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# **Scheme for the Provision and Payment of Eye and Eyesight Tests and Provision of Special Corrective Appliances**



<b>DOCUMENT CONTROL</b>	
<b>POLICY NAME</b>	<b>Scheme For The Provision And Payment Of Eye And Eyesight Tests And Provision Of Special Corrective Appliances</b>
Department	Human Resources
Telephone Number	01443 425536
Initial Policy Launch Date	September 1996
Reviewing Officer	Mike Murphy
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<b>REVISION HISTORY</b>	
Date	Revised By
September 1996	Gerwyn Hogben
February 2005	Gerwyn Hogben
<b>DOCUMENT APPROVAL</b>	
This document has received approval from:	Date of Approval
HR Senior Management Team	
Corporate Management Team	
Cabinet	

## Content

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**SCHEME FOR THE PROVISION AND PAYMENT OF EYE AND EYESIGHT TESTS AND PROVISION OF SPECIAL CORRECTIVE APPLIANCES**

1. **INTRODUCTION**

- 1.1 The Health and Safety (Display Screen Equipment) Regulations 1992, as amended, set out the Council's duty to those members of staff, who work with display screen equipment (DSE). The Regulations also impose a duty on the Council where a DSE worker supplied by an agency becomes one of its employees.
- 1.2 Regulation 5 specifically sets out the Council's duty as an employer towards its staff, and others in relation to eye and eyesight test. It requires the Council to provide a user who so request, with an appropriate eye and eyesight test, carried out by a competent person.
- 1.3 This Policy should be read in conjunction with Policy HS11 - Display Screen Equipment, with particular reference to Section 4.

2. **DEFINITIONS**

**DISPLAY SCREEN EQUIPMENT** - any alphanumeric or graphic screen, regardless of the display process involved.

**USER** - a member of staff who habitually uses display screen equipment as a significant part of his/her normal work.

**ELIGIBILITY** - for the purpose of this scheme a member of staff will be regarded as a user if s/he satisfies the criteria set out in DSE Guidance 2 of the Health and Safety Policy HS11 - Display Screen Equipment.

3. **EYE AND EYESIGHT TEST**

The Council will ensure that an appropriate eye and eyesight test is provided: -

- where an existing user requests an eye and eyesight test to be carried out for the first time, the manager should arrange for a test to be carried out as soon as practicable

- for an existing member of staff who is to become a user and, who request an eye and eyesight test, before becoming a 'user'
- for an existing user, who so requests an eye and eyesight test, and at regular intervals thereafter. For the purpose of this scheme the interval between having the eye and eyesight test will be two years (unless otherwise directed by the Optician on Form DSE (SCH) 1, attached)
- at the request of a 'user who is experiencing visual difficulties which may reasonably be considered to be related to the display screen work, for example, visual symptoms such as eye strain or focusing difficulties
- on request, when it is certain that s/he is being recruited as a user and, a member of staff.

#### 4. **CORRECTIVE APPLIANCES**

'Special' corrective appliances (normally spectacles) provided to meet the requirements of the Regulations would be those appliances prescribed to correct vision defects at the viewing distance or distances used **'specifically for the display screen work concerned'**. 'Normal' corrective appliances are spectacles prescribed for any other purpose.

#### 5. **THE COUNCIL'S LIABILITY FOR COSTS - EXPLANATION**

##### 5.1 Eye and Eyesight Test: -

The Council will meet the cost of eye and eyesight tests in accordance with the Scheme (refer to Form DSE (SCH) 2, attached).

##### 5.2 'Special' Corrective Appliances: -

- Following examination, where the Optician specifies that 'special corrective appliances' are required, the Council will meet the cost of providing the basic appliance (i.e. basic frame and single vision lenses), of a type and quality adequate for its function in accordance with the scheme (refer to Form DSE (SCH) 2, attached).

##### 5.3 'Normal' Corrective Appliances: -

- Are appliances, the costs of which are paid for by the user.

- 5.4 A user who require a 'special' corrective appliance but chooses a more costly appliance with optional treatments not necessary for display screen work or, decides to make arrangements with an Optician other than those specified, then any additional costs will have to be met personally.

The amount to be reimbursed will be the 'lesser' of: -

- (i) the actual cost of the corrective appliance; or
- (ii) the maximum as set out under this scheme.

6. **THE SCHEME - PROCEDURES TO FOLLOW**

- (i) designated user contacts manager / supervisor
- (ii) manager/supervisor confirms 'user' status
- (iii) manager/supervisor hands Policy HS11 (A) to the user and explains the procedures to follow under the scheme, paying particular attention to Form DSE (SCH) 1, Form DSE (SCH) 2 and Form DSE (SCH) 3.

7. **ADVICE**

Advice on the implementation of the policy can be obtained from the Health & Safety Team, Human Resources Division, Tel. No. 01443 425536.

**OPTICIANS REPORT**

**EYE AND EYESIGHT TEST**

**NAME OF OPTICIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**POST CODE:** \_\_\_\_\_

**TO: RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**RE: \_\_\_\_\_ ('USER' NAME)**

I am conversant with the standard recommended by the Association of Optometrists for Display Screen Equipment users and in my opinion, the above-named 'user' (please tick): -

- 1. Requires no prescription
- 2. Requires a prescription for DSE work only
- 3. Requires a prescription for general use (including DSE)

**COSTS**

Eye Examination \_\_\_\_\_ £

Basic Frame Single Vision \_\_\_\_\_ £

TOTAL £

Any additional comments (including date of repeat testing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Optician

Date \_\_\_\_\_

**SCHEME FOR THE PROVISION OF EYE AND EYESIGHT TESTS AND PROVISION OF SPECIAL CORRECTIVE APPLIANCES**

Arrangements have been made with the Opticians listed below to provide eye and eyesight test and provide a 'special' corrective appliance to those members of staff who have been designated as a user of display screen equipment. A 'user' who wishes to make their own arrangements with an Optician of their choice may do so providing any claim does not exceed the maximum amount set out under this Scheme as detailed below:-

**SPECSAVERS OPTICIANS**

Branches: 20b Victoria Square  
Aberdare  
Tel. No. 01685 875050

20 Taff Street  
Pontypridd  
Tel. No. 01443 480244

**A B OPTICIANS**

Branches: 13 Commercial Street  
Aberdare  
Tel. No. 01685 870007

**COSTS TO BE RECLAIMED BY THE 'USER'**

1. Eye and Eyesight Test - up to a maximum of £15.00.
2. Provision of Special Corrective Appliances (Basic Frame Single Vision Lenses) - up to a maximum of £49.95p.

Any additional other costs, which exceed the above, must be paid for by the user.

The Council's scheme requires the user to pay the Optician direct, and reclaim costs as expenses on Form DSE (SCH) 3.

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**SCHEME FOR THE PAYMENT OF EYE AND EYESIGHT TEST AND  
PROVISION OF SPECIAL CORRECTIVE APPLIANCES IN ACCORDANCE WITH  
THE HEALTH AND SAFETY (DISPLAY SCREEN EQUIPMENT)  
REGULATIONS 1992**

**THIS FORM IS TO BE COMPLETED IN ACCORDANCE WITH THE COUNTY  
BOROUGH COUNCIL'S SCHEME FOR THE PROVISION OF EYE AND EYESIGHT  
TESTS AND PROVISION OF SPECIAL CORRECTIVE APPLIANCES (SEE  
DSE(SCH)2)**

**FOR COMPLETION BY THE CLAIMANT (Please use block letters)**

PAYROLL  
NUMBER

PAY  
NUMBER

LOCATION

SURNAME \_\_\_\_\_

FORENAME(S): \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

POST CODE: \_\_\_\_\_

GROUP IN WHICH EMPLOYED: \_\_\_\_\_

DATE OF EYE AND EYESIGHT TEST: \_\_\_\_\_

NAME OF OPTICIAN VISITED: \_\_\_\_\_

ADDRESS OF OPTICIAN VISITED: \_\_\_\_\_

1. EYE AND EYESIGHT TEST: £ \_\_\_\_\_
2. PROVISION OF 'SPECIAL' CORRECTIVE APPLIANCES
- BASIC FRAME SINGLE VISION LENSES: £ \_\_\_\_\_

**THE AMOUNT BEING CLAIMED MUST NOT EXCEED THE MAXIMUM SET OUT IN THIS SCHEME (SEE DSE (SCH) 2)**

TOTAL COST \_\_\_\_\_

I CERTIFY THAT THIS CLAIM IS CORRECT, AND IN ACCORDANCE WITH THE SCHEME FOR THE PROVISION OF EYE AND EYESIGHT TESTS, AND THAT I HAVE ACTUALLY ATTENDED THE OPTICIAN INDICATED FOR AN EYE AND /EYESIGHT TEST. I CERTIFY THAT I HAVE INCURRED THE EXPENDITURE AS DETAILED ABOVE.

SIGNED: \_\_\_\_\_  
CLAIMANT

DATE: \_\_\_\_\_

I CERTIFY THAT THIS CLAIM IS CORRECT AND IN ACCORDANCE WITH THE SCHEME FOR THE PROVISION OF EYE AND EYESIGHT TESTS AND THAT THE TEST WAS NECESSARY.

SIGNED: \_\_\_\_\_  
AUTHORISING OFFICER

DATE: \_\_\_\_\_

**NOTE: ALL RECEIPTS MUST BE ATTACHED**

**MANAGERS CHECKLIST – HS11A**

	✓ As Appropriate		
	N/A	Yes	No
<ul style="list-style-type: none"> <li>• Has a copy of the Policy been brought to the notice of all employees who have been designated as display screen users?</li> </ul>			
<ul style="list-style-type: none"> <li>• Are there procedures in place to ensure that display screen users receive all costs incurred under the Policy promptly?</li> </ul>			
<ul style="list-style-type: none"> <li>• Are there monitoring procedures in place to ensure the requirements of the Policy are being met?</li> </ul>			
<ul style="list-style-type: none"> <li>• Are records being kept of all 'user' members of staff who have had eye and eyesight tests and, where applicable, been provided with special corrective appliances (glasses)?</li> </ul>			

Completed by: \_\_\_\_\_

Confirmed by: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_