

 <p>State of Indiana Indiana Department of Correction Division of Youth Services</p>	Effective Date	Page 1 of	Number
	4/1/2022	3	3.10Y
<p>HEALTH CARE SERVICES DIRECTIVE-YOUTH SERVICES Manual of Policies and Procedures</p>			

<p>Title</p> <p>VISION SCREENING</p>

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	01-02-101	National Correctional Healthcare Standards

I. PURPOSE:

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

II. GUIDELINES:

A. Vision Screening at Transfer

Youth transferred from an Intake facility to a general population facility shall be provided with a Snellen vision screening. If the results show a combined corrected visual acuity of 20/50, the youth shall be referred to the Optometrist. The Optometrist visit shall be completed within thirty (30) days. Those complaining of inability to read because of vision problems whose Snellen examinations do not suggest the need for glasses shall be referred to the site medical director to determine if the youth requires an optometric exam or has other underlying medical issues.

B. Vision Screening for Youth in Separation

Youth who arrive in the Department with corrective lenses shall be allowed to keep them and they will not be automatically replaced.

Youth in confinement who do not wear corrective lenses shall not be provided with additional vision screening unless they complain of vision difficulties.

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VISION SCREENING

Upon receiving a request for vision screening, the nursing staff at the facility shall review the results of the first Snellen test given at Intake.

The site nurse shall then perform another Snellen and if the results then show a combined corrected visual acuity of 20/50 or worse, and the results reveal a change of greater than one (1) deviation from the screen performed at Intake, the youth shall be referred to the optometrist.

Those complaining of inability to read because of vision problems whose Snellen examinations do not suggest the need for glasses shall be referred

to the site medical director to determine if the youth requires an optometric exam or has other underlying medical issues.

Those wearing corrective lenses may be re-screened upon their request once per year. Those found to have combined (corrected) visual acuity 20/50 or worse will be referred for refractive screening by an optometrist. If the youth continues to report problems seeing they shall be referred to the medical provider to rule out underlying condition.

The first vision screening provided to youth complaining of vision difficulties will always be a simple Snellen Acuity Test.

C. Contact Lenses

Department Health Services only supports “medically necessary” contact lenses. 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.

Youth who arrive at a Department facility and who have contact lenses may keep the contacts only until they have seen the optometrist and their corrective lenses arrive. No youth shall be allowed to keep their contact lenses in lieu of glasses for cosmetic purposes only.

D. Replacement of Existing Glasses

A youth who loses or destroys his/her glasses shall be provided with a replacement at his/her own expense.

Glasses that wear out (scratches, broken frames, etc.) through no fault of the offender or youth shall be replaced at state expense. Glasses that wear out in

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less than two (2) years shall be presumed to have been mistreated.

E. Chronic Care

Diabetic and homozygous sickle cell patients shall receive annual screening including examination of the fundus through a dilated pupil, performed by the primary care provider, an optometrist or ophthalmologist. Youth living with HIV or hypertension shall have an annual funduscopic exam done by the primary care provider. All screenings shall be documented in the EMR.

III. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date