



2025 ANNUAL EVALUATION
ENVIRONMENT OF CARE MANAGEMENT PLANS

ENVIRONMENTAL SAFETY MANAGEMENT

SECURITY MANAGEMENT

FIRE SAFETY (LIFE SAFETY) MANAGEMENT

UTILITY SYSTEMS MANAGEMENT

HAZARDOUS MATERIALS AND WASTE MANAGEMENT

MEDICAL AND DENTAL EQUIPMENT MANAGEMENT

ENVIRONMENTAL HEALTH AND SAFETY (EHS) COMMITTEE

Completed: February 17, 2026

PRESENTED TO GOVERNING COUNCIL: MARCH 10, 2026

The Joint Commission (TJC) developed Environment of Care standards to help improve patient safety, decrease risks, and improve quality of care. Risks are inherent in the environment because of the types of care provided and the equipment and materials that are necessary to provide that care. The best way to manage these risks is through a systematic approach that involves the proactive evaluation of the harm that could occur.

Risks in the environment include safety and security for people, equipment, and other material; the handling of hazardous materials and waste; the potential for fire; the use of medical equipment; and utility systems. The LCHD/CHC EOC Plan describes the context used to manage these risks; and provides a framework for providing a safe and healthy environment for staff, patients, clients, and visitors at LCHD/CHC by mitigating risk and preventing injury.

The LCHD/CHC EOC Plan includes a management plan specific to each of the following six (6) EOC functions required by The Joint Commission (TJC):

1. Environmental Safety Management
2. Security Management
3. Fire Safety (Life Safety) Management
4. Utility Systems Management
5. Hazardous Materials and Waste Management
6. Medical and Dental Equipment Management

A review of the Environment of Care plan is done annually. In general, the annual evaluation measures and documents the effectiveness of the LCHD/CHC EOC Plan. It also serves as an opportunity to develop or modify programs, procedures, and policies; identify and implement additional or more effective controls; and enhance staff training.

Information that follows in this report includes an assessment of the planned objectives for 2024 and projected goals for each EOC management plan for 2025.

ENVIRONMENTAL SAFETY MANAGEMENT PLAN

ROUTINE ACTIVITIES

- Safety Officers are designated for each LCHD/CHC site and location and recruited as needed. All Safety Officers receive initial orientation and ongoing education and training in the identification and elimination of workplace hazards, risk-reduction strategies, proper use and maintenance of safety equipment, emergency response procedures, and the reporting of safety concerns.
- Safety Officers conduct and document routine safety inspections and periodic assessments to identify and prioritize safety and health hazards requiring corrective action.
- The Facilities department maintains all grounds, equipment, and facilities in proper working order.
- Product notices and recalls are monitored and communicated by the Clinical Risk Manager as applicable.

- Safety Officers monitor the effectiveness of how all safety processes are carried out during site emergency response exercises and drills.
- Data submitted and collected through routine monitoring and organizational incident reports within the organizational incident management system (Healthcare SafetyZone) is systematically reviewed by the Safety Specialist and EHS Committee to identify potential safety risks, evaluate and identify trends, and help guide corrective and preventive actions in response.
- An annual Hazard Vulnerability Assessment (HVA) is completed by the Safety Specialist and EHS Committee to identify and validate areas of greatest risk and concern within the organization to ensure incorporation into the Environment of Care (EOC) Plan.

ROUTINE PERFORMANCE MONITORING

- Safety Officer inspection reports are monitored for completion.
- Deficiencies noted during Safety Officer inspections are regularly reviewed by the Safety Specialist and corrective action plans are created as needed and monitored through resolution.
- Other organizational incidents reported through the Healthcare SafetyZone portal are regularly reviewed by the Safety Specialist and other applicable departmental leaders, corrective action plans are created as needed and monitored through resolution
- Safety suggestions entered by staff into the Healthcare SafetyZone portal are reviewed and addressed by the Safety Specialist as applicable.

STATUS OF PERFORMANCE IMPROVEMENT OBJECTIVES FOR 2025

Environmental Safety Management Plan			
Planned Objectives	Assigned To	Actions/Outcomes	Status
Recruit for safety position; update job description and title of the Safety Coordinator position to more closely reflect the duties and responsibilities of the safety position. The new title for the safety position is Occupational Health and Safety Specialist.	Clinical Compliance Manager, Angie Smith	Completed job description and title change with HR collaboration. OHSS Chelsea Lawell hired on 9/8/25.	Complete
Secure funding for CPI certification, plan for recertification of current and newly identified instructors, create schedule and execute training for LCHD/CHC staff members.	Clinical Compliance Manager, Angie Smith/Clinical Education and Training Manager, Allison Jakaitis	Three instructors were recertified in March 2025 and one new instructor completed training and certification in April 2025.	Complete
Schedule and conduct multidisciplinary EOC rounds in select behavioral health programs.	Behavioral Health Accreditation	Environment of Care Rounds were conducted at	Complete

	Regulatory Specialist	all residential Behavioral Health Facilities.	
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PROJECTED PERFORMANCE IMPROVEMENT OBJECTIVES FOR 2026

- Update Emergency Action Plan (Red Books) inserts with accurate contact information and procedural instructions for safety emergencies; ensuring updated inserts are disseminated and in place at all facilities by August 1, 2026.
- Emergency Response Coordinator will facilitate updates to all site Continuity of Operations Plans (COOP) to include essential functions, emergency protocols, contact information, and defined site leadership roles by March 31, 2026.

SECURITY MANAGEMENT PLAN

ROUTINE ACTIVITIES

- Maintain education and training programs to teach staff the methods for eliminating security hazards and minimizing security risks within the workplace, how to respond to an emergency, and how to report security issues/concerns.
- All staff are provided with training on standardized emergency codes at initial orientation.
- Access to security sensitive areas is restricted to those with necessity and controlled with badge access.
- Clear access for emergency vehicles is maintained near entrance areas.
- Staff are required to wear identification badges at all times within the facility.
- Two patient/client identifiers are used during appointments to verify patient/client identity as well as the use of photo ID or picture entered into the electronic health record.
- Staff are trained to report all security incidents using the Healthcare SafetyZone portal.
- Routine Performance Monitoring
- Security Guards complete physical rounding of facilities and grounds during each shift.
- Spot checks are performed by Materials Management on security guard rounds to confirm their activity meets contractual objectives.
- All security incidents are reviewed with Safety Specialist and affected program/department leadership. Action plans are created and communicated as applicable and monitored to completion.

ROUTINE PERFORMANCE MONITORING

- Security Guards complete rounding of physical facilities and grounds during each shift.
- Spot checks are performed by Materials Management on security guard rounds to confirm their activity meets contractual objectives.

- All security incidents are reviewed with the affected program/department leadership. Action plans are created and communicated as applicable and monitored to completion.

STATUS OF PERFORMANCE IMPROVEMENT OBJECTIVES FOR 2025

Security Management Plan			
Planned Objectives	Assigned To	Actions/Outcomes	Status
Continue Emergency Communications workgroup to make decisions about installing beacons and text to talk speakers throughout LCHD/CHC.	Clinical Compliance Manager, Angie Smith	The Emergency Communications workgroup meets monthly to discuss current agency capabilities and to make recommendations to agency leadership regarding next steps for improving emergency communications.	Complete
Collaborate with IT and Facilities to install Beacons and text to talk speakers at a designated locations for a trial period before rolling out to all designated locations.	Clinical Compliance Manager, Angie Smith/Facilities Manager, Tracey Campbell	The Emergency Communications workgroup decided not to recommend installation of beacons and talk to text speakers until there was more understanding of the current Alertus system and all its capabilities.	Not Complete/ Paused
Relaunch Alertus and emergency communication protocols including reeducating staff on Alertus desktop app, Beacons and text to talk speakers.	Emergency Communications Workgroup	The Emergency Communications workgroup received training on 1/29/2025 from Alertus training rep Brooke Pettruzzelli on best practices for navigating the Alertus console, available activations, reports, and the customer portal. Alertus Console accounts were created for members of the workgroup.	Complete
Complete assessment of hardwired panic buttons and begin routine monitoring.	Facilities Manager, Tracey Campbell	One test at each facility completed to identify and address gaps. Plans to begin routine quarterly monitoring of Q1 2026.	Complete

PROJECTED PERFORMANCE IMPROVEMENT FOR 2026

- The Safety Specialist in conjunction with the Facilities Manager will develop and implement a quarterly duress button testing schedule for all programs with hard-wired and wearable devices

to establish oversight of program compliance, device performance, and any applicable maintenance by April 1, 2026.

- The Clinical Compliance Manager, in conjunction with members of the Emergency Communications Workgroup will meet with an Alertus consultant to evaluate LCHD/CHC’s current emergency communication system capabilities and identify opportunities for enhanced emergency notification via integration of available Alertus technology and share findings with Executive Team by July 1, 2026.

FIRE SAFETY (LIFE SAFETY) MANAGEMENT PLAN

ROUTINE ACTIVITIES

- Provide training and education through both annual *Safety-First* training as well as through the Safety Officers to train staff on the methods for eliminating Fire safety hazards and minimizing risks within the workplace, how to respond to an emergency, and how to report Fire safety issues/concerns.
- Service and Inspect all fire safety equipment according to required frequency by a licensed fire safety vendor.
- Emergency and exit lights are assessed and tested by the Safety Officers monthly.
- Fire drills are performed, evaluated, and documented. Fire Drills held per National Fire Prevention Association (NFPA) Life Safety Code for both business and residential unit settings.

ROUTINE PERFORMANCE MONITORING

- Fire safety equipment is inventoried on a routine basis by Facilities staff and by Safety Officers.
- Fire safety inspections are completed routinely by Safety Officers and annually by vendor.
- Fire drill performance is monitored monthly to ensure program compliance.
- Staff completion of the *Safety-First* training is monitored during onboarding and annually.

STATUS OF PERFORMANCE IMPROVEMENT FOR 2025

Fire Safety (Life Safety) Management			
Planned Objectives	Assigned To	Actions/Outcomes	Status
Continue to address interior evacuation routes and signage at all LCHD/CHC sites to ensure accuracy and update signage as needed.	Facilities Manager, Tracey Campbell	Interior evacuation route template designed, new interior signage installed at several facilities and will continue until completion.	Partially Complete/ Ongoing
Complete installation of exterior evacuation signage at designated locations across LCHD/CHC.	Facilities Manager, Tracey Campbell	Thirty one exterior evacuation signs were installed at eighteen designated LCHD/CHC sites.	Complete
Improve monitoring of fire safety in HealthCare Safety Zone portal by making the	Clinical Compliance	Clinical Compliance Manager and Principal Program Assistant met with Clarity to update form.	Complete

fire safety form separate from the general Safety Officer form.	Manager, Angie Smith	Follow-up meeting occurred with Safety Specialist who completed form with Clarity.	
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PROJECTED PERFORMANCE IMPROVEMENT FOR 2026

- The Safety Specialist in conjunction with the Manager of Facilities and Emergency Response Coordinator will resource and install RACE and PASS signage on or above all fire extinguisher cabinets and/or fire extinguishers and fire pulls to enhance staff fire safety readiness by December 31, 2026.

HAZARDOUS MATERIALS AND WASTE

ROUTINE ACTIVITIES

- Provide *Safety-First* training during initial orientation and annually which covers important aspects of hazardous materials and waste training such as the exposure control plan, use of spill kits to clean up chemical or bloodborne pathogen spills, hazard communication labeling, Safety Data Sheets (SDS) forms and regulated waste handling and disposal.
- Maintain contract for handling and disposal of hazardous materials and waste including pharmaceutical waste, regulated bio-hazardous waste including sharps disposal, and infectious waste.
- Routinely assess risk of hazardous materials and waste during environment of care rounding.
- Routinely monitor Healthcare SafetyZone® portal for hazardous materials/waste spills and/or exposures.
- Hazardous waste management manifests are maintained by program management at each site.
- SDS system is monitored and maintained by the Safety Specialist in collaboration with Safety Officers and site leadership. All SDS are maintained and reviewed annually by Safety Officers.

ROUTINE PERFORMANCE MONITORING

- Review Healthcare SafetyZone® portal for reports related to hazardous materials and/or waste management issues.
- Monitor staff ability to locate and utilize SDS and/or spill kits during routine environment of care rounding.
- Monitor initial and annual staff completion of the *Safety-First* training.

STATUS OF PERFORMANCE IMPROVEMENT FOR 2025

Hazardous Materials and Waste Management			
Planned Objectives	Assigned To	Actions/Outcomes	Status
Assess pharmaceutical waste disposal practices at LCHD/CHC locations to ensure	Clinical Compliance Manager, Angie Smith	Clinical Compliance Manager worked with Clinical Nurse Auditor to determine what medications and disposal practices are used across the agency. Research conducted	Complete

compliance and identify gaps.		using NIOSH list of hazardous medications to determine if any medications used at LCHD/CHC are considered hazardous.	
Create pharmaceutical waste disposal training and assign it to applicable staff.	Clinical Compliance Manager, Angie Smith	Training is paused based on findings of analysis and will be developed after addressing gaps with Stericycle. Planned for Q1 2026.	Not Complete/ Paused

PROJECTED PERFORMANCE IMPROVEMENT FOR 2026

- The Safety Specialist in conjunction with the Manager of Clinical Compliance will perform a comprehensive review of Stericycle contract services to include biohazard and pharmaceutical waste to verify service scope, performance, and regulatory alignment by July 1, 2026.
- The Safety Specialist, in conjunction with the Clinical Compliance Manager and Learning and Development, will modify Safety First training to include updated biohazardous and pharmaceutical waste disposal education for clinical staff by October 31, 2026.

UTILITY SYSTEMS MANAGEMENT PLAN

ROUTINE ACTIVITIES

- Continual education of maintenance staff on the methods for eliminating hazards and minimizing risks related to utility systems within the workplace.
- An annual inspection of utility systems is completed by the LCHD/CHC Facilities department in conjunction with licensed contractors.
- Maintain contracts with utilities service providers.
- Utility systems deficiencies are reported to and investigated by Facilities.

ROUTINE PERFORMANCE MONITORING

- The Facilities Manager monitors preventative maintenance requests and completion trends.
- Utility incidents are reported to the Environmental Health and Safety Committee.

STATUS OF PERFORMANCE IMPROVEMENT FOR 2025

Utility Systems Management			
Planned Objectives	Assigned To	Actions/Outcomes	Status
Install Wi-Fi adapters and monitor all generators for functionality.	Facilities Manager, Tracey Campbell	Wi-Fi adapters were installed on all 13 generators for electronic monitoring.	Complete

Train Maintenance staff on utility systems and include training for Safety Officers on identifying and reporting utility systems failure.	Facilities Manager, Tracey Campbell, Occupational Health and Safety Specialist, Chelsea Lawell	Maintenance staff have been trained on utility systems and Safety Officer training has been developed and implemented by the Safety Specialist.	Complete
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PROJECTED PERFORMANCE IMPROVEMENT FOR 2026

- The Manager of Facilities will identify the location of all emergency gas and water shut-off valves and verify that all valves are appropriately labeled and documented within the excel spreadsheet by May 1, 2026.

MEDICAL AND DENTAL EQUIPMENT MANAGEMENT PLAN

ROUTINE ACTIVITIES

- Educate and train staff to identify, respond to, and report on medical/dental equipment safety concerns and failures.
- Review new equipment manufacturers instructions for use (IFUs) to evaluate potential risk as well as safety and/or infection control implications for staff and/or patients/clients.
- Respond to all medical/dental equipment and supply recalls and/or notices.
- Contract with vendor to perform initial and routine preventive maintenance.

ROUTINE PERFORMANCE MONITORING

- Contracted preventive maintenance vendor reports are routinely monitored to ensure equipment checks are completed on time for the right equipment and to ensure failures and/or malfunctions have been corrected.
- Healthcare SafetyZone portal is routinely reviewed for equipment malfunction and failure incidents and used to identify trends and resolve equipment issues.

STATUS OF PERFORMANCE IMPROVEMENT FOR 2025

Medical and Dental Equipment Management			
Planned Objectives	Assigned To	Actions/Outcomes	Status
Continue monitoring new sterilization equipment logs for accuracy and update as needed to meet sterilization monitoring requirements as defined by Joint Commission standards.	Tom Peer, Associate Dental Director/ Nate Eaves, Infection Preventionist	The Associate Director of Dental continues to work with Office Managers to complete the backlog of sterilization records needing approval in SharePoint. The completion rate has increased by 68% from its lowest of 46% complete to 76% complete.	Partially Complete/ Ongoing

Update sterilization equipment training and assign to all applicable dental and podiatry staff.	Tom Peer, Associate Dental Director/ Nate Eaves, Infection Preventionist	100% of Dental Assistants and Podiatry staff have completed initial training courses in Relias. Updated sterilization training is still in development with the projected completion of Q1 2026.	Partially Complete/ Ongoing
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PROJECTED PERFORMANCE IMPROVEMENT FOR 2026

- The Associate Director of Dental will work with the Lead Dental Assistant to update SensoScientific alarm protocols for managing temperature and humidity excursions ensuring alarms are confirmed in SensoScientific and incident reports are entered into HealthCare SafetyZone portal to ensure timely documentation of instrument integrity by July 1, 2026.