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Health and Safety Executive / Local Authorities Enforcement Liaison Committee (HELA)

Local Authority Circular

- **Subject:** Display Screen Equipment
- **Open Government Status:** Open
- **LAC Number:** 16/3
- **Keywords:** DSE
- **Revised:** June 2000
- **Review date:** June 2005

To: Directors of Environmental Health/ Chief Environmental Health Officers of London, Metropolitan, District and Unitary Authorities and Chief Executives of County Councils.

For the attention of: Environmental Services / Trading Standards / Fire Authorities / Other

This circular gives advice to local authority enforcement officers

THE HEALTH AND SAFETY (DISPLAY SCREEN EQUIPMENT) REGULATIONS 1992 - ADDITIONAL BRIEFING ON REG. 5 - EYE AND EYESIGHT TESTS

INTRODUCTION

1 This circular explains in detail what is acceptable as a test, who is qualified to give a test, complaints procedures, employer queries and who meets the costs for tests and corrective appliances

DEFINITION AND CONTENT OF AN APPROPRIATE EYE AND EYESIGHT TEST

2 There is no interpretation of the term appropriate eye and eyesight test within the regulations. However, HSE guidance on the regulations states that the appropriate eye and eyesight test in Regulation 5 means a sight test as defined in the Opticians Act 1989. This broadly defines the objectives of sight testing as determining whether there is any defect, what the defect is, and correcting it by an optical appliance. The Sight Testing (Examination and Prescription) (No 2) Regulations 1989 define the basic eye examination as an external and intra-ocular examination, with whatever additional examinations as appear clinically necessary. Thus the tests to be performed are not specified in detail, and the practitioner is expected to use clinical judgement. Issuing a prescription, if one is needed, is an integral part of the sight test.

3 The Department of Health have not issued guidelines for sight tests (beyond what is in the regulation itself) but according to the British College of Optometrists a sight test for a normal patient could include: history and symptoms; external examination of the eye and adnexa; monocular anterior to posterior internal examination of the eyes; objective refraction; subjective monocular refraction; subjective binocular refraction; and such other tests as are decided necessary.

4 The Department of Health take the view that it is not possible to identify any part of the normal sight test as being unnecessary for tests under the DSE regulations; the content of tests in any particular case is a matter for clinical judgement. It should be noted that a sight test must always include an eye examination to satisfy the Opticians Act; the eye examination must always be carried out if a user requests the full test to which they are entitled.

DOCTORS' QUALIFICATIONS TO PERFORM EYE AND EYESIGHT TESTS

5 Under the Opticians Act, sight tests may only be performed by registered ophthalmic opticians (optometrists) or registered medical practitioners. Department of Health advice is that it is desirable for doctors doing sight tests and prescribing corrective appliances to be ophthalmically qualified: those with no ophthalmic qualification would probably be ill advised to do sight tests and would be unlikely to have all the equipment required. However, the regulations only require the test to be carried out by a competent person and tests carried out by a doctor without specialist qualifications or an Occupational Health Nurse may satisfy this requirement. Should a problem be apparent referral to an ophthalmologist is necessary.

6 The Department of Health view is that doctors carrying out sight tests need to be competent to perform refraction tests; examinations of the external surface of the eye; intra-ocular examinations; and other examinations that may be clinically necessary. The training courses available to doctors are geared to those wishing to become ophthalmologists or full-time ophthalmic medical practitioners, and involve at least two years training and/or experience. Currently there are no short courses known to EMAS that would enable a GP or company doctor to obtain training that would, in the Department of Health's view, render them suitably qualified to carry out sight tests.

VISION SCREENING TESTS

7 A screening test on its own does not satisfy the requirement in Regulation 5 for an appropriate eye and eyesight test. However, a suitable vision screening test (see below) carried out under the supervision of a doctor and accompanied by an eye examination by the doctor would satisfy Regulation 5.

8 No detailed specifications have been produced for vision screening test methods, nor machines that would comply with the recommendations in paragraph 54 of the HSE guidance booklet L26 Display screen equipment work. Any method that accurately tests vision at the distance at which the screen is viewed would be acceptable. There are a number of screening machines that do this, though some older models may lack a facility for testing at intermediate distances and hence are not suitable. New methods have been developed for generating a test sequence on the user's own display screen by means of software. In principle this could have advantages in that viewing distances and lighting conditions would automatically be typical of those used for work, but as yet there is no information on the effectiveness of the actual test.

9 If employers are found using screening tests which do not comply with the guidance, this would not necessarily imply a breach of the regulations. As with other HSE guidance employers are free to deviate from its recommendations, provided they are complying with their duties under the regulations, ie, they are offering eye and eyesight tests by an optometrist or doctor to users who request them.

EYE TEST QUERIES FROM EMPLOYERS: COMPLAINTS ABOUT OPTOMETRISTS

10 Employers may ask what rules govern the conduct of optometrists and can be invoked in cases of alleged over-prescribing of corrective appliances or unnecessarily frequent testing of users. A copy of a statement of good practice issued by the British College of Optometrists is at the [appendix](#). Complaints about optometrists should be addressed to the British College of Optometrists and the General Optical Council.

DOCTOR NOT ISSUING A PRESCRIPTION

11 If a doctor carries out a sight test and identifies a vision defect, he has a duty to issue a prescription unless the test was part of a general medical examination or the patient is being referred for further investigations. Doctors who do not wish to prescribe spectacles themselves could refer their patients to an optometrist if they find a sight defect. However, in these circumstances the employer would have to pay for a second sight test by the optometrist. The first test by the doctor would not qualify as a sight test if no prescription was issued.

AGENCY TEMPORARY WORKERS

12 This group will qualify for eye tests and corrective appliances if:

- (i) they are employees of the agency (many temps do not qualify as they are in effect self-employed); and
- (ii) they are employed on DSE work in a placement (or series of placements during a period of employment by the same agency) that is long enough to establish that they qualify as a 'user' ie habitually use DSE as a significant part of their normal work.

13 Where temporary workers do qualify and claim their entitlements for tests and corrective appliances these will be at the expense of their own employer, ie the agency rather than the agency's clients.

USERS WHO ARRANGE THEIR OWN TESTS

14 There have been questions about an employer's liability if users arrange an eye test for themselves and then present the bill to their employer for payment. Under the regulations, the employer should provide an eye and eyesight test after it has been requested by a user. The employer does not have to pay for tests users have had - he could arrange to provide another test instead. However, in practice, reimbursement of an employee for a test they have already had might be equally satisfactory from the employer's point of view and is clearly preferable for the user.

FREQUENCY OF REPEAT TESTS

15 If a user is said by their optometrist to require very frequent repeat eye tests, the employer would be required to provide all of these tests only if the need for them arose in connection with the user's DSE work. There are no injuries or diseases of the eye known to be caused by DSE work: the purpose of repeat tests under Regulation 5 is to check the need for special corrective appliances. Employers are not responsible for examinations for eye complaints that are not related to DSE work.

EMPLOYERS WISHING TO PERSONALLY TEST THEIR STAFF

16 Employers who possess appropriate qualifications (as an optometrist or doctor) have asked if they are allowed to personally test their own employees. There is nothing in the regulations to prevent this. Users who

do not wish to have their own eyes tested by their employer could decline the offer of a test; in such cases the employer would not be obliged to offer a test by someone else.

CORRECTIVE APPLIANCES

17 If a user orders spectacles while under the impression that the employer will pay, but the latter refuses to do so as the spectacles are not special corrective appliances, the user would be liable for payment. It is preferable for employers to give clear information about the arrangements they are making to comply with the regulations and to avoid problems of this kind arising.

18 Some employers are stating they will provide a fixed sum of money towards the cost of corrective appliances equivalent to the cost of basic single vision spectacles. This may fall short of the Regulations when:

(i) the fixed sum may not be sufficient to account for regional variations in price of basic single vision spectacles; or

(ii) when users have been prescribed appliances more complex than basic single vision spectacles for their work with DSE.

19 The provision of contact lenses as special corrective appliances is not ruled out under the regulations but in practice it is unlikely that contact lenses would be satisfactory. Special corrective appliances are prescribed for the distance at which the screen is viewed. It follows that when the user changes to a different work activity or leaves their workstation for any other reason, they will need to remove their special corrective appliance to see clearly at other distances. This would be highly inconvenient with contact lenses.

APPENDIX

(Paragraph 10)

WORK WITH DISPLAY SCREEN EQUIPMENT

Statement of Good Practice issued by The British College of Optometrists

(Prefaced by authorised statement from HSE on legal entitlement)

INTRODUCTION

1 When an employee first complains of eye discomfort following use of a VDU, the employee will often attribute that discomfort to work at the screen.

2 Because of their visually demanding nature, VDUs may precipitate symptoms such as headaches, blurred vision etc caused by a problem in the eye which has not been apparent when the employee has been carrying

out other work. It must be remembered, however, that the VDU does not itself cause the eye problem; the problem would have been there already but not causing any noticeable difficulty. It is worth noting that visually related symptoms can be due to poor lighting, incorrect posture, poor workstation layout, poor design or maintenance of hardware or other problems. All of these can separately, or in combination, cause eye discomfort.

3 The Health and Safety Display Screen Regulations give employees a right to a normal sight test as defined in the Opticians Act 1989 and related Regulations. This sight test, referred to from now on as an eye examination, will reveal whether there is any defect of sight which may adversely affect the employee's ability to carry out work at the VDU. If in the course of the examination a defect of sight is discovered which requires correction for purposes other than VDU use, but which might also include VDU use, the law does not require the employer to pay for any spectacles prescribed. The intention of the regulations is not the free supply of spectacles to all VDU users, rather that people with special needs related to their use of a VDU as part of their employment should receive the necessary appliance at no cost to themselves. The experience of large companies, with workforce ranging across all age groups, shows that there are likely to be between 5% and 10% of employees who will require a correction specifically for VDU work.

GOOD PRACTICE

4 When an employee takes up his or her entitlement under the regulations, perhaps as a result of visual problems when using a VDU, it is necessary for the optometrist to carry out a full eye examination to determine the cause and to give appropriate advice. As part of the examination, the employee should be asked to describe the workstation and its environment.

5 On completion of the eye examination, optometrists are required by law to hand over to every patient a prescription or a written statement saying that no prescription is needed. They are also required by law to refer for medical advice those patients in whom they have discovered any sign of abnormality or disease. These obligations remain unchanged whether or not the eye examination is being carried out under the terms of the Health and Safety regulations, and the prescription or written statement is the property of the patient.

6 For the purpose of these Regulations, a report should also be made to the employer, with a copy to the employee, which should state clearly whether or not the employee needs a corrective appliance specifically for his or her work at the VDU. The prescription for the corrective appliance for VDU work, if prescribed, may be included in the report provided that the employee's consent has been obtained. The report should also contain a recommendation as to when the employee should be re-examined under the terms of these Regulations. Not only should advice be given in relation to spectacles but also in relation to aspects of the workstation which might be affecting the employee's vision at the screen. This information should be passed to the employer by the optometrist as part of his/her report.

7 Confidentiality of clinical information about the employee must be maintained at all times and clinical information should only be divulged to an employer if it is relevant to the employee's work at the VDU and only with the patient's consent.

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