

**SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT PROCEDURE**

**AIDS TO REDUCE EFFECTS OF IMPAIRMENT**

Title 15, Section 1436

**Authority:**

Michelle Scray Brown, Chief Probation Officer  
Michael Neeki MD, Chief Medical Officer  
Rishi Parikh MD, FAST Clinic Medical Director

**Purpose:**

To outline a process to ensure medical and dental orthoses or prostheses, and/or other aids to impairment are supplied in a timely manner when the health of the youth in a Juvenile Detention and Assessment Center (JDAC) or Treatment Facilities (TF) would otherwise be adversely affected, as determined by the Chief Medical Officer or dentist.

**Definition:**

Orthoses: Specialized mechanical devices, such as braces, foot inserts, and hand splints, used to support or supplement weakened or abnormal joints or limbs.

Prostheses: Artificial devices used to replace missing body parts such as limbs, teeth, eyes, and heart valves.

Aids to Impairment: Devices such as eyeglasses, hearing aids, canes, crutches, and wheelchairs that enhance or restore physical functions.

Accommodation Referral: A form that is distributed to the Compliance Officer, Watch Commander (WC), San Bernardino County Superintendent of Schools (SBCSS), Medical Services, Food Services, Forensic Adolescent Services Team (FAST), and Unit Supervisor. Completed for any youth entering a JDAC or Treatment Facility who has, or has had, or who is regarded as having, a mental or physical impairment that substantially limits one or more major life activities. This includes caring for oneself, performing manual tasks, walking, vision, hearing, speaking, breathing, working, etc.

**Responsibilities:**

**I. Probation Corrections Officer (PCO):**

- A. Assist in the identification of youth booked into the JDACs with a medical/dental disability requiring an orthoses, prostheses, and other aids to impairment.
- B. Immediately notify the on-duty Correctional Nurse once it is determined a youth may have a disability requiring intervention.
- C. Document all necessary information in CE.
- D. Complete an Accommodation Referral Form (Attachment A), send to those listed on the referral, and fax the referral to the Compliance Officer.

**II. Watch Commander (WC)/Probation Corrections Supervisor II (PCSII):**

- A. Consult with nursing staff immediate reasonable accommodations that are necessary for the youth to ensure proper provision and supervision.
- B. Provide the necessary information to the Superintendent, Compliance Officer, Supervisory staff, SBCSS, and FAST.

- C. Maintain and update any Medical Treatment Plan/Accommodation Plan Binder in the WC's office.
- D. Make final arrangements with contracted agencies for supplemental services (i.e. sign language interpreters).

III. Probation Officer:

- A. Immediately notify Intake SPO upon receiving information or knowledge of a youth who has a mental or physical impairment that substantially limits one or more major life activities prior to booking youth in the JDAC.

IV. Unit and/or Intake Supervising Probation Officer (SPO) or designee:

- A. Consult with the Superintendent, WC/PCS II, Supervising Correctional Nurse I/II, Probation Officer III, FAST Supervisor, SBCSS, and Compliance Officer, prior to authorizing detention of a youth with a mental or physical impairment that substantially limits one or more major life activities on a violation of probation.
- B. Promptly file the Return of Impairment Aid Appeal form with the Court of Jurisdiction in cooperation with Superintendent.

V. Correctional Nurse I/II:

- A. Arrange training on the use of aids to medical and unit staff as necessary.
- B. Provide information at the request of the Compliance Officer to arrange outside specialty agencies needed for the deaf and blind.
- C. Include aids to reduce effects of impairment in the youth's treatment plan.

VI. Supervising Correctional Nurse I/II:

- A. Identify youth with a medical/dental disability requiring aids to impairment in the health record.
- B. Collaborate with the Supervising Correctional Nurse I/II in the event of a safety/security concern and notify the WC/PCSII of accommodation needs/options for the youth.
- C. Document the issuance of aids that reduce the effects of impairment in the youth's health record.
- D. Contact the on-site/on-call provider in the event a receipt of notification from the Superintendent has been ordered regarding the removal of an aid from a youth.

VII. Physician/Provider:

- A. Determine if removal of an aid is or will be injurious to the health or safety of the youth, inform the youth and the Superintendent.
- B. Examine the youth within twenty-four (24) hours in the event an aid for impairment was removed at the discretion of the Superintendent.
- C. Notify the youth and the Superintendent if it is determined the removal of the aid is or will be injurious to the health or safety of the youth.

VIII. Health Service Manager (HSM):

- A. Collaborate with the Chief Medical Officer, Superintendent, and Compliance Officer to make the final determination in all events of dispute regarding the use of any aid.

IX. Compliance Officer:

- A. Review all Accommodation Referral Forms.
- B. Contact the WC/PCS II, Medical Services, SBCSS, and FAST and assist with reasonable accommodations whenever necessary.
- C. Maintain open files in the Compliance Unit of those youth.

- D. Make final arrangements with contracted agencies for supplemental services (i.e. sign language interpreters).
  - E. Contact and make arrangements with the WC for those outside services to be safely brought into the JDAC or Treatment Facility.
  - F. Provide the Deputy Chief Probation Officer (DCPO) of the Detention Correction Bureau (DCB) with written contracts for training, personal services or supplies and obtain authorization.
  - G. Work collaboratively with Probation Supervising Fiscal Specialist, and provide those necessary documents for payment to the outside provider.
- X. Superintendent/Division Director II (DDII):
- A. Has the authority to remove an aid for impairment in the event that possession of such constitutes an immediate risk of bodily harm to any person or threatens the security of the JDAC or Treatment Facility.
    - 1. Consult with the on-site/on-call physician/provider in the event the aid is removed.
    - 2. Either return or refuse to return the aid upon notification of the necessity of the aid from the physician/provider.
    - 3. In the event it is decided to refuse the return of the aid, inform the youth of their right to petition the Court of Jurisdiction for return of the appliance (See Penal Code 2656 for the information that must be submitted to the Court).
    - 4. Allow the youth an opportunity to submit a Return of Impairment Aid Appeal (Attachment B) if a decision to remove the aid has been made.
    - 5. Promptly submit completed appeal to the facility Intake Supervising Probation Officer (SPO).
  - B. Has the authority to return the removed aid for impairment in the event risk of harm or threat ceases to exist.
  - C. Work collaboratively with the Supervising Correctional Nurse I/II in providing information necessary for the Compliance Officer to arrange outside specialty agencies needed for the deaf and blind.

**Guidelines:**

- A. In the event there is an immediate danger to the staff and youth in regard to safety and security, the said aid or device shall be removed until the safety concern is resolved.
- B. Aids to reduce effects of impairment shall be afforded to the youth.
- C. In the event the facility Medical Services and/or Superintendent remove an aid to impairment, a Return of Impairment Aid Appeal form shall be afforded to the youth as long as there are no safety concerns.
- D. Where the use of specific aids to impairment is contraindicated for safety and security concerns, alternatives must be considered so the health needs of the youth are met.
- E. In the event any other aid to reduce the effects of impairment is removed and not returned to the youth at the resolution of the safety/security event, medical services shall be immediately notified.

**Inspections:**

Refer to the Policy and Procedure Matrix.

**Foundation:**

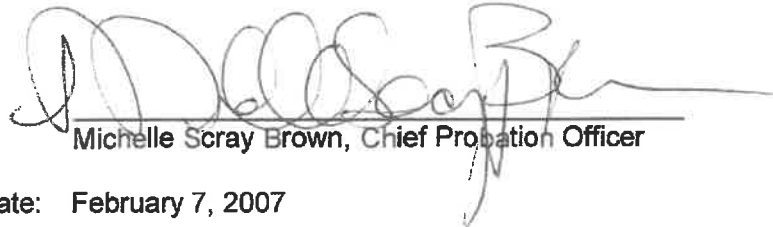
Minimum Standards for Juvenile Facilities, Title 15, 2014, Section 1436  
Standards for Health Services in Juvenile Detention Facilities, National Commission on Correctional Health (NCCHC)  
California Penal Code, Section 2656

**References:**

Procedure

Intake Screening Assessment and Admittance - MAYSI  
Medical Treatment Plan

Issued by:



Michelle Scray Brown, Chief Probation Officer

4/1/20  
Date

Original Issue Date: February 7, 2007

Revised: January 19, 2010  
Revised: January 31, 2017  
Revised: April 1, 2020

**Attachments:**

A – Accommodation Referral Form  
B – Return of Impairment Aid Appeal



TRACY REECE  
Chief Probation Officer

JULIE FRANCIS  
Assistant Chief Probation Officer

**ACCOMMODATION REFERRAL FORM**

**A REFERRAL SHALL BE COMPLETED FOR ANY YOUTH THAT MEETS THE FOLLOWING CRITERIA:**

Any youth who has a record of or has a reported mental, physical or educational impairment/disability that substantially limits one or more major life activities (such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, etc.) or requesting an alternate meal plan.

FACILITY:  HDJDAC  CVJDAC  GATEWAY

DOE: \_\_\_\_\_

YOUTH'S NAME: \_\_\_\_\_

PIN: \_\_\_\_\_

DOB: \_\_\_\_\_

**\*\*THIS SECTION TO BE COMPLETED BY PCO/PCSI\*\***

**I. IDENTIFICATION**

- 1.  IEP/Special Education/Language Interpreter ONLY
    - The youth/parent has indicated the existence of an IEP or current identification as a Special Education student.
    - Youth requires a language interpreter for basic communication.
- Language is: \_\_\_\_\_

- 2.  Disabilities, Deformities, Special Needs and/or a 504 plan
- Reported/observed disability, deformity and/or special need:  
\_\_\_\_\_  
Describe: \_\_\_\_\_

MUST distribute form to all:

- 1. Compliance Officer (Fax 909-387-5773)
- 2. SB County School (copy)
- 3. Unit/Youth's File (original, unless forwarding to Medical Services)

MUST distribute form to all:

- 1. Medical Services (original)
- 2. FAST (copy)
- 3. SB County School (copy, for 504 plans ONLY)
- 4. Unit/Youth's File (Copy)

Date distributed (required): \_\_\_\_\_

Date distributed (required): \_\_\_\_\_

- 3.  Alternate Meal Plan
  - Youth is requesting a vegetarian alternate meal plan.
  - Youth is requesting a vegan alternate meal plan.

Comments: \_\_\_\_\_

**\*\*Forward to Medical Services for clearance prior to implementation \*\***

PCO/PCSI Printed Name & Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*THIS SECTION TO BE COMPLETED BY MEDICAL SERVICES/FAST ONLY\*\***

**II. MEDICAL SERVICES/FAST EVALUATION**

- 1. Disability, Deformity, Special Need and/or 504 plan: \_\_\_\_\_
- 2. Describe how the disability affects a major life activity/activities of daily living: \_\_\_\_\_
- 3. Describe the immediate reasonable accommodations, if known: \_\_\_\_\_
- 4. Medically cleared for alternate meal plan:  YES  NO \_\_\_\_\_

- MUST distribute form to all:
- 1. Compliance Officer (Fax 909-387-5773)
  - 2. Medical Services (copy)
  - 3. FAST (copy)
  - 4. SB County Schools
  - 5. Watch Commander/Name: \_\_\_\_\_
  - 6. Place in health record (original)
  - 7. Food Services (if applicable)

Date distributed: \_\_\_\_\_

Date accommodation documented on Health Kardex and CE: Special Instructions (special medical condition [M-MH5]) Date: \_\_\_\_\_

Medical/FAST Printed Name & Signature \_\_\_\_\_ Date \_\_\_\_\_



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**\*\*THIS SECTION TO BE COMPLETED BY COMPLIANCE UNIT\*\***

**III. COMPLIANCE UNIT**

YOUTH'S NAME: \_\_\_\_\_ PIN: \_\_\_\_\_

1. Referral received on: \_\_\_\_\_

2. Revised accommodation plan, if necessary: \_\_\_\_\_  
\_\_\_\_\_

Completed/Updated referral form was forwarded/faxed to the following on: \_\_\_\_\_

- Watch Commander/Name: \_\_\_\_\_  Unit (for placement in youth's file)  
 Medical Services  FAST  Food Services  SB County Schools

Compliance Officer Printed Name & Signature \_\_\_\_\_

Date \_\_\_\_\_

**IV. Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Assistant Chief Probation Officer

## RETURN OF IMPAIRMENT AID APPEAL

(Pursuant to PC 2656)

FACILITY:  CVJDAC  HDJDAC  Gateway

YOUTH NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### APPEAL REQUEST:

I am requesting for the return of an orthopedic or prosthetic appliance or other aid to impairment.

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Youth (Print/Sign)

\_\_\_\_\_  
Date

### MEDICAL/FAST SERVICES:

Explain reason to continue removal or allow the return of aid: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Medical/FAST Services Representative (Print/Sign/Title)

\_\_\_\_\_  
Date

### SUPERINTENDENT/DDII:

I, \_\_\_\_\_ have today received a request for the return of the above described orthopedic or prosthetic appliance or other aid to impairment.

Explain reason to continue removal or allow the return of aid: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Superintendent/Division Director II (Print/Sign)

\_\_\_\_\_  
Date

Please Note: If appeal is denied by the facility Administration, the signed original is to be promptly filed with court of jurisdiction. Copy to Medical and Superintendent.