



EYE AND EYESIGHT TESTS POLICY

for employees in
Diocese of Salisbury Academy Trust

This model policy will apply to both teaching and non-teaching staff

For adoption and implementation from

Approved

Amended after HR circulation

This policy is a mandatory
policy for all DSAT Academies
and must be implemented with
no amendments.

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1. Introduction

1.1 In compliance with the requirements of the Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health & Safety (Miscellaneous Amendments) Regulations 2002 , Diocese of Salisbury Academy Trust (DSAT) has adopted the following policy in respect to the provision of employee eye and eyesight tests.

2. Definition of a Display Screen User

2.1 An employee who uses display screen equipment for 50% or more of his/her normal working week (based on a 37 hour week).

2.2 An employee who uses display screen equipment for a continuous period of at least two hours on each working day.

2.3 An employee's use of such equipment as outlined above must form a part of the recognised duties of the post.

3. Entitlements

3.1 Entitlement to eye and eyesight tests will relate only to an employee who has been designated as a 'DSE USER'.

3.2 DSAT Staff who regularly use Display Screen Equipment (DSE) for example, a computer or laptop as part of their work as entitled to:

- An eyesight test (up to £21.96)
- Spectacles contribution (up to £65.68) where they are for Visual Display Unit (VDU) use only

4. Eye and Eyesight Tests

4.1 DSAT will refer 'users' (as defined above) who so request it to an optician of their choice, for an appropriate eye and eyesight test. This has been defined in the Opticians Act 1989 as meaning a 'sight test' and must be carried out by a registered Ophthalmic Optician or suitably qualified doctor.

4.2 The test includes a test of vision and an examination of the eye.

5. Applying for Eye and Eyesight Tests

5.1 Display screen users wishing to apply for an appropriate test will be required to complete an application form (see appendix 1) obtainable from the School Office and should be returned to DSAT HR on completion.

6. Corrective Appliances

6.1 Corrective appliances (normally spectacles) will be those appliances prescribed to correct vision defects at the viewing distance used specifically for display screen work (normally within the range of 50-60cm).

7. DSAT'S Liability for Costs

- 7.1 DSAT will pay the costs associated with the provision of eye and eyesight tests (as set out in Section 8 below) and of corrective appliance as prescribed for display screen work.
- 7.2 Liability for costs will be restricted to payment of the cost of basic appliance only i.e. of a type and quality adequate for its function. If an employee wishes to choose more costly appliances (e.g. with designer frames; or lenses with optional treatments not necessary for the work), DSAT will not pay for these.

8. Costs: Eye and Eyesight Tests and Provision of Corrective Appliances

- 8.1 DSAT will pay for the costs of eye and eyesight tests and the provision of corrective appliances up to but not exceeding the following amounts:
Eye and Eyesight Test £21.96
Cost towards Spectacles £65.68

(These costs will be subject to review from time to time)

9. Clinical Records

- 9.1 DSAT requires employees to confirm in writing that the spectacles are specifically required for work purposes. Clinical information will be subject to the same confidentiality as other medical records and be retained by DSAT's Occupational Health records.



**DISPLAY SCREEN EQUIPMENT
EYE AND EYESIGHT TEST : OPTOMETRIST CERTIFICATION**

Section One	Employee Details		
Name:	Academy:		
Section Two	Optometrist (Optician) Recommendation		
<p>I have carried out an eye and eyesight test in accordance with the standards required by the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002) and the British College of Optometrists' Statement of Good Practice on Work with Display Screen Equipment.</p> <p>I have recommended the following (tick box if applicable)</p>			
Type of Spectacles (If Needed): See Note	<input type="checkbox"/> Single Vision	<input type="checkbox"/> Bifocal	<input type="checkbox"/> Varifocal
<p><input type="checkbox"/> Spectacles are not required/No change in current prescription required.</p> <p><input type="checkbox"/> Spectacles are required for general use.</p> <p><input type="checkbox"/> Spectacles are required for general use, incorporating a special prescription for DSE use. (This is for Varifocal and Bifocal only)</p> <p><input type="checkbox"/> Spectacles are required solely for DSE use.</p>			
Repeat eye and eyesight test is advised in:	months	years	

Section Three	Fees	
Receipts specifying items separately must be attached (a credit card slip is insufficient)		
		Amount Claimed
Eye and Eyesight Test:		
Spectacles:		
Total Amount Claimed:	£	
Section Four	Opticians Authorisation	
Optician's Name (Print):		
Optician's Signature:		
Optician's Name, Address & Certification (please use official stamp if possible)		

Certified:

Date:

DIRECTOR/BUSINESS MANAGER AUTHORISATION FORM

APPLICATION FOR EYE & EYESIGHT TESTS: DISPLAY SCREEN EQUIPMENT WORK

Section One
Full Name:
Job Title:
Academy:
Location Details:
Employee No:
Date:

I wish to apply for an eye/eyesight test in accordance with the policy on Health & Safety (Display Screen Equipment) Regulations 1992 as amended by the Health & Safety (Miscellaneous Amendments) Regulations 2002, as incorporated within Diocese of Salisbury Academy Trust's Policy on the Entitlement to Eye and Eyesight Tests, a copy of which I have read and understood. I understand that the policy specifically relates to eye and eyesight tests and corrective appliances certified by a registered Ophthalmic Optician.

I understand that DSAT will reimburse me the cost of the test and any corrective appliances (single lens or bifocal/varifocal) which are prescribed **solely for the use of display screen work**, in accordance with the current agreed rates.

	Yes	No
Have you previously had a vision screening/eyesight test provided by DSAT?		
If yes please state the approximate date of test:		
Signed:	Date:	

Section Two (to be completed by Academy Business Manager)

I certify that I have read DSAT's Eye and Eyesight Policy and can confirm that the above named employee satisfies the definition of 'Display Screen User' within the following categories:

<input type="checkbox"/>	Uses display screen equipment for 50% or more of his/her normal working week (based on a 37 hour week).
<input type="checkbox"/>	Uses display screen equipment for a continuous period of at least two hours on each working day.
Signed:	Date:

REIMBURSEMENT OF EYESIGHT TEST AND CORRECTIVE

Section One	
Full Name:	
Academy:	
Location Details:	
Tel:	

I wish to claim the following expenses incurred in connection with:

✓	Tick as appropriate	Amount
	Eyesight Test (up to a maximum of £21.96)	
	Corrective Appliance (up to a maximum of £65.68)	
	Total Amount Claimed:	

- I attach the appropriate Optician's Certification and an **itemised** receipt of payment. A credit card slip that only shows a total amount and does not specify what has been purchased will not be sufficient.
- I understand that this reimbursement may be considered to be a taxable benefit in kind by the Inland Revenue.
- I certify that the above costs have been properly incurred in accordance with the current agreed DSAT Policy.

Signed:	Dated:
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PLEASE COMPLETE AND RETURN TOGETHER WITH YOUR APPLICATION FORM SIGNED BY YOUR THE PRINCIPAL/HEADTEACHER, AND OPTICIAN'S CERTIFICATION AND RECEIPTS. (RETURN TO THE SCHOOL OFFICE FOR FORWARDING TO DIOCESAN EDUCATION CENTRE, THE AVENUE, WILTON, SP2 0FG)