## REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

*The content owner reviewed this operating procedure in July 2021 and determined that no changes are needed.*

*The content owner reviewed this operating procedure in August 2022 and determined that no changes are needed.*

## COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.
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DEFINITIONS

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as Physician, Psychiatrist, Dentist, Optometrist, Nurse Practitioner, Physician Assistant, and Psychologist.

Prosthesis or Orthotic - An artificial device to replace a missing body part or to compensate for a defective body function, including, but not limited to:

- Artificial limbs
- Eyeglasses
- Contact lenses
- Dentures
- Hearing aids
- Orthopedic shoes
- Crutches, wheelchair, braces, support bandages, girdles, etc.
PURPOSE
This operating procedure provides guidelines for Department of Corrections (DOC) facility medical and dental staff to provide prostheses to incarcerated offenders whose health would otherwise be adversely affected as determined by the Health Care Practitioner.

PROCEDURE
I. General Information - Prostheses and Orthotics
   A. A prosthesis or orthotic should be made available to an offender if failure to do so will result in deterioration of the offender’s health while incarcerated.
   B. There must be enough time remaining before an offender’s parole or release to schedule appointments, fabricate, purchase, and adjust the device.
   C. Prostheses or orthotics will be made available only by order of a Health Care Practitioner.
   D. The Health Care Practitioner will determine the style, type, and manufacturer of the device based on the offender’s needs and relevant security considerations.
   E. The offender may be assessed a portion of the acquisition cost for offender owned prostheses, which meet DOC criteria as medically necessary; see Operating Procedure 720.4, Co-Payment for Health Care Services. Once the offender agrees to the co-payment for a prosthesis or orthotic device, no refund will be available once fabrication has begun on a custom device or a standard device has been delivered to the offender.
      1. The facility medical and dental staff may loan prostheses or orthotics for temporary use for short term conditions, generally 12 weeks or less, or until an offender owned prosthesis or orthotic can be ordered and delivered.
      2. Facility medical and dental staff will document each prosthesis delivered to an offender using a Receipt for Medical Prosthesis 750_F1.
      3. The return of a DOC owned prosthesis will be documented on a Receipt for Medical Prosthesis 750_F1.
      4. A copy of each Receipt for Medical Prosthesis 750_F1 will be provided to the personal property officer so that offender property inventories can be maintained, which may also require that certain items be marked for identification; see Operating Procedure 802.1, Offender Property.
      5. Offender owned prostheses that are no longer needed or serviceable will be disposed of in accordance with Operating Procedure 802.1, Offender Property.
   F. It is the offender’s responsibility to keep the prosthesis or orthotic in good condition and to pay for repair or replacement if it is lost or broken through negligence or carelessness.
      1. Prosthetic and orthotic devices repaired or replaced due to age of the device, use over time or change in prescription will be provided at no cost to the offender.
      2. Any offender who intentionally damages or destroys a prosthetic or orthotic device belonging to another offender will be subject to a disciplinary offense for the destruction of state issued property and will be required to reimburse the full state cost for the repair or replacement of the device in the form of restitution; see Operating Procedure 861.1, Offender Discipline, Institutions.
   G. Due to the short duration of Community Corrections Alternative Programs (CCAP) and the need to prepare offenders for community employment, the Facility Unit Head and the Health Authority or designees may utilize public vendors for devices such as eyeglasses, contact lenses, and dentures if these items cannot be supplied through DOC sources within time constraints. The offender may be required to pay up to 100 percent of the cost for items not normally provided by DOC.
II. Criteria for Provision of a Prosthesis or Orthotic

A. Offenders with a long term need for mobility equipment should be provided and required to purchase this equipment in accordance with this operating procedure. DOC owned equipment should be provided for temporary use only during a short term condition.
   1. Facility medical and/or dental staff should assess the offender’s condition within three months after being provided DOC owned mobility equipment to determine continued need for the equipment.
   2. If continuance of the mobility equipment is necessary, the offender should be provided their own equipment.

B. Medical and/or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are made available when medically necessary as determined by the responsible Health Care Practitioner. (5-ACI-6A-40; 4-4375)

C. Criteria for providing dental prostheses are found in Operating Procedure 720.6, Dental Services, under Prosthodontic Treatment.

D. The Health Authority or designee should arrange visual examinations when requested for offenders who meet established criteria.
   1. Generally, eyeglasses are prescribed to offenders with distance vision worse than 20/40.
   2. Non-prescription reading glasses may be obtained at offender expense through facility commissaries.
   3. The DOC will not purchase tinted lenses for offenders unless an optometrist or ophthalmologist orders tinted lenses and documents the medical necessity in the Health Record. Non-prescription sunglasses, including “clip-on” type for eyeglasses, may be obtained at offender expense through facility commissaries.
   4. Virginia Correctional Enterprises (VCE) is the DOC’s only procurement source for prescription eyewear. Offenders will not be allowed to purchase personal non-VCE eyeglass frames.
   5. Contact lenses will be supplied when medically indicated. Offenders wearing contact lens when entering the system will be evaluated and allowed to keep the lenses if medically indicated. Offenders not meeting criteria for contact lens will be issued eyeglasses if needed.

E. Generally, offenders who can hear well enough to carry on a conversation will not be issued hearing aids by the DOC.
   1. Offenders entering the system with hearing aids may keep them.
   2. Hearing aid batteries will be supplied in the medical department.

F. Measuring feet and ordering shoes are not functions of the medical department.
   1. The shoes routinely issued by the DOC are well constructed and adequate for general use.
   2. Proper fitting shoes should be obtained through the clothing officer who should measure the offender’s feet, and provide the proper size of shoe.
   3. Calluses, warts, corns, and flat feet are not indications for special shoes. Offenders who are not satisfied with DOC issued footwear should purchase soft soled shoes and/or premium boots from the commissary as allowed at their facility.
   4. The following foot problems are to be referred to the medical department for evaluation:
      a. Previous ankle/foot surgery; i.e. orthopedic pins, screws, plates, or skin grafts
      b. Congenital malformation; i.e. six toes, club foot, or missing digit
      c. Replacement of previously prescribed “special” shoes that were ordered by an orthopedic specialist

III. Re-entry Planning

A. In preparation for release from incarceration, facility medical and/or dental staff should ensure that
offenders using mobility equipment issued by the DOC such as wheelchairs, walkers, canes, crutches, etc. retain such equipment at their release, unless a Health Care Practitioner has determined the period of medical necessity for equipment to have ended.

B. Facility medical staff will complete the Medical Discharge Summary 720_F5 and forward to the offender’s assigned Re-entry Counselor at least 180 days prior to the offender’s anticipated release date; see Operating Procedure 720.3, Health Maintenance Program.

C. CCAP facility medical staff should forward a copy of the Medical Discharge Summary - Community Corrections 720_F7 to the offender’s release P&P District at least 60 days prior to the anticipated release date; see Operating Procedure 720.3, Health Maintenance Program.

D. The Re-entry Counselor should review the Medical Discharge Summary - Community Corrections 720_F7 to determine the offender’s special needs to allow planning for release including special equipment.

E. If the offender will need mobility equipment on release, the Case Management Counselor or other appropriate staff should check with the family and/or the individual indicated on the offender’s release plan to see whether or not the same or equivalent equipment will be available to the offender upon release.

F. If such equipment is not owned, purchased, or available through the family, medical staff should be notified 90 days prior to release.

REFERENCES
Operating Procedure 720.3, Health Maintenance Program
Operating Procedure 720.4, Co-Payment for Health Care Services
Operating Procedure 720.6, Dental Services
Operating Procedure 802.1, Offender Property
Operating Procedure 861.1, Offender Discipline, Institutions

ATTACHMENTS
None

FORM CITATIONS
Medical Discharge Summary 720_F5
Medical Discharge Summary - Community Corrections 720_F7
Receipt for Medical Prosthesis 750_F1