

Diocese of Elphin – HR Policy Handbook

Document Name: Eye and Eye-Testing Policy
Document No: 10.1.4 (original)
Effective Date: 15th February 2019
Written By: Frank Mitchell, HR Advisor
Approved By: +Kevin Doran, Bishop of Elphin



Operating under the patronage of Our Lady of the Immaculate Conception, the Diocese of Elphin aims to provide staff members with a safe, caring and supportive Christian environment in which to carry out their work. Work objectives are to be advanced with due regard to the needs and dignity of each staff member and with due regard for the individuals and communities the diocese serves.

This document outlines the Diocesan policy on Eye and Eye-Testing. It is applicable to parishes, offices, agencies and any entity operating under the governance of the Diocese of Elphin (hereafter referred to as "the employer"). Line Managers (Bishop, Priests, Deacons, Religious, Lay Personnel who supervise staff members) are responsible for communicating this policy and having it signed off by their staff member(s).

Scope of the Policy

This policy covers all staff who use Display Screen Equipment for one hour or more continuously in a working day as part of their normal work as prescribed by the Safety, Health and Welfare at Work (General Application) Regulations, S.I. 299 of 2007.

Policy

An optical examination will be organised for all new staff members when they commence employment and at regular intervals of two to three years thereafter. If an existing staff member feels that they are experiencing difficulties with their eyes, which may be linked to working at Display Screen Equipment, they may request an eye test at any time outside of the above appointments.

Requests by staff members for eye tests should be made using the 'Request for Eye Test Form' and hereafter referred to as the 'Eye Test Form' and passed to his/her line manager for approval. The staff member's manager should consult with an Optician. If they are satisfied for the need of the test and approve the cost involved, they should arrange an appointment and sign the form. If all is in order, the staff member should be informed as soon as possible to confirm appointment and details of Optician.

This form is then to be brought along when a staff member attends their appointment with the optician, who will: Complete Part 2 of the 'Eye Test Form' and recommend whether corrective appliances must be provided as appropriate for the work concerned i.e. to correct defects at the normal screen viewing distance (50 – 60 cm). If it is the opinion of the optician that corrective appliances are required for the purpose of habitual use of Display Screen Equipment, the optician will notify "the employer" accordingly. "The employer" will pay the minimum cost of such appliances and the visitation cost to the Optician (agreed beforehand) directly.

The amount that "the employer" will contribute for such appliances is based on the provision of a basic medically acceptable product. "The employer" provides the facility for a staff member who wishes to upgrade to a more expensive product, but the staff member will be personally responsible for the incremental cost.

It is important to understand that the DSE eye test is only intended to check for any problems associated with the use of Display Screen Equipment. It is not a complete eye test and therefore, a staff member may still need to attend the optician in the normal way. Where a staff member already wears spectacles to correct a visual defect (normal corrective appliances) and routine change of lenses arises, if these are adequate for DSE work, the cost of corrective appliances will not be borne by "the employer". Only additional

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costs incurred for change of lenses to normal corrective appliances as outlined above that are specifically for DSE work will borne by "the employer".

If any other general eye problems which come to light as a result of the tests and which are not directly related to working with DSE, is a matter for the staff member as part of their general health care and the cost of dealing with such problems will not be borne by "the employer".

For further information please contact:

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Appendix 10.1.4(a) – two pages

Request for Eye Test Form

Part 1 – To be completed by Staff Member and signed/approved by Manager

I confirm that the employee detailed below is authorised by me to have an eye / eyesight test as they are a significant / habitual user of Display Screen Equipment (DSE) as part of their normal work (i.e. using DSE for one continuous hour or more as part of everyday work)

Staff member name:	
Parish/Organisation:	
Manager's Name:	
Signature:	
Date:	

Part 2 – To be completed by Optician and returned to Line Manager

I have examined the above person's eyes, in accordance the standards recommended for DSE operation and find as follows:

No spectacles required specifically for use with DSE	
Spectacles required solely and only for use with DSE	
Spectacles required for general use, including use with DSE	
Type of spectacles required if needed – Single vision _____ Bifocals _____ Multifocals _____	

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Optician Signature: _____

Practice Name: _____

Practice Address: _____

Date: _____

Costing

Lenses

Frames

Sub-total (1) – Total Due to Optometrist

Cost of Basic Corrective Appliances (as agreed)

Sub-total (2) – Amount payable

(1) less (2) Amount payable by staff member: _____

Please return to:

Line Manager