



Virginia Department of Corrections

Health Services

Operating Procedure 750.3

Prostheses

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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 November 2023 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, American Correctional Association (ACA) standards, Prison Rape Elimination Act (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 inmates and CCAP probationers/parolees 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 will be made available to an inmate or Community Corrections Alternative Program (CCAP) probationer/parolee if failure to do so will result in deterioration of their health while under the care of DOC.
 - B. There must be enough time remaining before an inmate's parole/release or CCAP probationer's/parolee's program completion 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 individuals needs and relevant security considerations.
 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 a permanent prosthesis or orthotic can be ordered and delivered.
 2. Facility medical and dental staff will document each prosthesis delivered to an inmate or CCAP probationer/parolee 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 inmate or CCAP probationer/parolee property inventories can be maintained, which may also require that certain items be marked for identification; see Operating Procedure 802.1, *Inmate and CCAP Probationer/Parolee Property*.
 5. Inmate or CCAP probationer/parolee owned prostheses that are no longer needed or serviceable will be disposed of in accordance with Operating Procedure 802.1, *Inmate and CCAP Probationer/Parolee Property*.
 - E. It is the inmate's and CCAP probationer's/parolee's responsibility to keep the prosthesis or orthotic in good condition.
 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.
 2. Any inmate or CCAP probationer/parolee who intentionally damages or destroys a prosthetic or orthotic device belonging to them or another inmate or CCAP probationer/parolee will be subject to a disciplinary offense for the destruction of state issued property and will be required to reimburse the state for the repair or replacement of the device in the form of restitution; see Operating Procedure 861.1, *Offender Discipline, Institutions*.
 - F. Due to the short duration of CCAP and the need to prepare CCAP probationers/parolees 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 CCAP probationer/parolee 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. Inmates and CCAP probationers/parolees with a long term need for mobility equipment will be provided and required to purchase this equipment in accordance with this operating procedure. DOC owned equipment will be provided for temporary use only during a short term condition.
 - 1. Facility medical and/or dental staff will assess the inmate's or CCAP probationer's/parolee'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 inmate or CCAP probationer/parolee will 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)
- C. Criteria for providing dental prostheses are found in Operating Procedure 720.6, *Dental Services*, under *Prosthodontic Treatment*.
- D. The Health Authority or designee will arrange visual examinations when requested for inmates and CCAP probationers/parolees who meet established criteria.
 - 1. Generally, eyeglasses are prescribed with distance vision worse than 20/40.
 - 2. Non-prescription reading glasses may be obtained at inmate or CCAP probationer/parolee expense through facility commissaries.
 - 3. The DOC will not purchase tinted lenses for inmates or CCAP probationers/parolees 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 inmate or CCAP probationer/parolee expense through facility commissaries.
 - 4. Virginia Correctional Enterprises (VCE) is the DOC's only procurement source for prescription eyewear. Inmates and CCAP probationers/parolees will not be allowed to purchase personal non-VCE eyeglass frames.
 - 5. Contact lens will be supplied when medically indicated. Inmates and CCAP probationers/parolees wearing contact lens when entering the system will be evaluated and allowed to keep the lenses if medically indicated. Inmates and CCAP probationers/parolees not meeting criteria for contact lens will be issued eyeglasses if needed.
- E. Generally, inmates and CCAP probationers/parolees who can hear well enough to carry on a conversation will not be issued hearing aids by the DOC.
 - 1. Inmates and CCAP probationers/parolees 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 will be obtained through the Clothing Officer who will measure the inmate's or CCAP probationer's/parolee's feet, and provide the proper size of shoe.
 - 3. Calluses, warts, corns, and flat feet are not indications for special shoes. Inmates and CCAP probationers/parolees 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/supervision, facility medical and/or dental staff will ensure that inmates and CCAP probationers/parolees 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 inmate’s assigned Case Management Counselor at least 180 days prior to the inmate’s anticipated release date; see Operating Procedure 720.3, *Health Maintenance Program*.
- C. CCAP facility medical staff will forward a copy of the *Medical Discharge Summary - Community Corrections Alternative Programs 720_F7* to the CCAP probationer’s/parolee’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 P&P Officer or other appropriate staff will review the *Medical Discharge Summary - Community Corrections Alternative Programs 720_F7* to determine the CCAP probationer’s/parolee’s special needs to allow planning for release including special equipment.
- E. If the inmate or CCAP probationer/parolee will need mobility equipment on release, the Case Management Counselor, P&P Officer, or other appropriate staff will check with the family and/or the individual indicated on the inmate’s or CCAP probationer’s/parolee’s release plan to see whether or not the same or equivalent equipment will be available 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 720.6, *Dental Services*

Operating Procedure 802.1, *Inmate and CCAP Probationer/Parolee Property*

Operating Procedure 861.1, *Offender Discipline, Institutions*

ATTACHMENTS

None

FORM CITATIONS

Medical Discharge Summary 720_F5

Medical Discharge Summary - Community Corrections Alternative Program 720_F7

Receipt for Medical Prosthesis 750_F1