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<b>Title</b>	Eyesight Standards - Standard Operating Procedure (SOP)
<b>Version</b>	1
<b>Summary</b>	This SOP describes the eyesight standards in place in the Metropolitan Police Service for MPS drivers Police recruits, Police Community Support Officers (PCSOs)/Traffic PCSOs, Special Constables, Designated Detention Officers, Police officers who drive MPS vehicles during the course of their duties, Police staff who drive MPS vehicles during the course of their duties, Pre-selection Firearms Officers, Authorised Firearms Officers (AFOs), and Air Observers.
<b>Branch / OCU</b>	Directorate of Human Resources
<b>Date created</b>	April 2008
<b>Review date</b>	April 2011

## **Eyesight Standards - Standard Operating Procedure (SOP)**

MPS Pre-employment, pre-selection and on-going monitoring of eyesight standards for specific roles.

Guidance for Occupational Health staff, managers, lay assessors and individuals.

### **Introduction**

This SOP supports the Health and Well-being Policy.

This SOP and the eyesight standards relating to the MPS Pre-employment, pre-selection and on-going monitoring of eyesight standards for specific roles are incorporated in to this document. They have been amended to encompass compliance with the Employment Equality (Age) Regulations, which came into force on 1st October 2006. It also contains the standards of eyesight for specific groups of staff at pre-employment, pre-selection and on-going monitoring. Where specific duties require on-going eyesight standards staff must maintain these to remain eligible for the role.

Other specification relating to eyesight is clarified e.g. monocular vision, laser surgery, special lenses for dyslexia.

### **Application**

This SOP applies with immediate effect.

All police officers and police staff, including the extended police family and those working voluntarily or under contract to the MPA must be aware of, and are required to comply with, all relevant MPS policy and associated procedures.

The following have specific responsibilities within this SOP

- Occupational Health Staff
- B/OCU Commanders and Heads of Unit
- Line Managers

The standards set out visual acuity (ability) and other specific requirements to be attained at specific pre-employment, pre-selection and those in roles where on-going monitoring is required.

However, these procedures and standards apply in particular to officers and staff in the following roles:

- Police recruits
- PCSOs/TPCSOs
- Special Constables

- Designated Detention Officers
- Police officers and Police staff who drive MPS vehicles during the course of their duties
- Pre selection Firearms Officers
- Authorised Firearms Officers (AFOs)
- Air Observers

Pre-employment assessments are carried out through Medical Recruitment.

Occupational Health carries out Pre-selection assessments

All other monitoring is undertaken by trained lay assessors with referral to Occupational Health where indicated.

Definition of a lay assessor is a member of the MPS who has been trained by Occupational Health to perform a basic level of eyesight screening. Rational for a lay assessor is to reduce the amount of extraction time from boroughs/OCUs or specialist units and to ensure all drivers are safe to perform their duties

The standards are published to give transparency to legislation requirements, MPS processes, and for specific groups of MPS personnel to have systems in place to ensure that the Metropolitan Police Service is able to monitor and maintain those standards.

This SOP complements the Police Driver and Vehicle Policy and other policies where eyesight visual and other acuity is essential for the safety of MPS officers, staff and the public.

The MPS standards are based on those set by the Home Office for police officers, the Driver and Vehicle Licensing Agency (DVLA), advice from the MPS Consultant Ophthalmologist, standards adopted by other police forces and the professional opinion of the MPS Senior OH physician.

The frequency of eyesight assessing for drivers has been changed to ensure that the MPS complies with the Employment Equality (Age) Regulations, which came into force on 1st October 2006. All drivers, regardless of age, will now be assessed every three years unless OH gives specific advice to the contrary.

In making this decision, OH has sought the opinion from the MPS Consultant Ophthalmologist and therefore the changes to the frequency of assessing have been taken in accordance with that advice.

### ***The process***

The MPS has adopted a two-tier approach for eyesight screening. Initially, lay assessors using the Snellen eyesight-screening process will screen officers and staff at 3 yearly intervals, unless it is medically indicated they need tests more frequently. A selection of 6-metre and 3-metre Snellen charts may be purchased by the BOCU or unit through the Enterprise Buyer Professional live system on MetFin. Occupational Health does not advocate

the use of 3-metre Snellen charts or illuminated eye-screening units for general use but recognises that in some circumstances, these are the only options available. Please consult your OH Adviser before purchasing these items.

All uniformed police officers are required to wear Service Issue Spectacles for duty in uniform if they require visual correction. Therefore those officers must wear their Service Issued Spectacles when undertaking their eye tests.

If the candidate is unable to meet the required standard they will be advised to seek an opinion from their optician. They will then be screened again when they have received new or modified glasses or contact lenses. If they still fail to meet the required standard they will then be referred to Occupational Health where they will be assessed on a specific piece of eyesight screening equipment. If they still fail to meet the required standard they will be deemed unfit for their specific duties. It may be necessary to refer to the MPS Medical Officer or Consultant Ophthalmologist in some cases. This need would be discussed with the individual prior to the referral.

It should be noted that the eye sight screening carried out by the MPS is a basic assessment of distance visual acuity and is not intended to be a substitute for the comprehensive testing carried out by opticians. However the MPS is not able to accept results of visual acuity recorded by opticians, as lay assessors are not trained to interpret these results. The visual acuity record from the optician can be sent to the local OHA for interpretation.

The following personnel have responsibility for ensuring that staff who occupy these roles have been appropriately screened and meet the required standard

- ❖ B/OCU commanders and Heads of Unit
- ❖ Line managers
- The following personnel have key roles
  - ❖ Lay assessors who have been trained and are competent to carry out eyesight screening.
  - ❖ Occupational Health Staff :
    - who set and regularly review the standards and carry out further assessments where necessary;
    - who train lay assessors

## **MPS Drivers**

The Secretary of State for Transport, acting through medical advisers at the Drivers Medical Group, DVLA, has the responsibility to ensure that all licence holders are fit to drive.

## **Police Vehicle Driver licensing**

*Responsibility for determining the standards, including medical requirements, to be applied to police.....vehicle drivers, over and above the driver licensing requirements rests with the individual Police Force (Reference: At a Glance Guide to the current medical standards of fitness to drive, DVLA Swansea. August 2006)*

The Metropolitan Police Service intends to ensure that police officers and staff who drive during the course of their duties meet legislative and MPS policy standards by means of regular basic eyesight screening undertaken by lay assessors and Occupational Health.

All MPS staff required to drive MPS vehicles during the course of their work will be required to have screening undertaken every three years, regardless of their age.

Local lay assessors will screen all police officers and police staff drivers.

Police officers and staff who drive MPS vehicles who have not had eyesight screening within the last three years must be screened as described to these standards. Officers and staff who are already in a screening programme will be screened to these standards on the date of their three-yearly review.

## **Air Observers**

Air Observers are screened annually at their annual medical.

## **Firearms Officers**

All prospective Firearms Officers will be screened at the Health and Fitness Assessment Centre at Empress State Building (ESB), Lillie Road, London SW6 1TR.

Annual eyesight tests for all Authorised Firearms Officers (AFOs) will be incorporated into their annual health and fitness check also carried out at the Health and Fitness centre at ESB.

## **Laser Surgery**

The position in relation to firearms officers and laser surgery has been amended to reflect the advances in laser eye surgical procedures.

Existing AFOs are permitted to have laser eye surgery (other than Radial Keratotomy or Acute Keratotomy, corneal grafting). Following the laser surgery, the officer will be required to obtain documentation from his/her Consultant Ophthalmologist confirming their post operative fitness to resume to firearms duties. The officer must then forward the report through their line manager to the designated Occupational Health Advisor (OHA) who will assess their fitness to resume to firearms duties.

Alternatively, if the report from the treating Ophthalmologist is not easily available, the officer will need to be referred by their line manager, through the OHA for an assessment by the MPS

Consultant Ophthalmologist. On receipt of a Consultant Ophthalmologist's report, the officer can be given approval by the designated OHA to resume firearms duties.

Officers who have had laser eye surgery must not consider resumption to operational firearms until a period of four weeks has elapsed since their operation. Prior to resumption of operational firearms duties the officer must undergo an eyesight test with OH.

### **Officers applying to become an Authorised firearms Officers or who are already authorised firearms officers**

Officers are permitted to have undergone laser eye surgery other than Radial Keratotomy, Acute Keratotomy or corneal grafting.

It will be necessary for prospective applicants and serving officers to provide appropriate satisfactory documentation from a Consultant Ophthalmologist confirming fitness for a firearms role or alternatively to be seen by the MPS Consultant Ophthalmologist for an assessment of fitness to join a firearms department or continue as a firearms officer.

### **Lay assessors**

**Accessing training: to ensure lay assessors are competent at performing assessments, they have to be trained and their competence assessed and audited on a regular basis.**

BOCUs, Branches and Units will need to identify the numbers of lay assessors they require. It is suggested at least two lay assessors for up to 100 staff requiring assessment should be identified and an additional assessor for every 100 staff thereafter.

Occupational Health will usually deliver training at North, South and Central sites. Class sizes will be restricted to between eight and ten personnel. The training will usually last between two and a half and three hours. Additional guidelines will be forwarded to lay assessors already trained, through their HR Managers.

Line managers should arrange training for their identified lay assessors through the appropriate OH team manager.

### **Recording results of eye sight screening**

#### **Successful candidates**

Staff who achieve the standard in the appropriate category will be recorded as "passed" and will be able to continue their duties. Lay assessors will record the individual's result on Form No 6153 see annexe A. If the lay assessor is able to input the result directly on to met HR then they should do this if they are not, then Form No 6154A should be completed and

forward this to the HR or borough nominated person to be placed on the met HR system. See Annex B. This information must be recorded on individuals' MetHR record.

Completed Forms 6153 are considered medical information and must be sent to the local OH office where OHAs and OHPNs will observe the lay assessors recordings before forwarding the form for filing on the individual's medial notes. HR units or lay assessors must not keep copies of completed 6153 forms locally.

### **Unsuccessful candidates**

Those who fail to achieve the standard will be recorded as "failed". They will be advised to see their optician to obtain further advice, spectacles or to modify existing spectacles as soon as possible. It is the responsibility of HR and Line Managers to remove relevant authorisation until they have reached the required standard either through a second lay assessment screening or through further screening by Occupational Health.

It is expected that an optician's test and new/modified spectacles will usually be obtained promptly.

### **Re-assessment**

An individual who fails to meet the required standard will be re-assessed by their lay assessor when they have their new prescription spectacles.

If the individual is still unable to achieve the required standard once they have their new prescription spectacles, the lay assessor will refer them to OH (using Form 6155A – see Annex C)

OHAs/OHPNs will use Form 6155B to advise HR managers of actions and recommendations.

### **Non attendance**

If individuals do not attend the assessment or a planned follow up. The lay assessor will liase with line managers, and the line manager will be responsible for monitoring further actions.

### **Payment of opticians' sight test and spectacles**

**The individual is responsible for payment of all opticians' test fees** (with the exception of those related to Display Screen Equipment, see Display Screen Equipment SOP)

Police officers can obtain Service issue spectacles (see Service Issue Spectacles SOP). Officers who are required to wear Service issue spectacles must ensure that they take Form 6107 (Special Issue Spectacles Prescription Form) with them for completion by the optician.

All police staff drivers, with the exception of Police staff drivers (Level 1, specialist activities) are responsible for payment of new or modified spectacles.

Police staff drivers (Level 1, specialist activities) who are entitled to obtain Service issue spectacles (because the eyesight standard for this category of staff is higher than the standard DVLA requirement) should follow the guidelines (see Service Issue Spectacles SOP) and ask the dispensing optician to complete form 6107. This must then be sent with a Form 728 advising the unit of there visual requirements, it should then be countersigned by his/her line manager to the Spectacles Clerk, OH Clinic Office, 2<sup>nd</sup> floor, Empress State Building, Lillie Road, London SW6 1TR

## **Responsibilities**

Ownership of the policy: **HR Board**

Developing the policy: **HR People Development and Occupational Health**

Approving the policy: **HR board**

Implementing the policy: **B/OCU commanders and Heads of Unit**

Monitorind and reviewing the policy: **HR People Development and Occupational Health**

## **Associated Documents and Policies**

Health and Well-being Policy

Display Screen Equipment SOP

Service issue spectacles SOP

Form No 6153

Form No 6154A

Form 6155A

Police Driver and Vehicle standard operating policy

## **Annexe A**

Metropolitan Police Service

**MPS Pre-employment, pre-selection and on-going monitoring of eyesight standards for specific roles**

This document has been amended to encompass compliance with the Employment Equality (Age) Regulations which came into force on 1st October 2006. It therefore replaces the "Interim guidelines for standards of eyesight for Metropolitan Police Service drivers." Special Notice 2-02 of 15<sup>th</sup> March 2002 and previously published standards of June and July 2005 and July 2006.

This document sets out the standards of eyesight for specific groups of staff at pre-employment, pre-selection and on-going monitoring. Where on-going standards are required, staff must maintain the standards described, for the duration that they undertake the specific duties. It takes into consideration the new Driver classifications published on Wednesday 14<sup>th</sup> June 2006.

Other specifications relating to eyesight are clarified e.g. monocular vision, laser surgery, special lenses for dyslexia.

The standards are based on those set by the Home Office for police officers, the Driver and Vehicle Licensing Agency (DVLA,) advice from the MPS Consultant Ophthalmologist, standards adopted by other police forces and the professional opinion of the MPS Senior OH Physician.

This document does not include other pre-employment, pre-selection, or on going monitoring of health conditions which may require referral to Occupational Health or under the Road Traffic Act may require notification to the DVLA.

This document should be read in conjunction with **the Guidance for Occupational Health staff, managers, lay assessors and individuals 1st October 2006** on lay assessors' training, requirements for local assessing, purchasing of Snellen Charts and referral to Occupational Health, which can be found on the Occupational Health intranet site.

**MPS Pre-employment, pre-selection and on-going monitoring of eyesight standards for specific roles**

	Uncorrected	Each eye, corrected if applicable	Both eyes together (with correction if required)	Other requirements
<u>Pre-employment</u>				
Police Officers Distance-visual acuity	At least 6/36 binocularly	6/12 in at least one eye	6/6 Binocular Vision worse than 6/6 requires correction	<ul style="list-style-type: none"> <li>• <b>Monocular vision</b></li> <li>• Candidates are accepted if 6/6 is achieved with correction if required.</li> <li>• <b>Visual field</b> view of at least 120 degrees horizontally by 100 degrees vertically is required.</li> <li>• <b>Radial Keratotomy (RK, Acute Keratotomy (AK) and corneal grafts</b> are not acceptable.</li> <li>• <b>PRK, LASIK, LASEK, ISCRS and cataract surgery</b> are acceptable but must be assessed at least six weeks after surgery.</li> <li>• <b>Intraocular contact lenses and phakic intraocular lenses</b> are not acceptable.</li> <li>• <b>Retinal detachment surgery</b> is acceptable.</li> <li>• <b>Phacoemulsification Cataract surgery</b> (small incision) is acceptable.</li> <li>• <b>Extracapsular cataract surgery</b> (large incision) is not acceptable</li> <li>• <b>Colour vision</b> Monochromats are not accepted. Other colour vision defects may be accepted with conditions.</li> <li>• Candidates whose <b>night vision</b> is poor enough to compromise safety are not acceptable.</li> </ul>

Police Community Support Officers/Traffic Police Community Support Officers/ Special Constables Designated Detention Officers	6/60	N/A	6/12	<ul style="list-style-type: none"> <li>• Monocular candidates are acceptable if 6/12 is achieved with correction if required</li> <li>• Colour vision is not required. PCSOs should be advised to avoid interpreting colour-coded information to colleagues. When identifying suspects for criminal investigation purposes, they should use characteristics that are non-colour based.</li> <li>• Night vision must be sufficient to allow patrolling without compromising safety</li> <li>• Radial keratotomy, Corneal grafts, Acute Keratotomy, increase risk of globe rupture &amp; careful assessment of the risk of trauma is required</li> <li>• PRK, LASIK, Wavefront guided laser surgery, Cataract surgery, and Retinal Re-attachment surgery are acceptable provided visual standards are met.</li> <li>• Implanted contact lenses &amp; clear lens extraction are both associated with long-term complications (cataract &amp; retinal detachment respectively) &amp; further information is required for these candidates.</li> </ul>
	<b>Uncorrected</b>	<b>Each eye, corrected if applicable</b>	<b>Both eyes together (with correction if required)</b>	<b>Other requirements</b>
<b><u>MPS Drivers</u></b>				
<b>Police Officers</b>				
<b>LEVEL 4</b> (Basic drivers) (DVLA standard) All police drivers holding DVLA category A, A1, B or C licence and driving an MPS vehicle in the capacity of their work	N/A	N/A	Between 6/9 and 6/12	Tested 3 yearly

<p>LEVEL 4 with entitlement of MV <b>(Basic drivers holding C1 or D1)</b> (DVLA standard)</p>	<p>At least 6/60 in each eye (Grandfather rights do not apply in the MPS)</p>	<p>At least 6/9 in the better eye and at least 6/12 in the other eye</p>	<p>Between 6/9 and 6/12</p>	<p>Tested 3 yearly</p>
<p>LEVELS 1,2,3 and motorcycles <b>(Standard Response Drivers and Motor cyclists</b> Advanced Drivers and Motorcyclists)</p>	<p>N/A</p>	<p>At least 6/9 in the better eye and at least 6/12 in the other eye</p>	<p>6/6</p>	<p>Tested 3 yearly</p>
<p><b>Levels 1,2,3 with entitlement of MV/DD/CC/CE</b>  All police officers holding PCV, LGV or category C1 or D1 licence and driving these category MPS vehicles</p>	<p>At least 6/60 in each eye (DVLA standard)</p>	<p>At least 6/9 in the better eye and at least 6/12 in the other eye</p>	<p>6/6</p>	<p>Tested 3 yearly</p>

<p><b>Police staff drivers</b></p>				
<p><b>LEVEL 4</b>  (Group 1) (DVLA standard)  Police staff holding DVLA category A, A1, B or C licence using the road and observing the appropriate traffic laws whilst driving an MPS vehicle in the capacity of their work</p>	<p>N/A</p>	<p>N/A</p>	<p>Between 6/9 and 6/12</p>	<p>Tested 3 yearly  <b>Monocular vision</b>, Staff who have complete loss of vision in one eye must notify the DVLA but may drive when clinically advised that they have adapted to the disability and the prescribed eyesight standard in the remaining eye can be satisfied and there is normal monocular visual field in the remaining eye. All such staff will require assessment through Occupational Health.</p>
<p><b>LEVEL 4 with entitlement of MV/DD/CC/CE</b> <b>Group 2</b> (DVLA standard) Police staff holding a PCV, LGV, or category C1 or D1 licence using the road and observing the appropriate traffic laws whilst driving an MPS vehicle in the capacity of their work</p>	<p>At least 6/60 in each eye</p>	<p>At least 6/9 in the better eye and at least 6/12 in the other eye</p>	<p>Between 6/9 and 6/12</p>	<p>Tested 3 yearly  <i>Police staff who fail to meet the standard and whose job comprises of any driving of group 2 vehicles must be referred to Occupational Health for individual assessment</i></p>
<p><b>LEVEL 1</b> Police staff drivers  (specialist activities)  Police staff holding the appropriate category licence and driving in any or all of the following in the capacity of their work</p> <ul style="list-style-type: none"> <li>• Response Driving instructor</li> <li>• Vehicle engineering staff undertake high</li> </ul>	<p>N/A</p>	<p>At least 6/9 in the better eye and 6/12 in the other eye</p>	<p>6/6</p>	<p>Tested 3 yearly</p>

speed testing of vehicles or track				
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MPS Pre-Selection and on-going monitoring eyesight standards for Firearms Officers

	Uncorrected vision (Both eyes together)	Each eye, corrected if applicable	Both eyes together (with correction if necessary)	Other requirements
Firearms Officers Pre selection	At least 6/36 with both eyes together	At least 6/6 in one eye and the least 6/12 in the other eye	6/6	<p>Police officers who meet the requirements and have corrected vision, where possible, should carry a spare pair of spectacles (this applies whether they usually wear spectacles or contact lenses.) If they are unable to do so, then they must take individual responsibility for their operational safety and the safety of others</p> <p><b>Colour vision:</b> Farnsworth D-15</p> <p>Radial keratotomy (RK), Acute Keratotomy (AK) and corneal grafts precluded</p> <p><b>Photorefractive keratoplasty (PRK)</b></p> <p><b>LASIK, LASEK, ISCRS and cataract phacoemulsification surgery,</b> Eight weeks must have elapsed since surgery and candidates must provide appropriate documentation from their ophthalmic surgeon and meet the distance visual acuity standards.</p>
Authorised Firearms Officers	At least 6/36 with both eyes together	At least 6/6 in one eye and at least 6/12 in the other eye	6/6	<p>Annual testing of visual acuity</p> <p>Police officers who meet the requirements and have corrected vision, where possible, should carry a spare pair of spectacles (this applies whether they usually wear spectacles or contact lenses.) If they are unable to do so, then they must take individual responsibility for their operational safety and the safety of others</p> <p>Radial keratotomy (RK), Acute keratotomy (AK) and corneal grafts precluded</p> <p><b>Photorefractive keratoplasty (PRK) LASIK, LASEK, ISCRS and corneal laser surgery</b></p> <p>AFOs undergoing these types of laser treatment must be withdrawn from AFO duties until eight weeks have elapsed since surgery. They must then provide appropriate documentation from their ophthalmic surgeon and meet the distance visual acuity standards.</p>

Air Observers	6/18	N/A	Between 6/9 and 6/12	Annual testing of visual acuity <b>Colour vision:</b> Farnsworth D-15  Spare spectacles or contact lenses must be carried at all times
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<b>Miscellaneous eyesight related issues</b>	
Laser surgery	Laser surgery is permitted for all groups other than those specifically described above
Recruits who have dyslexia	<p>Some recruits are being prescribed specially tinted lenses to enable them to overcome the visual disturbances in their dyslexia. Advice from Specialists at the City University is</p> <ul style="list-style-type: none"> <li>• Only a very small percentage of people with dyslexia will benefit from coloured lenses</li> <li>• A pre-reading and post-reading assessment using the Wilkins rate of reading test must be used to establish significant improvement (apparently the Adult Dyslexia and Skills Development Centre use this test)</li> <li>• The optimum benefits are achieved when using a computer and for extensive reading. The value is questionable short bursts of reading/writing such as notes for a pocket book.</li> <li>• Coloured lenses will distort colour vision</li> </ul> <p>Therefore these lenses should only be used when using a computer or for extensive reading</p>
Sunglasses	Please refer to Special Notice 03-06 of 15 February 2006

For further enquiries please contact Head of Profession in Occupational Health