**[*insert AFC name*] Severe Weather Policy**

**Effective Date:** [*insert date here*]

**Purpose:** This policy outlines procedures to be followed in the event that severe weather poses a risk to the safety of persons-served and/or facility property.

**Definition:**

1. **Severe Weather-** encompasses a range of potentially hazardous natural phenomena, including but not limited to thunderstorms, tornadoes, flooding, blizzards, earthquakes, or any other weather event capable of causing significant damage or posing a threat to life and safety.
2. **Tornado Shelter-** a safe room designated for gathering during a tornado warning. The room should be on the lowest level of a sturdy building away from outside walls/doors and away from windows. Examples may include: a basement or bathroom.

**Policy:**

1. **Preventive Measures:**
	1. Complete tornado drills once per month, alternating between staffing shifts, from March thru October.
	2. Utilize a weather radio and/or local news alerts to stay informed on weather conditions.
	3. Keep an emergency bag and first aid kit fully stocked.
2. **Tornado/Thunderstorm Procedures:**
	1. **Watch:**
		1. If the National Weather Service has issued a tornado or thunderstorm watch, alert all staff members and persons-served to be weather aware.
		2. Stay informed with weather updates utilizing a weather radio or watching a local weather news station.
	2. **Warning:**
		1. If the National Weather Service has issued a thunderstorm warning, alert all staff members and persons served to be prepared to seek shelter. If a tornado warning has been issued, go to the designated tornado shelter immediately.
		2. Best practice would be to stay at the facility location and not leave until the warning has been cancelled.
		3. Stay away from windows and trees.
		4. Be prepared for a possible power outage. Locate flashlights and emergency bag.
3. **Winter Weather/Blizzard**
	1. If severe winter weather is predicted, alert all staff members and persons-served.
	2. Keep shovels available to clear door entrances in case emergency services need to access the facility.
	3. Have blankets and winter gear available in case of a power outage.
	4. Best practice would be to stay at the facility location and not leave until the warning has been cancelled.
4. **Earthquake**
	1. When you feel shaking, inform the persons-served and staff members to drop down onto your hands and knees immediately if physically able. Cover head and neck and seek shelter under a sturdy table or desk. If there is no shelter near by, get down next to an interior wall.
	2. If in a recliner or bed, lie on stomach and cover head and neck with arms and pillow until shaking stops.
	3. If in a wheelchair, place wheels in a locked position and cover head.
	4. Be prepared for falling debris. Stay away from large objects which could fall.
	5. Turn off utility switches or valves to the facility, if possible.
	6. Evacuate the facility until it has been cleared and deemed safe to return. If possible, take the emergency bag and first aid kit with you.
5. **Closure:**
	1. After a severe weather event, ensure all persons-served and staff members are not injured or under distress.
	2. After a severe weather event, ensure the facility has not been damaged.
	3. If damage to the facility occurred or injury from the severe weather event, staff members involved may be required to undergo debriefing sessions to determine the cause and action plan for repairing damages.
	4. Ensure all incident reports have been completed and filed as appropriate.
	5. Persons-served involved in the incident may be offered the opportunity to undergo debriefing sessions or counseling to address any emotional or psychological impact.
6. **Compliance:**
	1. All personnel at [*insert AFC name here*] are expected to adhere to this policy and comply with its provisions at all times.
7. **Statement:**

I acknowledge that I have read and understood the Severe Weather policy. By signing below, I agree to adhere to the procedures outlined in this policy and understand the importance of ensuring the safety and well-being of persons-served.

**Print Name: Signature:** **Date:**

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