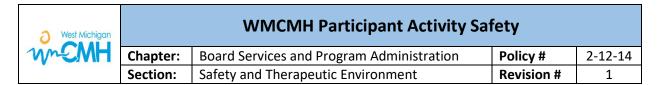


- I. **<u>PURPOSE</u>**: To establish policy and procedures for the development and implementation of group protocols that allow continued consumer and non-consumer participation and maintains the safety of the consumers, non-consumers, referred to as "participants" for the purpose of this document, and staff members during these events.
- II. **<u>APPLICATION</u>**: All group activities operated by or contracted with West Michigan CMH.
- III. **REQUIRED BY:** Michigan Municipal Risk Management Authority, Accrediting bodies.

IV. **DEFINITIONS**:

- 1. <u>Individual Activity</u>: An event with one participant with the intent of participating in an event organized and sponsored by a WMCMH program.
- 2. <u>Group Activity</u>: Any gathering of two or more participants who gather with the intent of participating in a group event organized and sponsored by a WMCMH program. Activities are further defined as an indoor activity, outdoor activity, or special activity.
- 3. <u>In-area travel</u>: Travel to activities that are held within the three county areas.
- 4. <u>Out-of-area travel</u>: Travel to activities in which the main activity occurs out of the three-county area.
- 5. <u>Travel Protocol</u>: The expected procedures that will be followed when transporting a group of participants for the purposes of a group activity or event.
- 6. <u>Outdoor Activity</u>: Any group event in which the primary activity takes place out of doors: to include, but not limited to, walking, hiking, going on a picnic, planting/ weeding, fishing, swimming, playing on a playground, attending baseball games, playing field games (soccer, kick ball, baseball/softball) and attending outdoor sporting events.
- 7. <u>Indoor Activity</u>: Any group event in which the primary activity takes place in doors: to include, but not limited to bowling, shopping, going to the movies, cooking class, going out to eat in restaurants; going to the library, museum, and movies; playing pool, volunteering in nursing homes and attending indoor sporting events.
- 8. <u>General Activity</u>: General activities are those activities that are routinely scheduled and occur with sufficient frequency that they are an integral part of the program.
- 9. <u>General Activity Consent</u>: This is part of the Initial and Annual Consent to Services and Ability to Pay form (CR001). This is incorporated into the Consent to Travel and/or Leave WMCMH Building and General Activity Consent section of the form.
- 10. <u>Special Activity</u>: Special activities are defined as those that are a one-time outing (i.e., trip to a Whitecaps game in GR, a trip to the mall, dune rides, etc.). Special events can apply to either an individual or group activity. These activities will need



a Special Activity Consent signed by the participant and/or guardian and are to be obtained by the Group/Activity/Event Facilitator.

- 11. <u>Special Activity Consent</u>: A one-time use only consent for a specific Special Activity that is identified on the consent (CR177). The consent is only valid for the specific activity and date. It is the Facilitator's responsibility to obtain this consent and it will be kept by the Facilitator for the time frame of the event and then the Facilitator will submit it for inclusion into the ECR.
- V. **POLICY:** It is the policy of West Michigan CMH to ensure the implementation of specific procedures for the safety of all participants in group activities.

VI. **PROCEDURE**:

- 1. Consents for Participation Participation in group activities will require one of the following consents and the group leader will ensure the appropriate signed consent is turned in for each participant prior to the outing:
 - a. General Consent The consent will be included in the Consent and Agreement to Pay for Services form (CR001). This form includes the name of the participant, address, and date of birth, emergency contact and guardian information. If allergy and special health needs are indicated, specific information can be located in the WM record.
 - b. Special Activity Consent The Special Activity Consent (CR177) will include the name of the participant, address, date of birth, emergency contact or guardian information. If allergy and special health needs are indicated on the consent, specific information can be located in the WM record. The consent will also specify the activity and location. This will be signed and dated by the participant and/or guardian. It is the responsibility of the Facilitator to obtain the signed consents, keep for the time frame of the event and then submit to the ECR.
- 2. Evaluate for Classification & Limitations Assess participants for appropriateness for the activity as well as to determine the appropriate staff-to-participant ratio for the specific activity.
- 3. The Facilitator will communicate with individuals or guardians 48 hours prior to the event if consent is missing.

If a participant shows up that does not have a signed consent and there is no ability to obtain consent from parent or guardian, the participant will be taken home. If no one is available at home, the facilitator will attempt to contact someone from the participant's emergency contact list. If unable to reach a participant's guardian or emergency contact, the facilitator will attempt to contact a team member or the team leader. The last resort back-up would be to contact the Crisis Stabilization worker for assistance.

| West Michigan | | WMCMH Participant Activity Safety | | | |
|---------------|----------|---|------------|---------|--|
| WNEMH | Chapter: | Board Services and Program Administration | Policy # | 2-12-14 | |
| | Section: | Safety and Therapeutic Environment | Revision # | 1 | |

- 4. Travel To include, but not limited to WMCMH Agency Vehicle Use procedure. Please refer to the Agency Vehicle Use procedure 2.12.11. In addition to 2.12.11, the following will be implemented:
 - a. Group leader/facilitator(s) will account for all participants at all times.
 - b. Group leader(s) will verify that at least one of them has a charged and working cell phone present.
- 5. Indoor and Outdoor Activities The following are guidelines to be followed when supervising a group activity:
 - a. If beneficial in the particular situation, establish a buddy system before the activity begins.
 - b. Identify a departure location and time for the end of the activity.
 - c. Reinforce to the group the rules of the facility where the activity is being held and make all participants aware of what is and is not acceptable at the facility.
 - d. Complete an on-site inspection of the facility the activity is being held at to ensure that the area and/or equipment is safe; familiarize yourself with the surroundings and note what resources are present and available.
 - e. Ensure that you have the proper equipment for the particular activity of the day.

In addition to the items available in the vehicle first aid kits, it may be appropriate to have additional items such as sun screen, insect repellant, hand sanitizer, individual participant allergy medication, inhalers, drinking water, etc. The gathering sites (Dimensions, Progressions and Integrations) and other programs will each have their own kits available and will also be responsible for maintaining each kit.

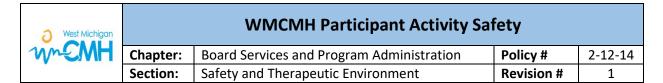
- 6. Swimming/Water Activities The following **must** be followed when supervising a swimming/water activity:
 - a. Swimming requires that a certified lifeguard is present the entire time.
 - b. Any other water related activities (i.e.: fishing) requires constant staff supervision, and availability of approved safety flotation device, and following of all applicable state laws.

VII. SUPPORTING DOCUMENTS:

<u>Please refer to:</u> WMCMH Form CR177-Special Activity Consent

VIII. POLICY/PROCEDURE REVIEW:

| REV# | APPROVED BY | Policy/Procedure | DATE |
|------|-------------|------------------|---------|
| | | | 04/2018 |
| | | | 11/2018 |
| | | | 12/2019 |
| | | | 12/2020 |



| 1 | Corp. Comp. | Annual Review | 03/2022 | | | |
|---------------------------------|------------------|---------------|---------|--|--|--|
| 1 | Corp. Compliance | Annual Review | 04/2023 | | | |
| Board Approval Date: 06/15/2010 | | | | | | |

IX. CHIEF EXECUTIVE OFFICER ENDORSEMENT:

I have reviewed and approved of policy $\# \underline{2-12-14}$ Revision $\# \underline{1}$.

CEO: Lisa A. Williams Approval Signature: