

EXPANDED COURSE OUTLINE  
REGULAR BASIC COURSE  
**LEARNING DOMAIN 37**  
PEOPLE WITH DISABILITIES

I. LEARNING NEED

Peace officers must understand the laws affecting, and the peace officer's responsibility to protect, the rights of people with disabilities.

LEARNING OBJECTIVES

- A. State the intent of the Americans with Disabilities Act of 1990
- B. Recognize the role of peace officers when interacting with a person with a disability
  - 1. Applying culturally responsive community policing principles
  - 2. Reducing stigma
  - 3. Increasing and maintaining peace officer and public safety

51. LEARNING NEED

In order to make appropriate decisions regarding intervention strategies, peace officers must be able to recognize, based on behavioral cues and other indicators, people with intellectual/developmental disabilities.

LEARNING OBJECTIVES

- A. State the intent of the Lanterman Developmental Disabilities Service Act (*Welfare and Institutions Code Sections 4500 et. seq.*)
- B. Define the term developmental disability
- C. Recognize general behavioral indicators associated with all developmental disabilities
- D. Recognize behavioral indicators specifically associated with the following developmental disabilities:
  - 1. Intellectual Disability (including Down Syndrome)
  - 2. Cerebral Palsy
  - 3. Autism Spectrum Disorder
  - 4. Epilepsy
- E. Recognize appropriate peace officer response(s) during field contacts with people with the following developmental disabilities:
  - 1. Intellectual Disability (including Down Syndrome)
  - 2. Cerebral Palsy
  - 3. Autism Spectrum Disorder
  - 4. Epilepsy
- F. Recognize the causes and nature of intellectual/developmental disabilities
- G. Discuss the referral process and state/local resources available to people with intellectual/developmental disabilities

52. LEARNING NEED

In order to make appropriate decisions and serve those with physical disabilities, peace officers must be able to recognize indicators of people with physical disabilities.

LEARNING OBJECTIVES

- A. Recognize behavioral indicators specifically associated with the following neurological disorders, including:
  - 1. Acquired
  - 2. Traumatic
- B. Recognize appropriate peace officer response(s) and methods of communication during field contacts with people who are:
  - 1. Affected by traumatic disorders
    - a. neurological
    - b. traumatic brain injuries
  - 2. Affected by dementia and stroke
- C. List the types of mobility assistance equipment and devices
- D. Recognize behavioral or other indicators that may lead an officer to identify a person as being:
  - 1. Blind or visually impaired
  - 2. Deaf or hard of hearing
- E. Recognize appropriate peace officer response(s) and methods of communication during field contacts with people who are:
  - 1. Blind or visually impaired
  - 2. Deaf or hard of hearing
- F. Discuss additional laws that protect the rights of people with physical disabilities, including:
  - 1. Rehabilitation Act of 1973, Section 504
  - 2. Right of way (Vehicle Code Section 21963)
  - 3. White Cane Law (Civil Code Section 54.4)
  - 4. Service Animals (Penal Code Section 365.5 et. seq.)
- G. Discuss the referral process and state/local resources available to people with physical disabilities

53. LEARNING NEED

In order to make appropriate decisions regarding intervention strategies, peace officers must be able to recognize, based on behavioral cues and other indicators, people with mental illness.

LEARNING OBJECTIVES

- A. Define the term mental illness
- B. List the categories of mental illness:
  - 1. Thought disorders including schizophrenia
  - 2. Mood disorders including depression and bipolar
  - 3. Anxiety related disorders
  - 4. Post-Traumatic Stress Disorder (PTSD)
  - 5. Co-occurring/dual diagnosis disorders

- C. Recognize the causes and nature of mental illness
- D. Recognize behavioral indicators that may be generally associated with people affected by mental illness
- E. Recognize appropriate peace officer response(s) and methods of communication when responding to a call that involves a person with a mental illness
- F. Discuss the referral process and state/local resources available to people with mental illness
- G. Identify appropriate resolution options

#### 54. LEARNING NEED

Peace officers must become familiar with the application of *Welfare and Institutions Code Section 5150* in order to determine if an individual is a danger to others, or to himself or herself, or gravely disabled and to determine an appropriate response and resolution option.

#### LEARNING OBJECTIVES

- A. Explain the intent of the Lanterman-Petris-Short Act (*Welfare and Institutions Code Section 5150*)
- B. Recognize the authority of peace officers to take a person into custody pursuant to *Welfare and Institutions Code Section 5150*
- C. Recognize behavioral indicators peace officers may use to help determine if a person affected by mental illness is a danger to others, or to himself or herself, or gravely disabled
- D. Recognize the rights of individuals who have been taken into custody, pursuant to *Welfare and Institutions Code Section 5150*
- E. Recognize the documentation requirements pursuant to *Welfare and Institutions Code Section 5150.2*

#### 55. REQUIRED TESTS

- A. The POST-Constructed Comprehensive RBC Test 3.
- E. A scenario test that requires the student to demonstrate proficiency in contacting people with simulated disabilities. At a minimum, the test shall evaluate the following competencies:
  1. Use of Force - The ability to distinguish and apply reasonable force options in given circumstances.
  2. Problem Solving/ Decision-Making - Analyzing situations and implementing plans to solve problems in a timely manner. Using verbal or physical skills to determine the appropriate resolution to a situation.
  3. Legal Authority/ Individual Rights - The identification of laws and constitutional rights governing consensual encounters, detentions, and arrests.
  4. Officer Safety - Tactical and situational awareness and response to surroundings.
  5. Communication - The use of effective verbal and non-verbal skills to convey intended meaning and establish understanding.
  6. Stress Tolerance and Emotional Regulation - Maintaining self-control and making timely, rational decisions in stressful situations.

Presenters must use the POST-developed Scenario Test and the POST Scenario Competency Evaluation and Grading Test Forms or presenter-developed forms approved by POST, which minimally include the performance dimensions used for this scenario test.

## 56. REQUIRED LEARNING ACTIVITIES

- A. The student will participate in a learning activity that requires self-assessment to determine their own level of experience with, and awareness of, people with disabilities.
1. The learning activity should provide the student with an opportunity to determine their current level of experience interacting with people with disabilities
  2. The learning activity should serve as a starting point for an instructor-facilitated discussion which addresses fears, myths, stigma, discrimination, bias, cultural factors, media impact and stereotypes concerning contact with people with disabilities
- B. The student will participate in a facilitated debrief following a series of simulated incidents regarding effective law enforcement intervention techniques with people exhibiting behavior which may be indicative of a physical and developmental disability.
- The debrief shall minimally address the following topics as they pertain to the contact:
1. The types of behaviors exhibited by the person contacted
  2. Possible causes of the behaviors
  3. Tactical safety measures employed by the responding officer(s), if applicable
  4. Appropriateness of the resolution, referral, or follow-up strategy, if applicable
  5. Use of effective verbal/non-verbal communications skills
  6. Overall effectiveness of the contact
- C. The student will participate in one or more learning activities from the POST-developed *Instructor's Guide to Learning Activities for Leadership, Ethics and Community Policing (December 2005)* or other comparable sources regarding people with disabilities. At a minimum, each activity, or combination of activities must address the following topics:
1. Responsibility of a peace officer to exercise ethical leadership during contacts with people with disabilities
  2. Use of effective communication skills (e.g. empathy, respect and honesty) and problem solving to enhance an officer's efforts to appropriately resolve issues of equal treatment and access to services
  3. Impact of an officer's attitude and actions toward people with disabilities on the community, agency and the officer
- D. The student will participate in an instructor-led discussion evaluating POST-provided video re-enactments depicting law enforcement contacts with people with mental illness, or an equivalent simulation, scenario or video representation provided by the presenter.

Among the topics which must be addressed are:

1. Any positive or negative behaviors demonstrated by contacting officer(s)
2. Perception of the person with disabilities being contacted
3. Presence or absence of stigma
4. Use of effective verbal/non-verbal communications skills
5. Use of problem-solving skills to enhance an officer's efforts to appropriately resolve issues
6. Tactical safety measures employed by the responding officer(s), if applicable
7. Legality of the contact and subsequent actions of the contacting officer(s)

8. Consideration of cultural group history, customs, religious conventions, core values, or other perceptions material to the contact

## VIII. FEDERAL PROTECTS FOR PERSON WITH DISABILITIES

### A. The Americans with Disabilities Act (ADA)

1. “No qualified individual with a disability shall, on the basis of the disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by the public entity.”
2. Equal access to:
  - a. Employment
  - b. State and local government
  - c. Transportation
  - d. Public Accommodations
  - e. Telecommunications
3. Reenacted in 2008 to provide clear and comprehensive mandates for the elimination of discrimination against individuals with cognitive, psychiatric, &/or physical impairments (\*Note: Also includes those with drug/alcohol addictions)
4. A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning)
5. A person may be disabled if he or she has a history of a disability (such as cancer that is in remission)
6. A person may be disabled if he is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he does not have such an impairment)

### B. The Rehabilitation Act of 1973: §504

1. Law Enforcement Considerations (**§504**):
  - a. Reasonable adjustments and modifications in policies, practices, and procedures
  - b. Prohibits arresting a subject for behavioral manifestations of his/her disability
  - c. Safety &/or civil rights must be protected during transport &/or detention
2. ADA and Law Enforcement: Agencies are responsible for...
  - a. Ensuring appropriate transport
  - b. Providing TDD/ASL interpreters
  - c. Medical &/or psychiatric care/treatment
  - d. Emergency evacuations
  - e. Special (physical) accommodations
  - f. Protecting civil rights (e.g. other prisoners/inmates)

### C. Tactical Considerations

1. ALL disability-related tactical response skills are cross-disciplinary
2. PC ≠ Political Correctness; PC = Penal Code
3. The Guideline:
  - a. Officer safety
  - b. Public safety

- c. Criminal elements
  - d. Disability-related issues
- D. Disabilities (Never assume!)
  - 1. Definitions
    - a. Physical or mental impairment
    - b. Substantially limits major life activities
    - c. Record of or being *regarded* as having a physical or mental impairment
  - 2. Some Rules
    - a. Use 'People-First' Language
    - b. Don't assume people are 'suffering' or helpless
    - c. Ask before rendering assistance
    - d. Pejorative terms
    - e. Officer safety considerations
    - f. Cross-agency collaborations/risks/considerations
  - 3. Physical Disabilities
    - a. Sensory Impairments
    - b. Neuro-Cognitive Disorders
    - c. Ortho-Neurological Impairments
    - d. Acute/Chronic/Recurrent Medical Conditions
    - e. Congenital &/or Genetic Anomalies (\*Note: May also be I/DD)
  - 4. Developmental Disabilities
    - a. Intellectual/Developmental Disorder(s)
    - b. (Uncontrolled) Epilepsy
    - c. Autism Spectrum Disorders
    - d. Cerebral Palsy
    - e. Other Qualifying Conditions
  - 5. Psychiatric Impairments (Mood/Thought/Personality Disorders; mental Illness)
    - a. Schizophrenia
    - b. Bipolar Disorder
    - c. Major Depression
    - d. Post-Partum Psychosis
    - e. Excited Delirium
    - f. Personality Disorders
  - 6. Caregivers (includes parents)
- E. Practical Exercise: Interviewing Scenario (Ian)
- F. TAB Report (Temporarily Able-Bodied)
  - 1. Officer At-Risk Issues
    - a. Ortho-neurological injuries
    - b. Cardiac conditions
    - c. PTSD/Stress-induced conditions (e.g. substance abuse, sleep disturbance, DV, etc.)
    - d. COD: Vehicular accidents; suicide; medical conditions
- G. California Laws (selected)

1. Lanterman Developmental Disabilities Services Act (W&I Code §4500 et seq.)
  - a. Developmental Disabilities - definitions
  - b. Regional Center System
  - c. Network of 21 regional centers throughout the state
    - i. Diagnosis/evaluation/forensic & competency assessments
    - ii. Case management
    - iii. Out-of-home planning, care &/or relocation
    - iv. ILS/Habilitation services
    - v. Community resource development
    - vi. Expert testimony
    - vii. Medical authorizations (SART exams, anesthesia, etc.)
    - viii. Assistance with services (e.g. transportation, housing, day programs, etc.)
    - ix. Nutritional supplements/diapers/etc.
    - x. LE/CJ system assistance
    - xi. Advocacy/forensic assistance/placement/Alternative sentencing options
  - a. 24/7 Officer of the Day
  - b. Service coordination
  - c. Prevention of client/community dislocation
    - i. State Council on Developmental Disabilities – roles, authority & responsibility
2. Lanterman-Petris-Short Act (W&I Code §5000 et seq.)
  - a. Involuntary detentions
  - b. Patients' rights
  - c. Conservatorship considerations (Civil rights implications)
3. Mandated Reporting Laws
  - a. Children, elders & dependent adults
  - b. Disabilities and definition of 'dependent adult' (People vs. Matye)
4. Penal Code §364, §365, & §368 (Elder/Dependent Adult Abuse/Cases/Investigations)
- H. Functional Capacity, Cognitive/Global Processing, & Social/Adaptive Functioning, Skills, &/or Deficits
  1. Cognitive/sensory processing abilities
  2. Academic Learning/Training/Work Experience
  3. Personal independence/social responsibility
  4. Adaptive functioning
  5. Conceptual reasoning (e.g. academic, social, & practical)
  6. Verbal comprehension
  7. Working memory
  8. Perceptual reasoning
  9. Problem-solving
  10. Planning/Execution
  11. Abstract thinking/comprehending complex ideas (e.g. cause & effect or action & [natural/resulting] consequence)
  12. Judgment (e.g. financial, interpersonal, social, etc.)

13. Learning from life/experience
14. Self-management (ADLs)
15. Employment
16. Money management
17. Recreation
18. Managing behavior
19. Organizational skills
20. Awareness/Responsiveness to 'others' (Empathy)
21. Friendship/social relationships
22. Self/behavioral (dys)regulation
23. Communication
  - a. Non-verbal (e.g. written & voluntary/involuntary gestural/behavioral/motor responses)
    - i. Gross/Fine motor responses
    - ii. Eye control
    - iii. Facial expressions
    - iv. Body 'language'
    - v. Writing/texting
  - b. Verbal (e.g. oral language, sign language, assisted communication devices, etc.)
  - c. Reciprocal
    - i. Question/Answer
    - ii. Command/Response

I. Practical Exercise: (Age-Appropriate/Neuro-Typical) Developmental Milestones (Recruit/Group Activity & Report-Out to Class)

1. Functional or Cognitive Levels (general I.Q. – Information Processing, Memory Storage & Retrieval, etc.)
2. Language Abilities (Expressive, Receptive & Reciprocal)
3. General social/sophistication skills (i.e. social/vocational activities, boundaries, eye contact, conversational skills, refusal skills, etc.)
4. Sexual development (age-appropriate physical development &/or behaviors)
5. Personal/family/social values
6. 0-3; 4-8; 9-11; & 12-18
7. Optional age ranges: 19-30; 31-45; 46-64; & 65+

J. Bell Curve

1. Cognitive functional capacity
  - a. Taking in, processing, storing, retrieving, re-processing & using information
2. 0-20/25 – Profound Impairment (virtually untestable)
  - b. Cognitive functional capacity of someone at the 0-3-year-old level
3. 20/25-35 – Severe Impairment
  - c. Cognitive functional capacity of someone at the 4-8-year-old level
4. 35-50/55 – Moderate Impairment
  - d. Cognitive functional capacity of someone at the 9-11-year-old level
5. 50/55-70 – Mild Impairment



- e. Cognitive functional capacity of someone at the 12-18-year-old level
- 6. Swiss Cheese
- K. Intellectual/Developmental Disorders: General Indicators/Considerations
  - 1. *Remember: 90% of people with I/DD have mild levels of impairment*
  - 2. Confusion/Disorientation/Impaired Cognition
    - a. 'Apparent' non-compliance
  - 3. Abstract reasoning deficits
  - 4. Slow/inappropriate response(s)
  - 5. Difficulty with attention span
  - 6. Communication &/or mobility/motor control deficits
    - a. Extra time
  - 7. Seizure activity (Poorly or completely uncontrolled by medication)
  - 8. Decreased muscle tone &/or lethargy
    - a. Postural asphyxiation
  - 9. General lack of awareness/sequencing capacity
  - 10. Hyper-reactivity to sensory stimulus
    - a. Melt-downs (Officer Safety Issue: unexpected, uncontrolled/violent, &/or unintentional)
- L. Criminal Justice Issues Associated with I/DD
  - 1. Officer Safety
    - a. Eye contact/movement may not signal 'guilty' intent
    - b. Impulsivity
    - c. Difficulty with deferred gratification
    - d. Functional capacity/communication skills may not be consistent with chronological age
  - 2. Interview Considerations
    - a. Miranda Advisement/Warning (may be modified by department/detective/court – subject to agency policy)
    - b. Reduced stress = reduced stress response (e.g. palsy, communication difficulty, etc.)
    - c. Alternative communication
    - d. Medical/medication needs
    - e. Single questions/commands, while waiting for response(s)
    - f. Compliance/Non-Compliance (e.g. false confessions to 'please' officers)
    - g. Conservatorship considerations
    - h. Competency evaluations/assessments
  - 3. Resolution Options
    - a. Detention for evaluation
    - b. Cite & Release
    - c. Referral to (appropriate) support services
    - d. Arrest & detention
    - e. No action
    - f. **\*\*Note: Document EVERYTHING**

4. Appropriate modifications/modifications
  - a. Safety in handling/transport/ detention
  - b. Protection from other inmates
  - c. Evacuation plans
  - d. Mobility assistance/devices
  - e. Communication assistance/devices/certified ASL
  - f. Accessible facilities (including showers, bathrooms, etc.)
  - g. Medical/psychiatric care/treatment
- K. Cerebral Palsy
  1. "Cerebral" refers to the brain, and "palsy" to a disorder of movement or posture; not a disease; affects over 500,000 persons in the U.S.
  2. 90% of children with CP are *born* with the disability; 10% *acquire* this disability via head trauma, infection, etc.; condition is neither progressive nor communicable
  3. No direct correlation between extent of physical impairment & intelligence; approximately 40% of people with CP have no associated cognitive impairment
  4. Characteristics
    - a. awkward or involuntary movements
    - b. poor balance
    - c. irregular walk
    - d. poor motor coordination
    - e. speech disturbances
    - f. Staggering, loss of balance
    - g. Impaired/unintelligible speech
    - h. Slurring &/or lack of control of oral/motor musculature, tongue, &/or drooling
    - i. Slow, careful 'over-pronunciation'
    - j. Contracted limbs
    - k. Loss of muscular/limb/motor control
    - l. Spasticity *or* Flaccidity or a combination
    - m. May use service animal, mobility devices, &/or assistive communication methods
  5. Law Enforcement/Interview/Arrest Considerations
    - a. Maintain officer safety tactics
    - b. Speech/articulation impairment, secondary to oral/motor deficits
    - c. Allow subjects to speak for themselves, complete words/sentences/statements, etc.
    - d. Allow for/make accommodations/modifications available
    - e. Adverse symptoms of CP may worsen with stress/fatigue
    - f. \*Note: Do not automatically make an arrest, assuming the person is under the influence of alcohol or drugs or has mental retardation
    - g. Modified handcuffing techniques &/or equipment may be required
    - h. If deemed appropriate/safe, mobility devices may be searched & returned
- L. Autism Spectrum Disorder
  1. <https://www.youtube.com/watch?v=a34qMg0aF6w>
  2. Characteristics

- a. Cognitive, social-adaptive, physical/motor development, behavioral &/or verbal/non-verbal communication deficits; lack of abstraction/abstract thinking
  - b. Repetitive interests, behaviors &/or activities
  - c. Self-stimulation (e.g. rocking, hand-flapping, masturbation, SIBs, etc.)
  - d. Poor recognition/assessment of/compliance with social/behavioral boundaries
  - e. Poor/nonexistent/inappropriate eye contact
  - f. Flat affect
  - g. Lack of (appropriate) vocal intonation/verbal expression; sub-vocalization/non-verbal, guttural sounds (some comorbidity of Tourette's)
  - h. Violent emotional reactions (e.g. tantrums/meltdowns, etc.)
  - i. Echolalia
  - j. Tactile defensiveness &/or hyper-reactivity to stimulus
  - k. OCD
  - l. (Sometimes violent) Resistance to environmental/scheduling changes/new activities
  - m. PICA
  - n. Lack of conversational reciprocity/responsiveness
  - o. Eloping/running away/darting into traffic (without awareness of danger/hazards)
3. Law enforcement considerations
- a. Maintain officer safety tactics
  - b. Distance = Planning/Response Time = Safety
  - c. Physical contact may prompt fight or flight response
  - d. Do not demand/force eye contact
  - e. Do not touch subject unless absolutely necessary
  - f. If necessary, act quickly, calmly & firmly
  - g. Declare intent & reasons; follow through
  - h. Sequester subject from suspect(s), dangerous environment (e.g. traffic), etc.

M. Epilepsy

- 1. Epilepsy is a physical condition that occurs when there is a sudden, brief change in how the brain works. When brain cells are not working properly, a person's consciousness, movement, or actions may be altered for a short time. These physical changes are called epileptic seizures. Epilepsy is sometimes called a seizure disorder.
  - a. May be misinterpreted
- 2. Grand Mal/Full Seizures
  - a. Complete loss of consciousness
  - b. Non-responsive (e.g. no volitional verbal/motor response, consciousness, etc.)
  - c. Loss of bowel/bladder control
  - d. May bite through tongue, with uncontrolled bleeding
  - e. Use universal precautions
  - f. Flaccidity/Rigidity/Uncontrolled tremors
- 3. Petit Mal/Absence Seizures

- a. Semi-consciousness with confused demeanor/behavior
  - b. May be capable of some involuntary motor functions, spontaneous (but not reciprocal) speech, (non-directive) violent or combative outbursts/behavior, etc.
  - c. Lip-smacking, picking at clothes, aimless wandering, etc. (akin to/much like sleep-walking)
4. Vasovagal Syncope
- a. Fainting episodes or ‘spells’
  - b. Sudden drop in blood pressure
    - i. Positional/postural (e.g. standing with locked knees while at attention for extended period of time)
    - ii. Age-related
    - iii. Sudden change in movement (e.g. sitting to standing, etc.)
    - iv. Shock, excessive heat/temperatures, dehydration, etc.
  - c. Law Enforcement considerations
    - i. Maintain officer safety tactics
    - ii. Allow seizure to run its course
    - iii. Call for medical assistance if seizure persists for longer than 5 minutes
    - iv. Protect subject’s head; place nothing in mouth/airway
    - v. Identify medications &/or medication compliance
    - vi. Bystanders &/or subject may/may not be able to provide accurate information; may misinterpret symptoms (e.g. heart attack, etc.)
    - vii. Subject may be disoriented, confused, &/or exhausted for a period of time afterward
    - viii. Loss of consciousness = DMV report
- N. Neuro-Cognitive Disorders: Traumatic Brain Injury (TBI)
- 1. 90,000 children and adolescents sustain TBI &/or other brain injuries yearly; 15-25-year-old males are most at-risk
  - 2. Sports, bicycle, or vehicular accidents; crimes
  - 3. Shaken Baby Syndrome, rotational head injuries, domestic violence, sex assaults, etc.
  - 4. IEDs &/or other combat injuries
  - 5. Secondary effects of injury
    - a. Resulting emotional trauma, personality change(s) &/or inability to recognize extent of injury/impairment
    - b. High impulsivity/low disinhibition levels
    - c. Loss of ‘gate-keeping’ or self-management skills
    - d. Perseveration
    - e. Confabulation (lying)
    - f. Emotional lability with rages, uncontrolled laughing/crying, etc.
    - g. Loss of planning/memory abilities
    - h. Sleep disruption
    - i. Frequent (often adverse) contacts with law enforcement

- O. Neuro-Cognitive Disorders: Acquired Brain Impairments
  - 1. Strokes/Transient Ischemic Attacks (mini-strokes)/Embolisms
    - a. Blood clots, loss of blood flow, bleeding, swelling, etc.
    - b. Partial or complete paralysis (e.g. hemiplegia, facial paralysis, etc.), &/or sudden loss of basic motor functions, vision, numbness/tingling, etc. (contralateral changes)
    - c. Slurred speech or loss of speech (e.g. aphasia, etc.)
    - d. Loss of balance, vertigo, etc.
    - e. Labored breathing, weakness, etc.
  - 2. Dementia (e.g. Alzheimer's, Lewy Body Disease, etc.)
    - a. Alzheimer's dementia
      - 1. 3 stages, leading to death
      - 2. Stage 1: Gradual memory loss (e.g. events, former skills, names, addresses, etc.)
      - 3. Confusion, disorientation, sleep disruption, etc.
      - 4. Stage 2: More significant loss of basic ADLs
      - 5. Sundowning
        - a. Delusions, hallucinations, violent outbursts, paranoia, emotional lability, etc.
      - 6. Personality/behavioral changes
      - 7. Wandering
  - 3. Law Enforcement Considerations
    - b. Maintain officer safety tactics
    - c. Silver Alert (CHP program)
    - d. Operation 'Safe Return'
    - e. Vehicular accidents, missing persons, childlike behaviors/risks, etc.
    - f. Subjects unable to give identifying information, address, etc.
- P. Ortho-Neurological Impairments
  - 1. Paraplegia
  - 2. Quadriplegia
  - 3. Hemiplegia
  - 4. Partial/full paralysis
  - 5. Amputation (secondary to medical/neurological conditions)
  - 6. Aids/Accommodations
    - a. Wheelchairs, gurneys & motorized scooters
    - b. Canes, crutches, braces & walkers
    - c. Prosthetic devices (e.g. limbs, hands/fingers, eyes, etc.)
    - d. Respiratory/life support devices
  - 7. Law Enforcement considerations
    - a. Maintain officer safety tactics
    - b. Mobility devices are an 'extension' of the person
    - c. Distance = Planning/Response Time = Officer Safety
    - d. People with disabilities are not necessarily 'harmless'

- e. Universal precautions
- f. Transportation issues
- g. Searches
  - i. Do you have any weapons/sharps/contraband?
  - ii. Are you ambulatory? Can you self-transfer? Are you weight-bearing?
  - iii. Do you have a urine catheter/collection or colostomy bag?
  - iv. Is there anything else I should watch out for/know about?

Q. Sensory Impairments

- 1. General considerations
  - a. Miranda modifications
  - b. 711 – California Relay System
  - c. Sighted Guide techniques
  - d. Service Animals
  - e. Medical/Personal Care Attendants/Aides
  - f. Advocate/Facilitator; Victim-Witness Advocate
  - g. Specialized equipment, transportation, augmentative communication devices, etc.
- 2. Hearing Impairments
  - a. Common fears of the Deaf/Hard-of-Hearing population
    - i. Violent encounters with Law Enforcement (previous experience)
    - ii. Being injured/shot (mistakenly)
    - iii. Assumed to be “under the influence”
    - iv. Misunderstood
    - v. Seen as uncooperative &/or disrespectful; non-compliant
    - vi. Anxiety re: inability to communicate effectively
    - vii. Alternate language rather than a ‘disability’
  - b. Alternative communication
    - i. Unconventional speech patterns
    - ii. Hearing aids/cochlear implants
    - iii. Augmented/facilitated communication
    - iv. Provision of certified ASL/ISL interpreters
    - v. Is English actually the subject’s primary language?
    - vi. Service/signal animals
    - vii. Pad of paper/pencil; texting; emailing; TDD/TTY/711
    - viii. Clapping hands/stomping feet/touching shoulder/arm to signal
    - ix. Lip-reading (only 30% of D/HoH subjects lip-read)
  - c. Law Enforcement considerations
    - i. Maintain officer safety tactics
    - ii. Loss of hearing does not necessarily (but may) involve impaired cognitive capacity
    - iii. Do NOT use children/family members/personal staff/friends to take formal interview (except to ensure safety in an emergency)
    - iv. Failure to respond to verbal instructions/commands/questions (non-compliance)

- v. Positioning: no bright lighting behind officer during interviews
- vi. Mustaches, gum, over-exaggeration of words all distort language/lip movement
- vii. Always speak directly TO the subject – NOT to the interpreter!
- viii. Use caution with controls/restraints/use-of-force with cochlear implants
- d. Vision Impairments
  - i. Congenital
  - ii. Acquired
  - iii. Total/Partial
  - iv. Snow
  - v. Night
  - vi. Color
  - vii. Legal
  - viii. Misdirected gaze (e.g. alternating esotropia, strabismus, nystagmus, lazy eye, etc.)
  - ix. ‘Milky’ eye(s)
  - x. Use of assistive devices (e.g. white cane, eyeglasses, monocular, dark glasses, prosthetic eye, patches, etc.)
  - xi. Service animal
- e. Law Enforcement considerations
  - i. Maintain officer safety tactics (e.g. sighted guide should be done away from ‘gun side’)
  - ii. Do not make assumptions – always ask & confirm
  - iii. Loss of sight does not necessarily (but can) involve a loss of hearing or impaired cognitive capacity
  - iv. Signal changes in environment (e.g. leaving/entering room, obstructions/steps/curbs/light poles, change in/identity of personnel, etc.)
  - v. Care of service animals when subject is taken into custody
    - a. Friends/relatives (as designated by owner)
    - b. Rescue agencies
    - c. Service animal providers
    - d. 24-hr veterinarian clinics
    - e. Do NOT remand animal into custody of Animal Control
- f. Legal considerations
  - i. VC §21963 Pedestrian right-of-way
  - ii. Access to zoos/wild animal parks
    - f. Kenneling for service animals (free, with water, comfortable facilities, etc.)
    - g. Sighted guide service
  - iii. PC §365.5(b) Guide, signal, or service dogs – access/denial of admittance
  - iv. PC §365.5 (c); CC §54 Denial of access for people with disabilities
  - v. CC §54.1 ADA violations; failure to grant access
  - vi. CC §54, §54.1 & §54.4 Pedestrian right-of-way

3. Re-Introduction of Guest Speaker/Instructor

- a. Raising a child with disabilities
- b. At-Risk factors
- c. Law Enforcement Interactions

Description	Hours
POST Minimum Required Hours	<u>15</u>
Agency Specific Hours	<u>0</u>
Total Instructional Hours	<u>15</u>