## ORTHOSES, PROSTHESES AND OTHER AIDS FOR IMPAIRMENT

STANDARD NO(S): NYSSA# 161

DATE: January 7, 2010

REVISED: 01/14/2011

REFER TO: Nancy Osborne, RN

## <u>I.</u> <u>OBJECTIVE:</u>

To establish the Seneca County Correctional Facility's policy and procedure for the supplying of prosthesis to patients/inmates.

## II. POLICY:

It is the policy of the Seneca County Correctional Facility to provide prosthetic devices as needed and then only after consultation between the Sheriff and the Correctional Facility Physician.

## III. DETAILS:

- **A.** Inmate sees medical and requests prosthesis, (i.e. false teeth or glasses).
- **B.** Medical department makes the determination that there is a need for the prosthesis.
- **C.** A meeting between the facility Physician, Sheriff and any other party as necessary; the purpose of the meeting will be to determine the best manner in which to meet the need.
- **D.** Once a determination has been made regarding the inmate's request the inmate will be notified in writing of any negative response.
- **E.** If the request is approved the medical department will make the necessary appointments coordinating with the shift supervisor to schedule the transport.