

	State of Indiana Indiana Department of Correction	Effective Date	Page 1 of	Number
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures		4/1/2022	3	3.10A

Title VISION SCREENING

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5 IC 34-4-12.6	01-02-101 01-02-106	National Correctional Healthcare Standard

I. PURPOSE:

This Health Care Services Directive (HCSD) provides guidelines for provision of routine vision screening and specialized screening required in certain chronic health conditions.

II. GUIDELINES:

A. Introductory Comments

The United States Preventive Services Task Force carefully examined vision screening and concluded that adults with vision complaints should be examined for refractive problems or ocular disease, but that general screening was not required. Department practices shall be consistent with this stance.

B. Vision Screening at Transfer

Patients transferring from an Intake unit or facility to a receiving facility shall be provided with Snellen vision screening. If Snellen examination reveals combined visual acuity (corrected) of 20/50 or worse, referral to an optometrist shall be initiated. Those complaining of inability to read due to hyperopia or presbyopia shall be offered formal screening by an optometrist.

Once a patient has been referred to the optometrist, they shall be seen within thirty (30) days.

C. Vision Screening in Receiving Facilities

Incarcerated individuals who do not wear corrective lenses shall not be

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provided with additional vision screening unless they complain of vision difficulties. Those wearing corrective lenses may be re-screened upon the development of significant vision problems or every two (2) years upon request. The first vision screening provided to patients complaining of vision difficulties shall be a simple Snellen Acuity Test.

Those found to have combined (corrected) visual acuity 20/50 or worse, or an inability to read standard printed material due to vision difficulties shall be referred for refractive screening by an optometrist. For incarcerated adults, such referrals will generally be restricted to once every 2 years or as clinically indicated.

D. Contact Lenses

Only “medically necessary” contact lenses shall be supported by Health Services resources. Medically necessary contact lenses include contact lenses necessitated by deformed corneas (e.g., keratoconus), inability to correct vision to 20/40 (single eye) with standard glass lenses, or extreme anisometropia.

If the Warden elects to permit a patient to use contact lenses for cosmetic purposes, Health Services shall not provide ongoing support for them.

E. Replacement of Existing Glasses

A patient who loses or destroys their glasses shall be provided with a replacement at their own expense. In the event that they are indigent, a replacement shall be provided and the individual’s Inmate Trust Fund shall be charged in accordance with governing rules and regulations.

Glasses that wear out (scratches, broken frames, etc.) through no fault of the patient shall be replaced at State expense every 2 years.

F. Chronic Care

The purpose of this screening is to identify the development of retinopathy so that vision preserving interventions may be offered. Diabetic and homozygous sickle cell patients shall receive annual screening including examination of the fundus through a dilated pupil, performed by a primary care provider, optometrist, or ophthalmologist. Patients with hypertension and those with HIV infection shall receive an annual funduscopy exam. All screenings shall be documented in the EMR and clearly labeled.

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III. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date