
	General Policy			
	<b>Chapter:</b>	Board Services and Program Administration	<b>Policy #</b>	2-16-1
	<b>Section:</b>	Program Operations During Severe Weather	<b>Revision #</b>	5

- I. **PURPOSE:** To establish guidelines for program operation during times of severe weather.
- II. **APPLICATION:** All WMCMH employees and all mental health programs operated by West Michigan Community Mental Health.
- III. **REQUIRED BY:** Not required.
- IV. **DEFINITIONS:**

**Program Site:** Means the location to which the employee normally reports.

**Severe Weather:** Means the occurrences of a tornado, severe thunderstorm, excessive snow accumulation, or ice storm or its result, which limits program operation.
- V. **POLICY:** It is the policy of the West Michigan Community Mental Health (WMCMH) that Lake, Mason, and Oceana program sites shall remain in operation within reasonable limits during severe weather, unless a program(s) is closed by the Incident Commander, Chief Executive Officer or Chief Operations Officer. West Michigan Community Mental Health emergency services shall be available 24 hours a day, 7 days a week, 365 days a year.
- VI. **PROCEDURES:**
  1. The Incident Commander, Chief Executive Officer or Chief Operations Officer is authorized to close any or all WMCMH programs (except emergency services) in cases of severe weather.
  2. Team members are expected to report to their respective program site unless all West Michigan Community Mental Health programs are closed.
    - 2.1 Team members may take Paid Time Off (PTO) if not comfortable traveling.
    - 2.2 Team members will notify their supervisor if they are unable to report to their site. Team members shall utilize Paychex to request paid time off for the time absent from work.
    - 2.3 Team members should use good judgment when making decisions to travel on back roads.
    - 2.4 Team members will heed Sheriff office advisories regarding travel outside of the city limits.
  3. WMCMH Crisis Stabilization Services (emergency services) shall be available 24 hours a day.
    - 3.1 The scheduled Crisis Stabilization Services (CSS), and Assertive Community Treatment (ACT) staff members shall assume responsibility for his/her duties upon notification of the closing of all WMCMH programs.

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- 3.2 The scheduled CSS and ACT On-Call staff members shall remain responsible for emergency services until they are relieved of this duty by another clinical staff member.
4. During severe weather, consumers are responsible for self-administering their medication as prescribed. The ACT Team will adjust the schedule for provider-initiated injections, if necessary, based on provider guidance.
  - 4.1 In the event that weather conditions prevent scheduled injections, the ACT RN will coordinate with the provider to reschedule.
  - 4.2 In the event the responsible staff person cannot deliver medications due to severe weather and is unable to locate another staff member to deliver medications in his/her absence, he/she shall contact the ACT On-Call system for assistance.
5. In the event that severe weather may result in unsafe traveling conditions when programs are to remain open, staff members should tune into WLDN (98.7) WKLA (96.3) FM, WKZC (94.9 FM), WMOM (102.7 FM), WHCH (99.9 FM) or WWKR (94.1 FM), monitor weather apps, and/or check online resources (social media, news media webpages, National Weather Service webpage, etc.) before leaving the agency to get information about driving conditions. Team members must exercise good judgment and common sense when conditions are questionable (icy roads, high winds, tornado watches, poor visibility, heavy rain, or snowfall).
 

It shall be understood, at any time, if there is a weather emergency and a team member determines it is too hazardous for travel, they should consult their supervisor for travel options.

  - 5.1 If there is cause for suspension of travel (extreme weather conditions, such as a tornado warning or flash flooding), notification of the suspension shall be given by the safety officer via agency email.

**VII. SUPPORT DOCUMENTS:** n/a

**VIII. POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
			01/2004
			02/2015
			01/2017
			04/2019
			07/2020
2	Corp. Comp. Comm.	Procedure	09/2021
3	Safety Committee	Procedure	10/2022
4	Safety Committee	Procedure	09/2023
5	Safety Committee	Procedure/Definition	10/2024
<b>Board Approval Date: 01/27/1997</b>			

**IX. CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-12-16 Revision # 5.

CEO: Lisa A. Williams

Approval Signature: \_\_\_\_\_