## I. PURPOSE:

The purpose of this health services bulletin (HSB) is to establish uniform procedures for the provision of vision care to inmate patients.

Note: Inmates will not be issued devices from non-FDC sources or vendors without prior approval from the Chief Clinical Advisor or the Health Services Director.

***These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractors (CHCC) staff.***

## II. VISION CARE STANDARDS:

A. Reception Centers: Every inmate shall receive an initial vision screening during the reception process.

Visual Screening: a trained health care staff will perform a vision acuity test for near and far vision utilizing the standard Snellen charts and documentation in OBIS. Focus screening will be documented on Appendix A, *Vision Screening Form*. For inmates wearing glasses or contacts this test will be performed both with and without the eyeglasses or contacts prior to referral for specialized eye care. Inmates with corrected or uncorrected vision of 20/50 or worse will be referred for further screening of visual disturbances. This visually focused screening will include, but is not limited to the following:

1. Eye Health Review: This includes review of the vision history questionnaire, non-contact tonometry, and a visual screening to identify possible issues or risk factors that may require immediate attention and/or routine monitoring.

   a. Issues that require immediate referral to physician:
   - Recent trauma (timeframe)
   - Pain in or around the eyes
   - Acute/intermittent/chronic redness
   - Complaint of diplopia (double vision), sudden onset of flashes or floaters, loss of part or all vision in either eye

   ***Note***: These will be referred to the institutional clinician for evaluation of the potentially emergent complaints. The institutional clinician shall make referrals to the optometrist as clinically indicated.

   b. Diagnoses that require referral for baseline evaluation by optometrist:

- Glaucoma
- Diabetes
- HIV

2. Visual Acuity: A trained health care staff will perform a vision acuity test for near and far vision utilizing a Titmus Vision Screener or the standard Snellen charts. For inmates wearing glasses or contacts this test will be performed both with and without the eyeglasses or contacts prior to referral for specialized eye care.

    a. Inmates with glasses whose vision is corrected to 20/40 or better may be assigned a medical grade of E1 and transferred to permanent facility. Routine periodic screening will be followed in accordance with HSB 15.03.04.

    b. Inmates with corrected or uncorrected vision equal to or between 20/50 and 20/199 will be referred to optometrist at permanent facility. Inmate will be assigned a grade of E2.

    c. Inmates with corrected or uncorrected vision of 20/200 or worse will be referred to optometrist. Inmate will be given medical grade of E9 and placed on a medical hold until seen by optometrist.

B. Institutional Vision Screening:

1. Inmates under the age of 50 with vision deficits will receive a routine vision and eye health care screening biennially or as advised by optometrist. All inmates at or over the age of 50 identified with vision deficits and/or a comorbidity will receive a routine vision and eye health care screening annually or as advised by an optometrist.

2. Inmates with normal vision and no comorbidities will be provided vision and eye health care screening at periodic screenings in accordance with HSB 15.03.04 Periodic Screenings.

3. Routine vision and eye health care screenings with the following criteria warrants referral for specialized eye care:

    a. Inmates with an uncorrected visual acuity of 20/40 or worse in either eye will be referred to an optometrist.
    b. For inmates who complain of difficulty with near vision (for example, in reading), a test using the machine vision tester or a near vision chart should be performed.

c. Inmates who complain of diplopia (double vision), sudden onset of flashes or floaters, loss of part or all of vision in either eye, blurred vision, pain in or around the eyes, or acute/intermittent/chronic red eye will be referred to the institutional clinician for evaluation of the potentially emergent complaints. The institutional clinician shall make referrals to the optometrist as clinically indicated.

4. The reception center is responsible for initiating a consult for inmates identified with a non-urgent issue to be seen by an optometrist; however, it is the responsibility of health care staff at the permanent institution to schedule the optometry consult if one has not already occurred.

5. Eyeglasses will be ordered only if medically indicated and the inmate has ninety (90) days or more remaining prior to end of sentence (EOS).

6. All inmates with diabetes mellitus or who are HIV positive shall be followed in accordance with HSB 15.03.05, "*Chronic Illness Clinic*" and attachments. Results are to be recorded on the HS20 screen and documented on the appropriate clinic flow sheet. If further consultation is deemed necessary, appropriate specialty referral will be made. Consultation may be obtained from any other appropriate physician or eye care provider at the discretion of the physician responsible for the inmate's care.

7. One (1) pair of eyeglasses is authorized in any three (3) year period. Those required more often will be paid for by the inmate unless required by a change in the inmate's visual acuity as determine by optometrist.

   Lost or damaged eyeglasses will be replaced at the expense of the inmate unless an Incident Report (DC6-210) documents the intentional destruction or damage beyond the inmate's control as witness by a staff member. Upon receipt of eyeglasses, the inmate will sign DC4-784, Optometric Prescription Display Sheet and Receipt of Eyeglasses.

8. One (1) pair of Department of Corrections standard eyeglasses is authorized when any of the following conditions is identified:

   a. Hyperopia of 0.5 diopter or more.
   b. Myopia of 0.5 diopter or more.
   c. Presbyopia of 0.75 diopter or more.
   d. Astigmatism of 0.5 diopter or more.
   e. Heterophoria or heterotropia requiring prismatic correction
   f. Herophoria or heterotropia requiring multifocals.

g. Accommodative pathology requiring bifocals or spectacle correction.

Glasses prescribed for inmates will not be tinted unless the inmate patient has a specific eye or systemic disease requiring a tint, such disease will be noted in the chart.

B. Contact Lenses:

1. Inmates who are admitted to the institutions wearing contact lenses which are necessary for visual correction are authorized to use such lenses until they can be supplied with conventional eyeglasses. This should require less than six (6) weeks.

2. Appropriate solutions for lens care will be provided by the institutional pharmacy until the inmate is in receipt of conventional eyeglasses. Upon receipt of conventional eyeglasses, Inmate will be given the opportunity to send home the contact lenses, otherwise, they will be considered contraband, if found in his/her possession per rules 33-602.201 and 33-602.203.

3. Contact lenses for cosmetic purposes are not permitted for inmates within the Department of Corrections. They may, however, be approved for one (1) of the following medical indications, when diagnosed in an inmate in the care of the Department of Corrections:

   a. Unilateral or bilateral aphakia but not peudophakia
   b. Significant, symptomatic anisometropia or aniseikonia
   c. Keratoconus
   d. Irregular cornea or severe astigmatism
   e. High refractive errors, that is + 7.00 Diopeters and over (any meridian, either eye, eyeglasses prescription).

4. Department-authorized contact lenses must be on the parameters prescribed by the doctor. The inmate's health care record must contain all of the parameters required for exact replacement.

   a. For rigid contact lenses, the base curve, second curve and width, third curve and width and/or bevel and width, overall diameter, optic zone diameter, power, center thickness, material, color, and special design parameters at a minimum be specified.
   b. For soft contact lenses, the base curve, overall diameter, power, color, material, manufacturer and special design and parameters at

a minimum be specified as well as a wearing schedule (daily or extended wear).

c. Bandage contact lenses are allowed as medically necessary for corneal ulcer, bullous keratopathy, recurrent corneal erosion, or corneal abrasion.

C. Cataract Removal and Lens Implants:

All requests for cataract removal and lens implants or any other necessary ocular or adnexal surgery must have the preapproval form completed and signed by the Chief Health Officer/Institutional Medical Director. The consult form with the request is to be sent to the utilization management office for approval.

**NOTE:** Cataract indications for surgery will be as follows:

- There will be no cataract surgery until the vision is 20/70 or worse.
- Even if the stronger eye is better than 20/70, cataract surgery is needed if the vision in the worse eye exceeds 20/2100.
- Appropriate acronyms such as CF (Count Fingers) or HM (Hand Motion or Movement) will suffice as being the equivalent of 20/2100 vision.

D. Health Classification Grade: (per HSB 15.03.13, Assignment of Health Classification Grades to Inmates)

a. Assignment of the eye health grade will take place at the following points if warranted:

1. During reception process before transfer out of institution.
2. Following diagnosis by optometrist or ophthalmologist.
3. At any encounter with clinician where the status of the eye health grade should be reevaluated.

**Note:** An inmate who is assigned a Vision Health Classification Grade that is not designated as "disability" may still be considered disabled under the Americans with Disabilities Act and be entitled to any needed accommodations.

b. Vision and eye health grades:

E1: Low Vision:

- Acuity – the corrected vision in the better eye is 20/40 or better

E2: Low Vision with referral:

- Acuity – the corrected or uncorrected vision in the better eye is equal to or between 20/50 and 20/199.

- Peripheral vision – less than 150 degrees, but greater than 20 degrees determined by optometry

ED3: Low Vision with inability to refract adequately (DISABILITY)

- The vision loss substantially limits one or more of the following major life activities: performing manual tasks, seeing, eating, walking, getting around, reading, communicating, and working.
- Assignment of ED3 will only be made after evaluation by a vision specialist (optometrist or ophthalmologist).

ED4: Legal Blindness (DISABILITY)

- Acuity – the corrected vision in the better eye is 20/200 to LP (light perception).
- Peripheral vision: vision is less than 20 degrees.
- Assignment of ED4 will only be made after evaluation by a vision specialist (optometrist or ophthalmologist).

ED5: Total Blindness (DISABILITY)

- Assignment of ED5 will only be made after evaluation by a vision specialist (optometrist or ophthalmologist).

E9: Pending diagnosis

c. The eye health grade is to be documented on the DC4-706 Health Services Profile form and entered in OBIS in accordance with HSB 15.03.13 Assignment of Health Classification Grades to Inmates.

E. Blind (white) Canes:

a. Blind Canes - Only canes approved by Office of Institutions will be issued to qualifying covered inmates. Rigid, non-telescoping canes are the approved design for issuance.

b. Blind canes will be approved for inmate with the assigned vision grades of ED4 (legal blindness), ED5 (total blindness), and ED3 (low vision with inability to refract adequately), if their vision loss limits their ability to walk (example: if an inmate reports that he counts steps to get around). This grade is only assigned after evaluation and diagnosis by a vision specialist.

c. Inmates who come into reception with a blind cane will be allowed to keep the cane if it meets the approved specifications and the need is verified by the vision specialist. Canes that do not meet the required specifications will be replaced with the appropriate cane. Appropriate blind cane length shall be determined by measuring the height from the top of the shoulder to the floor while standing. Common lengths *are 50", 52", 54" and 56".*

d. Newly diagnosed visually disabled inmates will be offered training with an orientation and mobility specialist or appropriate trainer on the proper use of a blind cane. (Appendix B) All other visually disabled inmates who have never received training on using a blind cane may submit an inmate request for training. Upon completion of training, the inmate and trainer are both to sign Appendix B and file in the individual's medical record.

F. Miscellaneous:

When an inmate has been determined to require a reasonable accommodation, these accommodations will be provided so long as there is no compelling security concern

Prescription sunglasses or other glasses will not be received from the outside by package permit or any outside contact. Clip-on sunshades are available in the institutional canteens.

**III. RELEVANT FORMS AND DOCUMENTS:**

A. DC4-701, *Chronological Record of Health Care*
B. DC4-784, *Optometric Prescription Display Sheet and Receipt of Eyeglasses*
C. DC6-220, *Inmate Impounded Personal Property List*
D. Appendix A, *Vision Screening Form*
E. Appendix B, White Tip Cane Instructions **NEW**

Health Services Director Date

This Health Services Bulletin Supersedes: *HCS* 25.03.07 dated 1/11/94 *HSB* 15.02.10 dated 12/5/88, 4/15/91, 3/10/92, 1/21/93, 4/28/95, 6/24/00, 1/23/09, 4/9/14, 2/2/18, 11/1/18, AND 12/15/2019