

## Aids to Reduce Effects of Impairment (Title 15, Section 1436)

### 701.1 PURPOSE:

To establish guidelines 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 Facility (TF) would otherwise be adversely affected, as determined by the Chief Medical Officer, dentist, optometrist, or other professional.

### 701.2 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 completed for a 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., and/or is requesting an alternate meal plan.

### 701.3 GUIDELINES:

- A. Aids to reduce the effects of impairment shall be afforded to the youth.
- B. In the event there is an immediate danger to staff and youth concerning safety and security, the aid to impairment shall be removed until the safety concern is resolved.
- C. Procedures for retention and removal of aids shall comply with the requirements of Penal Code Section 2656.
- D. Where the use of specific aids to impairment is contraindicated for safety and security concerns, alternatives must be considered to meet the health needs of the youth.

### 701.4 RESPONSIBILITIES:

- I. Probation Corrections Officer (PCO):
  - A. Assist in the identification of youth booked into JDACs and TFs with a medical/dental disability requiring an orthoses, prostheses, and/or other aid to impairment.
  - B. Immediately notify a Correctional Nurse when determined a youth may have a disability requiring intervention.
  - C. Document all necessary information in Caseload Explorer (CE).

# San Bernardino County Probation Department

## Procedures Manual

### *Aids to Reduce Effects of Impairment (Title 15, Section 1436)*

---

- D. Initiate an Accommodation Referral Form (Attachment A) for youth meeting the criteria of the definition listed above.
  - 1. Distribute the referral as indicated on the form.
  - 2. Email the referral to the Compliance Officer.
  - 3. Place a copy of the referral in the youth's file.
- II. Watch Commander (WC)/Probation Corrections Supervisor II (PCSII):
  - A. Consult with nursing staff to determine immediate reasonable accommodations necessary for the youth to ensure proper provision and supervision.
  - B. Provide the necessary information to the Assistant Superintendent, Superintendent, Compliance Officer, Supervisory staff, School staff, Medical Services, and Department of Behavioral Health (DBH)/Forensic Adolescent Services Team (FAST) as appropriate.
  - C. Maintain and update the Medical Treatment Plan/Accommodation Plan Binder in the WC's office.
  - D. Make final arrangements with contracted agencies for supplemental services (e.g. sign language interpreters).
  - E. Collaborate with the Assistant Superintendent, Superintendent, Supervisory staff, and the Supervising Correctional Nurse I/II in the event of a safety/security concern.
  - F. If the removal of an aid is approved, document when the aid was removed, the reason why it was removed, and the notification to Medical Services.
  - G. If an aid is returned, document the reason why and notify Medical Services.
- III. Probation Officer I/II/III:
  - A. Immediately notify the Supervising Probation Officer or their designee upon receiving information or knowledge of a youth who has a mental or physical impairment that substantially limits one or more major life activities before booking the youth in the JDAC.
- IV. Unit Supervising Probation Officer (SPO) or designee:
  - A. Consult with the Assistant Superintendent, Superintendent, WC/PCS II, Supervising Correctional Nurse I/II, Probation Officer III, DBH/FAST Supervisor, School staff, and/or Compliance Officer, as appropriate, before 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 when needed.
  - C. Notify and collaborate with the Watch Commander, Supervisory staff, and the Supervising Correctional Nurse I/II in the event of a safety/security concern.
- V. Correctional Nurse I/II:

# San Bernardino County Probation Department

## Procedures Manual

### *Aids to Reduce Effects of Impairment (Title 15, Section 1436)*

---

- A. Document identified youth with a medical/dental disability requiring an aid to impairment in the health record.
  - B. Complete an Accommodation Referral Form upon identification during the intake/booking process or as received from custody staff and distribute it according to the form.
  - C. Initiate the "Assistive Device" flag in the health record and document the specific device in the comment section.
  - D. Arrange training on the use of aids to medical and unit staff as necessary.
  - E. Provide information at the request of the Compliance Officer to arrange outside specialty agencies needed for the deaf and blind.
  - F. Include the said aid to reduce the effects of impairment in the youth's health record, Health Kardex, and treatment plan if applicable.
  - G. Contact the onsite/on-call provider in the event a receipt of notification has been ordered regarding the removal of an aid from a youth.
- VI. Supervising Correctional Nurse I/II:
- A. Review Accommodation Referral Forms generated by Nursing.
  - B. Collaborate with the Watch Commander/PCSII on accommodation needs/options for the youth in the event of a safety/security concern as needed.
- VII. Physician/Provider:
- A. Determine if removal of an aid is or will be injurious to the health or safety of the youth, and inform the youth, the Watch Commander, and others as appropriate.
  - B. Examine the youth within twenty-four (24) hours in the event an aid for impairment is removed.
  - C. Notify the youth and the Watch Commander 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 a dispute regarding the use of an aid.
- IX. Compliance Officer:
- A. Review all Accommodation Referral Forms.
  - B. Contact the WC/PCS II, Medical Services, School staff, and DBH/FAST, as appropriate, and assist with reasonable accommodations when necessary.
  - C. Maintain open files in the Compliance Unit of those youth.
  - D. Make final arrangements with contracted agencies for supplemental services (e.g. sign language interpreters).

# San Bernardino County Probation Department

## Procedures Manual

### *Aids to Reduce Effects of Impairment (Title 15, Section 1436)*

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- E. Contact and make arrangements with the WC for those outside services to be safely brought into the JDAC or TF.
- F. Provide the appropriate Deputy Chief Probation Officer(s) (DCPO) with written contracts for training, personal services, or supplies and obtain authorization.
- G. Work collaboratively with Probation Fiscal Services and provide necessary documents for payment to the outside provider.
- X. Assistant Superintendent/Superintendent:
  - A. May authorize the removal of an aid for impairment if possession of such constitutes an immediate or significant risk of bodily harm to a person or threatens the safety and/or security of the JDAC or TF.
    - 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 consultation with the physician/provider.
    - 3. In the event it is decided to refuse the return of the aid, ensure the youth is informed of their right to petition the Court of Jurisdiction for the 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. Provide the Appeal form to a Supervising Probation Officer (SPO) to file with the Court of jurisdiction.
  - B. May authorize the return of the aid for impairment in the event risk of harm or threat ceases to exist.
  - C. Notify Medical Services immediately if an aid for impairment is removed and not returned to the youth at the resolution of the safety/security event.
  - D. 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.

#### **701.5 ATTACHMENTS:**

[See attachment: Aids to Reduce Effects of Impairment Attachment A \(Lexipol 9-28-22\).pdf](#)

[See attachment: Aids to Reduce Effects of Impairment Attachment B \(Lexipol 9-28-22\).pdf](#)

## Attachments

## **Aids to Reduce Effects of Impairment Attachment A (Lexipol 9-28-22).pdf**



# 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 to ARISE

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

YOUTH'S NAME: «Full Name»

PIN: «PIN»

DOB: «Date of Birth»

### \*\*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 (\_\_\_\_\_)
- 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. Comment: \_\_\_\_\_.

#### MUST distribute form to all:

- 1. Compliance Officer (\_\_\_\_\_)
- 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



## ACCOMMODATION REFERRAL FORM

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

### III. COMPLIANCE UNIT

YOUTH'S NAME: «Full Name» PIN: «PIN»

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

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

Completed/Updated referral form was forwarded//emailed 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:

\_\_\_\_\_



## **Aids to Reduce Effects of Impairment Attachment B (Lexipol 9-28-22).pdf**



## RETURN OF IMPAIRMENT AID APPEAL

(Pursuant to PC 2656)

FACILITY:  CVJDAC  HDJDAC  Gateway to ARISE

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.