ADVICE & GUIDELINES ON PROFESSIONAL CONDUCT
FOR DISPENSING OPTICIANS

SECTION 3: CONTACT LENS PRACTICE

The section has been rewritten to address the current legislation on contact lens practice and is common with the guidance provided by the College of Optometrists for their members as contact lens practice crosses any boundaries which may exist between the professions. The section is divided into 3 elements:

- Fitting Powered Contact Lenses
- Supplying Powered Contact Lenses
- Zero Powered Contact Lenses - Fitting and Supply

FITTING POWERED CONTACT LENSES

Guidelines

3.1.1 Whereas it is not a criminal offence for a registered optician to fit contact lenses, the Contact Lens (Qualification etc) Rules 1988 state that a registered optometrist or registered dispensing optician shall not fit a contact lens unless he/she holds:

1. an approved qualification; or
2. certification

and he/she is entered in the appropriate GOC specialty register, and is designated a contact lens optician (CLO).

3.1.2 The following table may be used to confirm the documents and action required prior to the fitting and/or supply of contact lenses:

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription less than two years old or stated re-examination time</td>
<td>Commence fit if appropriate</td>
</tr>
<tr>
<td>Prescription over two years old or past stated re-examination time</td>
<td>Only commence fit after eye examination</td>
</tr>
<tr>
<td>Prescription less than two years old or stated re-examination time</td>
<td>Commence re-fit</td>
</tr>
<tr>
<td>Prescription over two years old or past stated re-examination time</td>
<td>Only commence fit after eye examination</td>
</tr>
</tbody>
</table>

Supplying Contact Lenses

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact lens specification is in date</td>
<td>Supply Contact Lenses/’es.</td>
</tr>
<tr>
<td>Contact lens specification is out of date</td>
<td>No supply to old specification but CLO may refit if eye examination in date</td>
</tr>
</tbody>
</table>
3.1.3 The contact lens optician examining a patient wishing to wear contact lenses has a duty to assess the patient’s suitability for contact lenses and to advise and inform the patient about contact lens wear.

3.1.4 Following the preliminary assessment the contact lens optician has a duty to ensure that each individual contact lens wearer is fitted with the most appropriate lens type to meet his or her needs (including occupational, lifestyle and cosmetic requirements) and to give optimum vision for the required use.

3.1.5 The contact lens optician has a duty to provide the patient with an appropriate lens care regimen, instruction on the use and wear of lenses, and instructions and information on the care, wearing, treatment, cleaning and maintenance of the lens or lenses. (See the Opticians Act 1989 s 25[5][b])

3.1.6 A contact lens optician has a duty to ensure that he or she always works within his or her limit of clinical competency, especially when engaging in specialist areas of contact lens practice.

Advice

3.2 If the fitter is not also the supplier of the patient’s contact lenses, once fitting has been completed the responsibility for aftercare transfers to the supplier. However it is recommended that the fitter advise the patient as to when it would be appropriate for clinical review.

Advice to patients prior to fitting

3.3 Patients should be told of the increased risks associated with wearing lenses in an extended wear modality and what signs of possible complications to look out for.

Prior to the fitting of lenses, advice should be given to the patient about the risks and complications of contact lens wear, available lens types, their advantages and disadvantages and any types which might be particularly appropriate or contraindicated, together with a suitable explanation of the reasons, the care systems required by the different lens types and the total estimated costs. Patients should be given sufficient information to make an informed choice.

Preliminary Assessment

3.4.1 The preliminary assessment of a patient wishing to wear powered contact lenses should normally include:

1. An eye examination as recommended in the appropriate Guideline, including any additional tests that are indicated by symptoms, ocular and medical history and pre-disposing factors. Legally, powered contact lenses can be fitted only to a person in possession of a signed written spectacle prescription issued following a sight test, if the fitting begins before any re-examination date specified in the prescription, and in any event not later than two years after the prescription was issued. (See Opticians Act 1989 s 25 [1A]). Therefore, if the patient is overdue for an eye examination i.e. they have not had their eyes examined for more than 2 years, or less if that is what is stated on their prescription, it is illegal for the contact lens optician to fit the patient with contact lenses.
2. Consideration of relevant information relating to any allergic history or history of systemic disease, any previous contact lens wear, occupational and
recreational needs and the associated environments in which lenses will be worn.

3. A detailed assessment of the anterior eye which might be affected by contact lens wear. This should require a slit-lamp examination, keratometry, the use of diagnostic stains and the assessment of tear film quality and quantity.

4. Assessment of other factors that may be linked to successful wear, including the ability to handle lenses safely and appropriate hygiene procedures. If the practitioner considers that the patient is unlikely to be able to handle or maintain contact lenses safely, it would be in the patient’s interest for the fitting not to commence.

3.4.2 Where a patient is found to be unsuitable for contact lens wear, the patient should be advised accordingly and the patient’s record annotated.

3.4.3 Occasional practice in contact lens care should be avoided, especially in certain specialist areas such as therapeutic contact lens fitting. In such cases the patient may be suffering from a co-existent disease or condition and the contact lens optician should show due care to involve the patient’s ophthalmologist in the co-management of the patient’s contact lens wear regardless of whether the care is provided in the secondary or primary care setting.

Fitting powered contact lenses (updated 24 July 2010)

3.5.1 The Opticians Act states that, subject to certain exceptions, a person who is not a registered medical practitioner, a registered optometrist or a registered dispensing optician must not fit a contact lens to an individual. (See Opticians Act 1989 s 25 [1]). Practitioners who refer patients for others to fit with contact lenses as well as practitioners who fit contact lenses to patients should be fully aware of this requirement.

3.5.2 When fitting a powered contact lens the contact lens optician should ensure that:

1. The type and brand of lens and lens care regimen are suitable and appropriate for the patient;

2. The patient is advised of any requirements in the type of lens, lens wearing pattern or recommended hygiene pattern. Such advice should be recorded clearly in the patient’s records;

3. Unless there are exceptional circumstances, contact lens opticians should not recommend a wearing schedule to a patient that is contrary to the manufacturer’s labelling instructions, which are based on the terms of the product’s licence. The advice given to the patient, and the reasons for such advice should be noted in the patient’s records.

3.5.3 Following the fitting, the patient should be provided with instructions and information on:
- The insertion and removal of lenses, their care, storage, treatment, disinfection and cleaning;
- The wearing schedule for the lenses;
• The need for regular periodic review of the appropriateness of the lenses;
• The importance of seeking professional advice immediately any problem of discomfort, redness, watering, or visual disturbance is experienced and how and where to obtain that advice, both during and outside normal office hours;
• The importance of seeking professional advice before changing to a solution which has not already been recommended as suitable by the person fitting the lenses.
• The importance of seeking professional advice before accepting a supply of substitute lenses.

3.5.4 Appropriate elements of the instructions are given in writing to comply with the Medical Devices Directive. (See Medical Devices Directive, Directive 3/42/EEC. UK regulations SI 618 An introduction to this is available on the MHRA website - please see Appendix G)

3.5.5 The decision as to when the fitting has been completed is a decision to be made by each practitioner depending on the individual circumstances. The period should be long enough for the practitioner to be satisfied that the patient has adapted to the lenses and that there is unlikely to be any change in the patient’s ocular health so that minimum scheduled contact lens check-ups are needed. It is suggested that in most cases a period of less than three months is likely to be sufficient. Fitting may take a longer period however, depending upon the lens type and clinical details of the patient. If the contact lens optician considers that it would take longer than this, he/she should advise the patient of this and make a note in the patient’s record. The contact lens optician should give the patient some indication as to when an acceptable fitting is likely to be achieved.

3.5.6 Contact Lens Opticians may now instil a limited range of anaesthetics [see below] in the course of appropriate contact lens fitting [see appendix]. The Association recommends that this should only be used for complex fittings where it is needed to achieve a satisfactory result.

Lignocaine hydrochloride
Oxybuprocaine hydrochloride
Proxymetacaine hydrochloride

Referral to a colleague (updated 15 May 2012)

3.6.1 Where the practitioner refers the patient to be fitted by an appropriately qualified registered colleague, responsibility for that part of the patient’s care is transferred to the colleague. Any information should be given that might a) affect the choice of contact lens type or b) indicate a particular lens type if this is specifically indicated.

3.6.2 The patient should still receive a full eye examination at appropriate intervals as determined by the clinical judgement of the prescribing optometrist or medical practitioner. Best practice would suggest that a CLO should not continue to supply contact lenses unless this eye examination has taken place. If necessary, only a limited supply may be given to allow time for the new examination to take place.

3.6.3 Contact Lens Opticians are reminded that contact lenses should always be dispensed to a current spectacle prescription. Once the initial fittings are completed, any changes of prescription should be confirmed with the referrer or by an eye examination.
Contact lens specification

3.7.1 There is a legal obligation to provide the patient with a signed written specification of each lens once the fitting has been completed. (Opticians Act 1989 s 25 [5]) This must contain sufficient detail to enable the lens to be replicated, and must contain the details outlined in the Contact Lens Specification Rules 1989. It would normally include details of the base curve, peripheral curves, total diameter, material and design (including details of the underlying brand) of the lens(es). ABDO has a sample contact lens specification form available on its website. It is important that the specification clearly identifies any clinical information that should be taken into account by a supplier.

3.7.2 The contact lens specification must include its expiry date. (Opticians Act 1989 s 25 [7a]) The expiry date of the contact lens specification would normally be the date at which the patient is due for their next clinical review. However, if the expiry date is not co-incident with this date it would be helpful to include both dates on the specification. Factors to be considered when determining the expiry date will include the type of lens, modality of wear and the clinical features of the patient. A practitioner should consider sending the patient a reminder when their next clinical review is due.

3.7.3 It is in the best interests of patients that they receive adequate aftercare. Patients should be advised of the importance of having regular eye examinations, in addition to contact lens check ups. When a practitioner performs a contact lens check-up they should be aware that the issue of new lenses and/or specifications would be ‘fitting’ the patient with contact lenses, as defined by the Opticians Act s.(9)(a). Under the Act, the patient must not be fitted with contact lenses unless they have an up to date (spectacle) prescription (Opticians Act 1989 s25 [1A]).

3.7.4 The fitting practitioner may be asked by a supplier of contact lenses to verify the particulars of the patient’s specification. (Opticians Acts 27 [3]). It is good practice for the fitting practitioner to obtain the details to be verified from the supplier in writing (which may include facsimile or electronic communication), and to keep a record of such requests for verification. If the number of verification requests gives the fitting practitioner cause for concern they should alert the supplier.

3.7.5 Practitioners are reminded of the provisions of the Data Protection Act and must ensure that they have the patient’s consent to the transfer of patient information to a third party. It is suggested that consent should be noted in the patient’s record.

3.7.6 There is no confidentiality issue in confirming by receipt of an unambiguous yes that the details in a complete specification as provided to the optometrist/contact lens optician by a supplier are correct. However, if the specification is incorrect in any way, the supplier would need to confirm patient consent.

3.7.7 When assessing a wearer of contact lenses, the examination should normally include:

1. A detailed assessment of the patient’s wearing patterns and wearing times;
2. Identification of any symptoms experienced while wearing lenses or any signs noted during wear or after lens removal;
3. A record of the current care system being employed;
4. A measure of the refractive status and acuities with the lens/lenses in situ including astigmatic elements as appropriate;
5. An assessment of lens fit and the condition of the lenses themselves;
6. On removal of the lenses, a detailed examination of the eye and adnexa as required to detect any contact lens related adverse effects. This will include the use of appropriate diagnostic agents;
7. Assessment of other ocular attributes such as keratometry as required to identify changes from baseline;
8. Determination of best spectacle visual acuities following lens removal, if appropriate;
9. An assessment of the patient’s compliance with the care regimen and general contact lens related hygiene, irrespective of lens type;
10. Reinforcement of the need for regular follow-up care and specifically a contact lens assessment before expiry of the time-dated specification, to enable the further supply of contact lenses. It is appropriate to reinforce to existing wearers the various aspects of contact lens wear that may have become less obvious over time. Good practice would suggest that it is in patients’ best interests for follow up care to be at least every twelve months;
11. The tests and assessments relevant to the new prospective wearer may be applicable to an existing wearer where changes in lens type are being considered.

Supervision

3.8 Contact lenses can be fitted by a medical or optometry student or a dispensing optician training as a contact lens optician, providing that they are supervised by a registered optometrist, medical practitioner or contact lens optician. Supervision requires that the supervising optometrist/contact lens optician is on the premises when the fitting is taking place, is able to exercise their professional skill and judgement as a clinician, and can intervene in the fitting if necessary to ensure that no untoward consequence to the detriment of the patient can arise from the actions of the person who is being supervised. It is essential that both the registered professional in a supervisory capacity and those being supervised are aware of their roles and duties and particularly what functions cannot be carried out without a GOC/GMC registered supervisor being present on the premises and in a position to intervene.

Records

3.9 It is essential that full and complete records are kept and maintained. (See Appendix B.)

Information on legal matters

3.10.1 The Opticians Act defines fitting of a contact lens as:
   1. assessing whether a contact lens meets the needs of the individual; and, where appropriate
   2. providing the individual with one or more contact lenses for use during a trial period. (Opticians Act 1989 s 25[9])

3.10.2 The Contact Lens (Specification) Rules 1989 state that a contact lens specification must include the following particulars:
   1. the name and address of the individual;
2. if the individual has not attained the age of sixteen on the day the specification is issued, his or her date of birth;
3. the name and registration number of the person signing the specification;
4. the practice address of the person signing the specification;
5. the name of the practice on whose premises the fitting was done;
6. the date the fitting was completed;
7. sufficient details of any lens fitted to enable a person who fits or supplies a contact lens to replicate the lens
8. the date the specification expires; and
9. such information of a clinical nature as the person fitting the lens considers to be necessary in the particular case.

**Contact lens equipment and facilities**

3.11.1 Contact lens opticians who fit contact lenses should possess suitable equipment for contact lens practice and be fully conversant with its use.

3.11.2 The following items are essential:
- Slit-lamp biomicroscope (capable of at least 25x magnification)
- Keratometer or other calibrated instrument for the assessment of corneal curvature.

3.11.3 The following items are recommended:
- Range of single patient use diagnostic soft contact lenses
- Range of special complex diagnostic contact lenses
- Contact lens verification apparatus, e.g. radiuscope
- Facility for contact lens disinfection/sterilisation
- Range of appropriate care systems for patients
- Range of appropriate topical drugs and diagnostic agents
- Facility for disinfection/sterilisation of all ‘contact’ apparatus

3.11.4 The following items may be considered:
- Tear assessment equipment
- Corneal topographer
- Placido disc
- Keratoscope
- Wet cell illuminated magnifier
- Burton lamp

3.11.5 A facility for verification and calibration of all equipment must be available and used on a regular basis.

**SUPPLYING POWERED CONTACT LENSES**

**Guidelines**

3.12.1 Whenever a contact lens is supplied by a registered optometrist, dispensing optician or contact lens optician, he or she has a duty to ensure that the lens or lenses meet the specification, and fulfil their legal obligation to make arrangements for the patient to receive aftercare insofar as, and for as long as, may be reasonable for each particular case. (Opticians Act 1989 s 27[3B])

3.12.2 Whenever a contact lens is supplied by a person who is acting under the supervision of a registered optometrist, dispensing or contact lens optician, the registered optometrist, dispensing optician or contact lens optician has a duty to
ensure that they are able to intervene in the supply if necessary, and exercise their professional skill and judgement as a clinician to make sure that the lens or lenses meet the specification, and that appropriate arrangements for the patient to receive aftercare are made.

3.12.3 Whenever a contact lens is supplied by a person who is acting under the general direction of a registered optometrist, dispensing optician or contact lens optician, the registered optometrist, dispensing optician or contact lens optician has a duty to ensure that written protocols and procedures are in place to protect patient health and safety, that the person conducting the supply is appropriately trained and themselves able to ensure that the lens or lenses will meet the specification and make appropriate arrangements for the patient to receive aftercare.

Advice

3.13.1 The Opticians Act 1989 (s27(3B)) states that a person shall not sell a contact lens for use by any person who does not have a valid specification. (Defined as being “signed, written specification of each lens fitted sufficient to enable the lens to be replicated” Opticians Act 1989 s25(5)(a)). However, a person can sell contact lenses where, instead of the original specification, the seller has

1. a copy of the original specification; or
2. an order from the purchaser, submitted in writing or electronically, which contains the particulars of the specification of the person who intends to wear the contact lens.

If the sale is made under the general direction of a registered optometrist, dispensing optician or contact lens optician, the law requires that the seller verifies the particulars of the specification with the person who issues it (Opticians Act 1989, s27(3)(a)).

If the sale is made by or under the supervision of a registered optometrist, dispensing optician or contact lens optician, it remains in the best interests of patients that, where the seller does not have the original specification, that the specification should be verified, where practicable.

3.13.2 Powered contact lenses can only be sold by, under the supervision of a registered medical practitioner or a registered optometrist, dispensing optician or contact lens optician, or under the general direction of a registered medical practitioner or a registered optometrist, dispensing optician or contact lens optician (Opticians Act 1989 s 27[1][b] and s 27 [3][d]). Zero powered contact lenses can only be sold under the supervision of a registered medical practitioner, or a registered optometrist, dispensing optician or contact lens optician.

3.13.3 Before supplying any lenses a registered optometrist, dispensing optician or contact lens optician should understand the difference between direct supply, supervision and general direction (see below for further details).

3.13.4 If powered contact lenses are supplied by a person working under either the supervision of a registered optometrist, dispensing optician or contact lens optician, or the general direction of a registered optometrist, dispensing optician or contact lens optician, the registered optometrist, dispensing optician or contact lens optician must ensure that the supplier has a full understanding of the respective roles and responsibilities of the registered optometrist, dispensing optician or contact lens optician.
optician and supplier under the relevant relationship (be it supervision or general direction).

3.13.5 The registered optometrist, dispensing optician or contact lens optician should ensure that clear written procedures are in place for those working under their general direction, and that all those supplying lenses are familiar with them and understand them.

3.13.6 Before supplying contact lenses, the registered optometrist, dispensing optician or contact lens optician or anyone working under their supervision or the registered optometrist, dispensing optician or contact lens optician or anyone working under their general direction, should satisfy him/herself that the lenses are in accordance with the patient's contact lens specification.

3.13.7 On receipt of the contact lens specification, or verified copy or order, if any of the details are not clear or complete the supplier should check the details with the person who issued the specification.

3.13.8 On supplying the lenses, the supplier should provide sufficient written information to enable the patient to be able to handle lenses appropriately and comply with an appropriate lens care regime.

3.13.9 The patient should not be supplied with more than the anticipated number of lenses needed until the expiry of the patient’s contact lens specification. It is recommended that the supplier annotates the patient’s contact lens specification with the date of supply, and the number of lenses that were supplied to this specification.

3.13.10 As it is a contravention of the Opticians Act to supply powered contact lenses after the patient’s specification has expired, practitioners should advise the patient to have a contact lens fitting shortly before the expiry date of the contact lens specification, and an eye examination if appropriate.

3.13.11 If the supplier is unable to supply lenses that exactly meet the contact lens specification of the patient, refitting is required before an alternative lens is supplied. A lens may be deemed to meet the specification, if it is an identical lens made by the same manufacturer but sold under a different name to that stated on the specification.

Supervision

3.14.1 Where the supply of lenses is under the supervision of a registered optometrist, dispensing optician or contact lens optician, the supervisor retains full responsibility for the supply. The provisions of the supply fall under section 27(1)(b) of the Opticians Act. The supervisor must be on the premises, aware of the procedure and in a position to intervene if necessary to ensure that no untoward consequences to the detriment of the patient can arise from the actions of such a person who is being supervised. In the case of General Optical Council v Vision Direct (1989) it was held that supervision by an optometrist (or contact lens optician) means that the optometrist (or contact lens optician) is able to exercise his or her professional skill and judgement as a clinician. It does not mean supervision by someone performing a purely clerical or even management function, even if the person who is performing that function happens to be an optometrist (or contact lens optician).

3.14.2 Protocols for the supply of lenses under supervision should also include:
• Checking that the lenses are for the correct person
• Checking that the specification is current and that the supply of lenses will not be for a longer period of time than the expiry of the specification
• Checking that the lenses that are supplied to the patient are those specified in the patient’s contact lens specification
• Ensuring the patient knows which lens is for which eye
• Ensuring those who perform supervised tasks are trained in the procedures to be followed.
• Ensuring the patient is given written information on care solutions and knows how to handle the lenses.
• Reinforcing the need for regular contact lens check-ups, and reminding the patient when their next scheduled contact lens consultation is due
• Ensuring adequate records are kept
• Ensuring that the audit trail is sufficient to ensure that any errors that occur are drawn to the attention of the supervising registered optometrist, dispensing optician or contact lens optician

For zero-powered lenses, ensuring that the patient is fitted with lenses if no specification is provided’

General Direction

3.15.1 Where the supply of lenses is under the general direction of a registered optometrist, dispensing optician or contact lens optician, the registered optometrist, dispensing optician or contact lens optician should ensure that robust procedures are in place to protect the patient. A directing registered optometrist, dispensing optician or contact lens optician has a responsibility to ensure that the systems used for verification and supply are robust and are followed. Whilst the registered optometrist, dispensing optician or contact lens optician need not be on the premises while the sale takes place, any protocol for such supply should be in writing with an audit trail that can be followed. The protocol should include the requirement for suppliers to be adequately trained and to have working knowledge of the types of contact lenses available and the different care regimes. Suppliers should be trained to advise the patient appropriately as to what to do if the patient suffers an adverse event from the use of the lenses or care solutions. Suppliers working under general direction should not interpret or make judgements in relation to any clinical information contained in the specification, and should refer such matters to a registered optometrist, dispensing optician or contact lens optician or registered medical practitioner and seek direction from them before supplying lenses. The generally directing person should be in the management chain in a position of authority to monitor the effectiveness of protocols and procedures for the supply of lenses and make amendments if required.

3.15.2 Protocols for the supply of lenses under general direction should also include:
• Checking that the lenses are for the correct person
• Checking that the specification is current and that the supply of lenses will not be for a longer period of time than the expiry of the specification
• Checking that the lenses that are supplied to the patient are those specified in the patient’s contact lens specification
• Ensuring the patient knows which lens is for which eye
• Ensuring those who perform delegated tasks are trained in the procedures to be followed.
• Ensuring the patient is given written information on care solutions and knows how to handle the lenses.
• Ensuring as far as reasonable that the patient is not registered as sight impaired or severely sight impaired or under 16
• Reinforcing the need for regular contact lens check-ups, and reminding the patient when their next scheduled contact lens consultation is due
• Ensuring adequate records are kept
• Ensuring that the audit trail is sufficient to ensure that any errors that occur are drawn to the attention of the generally directing registered optometrist, dispensing optician or contact lens optician.

**Duty to provide aftercare**

3.16.1 The Opticians Act includes a duty which states that the seller must make ‘arrangements’... ‘for the individual for whom the optical appliance or ‘zero powered contact lens’ is supplied to receive aftercare in so far as, and for so long as, may be reasonable in his particular case’. *(Opticians Act 1989 S27[3B])* The generally directing registered optometrist, dispensing optician or contact lens optician or the supervising registered optometrist, dispensing optician or contact lens optician will therefore need to make sure that these ‘arrangements’ are in place.

3.15.2 Individual ‘aftercare’ arrangements would reasonably be understood to include where to go for routine aftercare in a manner convenient to the patient and should make arrangements for:
• Where the patient can go in an emergency,
• What signs or symptoms they should look out for,
• The importance of having regular contact lens check-ups.
• How to remove the contact lenses in an emergency,
• Having a local contact or helpline for advice,
• Monitoring that aftercare arrangements are effective and work for the patient. This would include monitoring that the local contact or helpline works in practice and that the emergency provisions are appropriate.

**ZERO-POWERED CONTACT LENSES – FITTING AND SUPPLY**

**Guidelines**

3.17. Wearers of zero-powered contact lenses are exposed to the same risks to ocular health as wearers of powered contact lenses. Therefore the same degree of care is required with fitting or supplying a patient with zero-powered contact lenses as when fitting a patient with powered contact lenses.

**Advice**

3.18.1 A practitioner who fits zero-powered contact lenses should regard his responsibilities as being the same to those applying to a practitioner who fits powered contact lenses.

Whilst there is no legal requirement to fit a person with zero-powered contact lenses, it is in the best interests of the patient to do so. Therefore, before supplying any patient with zero-powered lenses who does not have a valid written specification, the patient should be fitted with appropriate lenses by a registered optometrist, dispensing optician or contact lens optician and issued with a written specification, where appropriate. Any registered optometrist, dispensing optician or contact lens optician who is responsible for supervising the sale and supply of zero-powered lenses where the patient does not possess a written specification should ensure that the supervisee refers the patient for fitting.
3.18.2 It is particularly important that patients who are fitted with zero-powered contact lenses are given adequate instruction on solutions, hygiene and handling. Patients may see zero-powered contact lenses as ‘fashion accessories’ and this belief may lead to a more haphazard care regime. Patients should be advised strongly that they should not share their lenses as to do so carries a serious health risk.

3.18.3 Whilst powered contact lenses may be supplied under the general direction of a registered optometrist, dispensing optician or contact lens optician or under the supervision of a registered optometrist, dispensing optician or contact lens optician, zero powered contact lenses may only be supplied under the supervision of those practitioners indicated. (Opticians Act 1989 s27 [1](b)). (See Section 2 of these guidelines)

3.18.4 Zero powered contact lenses cannot be supplied under the general direction provisions of Section 27(3)(d) of the Opticians Act which relates only to powered contact lenses.

3.18.5 Any person who supplies zero powered contact lenses has the same duties and responsibilities as a person who supplies powered contact lenses. (See Section 2 of these guidelines)

3.18.6 Whilst there is no legal requirement to give a patient a written specification after fitting a patient with a zero powered contact lens, it is in the patient’s best interest to do so. (See Section 1 of these guidelines)