

Procedure for Teachers who Work with Visual Display Units and who wish to Apply for an Eyesight Screening Test

1. Introduction

- 1.1 The aim of the eyesight screening in this procedure is to identify teachers whose vision will need correction with lenses prescribed **specifically** for the normal viewing distance of a Visual Display Unit (VDU).*
- 1.2 Teachers who operate a VDU in connection with their work for 1 hour or more per day, are eligible to apply for an eyesight screening test.
- 1.3 Teachers who have visual defects which require correction with lenses prescribed for general use including VDU use should have an examination by their own optician under the National Health Service.
- 1.4 Where the optician certifies that lenses are necessary specifically for VDU use only, the school will contribute £55 towards the cost of lenses.
- 1.5 Teachers using VDU equipment can, on request, have a review eyesight screening test at 24 month intervals or where they consider that there has been a deterioration in their eyesight as a result of using a VDU.
- 1.6 “Optician” in this document means a “qualified and registered ophthalmic optician”.

2. Application

- 2.1 Teachers who meet the requirements at 1.2 above may request an eyesight screening test by writing to the school principal.
- 2.2 Subject to the agreement of the principal, the teacher will be authorised to arrange an appointment for an eyesight screening test, if possible outside of normal school hours. The principal will provide the attached form for completion by the optician.
- 2.3 Where the principal requires more information or clarification he/she should arrange to meet with the teacher to assess the situation. Where the requirements at 1.2 above are met, the request should be authorised.
- 2.4 Where the principal believes the teacher does not meet the requirements stipulated, he/she should write to the teacher informing him/her of the decision and the reasons for the decision. Where the teacher disagrees with this decision he/she may write to the appropriate sub-committee of the Board of Governors to have the decision reviewed.

* A VDU (Visual Display Screen) / DSE (Display Screen Equipment) is defined in Regulation 1 of the Health & Safety (Display Screen Equipment) Regulations as:

- Any alphanumeric or graphic display screen, regardless of the display process involved.

3. Eyesight Screening Test

- 3.1 On receipt of the authorisation to proceed the teacher should arrange the eyesight screening test and take the attached form to the appointment, for completion by the optician. **The teacher should not arrange to purchase glasses/contact lenses until the completed form has been returned and considered by the principal and authorisation to proceed given.**
- 3.2 The school will pay up to £15 of the cost of the eyesight screening test. If the cost of the test exceeds this amount, the difference in cost will be the responsibility of the teacher.

4. Purchase of Glasses/Contact Lenses.

- 4.1 If the optician's assessment indicates a need to purchase new glasses/contact lenses **specifically** for VDU work **only**, the principal will authorise the teacher to proceed to purchase glasses/contact lenses.
- 4.2 The school will reimburse the teacher £55 towards the cost of lenses.
- 4.3 If the optician's report indicates that the teacher does not require glasses/contact lenses **specifically** for VDU use, the principal will advise the teacher that the school will not make the contribution towards the cost of lenses.

Letter from Principal to Teacher
Authorisation to purchase glasses/contact lenses

CONFIDENTIAL

Dear

Re: Eyesight Screening Test

Thank you for returning the report form from the optician following your eyesight screening test on.....

The optician's report states that you require to purchase glasses/contact lenses specifically for VDU work only.

The school has agreed to contribute £55 towards the cost of lenses specifically prescribed for VDU work. When you obtain your new glasses/contact lenses, please forward the receipt of your payment to in order that you may be reimbursed.

Yours sincerely

Letter from Principal to Teacher

No authorisation to purchase glasses/contact lenses

CONFIDENTIAL

Dear

Re: Eyesight Screening Test

Thank you for returning the form from the optician following your eyesight screening test on.....

Given the information in the report, the school **WILL NOT** be in a position to contribute financially towards the cost of new glasses/contact lenses.

Yours sincerely

Letter from School Principal to Teacher Authorising an Eyesight Screening Test

CONFIDENTIAL

Dear

Eyesight Screening Test for Teachers using Visual Display Units

I have received your application for an eyesight screening test and would confirm that you should proceed to arrange an appointment with an optician of your choice. Where possible, the appointment should take place outside normal school hours.

Please take the enclosed form with you to the test and have it completed by the optician. It should be returned, with the receipt for payment, to me and you will be reimbursed up to £15 towards the cost of the test. Should the cost exceed that amount, you will be responsible for the difference.

The school will contribute £55 towards the cost of new glasses/contact lenses only where the optician states that lenses are required **specifically** for VDU use. **Please do not arrange to purchase** glasses/contact lenses until the optician's report has been returned and considered by me and authorisation to proceed given.

I will notify you of the outcome in due course.

Yours sincerely

Enc

EYESIGHT SCREENING TESTS FOR TEACHERS USING VISUAL DISPLAY UNITS

PLEASE ENSURE YOU BRING THIS FORM WITH YOU WHEN YOU ATTEND FOR YOUR TEST

TEACHER'S NAME: _____ TR NUMBER: _____

SCHOOL: _____

OPTICIAN'S NAME: _____

OPTICIAN'S ADDRESS: _____

DATE OF EXAMINATION: _____

OPTICIAN'S COMMENTS:

1. The above teacher requires corrective appliances specifically for VDU use only

or

2. The above teacher requires corrective appliances for general use including VDU
(i.e. not specifically for VDU use)

Signed: _____ Date: _____

Please return this form to the school principal together with the receipt for payment for the eyesight test.