
	Fire Safety			
	Chapter:	Board Services and Program Administration	Policy #	2-12-1
	Section:	Safety and Therapeutic Environment	Revision #	3

- I. **PURPOSE:** To establish fire safety policy and procedures in order to provide a safe environment.
- II. **APPLICATION:** All mental health programs and services operated by the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** Accrediting bodies.
- IV. **DEFINITIONS:**

Life Safety Code: Standards developed by the National Fire Protection Association for the purpose of ensuring that the environment of the physical plant is designed to provide for the physical safety of personnel and consumers.
- V. **POLICY:** It is the policy of the West Michigan Community Mental Health to provide services in an environment which ensures optimal safety for all West Michigan Community Mental Health System employees, volunteers, and consumers.
- VI. **PROCEDURES:**
 1. **Equipment:** All WMCMH sites will be equipped with fire protection equipment, including fire extinguishers. Fire extinguishers and all fire safety equipment will be inspected by contracted professionals annually.
 2. **Fire and Safety Drills and Evacuations:** Fire drills and inspections are conducted per the established schedule for each WMCMH facility.
 3. **Use of Extension Cords and Portable Heating Devices:** Any source of heat or flame other than approved heaters by the safety officer are prohibited. Acceptable heaters should be ceramic, come with a tip-over switch, auto shut-off for safety, and power indicator light; TUV Certification. Extension cords must be three-wire grounded, a minimum of 16 gauge, and SO/SJ/SBT/SJT hard usage cords.
- VII. **SUPPORTING DOCUMENTS:** N/A
- VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
			12/2010
			12/2015
			01/2017
			02/2019
			05/2020
2	Corp. Comp. Comm.	Procedures	09/2021
2	Safety Committee	Annual Review	10/2022
3	Safety Committee	Procedures	9/2023
Board Approval Date: 05/23/1996			

	Fire Safety			
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IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-12-1 Revision # 3.

CEO: Lisa A. Williams Approval Signature: _____