Eye Sight Test Scheme for Display Screen Equipment Users**.**

Staff identified as DSE ‘users’, as defined by the Health and Safety (Display Screen Equipment -DSE) Regulations 1992, are entitled to free eye tests on request at their employer’s expense. A ‘user’ is defined as “an employee who habitually uses display screen equipment as a significant part of his/her normal work”. The requirement to provide eye tests applies to those persons who have a contract of employment with the University. Normally the frequency of such tests would be every two years or on the recommendation of the Optician.

To satisfy this legal duty the University has a contract with a nominated optician which meets the requirements of the DSE Regulations. The eyesight testing scheme is administered by the University Safety Service. Staff must use this scheme if they wish the University to fund their DSE Eyesight test and any corrective spectacles required specifically for use with DSE.

The following procedure applies to the provision of the eyesight test and glasses (if prescribed) specifically for work with display screen equipment.

(1) Provision of the eyesight test specifically for work with display screen equipment

1.1 An eyesight test can be arranged by the DSE User requesting their line manager to submit an ‘Eyesight Test Request Form’ (DSE1) to the University Safety Service. Form (DSE1) can be downloaded from the Computer Workstations section of the University Safety Service website (see example below)

1.2 Following receipt of the request form (DSE1), an email will be forwarded to the DSE User with instructions and a ‘letter of authorisation’ (DSE2) to take to the nominated optician.

1.3 The DSE user must arrange an appointment with the University’s nominated Optician, at a time convenient to themselves and their Head of Faculty/Department/Unit, if during work hours. Note that an appointment must be made within 3 months of the date shown on the ‘letter of authorisation’ (DSE2)**.**

1.4 The DSE user must take the letter of introduction (DSE2) with them to their appointment.

1.5 Employees will be required to sign Form DSE2 to acknowledge completion of the eyesight test and issue of corrective spectacles (if prescribed).

1.6 The Optician will forward the completed form DSE2 to the University Safety Service and will invoice the University directly for the cost as appropriate.

(2) Provision of spectacles for use when working with display screen equipment

2.1 The University will pay for the cost of basic frames and single vision lenses required solely for display screen work. Spectacles prescribed for any other purpose will be at the user’s expense.

2.2 Consideration will only be given to funding towards the cost of special lenses when clinically necessary.

2.3 The contribution made by the University shall be strictly limited to the cost of basic frames and single vision lenses only. Employees who choose frames/lenses outside of the basic range provided by the Optician will be liable for the additional cost.

2.4. Except where paragraph 2.5 below applies, the eyesight test fee and cost of display screen equipment spectacles will be met by the University not more than once in any 24 month period.

2.5 Paragraph (2.4) shall not be applied to persons

(i) Who have recently suffered physical injury to either eye resulting in loss of visual acuity,

(ii) Who have recently undergone ophthalmic surgery for the removal of cataracts or other similar surgical procedure,

(iii) Who suffer from progressive loss of visual acuity due to glaucoma, diabetes or other similar illness.

2.6. Any person who is a DSE User and who has been issued with DSE spectacles within the preceding 24 month period shall not be entitled to an eye sight test if that person’s contract of employment will terminate in 6 months or less from the date of application.

2.7. Any individual is, of course, at liberty to arrange an eye sight test with an Optician other than the University appointed Optician.For employees who choose to go outside of the scheme the cost of the eye test and any special corrective appliance prescribed will not be met by the University

2.8 The University will not accept liability for costs arising from negligent loss or damage to corrective appliances provided to the DSE User in relation to this procedure.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | |
| Eyesight test application form (DSE 1) | | | | | | | | | | | | | | | | |
| To arrange for an eyesight test complete part A of the form below, then email the form to your line manager to complete the part B authorisation. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Part A - Applicant details | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |  |
| Name of Employee (computer user): | | | | | | Click here and enter full name. | | | | | | | | | |  |
|  |  |  | |  | |  | | | | | | | | | |  |
| Staff No. | | Click here to enter number. | | | | | | Phone No. (work). | | Click here to enter number. | | | | | | |
|  |  |  | |  | |  | | | | | | | | | |  |
| Directorate / School / Section: | | | | | | Click here to enter. | | | | | | | | | | |
|  |  | |  |  | |  | | | | | | |  |  |  |  |
| Staff category: | | | | | | Select a staff category from the drop down list. | | | | | | | | | | |
|  |  | |  |  | |  | | | | | | |  |  |  |  |
| Email address: | | | | | | Click here to enter address. | | | | | | |  |  |  |  |
|  |  | |  |  | |  | | | | | | |  |  |  |  |
|  |  | |  |  | |  | | | | | | |  |  |  |  |
| Part B Authorisation - to be completed by the applicants line manager/supervisor | | | | | | | | | | | | | | | | |
|  |  | |  |  | |  | | | | | |  | |  |  |  |
| Manager/Supervisor Name: | | | | | | Click here and enter full name. | | | | | | | | | |  |
|  |  | |  |  | |  | | | | | |  | |  |  |  |
| Email address: | | | | | | Click here to enter email address. | | | | | | | | | |  |
|  |  | |  |  | |  | | | | | |  | |  |  |  |
| Line Management Authorisation: | | | | | |  | I confirm that the employee named above uses display screen equipment as a significant part of his/her work. | | | | | | | | | |
|  |  | |  |  | |  | | | | | |  | |  |  |  |
| Please email the completed form to the University Safety Service at Safety@qub.ac.uk  Once authorised an email will be sent directly to the computer user. A copy of the eyesight test rules and a letter of authorisation will be attached for the applicant to take to the University nominated optician. | | | | | | | | | | | | | | | | |
|  |  | |  |  |  | | | | | |  | | |  |  |  |
|  |  | |  |  |  | | | | | |  | | |  |  |  |
| For Safety Service use only | | | | | | | | | | | | | | | | |
|  |  | |  |  |  | | | | | |  | | |  |  |  |
| Application ref number: | | | | Click here to enter reference. | | | | | Date DSE2 sent: | | Select Date. | | | | | |
|  |  | |  |  |  | | | | | |  | | |  |  |  |