

Procedure Name:	Risk Prevention and Management Procedure
Domain:	Performance and Quality Improvement
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedure/Risk Prevention and Management Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 11/11/2022
References:	COA Administration and Management Standards (RPM 2, RPM 2.01, RPM 2.02) 10A NCAC 70I .0303
<p>MHCO strives to continually assess, prevent, and manage risk. All personnel shall be conscious of and take measures to eliminate or minimize risk. Risk management issues shall be assessed through stakeholder input received from program and support services, finance, human resources, facilities management, financial development, Community Communications Committee, Staff Advisory Council, Resident Advisory Council, and Performance and Quality Improvement groups. These groups shall forward risk management issues and recommendations to the quarterly Risk Management Committee for discussion and implementation.</p> <p>The Board of Directors, with input from both internal and external stakeholders, reviews financial risk, ability to pursue strategic goals, and other risk management needs annually and keep records of their findings. Ongoing reviews and reports of identified or potential risk issues are reported at the quarterly board meetings and monthly Executive Committee meetings.</p> <p>MHCO annually assesses areas of potential risk, including management of:</p> <ul style="list-style-type: none"> • legal requirements, • information technology, • insurance and liability, • health and safety, • human resources, • contracting, • resident rights and confidentiality, • finances, • public relations, branding, and reputation, and • conflicts of interest. <p>Checklists shall be completed <u>twice</u> annually in June <u>and December</u> to reflect each department’s risk management review within the scope of supervision or operational duties. The Risk Management Committee shall assess areas of potential risk to include the departmental checklists, resident rights, confidentiality, and conflicts of interest annually. Individuals with duties that present a potential conflict of interest in the assessment shall recuse themselves from the respective portion. Critical Incident Reports, grievances, reports of physical or sexual abuse filed by residents, accidents or incidents involving residents or personnel, medication dispensation and distribution, errors in drug administration, adverse drug reactions, refusals for medication and treatment, or reports of personnel whose behaviors may present a danger shall be reviewed monthly by the PQI Incident Review team per the PQI Operational Procedure.</p>	

Other areas of review shall include regular reporting requirements to the state and federal government, licensing, accreditation, and any research involving human subjects conducted with residents or residents' families. External consultants such as insurance carriers, fire marshals, health inspectors, tradesmen, and other professionals shall be asked to provide expertise. Reports received from external reviewing bodies such as audits, licensing reports, accreditation reports, risk management reports from insurance underwriters, and safety reports shall be forwarded to the respective department. If a risk management issue is highlighted in the report, then a Corrective Action Plan shall be submitted by the respective department head to the Administrator for approval and implementation. A summary of the report, action plans, and progress reports on implementation from external risk reviews shall be presented to the Risk Management Committee for review and improvement recommendations.

The Maintenance Director shall submit departmental checklists, external review reports, and results from the risk management assessments to the Administrator. The Administrator shall discuss risk management assessment results with the Executive Committee of the Board of Directors quarterly. The Board Chairman shall report findings risk management assessment results with the Board of Directors quarterly. Feedback from the Board of Directors shall be solicited to further address or prevent risk, safety, and security issues. Recommendations from the Board Members shall be submitted for inclusion in the budget preparations as appropriate.

Training recommendations shall be presented to the HR Specialist to assist personnel in maintaining a safe and secure residential and work environment. Training topics provided to employees and residents include, but are not limited to:

- confidentiality,
- conflict of interest,
- cyber bullying and security,
- bloodborne pathogen awareness,
- resident and employment rights,
- human trafficking prevention,
- social media safety, and
- suicide prevention.

INSURANCE

MHCO shall provide adequate insurance protection for all MHCO owned property as well as the standard liability coverage to protect employees, volunteers, interns, Board Members, and residents per the Insurance section. An umbrella policy shall also be utilized to provide additional protection over and above the primary liability policies. In addition, staff and Board Members shall be bonded against theft and misappropriation of funds. Board Members and personnel shall be notified annually of insurance coverage related to the scope of their activities performed for MHCO at orientation and at the time of insurance renewal.

Procedure Name:	Safety Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Safety Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 11/9/2018; 5/10/2019; 5/8/2020; 11/11/2022; 11/10/2023
References:	COA Service Delivery Administration Standards (ASE 6, ASE 6.01, ASE 6.02, ASE 6.04) 10A NCAC 70I .0915 29 CFR 1910.1030 Critical Incidents Procedure Non-Critical Incidents Procedure Direct Care Resident Orientation Procedure ILP Resident Orientation Procedure Employee Orientation PQI Incident Report Form
<p>Personnel are encouraged to be diligent in observing what occurs on campus, at events, during travel, and weather changes for possible safety concerns or emergency situations. If personnel deem a situation dangerous and notifying supervisors for consultation is not possible or prudent, the individual is expected to contact 911. In the event of a serious illness or injury (e.g. severe bleeding, stopped breathing, etc.), contact 911 and render appropriate first aid per the Critical Incidents Procedure. If a resident is ill or injured, but the need is not as serious as indicated above, personnel shall render first aid, take the resident to a medical provider or the emergency room if needed and safe to do so, and document the incident per the Non-Critical Incidents Procedure.</p> <p>Emergency Assembly Areas are clearly marked in each building. The Emergency Assembly Area location for the Picnic Shelter and Pool is the basement of the St. John's Administrative Building.</p> <p style="text-align: center;">EMERGENCY PREPARATION</p> <p>Employees shall ensure that preparations are made before inclement weather as described below. Residents shall be taught all emergency procedures including evacuation and fire prevention per the Direct Care Resident Orientation and ILP Resident Orientation Procedures. Personnel shall be taught all emergency procedures including evacuation and fire prevention per the Employee Orientation guidelines. The Program Director shall ensure campus-wide tornado and/or hurricane response drills quarterly and that cottages hold fire drills at least monthly, and a quarterly drill is held during the hours of sleep. CCWs shall train residents in proper procedures to be followed in cases of emergency. Such drills shall facilitate the evacuation of any resident who is immobile or ambulatory. Fire drills in residential buildings shall be documented in KaleidaCare ExtendedReach. Documentation logs of other drills shall be forwarded to PQI for PQI for review with the PQI Subcommittee and inclusion in PQI reports. The Program Director shall ensure fire drills are conducted in nonresidential buildings quarterly. The Program Director shall ensure campus-wide lockdown emergency drills are completed quarterly.</p> <p style="text-align: center;">EMERGENCY NOTIFICATION SYSTEM</p> <p>MHCO utilizes an emergency notification system through Code Red. Scenarios are developed through this program to reflect emergencies requiring personnel, resident, and other stakeholder notification on or for emergency preparation drills. An emergency notification can be sent to specific parties or campus wide. The Administrator, Program Director, supervisor, or Administrative Assistant can initiate the system on a laptop or cell phone. An all clear notification is sent by the system when an emergency has safely concluded. In cases where Code Red is not available, calls and texts shall be sent to personnel by</p>	

Commented [AS1]: what are we calling this now?

Commented [GW2R1]: PQI Subcommittee. It's good as is. (during our quarterly meeting, we review the data and update the plan for improvement for next quarter, as necessary - drill data is included. Targets will change/ reduced number of drills, but we'll still review.)

the supervisor. The Administrative Assistant shall submit notifications sent and received by text or Code Red to PQI for review with the PQI Subcommittee and action recommendations. The Administrator, Program Director, and Program Clinical Coordinator will account for the whereabouts of personnel and residents.

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Commented [GW4R3]: Same as above - this is data re: % of participation, which is reviewed by PQI Subcommittee

SECURITY RESOURCE OFFICER

MHCO Security Officer shall ~~conduct patrols~~ conduct patrols on a variable schedule. The SRO Patrols are expected ~~to provide~~ to provide security, address trespassers, check buildings for security issues, document actions, and positively interact with residents and personnel. The SRO provides direct support and direction in crisis situations. The SRO is instrumental in security planning, risk management, communication to staff regarding potential crisis situations, and coordination with Law Enforcement and Emergency Management personnel.

WEAPONS

Weapons (e.g. include firearms, guns, BB guns, air rifles, knives, crossbows, slingshots, martial arts weaponry, etc.) are prohibited on any MHCO property. Any resident or visitor hearing shots fired or witnessing an individual on or near campus possessing a firearm or other prohibited weapon shall inform the nearest employee immediately. Any employee receiving such notification, hearing shots fired, or witnessing an individual on or near campus possessing a firearm or other prohibited weapon shall follow the lockdown procedure as described below.

LOCKDOWN

Individual buildings, several buildings, or the entire campus may need to be placed in "lockdown" protocol to protect the individuals, minimize exposure to danger, and isolate the source of the danger. Lockdown is the temporary securing of a building or set of buildings, for several minutes up to hours. Lockdown involves physically locking every building involved to secure that building and all occupants, while ceasing all traffic by foot or car. Entry to or exit from any building or from campus will be prevented during lockdown. Law enforcement officials shall be the only personnel that respond after the lockdown is initiated. Law enforcement officials shall lead all aspects of the emergency, possible evacuation, and subsequent deactivation of the lockdown.

Any resident or visitor hearing shots fired or witnessing an individual on or near campus possessing a firearm or other prohibited weapon shall inform the nearest employee immediately. The Administrator will initiate a Lockdown or Hold and Secure if shots are heard during sleeping hours. Any employee hearing shots fired, witnessing an individual on or near campus possessing a firearm or other prohibited weapon, or receiving a report from a resident or guest of such shall:

- WARN: Dial 911 and report the specific location, type of incident or dangerous situation witnessed, name, number of shooters or people with weapons, description of shooters or people with weapons, description of the weapons, number of people with you, and any injuries. Call the Administrator and follow instructions.
- SHELTER: Secure residents, guests, personnel, or any other person present in the nearest room or building. Lock all doors and windows. Do not try to move any injured people; leave them where they are and notify ~~authorities~~ the authorities of their location as soon as possible. Initiate a Hold and Secure per CodeRed instructions if shots are heard during sleeping hours.
- HEADCOUNT: Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on and off campus who are on duty must report by text or phone to the Program Director, Program Clinical Coordinator, Campus-Security Resource Officer, and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location

- The initials and location of those under your direction, but not presently with your group
- The locations and statuses of all individuals in your groups on and off campus
- Any other pertinent details
- AWAIT INSTRUCTIONS: Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.

If a lockdown is initiated through Code Red or other notification, employees in buildings without an active shooter shall:

- WARN: The Administrator, Program Director, or Administrative Assistant shall notify the campus through Code Red. The Administrator shall inform parents and families of residents and employees and the media when safe to do so.
- SHELTER: Move residents, guests, and employees to the emergency assembly location in the building. CCWs can decide to divide the group into cottage bathrooms or offices and to get behind more locked doors based on resident maturity. Ensure individuals stay away from windows and other openings. Ensure phones are on silent. Secure the emergency kit if possible. Initiate a Hold and Secure per CodeRed instructions if shots are heard during sleeping hours.
- HEADCOUNT: If safe, place a card in the window nearest the main entrance of the cottage building (GREEN CARD-all people in that location are free from injury and shooter is not present in the room, RED CARD-a person is injured or deceased in that secured room, NO CARD-the shooter is in that room). If safe, communicate to individuals in open areas to move to a secure location. Take a head count of residents, guests, and employees and report the status to the Program Clinical Coordinator, Program Director, [Campus Security Resource Officer](#), and Administrator if safe. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- AWAIT INSTRUCTIONS: Wait in the location until otherwise notified by a supervisor or Code Red. Remain out of sight and quiet, listen diligently, and be prepared to exit quickly. Do not respond to any voice commands, unless you can confirm it is law enforcement.
- Document the incident per the [Non-Critical Incidents Procedure](#).

If there is an active shooter inside the building:

- Secure the room by locking or barricading the door if possible
- Try to remain calm
- If you can't speak on the phone, leave the line open so the dispatcher can hear what is taking place. Usually the location of a caller can be determined without speaking.
- The decision to flee or seek shelter inside the room can only be made by you and is dependent upon the circumstances
- If there is absolutely no opportunity of escape or concealment and the shooter is not actively firing on victims it might be possible to negotiate with the shooter
- If the shooter leaves the area and the environment appears safe, proceed immediately to a safer place
- Do not touch anything that was in the area of the shooter because of the possibility of explosives being left or the destruction of evidence
- Make sure you have an escape route in mind
- Do not attempt to carry anything in your hands while fleeing and move quickly
- Keep your hands visible
- Follow instructions given by any police officers you may encounter and tell them the location or direction of the shooter

- Remain at the designated assembly point until you have been released

HOLD AND SECURE

During a Hold and Secure situation, a dangerous event is taking place locally but not on campus (e.g. bank robbery). Upon receiving a notification, guests of MHCO shall gather at the St. John's Administrative Building. Each building on campus shall be secured. Personnel and residents shall report to their assigned cottage or office building if safe to do so. Entry to campus or business by visitors, vendors, employees, or residents shall continue with care. MHCO business shall operate as normal as possible with the buildings remaining secure until an all clear signal or official lockdown notification is given through Code Red. The individual initiating the Code Red notification shall document the incident per the [Non-Critical Incidents Procedure](#).

EVACUATION

In the event an evacuation is necessary, the Administrator will develop a plan with the [Oxford Police Department](#) to coordinate MHCO evacuation to the [Public Works Building at 127 Penn Ave](#). Personnel shall ensure evacuation of persons with mobility challenges and other special needs. CCWs or supervising personnel shall ensure provision of resident medications when evacuated or in other emergencies. The Administrator will arrange for temporary work sites or relocating residents when necessary.

In the event an evacuation is necessary and safe:

- **WARN:** The Administrator, Program Director, or Administrative Assistant shall notify the campus through Code Red.
- **SHELTER:** Exit campus and head toward downtown Oxford on College Street. Take a right at the first light. The [Public Works Building](#) is approximately two (2) blocks on the left from that intersection. If off campus and safe, remain at the location until it is safe to return to campus.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on and off campus who are on duty must report by text or phone to the Program Director, Program Clinical Coordinator, [Campus Security Resource Officer](#), and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.
- Document the incident per the [Non-Critical Incidents Procedure](#).

QUARANTINE

The Administrator and the Program Director will monitor the severity of any pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat. Code Red shall be utilized to communicate campus closings for quarantine to employees. The decision to close campus due to quarantine shall be determined by the Administrator in consultation with the Program Director and Chief Financial Officer based on Center for Disease Control (CDC) or other health authority guidelines. When campus is closed, cottages shall operate as normally as possible. When the campus is closed, employees living off campus are not expected to work and will not be required to use leave. If a quarantine is likely, the Program Director shall:

- plan for isolation of ill employees or residents in the cottage,
- enforce sanitization guidelines,

- make decisions about whether residents should visit with legal guardians due to illness, legal guardian preference, or staffing shortages
- develop a plan for supply and food acquisition, distribution, and restocking for cottages and ILP residents
- develop a plan for alternative education options to include tutoring, cottage classes, and online education per the guidelines of Granville County Schools, and
- develop on call coverage in the event of absenteeism and coordinate transportation options to appointments.

The HR Specialist shall:

- identify and document key positions with high risks of exposure and establish standards of operation for key positions with the department heads,
- classify jobs with essential functions that must be conducted onsite by exposure risk level and notify these employees that they are expected to work onsite
- review the most recent CDC guidelines and recommendations affecting employees, and
- inform staff if there has been a potential for exposure and risk to illness per CDC guidelines.

In the event or threat of a pandemic, employees are advised to:

- view CDC travel guidelines frequently before, during, and after travel,
- limit non-essential travel, particularly to areas under CDC advisory,
- observe routine hygiene, sanitization, social distancing, personal protection equipment, temporary suspension of some non-essential activities, and other preventative measures as described by the CDC,
- not come to work if they have symptoms of the contagion, and
- notify the HR Specialist if they come into direct contact with the contagion in question before coming to work.

Social distancing could take the form of:

- Modifying the frequency and type of face-to-face employee encounters (e.g. placing moratoriums on handshaking, substituting teleconferences for face-to-face meetings, limiting campus visitors, staggering breaks, posting infection control guidelines, etc.),
- Establishing flexible work hours or worksites, and
- Promoting social distancing between employees, residents, and guests to maintain three (3) feet spatial separation between individuals.

Employees shall inform their supervisor and the HR Specialist if they are told to observe a voluntary or mandatory quarantine from any health authority. Employees will return to work after the quarantine period is over and are no longer sick. The Administrator and Board of Directors will make determinations about leave utilization and benefits. The employee may be required to take sick leave (and exhaust vacation leave if the employee has no sick leave accrued) unless the employee is able to work from home per their Job Description and supervisory approval. Employees that work from home will be required to account for time spent working with their supervisor, maintain productivity, and use leave for time not working. Employees that are quarantined will not be required to submit documentation from a medical doctor. Employees may be required to take leave without pay if leave is exhausted or the Administrator may advance sick leave or forgive time lost for quarantined employees or for other circumstances.

POISON

MHCO shall ensure that all employees receive training at orientation and annually thereafter on the proper procedures for treating individuals who may have been poisoned. Training shall discuss symptomatology and procedures for treatment. Suspected poisoning, either by accident or through intentional and deliberate consumption, shall be taken seriously. The employee encountering the incident shall call 911 immediately

and first aid should begin concurrently. Always look at the container and follow designated instructions. Personnel shall notify the Administrator. Personnel making the report shall document the incident per the [Critical Incidents Procedure](#).

Medications, chemicals, and items that may be subject to abuse should be kept out of reach and secured in locked cabinets and in spill proof containers. Cleaning or household chemicals are potentially dangerous and may cause skin and eye burns or poisoning. Chemicals that have minimum usage and have potential to be dangerous, should be returned to the Maintenance Director for locked storage.

BOMB THREATS

All bomb threats shall be taken seriously. If an individual receives a threat, he or she shall attempt to obtain exact information and write it down (i.e. what type of device, purpose, who is intended to be injured). The person receiving the threat shall then notify 911 and the Administrator. Upon receiving a notification, individuals in the building shall evacuate per the fire evacuation plan. Personnel shall ensure that all individuals remain at least three hundred (300) feet away from the building and wait in the Fire Evacuation Safety Site as a group until an all clear signal is given. If possible, take note of any unusual backpacks, boxes, or coolers when exiting. Do not attempt to examine the item. Provide a description and location to police personnel. Personnel shall notify the Administrator. Personnel making the report shall document the incident per the [Non-Critical Incidents Procedure](#).

FIRE

The Maintenance Director shall ensure that fire extinguishers, equipment, and warning systems are fully functional at all times. Nothing with open flame may be used inside buildings (e.g. candles [with the exception of candles on a birthday cake](#), incense, torches, lighters, etc.). [Birthday cake candles are allowed when presenting the cake to be extinguished immediately](#). Fireworks are not permitted on campus. Temporary heating devices and space heaters must never be used in the cottages nor left unattended and must be unplugged when not in use.

A Point of Contact in each building shall assist in fire safety as follows:

St. John's Administration Building	Program Director
Shops and storage buildings	Maintenance Director
Gymnasium & Swimming Pool	-Recreation Director
Athletic Fields	Recreation Director
Picnic Shelters	Recreation Director
York Rite Chapel	—Campus Chaplain
School of Graphic Arts	SGA Manager
Cafeteria/Kitchen/Food Preparation areas	PProgram Assistant
Cottages	CCWs
Cobb Center at Dunn Cottage	Chief Financial Officer

These parties shall inspect the respective buildings monthly and take steps necessary to eliminate potential hazards. The Maintenance Director shall ensure that fire extinguishers are inspected and [have](#) affixed cards initialed by the [Fire Marshal](#) at least annually. CCWs shall make an entry in the cottages' Fire Log stating that firefighting equipment was inspected and annotate the condition of the equipment.

Gasoline shall be stored in specifically designated areas assigned by maintenance personnel and shall never be stored in any residence. Designated areas shall be clearly marked and have clearly visible "NO SMOKING" signs posted in the areas immediately surrounding the storage building. Gasoline and other flammable liquids shall only be stored in approved, tightly sealed containers in a locked, well-ventilated area, away from any source of ignition. Children under the age of sixteen (16) years shall not be permitted

unsupervised access to the gasoline storage areas. Employees shall closely supervise residents who have a history of inhalant abuse or demonstrate indicators of inhaling substances.

In the event that a fire is detected in a campus building, proceed as follows:

- **WARN:** Immediately activate the nearest manual fire alarm located in the building.
- **SHELTER:** Leave any area subject to the fire in an orderly manner following the fire evacuation plans displayed in the building. Attempt to extinguish the fire only if there is minimal danger or risk. Close all doors on the way out if safe and possible. Do not be concerned about personal property.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on campus in the building where the fire was detected must report by text or phone to the supervisor, Program Director, Program Clinical Coordinator, and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** One adult shall meet the fire truck on the main road and direct them to the scene of the fire. He or she shall notify fire personnel of any individuals unaccounted for. Wait in the Fire Evacuation Safety Site as a group until otherwise notified by a supervisor or Code Red.
- The person who reported the fire or met the fire truck shall document the incident per the [Non-Critical Incidents Procedure](#). Fire alarms in cottages shall be documented by the CCW in [KaleidaCare Extended Reach, Non-Critical Incidents Procedure](#). Fire alarms in cottages shall be documented by the CCW in [extended Reach KaleidaCare](#).

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If an employee sets off a fire alarm due to cooking food and there is no resulting fire, he or she may contact the fire department to disregard the alarm. The fire department should not be called to disregard any fire alarms other than from cooking food with no resulting fire. If the fire department arrives on scene despite calling to disregard the alarm, the person who reported the fire or met the fire truck shall document the incident per the [Non-Critical Incidents Procedure](#). Fire alarms in cottages shall be documented by the CCW in [KaleidaCare extended Reach](#).

CCWs and Resident Advisors shall conduct unannounced fire drills monthly in cottages. Overnight residential fire drills are required once quarterly. For all cottages overnight fire drills should occur from 12:01 am to 5:59 am. Primary and alternate CCWs shall take turns running the fire drill. To run a residential fire drill:

- Push the “drill” button on the alarm panel for two (2) seconds.
- Start a timer.
- Assist children or new residents with locating the Fire Evacuation Safety Site of the cottage.
- Count the individuals at the Fire Evacuation Safety Site.
- Stop the timer when all individuals in the cottage have arrived at the Fire Evacuation Safety Site.
- Push the “system reset” button if the alarm.
- Document the number of residents and times accurately in [KaleidaCare extended Reach](#).

Building Points of Contact listed above shall run quarterly fire drills in nonresidential buildings to which they are assigned. To run a nonresidential fire drill:

- Inform occupants that a fire drill is occurring.
- Start a timer.
- Assist younger children or new residents with locating the Fire Evacuation Safety Site.
- Count the individuals at the Fire Evacuation Safety Site.

- Stop the timer when all individuals have arrived at the Fire Evacuation Safety Site.
- Inform the PQI Coordinator that a fire drill occurred with the date, time, and names of individuals involved.

INCLEMENT WEATHER

CAMPUS CLOSING

Code Red shall be utilized to communicate campus closings or late arrivals due to weather to employees. The decision to close campus due to weather shall be determined by the Administrator in consultation with the Program Director, Chief Financial Officer, and Maintenance Director based on power outages and road conditions on campus and in the ~~area~~-area. When campus is closed, cottages shall operate as normally as possible. The Recreation Director shall be asked to facilitate activities if safe to do so. When the campus is closed, employees living off campus are not expected to work and will not be required to use vacation leave. If the campus is open but employees feel it is unsafe to travel to work, they may choose to arrive at a later than scheduled time or not come to work and shall notify the supervisor. If the employee chooses not to work, then they may be required to use vacation leave.

FLOOD

In the event that a flood is imminent proceed as follows:

- **WARN:** Call the Administrator who shall notify the campus through Code Red.
- **SHELTER:** Seek shelter on the second floor of the nearest building in the Emergency Assembly Area. If off campus, seek shelter on the second floor of the nearest building.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the flood notification shall account for these individuals. Do not send residents to look for other people.
- **AWAIT INSTRUCTIONS:** Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.
- The Program Director shall document the action taken.

TORNADO

In the event that tornado watch is received for favorable conditions for tornado development, proceed as follows:

- **WARN:** Call the Administrator or Program Director who shall notify the campus through Code Red.
- **SHELTER:** Prepare to seek shelter in the designated Emergency Assembly Area. If off campus, move to the best shelter in the location farthest from windows and doors. Avoid large open areas or areas with glass windows and free-span roofs. Do not attempt to try to outrun or out-drive the tornado. Close doors to bedrooms, offices, etc. and lock exterior doors. Turn on the television and radio with the volume turned up and cell phones nearby for notification. Move the emergency kit to the Emergency Assembly Area.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the tornado watch notification shall account for these individuals. Do not send residents to look for other people.
- **AWAIT INSTRUCTIONS:** Continue with normal activities and keep alert to changing weather or further reports. Lengthy automobile trips should be avoided.

In the event that tornado warning is received for a tornado sighting in the immediate area, proceed as follows:

- **WARN:** Call the Administrator or Program Director who shall notify the campus through Code Red.
- **SHELTER:** Seek shelter in the designated Emergency Assembly Area. If off campus, move to the best shelter in the location farthest from windows and doors. Avoid large open areas or areas with

glass windows and free-span roofs. Do not attempt to try to outrun or out-drive the tornado. After taking shelter in a building all should assume the safety position (i.e. a curled, sitting position against an inner wall and with your arms covering your head and your head tucked into your chest, cover with blankets if possible). Get under heavy furniture if possible.

- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on and off campus who are on duty must report by text or phone to the Program Director, Program Clinical Coordinator, [Campus Security Resource Officer](#), and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.
- The Program Director shall document the action taken.

HURRICANE

The primary danger from hurricanes will result from high winds and heavy rains. Employees shall ensure that preparations are made before the hurricane to include:

- monitoring the weather and predictions,
- ordering food and supplies,
- having games and activities ready,
- keeping vehicles filled with gasoline,
- gathering loose items around buildings and storing them accordingly,
- stocking cottages with supplies and batteries,
- testing emergency lights, flashlights, and radios,
- check emergency kit for batteries and other supplies and gather additional supplies from the In-Kind Coordinator
- clearing drains,
- checking gutters for proper drainage,
- filling bathtubs with water, and
- processing plans with residents.

In the event that hurricane damage is imminent in the immediate area, proceed as follows:

- **WARN:** Call the Administrator or Program Director who shall notify the campus through Code Red.
- **SHELTER:** Seek shelter in the designated Emergency Assembly Area. If off campus, move to the best shelter in the location farthest from windows and doors. Avoid large open areas or areas with glass windows and free-span roofs. Do not attempt to try to outrun or out-drive the hurricane. After taking shelter in a building all should assume the safety position (i.e. a curled, sitting position against an inner wall and with your arms covering your head and your head tucked into your chest, cover with blankets if possible). Get under heavy furniture if possible.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on and off campus who are on duty must report by text or phone to the Program Director, Program Clinical Coordinator, [Campus Security Resource Officer](#), and Administrator regarding the status of their group. Information shared should include:
 - The count of residents, employees, and guests in your location

- The count and location of those under your direction, but not presently with your group
- The locations and statuses of all individuals in your groups on and off campus
- Any other pertinent details
- AWAIT INSTRUCTIONS: Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.
- The Program Director shall document the action taken.

SNOW AND ICE

Department heads and supervisors shall meet at the first indication of a severe winter storm and coordinate efforts to prepare. The Maintenance Director shall distribute salt to CCWs. The Maintenance Director shall spread salt around each nonresidential building. CCWs shall spread salt around the residential building at which they are working. Employees shall ensure that preparations are made before snow and ice to include:

- monitoring the weather and predictions,
- ordering food and supplies,
- having games and activities ready,
- keeping vehicles filled with gasoline,
- gathering hoses and bird baths around buildings and storing them accordingly,
- remove outdoor potential icing threats,
- stocking cottages with supplies and batteries,
- testing emergency lights, flashlights, and radios,
- check emergency kit for batteries and other supplies and gather additional supplies from the In-Kind Coordinator,
- accessing the cottage snow shovel and ice melt,
- gathering additional blankets for use in a power outage,
- filling at least two (2) bathtubs with water, and
- processing plans with residents.

The Program Director, Administrator, and other mission essential employees shall establish residence on campus and serve as the on-site supervisors during times of severe weather. CCWs shall remove snow and ice on sidewalks leading to and in front of cottages as soon as it is safe to do so. The Maintenance Director shall remove snow and ice in front of other buildings with the assistance of residents and personnel as soon as it is safe to do so. After the snow melts, personnel shall remove ice melt and salt off concrete for areas in which they removed snow and ice.

HEAT

Employees shall be trained in the dangers of heat stroke and heat exhaustion and shall be aware of dehydration symptoms in children and adults. CCWs and supervisors shall notify residents of hot weather conditions and what to do to prevent heat injuries.

DRIVING IN HAZARDOUS CONDITIONS

If road conditions become dangerous or a state of emergency is declared, do not drive vehicles unless in the event of an emergency. If safe and absolutely necessary, residents can be driven to and from work. When driving in hazardous conditions:

- Make sure headlights are on.
- Turn on your headlights if windshield wipers are on.
- Increase your following distance.
- Drive slower.
- Make sure tires are properly inflated
- Make sure the vehicle has a full tank of gasoline.

- Use caution near intersections and railways.
- Stay in one lane as much as possible.
- Avoid unnecessary lane changes.
- Focus on the horizon and not just on the immediate vehicle.
- Avoid distractions
- Keep your eyes moving to be aware of your surroundings
- Clear snow completely off the entire car, including taillights and headlights.
- Slow down and drive defensively.
- If possible, let up on the gas and allow the engine to slow down the vehicle before braking.
- If you get stranded, stay with your vehicle and call for assistance. Run the heater occasionally to keep warm, but avoid carbon monoxide poisoning by making sure your tailpipe isn't stuffed or blocked with snow or other debris.
- Do not ~~to~~ drive through standing or running water.

POWER OUTAGE

MHCO is equipped with emergency power sources to utilize for heat, cooking, safety features, information management use, and other business functions. An emergency generator is connected to the electrical control system of St. John's Administrative Building and gymnasium. The generator has the capacity to run all required operating systems, lighting, and HVAC units. The Maintenance Director shall test the generator quarterly and provide service as needed. MHCO is equipped with emergency lighting that will automatically engage during a complete power outage. The Maintenance Director shall test the emergency lighting system biannually and provide service as needed. Emergency lighting is on battery back-up and may last up to six (6) ~~hours, but~~ hours but should not be relied upon for emergency lighting for more than one (1) hour. A supply of flashlights and fresh batteries are contained in emergency response boxes in each residential and non-residential building on campus.

In the event of a power outage, proceed as follows:

- **WARN:** Maintenance Director or Administrator to investigate and determine the reason for the power outage, including the estimated time that the power will remain out. The Administrator shall notify the campus through Code Red if the outage affects the whole campus.
- **SHELTER:** Stay in your location and conserve heat. Do not open and close refrigeration or freezer units.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on campus who are in the building of the power outage must report by text or phone to the Program Director, Program Clinical Coordinator, [Campus Security Resource Officer](#), and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** Wait in your location as a group until otherwise notified by a supervisor or Code Red. If it is determined that the outage will remain for more than eight (8) hours or if it is determined that the ambient air temperature will be below 65°F or above 82°F at any time during the power outage, the Administrator and department heads shall meet immediately to initiate assembly in the cafeteria. The Administrator and department heads shall determine feeding and sleeping arrangements in the cafeteria for the outage duration.
- The Program Director shall document the action taken.

Residents shall be kept as comfortable as possible during activation of the power outage protocol. During warm conditions, drinking water shall be frequently offered. Battery-powered fans, misting bottles, moistened disposable wash cloths, personal evaporative cooling items, etc. can also be offered. During cold conditions blankets and warm layered clothing shall be offered. Foods that have been temperature compromised shall be disposed (time/temperature control for food safety) [(PHFs)(TCS)]. Residents shall not be permitted to re-enter cottages until ambient air temperature is in the 65° to 82°F range after notification that the power outage is concluded.

ANIMAL CONTROL

In the event an animal that poses a threat of injury is on campus, personnel shall contact 911. The communication dispatch will contact local animal control. Personnel shall notify the Administrator or Maintenance Director. A lockdown should be initiated per instructions above. Personnel making the report shall document the incident per the [Non-Critical Incidents Procedure](#).

BLOODBORNE PATHOGENS

MHCO follows an exposure control plan developed in accordance with the [Department of Labor Occupational Safety and Health Administration \(OSHA\) Blood Borne Pathogens Standards \(29 CFR 1910.1030\)](#). OSHA requires a listing of job classifications in which some employees may have occupational exposure. The job classifications and their associated tasks that may incur occupational exposure to bloodborne pathogens include:

- CCWs-to ensure residents' health and hygiene needs and safety
- Support personnel (i.e. the Administrator, Program Director, Program Clinical Coordinator, supervisors, Recreation Director, and maintenance personnel)-to provide support to the residents, supervise CCWs, or assist in cases of emergency
- Housekeeping personnel-exposure would most likely occur while emptying trash containers

All other employees are not at risk for occupational exposure. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual. Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees. Cottage controls shall be examined monthly by the supervisor and documented on cottage inspection logs. Hand washing facilities are available in each building to employees who incur exposure to blood.

Personal protective equipment (i.e. rubber gloves, CPR mouth guards, masks, eye protection, face shields, red biohazard waste bags, and sharps containers) shall also be utilized where occupational exposure remains after institution of these controls. Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing and shall be decontaminated, unless the decontamination of the equipment is not feasible. All personal protective equipment used shall be provided without cost to employees. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. Protective clothing shall be provided to employees by MHCO Supervisory Staff. All personal protective equipment will be cleaned, laundered, disposed of, repaired, or replaced by MHCO at no cost to the employees.

All materials that are penetrated by blood shall be removed immediately or as soon as possible and disposed of properly. Gloves shall be worn where it is reasonably anticipated that employees will have

had contact with blood, other potentially infectious materials, non-intact skin, and mucus membranes. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. After removal of rubber gloves, employees shall wash hands and any other potentially contaminated skin areas immediately. If employees incur exposure to skin or mucous membranes, the areas shall be flushed with water immediately.

When a possible contaminated material is spilled, it shall be cleaned immediately and disposed of appropriately. Decontamination requires cleaning with an EPA-registered tuberculocidal disinfectant or 1:10 bleach solution, mixed fresh daily or preferably just before use. Label the container with "Bleach-disinfected water 1:10. DO NOT DRINK". Test solution with a test strip to ensure proper mix and remix if needed. All contaminated work surfaces shall be decontaminated after exposure has occurred. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis. Any broken glassware that may be contaminated will not be picked up directly with hands but instead, swept up with a broom and dust pan. Contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or broken and shall be disposed of immediately after use in an appropriate container. Contaminated sharps containers and red biohazard waste bags utilized shall be delivered to the Supervisory Staff at SJAB for proper disposal.

Laundry contaminated with blood or other potentially contaminated infectious materials shall be handled as little as possible. Such laundry shall not be sorted or rinsed in the area of contamination or use. All contaminated laundry shall be washed immediately following potential contamination in the building where contamination occurred separately from other laundry at a temperature of at least 160 degrees for a minimum of twenty-five (25) minutes for hot water washing. Chlorine bleach may be used as an extra margin of safety and for low-temperature water washing if necessary. All employees who handle contaminated laundry shall utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

The HR Specialist shall offer new employees the Hepatitis B vaccine within ten (10) working days of their initial assignment to work involving exposure to potentially infectious materials paid by MHCO. Vaccines shall be offered to all employees unless they have previously had the vaccine or they wish to submit to testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine shall sign a waiver. Employees who initially decline the vaccine but later wish to receive it may do so paid for by MHCO.

When an employee incurs an incident of exposure, it shall be reported to the Supervisor and the Administrator. All employees who incur an exposure incident shall be offered post exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up shall include:

- Decontamination of the route of exposure and the circumstances related to the incident.
- If possible, the identification and status of the source individual. The blood of the source individual will be tested for HIV/HBV after consent is obtained
- Results of testing of the source individual shall be made available to the exposed employee with information concerning applicable laws and regulations about disclosure of the identity and infectivity of the source individual.
- The employee shall be offered the option of having his or her blood collected for HIV/HBV testing. The blood sample will be preserved for up to ninety (90) days to allow the employee to decide if the blood should be tested for HIV. The sample shall be discarded if the employee decides prior to ninety (90) days that time that testing will or will not be conducted.
- The employee shall be offered post exposure prophylaxis in accordance with the current recommendations of the [U. S. Public Health Service](#).

- The employee shall be given appropriate counseling concerning precautions to take during the period after the exposure incident, information on what potential illnesses to be alert for, and to report any related experiences to appropriate personnel.

Written opinions shall be obtained by health care professionals when an employee is sent to obtain a Hepatitis B vaccine or following an incident of exposure. Health care professionals shall be instructed to limit opinions to:

- whether the Hepatitis B vaccine is indicated,
- if the employee has received the vaccine
- if the employee received the results of the evaluation, and
- if the employee was told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

The HR Specialist shall ensure training for all new employees occurs at orientation. Training for all employees shall be conducted by someone designated by the HR ~~Specialist annually~~ Specialist annually to include explanations of:

- the [OSHA standard of blood borne pathogens](#),
- epidemiology and symptomatology of blood borne diseases,
- modes of transmission of blood borne pathogens,
- this policy,
- practices which might cause exposure to blood or other potentially infectious materials,
- control methods which will be used to control exposures and usage,
- personal protective equipment available,
- post exposure and follow-up,
- signs and labels used, and
- Hepatitis B vaccination.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____