



**Department of Juvenile Justice  
Health Services Operating Procedure**

<b>HSOP VOL IV – 4.3 – 5.14</b>	<b>Statutory Authority:</b> Title 66 of the <u>Code of Virginia</u>
<b>Subject:</b>  <b>Prostheses and Orthodontic Devices</b>	<b>Regulations:</b> None.
	<b>Board Policy:</b> 12-001; 12-006
	<b>ACA #</b> 4-JCF-4C-20
	<b>NCCHC #</b> Y-G-10

**5.14-1.0 PURPOSE**

To ensure medical or dental prosthetics or orthodontic devices are provided when the health of the resident would otherwise be adversely affected, as determined by the responsible provider.

**5.14-2.0 SCOPE**

These procedures apply to all Juvenile Correctional Center (JCC) employee and staff assigned to the JCCs by other units, agencies, or departments.

**5.14-3.0 DEFINITIONS**

*Health Services Staff* – The staff at the JCC consisting of Licensed Practical Nurses, Registered Nurses, dental assistants, and providers who provide health services to residents.

*Local Health Authority (LHA)* – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility: for the management of all health services in the facility; including medical nursing, and dental; and for ensuring the quality and accessibility of all health care services provided to residents. Final medical judgments shall be the sole province of the Chief Physician.

*Orthodontics* – The branch of dentistry that deals with the prevention and correction of abnormally positioned or aligned teeth.

*Prosthesis* – Artificial devices to replace missing body parts or to compensate for defective bodily functions. They include such items as artificial limbs, eyeglasses, and full and partial dental plates

**5.14-4.0 PROCEDURES**

Medical or dental orthoses, prostheses, and other aids to impairment shall be supplied in a timely manner when the health of the resident would otherwise be adversely affected, as determined by the responsible physician or dentist, and when a significant portion of the prosthetic or orthodontic treatment can reasonably be expected to be completed during the time the resident is in direct care.

**5.14-4.1 Prosthetics**

1. The examining optometrist shall complete the Vision Testing Referral Form when conducting examinations to determine the need for eyeglasses.
2. Residents may receive prosthetic devices, eyeglasses or hearing aids under the following conditions:
  - a. It is ordered by the facility physician, optometrist, or dentist;
  - b. It is ordered by an outside provider and approved by a facility physician, optometrist, or dentist;
  - c. The resident indicates a desire to receive the device and agrees to comply with any needed therapy; and
  - d. If any therapy or follow-up is needed, it may reasonably be expected to be completed within the time of commitment, or the parents/guardians agree in writing to assume financial and other responsibility to assure that the therapy or follow-up is completed after commitment.
3. The Department of Juvenile Justice (DJJ) shall not offer contact lenses.
4. Replacements for lost or broken devices shall be offered based on the following criteria:
  - a. Degree to which the resident's behavior contributed to the loss or breakage;
  - b. Relative need for the device as determined by the physician, optometrist, or dentist; and
  - c. Past history of loss or breakage of the device.
5. Residents may be charged the replacement cost of glasses or other prosthetic/orthotic devices when the destruction has been deliberate or due to resident negligence in accordance with VOL IV-4.1-1.16 (Resident Discipline).
6. Glasses shall be replaced regardless of the resident's ability to pay.
7. Devices that are needed as the result of an accident or incident that occurs during a resident's commitment shall normally be the responsibility of DJJ.

**5.14-4.2 Orthodontics**

1. If a resident has begun orthodontic treatment prior to commitment:
  - a. The examining dentist shall discuss options with the resident, the parent/guardian, the original orthodontist, and the counselor before deciding which of the following treatments shall be used:
    - 1) Removal of the braces;
    - 2) Continue orthodontic treatment with the original orthodontist;
    - 3) Continue orthodontic treatment with an orthodontist near the facility; or

- 4) Allow the braces to remain on, with no further adjustment or orthodontic appointments.
  - b. The decision shall be based on the best interest of the long term dental health of the resident, anticipated length of stay, the willingness of the resident and parents/guardians to continue financial responsibility and the feasibility of transportation.
  - c. The decision shall be documented in the resident's medical record.
  - d. If a problem with braces occurs during a time when the resident is not under the direct care of an orthodontist, the Department shall be responsible for resolving the problem.
2. If a facility dentist recommends the initiation of orthodontic treatment during commitment:
  - a. For residents under the age of eighteen (18), the consent must be obtained from the resident and parent/guardian.
  - b. For residents over the age of eighteen (18), the consent must be obtained by the resident.
  - c. The facility dentist shall arrange or assist in arranging the services of an orthodontist.

**5.14-5.0 RESPONSIBILITY**

The Local Health Authority shall be responsible for implementing this procedure.

**5.14-6.0 INTERPRETATION**

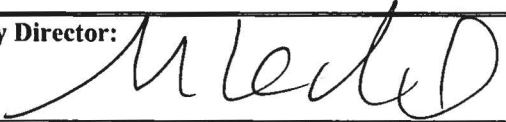


The Health Services Administrator shall be responsible for the interpretation and the exception approval to this procedure.

**5.14-7.0 CONFIDENTIALITY**

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

**5.14-8.0 REVIEW DATE**

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

<b>Approved by Director:</b> 	<b>Date:</b> 11/2/15
<b>Approved by Health Services Administrator:</b> 	<b>Date:</b> 11/6/15
<b>Approved by Chief Physician:</b> 	<b>Date:</b> 11/6/15
<b>Effective Date:</b> 1-19-2016	<b>Office of Primary Responsibility:</b> Health Services
<b>Supersedes:</b> October 7, 2013	<b>Forms:</b> Vision Testing Referral Form