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EYE TEST PROCEDURE FOR DISPLAY SCREEN EQUIPMENT USERS

ADOPTED AT THE MEETING OF THE

HELD ON:

**REVIEWED BY THE RLT BOARD OF TRUSTEES
ON 17TH DECEMBER 2015**

CHAIR OF RLT BOARD:

HEADTEACHER:

This policy to be reviewed every three years

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1. Introduction

This procedure applies to all employees who are classified as a user of display screen equipment.

The Display Screen Equipment Regulations 1992, require that eye and eyesight tests / examination should be provided, upon request, for all DSE users. To be defined as a “user” an employee would normally spend prolonged spells greater than one hour on display screen equipment each working day (see section 2 for further information).

2. Definitions

Display Screen Equipment (DSE) / Visual Display Units (VDU)

These terms cover both conventional (cathode-ray tube) display screens and other display processes such as liquid crystal displays and other emerging technologies.

DSE “Users”

The Health and Safety Executive define “Users” as those who habitually use DSE as a significant part of their normal work. This could include any of the following:

- The individual normally uses the DES for continuous or near continuous spells of one hour or more at a time on a more or less daily basis.
- Fast transfer of information between the “User” and screen is an important part of the job.
- The performance requirements of the system demand high levels of attention and concentration by the “User”, for example, where the consequences of an error may be critical.
- Employees who are highly dependent on DSE or have little choice about using it.

3. Eyesight Testing

The eye and eyesight test is legally defined in the Optician Act and can only be performed by a registered ophthalmic optician or a registered medical practitioner with suitable qualifications.

Eye and Eyesight tests can be requested by the following employees:

1. All new recruits who are identified as “users” by their job description
2. Any employees who are in receipt of a recall from their optician following previous eye tests for DSE use.
3. All existing “users”.

4. Eyesight Test Requests

All users have the option to request or decline the offer of an eyesight test examination.

When an eye and eyesight test is requested the manager should obtain the VDU Eye Examination Report form (Appendix A) of this procedure.

The person requesting the eye test shall complete the personal details at the top of the form including a signature and date. The form is then passed to the manager to confirm the details are accurate and the person is entitled to an eye test under this procedure. The information regarding the distances is important for accurate eye and eyesight tests / examination.

NOTE: Incomplete forms will not attract a refund.

Users will be entitled to use an optician of their choice, but should be aware that costs above those quoted in section 5 are their responsibility. Users shall take any existing corrective appliances with them for the eye and eyesight test.

The optician will complete the form and sign it after the eye examination indicating one of the three outcomes.

5. Refunds

If result 1 or 2 are indicated by the optician then the DSE user will only be entitled to a reimbursement of up to £20 towards the costs of the eye test.

Where the optician had indicated a requirement for “new visual correction specifically for VDU use” by ticking result 3 on the form, then the user is entitled to a contribution of up to £50 towards the supply of a corrective appliance upon production of a valid receipt. This is in addition to the reimbursement of up to £20 towards the cost of the test.

The completed VDU Eye Examination Report form and appropriate receipts should be returned to the finance team for processing the appropriate refund.

Employees can claim for an eyesight test once every three years.

APPENDIX 1

VDU EYE EXAMINATION REPORT

Name of Employee:	Distance from eye (in cm) to:
DOB:	Keyboard:
Type of Work Involved:	Screen:
	Documents:
Other relevant factors:	Position of top of screen relative to eye level: cm above / below
I agree that the optometrist who examines my eyes may reveal the results of the examination to my employer as shown below on this form.	
Employee's signature Date	

Manager acknowledgement of the above details as accurate and correct.

Print name:	Position:	Signature:	Date:
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OPTOMETRIST: I confirm that I am acquainted with the Association of Optometrists' guidelines on the visual requirements of VDU users as defined in the current edition of the AOP handbook and the following is the result of my examination.

RESULT OF EXAMINATION	Tick 1 Only	See Note
1 Does not require visual correction for VDU use	<input type="checkbox"/>	
2 Requires visual correction for VDU use but NOT a specific correction	<input type="checkbox"/>	a
3 Requires a new visual correction specifically for VDU use	<input type="checkbox"/>	a
4 Further VDU examination is required in years.		

Note:

a Spectacles specifically for VDU use should only be supplied when these are necessary and when spectacles for any other use (such as driving, TV or reading) cannot be used. This will apply for example, when the layout of the screen and/or documents is such that an intermediate focus is required and the user cannot see at this distance with any other spectacles. If you have ticked box 3 please indicate below the lens type advised and your reasons for prescribing spectacles specifically for VDU use.

Type of spectacle required:

Single Vision	Bifocal	Progressive	Other (Identify)
Reason for supply:			
Name of Optometrist:		Name & Address of Practice	
Signature of Optometrist:			
Date:			

Manager to confirm refund amount (in line with procedure):	Refund amount:	Signature:
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HR use only:

Print name:	Position:	Signature:	Date:
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