



COLLEGE *of* OPTICIANS
OF BRITISH COLUMBIA
a B.C. Health Regulator

Standards of Practice & Guidelines

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Table of Contents

Guidelines to the Standards of Practice	3
<i>Section</i>	
1 Standard 1: Competence	4
2 Standard 2: Professional Conduct	5
Standard 3: Clinical Requirements	6
<i>3 Place of Business Location</i>	6
<i>4 Records</i>	9
<i>5 Knowledge and Clinical Expertise and Technology</i>	12
<i>6 Legal Obligations</i>	13
<i>7 Standards of Behaviour</i>	13
<i>8 Health Care Consumer History – Obtaining Case History</i>	14
<i>9 Communication with the Health Care Consumer</i>	15
<i>10 Health Care Consumer Management – Planning and Implementation</i>	15
<i>11 Dispensing Ophthalmic Appliance(s) - Eyeglasses</i>	17
<i>12 Dispensing Ophthalmic Appliance(s) - Contact Lenses</i>	18
<i>13 Automated Refraction</i>	20
<i>14 Health Care Consumer Referral</i>	24
<i>15 Co-management with other Eye Care Professionals</i>	25
<i>16 Low Vision Devices</i>	25
<i>17 Vision in the Workplace</i>	25
<i>18 Health Care Consumer Education</i>	25

College of Opticians of British Columbia

Guidelines to the Standards of Practice

In order to protect the public, the goal of these guidelines is the maintenance of the appropriate standards of professional competence and conduct by members of the College of Opticians of British Columbia (COBC).

These guidelines represent the College's view of good practice, i.e. what a competent optician is able to do in practical and achievable terms within existing training and skills. It does not constitute a checklist of clinical or professional procedures that must be performed.

Guidelines do not indicate what opticians must do in a given set of circumstances. They provide a guide as to the scope of services that the optician can provide. It is incumbent upon each practitioner to exercise professional judgment when determining the needs of each health care consumer.

Guidelines are not written for every Standard of Practice. New guidelines might be developed, as circumstances warrant, to reflect advances in medical science and constantly changing technology and/or scope of practice.

The guidelines may be used by the COBC in judging the competence and professional conduct of COBC members.

The inquiry committee may make reference to the guidelines in determining whether or not actions on the part of an optician amount to professional misconduct or unskilled practice.

These guidelines are set out as a reference to specific Standards of Practice and are presented in bold typeface. The Standards of Practice are presented in Italics. The numbering system reflects that used in the separate Standards of Practice document.

Standard 1: Competence

The Optician shall conduct him or herself so that health care consumers receive the Optician's most effective performance.

Criteria:

1.1 Each Optician is responsible for maintaining his or her competence.

1.2 Each Optician is responsible for evaluating his or her own educational needs and meeting those needs through programs of continuing education.

Guideline A: An optician is encouraged to access the on-line competency evaluation provided through the College as a means of identifying areas of expertise or areas of his or her own self evaluation and choose a program of education to enhance his or her areas of professional expertise.

1.3 The optician shall only perform tasks for which he or she has sufficient education and experience to perform competently and safely, and shall not engage in tasks that are beyond his or her capacity to perform.

Guideline A: An optician shall not practice if they are not competent in a area requiring expertise or if they are suffering from a physical or mental ailment an emotional disturbance or an addiction or under the influence of alcohol or drugs that impairs his or her ability to practice.

1.4 The Optician will refer, or assist health care consumers to find the necessary professional help when the condition or status of the health care consumer falls outside his or her scope of practice, education or experience.

1.5 The Optician shall not engage in the practice of Opticianry while his or her ability to do so is compromised or impaired

1.6 The Optician shall ensure that he or she meets the continuing education requirements as specified by the College of Opticians.

Guideline A: From time to time the College publishes requirements for continuing education. The College informs registrants of these requirements on a periodic basis. Despite the periodic publications by the College an optician has the responsibility for informing themselves of the current requirements.

1.7 The Optician shall maintain current knowledge of legislation, standards and policies pertaining to the delivery of Opticianry care and to the education and general welfare of his or her health care consumers.

1.8 *The Optician is responsible for inspecting any product, and determining the appropriateness of any solution, that is provided to a health care consumer.*

Standard 2: Professional Conduct

The Optician shall meet the ethical and legal requirements of professional practice.

Criteria:

2.1 *The Optician shall function in accordance with the Code of Ethics (standards of practice of the College of Opticians of British Columbia, bylaws, regulations, and Health Professions Act)*

2.2 *The Optician is responsible for the professional actions and consequences of actions of any student or non-registrant that they have agreed to supervise*

2.3 *Opticians are required to report any incident of unauthorized practice to the College of Opticians of British Columbia.*

Guideline A: Unauthorized practice is defined as fitting contact lenses or conducting refractive assessments without being a registered member of the College of Opticians, the College of Optometry or the College of Physicians and Surgeons.

2.4 *Opticians are required to report any incident of unauthorized use of the protected titles to the College of Opticians of British Columbia.*

Guideline A: Only registered members of the College of Opticians may use the protected title of the College. The words or phrases Optician, Contact lens practitioner, Licensed Optician, Refracting Optician, and Registered Optician are all protected titles or official marks of the College of Opticians.

2.5 *An optician must ensure that any staff member who uses the title of a regulated health professional must be a regulated member of that health profession.*

Guideline A: An optician must report any misuse of a title of any regulated profession to the College. This includes the use of the protected titles or official marks of the College

2.6 *An Optician shall only provide treatment which they know or believe is appropriate to meet the needs of the health care consumer.*

2.7 *An Optician shall only continue treatment of a health care consumer where such need is indicated and where the treatment continues to be effective.*

2.8 *An optician, at the request of a health care consumer or another optician has a duty to facilitate the timely transfer of a health care consumer file, prescription or assessment record to another health care professional.*

2.9 *The Optician shall recognize that, while he or she has the right respecting choice of health care consumers he or she shall act in a manner consistent with the British Columbia Human Rights Code.*

Standard 3: Clinical Requirements

The Optician shall meet the specific clinical requirements of professional practice.

Criteria:

Place of Business Location

3.1 *In order to provide services an optician must own, be employed in, maintain, or have access to a dispensing facility. A dispensing facility may include mobile service. It is the responsibility of the optician to make sure the dispensing facility meets the requirements as outlined in this standard of practice. The dispensing facility shall be neat and clean. In addition, the registrant must display his/her Certificate of Registration.*

3.2 *The registrant must provide the COBC with details about the dispensing facility at which the registrants dispensing services take place including the mailing address and the telephone number.*

Guideline A: The dispensing facility must include:

- Certificate of Registration must be prominently displayed
- A place to securely storage health care consumer records
- The examination area must be located with consideration to the privacy of the health care consumer and health care consumer's confidentiality.
- Sufficient in-facility sinks and disposal facilities to enable the maintenance of infection control standards

3.3 *Methods of infection control shall be determined and implemented to sterilize or sanitize all products or instruments used in health care consumer care.*

Guideline A: Methods of infection control shall be researched and a strategy implemented to sterilize or sanitize all products or instruments used in health care consumer care.

Guideline B: It is the responsibility of opticians and those under their supervision or mentoring to practice effective hand washing before and after assessments and/or fitting procedures. Hands should be washed with soap and thoroughly dried with a fresh cloth, towel or disposable paper towel. Hand towels should not be used multiple times.

Guideline C: The following services should be available in the facility to comply with infection control:

- Hot & cold water with hand soap, supplied to in-office sinks separate and apart from those that might be used for laboratory services.
- Appropriate precautions should be taken in the handling equipment
- Equipment used to adjust eyewear should be hygienically cleaned/swabbed to avoid transfer of matter between health care consumers. Pupil measuring devices, parts of the corneal measuring and slit lamp devices that come into contact with human beings must be sanitized between health care consumers.
- Disinfectant or sterilization techniques for instruments, contact lenses and surfaces, should include one of the following:
 1. Hydrogen Peroxide 3%
 2. Dilution to 1:10 (0.5%) of common household bleach (sodium hypochlorite)
 3. A chemical germicide approved and labeled for use as a sterilant/disinfectant, following label instructions
 4. 70% ethanol or isopropyl alcohol
 5. Autoclave/chemclave
 6. Any other procedure or technique authorized by the Centre for Disease Control as posted on the COBC website

3.4 An optician working in a dispensing facility must have access to a prescribed minimum amount of ophthalmic instrumentation dependent on the level of services that are offered at the facility.

Guideline A: The minimum required for the assessment of refractive errors includes:

- Automated refraction system comprised of one or more computerized components, including an auto refractor or auto phoropter or a similar device that is able to provide subjective and objective testing for refractive error
- The system must be approved by the College of Opticians as been satisfactory to meet the above requirement

Guideline B: The minimum equipment for contact lens fitting includes:

- Equipment required for ophthalmic facility, as listed in 3.2
- An instrument for measuring corneal curvature
- A slit lamp bio microscope
- Access to diagnostic trial contact lenses suitable to the type or area of contact lens practice. This means that an optician practicing by fitting only soft lenses is not required to have rigid fitting sets. It also allows an optician to obtain diagnostic lenses from a supplier for use with a specific health care consumer.
- It is expected that an optician will use diagnostic lenses on all new contact lens fittings
- Disinfection equipment/solution for diagnostic contact lenses

Guideline C: The minimum required for low vision assessment includes:

- Distance and near low vision charts
- Three near diagnostic magnification aids
- Three distance diagnostic magnification aids
- The ability to demonstrate and/or refer for non-optical aids electronic aids
- as well as orientation and mobility testing

Guideline D: The minimum equipment required for a general dispensing facility is:

- A lensometer or other device for measuring the power of a lens
- A penlight or trans illuminator
- A device for measuring the pupillary distance of a health care consumer
- A device for measuring the segment or progression height for multi vision lenses
- Lens Gauge/Clock
- PD rulers
- Thickness calipers

- Distometer

Records

4.1 An optician must make and maintain a record of his/her care for each health care consumer that contains the results of measurements and observations according to the bylaws of the College

Guideline A: Opticians have a duty to ensure that complete and legible records of the health care consumers under their care are maintained.

Guideline B: Records must minimally contain the following information:

- The dispensing optician/contact lens fitter/refracting optician should be readily identified
- The dates of entries to the record
- The identity and personal information of the health care consumer
- The health care consumer's case history appropriate to the area of service.
- The assessment and recommendations made and the results of the treatment
- Any refractive assessments or copies of prescriptions provided or returned to the health care consumer
- Referrals made
- Information from other sources, including past records and consultants' reports
- Financial transactions, including billings, refunds, third party reports completed and receipts to third parties
- An optician providing contact lenses to a specification provided by the health care consumer is required to keep a health care consumer history as if they are a new contact lens health care consumer

Guideline C: Opticians are responsible for the accuracy of all measurements, the specification ordered and received and the accuracy of transcriptions of that information. The optician's responsibility for a record has been fulfilled as long as the relevant information has been correctly transcribed.

4.2 Records are to be organized and maintained in ways that allow for retrieval and review in a timely manner.

Guideline A: Records should be labeled correctly and filed appropriately.

Electronic records should be backed up on a regular basis. Whiteout must not be used for updates to paper charts. Opticians may update paper charts by crossing through the text, writing in the update and dating and initialing the changes to the record. Electronic records should detail the change, date of the change and identity of the person making the change.

4.3 Records shall be legible and understandable by the optician, the health care consumer and the College

Guideline A: All relevant information pertaining to the health care consumer should be recorded in the record in a legible and permanent (i.e. not pencil) format understandable and useable by all parties. At least one copy of the health care consumer record must be written in English or French.

4.4 Records must be maintained and/or transferred as set out in Privacy Legislation. A copy of the legislation is posted on the COBC website

Guideline A: The COBC must be notified within 21 days when records are moved to another location. It is recommended that health care consumers whose records have been moved be informed of the shift.

4.5 Except in circumstances specified by law, the information contained in a health record shall be maintained confidentially.

Guideline A: Records are maintained in accordance with ethical standards and the law. This means health care consumer names and addresses may not be released to other parties for use in mailing lists except when used to send out your practice's health care consumer recall notices or newsletters.

Guideline B: Anonymity of the health care consumer must be maintained when confidential information regarding the health care consumer is discussed with others, unless those parties are engaged in the management of the health care consumer. Access to records must be limited to authorized individuals only. Authorized individuals would be those individuals who are within the health care consumer's circle of care.

Guideline C: Information from a health care consumer record and/or that obtained from a health care consumer may be released only with the written or implied consent of the health care consumer.

Guideline D: Registrants must remedy instances where confidentiality of health care consumer records is at risk. i.e. paper files should not be left open on a desk; computer files should be closed or minimized on the desktop if a person is interrupted in doing data updates on a health care consumer file.

4.6 Opticians are to provide health care consumers with reasonable access to the information maintained about them in the record.

4.7 Refraction opticians are required to provide a copy of any assessment of the correction of refractive error they have completed for a health care consumer. The copy of the assessment shall include the measurement of the health care consumers inter pupillary distance.

Guideline A: Opticians are expected to promptly provide a copy of prescription or assessment record, upon request by the health care consumer or another optician acting on behalf of the health care consumer.

Guideline B: Such requests should be fulfilled no later than the next business day.

Guideline C: Opticians are able to charge a fee for an assessment as well as the measurement of the health care consumers PD. These charges are to be determined by the optician and clearly conveyed to the health care consumer prior to the examination.

Guideline D: Health Care Consumers are entitled to have a copy of their record. There should be no charge for the provision of these records to the health care consumer of his/her assessment record, product specifications or prescription if given at the time of the initial transaction.

Guideline E: Should health care consumers request duplicate copies of all or a part of the record a reasonable service fee may be charged.

Guideline F: A refractive assessment should contain both the name and signature of the refracting optician and the name of the Opticianry practice where the health care consumer's record is held and the date that the refractive assessment was generated.

Guideline G: An optician is not obligated to release an assessment if the health care consumer has not paid the service fees associated with the generation of the assessment

Guideline H: Commentaries or disclaimers on the optical prescription must be accurate, truthful and not misleading, nor infringe on the rights of the health care consumer or allied health care providers. The health care consumer retains the right to have the refractive assessment given to the dispenser of their choice.

4.8 Opticians should use the format for recording of specifications provided to health care consumers for eyeglasses, contact lenses and assessment records as posted on the COBC website.

Guideline A: As long as the information detailed in the COBC format is contained in the form a dispensary may choose to use its own format design.

4.9 Records are to be held for as long as necessary to satisfy the clinical, ethical, financial, and legal obligations of the optician.

Guideline A: It is the generally held principle among health professions that records be held for 10 years. COBC bylaws stipulate it must be held for a minimum of 3 years

Guideline B: Members who retire or move out of province must make arrangements for the transfer and/or safe storage of their records so that such records can be accessed as necessary. The COBC must be informed of the location of the files upon transfer.

Guideline C: Members should establish and keep a paper trail for their own records of when the records were transferred, to whom they were transferred and the dates of transfer and receipt of the records.

Knowledge and Clinical Expertise and Technology

5.1 In order to be able to offer best practice service and care to health care consumers.

5.2 Opticianry knowledge and clinical skills shall be developed and maintained; developments in clinical theory and Opticianry techniques and technology are to be evaluated for clinical practice and should be applied and adapted as appropriate.

Guideline A: Opticians should read recent publications and undertake continuing professional education in order to meet or exceed COBC continuing education requirements. Opticians should undertake exercises such as:

- Regular review of appropriate journals and electronic media
- Attend seminars, conferences and regular continuing education programs
- Documented clinical experience and summaries of developmental discussions with colleagues are appropriate methods of professional development.
- An optician has the option of completing competency recognition testing units available on the COBC web site.

Legal Obligations

6.1 Professional fee structures are to be understood, and agreements with third party contracts shall be reviewed and adhered to. Opticians shall ensure their fees and company policies on returns and discounts are explained to health care consumers in advance of provision of services.

Guideline A. Refracting opticians may provide the refracting service at no charge if their business plan so requires but may not then charge the health care consumer for a copy of the assessment record should the health care consumer decide to have product dispensed from another dispensary. However the fee may be quoted prior to the refraction and then waived should the health care consumer decide to purchase from the refracting optician.

Guideline B. Publishing of a price list assures health care consumers of fair dispensing practices. Discounts and sale prices can certainly be part of a business.

6.2 Registrants must be familiar with Statutory and common law obligations relevant to practice Health Care Consumer consent and release of information forms must be utilized. In a format that contains information as suggested by the COBC

Standards of Behaviour

7.1 The scope of Opticianry services provided must be those deemed necessary for the care of the health care consumer. The dignity and rights of the health care consumer must be respected.

Guideline A: Only necessary office visits, optical and other appliances, and other treatments should be recommended to the health care consumer so as not to obligate health care consumers into ordering products beyond their budgets.

Guideline B: These documents are provided to the practitioner in their blue College manual. Updates and advisories should be filed in the manual as they are received, and the manual kept available for handy reference.

Guideline C: The practitioner must adhere to the following provincial acts:

- The Human Rights Code
- Personal Information Protection Act
- Freedom of Information and Protection of Privacy Act
- Business Practices and Consumer Protection Act
- Sale of Goods Act

Health Care Consumer History – Obtaining Case History

8.1 Reasons for the health care consumer's visit are to be elicited in a structured way and relevant information must be recorded.

Guideline A: The optician should actively listen to the health care consumer, note body language and anxieties, clarify misconceptions, note and understand the reason for the health care consumer's visit, and determine health care consumer expectations.

8.2 Information and data required for assessment, dispensing and management shall only be elicited from the health care consumer, legal guardian and/or other professionals with the health care consumer's or legal guardian's written or otherwise implicit permission.

8.3 Information elicited shall be sufficiently detailed in order to facilitate both immediate and ongoing care of the health care consumer.

Guideline A: Necessary information may include but is not limited to:

- Presenting health care consumer need
- Personal and family history
- Pertinent behavioral patterns that might impact fitting and/or dispensing optical products such as gait, general movements, mobility, balance, posture,
- Visual needs (occupational, recreational, environmental, and others)
- Medications (current and past)
- Previous assessments and treatments by other professionals
- Previous illness with ocular or visual developmental significance
- Surgical intervention with visual/ocular relevance
- Trauma, accident and injury of ocular/visual significance
- Follow-up questions, ongoing history throughout assessment
- Identification of risk factors for certain eye conditions
- Duration, severity and progression of complaints
- Time of onset of complaints
- Type and time of injury

- Non-prescription interventions
- Allergies, pregnancy, glaucoma, hypertension, diabetes, etc.
- Reading of previous histories and contacting other professionals for information, when required

8.4 Subsequent assessments that may be performed should be identified on the health care consumer's record, while earlier information and data shall be confirmed in order to maintain an appropriate perspective in the ongoing care of the health care consumer.

Communication with the Health Care Consumer

9.1 Modes and methods of communication that take into account cultural background of the health care consumer shall be used.

Guideline A: The optician has a duty to ensure, as far as possible, that health care consumers understand the testing procedures and outcomes of their eye examination. Tools should be utilized in the effort to explain to a health care consumer what can and cannot be achieved with a given procedure or appliance. The optician should always use appropriate language, vocabulary and terminology, and rephrase questions when necessary to enhance understanding. Sign language, interpreters or other means should be used where appropriate.

Guideline B: Where a refraction service is to be performed the health care consumer must be guided through the written notice provided by the College (see section on refracting) and it must be signed by the health care consumer as an indication of understanding prior to performing the service. The written notice must also be signed by the refracting optician to attest that he or she has ensured the health care consumers understanding of the process.

Guideline C: Copies of prescriptions, assessments and health care consumer history must be provided to the health care consumer in either English or French. This does not preclude providing an extra copy in the language understood by the health care consumer

Guideline D: A structured, efficient, rational and comfortable exchange of information between the optician and health care consumer should take place.

Guideline E: The optician should greet the health care consumer by introducing or identifying him/herself as a licensed professional. Good eye contact should be used. Health Care Consumers should be listened to with tact and rapport.

Health Care Consumer Management – Planning and Implementation

10.1 Consideration should be given to the relative importance or urgency of the presenting complaint and assessment findings.

Guideline A. The optician should invite and answer questions in clear language so that the health care consumer fully understands the recommendations and where appropriate referral should be made in a fashion commensurate with any actual urgency discovered by the assessment.

10.2 A management plan shall be chosen with the health care consumer following counseling and explanation of the recommended service or product. While a management plan is good practice for health care consumers who are the recipients of any optician services this is most particularly applicable to those who are contact lens health care consumers or refracting health care consumers.

Guideline A: Health Care Consumers should be helped to make informed decisions regarding:

- The management option to be used
- The need for ongoing care, review, referral, or conclusion of service
- Advice on adjusting to dispensed products in their daily living
- Optical correction
- Awareness of validity, cost and reasonable expectations of recommended options
- Referral, co-management, eye protection
- Modification of visual tasks, lifestyle requirements

10.3 The informed consent of the health care consumer must be obtained for the initiation and continuation of any management plan.

Guideline A: The optician should answer health care consumer questions, clarify any ambiguities or misinterpretations, and record all advice given in the health care consumer record along with the date when the advice was given.

10.4 Health Care Consumers requiring ongoing care and review shall be advised as to when their fit, visual acuity and vision health should next be evaluated

10.5 Opticians must comply with the Opticians Regulations by providing the health care consumer a written copy of the assessment record or authorizing document for an ophthalmic appliance or other visual aid.

Guideline A: The assessment record should contain both the name and signature of the assessing optician, the date that the assessment record was generated and the name of the practice where the health care consumer's record is held.

Guideline B: An optician is obligated to release an assessment record, with the exception of the health care consumer not having paid the service fees associated with the generation of the assessment record.

Guideline C: Commentaries or disclaimers on the assessment record must be relevant, truthful and not misleading, nor infringe on the rights of the health care consumer or allied health care providers. Health Care Consumers retain the right to have the assessment record given to the dispenser of their choice.

Guideline D: The optician should include with the assessment record a copy of the recommended frequency of eye health examinations along with a description of signs and symptoms that would indicate more immediate attention is required.

Dispensing Ophthalmic Appliance(s) - Eyeglasses

11.1 The suitability of spectacles as a form of correction for the health care consumer needs to be assessed and alternatives considered.

11.2 The health care consumer's refraction, visual requirements and other findings must be applied to determine the corrective power of the ophthalmic appliance

11.3 The optician has a professional obligation to the health care consumer to ensure that any service or product that he or she has recommended meets the needs of the health care consumer.

Guideline A: In some instances a better choice would be contact lenses or some alternate form of visual correction. In other instances budgetary or physiological considerations might necessitate alternate product specific recommendations.

Guideline B: Opticians who initiate a dispensing function with a health care consumer are professionally obligated to review any complaints from the health care consumer and resolve any issues regarding the ophthalmic efficacy of the appliance.

Guideline C: Contact lens orders may be supplied to the health care consumer by non-registrants. It is the responsibility of the registrant to ensure that the health care consumer is provided with written instructions on lens care and a follow-up schedule.

Guideline D: The registrant must record in the health care consumer file if there are any contraindications that necessitate an examination of the health care consumer.

Guideline E: Opticians are responsible for the dispensing functions being performed by both registrants and non-registrants who are employed by them or who are managed or mentored by them.

11.4 The health care consumer should be assisted in selecting an appropriate ophthalmic appliance.

11.5 Frame and lens parameters need to be considered for the health care consumer's visual condition, needs and expressed desires.

11.6 Lenses shall be ordered and fitted to spectacle frames in accordance with accepted tolerance standards.

11.7 The ophthalmic appliance must be verified against the prescription or assessment record and fitted to the health care consumer.

Dispensing Ophthalmic Appliance(s) - Contact Lenses

12.1 Contact Lenses for prospective or existing health care consumers shall be assessed using required equipment and assessment tools.

12.2 The health care consumer's refraction, visual requirements and other findings must be applied to determine the contact lens specifications.

Guideline A: A contact lens practitioner is responsible for the accuracy of specifications supplied to a health care consumer. They are not responsible for the accuracy of any product made from specifications made by another supplier

Guideline B: Contact lens practitioners must do a slit lamp observation of the corneal surface as well as take measurements of the curvature of the corneal surface and apply the appropriate calculations to arrive at the lens powers required

Guideline C: Contact lens practitioners must perform trial fittings as a means of arriving at recommended fitting parameters.

12.3 Contact lenses received from a lab or supplier for a named health care consumer shall be verified before the lenses are supplied to the health care consumer.

Guideline A: Verification of the lenses includes matching the received lenses to the specifications ordered including lens type, thickness, water content, diameter, base curve and in the case of rigid lenses, edge treatments and areas of blended curve.

12.4 Contact lenses must be assessed on the eye for physical fitting and visual performance.

Guideline A: Health Care Consumers should be assessed within two weeks after initial dispensing of contact lenses or sooner as determined by the contact lens practitioner. A subsequent management plan should be developed based on the results of that assessment.

Guideline B: Re-orders of contact lenses may be accepted and processed without the health care consumer seeing the contact lens practitioner. In a case where it is the optician's best judgment that the health care consumer should be seen prior to ordering i.e. if the health care consumer has a history of over wear issues, the optician needs to advise the health care consumer that it is in his/her better vision health interest to be seen for re-assessment. Such advice should be recorded and dated in the health care consumer file. If the health care consumer declines to be re-assessed it is the decision of the optician whether or not to accept the re-order. Once received and verified by the contact lens practitioners the contact lenses may be dispensed by non-regulated personnel but cautionary information should be given at that time in both verbal and written forms advising the health care consumer to be aware of potential negative wearing symptoms and a reminder of when it would be best to return for a scheduled assessment.

Guideline C: Once an optician has accepted a health care consumer by providing contact lenses either in a store or by the Internet the optician becomes responsible for the continued well-being of the health care consumer

12.5 The health care consumer shall be instructed in matters relating to ocular health and vision in contact lens wear, insertion and removal techniques, maintenance, and replacement frequency.

12.6 Contact lens performance, ocular health and health care consumer adherence to wearing and maintenance regimen must be monitored.

12.7 Opticians must comply with Section 6(7) of the Health Professions Act Opticians Regulations with regards to providing the health care consumer a written copy of specifications of the contact lenses.

12.8 As regulated professionals it is prudent for opticians to ensure professional standards are applied to all products dispensed by them.

Guideline A: If an optician decides to provide contact lenses on the basis of specifications provided by the health care consumer the optician should

- Advise the health care consumer that an independent assessment of fit is in his/her best interest.

- If a decision is made to accept the order, make certain that the lenses received are the lenses that were ordered
- Make certain that the health care consumer received oral and written information at the time of dispensing about potential negative wearing symptoms and a reminder of when it would be best to return for a scheduled assessment. This advice should be recorded on the health care consumer file

12.9 A contact lens fitting is considered complete and the specifications recommended accurate only after the health care consumer has returned for a follow-up assessment as recommended by the contact lens practitioner.

Guideline A: The follow-up assessment should take place after the health care consumer has had enough time to build up to a full-time wearing schedule as recommended in 3.11.2.4 of this document. Until such time as the fitting is complete the optician should not release the specifications because they cannot be considered to be accurate before that time.

12.10 Contact Lenses for prospective or existing health care consumers shall be assessed using required equipment and assessment tools

12.11 The patient's refraction or refractive assessment as well their visual requirement and any other mitigating factors must be applied to determine the contact lens specifications.

Guideline A: If the contact lens fitting has been completed using the standards of accuracy required by the COBC, and if the specifications have been accurately recorded and given to the health care consumer, the contact lens practitioner is not responsible for any product that may be ordered subsequently by the health care consumer from another supplier

Guideline B: Contact lens specifications can only be considered valid if the health care consumer has been seen within 12 months of dispensing of the lenses. For purposes of providing specifications based on an assessment that was done in a prior time frame, the contact lens practitioner should satisfy him/herself that the cornea and adnexa have not been altered by wear thus requiring a modified fit.

Automated Refraction

13.1 The registrant must provide written notice to the health care consumer, in the form specified in the bylaws and in a language understood by the health care consumer, at the time of the independent automated refraction, explaining:

- a) that the procedure to be conducted is an independent automated refraction and is not an eye health examination,
- b) the distinction between an independent automated refraction and an eye health examination which ocular diseases or other conditions specified in section 5 of this Schedule preclude a health care consumer from being able to have an independent automated refraction, and
- c) the desirability of periodic eye health examinations based on the age and overall health of the health care consumer, and recommending that the health care consumer have an eye health examination in addition to the independent automated refraction according to that recommended schedule

Guideline A: For purposes of establishing a recommended schedule the COBC endorses the recommendation of the Canadian Ophthalmological Society as posted on the COBC website.

13.2 Prior to conducting the independent automated refraction, the registrant must ensure the health care consumer has signed the notice described in the Schedule of the Regulations, attesting to the following:

- a) that the health care consumer has read and understands the information contained in the notice;
- b) that the health care consumer is between the ages specified in the Schedule to the Regulations;
- c) that the health care consumer has had the examination specified in the Schedule to the Regulations;
- d) that to the best of the health care consumer's knowledge, the health care consumer is not subject to and does not have a history of any ocular disease or other condition specified in Schedule to the Regulations.

Guideline A: If the health care consumer does not meet the requirements established in section 2 of this Schedule, the registrant must not conduct the independent automated refraction and must recommend that the health care consumer have an eye health examination.

13.3 The registrant must not conduct an independent automated refraction for a health care consumer who

- a) is under the age of 19 years or is 65 years of age or older,*
- b) has not had at least one eye health examination since attaining the age of 19 years or, if the health care consumer is 40 years of age or older, has not had at least one eye health examination since attaining the age of 40 years, or*

c) is subject to or has a history of any of the following:

- *glaucoma, retinal detachment, macular degeneration or diplopia;*
- *a prescription for corrective lenses containing prisms;*
- *refractive error exceeding plus or minus 6.00 dioptres in either eye;*
- *diabetes or hypertension;*
- *recent head trauma;*
- *injury or pain occurring to or in either eye within the previous 3 months;*
- *any other condition, symptom or sign indicating a need for an eye health examination as set out in the standards, limits or conditions established by the college for the practice of Opticianry.*

13.4 The registrant must, in relation to the notice signed under section 2 of this Schedule:

- a) *provide, free of charge, and whether or not requested by the health care consumer, a legible written or electronic copy to the health care consumer containing the information outlined in section 4.7 of the Standards of Practice, and*
- b) *retain a copy with the health care consumer's health care record until it may be destroyed in accordance with the bylaws.*

13.5 Corrective eyeglass lenses must not be dispensed, and a contact lens must not be fitted or dispensed, on the basis of an assessment record, in any of the following circumstances:

- a) *the assessment record indicates that there has been a change in refractive error exceeding*
 - *plus or minus 1.00 dioptre in either eye within the previous 6 months, or*
 - *plus or minus 2.00 dioptres in either eye since the date of the most recent prescription or assessment record, if any, provided by the health care consumer to the registrant;*
- b) *the assessment record indicates that there is refractive error exceeding plus or minus 6.00 dioptres in either eye, or prisms might be required;*
- c) *the best corrected visual acuity will be less than 20/25 in either eye;*

d)the health care consumer is not satisfied with the health care consumer's best corrected vision after 2 contemporaneous independent automated refractions have been *conducted*.

13.6 The registrant must recommend that a health care consumer have an eye health examination in any of the circumstances described in section 6 of the Schedule to the regulations. The recommendation and should be recorded in the health care consumer file along with the date upon which the recommendation was given.

13.7 The limitations contained in the Schedule to the Regulations do not apply, if a prescriber who has performed an eye health examination of the health care consumer has requested a registrant to conduct an independent automated refraction on the health care consumer.

13.8 The health care consumer must not be charged for an independent automated refraction if:

- a)due to an error during the independent automated refraction, no assessment record is produced or a corrective eyeglass lens or contact lens cannot be fitted or dispensed using information contained in the assessment record, or
- b)under section 6 of this Schedule, a corrective eyeglass lens or contact lens must not be fitted or dispensed using information contained in the *assessment record*.

13.9 The registrant must, in relation to the assessment record, must set out the health care consumer's inter-pupillary distance in the assessment record, as measured at the time of the independent automated refraction and provide, free of charge, a legible written or electronic copy to the health care consumer, whether or not requested by the health care consumer, and another person specified by the health care consumer, if requested by the health care consumer, and retain a copy with the health care consumer's health care record until it may be destroyed in accordance with the bylaws.

Guideline A: An optician is not required to measure the PD of a person who is not a health care consumer. An optician may do so if they choose. The optician may charge a suitable fee for the service.

Guideline B: An optician is not required to provide a specification for a health care consumer who has not paid the optician for their service.

Guideline C: If an optician has previously supplied ophthalmic product to a health care consumer, and the optician has received payment for the service, then the optician must provide the specifications of the product dispensed to the health care consumer.

Guideline D: An optician may charge a reasonable fee for providing a copy of the specification

Guideline E: An optician may refuse to provide a refractive assessment to a health care consumer if the optician believes the assessment to be inaccurate or the health care consumer is outside the limitations of when an optician can conduct an assessment

Guideline F: Opticians may accept assessment records developed by a refracting optician registered with the COBC as the basis for dispensing a pair of eyeglasses or contact lenses.

Guideline G: Opticians are not obliged to take the PD of an individual unless it is done in the course of undertaking to provide automated refracting or dispensing services. Opticians may choose to do so as a 'fee for service' undertaking.

Health Care Consumer Referral

14.1 The need for referral to other professionals for assessment and/or treatment shall be recognized and should be discussed with the health care consumer.

Guideline A: An optician must refer a health care consumer to an appropriate practitioner when the health care consumer presents with a condition requiring evaluation or treatment considered to be outside his/her level of competence or comfort.

14.2 When indicated, referrals shall be made to members of other disciplines, other health care practitioners and/or other opticians.

Guideline A: Abilities and limitations of opticians and other health and allied health professionals must be considered when making a referral to another professional or another optician. The health care consumer's physician must be contacted when indicated, particularly when complications of a known ocular condition or its treatment are suspected.

14.3 A suitable professional must be recommended to the health care consumer.

Guideline A: Referrals should include clearly articulated information outlining the identity and date of birth of the health care consumer, reasons for referral, urgency, specific tests already performed family and medical history and any other relevant information.

14.4 The observations, and assessments leading up to the referral shall be included with the health care consumer record, identifying the assessing practitioner and dates of correspondence.

14.5 The referral reply must be retained by the optician and his/her successor or agent for as long as necessary to satisfy the clinical, ethical, financial and legal obligations of the optician.

Co-management with other Eye Care Professionals

15.1 Optician shall provide collaborative assessment as required see section 3.2.3.5.

15.2 Post-treatment follow-up assessment and monitoring of signs according to the referred professional's requirements and the procedure must be undertaken as requested and/or required.

15.3 Optician must arrange appropriate further post- treatment referral or assessment of complications that may be observed by the optician once the health care consumer has been returned to his/her care.

Low Vision Devices

16.1 A range of low vision devices must be demonstrated.

16.2 Low vision devices suited to the health care consumer's visual requirements and functional needs must be recommended.

16.3 The health care consumer must be instructed in the use of the low vision device.

16.4 The success of the low vision device must be evaluated and monitored and additional or alternative devices recommended as necessary.

Vision in the Workplace

17.1 Advice must be provided on eye protection, visual standards and visual ergonomics in the workplace.

17.2 Individuals must be counseled on the suitability of their vision for certain occupations.

17.3 Certification of an individual's visual suitability for designated occupations or tasks must be provided when appropriate.

Health Care Consumer Education

18.1 The optician shall provide verbal, written or electronic information concerning any instructions, conditions or treatments provided or recommended to a health care consumer.