

# **STANDARDS OF PRACTICE –Principles and Guidelines**

## **PREAMBLE**

**The Professional Bylaws of *The Optometry Act, 1985* provide for Standards of Practice:**

**“(6.1) In the practice of optometry a member shall follow the generally accepted standards of practice and procedures in the determination of the state of the eye and its adnexa and in the assessment and care of the patient.**

**(6.2) Guidelines defining procedures considered necessary for the compliance with the standards required in Section (6.1) shall be compiled from time to time at the direction of council, and copies of such guidelines shall be made available to each member.”**

**Standards of Practice: Approved by the Council of the Saskatchewan Association of Optometrists – January 20, 2007.**

## **A. GENERAL PRINCIPLES OF OPTOMETRIC PRACTICE**

1. Optometrists practice based on expert and current knowledge of and skills and judgement in the life, health and clinical sciences
2. Optometrists practice ethically
3. Optometrists practice in consideration of the individual rights, interests and consent of their patients
4. Optometrists practice to achieve appropriate outcomes in the interest of individual patients
5. Optometrists maintain fiduciary relationships with their patients
6. Optometrists maintain the confidence and privacy of their patients
7. Optometrists are accountable to their patients individually
8. Optometrists are accountable to their colleagues corporately

## **B. GENERAL GUIDELINES OF OPTOMETRIC PRACTICE**

1. Prescribing, counselling, ophthalmic dispensing, and other treatment services must be corroborated by a diagnosis which in turn is based upon

an appropriate clinical investigation and evaluation of the patient's vision status, vision requirements and visual environment

2. The optometrist must not counsel the patient with respect to a diagnosis, treatment procedure, or prognosis unless the optometrist is prepared to perform the appropriate diagnostic or treatment procedures, or make an appropriate referral. The optometrist may elect not to provide a particular area of service (diagnostic or treatment), but when such professional prerogative is exercised, it becomes the practitioner's responsibility to advise a consultation with a colleague who provides those services
3. Specific drugs and other agents are applied as indicated to enhance the ability of the optometrist to view certain tissues and/or increase the diagnostic value of the information gained, as well as to treat ocular conditions. The optometrist refers to practice guidelines for the indications for use of diagnostic and therapeutic drugs. Appropriate precautions are taken prior to applying diagnostic and therapeutic drugs, including:
  - a) Determining if contraindications exist to the use of specific drugs and pharmaceutical agents
  - b) Explaining the usual effects of the drugs to the patient
  - c) Obtaining specific consent from the patient
4. The optometrist should discuss with the patient the advantages, disadvantages and limiting factors, if any, of the treatment services which the optometrist intends to provide
5. The optometrist should discuss with the patient the attendant fees and charges prior to initiating the service
6. The optometrist must record all diagnostic findings and treatment findings, and other pertinent information relating to the case including diagnosis, treatment prognosis, and any agreement between the patient and the optometrist
7. The optometrist must follow all guidelines and regulations to maintain the integrity of the patient's file and the privacy of the information in that file
8. Each patient record must be legible, organized and maintained in such a way as to be easily retrieved, read and understood as necessary. The record must include the following:
  - a) The identity of the patient
  - b) The dates of entries to the record
  - c) The identity of the person making the entry
  - d) The patient's history
  - e) The assessment procedures used and results obtained

- f) Observations and impressions
  - g) Diagnoses made
  - h) Counselling provided
  - i) Prescriptions given
  - j) Treatments administered
  - k) Information from other sources, including past records and consultants reports
  - l) Financial transactions, including billing and receipts to third parties
9. Should the optometrist detect abnormalities in the visual system requiring medical attention that they are unable to provide, they are obliged to arrange for appropriate medical consultation
10. Minimum Facility requirements to provide optometric services:
- a) An individual address
  - b) An individual telephone service
  - c) Secure storage for timely and accurate retrieval of health information about patients
  - d) Office facilities that are orderly, clean and comfortable
  - e) Separate examination areas so that privacy of the patient and the patient's confidence in the optometrist are protected
  - f) In-office sinks and/or hand antiseptis stations, and disposal facilities sufficient to enable the maintenance of infection control standards
11. Minimum Equipment Required to Perform an Oculo-Visual Assessment:
- a) Retinoscope
  - b) Phoropter or Trial frames and lenses
  - c) Penlight or transilluminator
  - d) Variable or loose prisms or prism bars
  - e) Indirect ophthalmoscope & associated lenses
  - f) Ophthalmoscope
  - g) Lensometer
  - h) Visual acuity chart
  - i) Interpupillary measuring device
  - j) Tonometer
  - k) Visual field device
  - l) Color vision test
  - m) Keratometer, ophthalmometer or corneal topographer
  - n) Biomicroscope
  - o) A testing device for binocular vision
12. An optometrist may delegate duties and tasks to support personnel where appropriate. Any act that is delegated by an optometrist must be ordered by the optometrist and the optometrist assumes full responsibility for such

delegated acts. Acts that include direct supervision and indirect supervision may be delegated where appropriate. Patient care must not be compromised in any decision to delegate. The delegation of any act shall not negate the optometrist's responsibility to follow general accepted standards of practice

No person other than a licensed optometrist may engage in the practice of optometry as defined in *The Optometry Act, 1985*. Under no circumstances shall support personnel be delegated tasks involving evaluation (or interpretation) of data, determination of diagnosis or determination of prognosis. No support personnel shall measure subjective refractive error or determine its correction.

### **C. GENERAL ASSESSMENT GUIDELINES**

Information relevant in the assessment of a patient includes:

1. Proper documentation regarding patient identification
2. The chief reason for consultation
3. Other perceived and apparent needs, including occupational and avocational visual needs and environments
4. The patient's health history, including allergies and use of medication
5. Relevant family history
6. The parameters of current visual appliances and their use
7. The anatomical and physical condition of the ocular adnexae, orbits, and external and internal tissues of the eyes
8. The physiological condition of the eyes and vision system, such as intraocular pressures when indicated
9. The refractive condition of the eyes, using objective and subjective means as indicated
10. The neuromuscular (oculomotor) functions of the eyes, such as qualification and quantification of strabismus or heterophoria, comitancy, extraocular muscle functions, and pupillary reflexes
11. The sensory functions of the eyes, such as visual acuity, colour vision, visual field, and fusion

12. The accommodative functions of the eyes

#### D. SPECIFIC ASSESSMENT GUIDELINES

Specific assessments are undertaken in response to particular situations, including:

1. A patient's **prospective use of contact lenses** (provided by the optometrist), wherein the optometrist obtains the following:
  - a) Relevant information/data from other assessments
  - b) Additional case history
  - c) Detailed and specific information about the adnexae, tarsal and bulbar conjunctivae, and corneae obtained by way of biomicroscopy
  - d) Corneal curvatures and or topography
  - e) The current condition of the tear film
  - f) The patient's capacity for insertion, removal, and maintenance of contact lenses
  - g) The fitting characteristics of prospective lenses in situ
  
2. A patient's **existing use of contact lenses**, wherein the optometrist considers obtaining:
  - a) Relevant information/data from other assessments
  - b) Additional history related to the patient's contact lens wearing habits and impressions
  - c) Visual acuity with lenses
  - d) Refraction with and/or without contact lenses
  - e) Biomicroscopy, with use of vital dyes when indicated
  - f) Corneal curvatures and/or topography
  
3. A patient's **low vision condition**, wherein the optometrist considers obtaining:
  - a) Relevant information/data from earlier assessments
  - b) Additional history, including the natural history of the cause of low vision
  - c) Perceived and apparent functional needs
  - d) Visual acuity with appropriate charts
  - e) Visual field function
  - f) Binocular status
  - g) Ocular motility
  - h) Contrast sensitivity
  - i) Colour vision
  - j) The effect of glare control
  - k) The effect of wavelength specific filters
  - l) The effect of illumination adjustments
  - m) The effect of distance and angular magnification
  - n) The effect of specific appropriate visual aid

4. A patient's **visual efficiency testing**, wherein the optometrist considers obtaining:
  - a) Relevant information/data from earlier assessments
  - b) Specific relevant history
  - c) Visual acuity
  - d) Cycloplegic and/or dynamic refractive condition
  - e) The level of sensory fusion
  - f) Accommodative functions and the effect of accommodation on convergence
  - g) Extra-ocular muscle functions, including saccadic and pursuit eye movements
  - h) Presence and measurement of fixation
  - i) The determination of comitancy or noncomitancy with identification of paretic or paralytic muscle(s)
  - j) The presence or absence of strabismus, with appropriate evaluation of such
  
5. A patient's **visual/perceptual condition/visual information processing**, wherein the optometrist considers obtaining:
  - a) Relevant information/data from earlier assessments
  - b) Specific relevant history
  - c) Directionality and laterality
  - d) Discrimination
  - e) Eye-hand coordination
  - f) Form constancy
  - g) Letter reversals
  - h) Processing speed
  - i) Visual analysis
  - j) Visual memory
  - k) Visual spatial skills
  
6. A patient's **diabetic condition**, wherein the optometrist considers obtaining:
  - a) Relevant information/data from earlier assessments
  - b) Specific relevant history
  - c) Visual acuity
  - d) Ocular neuromuscular (oculomotor) functions
  - e) Intra-ocular pressures
  - f) Refractive status and accommodative functions
  - g) The condition of the crystalline lens, vitreous, and the retina (including the macula and peripheral retina) using appropriate mydriatics and diagnostic lenses
  
7. **Glaucoma**, wherein the optometrist considers obtaining:
  - a) Relevant information/data from earlier assessments
  - b) Specific relevant history

- c) Intra-ocular pressures
- d) Present and past condition of the anterior chamber and anterior uvea, including the angle
- e) Present and past condition of the optic nerve
- f) The quantified visual field
- g) Corneal thickness measurement
- h) Laser diagnostic imaging

8. **Laser refractive surgery**, wherein the optometrist considers obtaining:

- a) Relevant information/data from earlier assessments
- b) Specific relevant history
- c) Visual acuity
- d) Detailed and specific features of the adnexae, tarsal and bulbar conjunctivae, corneae, anterior chambers and anterior uveae obtained by way of biomicroscopy
- e) Corneal curvatures and or topography
- f) Corneal thickness
- g) The current condition of the tear film
- h) Intraocular pressure
- i) Physiological range of pupil size
- j) Eye dominance
- k) Evaluation of the peripheral retina with mydriasis
- l) Subjective refraction with cycloplegia

## **E. DIAGNOSTIC PROCEDURES GUIDELINES**

Using proper assessment techniques as outlined in Section (C) above, the following minimum guidelines for a complete and partial oculo-visual assessment are as follows:

### **Complete Oculo-Visual Assessment**

- a) Proper patient identification
- b) Case history
- c) Habitual visual acuities
- d) Habitual binocular vision
- e) Ocular health examination, including external evaluation, pupillary reflexes, biomicroscopy and ophthalmoscopy
- f) Objective and subjective refraction including accommodative function
- g) Oculomotor examination
- h) Tonometry, visual field testing and color vision testing when clinically indicated
- i) Diagnosis and recommendation if any

### **Partial Oculo-Visual Assessment**

- a) Proper patient identification
- b) Patient history

- c) Functional enquiry and examination of affected structures
- d) Diagnosis and recommendation if any

## **F. SUPPLEMENTARY DIAGNOSTIC PROCEDURES GUIDELINES**

The following supplementary diagnostic procedures should be provided in addition to or in conjunction with a routine or partial examination when they are clinically indicated:

- a) Binocular indirect ophthalmoscopy
- b) Additional intra-ocular pressure testing
- c) Anterior or posterior ocular photography
- d) Visual efficiency testing
- e) Visual perceptual testing
- f) Eye tracking assessment
- g) Electro diagnostic testing
- h) Laser imaging
- i) Cycloplegic refractive examination
- j) Fundus examination under pupillary dilation
- k) Gonioscopy
- l) Contrast sensitivity testing
- m) Aniseikonia evaluation

## **G. TREATMENT PROCEDURE GUIDELINES**

Treatment by an optometrist includes:

1. Prescribing vision enhancing aids (eyeglasses, contact lenses, and low vision devices), medications and vision therapy, as indicated by the case.
  - a) A written optical prescription includes:
    - i. The refractive powers and axes of powers required for farpoint correction, if indicated
    - ii. The name, address, telephone number, and professional designation of the optometrist
    - iii. Prismatic powers and orientations, if indicated
    - iv. Surname and given name of the patient
    - v. Nearpoint addition, if indicated
    - vi. The date that the prescription was or could have been derived
    - vii. The expiry date
    - viii. The signature of the optometrist

**\*\*Note:** The optical prescription is valid for one year from the time of examination, unless otherwise specified.

- b) If for medication, a prescription includes:

- i. The scientific or trade name and concentration of the drug
      - ii. The amount to be dispensed
      - iii. Instructions for dosing
      - iv. The number of repeats authorized
    - c) For the provision of vision therapy, the optometrist needs to ensure that:
      - i. The intended course of vision therapy is indicated based on appropriate visual efficiency and/or perceptual testing completed by the optometrist or other appropriate professional
      - ii. The course of vision therapy is explained to the patient, and legal guardian, where indicated, including the full costs of vision therapy
2. 24-hour per day access to appropriate care while being treated with prescription drugs, including:
  - a) Providing patients with home, cell, or pager telephone numbers
  - b) Arrangement for care through available colleagues
  - c) Reasonable proximity to hospital emergency services
3. Dispensing vision enhancing aids
  - a) When the optometrist fits spectacles according to an optical prescription in their office, the following is expected:
    - i. Frames and lens styles prescribed are appropriate for the patient and their visual needs
    - ii. Lenses are inspected to ensure accuracy prior to dispensing
    - iii. The patient is counselled as to the proper use, limitations and adaptation to the spectacles
    - iv. The spectacles are adjusted and adapted to fit the patient properly
    - v. Continuing availability of adjustments is provided
    - vi. The optometrist is available to provide further care when necessary
  - b) When the optometrist provides an optical prescription to be filled elsewhere:
    - i. The **optometrist** is responsible for the accuracy of the written prescription and must be available to provide continuous care if necessary
    - ii. The **patient** is responsible for choosing a dispenser who will provide accurate lenses, appropriate frames and/or contact lenses
    - iii. The **dispenser** is responsible for the accuracy and appropriateness of the material

- c) When the optometrist provides contact lens treatment, the following is expected:
- i. Other tests as necessary, including, but not limited to:
    - Corneal curvature readings
    - Trial contact lens evaluation
    - Eversion and inspection of upper and lower lid
  - ii. All findings must be documented and the suitability of the patient for contact lenses, including the type of lens recommended and its advantages and disadvantages should be discussed with the patient
  - iii. A written record of the contact lens specifications including type and form of lenses, base curve, diameter, optical zone, power, tint, thickness, secondary curves (width and tool radius), type of material, and the name of the supplier
  - iv. Verification of the specifications of the lenses prior to fitting and use by the patient
  - v. Counselling the patient with respect to application, removal, care of the lenses, solutions, recommended wearing schedule, use and hygiene
  - vi. The effects of wearing the contact lenses should be monitored, and the following criteria met:
    - Minimal edema or fluorescein staining observable with a biomicroscope
    - Minimal distortion of keratometer mires
    - No significant corneal curvature changes
    - Absence of any significant reduction in corrected visual acuity, distance and near, with spectacle correction
    - Acceptable patient comfort, visual performance and wearing time
    - Acceptable corneal health and physiology
  - vii. The records must show the patient has been informed that it is their responsibility to see the prescribing optometrist frequently enough and over a long enough period of time so that the optometrist can be assured that the lenses are fitting correctly and ocular health has been maintained
  - viii. The optometrist must be available to provide continuing care or refer the patient to another optometrist or ophthalmologist for that service
  - ix. Detailed records of each visit must be kept

## H. PREVENTION

Preventive measures taken by optometrists include:

1. The promotion of early assessment of children:
  - a) Infants and toddlers (birth to 24 months) - By age 6 months
  - b) Preschool (2 to 5 years) - At age 3, and prior to entering elementary school
  - c) School age (6 to 19) - Annually
2. The promotion of periodic assessment of individual patients appropriate to the maintenance of good vision and in consideration of their unique risk factors
3. Communicating with patients about any manageable risks involved in their lifestyle, diet, use of medications, and environment, including:
  - a) Recommending appropriate protection for at risk individuals
4. Referring to other practitioners as indicated
5. Reporting to other practitioners, institutions, and government agencies as indicated or required
6. Applying an infection control measure which includes:
  - a) Hand washing or using a suitable hand antiseptics between patients
  - b) Use of latex or vinyl gloves when appropriate
  - c) Sharps disposal
  - d) Use of masks and eye wear
  - e) Disinfection of
    - i. Instruments
    - ii. Contact lenses
    - iii. Surfaces
  - f) Appropriate disposal of
    - i. Infectious waste
    - ii. Tissue
    - iii. Pharmaceutical agents
    - iv. Immunization of self and office staff
7. The timely and appropriate management of emergencies as they occur
  - a) Within usual office hours and
  - b) Outside usual office hours