



MIDDLESEX
LEARNING
PARTNERSHIP

USE OF DISPLAY SCREEN EQUIPMENT (VDU)/EYE TEST POLICY

APPROVED BY:	HR & Pay Committee
DATE:	October 2024
NEXT REVIEW DUE BY:	October 2027

Contents

1. Scope.....	2
2. Purpose.....	2
3. Policy.....	2
4. Procedure.....	3
APPENDIX A (Part 1):.....	4
APPENDIX A (Part 2):.....	5

1. Scope

This Policy applies to all employees of the Middlesex Learning Partnership (Academy Trust). The Trust may be referred to as Academy Trust or School throughout this policy.

2. Purpose

The aim of this Policy is to ensure compliance with the Display Screen Equipment Regulations, to enable employees to carry out their work on display screen equipment safely.

Employees have a legal right to request an appropriate eye test if they are required to use display screen equipment as a significant part of their job. Eye tests are normally carried out every two years.

3. Policy

Line Managers are responsible for ensuring that:

- Display screen equipment and workstations are safe and fit for purpose
- Employees have adequate training and information to operate the display screen equipment provided, including the need to take appropriate breaks from screen work and changes of activity.
- Workplace assessments are carried out and recommendations arising from these are implemented to ensure that health and safety considerations are taken into account.
- Employees are aware of their own responsibility to correct or report any problems they have with their workstations or medical problems they experience as a result of their work (e.g. shoulder pain, eyestrain, headaches, etc.).
- Employees are referred to Occupational Health (OHU) for medical assessment if there is reasonable cause to believe that an employee has medical problems related to the workstation.
- On the request of the employee, an appropriate eye test should be authorised. The employee must confirm that they have not undergone an eye test within the last 12 months.
- The full cost of the eye test should be reimbursed if carried out by a suitably qualified optician.
- A contribution will be made for any glasses/lenses prescribed by a suitably qualified optician for the **specific** purpose of DSE (VDU) work, up to a maximum of £70, including the cost of the eye test. **If an employee's ordinary prescription is suitable for DSE work, no payment would be applicable.**

- Employees are eligible to submit an application for a contribution to the cost of glasses/lenses once every three years, unless there are exceptional circumstances.
- Receipts/proof of purchase must be submitted to claim reimbursement.

4. Procedure

To apply for an eye test and reimbursement of the cost of glasses/contact lenses:

- The employee must complete the Application for an Eye Test (Appendix A) and pass it to their Line Manager to complete.
- If the requirements of the policy have been met, the Line manager should pass to the employee to take to the optician.
- If the requirements of the policy are not met, the employee should be advised and the form placed on their personal file.
- Where the application is approved, the employee should take the form to an optician and have an eye test and, where appropriate, purchase the necessary glasses/lenses (for the specific purpose of DSE (VDU) work. No payment would be payable where the employee's ordinary prescription is suitable for DSE (VDU) work. The optician must complete the form.
- The employee must then return the completed form with receipts to the Finance Officer for reimbursement to be authorised in line with the policy.

APPENDIX A (Part 1):

APPLICATION FOR AN EYE TEST FORM (PART 1)
(Note: Part 1 and 2 of this form must remain together)

To be completed by the Employee:	
Name:	Payroll Number:
Job Title:	
School:	

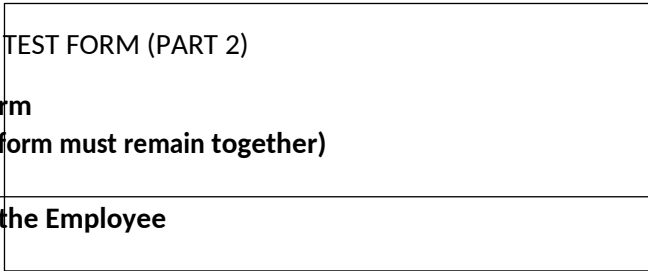
I wish to apply for an eye test. I confirm that my work requires me to use Display Screen Equipment (VDU) as a significant part of my job. I have not undergone an eye test within the last 12 months.
Signed (Employee):..... Date:.....

To be completed by Line Manager:
EITHER
*I do not authorise you to take an eye test for the following reason(s)
OR
*I authorise this application for an eye test.
Line Manger's Signature: Date:

This form to be placed on Employee's Personal File.

APPENDIX A (Part 2):
APPLICATION FOR AN EYE TEST FORM (PART 2)

Optician's Assessment Form
(Note: Part 1 and 2 of this form must remain together)



To be completed by the Employee

Name:.....

Address:.....

.....

To be completed by the Optician

I confirm that the above named client had an eye test on
(Date)

At a cost of (Amount) £

I confirm that I have provided the above named client with prescription lenses for the following use:

Reading	* Yes / No
DSE (VDU) mid-range	* Yes / No
Distance	* Yes / No

The above named employee **does / does not (*)** require prescription lenses for the specific purposes of Display Screen Equipment (Visual Display Unit) work.

*delete as appropriate

Optician's signature:

Date:

Optician Stamp