



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

NO 2-3.30

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BY SKIP MATTHIES

EFFECTIVE

DEPARTMENT

MENTAL HEALTH

SUBJECT

FIELD TRIPS/CONFERENCES

APPROVED

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I. PURPOSE:

To develop standards and guidelines for consumer field trips and conferences.

II. POLICY:

The Department of Mental Health provides an array of clinic-based mental health services which seek to prepare adult consumers for independence and to offer children community experiences. Treatment/service programs may plan and implement outings and/or field trips into the community as part of the treatment program. When relevant to the therapeutic program, outings will be arranged by program staff and approved by the department according to the following guidelines and procedures.

Adult consumer attendance and/or participation at training conferences with staff is encouraged when appropriate and approved as per guidelines and procedures contained herein.

III. GUIDELINES

- A. Staff will at all times abide by the same professional standards and ethics required in the clinic setting within the scope of practice for their license.
- B. Staff will be cognizant that confidentiality laws continue to apply in community settings.
- C. All County policies are to be adhered to, including those related to the consumption of alcoholic beverages (Personnel Rule X, Section 2.n).
- D. Fair Labor Standards apply to staff in Clerical, Technical(Psychiatric Technicians), and Administrative Services (M.H. specialists) occupational units.
- E. The Memorandum of Understanding and departmental policies and procedures apply to Professional and Supervisory personnel with regard to staff time.
- F. Staff are required to report any special incidents including the necessity of any changes in consumers' and/or staff schedules during the outing/conference to the supervising staff member. The supervisor will

adhere to the existing reporting procedures. Timely telephone reports to the Program Manager should be made if indicated.

- G. Staff will provide direct supervision and ensure that safe practices are followed when consumers are involved in activities.
- H. Any consumer with the history of seizure or any other organic disorder which could result in the loss of consciousness will not be allowed to participate in water sports.
- I. Consumers involved in a swimming outing will only be allowed to swim in authorized areas in which lifeguards are available. Lifeguard staff are to be notified of the group's presence without breaching confidentiality.
- J. A staffing ratio of one (1) to five (5) consumers is required for all adult field trips; a ratio of one (1) to three (3) is required for children's field trips. For any field trip, a minimum of two (2) staff will accompany the consumer group. Co-ed groups will be accompanied by co-staff.

IV. PROCEDURES

- A. Participation in all outings require that a "Release and Hold Harmless Agreement" (see attachment 1) be signed by the consumer/guardian.

B. FIELD TRIPS

1. **ONE DAY FIELD TRIP WITHIN SAN BERNARDINO AND RIVERSIDE COUNTIES:** Outings within San Bernardino and Riverside Counties must be approved, in writing, by the appropriate Program Manager. Weekend events require Deputy Director and Director/ Assistant Director approval.
2. **ONE DAY FIELD TRIP OUTSIDE OF SAN BERNARDINO AND RIVERSIDE COUNTIES:** Field trips in other than San Bernardino and Riverside Counties must be approved by the Director/Assistant Director. **A ROUTING SLIP, TRAVEL REQUEST and a MEMO OF JUSTIFICATION** (see C below), are required and must be submitted to the Program Manager for the Director's/Assistant Director's approval at least 30 days prior to the outing. Exceptions to this rule may be considered. When an outing opportunity arises with less than 30 days advance notice it should be pointed out in the memo of justification.

3. **OVERNIGHT FIELD TRIP:** Overnight trips will be the exception due to the extended liability involved. All overnight outings must be approved by the Director/Assistant Director and the Board of Supervisors. A minimum of thirty days is needed to complete this process. A **BOARD TRANSMITTAL** (see attachment 2-3.20 Page 1) is required in addition to the **TRAVEL REQUEST, and MEMO OF**

JUSTIFICATION. The Board Transmittal must first be approved by the Deputy Director of Community Treatment Division and then by the Deputy Director of Administrative Services as to the proper format. Once both Deputies have approved the Board Transmittal, it is submitted to the Director/Assistant Director for approval and signature. The Board Transmittal is then submitted to the Clerk of the Board for placement on the Board Agenda. The Board of Supervisors meet every Tuesday and all Agenda Items must be submitted to the Clerk of the Board no later than Tuesday, noon of the Previous week.

4. **OVERNIGHT FIELD TRIPS INCLUDED IN THE ANNUAL BUDGET:** Overnight field trips and associated expenses may be approved as part of the budget process if so itemized in a separate memo thereby obviating the need for Board of Supervisor approval throughout the year.
5. **OUT OF COUNTY FIELD TRIPS WITH MORE THAN ONE PARTICIPATING CLINIC:** One (1) travel request is to be submitted whenever multiple program components are going on the same field trip. Whomever is coordinating the outing is responsible for writing the justification memo and submitting the request through their Program Manager II. The individual components are to obtain written Program Manager II approval prior to the submission of the combined travel request. The justification memo will include a list of all the clinics and staff involved. All the PM II's and OT's for each program involved will receive a copy of the memo.

C. CONFERENCES WITH CONSUMER PARTICIPATION

- 1 **ONE DAY CONFERENCES IN SAN BERNARDINO AND RIVERSIDE COUNTIES:** If no fee is required for the consumer, permission to attend a conference is requested from the Program Manager. Conference attendance paid by the department requires a **PAYMENT VOUCHER** to be completed by the program 30 days in advance. (See SPMS "Training Opportunities and Reimbursement for Expenses" and "Out-of-County Travel" for employee participation.)

2. **ONE DAY OUT OF SAN BERNARDINO AND RIVERSIDE COUNTIES:** Requests must be submitted 30 days in advance to the Program Manager for the Director's/Assistant Director's approval. Conference attendance paid for by the department for both consumers and staff requires a **ROUTING SLIP, TRAVEL REQUEST, AND PAYMENT VOUCHER.** (Payment Voucher should contain expenses for both the consumer and staff.)

3. **OVERNIGHT OUT OF COUNTY:** Conference attendance by employees and consumers require a **BOARD TRANSMITTAL, ROUTING SLIP, TRAVEL REQUEST and a MEMO OF JUSTIFICATION** submission at least 30 days in advance. (The guidelines and time frames are the same as IV., A., 3. above.)

D. MEMO OF JUSTIFICATION

The memo is to contain the following information:

1. Date, time and location of outing.
2. Staff attending.
3. Approximate number of consumers attending.
4. Cost.
5. Method of transportation.
6. Funding source.
7. Therapeutic value.

NOTE: See "Training Opportunities and Reimbursement for Expenses" for employee participation.

A FIELDSPM

RELEASE AND HOLD HARMLESS AGREEMENT FOR THE COUNTY OF SAN BERNARDINO

I, _____, fully understand that
(Last) (First) (Middle)

The County of San Bernardino is a self-insured public entity pursuant to Government Code Section 990.4. I understand that the County's program of self-insurance does not provide medical payments in the event that I am injured while a passenger in a County-owned vehicle. I also understand that the County's program of self-insurance does not include any coverage for uninsured or underinsured motorist. In the event that I am injured as a result of the act or omission of any party, other than the County, its officers or employees, my ability to recover special or general damages (as defined by the Civil Code) will be limited in that I will not be entitled to recover those damages from the County of San Bernardino.

Notwithstanding the above acknowledgement, I understand that my participation in the _____ (hereafter referred to as "Event"), including transportation to and from said Event, exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event and expressly agree to assume any such risks.

(IF PARTICIPANT IS A MINOR, PLEASE COMPLETE THE FOLLOWING PARAGRAPH)

I, _____, am the parent and/or Legal Guardian of
(Last) (First) (Middle)
_____, a minor.

I fully understand that participation in the _____ (hereafter referred to as "Event") exposes participants to the risk of personal injury, death or property damage. I hereby acknowledge that _____ is voluntarily participating in this Event with my express permission. As parent and/or Legal Guardian, I expressly agree to assume any such risks.

In consideration for being permitted to participate in the Program, I hereby release and forever discharge the County of San Bernardino, its officers, employees, agents and volunteers for any injury, death or damage to or loss of personal property arising out of or connection with my or my child's participation in the Event from whatever cause, including the active or passive negligence of the County of San Bernardino, its officers, employees, agents and volunteers or any other participants in the Event.

In further consideration for being allowed to participate in the Event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I will indemnify and hold harmless the County of San Bernardino, its officers, employees agents and volunteers from any and all claims; including claims for Workers' Compensation benefits, damages, demands, actions or suits arising out of or in connection with my participation in the Program brought by any third party.

I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Date

Signature