



HUMBERSIDE FIRE AND RESCUE SERVICE

People & Development

Vision Screening & Standards Policy

Owner	Executive Director of People & Development
Responsible Person	Head of Occupational Health & Wellbeing
Date written	March 2019
Date of last review	November 2023
Date of next review	November 2025
EIA Reviewed	February 2024



**What we must
do well**



**How we support our
communities**



**We value and support
the people we employ**



**We efficiently manage
the Service**

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1. INTRODUCTION

Humberside Fire & Rescue Service (HFRS) recognises the value of the health and wellbeing of its workforce to the current and future health and success of the Service by proactively promoting a positive health culture.

The organisation recognises the benefit of appropriate and timely assessment, treatment and provision of visual aids for safety in the workplace. This Policy explains the process by which those benefits will be realised.

Core Code Of Ethics

HFRS has adopted the Core Code of Ethics for Fire and Rescue Services. The Service is committed to the ethical principles of the Code and strives to apply them in all we do, therefore, those principles are reflected in this Policy.

National Guidance

Any National Guidance which has been adopted by HFRS, will be reflected in this Policy.

2. EQUALITY & INCLUSION

HFRS has a legal responsibility under the Equality Act 2010, and a commitment, to ensure it does not discriminate either directly or indirectly in any of its functions and services nor in its treatment of staff, in relation to race, sex, disability, sexual orientation, age, pregnancy and maternity, religion and belief, gender reassignment or marriage and civil partnership. It also has a duty to make reasonable adjustments for disabled applicants, employees and service users.

3. AIM AND OBJECTIVES

As we age our eyesight deteriorates. With this natural deterioration it is essential that applicants meet a required standard of vision when applying to join the fire service as firefighters, and as serving personnel, minimum standards of visual acuity must be achieved.

<https://www.fireservice.co.uk/recruitment/eyesight/>

Furthermore, as an employer, we have an obligation to protect workers from the health risks of working with display screen equipment (DSE), such as PCs, laptops, tablets and smartphones.

<https://www.hse.gov.uk/msd/dse/index.htm>

The Health and Safety Regulations apply to workers who use DSE daily, for an hour or more at a time. We describe these workers as 'DSE users'. The regulations don't apply to workers who use DSE infrequently or only use it for a short time.

4. ASSOCIATED DOCUMENTS

- [Equality Impact Analysis](#)
- Legal References
 - There are legal obligations to meet minimum eyesight rules for driving as per the Driver and Vehicle Licensing Agency (DVLA).
<https://www.gov.uk/driving-eyesight-rules>
 - The law says employers must arrange an eye test for **display screen equipment (DSE) users** if they ask for one and provide glasses if an employee needs them only for DSE use.
<https://www.hse.gov.uk/msd/dse/index.htm>
 - For more information on organisational and statutory standard requirements and information about contra-indications can be obtained from The Chief Fire Officers Association (CFOA) by following the weblink below.
<http://medical.cfoapublications.co.uk/12369>
 - Health and Safety Regulations
- National Guidance
There is no specific National Guidance relevant to this policy.
- [Recruitment Policy](#)

5. SCOPE

This guidance applies to all employees of HFRS. The College of Optometrists recommends that everyone over the age of 16 should have an eye test every two years, and more frequently if they have an eye problem.

As previously stated, there are organisational and statutory standard requirements associated with some roles, e.g., operational personnel, vehicle drivers and DSE users. There is a provision of vision assessments and visual aids by the Service, either by in-house vision screening or by a voucher system which is available via Occupational Health & Wellbeing (OH) for HFRS employees. Generally, eye test vouchers will be issued 2 yearly, however, should an individual feel their vision has significantly deteriorated they can request an earlier assessment which will be considered by an OH professional.

6. GUIDANCE INFORMATION

The service provided by HFRS does not replace what is available via the NHS and individuals may alternatively choose to self-fund a private assessment.

Individuals may self-refer to OH or may be referred by managers (where there is a work-related concern) to OH by contacting the OH administrators.

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Personnel attending for any vision check will be tested with and without visual aids. Therefore, individuals must ensure that any current spectacles or contact lenses containers are brought to their appointment.

Contracted services for operational personnel and those requiring Personal Protective Equipment (PPE), such as safety glasses and BA inserts, are provided by:

- Sightcare Opticians, Willerby & Brough
- Mackay and Rollett Ltd, Grimsby
- Eyesite Opticians, Hedon, Cottingham, Beverley, Barton

When a specific assessment is required, alternative external practices may be contracted but **ONLY** following **prior agreement** being sought with the Head of OH. Payment method will be discussed at the time of agreement, prior to assessment. **No such retrospective agreement will be considered.**

7. ASSESSMENT

Keystone vision screening assessments are undertaken by OH and are available to all employees (by appointment only) within OH; this is undertaken on the ground floor of the department and is therefore easily accessible to all personnel. This screening test indicates levels of visual function and may result in referral to a Service or other optician for further assessment. It should be noted that a Keystone visual assessment will not provide the same level of eye health check as will be undertaken by an optician.

Operational personnel are assessed at any of the Service optician premises. A report is supplied directly by the opticians to OH for their records. An HFRS voucher should be requested from the OH administrators and individuals should take their HFRS ID badge to the appointment. The cost of non-attendance at appointments is charged to HFRS and individuals **may be responsible for the cost.**

Display Screen Equipment (DSE) user's (including Fire Control staff) vision assessments are conducted by an optician using a voucher (provided by OH) at an optician of the individual's choice (which accepts approved vouchers). It is the responsibility of the individual to ensure the optician of their choice accepts the voucher provided prior to making their appointment.

Individuals must obtain an approved voucher from OH before attending or they will be charged by the optician. Once issued, the voucher is the responsibility of the individual.

DSE users who require visual aids for DSE use **only**, will be provided with prepayment vouchers for the cost of a basic pair of visual aids **on production** of the optician's report to that effect. Should the individual wish to upgrade from the basic visual aids provided, they will be responsible for the additional cost involved.

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Safety spectacles will be provided where risk assessment has identified the need. These are sourced via the Service opticians.

Breathing apparatus (BA) inserts are sourced via the Service opticians.

There are Service standards for operational employment.

LGV drivers and forklift truck drivers are required to meet legislative and health standards.

Individuals with a dyslexia diagnosis who require specialist tinted lenses are assessed at a nominated optician following discussion and authorisation by the Head of OH.

Any queries regarding the service being received should be discussed with the optician concerned or an OH Advisor.

Access to Service opticians is only to be made via the OH section by initially contacting the OH administrators to request the appropriate voucher.

Contact the OH section by:

Telephone: 01482 398513 (internal 8513)
24-hour answer phone: 01482 398515
Email: OccHealthAdmin@humbersidefire.gov.uk

In writing or by calling in person to:

Occupational Health & Wellbeing Centre,
Beverley Fire Station,
New Walkergate, +
Beverley.
HU17 9EQ.

Should anyone have a particular problem attending during normal office hours, they should contact OH to discuss the situation.

8. PAYMENT

- Services provided by the Service opticians do not incur a charge to the individual and attendance is recorded and included within the OH health records.
- Approved vouchers are prepaid and have a time limit. Once issued, replacements will not be provided.
- A short assessment summary of visual acuity is provided by the optician where Accor vouchers are used; this should be forwarded to OH for the OH Health records.

- Service optician accounts are settled directly by the OH section.
- **Any individual who makes an appointment and fails to attend may be personally charged a non-attendance fee.**
- On very rare occasions, an alternative optician service may be used, but only **following prior agreement** being sought with the Head of OH Payment method will be discussed at the time of the agreement prior to treatment commencing. **No such retrospective agreement will be considered.**

9. ATTENDANCE

Whilst efforts will be given to support attendance, the individual remains responsible for their attendance.

Whilst on duty, attendance time must be negotiated with the line manager.

10. RECRUIT EYESIGHT REQUIREMENTS

Visual Acuity

- Use of aids to vision should be possible at the recruit stage.
- Corrected visual acuity should be 6/9 binocularly, and a minimum of 6/12 in the worst eye.
- The minimum uncorrected vision for recruits should be 6/18 in the better eye and 6/24 in the worst eye for both Full-Time and On-Call firefighters.
- The current 6/60 unaided limit should be retained for serving firefighters.
- Vision must be binocular.
- Be able to read N12 at 30cm, unaided with both eyes open (applicants aged 25 and over).
- Be able to read N6, unaided with both eyes open (applicants under 25 years of age).

11. SERVING FIREFIGHTERS

Visual Acuity

- Uncorrected vision should be 6/36 and N48
- Corrected vision should be 6/12 and N12

12. VISUAL FIELDS

- Normal binocular field of vision is required.
- Have no history of night blindness or any ocular disease that is likely to progress and result in future failure of the visual standards for firefighters.

- Compound astigmatism, assess for capability, history of headaches and eyestrain.

13. REFRACTIVE SURGERY

- Successful Photorefractive Keratectomy (PRK), laser assisted in-situ keratomileusis (LASIK), Laser Epithelial Keratomileusis (LASEK) and EpiLASIK treatments should be allowable if they satisfy post-operative visual tests.
- Radial Keratotomy (RK) and astigmatic keratotomy are NOT suitable due increased risk of rupture and fluctuation in vision.
- Intraocular Refractive Surgery – Used for high myopes therefore still risk of complications.
- Wavefront Guided Laser Refractive Surgery – since a Wavefront treatment aims to reduce aberrations, in theory it should produce better outcomes for night vision and vision in difficult low lighting levels or reduced contrast as might be encountered in a smoke-filled room. This technology could therefore have great relevance for firefighters – research is still underway to aid our understanding of this innovative technology.

Assessment after Refractive Surgery – an examination to consider the suitability of a refractive surgery patient for operational firefighting should include:

- A slit lamp examination to confirm that the eye has returned to normal and that there is no significant loss of corneal transparency over the pupil area.
- Refraction, topographic examination and pachymetry to screen for keratectasia.

Candidates should have their visual performance assessed using a technique sensitive to the presence of scattered light and aberrations.

Candidates should not be considered until at least 12 months post-surgery and when all medication has ceased.

14. COLOUR BLINDNESS (also known as colour deficiency)

Standards for Colour Vision

Monochromatic persons will fail all colour tests but are generally easily identified as they usually have significant co-existing visual disability.

Individuals who fail the Ishihara test and fail the Farnsworth D15 test by making one or more colour confusions which cross the hue circle are likely to be dichromatic or have severe anomalous trichromatism and they are unsafe for safety critical work.

If an applicant fails Ishihara but makes no errors which cross the hue circle of the Farnsworth D15 test, they have either mild deuteranomalous trichromatism or protanomalous trichromatism.

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At this point they can be accepted for non-operational roles, but an occupational test is required for entry as a fire fighter because protanomalous trichromats may confuse blue-green hoses with black hoses and black oxygen cylinders with maroon acetylene ones as well as remaining insensitive to red warning lights 53.

Red/Green 'safe' deuteranomaly is five times more common than protanomaly and so occupational testing is preferable to costly external specialist investigation.

Summary of standards

Individuals with protanopia, deuteranopia, monochromatism and tritanopia/tritanomaly are unfit for service as a firefighter. Individuals with protanomaly rarely meet the required standards while deuteranomalous individuals should be safe for firefighting.

Whilst diagnosis of the defect is an important part of the assessment, subsequent confirmation of severity is essential to determine whether they are colour safe.

Candidates who believe they have colour blindness may wish (at their own cost) to be formally assessed prior to submitting an application form. The minimum standard accepted by HFRS is the Farnsworth D15 standard test and applicants would have to provide evidence of having passed.

**If anyone requires any further guidance / information relating to this document
please contact the Occupational Health Section.**