



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-05	PAGE NUMBER 1 OF 3
		DISTRIBUTION: Public	
		SUBJECT: Optometry Scope of Service	
RELATED STANDARDS:	None.	EFFECTIVE DATE: June 15, 2024	
		SUPERSESSSION: New Policy	
DESCRIPTION: Clinical Services	REVIEW MONTH: May	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to provide eye examinations, referrals, and corrective eyeglasses to offenders.

II. PURPOSE

The purpose of this policy is to provide guidelines for optometry services and procedures for the issuance of eyeglasses to offenders.

III. DEFINITIONS

None.

IV. PROCEDURES

1. Overview:

A. Examinations:

1. Offenders are eligible to receive one (1) routine eye examination every two (2) years.
2. Emergency eye examinations are ordered as needed by a healthcare practitioner.
3. Consultation and referral to an ophthalmologist are provided, when necessary. The chief medical officer must approve the referral. If the referral is denied, the referring optometrist may appeal the denial to the chief medical officer.

B. Prescription Eyeglasses:

1. One pair of prescription eyeglasses will be provided by the DOC every two (2) years if clinically indicated.
2. Offenders entering the DOC through intake may retain possession of their personal prescription eyeglasses and eyeglass cases until seen by the optometrist to be provided state-issued prescription eyeglasses.
 - a. Personal eyeglasses and cases will be evaluated and inspected for security concerns. Wire or metal frames will not be automatic grounds for denial.
 - b. The DOC is not responsible for an offender's personal prescription eyeglasses, eyeglass cases, or contact lenses, their damage, loss, repair, or replacement.
3. State-issued eyeglasses
 - a. State-issued eyeglasses will be made in accordance with the contract specifications.

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- b. After an offender has been approved for state-issued eyeglasses by the optometrist, the facility nurse supervisor or designee will send the prescription to the contracted eyeglass company by the end of the next business day.
- c. When the eyeglasses arrive, clinical services employees and/or contract workers will compare the eyeglasses received against the invoice and send a copy of the paperwork to the property sergeant to add the glasses to the offender's property list.
- d. Invoices will be sent to the business office immediately.
- e. Eyeglasses will be distributed to the offender within five (5) business days of delivery to the clinic.
- f. Upon receiving the eyeglasses (state-owned or personal) and cases, the offender will sign the *Receipt of Medical Equipment / Appliance* (see attachment #1).
- g. Clinical Services employees will provide a signed copy of the Health Care Appliance Contract to the property officer who will place the eyeglasses and cases on the offender's property list.
4. Offenders will be charged a co-pay for optometry services, with the exception of those performed during admissions and orientation.
5. Replacement of damaged or missing eyeglasses
 - a. If it is determined that an offender broke or lost their state-issued eyeglasses through inappropriate behavior such as neglect, altercations, or willful destruction, the eyeglasses will be replaced and the offender's account will be charged, even if this results in a negative balance.
 - b. If an offender's state-issued eyeglasses are stolen or broken, due to no fault of their own, or due to a work-related accident, the DOC will replace the eyeglasses with state-issued eyeglasses at no cost to the offender. The incident must be clearly documented in the electronic health record before the replacement eyeglasses are ordered. Documentation of the work-related accident or incident form may be requested from the work supervisor.
 - 1) If an offender's personal eyeglasses are broken due to no fault of their own or due to a work-related accident, the DOC will provide state-issued eyeglasses towards the replacement of the personal eyeglasses. The incident must be clearly documented in the electronic health record before the replacement eyeglasses will be ordered.
6. Offenders may be allowed to keep and use damaged/broken eyeglasses until new eyeglasses arrive.
7. Reading glasses are not provided as a state issue. Offenders may purchase reading glasses from the commissary. Any commissary-purchased glasses do not count against the prescription eyeglasses allowed in the offender's possession.

C. Contact lenses:

1. If an offender arrives at any correctional facility with personal contact lenses, an optometry clinic appointment will be scheduled as soon as possible in order for state-issued eyeglasses to be provided.
2. Offenders who arrive at a DOC facility without other eyewear will be allowed to keep contact lenses until state issues or personal eyeglasses are provided.
3. Upon arrival at the intake facility, offenders in possession of contact lenses will be provided with a contact lens case and contact lens solution. Contact lens solution is provided daily through the medication line until the offender is given state-issued eyeglasses.

V. RESPONSIBILITY

The director of Clinical and Correctional Services and the chief medical officer are responsible for the annual review and maintenance of this policy.

VI. AUTHORITY

- A. SDCL § [36-7-1](#) Scope of practice defined.

VII. HISTORY

June 2024 – New Policy

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ATTACHMENTS (**Indicates document opens externally*)

1. Receipt of Medical Equipment / Appliance*
2. DOC Policy Implementation / Adjustments



SOUTH DAKOTA DEPARTMENT OF CORRECTIONS RECEIPT OF MEDICAL EQUIPMENT / APPLIANCE

I, _____
(Printed Name) _____ (DOC #)

acknowledge receipt of the following medical equipment or appliance:

I acknowledge that the equipment / appliance is functional for my use. I acknowledge that I will be responsible for the replacement cost of the equipment in the event of damage or loss. I also acknowledge that the appliance / equipment being returned is in good working condition.

EQUIPMENT EXPIRATION DATE: _____

(Signature) _____ (DATE)

(WITNESS) _____ (DATE)

RETURNED TO _____
_____ (DATE)