

State of Iowa Department of Corrections Policy and Procedures

Policy Number: HSP-613
Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: N/A
Chapter 6: HEALTH SERVICES
Sub Chapter: ACUTE/SPECIALTY SERVICES
Related DOC Policies: IS-RO-03
Administrative Code Reference: N/A
Subject: OPHTHALMOLOGY/OPTOMETRY SERVICES
ACA Standards: N/A
Responsibility: Dr. Michael Riley
Effective Date: March 2026
Authority:

1. PURPOSE

To ensure vision screening and ophthalmology/optometry care for patients within the Iowa Department of Corrections (IDOC).

2. POLICY

It is the policy of the Iowa Department of Corrections to provide vision screening and ophthalmology/optometry care for patients.

3. PROCEDURE

- A. As part of the initial health appraisal, an appropriately trained member of the health services staff will complete and score a visual acuity screen in order to assess both distance and near vision.**

- B. If the results reflect visual acuity problems, the patient will be referred to an optometrist or physician for further consultation. If appropriate, standard DOC eyeglasses will be issued.**

- C. In the absence of substantive ophthalmology complaints, a patient will be considered as having “passed” a visual screening examination if they visually interpret the Snellen Eye Chart (or other screening instrument) at 20/40 or better, with or without glasses/contacts, and available data indicates a prescription for currently worn eyeglasses has been written within three years of the screening date.**

- D. Patients with a corrected refractive error do not require referral to an optometrist or ophthalmologist for routine refractive error reassessment more often than every three years provided that the patient does not share previously unreported visual complaints.**

- E. Glaucoma testing should be done annually on all patients 50 years of age or older. Results, findings, and care provided/recommended by an optometrist or ophthalmologist are documented on the *Visual Examination form*, HSF-613 or in the electronic medical record.**

- F. Health Services will provide all patients with standard issued DOC eyeglasses if, and when, their personal glasses or contact lenses need replacement or repair. Inappropriate use of personal eyeglasses or contact lenses may result in their confiscation.**

- G. Necessary eyewear prescription information is entered on an appropriate optical order form. A copy of the completed optical order form scanned into the file cabinet of the patient health record.**

- H. Tinted lenses will be accepted if an optometrist or ophthalmologist has established a medical need. Medically approved lenses shall be black, brown or grey; any other color is unauthorized.**

- I. The patient is financially responsible for damage to their eyeglasses, except where the damage occurs during a patient’s constructive participation in institution programs. Example: work and other assigned programming. A metal-free safety frame should be made available for those patients who destroy their standard issue frames. Replacement costs may apply.**

J. Reading Glasses

Non-prescription reading glasses are available for purchase through the facility commissary. Routine, age-related near vision changes (presbyopia) may be addressed by the patient through commissary purchase, unless a clinical evaluation determines a medical necessity for prescription eyewear.

K. Eyeglass Prescriptions and Private Purchase

Patients may be provided with a written eyeglass prescription following their optometric evaluation. Upon receipt of the prescription, patients may independently purchase eyeglasses through an approved outside vendor. The vendor must mail the eyeglasses directly to the facility in accordance with institutional property and security procedures. All incoming eyewear will be subject to inspection by security staff prior to issuance to the patients. The cost of privately purchased eyeglasses and any associated costs are the responsibility of the patient.

- L. Smart eyewear devices, including but not limited to smart glasses, augmented reality (AR) glasses, artificial intelligence (AI)-enabled glasses, or any eyewear with recording, transmission, or connectivity capabilities, are not permitted within IDOC facilities, regardless of whether the device is medically prescribed or used for vision correction purposes.**

4. CONTACT LENS MANAGEMENT

- A. The DOC shall cover the cost of contacts if they are the only reasonable medical alternative to correcting a patient's visual defect. The determination of medical necessity will be made by the facility's designated optometrist or ophthalmologist, based on clinical evaluation and documentation. Patients may wear their own contact lenses for the correction of a bona fide optometrist/ophthalmologist identified visual impairment. Contact lenses may be authorized for detainees and Violator Program patients. Patients who wear contacts are responsible for the cost of supplies and equipment associated with maintenance. Contact lens supplies will be made available through the commissary for purchase. It is the responsibility of patients to care for and maintain their contacts. Contact lens solution and contact lens cases may be purchased at the patient's own expense.
- B. Intake/Reception Processing

1. During the initial intake screening, a vision screen is completed as part of the screening.

Intake screen will note prosthetic eye, use of contact lenses, or use of eyeglasses

2. Patients presenting with contact lenses upon reception will be considered failed vision and referred to Optometry and scheduled as **high priority** for evaluation.
3. Glasses will be ordered as clinically appropriate.

C. Contact Lens Responsibility

1. The Iowa Department of Corrections is not responsible for providing contact lens solutions, cleaning products, or related supplies.
2. Patients are solely responsible for the care, hygiene, and maintenance of their contact lenses.
3. Patients may continue to wear their personal contact lenses while awaiting issuance of state eyeglasses.

The DOC will provide a basic contact lens case and solution at no cost to the patient during this waiting period to ensure proper care and reduce the risk of infection.

4. Once prescription eyeglasses have been issued, the DOC is no longer responsible for providing contact lens supplies.
5. After receiving eyeglasses, patients who choose to continue wearing contact lenses are solely responsible for the care, hygiene, and maintenance of their lenses.

D. Health Risk of Improper Contact Lens Care

Verbal and/or written patient education will be provided to the patient.

- E. Contact lenses not medically authorized for continued use shall be removed and sent to property for proper disposition. Health services staff shall notify property for removal and disposal of the contact lenses. Health services staff shall document the end date of the personal contact lenses in the patient's electronic medical record flow sheet, device and equipment and enter a nurse encounter to include date of disposition and reason for discontinuation.

- F. If a patient possesses contact lenses that are not medically indicated for use, and are being voluntarily surrendered, the lenses shall be securely packaged, inventoried, and forwarded to the property room for processing according to the facility property policy. If appropriate, these items may be included with patient personal property for authorized disposition.