RIVERMEAD INCLUSIVE TRUST

inspiring the journey for independence together

Eyecare Policy and Procedure

Non-Statutory

Reviewed every two years

Signed:  (Chair of the Trust)

Date of last review: 29/2/24

Date of next review: January 2026

1. Introduction

The Health & Safety Regulations 1992 (Display Screen Equipment Regulations) and as amended, requires employers to minimize the risk of Visual Display Unit (VDU) working by ensuring your place of work and your job is well designed.

The regulations apply where you, as an employee, are deemed to be a 'user' of VDUs as a significant part of your work. In effect this means that the majority of staff members are considered users. As a guide, you are likely to be a user if you use a VDU for at least 2 hours each day with limited scope to vary your activities.

2. Provision of Eye Testing

If you are deemed a user, then you are entitled to ask for an eye test paid for by Rivermead Inclusive Trust, to be carried out by a qualified ophthalmic optician.

Repeat testing is carried out under this policy according to the clinical judgement of the ophthalmic optician.

3. How to request an Eye Test

You must request your eye sight test by completing the Eyesight Test Referral Form in Appendix 1 of this document. The form should then be submitted to your line manager who will sign the form to confirm that you are deemed a regular VDU user and, therefore, have an entitlement to an eye sight test. The completed form must then be forwarded to the HR Team.

Upon receipt of the Eyesight Test Referral Form, HR will give you permission to continue with your eyesight test.

To reclaim the cost of this test you will need to complete the Expenses/Subsistence section of the Travel and Subsistence Claim form and attach a valid receipt from the ophthalmic optician. This form will need to be authorized by your line manager prior to being sent to Rivermead Inclusive Trust Headquarters for processing. A refund of the eyesight test will be included within your monthly salary.

4. After the Eye Test

Following the eye test, if you are required to wear glasses solely for VDU use, Rivermead Inclusive Trust pay a maximum of £50 towards these. To reclaim the cost of your eyewear, you will need to complete the Expenses/Subsistence section of the Travel and Subsistence Claim form and attach a valid receipt from the ophthalmic optician. Any additional cost will be entirely a matter for yourself.

5. Useful Weblink

Health & Safety Executive

www.hse.gov.uk

Appendix 1

Rivermead Inclusive Trust

EYESIGHT TEST REFERRAL FORM (DISPLAY SCREEN EQUIPMENT USERS)

Name: ……

Job Title: ……..

Location: ……..

Contact Tel. No: ……

I have identified the above member of staff as a regular VDU user and request an eyesight test in accordance with the Rivermead Inclusive Trust Eyecare Policy.

I note that the full cost of the eyesight test and the maximum cost of £50 towards eyewear to be required for **VDU use only**, will be met by Rivermead Inclusive Trust.

Name of Line Manager: ……..

Manager's Signature: …… Date: ……..

I confirm that I am a regular VDU user and require an eye test.

I note that the full cost of the eyetest and the maximum cost of £50 towards eyewear to be required for **VDU use only**, will be met by Rivermead Inclusive Trust.

Employee's signature……..
Date:……..

Please send this completed form to the Human Resources manager. Please also complete the 'Expenses/Subsistence' section of the Travel and Subsistence Claim Form and return to Rivermead Inclusive Trust Headquarters along with valid receipts.

PMC013 – TRAVEL AND SUBSISTENCE CLAIM – ***A SEPARATE CLAIM MUST BE COMPLETED FOR EACH CALENDAR MONTH***

NAME……..…….. **EMPLOYEE NO:** ……..

DIRECTORATE…Childrens Services – Education & Libraries **POST NO**.:…… ***(See Note 1)***

Make and model of vehicle (only one vehicle per claim)
……
Registration number……..
Engine Capacity ……
Claim for month of……..…….. Year……

TICK ONE BOX ONLY

Lease Car Holder	
Special Allowance Payment	
Essential User (in receipt of lump sum)	
Casual User	

Only complete the FMS Code boxes when costing is to be different from employee's regular pay code.

VAT RECEIPT FOR FUEL MUST BE ATTACHED-See Note 2(i) **FMS CODE**

CLAIMABLE MILEAGE ONLY-*See Note 2(ii)*

0	4	3	0	5	0	9	8	0	0	0	0	0	

DETAILS OF JOURNEY			PURPOSE OF JOURNEY	MILEAGE CLAIMED	
DATE	FROM	TO		NON TAXABLE MILES	TAXABLE MILES
Please use Log Sheet if necessary			**BROUGHT FORWARD**		
			GRAND TOTAL		

RECORDABLE MILEAGE ONLY (Recorded for tax purposes only) - *See note 2(iii)*

DETAILS OF JOURNEY			PURPOSE OF JOURNEY	NUMBER OF MILES
DATE	FROM	TO		
Please use separate sheet if necessary			**TOTAL**	

Continuation/Log Sheets may be attached.

Ensure that the total figure is clearly shown

FARES -*See note 4* **FMS CODE**

This section to be used to claim fares for either or both of the following:
(1) When a fare has actually been purchased – if receipt not attached you will be taxed
(2) Fare claimed as more economical than claiming mileage (See note 2)

DATE	FROM	TO	DESCRIPTION	Has the fare been claimed as a more economical method of transport (as alternative to claiming the mileage?) (State Yes or No)	NON-TAXABLE £	P	TAXABLE £	P
Please use separate sheet if necessary				**TOTAL**				

EXPENSES/SUBSISTENCE-*See note 5* **FMS CODE** 0 4 3 0 5 0 9 8 0 0 0 0 0 0 0 0

DATE	FROM	TO	DESCRIPTION	NON TAXABLE		TAXABLE	
Please use separate sheet if necessary			**TOTAL**				

Please see guidance notes attached – I certify that the mileage allowances, subsistence and other expenses claimed above were incurred and claimable in connection with my official duties. I confirm that the vehicle used is insured to allow business use by me on behalf of Medway Council. I hold a valid driving licence and the vehicle is roadworthy (I understand that I may be asked to provide evidence of having valid Documentation). I understand that incomplete forms will be returned to me which may result in delay of payments and false claims for Travelling and/or subsistence may lead to disciplinary action being taken against me.

Signature of employee…… ……Date……..

Signature of Officer checking & authorising payment…… ……Date……

Print Name……

FOR PAYROLL USE

DATE INPUT / /
INITIALS…….

Claims must be submitted to the Operations Team (Payroll) by the 6th of each month .