Version	7
Last Revision Date	April 2023

lechyd a Diogelwch

Cyngor Rhondda Cynon Taf, gweithio gyda chi, gweithio gyda'n gilydd

gweithiø'nwell wørkwell

Health and Safety
Rhondda Cynon Taf Council, working with you, working together

Scheme HS 11A Eye and Eyesight Tests and Special Corrective Appliances

Mae'r ddogfen yma ar gael yn y Gymraeg This document is available in Welsh



	DOCUMENT CONTROL		
DOCUMENT NAME	Eye and Eyesight Tests and Special Corrective Appliances		
Department	Human Resources		
Telephone Number	01443 425524		
Initial Launch Date	September 1996		
Reviewing Officer	Stephen Humphreys		
Review Date	April 2025		
Date of Equality Impact Assessment	2008		
Assessment			
REVISION HISTORY			
Date	Revised By		
September 1996	Gerwyn Hogben		
February 2005	Gerwyn Hogben		
August 2016	Mike Murphy		
August 2018	Mike Murphy		
March 2021	Mike Murphy		
April 2023	Stephen Humphreys		
DOCUMENT APPROVAL			
This document has receive	d approval from: Date of Approval		
HR Senior Management Te	eam		
Corporate Management Te	am		
Cabinet			

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1. INTRODUCTION

- 1.1 The Health and Safety (Display Screen Equipment) Regulations set out the Council's duty to its employees who work with display screen equipment (DSE) for the purpose of its undertaking.
- 1.2 Regulation 5 specifically sets out the Council's duty as an employer towards its employees in relation to eye and eyesight tests and special corrective appliances. It requires the Council to provide a user who so requests it with an appropriate eye and eyesight test, carried out by a competent person.
- 1.3 This scheme has been produced in support of Council Policy HS11 Display Screen Equipment, with particular reference to Section 6.

2. <u>DEFINITIONS</u>

- 2.1 'Display screen equipment' (DSE) means any alphanumeric or graphic display screen, regardless of the display process involved. It also includes screens used in work with television or film pictures, e.g. CCTV.
- 2.2 For the purposes of this scheme, 'user' means a Council employee (but not an agency worker or self-employed person) who habitually uses DSE for the purpose of the Council's undertaking as a significant part of his/her normal work. It will generally be appropriate to classify the person as a user if they:
 - normally use DSE for continuous or near continuous spells of an hour or more at a time and use DSE in this way more or less daily;
 - have to transfer information quickly to or from the DSE;
 - also need to apply a high level of attention and concentration; or are highly dependant on DSE or have little choice about using it; or need special training or skills to use the DSE.

There is a checklist to assist managers to determine who is a user incorporated in the Council's document DSE User and Workstation Assessment Checklists, copies of which can be obtained on the RCT Source or from the Health and Safety Team.

2.3 'Special corrective appliances' (normally spectacles) are those appliances prescribed to correct vision defects at the viewing distance or distances used specifically for DSE work only.

They do not include appliances prescribed for any other use, even if those appliances can also be used for DSE work. For example, spectacles that are prescribed for reading but which can also be used for DSE work are not classed as special corrective appliances because they have not been prescribed for use at the viewing distance or distances used specifically for DSE work – when reading, material is usually viewed at a distance nearer to the person that a display screen is positioned.

It is worth noting that the Health and Safety Executive advises that experience has shown that in most working populations only a minority (usually less than 10%) will need special corrective appliances for display screen work.

3. <u>EYE AND EYESIGHT TESTS</u>

- 3.1 The Council will agree to users arranging for an appropriate eye and eyesight test to be provided, as follows:
 - once users have made an initial request for a test as soon as practicable after the request has been made;
 - for new recruits or existing employees who are to become users and have made a request for a test – before they become users;
 - for users at regular intervals after the first test, provided they want
 the tests. For the purpose of this scheme, the regular interval between
 having eye and eyesight tests will be two years (unless otherwise
 directed by the optician on Form DSE (SCH) 1, attached). The Council
 is not responsible for any corrections for vision defects or examinations
 for eye complaints which are not related to display screen work which
 may become necessary for an employee during any period. These are
 the responsibility of the individual concerned;
 - at the request for a test by a user who is experiencing visual difficulties which may reasonably be considered to be related to DSE work, for example, visual symptoms such as eye strain or focusing difficulties – as soon as practicable after the request has been made.

4. THE COUNCIL'S LIABILITY FOR COSTS – EXPLANATION

4.1 Eye and eyesight test:

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

4.2 Special corrective appliances:

Following examination, where the optician specifies that special corrective appliances are required, the Council (or school, as appropriate) will meet the cost of providing the basic appliances, i.e. basic frame and lenses, of a type and quality adequate for the user's work and taking account of the optician's recommendations, in accordance with the scheme (refer to Form DSE (SCH) 2, attached).

It is good practice to bring other things that need to be viewed for the work into the same visual plane as the display screen wherever possible, for example, by using a document holder attached to the side of the screen. Therefore in most cases where a user requires special corrective appliances to carry out their DSE work, a single lens prescription will be appropriate. However, there may be some circumstances where bifocal or vari-focal lenses may seem necessary, although caution should be taken when reaching a decision as there can be side effects associated with the use of multi-focal prescriptions for DSE work. For example, the smaller size of each lens section can lead to the user having to make repeated adjustments to their neck/head position or adopt an awkward posture, which could lead to neck pain. Therefore the user should discuss the nature of the DSE work with the optician and take into account the optician's recommendations before deciding on which type of lens would be most suitable.

4.3 A user who requires special corrective appliances but chooses more costly appliances than basic ones, for example, with designer frames, or with optional treatments not necessary for display screen work, or decides to make arrangements with an optician other than those specified, must meet any additional costs personally.

The amount to be reimbursed will be the lesser of:

- (i) the actual cost of the special corrective appliances; or
- (ii) the maximum as set out under this scheme
- 4.4 The cost of all appliances other than special corrective appliances must be met by the employee.

5. THE SCHEME - PROCEDURE TO FOLLOW

- 5.1 The procedure to follow under Scheme HS 11A is as follows:
 - (i) employee contacts line manager and makes a request to arrange an eye test as a user;
 - (ii) line manager confirms user status of employee (if necessary, undertaking an assessment where one has not already been carried out);
 - (iii) line manager goes through the provisions of the scheme with the user, paying particular attention to Forms DSE (SCH) 1, DSE (SCH) 2 and DSE (SCH) 3, and explaining that a copy of Form DSE (SCH) 1 must be completed by the optician during the eye test;
 - (iv) Form DSE (SCH) 3 is completed by user and authorised by line manager;
 - (v) authorised amount claimed by user via the appropriate Council expenses claims procedure.

6. ADVICE

6.1 Advice on the implementation of this scheme can be obtained from the Health and Safety Team, Human Resources, Ty Elai, Williamstown, CF40 1NY, telephone No. 01443 425531.

Mae croeso i chi gyfathrebu â ni yn y Gymraeg / You are welcome to communicate with us in Welsh

FOR COMPLETION BY OPTICIAN - EYE AND EYESIGHT TEST REPORT NAME OF OPTICIAN: ADDRESS: POST CODE: TO: RHONDDA CYNON TAF COUNCIL _____('USER' NAME) RE: 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 appropriate following box): 1. Requires no prescription 2. Requires a prescription specifically for DSE use only (i.e. special corrective appliances) 3. Requires a prescription for general use (which may include DSE use) **COSTS** £ Eye Examination: Special Corrective Appliances: £ £ Total: Any additional comments (including date of repeat testing): Signed_____ Optician Date

INFORMATION FOR USERS

Arrangements have been made with the opticians listed below to provide eye and eyesight test and, where necessary, 'special corrective appliances' to those employees who have been designated as 'users' 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 65/66 Taff Street

Aberdare Pontypridd

Tel. No. 01685 875050 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 up to a maximum of £49.95

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.

FOR COMPLETION BY USER AND AUTHORISATION BY LINE MANAGER (apart from signatures, please use block letters)

PAYF NUM	ROLL BER	PAY NUMBER	LOCAT	TION
SURI	NAME			
FORI	ENAME(S):			
ADDI	RESS:			
POS	T CODE:			
GRO	UP IN WHICH EMPL	_OYED:		
DATE	OF EYE AND EYE	SIGHT TEST:		
NAM	E OF OPTICIAN VIS	SITED:		
ADDI	RESS OF OPTICIAN	I VISITED:		
1.	EYE AND EYESIGH	HT TEST:		£
2.	PROVISION OF SI	PECIAL CORRECT	IVE APPLIANCE	ES: £
NB.		ING CLAIMED MUS EME (SEE DSE (SO		D THE MAXIMUM SET
3.	TOTAL COST:			£
SCHI HAVI EYES	EME FOR THE PRO E ACTUALLY ATTEN	VISION OF EYE AN NDED THE OPTICIA	ND EYESIGHT T AN INDICATED	RDANCE WITH THE TESTS, AND THAT I FOR AN EYE AND IE EXPENDITURE AS
_	ed: MANT		Date: _	

	ECT AND IN ACCORDANCE WITH THE E AND EYESIGHT TESTS AND THAT THE
Signed:AUTHORISING OFFICER	Date:

NOTE: ALL RECEIPTS MUST BE ATTACHED

SCHEME HS 11A

MANAGERS CHECKLIST

A	Yes	No

(Signature)	(Signature)
Name: (Print)	Name:(Print)
Designation:	Designation:
Date:	Date: