

**SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT PROCEDURE**

**MEDICAL SEPARATION**

**Authority:**

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**Purpose:**

To establish guidelines for the implementation of Medical Separation Collaborative Care, Medical Isolation Collaborative Care, and Medical Watch Collaborative Care Status, under the category of Medical Separation.

**Definitions:**

Medical Separation (MS): A status designated to patients when their present health condition requires elevated measures of attention and protection. This intervention is applied to prevent further injury or complications and to promote healing. Medical separation aims at preserving the health and safety of the individual patient and the facility at large by fully or partially limiting contact with individuals and/or unit programming during the health recovery process.

Medical Separation Collaborative Care (MSCC): A level of care applied when the patient presents a medical concern of which integration into the general population, or programming, could exacerbate the patient's condition and/or result in an increased risk of further injury or delay the healing process.

Medical Isolation Collaborative Care (MICC): A level of care applied to patients diagnosed with a communicable disease where exposure would likely result in transmission and spread of the disease; Medical Isolation represents one of several measures taken to implement infection control.

Medical Watch Collaborative Care (MWCC): A level of care that require closer monitoring by the health and custody staff and may or may not require limited separation from the rest of the population including unit programming.

**Responsibilities:**

- I. Chief Medical Officer:
  - A. Review Medical Separation policies as needed.
  - B. Advise the medical provider group regarding the application and discontinuation of the MS status, considering the special circumstances of in-custody patients.
  
- II. Health Service Manager (HSM) or Designee:
  - A. Review procedure annually or as needed.
  - B. Monitor compliance with this procedure by periodic review of logs, incident reports, safety reviews, and other safeguards conducted in the normal course of business on a weekly, monthly, and yearly basis.
  
- III. Supervising Correctional Nurse I/II or Designee:
  - A. Notify the unit staff, watch commanders, and PCSI/IIIs when a patient is placed on MS status.

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- B. Recommend special MDT as deemed necessary and lead the efforts to convene the appropriate groups for special MDT meetings involving the youth on MS.
- C. Ensure Medical Services staff participation and collaboration with the multidisciplinary team.
- D. Develop a treatment plan addressing the medical issue warranting the implementation of MS intervention and provide additional educational information to unit staff when applicable.
- E. Provide direct oversight of staff to ensure the proper application and follow up of MS.

### IV. Correctional Nurse II (CNII):

- A. Assess youth at the time of intake and while in custody for any medical condition that requires MS intervention.
- B. Advise custody staff of youth MS status, include pertinent information/orders on the unit's Kardex and Medication Administration Record (MAR), and communicate any accommodation needs.
- C. Initiate, modify, or remove the MS status when indicated.
- D. Apply and remove MS status inside the Electronic Health Record (EHR) utilizing the available flags and alert features, including applicable notations, and date/time attributes for the duration of MSCC, MICC, or MWCC.
- E. Provide assessment and document in the EHR as follows:
  - 1. MSCC: daily, as needed, or as ordered.
  - 2. MICC: every twelve hours, as needed, or as ordered by the CNII or physician/provider.
- F. Administer prescribed treatment in accordance with physician/provider orders and/or as outlined in the Standardized Procedures for Registered Nurses.
- G. Provide discharge paperwork, education, prescribed treatments, and community referrals to youth upon release while undergoing health recovery.

### V. Forensic Adolescent Service Team (FAST):

- A. Complete face-to-face daily evaluation and document the youth's mental health response to MSCC status.
- B. Collaborate with medical services and custody staff on treatment recommendations when the youth mental health is compromised as a result of MS.

### VI. Watch Commander:

- A. Designate appropriate resources (staff, housing, etc.) as determined necessary to support the youths MS status.
- B. Designate a PCSI, PCSII, and/or PCO to attend the MDT meetings.
- C. Facilitate multidisciplinary collaboration for the follow-up and progress of youth on MS status.

### VII. Probation Corrections Officer (PCO) and Treatment Facilities Staff:

- A. Review the youth's unit Health Binder (i.e., MAR and Health Kardex) for instructions regarding the management of the youth with a medical condition.
- B. Maintain the privacy and confidentiality of the youth's medical diagnosis and disclose information only to those who need to know.
- C. Do not preclude the youth's right to personal hygiene; clean linen, clean clothing, janitorial service, and routine services such as mail, books or magazines.

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- D. Notify Medical Services immediately should the youth request medical assistance that is not resolved with on scene first-aid measures, or if/when signs of deteriorating health conditions are observed.

### Guidelines:

- A. Refer to applicable procedures for additional guidelines applicable to Medical Separation of youth (Room Confinement, Management of Communicable Diseases, Infection Control Program, etc.).
- B. While the youth is in MS, the staff must provide the youth with meals and fluids on the same schedule as other youth in the program, unless there is an expressed medical contraindication by medical services personnel.
- C. While the youth is in MS, staff shall work collaboratively to ensure the youth's educational needs and other essential programming are met, provided the youth's health condition allows it.
- D. While the youth is in MS, staff ensure medical orders are explicitly followed, including activity or physical exercise restrictions, special diets, etc.
- E. Only authorized medical services staff may modify or discontinue an MS status, after a thorough review and assessment of the youth's medical condition.
- F. Once initiated, the MS status shall remain in effect until the physician/provider or CNII determine the patient's condition has improved enough to warrant discontinuation.

### Inspections:

Refer to the Policy and Procedure Inspection Matrix.

### Foundation:

Title-15 Minimum Standards for Local Detention Facilities

NCCHC Standard for Health Services in Juvenile Detention and Confinement Facilities

### References:

Administrative Separation

Infection Control Program

Management of Communicable Diseases Procedure

Medical Watch

Multi-Disciplinary Team (MDT)

Personal Hygiene of Youth

Room Confinement Procedure

Issued by:



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