, wound infections, and pneumonia.

How is MRSA transmitted?

MRSA is spread from person-to-person by direct contact. This means that if a person has MRSA on the skin (especially on the hands) and touches another individual, MRSA may be spread. A person may have MRSA on hands as a result of being a carrier or from touching another person who is a carrier or infected with MRSA.

What can I do to prevent the spread of MRSA?

Hand washing, using soap and warm running water, is the single most important measure necessary to control the spread of MRSA. Proper hand washing should be performed after the care of each patient, after handling soiled dressings and clothing, and after wearing gloves. Other measures to prevent becoming infected or transmitting infection to others include avoiding cross-contamination between clean and dirty linen, daily environmental cleaning, wearing gloves for all dressing changes, proper handling of infectious waste and observing isolation procedures. Report illness including unusual skin rashes or boils to the clinical director before working with patients. WASH YOUR HANDS BEFORE AND AFTER CONTACT WITH EACH PATIENT!!!!

How is MRSA treated?

Persons who carry MRSA, but are not exhibiting symptoms usually do not need to be treated. The antibiotic used to treat persons with MRSA infections is vancomycin

given intravenously. Oral vancomycin is not effective against MRSA. Vancomycin can have serious side effects.

The preventive measures of infection control for MRSA include hand washing, gloving, linen handling and environmental cleaning.

Hand washing is the single most important factor in preventing the spread of MRSA. Hands much be washed after any skin-to-skin contact with a patient. Hand washing should be done after any and all work related tasks. Hand washing should also be done before eating and drinking, and before leaving work.

Gloves should be worn for any contact with a wound, sore, invasive site, or mucous membrane of a patient. Gloves should also be worn when contact is anticipated with any blood/body fluids (weeping lesions, sputum, urine, feces, etc). This should be done for any patients, regardless of MRSA status. Also, gowns may be worn if extensive soiling is likely. Masks and eye protection are indicated if exposure to aerosols generated by coughing patient is likely or when irrigating wounds.

Daily routine cleaning must be done with a disinfectant registered with EPA and performed in a sanitary manner as is done in all rooms regardless of the presence of MRSA. Equipment, if any and surfaces should be routinely cleaned, disinfected or sterilized.

Assessing and Reporting of Infectious Diseases

Risk Assessments – the policy to assess both client high risk behavior and symptoms of Communicable disease and to address actions to be taken on behalf of patients identified as high risk and patients known to have an infectious disease.

Reporting - Upon admission all clients will be made aware and will sign a consent form authorizing staff to submit report/s to the Department of Health regarding infectious disease(s) that the client reports or that test/s disclose as positive.

EXPOSURE INCIDENT:

If there is a biohazard chemical spill and or infectious disease outbreak, the company will take the following actions:

1. A zone of potential infection will be established by the infection control office (or designee). All individuals deemed to be at risk for contamination will be quarantined.
2. All other individuals will be evacuated to a safe distance, preferable the edges of the parking lot where staff and clients will await the arrival of 911.

0. The area will remain quarantined until emergency services deems it safe to enter.
0. If the biohazard chemical spill is not contagious, then it will be cleaned up per CDC and biohazard training. Utilizing spill kits.
0. All incidents will be reported. Infectious outbreaks will be reported to CDC as well.

Training:

Formal training will be conducted, in addition to reviewing the Employee Handbook. In addition, employees will be oriented to the Exposure Control Plan that has been implemented at Carolina Center for Recovery.

Exposure Control Plan

The Exposure Control Plan is in the Infection Control Plan and the plan is available to all employees.

Be sure to read the Exposure Control Plan. It has important information that will help you protect yourself from getting diseases that you might be exposed to because of your work. The Exposure Control Plan lists tasks and procedures, which could cause you to be exposed to infectious diseases. Let this list serve as a reminder for you to protect yourself when doing these tasks or procedures.

Controlling Exposures

There is no way to tell with certainty that any person is free of Blood borne disease. Any person can be infected without being aware of the infection. The infected person may not have any signs or symptoms of disease. We cannot make safe judgements about absence of infection by appearance, age, sex, socioeconomic level, or any other factor. The best way for health care workers to protect themselves from exposure to blood borne infections is to treat ALL patients as if they were infected with Hepatitis B, Hepatitis C, HIV, or other blood borne diseases.

Some major ways to reduce the risk of exposure to blood borne organisms on the job are:

1. Engineering Controls are physical or mechanical systems designed to stop hazards before they start. Examples of engineering controls are: self-sheathing needles, bio-safety bags, sharps disposal containers, appropriate hand washing facilities.

2. Personal Protective Equipment is intended to protect you from contact with

0. possible infectious materials. Examples of such equipment include: gloves, masks, protective eye wear, fluid resistant gowns, resuscitation bags and other resuscitation devices.

To be effective, personal protective equipment must be fluid resistant and help prevent blood or other potentially infectious materials from passing through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, and other mucous membranes. This protection should be effective under normal conditions of use for the length of time for which it will be used.

Some general guidelines for selection and use of protective equipment are:

- The employee must be taught to use it properly.
- Appropriate protective equipment must be used each time a task is done.
- The equipment must be free of flaws that would make it unsafe.
- Gloves must fit properly.
- If infectious materials go through the protective equipment, remove it as soon as possible and wash the exposed intact skin surface with an antimicrobial soap for 10 minutes.

« When the task is complete, remove all protective equipment and place it in the appropriate place or container for washing, decontamination, or disposal.

Housekeeping Practices:

- When cleaning up broken glass, do not pick it! up with gloves or bare hands. Use longs or a brush and dust pan.
- Spill kits may be used for blood and body fluid spills.
- Do not place contaminated laundry on the floor. Handle contaminated laundry as little as possible. Do not hold up to the body. Place all contaminated laundry in blue laundry bags.
- Place ALL sharps in a sharps container.
- Clean up contaminated areas first with soap and water (while wearing PPE) follow with a EPA registered disinfectant or a fresh solution of 5.25% of sodium hypochlorite mixed 1:10 with water.

All bio-medical waste will be placed in red bags that have a biohazard symbol on it. Red bags will be located for disposal in various locations. Sharps container must be properly closed when line indicates FULL, for pick-up.

0. Employee Work Practices are specific procedures that are aimed at reducing the chances of exposure to infectious material. Examples of employee work practices are:

Handwashing: Comply with current CDC hand hygiene guidelines in order to reduce the risk of healthcare acquired infections. The generally accepted correct handwashing time and method is a 10-15 seconds vigorous rubbing together of all soapy surfaces followed by rinsing in a flowing stream of water. If hands are visibly soiled, more time may be required. Handwashing should occur after

every patient contact, each time gloves are removed, and when skin or mucous membranes come in direct contact with blood or other body fluids. Hand wash with an antimicrobial soap or flush eyes and mucous membranes immediately with water for 10 minutes in the event direct contact with blood or other body fluids, Purell handwashing stations are available on each unit.

Avoiding injuries from needle sticks and other sharps: use only safe needle devices, do not bend, hand-recap, shear or break contaminated needles or other sharps; and dispose of sharps promptly in puncture-resistant, leak-proof containers.

Personal hygiene: do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses, where you may be exposed to potentially infectious materials; avoid petroleum-based lubricants that may "eat" through latex gloves; do not keep food or drinks in refrigerator, freezers, cabinets, or on shelves, counter tops or bench tops where possible infectious materials may be present.

Standard Precautions

Standard Precautions are meant to protect workers from biohazards and is inclusive of Body Substance Isolation and Universal Precautions. The facility has adopted Standard Precautions as its isolation technique for all patient care that is based on the idea that "Anything that's wet and not yours is potentially infectious!"

Three basic principles apply in Standard Precautions:

1. Strict hand washing technique is used in all cases of contact with patients, blood/body fluids, secretions, excretions and contaminated items. Wash hands after removing gloves.

2. Contaminated needles and sharps are handled and disposed of according to policy and procedure.

3. Personal protective equipment that is adequate and appropriate is used. The type of protective equipment appropriate for a given task depends on the expected exposure.

TITLE: **Reporting Child/Elder Abuse and Neglect**	POLICY NUMBER: **HS 5.9**	EFFECTIVE DATE: **1/2020**
CARF REFERENCE: **Health and Safety 1.H.2.**	PAGE NUMBER: **1 of 4**	**Health and Safety**

OSE: To provide guidelines for staff recognizing and reporting incidents of harm, abuse, neglect or exploitation of a client at by an employee.

Y: It is the responsibility of each employee to protect clients from harm, abuse, neglect or exploitation. It is also the responsibility of each employee to report

any knowledge of harm, abuse, neglect or exploitation to proper authorities per this procedure.

PROCEDURES:

A. Any employee who feels they have observed or have knowledge of instances of any harm, abuse, neglect or exploitation of a client by an employee, must report this to the Clinical Director of Carolina Center for Recovery. The Clinical Director of Carolina Center for Recovery will notify the Director of Operations of this information in a prompt manner. The Director of Operations will assure a prompt investigation of the report. A report to the Department of Social Services or Adult Protective Services will be made at the discretion of the Director of Operations if abuse or neglect is suspected.

B. An employee making a report in good faith is immune from civil liability which might otherwise occur from the report. Neither shall the reporter be harassed or threatened by another employee on account of the report.

C. The following incidents are included in the category of harm, abuse, neglect or exploitation of a client. It should be noted that the list is not exhaustive.

1. Employee shall not subject a client to any sort of neglect or indignity of inflict physical or mental abuse including but not limited to striking, burning, cutting, teasing, pinching, taunting, jerking, pushing, tripping or baiting a client.
2. Employee shall not sell or buy goods or services to or from a client.
3. No employee will inflict corporal punishment upon a client.
4. No employee will assist, advise, solicit or offer to assist, advise, or solicit a client of Carolina Center for Recovery to leave treatment without authority.
5. No employee will transport or offer to transport a client to or from any place without the authority of the appropriate Director.
6. No employee shall receive or offer to receive a minor client of Carolina Center for Recovery into any place, structure, building, or conveyance for engaging in any act that would constitute a sex offense.
7. No employee will engage in or offer to engage in an act with a client of Carolina Center for Recovery that would constitute a sex offense or even

consensual sexual behavior.

0. The staff are mandated to report neglect or abuse. The staff may directly report allegations of abuse if they believe administration will not follow North Carolina Law. The staff must follow current North Carolina laws concerning abuse and neglect reporting. Staff are personally liable for non-compliance.

- Any person having a reasonable cause to believe that a child or elderly person has been subject to acts of abuse shall ensure that the appropriate state agency is promptly informed;

- CCR Clinical Director shall serve as the agency liaison to establish communication with the appropriate agency for intervention;

- All staff members who suspect or are aware of incidents of child or elder abuse must report to immediate supervisor for possible referral to the Department of Job and Family Services or Adult Protective Services (APS) and/or other agency intervention;

- Upon notification of substantiated allegations, the supervisor and/or reporting staff member must immediately report the matter to the Clinical Director;

- He/she is required to promptly notify the following:
  (855)422-4453

- County Division of Social Services, Department of Adult Protective Services investigates reports of suspected elderly abuse and neglect. APS staff is available to receive referrals from 9 a.m. to 5 pm;

POSE: To provide guidelines for gathering information and reporting any suspected incidents of abuse or neglect of a client which occurs outside of Carolina Center for Recovery.

OLICY: All clinical staff members shall report any suspected incidents of abuse or neglect to the Department of Social Services. All North Carolina Statutes will apply.

PROCEDURE:

A. North Carolina General Statutes impose an affirmative legal duty on "any person or institution that has cause to suspect anyone is abused or neglected: to report the case to the Department of Social Services in that county. In the case of juveniles, one has a legal duty to report abuse, neglect, dependency, or death as a result of maltreatment".

B. This report shall include certain pertinent information, including the nature and extent of any injury or condition resulting from abuse or neglect and any other information the person making the report believes might be helpful in establishing the need for protective services or court intervention.

For Child or Adolescent Clients

- During regular business hours (0800-1700, Monday – Friday) the staff member involved in gathering the information will telephone the Department of Social Services, Child Protective Services at 704-336-2273 and request an intake worker to take a report of a suspected incident of child abuse or neglect.
- After hours (1700-0759), holidays, and weekends, the staff person involved will page the DSS on-call worker at 704-336-2273.
- If the allegations involve sexual abuse, the DSS worker involved in the Pro Child Project may be contacted directly, or the DSS worker to whom the report is made may be reminded to turn this report over to the Pro Child Project.
- Statutes governing juveniles authorize the Division of Social Services to make a written demand for information or reports (whether or not confidential) when carrying out investigative duties in response to a report.

Unless the information is protected by the attorney-client privilege or its disclosure is prohibited by federal regulations governing substance abuse, a public or private agency is required to provide access to and copies of the requested confidential information and records. Anyone who reports abuse, neglect or dependency, or participates in the protective services investigation or judicial proceeding is immune from civil or criminal liability, provided that the agency/person is acting in good faith.

For Adult Patients:

- Notify the Adult Protective Services Division of DSS at 704-336-4812.
- During the night, weekends, holidays, call 704-336-4812 (after hours number for Department of Social Services)

C. The staff person shall record the date, time and individuals accepting any of the reports in the client's record and shall authenticate the entry appropriately.

D. The staff member may seek supervision from the clinical director or VP of Operations to assist in the process. The clinical director should always be notified of the report.

E. In event that there appears to be immediate danger to the client, this may be an occasion in which a report to Law Enforcement is justified under the exceptions to confidentiality regarding "dangerous to self or others". In such an instance the clinical director should be consulted prior to making such a report, and the consultation should be documented in the client's chart.

TITLE: **Critical Incidents**	POLICY NUMBER: **HS 5.10**	EFFECTIVE DATE: **1/2020**
CARF REFERENCE: **Health and Safety 1.H.9.**	PAGE NUMBER: **1 of 2**	**Health and Safety**

SE: To standardize procedures for incident reporting among agency staff and to ensure that Carolina Center for Recovery has a system for effectively capturing and responding to incident information.

: Carolina Center for Recovery has a system in place to effectively capture information about critical incidents. All staff are required to document any atypical circumstances. All incident reports are reviewed by supervisory personnel and included in monthly reporting system. Incident

summaries are reviewed by quality assurance committee on a monthly basis and become part of the quality assurance plan.

URES: Each staff member is required to fill out an incident report in the electronic health record when an atypical event is an occurrence outside of normative daily operations and which results in direct harm or injury, threat of harm or injury, or significant contradictions to an individual's treatment regimen, to staff member, or to others, including:

- Accidental injury
- Abuse or Neglect
- Alcohol/Drug Use
- Aggressive/ Violent Behavior
- ACA
- Biohazard Materials
- Client/Staff/Visitor Injury
- Contraband
- Death
- HIPAA Violation
- Illegal / Illicit drugs
- Inappropriate Conduct / Sex
- Medication Error
- Medical issue/911 call
- Missing Property or Damage
- Property Damage over $50
- Property Loss over $50
- Medical Emergencies
- Trespassing
- Weapons

Any event constituting atypical circumstances should be reported whether or not the incident resulted in medical or other intervention outcomes. For the purpose of this definition, reporting means:

- Prompt emergency care if or as indicated
- Verbal report to appropriate supervisory personnel
- Verbal report to external authorities as indicated by State law circumstances of neglect, abuse or death
- Written recording of the essential facts on incident report form:
    - Any actions or recommendations necessary to ameliorate or remedy the individual event, along with a timeline for each identified action.
    - Any actions or recommendations necessary to prevent or minimize future occurrence of the event, as appropriate, along with a timeline for each identified action
    - Identification of personnel responsible for either or both of the above responsibilities
- Written recording of the completion of the follow-up plans on incident reports which includes

- An account of any plan deviations and an explanation of the basis for that deviation
- An account of the efficacy of the remediation plan
- Any further action which must occur as a result of the circumstances described above.
- Clients should not be identified by full name in any other client's EHR.

Providers will ensure to respond by:

1. Attending to the health and safety needs of the individual involved in the incident.
2. Determining the cause of the incident. A root cause analysis will be conducted by the Director of Operations and administrative team.
3. Developing and implementing corrective measures according to provider specified timeframe not to exceed 45 days.
4. Assigning person(s) to be responsible for implementation of the corrections and preventive measures; adhering to confidentiality of the client.

TITLE: **Transportation**	POLICY NUMBER: **HS 5.11**	EFFECTIVE DATE: 1/2020
CARF REFERENCE: **Health and Safety 1.H.12.**	PAGE NUMBER: **1of 1**	**Health and Safety**

URPOSE: To state the client transportation policy of Carolina Center for Recovery.

OLICY: It is the policy of Carolina Center for Recovery that clients will be transported by a staff member of Carolina Center for Recovery to Clinical Building from selected and approved sober living homes.

ROCEDURES:

Clients will be informed of pick up and drop off schedule from selected sober living homes. Selected staff from Carolina Center for Recovery will be responsible for providing transportation pick-ups and drop off to specific sober living homes in the surrounding area.

All vehicles used by employees of Carolina Center for Recovery for transportation of clients will undergo vehicle inspection every 6 months using the vehicle inspection form. As well as maintenance at a licensed mechanic shop.

All vehicles used by employees of Carolina Center for Recovery will be up to date with registration and insurance coverage.

TITLE: **Emergency Management (Utility Management)**	POLICY NUMBER: **HS 5.12**	EFFECTIVE DATE: 1/2021
CARF REFERENCE: **Health and Safety 1.H.5.**	PAGE NUMBER: **1 of 2**	**Health and Safety**

POLICY

Carolina Center for Recovery leadership is responsible for the development and implementation utility management policy in the event that utilities are negative effected, to assure services are not interrupted.

PURPOSE

The purpose of this policy is to offer guidelines toward providing business continuity in the case of a utility failure, in an effort to promote a safe, controlled, and comfortable environment. In addition, the plan will address means to help minimize risk of utility failures. Carolina Center for Recovery utilities are identified as: electric, water, telephones and sewer.

PROCEDURE

A. Utility Failure

1. All utility failures are to be reported immediately. The Administrator will be responsible for contacting the appropriate utility company/service to address the problem.
2. Staff member reporting the utility failure is to send a completed incident report.

B. Electrical: Critical components of the electrical are the circuit breakers.

1. Preventative Maintenance
    a. Preventative maintenance of building systems will be completed by building owner/manager.
    b. Emergency backup lights are to be tested monthly for 30 seconds and 90 minutes annually.
    c. Flashlights will be available at all sites with a fresh supply of batteries.
2. For prolonged electrical utility failures (anticipated to be 3 hours or more) a determination by the Administrator, in coordination with the Administrator, will be made regarding the ability to continue providing services to clients until repair is made.
3. In the event of an electrical failure, affecting the computer system, all staff working at the time of the failure will be prompted to utilize company laptops and to utilize company mobile phone hotspots to

connect to internet/ EMR software system. One Major Battery backup will be available on each floor to accommodate any charging needs. One Major battery back up is located in the Administrator Office and the other in the Administrator office.

C. Water: Critical areas affected by water include septic and sewage systems, and drinking water.
1. In the event of an interruption in water, the following measures will be taken based on needs determined by the Administrator in conjunction with the Administrator:
   a. Water bottles for drinking purposes will be obtained.
   b. All personnel and clients will be informed of, plumbing problems. Staff is to post notices if necessary indicating when these utilities have been disrupted.
   c. In the event of a planned water shutdown, all personnel will be advised of the time and the approximate length of the shutdown.

D. Telephones /Communication: Critical areas affected by communication equipment failures include the need for emergency outside assistance. In the event that there is a problem with the telephone system, the staff in charge will contact the Administrator, who will determine if an outside agency needs to be involved. In the event that the phone system is rendered inoperable, the wireless phone system should be used to contact the Administrator. All personnel will be advised of the problem.

E. Sewer/Septic
1. Interruptions in provisions of adequate sewage disposal will result in notification of appropriate agencies. Problems should be remedied as quickly as possible.
2. Signs will be posted indicating a disruption in service.
3. As much as possible, steps should be taken to provide continual service without disruption to client care when problems have been discovered.

Employee Education: All employees will receive departmental specific utilities management education during their employment.

Corrective Actions: The Administrator is responsible for investigating and taking immediate actions consistent with this plan when problems occur or when a discrepancy is presented during a utilities failure drill.

Evaluation/Reporting:
1. The Utility Management Plan will be evaluated annually to determine if the scope and objectives, performance and effectiveness of the plan are consistent with the intent of the plan. Data gathered from Utilities drills, will be reviewed by the Performance Improvement Committee and will provide the basis for evaluation. The annual evaluation will be forwarded to the Performance Improvement Team.

2. Performance Standards related to this plan are measured and assessed on an ongoing basis. Reported on a minimum of a quarterly basis to the Performance Improvement Committee.