



*The Opticians of Manitoba*  
*"Our Focus is Your Eyesight"*

# **PRACTICE DIRECTIONS AND GUIDELINES**



**THE OPTICIANS OF MANITOBA**

*Highest Standards of Professional Craftsmanship*

**SEPTEMBER 2017**

## **OVERVIEW OF THE PRACTICE DIRECTIONS AND GUIDELINES**

The Opticians of Manitoba (OOM) is required by legislation to create, approve, publish and update Standards in three types of documents to guide and support registrants in competent practice. These documents which are all considered to be regulatory instruments, include the following:

- Code of Ethics
- Standards of Practice
- Practice Directions

The areas that are to be addressed in the Standards of Practice for each health profession are as follows:

- interaction with the patient/client in patient-centered care
- interaction with colleagues – collaborative practice requirements
- awareness of own individual scope, competencies and values
- profession-specific requirements for good care, based on the practice for each profession
- record keeping requirements such as documentation and retention
- requirements for the practice environment including the condition of the practice environment and equipment used in providing care and services

The Practice Directions are used to enhance, explain, add to or guide registrants regarding the content described in the Standards of Practice or other matters not dealt with in the Standards but which are relevant to the practice of the profession.

All Practice Directions are intended to clearly outline an optician's obligation to practice safely, ethically and competently and must be followed by registrants. The obligations and requirements described also apply regardless of whether the registrant practices privately or for an employer. The policies of an employer do not release the individual optician from his/her duty to meet the professional requirements, even if they conflict with an employer's policies.

The OOM is also permitted by legislation to provide registrants with educational opportunities, resources and support services such as guidelines to encourage competent practice, based on the Standards.

The Practice Directions and Guidelines included in this handbook are intended to enhance, explain, add to, and guide registrants about subject matter described in not only the Code of Ethics and Standards of Practice but also in legislation that applies to opticians and legislation that applies to all health care professionals.

Additional information included in the documents as "Notes" or "Appendices" is intended to help opticians apply the Practice

Directions and to provide guidance on specific issues, including addressing diverse needs arising from patient-centered care.

Opticians in Canada are also required to meet the performance expectations included in the new National Competencies for Opticians in Canada which were published by NACOR in April 2013. The writing of these competencies included the participation of 1,200 opticians throughout Canada. In addition to reflecting current best practices and legislation, the Practice Directions and Guidelines also incorporate the performance expectations for opticians included in the National Competencies. They prioritize patient safety, patient-centered care and are intended to support all opticians in Manitoba as they strive to provide eye health services which are of the highest quality.

## THE DEVELOPMENT PROCESS

The development process of the Practice Directions and Guidelines included a review by a focus group made up of opticians in Manitoba as well as a thirty-day, broad stakeholder consultation. The documents include stakeholder views and experiences, external developments in provincial, national and international regulations, best practices and learning from other areas of work of the Opticians of Manitoba.

Both the Directions and Guidelines will be reviewed and revised regularly and as needed, using the same process to ensure that



they continue to reflect the most current best practices and new technologies.

They are published in accessible formats so that licensed opticians in Manitoba, potential applicants for licensure, employers, patients and members of the public are able to find them and can obtain information about action that can be taken if the Practice Directions are not followed.

## ACKNOWLEDGEMENTS

The Council of the OOM wishes to thank the individual members of Council, those who serve on the OOM Standards Committee and those who were members of the focus group. They also wish to thank the contributing stakeholders, the staff of the Opticians of Manitoba and the 1,200 opticians throughout Canada who volunteered and participated in the writing of the new National Competencies for Opticians. Without the voluntary contribution of their time and expertise and the joint commitment of both our staff and the volunteers, this work would not have been possible.

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# THE OPTICIANS OF MANITOBA

## MISSION AND VALUES

The mission of the Opticians of Manitoba (OOM) is to serve and protect the public interest through effective Regulation of the practice of opticianry. The Opticians of Manitoba achieves their mission primarily through the performance of its three core functions:

- Registration and Licensing
- Monitoring Standards of Practice
- Complaints Resolution

In meeting this mission, the OOM is committed to being:

- Accountable for public protection
- Accessible to the public and registrants
- Fair and transparent in our conduct
- Efficient in regulating the profession of opticianry in Manitoba

## INTRODUCTION TO THE PRACTICE DIRECTIONS

The Opticians of Manitoba has the responsibility to regulate the practice of opticianry to safeguard the public from harm by ensuring that opticians comply with:

- applicable legislation
- regulations
- Standards of Practice
- the Code of Ethics

Protecting the public from harm requires setting minimum standards of practice regarding business and dispensing practices, staff supervision and client and records management.

The OOM Council must also issue:

- Practice Directions
- additional requirements as needed when legislation, best practices or technology changes

All opticians must practice their profession in compliance with the Practice Directions. Any person may file a written complaint against an optician if the optician has breached the Code of Ethics and/or has not met the obligations and requirements described in a Standard or Practice Direction.

# OPTICIANS OF MANITOBA

## PURPOSE AND SCOPE OF THE PRACTICE DIRECTIONS AND GUIDELINES

The Practice Directions are based on the following:

- legislation
- the National Competencies for Canadian Opticians published by the National Association of Canadian Optician Regulators (NACOR) in April 2013
- Opticians of Manitoba's:
  - bylaws
  - Code of Ethics
  - Standards of Practice
  - policies and procedures

The Practice Directions serve the purpose of providing the:

- the public with clear guidelines for the quality of care they should receive from an Optician.
- opticians with clear expectations for upholding the requirements of professional practice set by the Opticians of Manitoba.
- the Opticians of Manitoba with benchmarks by which it may investigate complaints, and if necessary, the criteria by which it will judge whether disciplinary and/or remedial action is required.

The bylaws, Code of Ethics, Practice Directions, Standards of Practice and policies and procedures are regulatory instruments. Failure to comply with them can result in disciplinary action and/or required remedial action.

## REVIEW FREQUENCY

The Practice Directions are the present policy for the conduct of professional practice and best practice. They will be reviewed by the council of Opticians of Manitoba at a minimum, every three years and more frequently if needed, as technology and best practice changes. All resulting revisions will be circulated to all licensed opticians in Manitoba.

## DEFINITIONS

### CODE OF ETHICS

The Code of Ethics governs the conduct of the members of the Opticians of Manitoba and includes general statements setting out expected moral and ethical behaviour of all Licensed Opticians and Contact Lens Licensed Opticians in Manitoba.



## THE OPTICIANS OF MANITOBA

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### NATIONAL COMPETENCIES

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The National Competencies regulate the quality expected of opticianry services that is to be provided to the public by the opticians in Canada. They are normative statements which describe how at minimum, an optician is to practice, as evidenced by the optician's observable behaviours and actions, and use words like **“must”** and **“require”**.

### PRACTICE DIRECTIONS

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Practice Directions are used to enhance, explain, and add to or guide members about the performance expectations of opticians described in the Code of Ethics, National Competencies or other matters relevant to the practice of opticianry addressed in Standards, regulations or other legislation. They **must be followed**. Practice Directions must use the words “must” and “require”.

### GUIDELINES

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Guidelines are recommended courses of action related to the topic and are based on best practice.

### BEST PRACTICE

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Best practice is a method or technique that has consistently shown results superior to those achieved with other means and are used as a benchmark.

### PERFORMANCE INDICATORS

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A performance indicator defines the minimum expectation for practice and supports the evaluation of whether the optician's actions, knowledge, skill, judgement and other attributes have resulted in meeting the required level of competency. The assessment during the audit process of whether the performance indicator has been met or not often leads to the identification of potential improvements. Performance indicators are routinely associated with performance improvement initiatives.

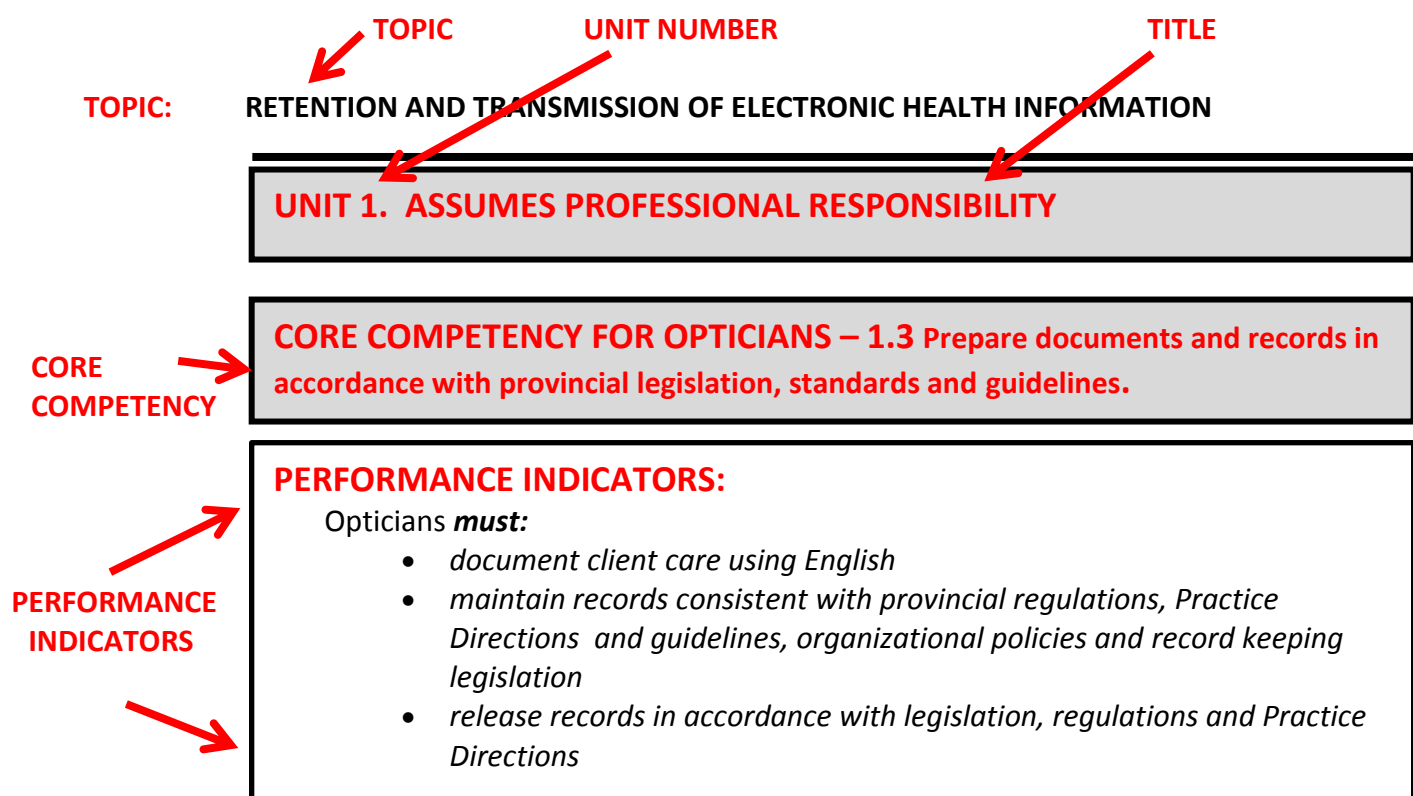
# THE OPTICIANS OF MANITOBA

## NUMBERING OF THE TOPICS, UNITS, CORE COMPETENCIES AND INDICATORS

The **Topic**, **Unit Number**, **Title of each Unit**, **Core Competencies** and the **Performance Indicator(s)** listed for each Practice Directions and Guideline match those listed for each Core Competency in the NACOR National Competencies for Canadian Opticians 3<sup>RD</sup> edition, April 2013.

[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx).

The following diagram of the format used in the Opticians of Manitoba's Practice Directions illustrates how the topics, unit numbers, core competencies and performance indicators used match those found in the NACOR document.



# OPTICIANS OF MANITOBA


## DEMONSTRATION OF COMPETENCY

Under the heading, **DEMONSTRATION OF COMPETENCY**, the following are listed:

- **REQUIREMENTS THAT MUST BE MET** in order to comply with legislated requirements and professional competencies for each Practice Direction.

**E.G.**

### DEMONSTRATION OF COMPETENCY



The following are the **requirements that must be met** in order to comply with legislated requirements and the Performance Indicators in the National Competencies.


Opticians **must**:

- ensure appropriate safeguards are in place for all personal health information
- disclose only the minimum of personal health information required for the purpose of communication
- delete patient information received by dictated tapes, computer discs and voice mail messages as soon as possible.

- **EXAMPLES OF THE WAYS IN WHICH OPTICIANS MAY DEMONSTRATE THEIR COMPETENCY** in relation to the performance indicators for each competency. There may also be many other ways in which opticians in their individual practices or dispensaries demonstrate their competency and compliance with performance indicators.

### DEMONSTRATION OF COMPETENCY

**E.G.**



The following are **examples of ways that opticians may demonstrate** competency in their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

Opticians **may**:

- collect relevant medical health information
- identify hereditary prominent diseases such as macular degeneration, retinitis pigmentosa
- demonstrate knowledge of the progress and prognosis of common visual diseases
- understand the classification of legal blindness.

# PRACTICE DIRECTION

Number: 1

Original Date: Sept 17, 2017

Revised Date:

Planned Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: PRIVACY AND CONFIDENTIALITY

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

CORE COMPETENCY FOR OPTICIANS – 1.1 Demonstrate a commitment to patient, the public and profession.

#### PERFORMANCE INDICATOR:

*An Optician must:*

**1.1.1 Adhere to privacy and confidentiality legislation, regulatory requirements and employer policies**

## INTRODUCTION

Opticians need to understand:

- their privacy related obligations
- all current privacy legislation
- issues related to the conversion of paper records to electronic
- rapid changes in technology
- contractual obligations.

**NOTE:** A breach of privacy and confidentiality can lead to termination from employment, litigation, a complaint to the Opticians of Manitoba and/or the Province of Manitoba's Ombudsman.

## DEMONSTRATION OF COMPETENCY

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

An Optician **MUST** comply with:

- *The Freedom of Information and Protection of Privacy Act (FIPPA),*
- *The Personal Information Protection and Electronic Documents Act (PIPEDA)*
- *The Personal Health Information Act (PHIA).*

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

(Part 3 of PHIA provides specific guidelines about the confidentiality, security, accuracy and integrity of health information. (See *Appendix A A Trustee's Guide to the Pledge of Confidentiality Required Under PHIA*, p.172, *Appendix B PHIA Pledge of Confidentiality* p.173 and *Unit 1 Practice Direction "Record Keeping"* pages 35-37)

- *The Protecting Children (Information Sharing) Act*

**An optician who is the owner/manager of an optical dispensary must ensure that:**

- the patient's rights to confidentiality and privacy are met and that their Personal Health information<sup>1</sup> is kept private and confidential .
- steps have been taken to ensure that patient information remains confidential, cannot be accessed by unauthorized persons and is not visible from the waiting area (See *Appendix A p.172 Appendix B P.173 and Appendix C A Trustee's Guide to Information Manager Agreements Required under PHIA p.174*)
- employees respect the patients' privacy when communicating personal health information (See *Unit 1 Practice Directives "Release of Personal Health Information" (pages 66-70), "Transportation of Patient Records" ( pages 71-73)*)
- confidentiality, privacy and security is maintained when sharing, transmitting,(storing) and disclosing information (See *Appendix A p.172, Appendix B p.173 and Unit 1 Practice Direction "Retention and Transmission of Electronic Health Information" (pages 60-62), Practice Guideline "Transmitting Electronic Health Information"(pages 78-80)*)
- patient consent has been obtained to share and disclose information (See *Unit 1 Practice Directives "Informed Consent"(pages 74-75), "Release of Personal Health Information" (pages 66-70)*)
- all files are stored in a secure location and not left open for unauthorized persons to view
- all employees have signed non-disclosure agreements
- if the dispensary has been equipped with video surveillance/monitoring equipment, that it is not a wireless system

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<sup>1</sup> The statutory definition of ".Personal Health Information" means recorded information about an identifiable individual that relates to :

- the individual's health, or health care history, including genetic information about the individual
- the provision of health care ,including any care, service or procedure, to the individual or
- payment for health care provided to the individual and includes:
- the PHIN (personal health identification number assigned to an individual by the Minister to uniquely identify the individual for health care purposes) and any other identifying number, symbol or particulars assigned to an individual, and
- any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

- any hard drives in the dispensary containing personal information are encrypted<sup>2</sup>, not simply password protected information (See Unit 1 Practice Directives “Retention and Transmission of Electronic Health Information”(pages 60-62), “ Electronic Records”(pages 46-50) and Unit 1 Practice Guideline “Transmitting Electronic Health Information”(pages 78-80)
- if computers are accessed by multiple individuals, that each person has their own log-in requirements and can access only information that they are entitled to review by password protection. (See Unit 1 Practice Directives “ Retention and Transmission of Electronic Health Information”(pages 60-62), “ Electronic Records” (pages 46-50)and Unit 1 Practice Guideline “ Transmitting Electronic Health Information” (pages 78-80)

**NOTE:** It is recommended that the use of email containing personal health information should be avoided whenever possible if there are other options available to convey the information. (See Unit 1 Practice Direction “ Retention and Transmission of Electronic Health Information”(60-62) and Unit 1 Practice Guideline “Transmitting Electronic Health Information” (pages 78-80).

The following are examples of ways that opticians may demonstrate their day to day performance of the competency. There may also be many other ways that opticians may demonstrate their competency.

- respecting the privacy of patients when communicating personal health information
- maintaining confidentiality, privacy and security when sharing, transmitting, storing and disclosing information including applying password protection on computer systems, and obtaining consent to share and disclose information

## REFERENCES AND RESOURCES

- Health Information Access and Privacy. A GuidetoThePersonalHealthInformationAct [www.gov.mb.ca/health/phia/docs/phia\\_guide.pdf](http://www.gov.mb.ca/health/phia/docs/phia_guide.pdf)
- A Trustee’s Guide to the Pledge of Confidentiality Required by The Personal Health Information Act <https://www.gov.mb.ca/health/phia/docs/tgima.pdf>
- A Trustees Guide to Information Manager Agreements Required by The Personal Health Information Act [www.gov.mb.ca/health/legislation/tgima.pdf](http://www.gov.mb.ca/health/legislation/tgima.pdf)  
<https://www.manitoba.ca/health/phia/docs/phia.pdf>
- Orientation to PHIA Dec 2014 [www.gov.mb.ca/health/phia/docs/phia\\_orientation.pdf](http://www.gov.mb.ca/health/phia/docs/phia_orientation.pdf)
- Electronic Records Handbook Canadian Medical Protective Association 2014 <https://www.cmpa-acpm.ca/en/advice-publications/handbooks/electronic-records-handbook>

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<sup>2</sup> **Encryption** is the conversion of electronic information written in plain text into another format called ciphertext, the encrypted result. Ciphertext cannot be easily understood by anyone except authorized parties.

- About the Legislation -The Protecting Children(Information Sharing)Act  
<http://www.gov.mb.ca/informationsharingact/pub/about-the-legislation.pdf>
- Information For Service Providers - The Protecting Children (Information Sharing )Act
- <http://www.gov.mb.ca/informationsharingact/service-providers.html>
- Notification Guidance Sheet for Providers – The Protecting Children(Information Sharing)Act  
[http://www.gov.mb.ca/informationsharingact/pub/notification\\_of\\_guidance.pdf](http://www.gov.mb.ca/informationsharingact/pub/notification_of_guidance.pdf)
- Decision Tree for Information Sharing Under the Protecting Children (Information Sharing) Act [http://www.gov.mb.ca/informationsharingact/pub/decision\\_tree\\_legal.pdf](http://www.gov.mb.ca/informationsharingact/pub/decision_tree_legal.pdf)
- Frequently Asked Questions – The Protecting Children (Information Sharing )Act  
<http://www.gov.mb.ca/informationsharingact/service-providers-faq.html>

## LEGISLATION

- Personal Health Information Act (PHIA) [web2.gov.mb.ca/laws/statutes/ccsm/p033-5e.php](http://web2.gov.mb.ca/laws/statutes/ccsm/p033-5e.php)
- The Freedom of Information and Protection of Privacy Act (FIPPA) [www.gov.mb.ca/fippa](http://www.gov.mb.ca/fippa)
- Personal Information Protection and Electronic Documents Act IPEDA)  
[www.priv.gc.ca/legc/rope.asp](http://www.priv.gc.ca/legc/rope.asp)
- The Protecting Children(Information Sharing)Act  
<http://www.gov.mb.ca/informationsharingact/>

# CODE OF ETHICS

Number: 2

Original Date: 15/05/2013

Revised Date: 17/09/2017

Planned Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: CODE OF ETHICS

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.1 Demonstrate a commitment to patient, the public and profession.**

#### PERFORMANCE INDICATORS:

***An optician must:***

- 1.1.2 Integrate the Code of Ethics into professional practice as a basis for all decisions and actions***
- 1.1.3 Communicate title and credentials accurately***
- 1.1.4 Recognize and manage professional boundaries***
- 1.1.5 Refer any incompetent, illegal or unethical conduct by colleagues (both regulated and unregulated) or other health personnel to the appropriate authority***
- 1.1.6 Recognize and manage ethical situations***

## INTRODUCTION

Opticians registered and/or licensed with the Opticians of Manitoba (OOM) are given the privilege and duty of self-governance under the Optician's Act. Opticians **must** comply with the requirements in the Act, the OOM by-laws and Practice Directives.

Every Optician **must** uphold and advance the honour and dignity of the profession of Opticianry, its high standards of ethical conduct, and adhere strictly to the principles in the Code of Ethics.

- Opticians registered and/or licensed by the OOM **must**:
  - be honest and impartial in serving their patients, the public, and their profession
  - strive to increase the competence and prestige of their profession

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.



- use their knowledge and skill to improve the health and well-being of their patients and the public, and respect the dignity, professional status and professional relations with their colleagues
- adhere to provincial regulations, standards of practice, guidelines and Code of Ethics related to maintaining professional boundaries
- seek guidance in managing professional boundaries
- report incidents of unauthorized practice or use of title to the Registrar of the Opticians of Manitoba
- report incidents of unprofessional, unsafe, unethical behaviours to appropriate persons (manager, supervisor, regulatory body)
- apply critical thinking to manage ethical situations
- seek guidance in identifying and managing ethical situations
- recognize and manage potential, perceived or actual conflicts of interest.

### **Duty to the Public**

- Opticians **must**:
  - educate the public in the promotion of optical health
  - refrain from making any statement or declaration or signing any certificate or any other document, or induce or permit a patient to sign any certificate or document which they know or ought to know to be untrue, misleading, or otherwise improper. This includes, but is not limited to documents used for insurance claims or third party billings.

Opticians should also provide leadership in community activities whose purpose is to improve the health and well-being of the individual and the community, primarily with respect to eye health and related fields

### **Duty to Patients**

- Opticians **must**:
  - maintain patient confidentiality including not divulging any information acquired in the course of the professional relationship unless expressly authorized by the patient, or as required under the Opticians Act, regulations, OOM by-laws and Standards of Practice, or by law
  - consult and provide treatment to all members of the public with equal diligence, respect, and without discrimination. While recognizing that Opticians registered

with the OOM have the right to choose who they accept as patients, they must do so in a manner consistent with the Human Rights Code

- keep their knowledge of Opticianry current, continuously enhance their educational and technical proficiency in order that their patients might receive the benefits of all acknowledged improvements in eye health/optical care, encourage and support the education of all individuals in the profession
  - provide eye health care in accordance with the Opticians Act, regulations and current Opticians of Manitoba's Practice Directives
  - inform the patient of any risk(s) associated with the use of an optical appliance(s) and/or eye health care being considered so that the patient may make an informed decision on whether to accept the use of the optical appliance(s) and/or accept the eye health care
  - disclose to the patient any circumstances which may result in a perceived personal or moral "Conflict of Interest"<sup>1</sup>
  - provide eye health care to patients only when they are qualified by training or experience to perform the necessary tasks
  - perform only those tasks for which the optician's level of competence is sufficient and current, regardless of training and experience
  - be willing to consult with fellow health care professionals and/or to refer, when advisable, to the appropriate health care professional(s) and foster good relationships among members of the optical professions to facilitate inter-professional relationships and referrals for the benefit of the patient
  - provide only an optical appliance(s) and/or eye health care which they know or believe is appropriate to meet the needs of the patient
  - only continue to provide optical appliances or services which they know or believe are indicated and continue to be effective.
- Opticians **are professionally responsible** for:
    - all services rendered by themselves
    - all services rendered by individuals under their supervision
    - the professional actions and the consequences of those actions of any student optician that they have agreed to supervise.
  - The optician's duty is not to warrant or guarantee the success of any eye health care and/or optical appliance(s), but to provide the highest standard of care and accept full responsibility for the eye health care and/or optical appliance(s).

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<sup>1</sup>**Conflict of Interest**" is a conflict between the private interests and the official responsibilities of a person in a position of trust.

## Duty to the Profession

- Opticians **must**:
  - maintain the integrity of the profession, contribute to, and participate in its activities
  - encourage and support the education of all individuals in the profession
  - share their knowledge and skills with students and colleagues in order to strengthen the profession as a whole.

Opticians should also support the advancement of the profession through local, provincial and national organizations.

## Duty to Colleagues

- Opticians **must**:
  - refrain from commenting or passing judgment on the qualifications of, or procedures rendered by other opticians licensed with the OOM, unless such comments are in the best interests of the patient's health and well-being, or are required under the Opticians Act, OOM by-laws, standards of practice, or by law.
  - refrain from competing for patients or professional services by methods which would adversely affect the honour, dignity, or credibility of the profession
  - refrain from comparing their professional competence to that of other licensed opticians.
  - render only the eye health care or services which were specifically requested, In the event of a consultation.

## REFERENCES AND RESOURCES:

- Opticians of Manitoba Bylaws [www.opticiansofmanitoba.ca/about-us/](http://www.opticiansofmanitoba.ca/about-us/)
- Opticians of Manitoba Complaints Resolution Policy [www.opticiansofmanitoba.ca/about-us/](http://www.opticiansofmanitoba.ca/about-us/)
- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013 [www.nacor.ca/competencies.aspx](http://www.nacor.ca/competencies.aspx)

## LEGISLATION

- Opticians Act [www.opticiansofmanitoba.ca/about-us/](http://www.opticiansofmanitoba.ca/about-us/)
- The Human Rights Code <https://web2.gov.mb.ca/laws/statutes/ccsm/h175e.php>

# PRACTICE DIRECTION

Number: 3

Original Date: Sept 17, 2017

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## TOPIC: USE OF TITLE AND CREDENTIALS

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.1 Demonstrate a commitment to patient, the public and profession.**

#### PERFORMANCE INDICATORS:

*An optician **must**:*

**1.1.3 Communicate title and credentials accurately**

#### INTRODUCTION:

Public interest is protected through a consistent application of use of title<sup>1</sup>, title abbreviations<sup>2</sup> and credentials<sup>3</sup>. In Manitoba, the only titles that opticians are permitted to use are those listed in The Opticians Act. The use of letters after the optician's name such as LO, RO or CL to signify their licensing category and the use of a name other than an optician's legal name<sup>4</sup> under which they are licensed is not permitted.

#### DEMONSTRATION OF COMPETENCY:

**The following are requirements that MUST be met in order to comply with legislated requirements and professional competencies.**

<sup>1</sup> **Title:** refers to the words optician, "dispensing optician", "ophthalmic dispenser" or "certified contact lens optician" as defined and described in *The Opticians Act*.

<sup>2</sup> **Title abbreviation:** or the abbreviation for the title words, functions as the professional designation.

<sup>3</sup> **Credentials:** refers to those words or abbreviations that indicate an educational qualification, certification, or specific competency generally acquired by successfully passing an examination.

<sup>4</sup> The name of a natural person recognized on official records, especially as recorded on a birth certificate or as changed by legal process

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

*An optician **must**:*

- be registered and licensed by the Opticians of Manitoba(OOM) before using the title, "optician"
- comply with *The Opticians Act* which stipulates that no persons other than a registrant of the Opticians of Manitoba may use the title "optician", "dispensing optician", "ophthalmic dispenser "or "certified contact lens optician", "contact lens licensed optician", "licensed optician" or a variation or abbreviation of these titles such as "contact lens licensed optician", "licensed optician", "registered optician", or an equivalent in another language that implies the person is licensed by the Opticians of Manitoba or entitled to practice as an optician.
- not use the title "specialist" or any other similar designation suggesting a recognized special status, special levels of competence or accreditation. There are no acceptable abbreviations for the title words.
- communicate appropriately to the public, in writing and verbally, the professional designation of Licensed Optician, i.e. using only the title "optician", "dispensing optician", "ophthalmic dispenser " , "certified contact lens optician " , "contact lens licensed optician", "licensed optician", " registered optician".  
**Note: In Manitoba the Opticians Act does not allow the use of abbreviation of titles such as LO for Licensed Optician.**
- Comply with the OOM policy Certificate of Practice / License by using only their legal name<sup>5</sup> , i.e. the name under which they were licensed in Manitoba, when practising in a dispensary in Manitoba
- ensure that:
  - records of opticianry care are easily identifiable as opticianry records, even when they are part of a multidisciplinary patient file in a multidisciplinary practise
  - membership<sup>6</sup> in associations or special interest group such as the Opticians Association of Canada is not used as a "credential"

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<sup>5</sup>The name of a natural person recognized on official records, especially as recorded on a birth certificate or as changed by legal process. **NOTE:** If an abbreviated version of a legal name or an alias is generally used by the applicant such as "Jim" for the name "James", the applicant may request that the abbreviated version or alias be used on their registration card in brackets between your legal first and legal surname. e.g. James (legal first name) " JIM" ( abbreviated name or alias ) Smith (legal surname).

<sup>6</sup> Belonging, either individually or collectively to a group. Membership may or may not require the payment of a fee.

**Note:** A listing or description of the associations or interest groups to which an optician belongs may be included in any narrative biographical description of the optician but memberships cannot be used in any manner that suggests that a membership in an organization is a credential.

- students working in a dispensary who are enrolled in an accredited opticianry educational program use the title “Student Optician” or Opticianry Student”. The student may only use this title during activities directly related to and approved by the educational program. Students **may not** use the title in alternative situations such as a volunteer role or a job, even if it is in the same dispensary. Once a student has graduated he/she is no longer a student and must not use the student title.

#### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/competencies.aspx](http://www.nacor.ca/competencies.aspx)
- Opticians of Manitoba policy – Certificate of Practice /License

#### LEGISLATION:

Opticians Act [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)

# PRACTICE DIRECTION

Number: 4

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## TOPIC: LICENSE OF RECORD

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.1 Demonstrate a commitment to patient, the public and profession.**

#### PERFORMANCE INDICATORS:

*The License of Record must comply with:*

- *the responsibilities of the License of Record stated in the Opticians of Manitoba bylaws*
- *all applicable legislation, Standards of Practice , Practice Directions and Opticians of Manitoba policies and procedures*

#### INTRODUCTION:

The position of a License of Record is unique to Manitoba and was created to ensure that one person would be answerable to any complaints forwarded from the Complaints Resolution Committee. Sections 32. (2), 32(3), 32(4) and 4© are the relevant OOM bylaws pertaining to the License of Record.

The bylaws of the Opticians of Manitoba state that a License of Record is accountable for all aspects of ophthalmic dispensing undertaken at the location that the member acts as License of Record. This includes ensuring compliance with all applicable legislation, regulations, Standards of Practice and Practice Directions.

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

The bylaws also state that all practices and each location where ophthalmic dispensing is carried on must display a notice<sup>1</sup> identifying the current License of Record.

## RESPONSIBILITIES OF THE LICENSE OF RECORD

The License of Record is usually the manager of the optical dispensary and is responsible for all licensed opticians and support staff working under their direction. Supervision of dispensaries is required on a full-time basis by a License of Record. This means that:

- the License of Record **must** work full time at their dispensary<sup>2</sup>
- the License of Record **must** ensure that either he or she or another licensed optician is supervising the dispensary during a minimum of 85% (eighty five percent) of normal business hours. This requirement allows for the License of Record or the delegate<sup>3</sup> to be absent from the dispensary during lunch and rest breaks. During these hours when the License of Record, or the delegate is absent, the requirement for supervision on a full-time basis is satisfied as long as nothing is actually dispensed without first being checked by a licensed optician. No Reserved Acts<sup>4</sup> may be performed without a licensed optician on the premises.

The bylaws of the Opticians of Manitoba (OOM) also include additional specific responsibilities for the License of Record as follows:

- Every member who becomes a Licence of Record at an Optical Dispensary must notify the Registrar immediately and never later than fourteen (14) days).

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<sup>1</sup> It is up to each dispensary to select the format/design, size, colour etc. for the sign that they wish to display. The sign must state that "The License of Record/ Optician Manager of the Dispensary is (the name of the optician)". If a dispensary would like to use a template developed by the Opticians of Manitoba, a sign can be previewed and ordered directly from the designer at [milton@onebranddesign.net](mailto:milton@onebranddesign.net).

<sup>2</sup> **Full-time**- a minimum of either 28 hours/week or all the normal business hours of the dispensary, whichever is less.

<sup>3</sup> **Delegate** - to assign and transfer the responsibilities of the License of Record to another licensed optician.

<sup>4</sup> **Reserved Acts**-The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a Licensed optician

- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
- In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.



- Every member who ceased to be the License of Record at an optical dispensary must notify the Registrar immediately of such a change and never later than fourteen (14) days.
- The Licence of Record must ensure that a licensed ophthalmic dispenser is in direct supervision of a practice or place of business during all normal business hours.
- The Licence of Record will be held responsible for any unlicensed dispensing carried out at the location for which they are registered as the Licence of Record.

**Note:**

- **A person acting as Licence of Record at a business location cannot act as an itinerant contact lens fitter at another location unless a licensed ophthalmic dispenser replaces the License of Record during those times.**
- **The License of Record has the authority to rule over decisions made by a non-licensed individual in the dispensary. In the absence of the License of Record, a licensed optician has the same authority to rule over decisions of a non-licensed optician.**
- **The License of Record may delegate his or her responsibilities during periods when he or she is absent from the dispensary to another licensed optician who is deemed to have the knowledge and skills to assume those responsibilities. However, the License of Record does retain full liability for the actions of the licensed optician to whom those responsibilities have been delegated.**
- **Even though Optometric Practices where opticians are employed are not required to have a License of Record, the opticians employed there are liable for their own actions under their own license and not just the Optometrist's license. A patient can take legal action against the practice under the optometrist's liability insurance as well as against the individual optician under the optician's liability insurance.**

**DEMONSTRATION OF COMPETENCY:**

**The optician who is the License of Record in a dispensary demonstrates competency in adhering to the responsibilities of a License of Record by:**

- ensuring that a licensed optician is in direct<sup>5</sup> supervision of a practice or place of business during all normal business hours (as per explanation above)
- ensuring that no eyewear is dispensed without being first checked by a licensed optician
- ensuring that there is a notice displayed in the dispensary identifying the current Licence of Record

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<sup>5</sup> **Direct Supervision** – means supervision must be onsite

- ensuring that all opticians working in the dispensary hold and display a valid/current license to practice issued by the Opticians of Manitoba
- replacing the License of Record during times when the License of Record is acting as an itinerant Contact Lens Optician at another location.
- supervising the practice of opticianry at only one dispensary at a time concurrently
- ensuring that a record is maintained of the names of the License of Record and all licensed opticians at all locations that are responsible for any practice or business of opticianry.
- informing the Registrar of the OOM no later than fourteen (14) days when fulfilling the role of the License of Record, if there is any change in the License of Record at a dispensary, i.e., a new License of Record has been appointed or an optician ceases to be the License of Record

#### **RESOURCES:**

- OOM Bylaws [www.opticiansofmanitoba.ca/about-us/](http://www.opticiansofmanitoba.ca/about-us/)
- Opticians Act [www.opticiansofmanitoba.ca/about-us/](http://www.opticiansofmanitoba.ca/about-us/)

# PRACTICE DIRECTION

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## TOPIC: SCOPE OF PRACTICE

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.2 Work within personal and professional limits and seek assistance when required.**

#### PERFORMANCE INDICATORS:

*An optician must:*

- 1.2.1** *manage professional responsibilities by recognizing personal and professional limits*
- 1.2.2** *seek assistance or refer to an appropriate professional when the condition or situation is beyond personal competence and /or professional scope of practice.*

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- practise at all times within their legislated/ approved scope of practice and competence limits
- refer patients to another health care professional when the patient's needs exceed the scope of practice of an optician
- refer patients to another optician or appropriate health care professional in situations where, even though the optician is licensed to perform a task, the optician has not maintained competence in the area of expertise that the patient's condition requires.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Managing professional responsibilities by recognizing personal and professional limits by:
  - evaluating one's own practice and obtaining external feedback to support self-reflection
  - assessing the quality of services provided and identifying opportunities for improvement
  - demonstrating knowledge of professional scope of practice as defined by legislation and jurisdiction
  - ensuring that the optician has the appropriate knowledge, skill and judgement before performing activities or procedures
  - ensuring the appropriate legislative authority is in place before performing restricted activities.
  
- Seeking assistance or referring to an appropriate professional when the condition or situation is beyond personal competence and/or professional scope of practice ,i.e.,
  - seeking assistance to clarify professional scope of practice
  - referring patients for consultation when conditions or issues are beyond knowledge skill and/or judgement. *See Unit 1 Practice Direction –“Patient Referrals” (pages 33-34)*

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

#### **LEGISLATION:**

- Opticians Act [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)

# PRACTICE DIRECTION

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## TOPIC: PATIENT REFERRALS

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.2 Work within personal and professional limits and seek assistance when required.**

#### PERFORMANCE INDICATORS:

*An optician **must**:*

**1.2.2** *Seek assistance or refer to an appropriate professional when the condition or situation is beyond personal competence and /or professional scope of practice*

#### DEMONSTRATION OF COMPETENCY:

The following are **requirements that MUST be met** in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- refer patients to another health care professional for consultation when conditions or issues are beyond the optician's knowledge skill and/or judgement even though the optician is licensed to perform a task, if they have not maintained competence in the area of expertise that the patient's condition requires
- refer a patient immediately if a critical result or finding is detected during the optician's assessment of the patient
- provide supporting documentation including assessments and specifics leading to the referral
- include referral letters and the reply in the patient record
- include transferring information between the optical dispensary and or practitioners

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

- comply with patients' right of privacy and consent to release information during the referral process. (See Unit 1 Practice Directions "Privacy and Confidentiality" (pages 16-19), "Release of Personal Health Information" (pages 66-70)
- document telephone referrals and the transfer of information between optical dispensaries and or practitioners, in the patient's record. (See Unit 1 Practice Directions "Retention and Transmission of Electronic Health Information" (pages 60-62), "Transportation of Patient Records" (pages 71-73) and Practice Guideline "Transmitting Electronic Health Information" (pages 78-80)
- practise at all times within the legislated/ approved Scope of Practice and competence limits.

**The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate competency.**

- Referring patients for consultation when conditions or issues are beyond knowledge, skills and/or judgement.
- Seeking assistance to clarify scope of practice.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

#### **LEGISLATION:**

- Opticians Act [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)

## PRACTICE DIRECTION

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### TOPIC: RECORD KEEPING

#### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.**

##### PERFORMANCE INDICATORS:

*An optician must:*

- 1.3.1 document client care using English*
- 1.3.2 ensure consistency with organizational policies and record keeping legislation, Practice Directions and guidelines*
- 1.3.3 maintain records consistent with provincial regulations, Practice Directions*
- 1.3.4 release records in accordance with legislation, regulations and Practice Directions*

### INTRODUCTION

Opticians are trustees of health and other personal information. Record keeping is:

- a legal component of an optician’s demonstration of competency.
- intended to manage information about patients’ care for the benefit of patients
- essential for enhancing client outcomes, facilitating the smooth transfer of client care to other providers, documenting the management of opticianry services.

### DEMONSTRATION OF COMPETENCY

Following are requirements that MUST be met in order to comply with legislated requirements and professional competencies.

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

An optician who is an owner/manager of a dispensary **must**:

- have record keeping policies and procedures in place to ensure compliance with:
  - *The Personal Health Information Act (PHIA),*
  - *The Freedom of Information and Protection of Privacy Act (FIPPA)*
  - *The Personal Information Protection and Electronics Documents Act (PIPEDA).*
- maintain four types of records in a dispensary (See Appendix D “Record Keeping Checklist “ P.175):
  - Patient Health Records (See Unit 1 Practice Direction “ Patient Records” ( pages 38-45)
  - Financial (transaction or billing) Records (See Unit 1 Practice Direction “ Financial Records” (pages 53-54)
  - Equipment Records (See Unit 1 Practice Direction “Equipment Records” (page 55-56)
  - Patient Attendance Records (See Unit 1 Practice Direction “Patient Attendance Records” (pages 51-52)
- ensure that each type of record is legible and easily retrievable by the optician/s.
- maintain, retain, and use records and disclose information in records in compliance with practice Directions and requirements stated in all the above Acts. (See Unit 1 Practice Directions “Retention and Disposal of Records” (pages 57-59) and “Client Records When Closing/Selling a Dispensary” (pages 63-65 )

**Following are examples of the ways in which opticians may demonstrate their day to day performance of the competency. There may also be many other ways that opticians may demonstrate their competency.**

- Identifying inconsistency with organizational policies and jurisdictional requirements
- Advocating for consistency with legislation and professional standards and organizational policies
- Maintaining records in accordance professional practice Directions
- Retaining records for the period of time stipulated by the jurisdiction
- Facilitating the timely transfer of records and prescriptions to others as defined in legislation, regulations and practice Directions
- Providing access to records according to legislative and regulatory requirements
- Limiting access to records according to legislative and regulatory requirements.

## **REFERENCES AND RESOURCES**

- Health Information Access and Privacy A Guide to the Personal Health Information Act [ph.guide.pdf](#)
- A Trustees Guide to The Pledge of Confidentiality Required by the Personal Health Information Act [www.gov.mb.ca/health/legislation/tgpoc.pdf](http://www.gov.mb.ca/health/legislation/tgpoc.pdf)

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.



- A Trustees Guide to Information Manager Agreements Required by The Personal Health Information Act [www.gov.mb.ca/health/legislation/tgina.pdf](http://www.gov.mb.ca/health/legislation/tgina.pdf)
- Orientation to The Personal Health Information Act Dec 2014 [www.gov.mb.ca/health/phia/docs/phia\\_orientation.pdf](http://www.gov.mb.ca/health/phia/docs/phia_orientation.pdf)
- Electronic Records Handbook 2014 (Canadian Medical Protective Association [www.cmpa-acpm.ca/documents/10179/24937/cpm\\_electronic\\_records-handbook-e.pdf](http://www.cmpa-acpm.ca/documents/10179/24937/cpm_electronic_records-handbook-e.pdf)
- Guidelines for Record of User Activity [www.gov.mb.ca/health/phia/docs/rua.pdf](http://www.gov.mb.ca/health/phia/docs/rua.pdf)
- Privacy Tool Kit for health practitioners includes a list of policies and procedures required by trustees of records in order to comply with PHIA. [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html).
- The PHIA online training programs for private practitioners and their staff. **The Direct on line version is a mandatory requirement for licensing as an optician in Manitoba and is eligible for MOC credits.**[www.trainingtodo.com/mbhealth/secure/index.asp](http://www.trainingtodo.com/mbhealth/secure/index.asp).
- Poster -Patient's rights to their health information (Contact Manitoba Health at 788-6612 to obtain free copies).
- A Patient's Handbook/Guide to the Personal Health Information Act which opticians can give to patients (Contact Manitoba Health at 788-6612 to obtain free copies).

## LEGISLATION

- The Freedom of Information and Protection of Privacy Act (FIPPA), [www.gov.mb.ca/fippa](http://www.gov.mb.ca/fippa)
- Personal Information Protection and Electronics Documents Act (PIPEDA) [www.priv.gc.ca/leg\\_c\\_p\\_e.asp](http://www.priv.gc.ca/leg_c_p_e.asp)
- Personal Health Information Act (PHIA) [www.web2.gov.mb.ca/laws/statutes/ccsm/p033-Se.php](http://www.web2.gov.mb.ca/laws/statutes/ccsm/p033-Se.php)

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

## PRACTICE DIRECTION

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### TOPIC: PATIENT RECORDS

#### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.**

##### PERFORMANCE INDICATORS:

***An optician must:***

- 1.3.1 document client care using English***
- 1.3.2 ensure consistency with organizational policies and record keeping legislation, Practice Directions and guidelines***
- 1.3.3 maintain records consistent with provincial regulations, Practice Directives***
- 1.3.4 release records in accordance with legislation, regulations and Practice Directions***

### INTRODUCTION

Record keeping is:

- a legal component of an optician's demonstration of competency.
- intended to manage information about patients' care for the benefit of patients
- essential for enhancing client outcomes, facilitating the smooth transfer of client care to other providers, documenting the management of opticianry services.

Opticians who are owners/managers of dispensaries and opticians who are practicing in a dispensary are trustees of health and other personal information.

**Opticians who are owners/managers of dispensaries must have record keeping policies and procedures in place<sup>1</sup> to ensure compliance with:**

- *The Personal Health Information Act (PHIA)*
- *The Freedom of Information and Protection of Privacy Act (FIPPA)*
- *The Personal Information Protection and Electronics Documents Act (PIPEDA)*
- *The Protecting Children(Information Sharing)Act*

Specifically, they **must ensure** that:

- Patient records comply with the use and disclosure requirements stated in all applicable acts. *See unit 1 Practice Direction “Privacy and Confidentiality” (pages 16-19 )*
- Patient are informed by way of a sign, poster, brochure or similar means of their right to examine and receive a copy of their personal health information<sup>2</sup>, how to exercise that right including their right to authorize another person to access their personal health information . *See links to “A Guide To The Personal Health Information Act (for patients)” and the “Poster – Your Personal Health Information Access and Privacy Rights at Our Location” under the list pf Resources on page 45 and Unit 1 Practice Direction “Release of Personal Health Information”(p. 66-70)*
- Patient records are retained<sup>3</sup>:
  - for a minimum of ten years from date of the last entry
  - if a minor<sup>4</sup>, for 10 years after the last patient visit
  - if deceased for 10 years after the last patient visit*See Unit 1 Practice Directions “Retention and Disposal of Records” (pages 57-59) and “Client Records When Closing/Selling a Dispensary” (pages 63-65)*

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<sup>1</sup> The document Policies and Procedures Required to Comply with PHIA published by Manitoba Health (*See Appendix G pages 181-183*) is a general guide to the policies and procedures that trustees should have in place to ensure that they comply with PHIA.

<sup>2</sup> The statutory definition of “.Personal Health Information” means recorded information about an identifiable individual that relates to :

- the individual’s health, or health care history, including genetic information about the individual
- the provision of health care ,including any care, service or procedure, to the individual or
- payment for health care provided to the individual and includes:
- the PHIN (personal health identification number assigned to an individual by the Minister to uniquely identify the individual for health care purposes) and any other identifying number, symbol or particulars assigned to an individual, and
- any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

<sup>3</sup> PHIA does not set retention periods in Manitoba, but rather requires that trustees establish their own written policy concerning the retention and destruction of personal health information and then comply with that policy. The OOM is a member of the Manitoba Alliance of Regulated Health Professionals. The OOM as a member of the Alliance agreed to adopt the above record retention period which is recommended by The Canadian Medical Protective Association and which the Alliance adopted as a Standard.

<sup>4</sup> A minor in Manitoba is under the age of 18

- Policies and procedures are in place for staff to ensure that entries in patient records are :
  - legible and understandable
  - dated
  - in ink or able to be printed promptly. A digital record is satisfactory as long as it can be retrieved anytime and contains all of the patient's personal health information. (*See Unit 1 Practise Directive, "Electronic Records" ( pages 46-50)*)
  - in English
  - objective
  - chronological: any late entries or additions must be clearly documented
  - timely: recorded as soon as possible after each encounter and not exceeding 24 hours
  - an accurate reflection of the interaction
  - never permanently removed from the patient record
  - completed by the person who was directly involved in the interaction with the patient .If that person is unable to document the interaction, they may delegate the task to another person, providing the entry is verified and signed or initialed by the original person
  - signed or initialed by the person who made the entry. Their identity must be evident. Signatures may be electronic or stamped providing the optician ensures that only he/she can authorize the use of the stamp. A log of all opticians' signatures should be kept for reference purposes as a means to link signatures with initials.
  - made using accepted terminology or abbreviations. Abbreviations should be written in full the first time used in any record. Company/dispensary policies regarding abbreviations should also be followed
  - kept in a manner respecting the confidential nature of the material including parts of the record **NOT** generated by the optician such as referrals or reports from others
  - clearly referenced as required. For example when providing opticianry services according to a prescription, the documentation should include a reference to the prescription being used. Copies of the prescription may be retained in electronic or paper format and should be readily available and retained for the same length of time as the patient record.

**Note:**

- **The signature or initials of anyone who makes revisions/corrections to the record must be included**
- **Correction fluid must not be used to make revisions**
- **Errors should be crossed through with single line.**

- Policies and procedures are in place for staff to ensure that all patient records include:
  - Documentation of informed consent (*See Unit 1 Practice Direction “Informed Consent” (pages 74-75)*) for:
    - assessment and care or refusal of care
    - release of personal information
  - Identification of the patient on each page of the record with at least two pieces of information (i.e. name and date of birth) or a unique identifier
  - A copy of:
    - every written report sent or regarding the client
    - all external documentation including correspondence from referring physicians, other practitioners, attorneys, various third party payers, diagnostic reports etc. Originals should be kept when available
  - All relevant patient identification:
    - full name (or other unique identifier)
    - current address, telephone number and any alternate contact number
    - date of birth
    - gender
    - emergency contact person for minors and persons who may have a substitute decision maker<sup>5</sup> (*See Unit 1 Practice Direction “Informed Consent” pages 674-75 and Appendix G – Substitute Decision Maker (pages 181-183)*)
    - name of ophthalmologist or optometrist if any
    - name of consenting parent or guardian (where applicable)
  - A record of referral information relevant to the patient including:
    - name and contact information of any source of referral (e.g. Optometrist or Ophthalmologist and including the prescription) or self-referral,
    - reason for the referral
    - name and contact information of any health professional or facility to which the patient was referred
    - signed copy of the prescription

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<sup>5</sup> The Vulnerable Persons Living with a Mental Disability Act, Province of Manitoba

- Any additional information gathered during the opticianry assessment that is relevant to the patient such as :
  - patient demographics ( e.g. age, gender, language)
  - family history
  - general health status
  - medications
  - other eye tests
  - principal optical diagnosis
  - chief complaint
  - record of all tests and outcome measures performed including results. Where applicable standardized outcomes should be used.

**Note:** Preprinted examination/assessment forms may be used, but should include appropriate identification. (See Appendix E – “Sample Patient Assessment Record p. 176 and Appendix D “Record Keeping Check List” P.175)

## DEMONSTRATION OF COMPETENCY

The requirements that must be met by opticians in order to comply with legislated requirements and professional competencies.

*An optician **must** include the following information in an eye glasses record :*

- placement of optical centers vertically if not at datum line
- placement of seg height, if a multifocal lens,
- monocular or binocular pupillary distance (PD)
- prescription including date and name of prescribing doctor
- lens information:
  - lens type including index of refraction and brand
  - lens coating or finishes
- frame information including brand, model, colour and size
- safety feature, including special thickness, if given

*An optician **must** include the following information in a contact lens record:*

- patient history including medications, medical history pertinent to the eye including eye health and injuries, history of keraconus, muscle imbalances, diabetes, allergies, recent eye infections, eye surgery
- history of previous contact lens wear
- visual acuity with current eyewear worn into the fitting and later on with newly fitted lenses
- keratometer/ophthalmometer readings

- observations from a slit lamp/bio microscope evaluation including pathological or physiological anomalies
- base curve, diameter, power of all contact lenses, brand, lens type including manufacturer and colour of final fitting and any other lens information required to identify or order the necessary lens for fit,, intermediate curves, peripheral curves etc. for Rigid Gas Permeable lenses
- diameter
- contact lens power
- lens type, including manufacturer and colour of final fitting
- patient's wearing expectations
- solution suggested and any instructions, other than standard instructions for lens disinfection
- placement of bifocal/multifocal heights if applicable
- any over refraction at each visit
- visual acuity with contact lens trials
- identifier of whom fit, trained, dispensed and delivered follow up care of contact lenses. These may be done by more than one trained professional but need to be documented by the person who performed them
- SOAP – the following must be documented:
  - Subjective assessment - patient's initial complaint
  - Objective assessment -Contact Lens Optician's assessment
  - Assessment- conclusion of subjective and objective findings
  - Plan-includes follow up care
- final fitting and follow-up appointment dates
- record of follow-up care
- details of communication if any, between dispenser and doctor
- patient's impression of their previous visual acuity with their contact lenses and /or glasses
- additional requirements may include:
  - HVID (horizontal visible iris diameter)
  - tear evaluation
  - pupil size, when necessary (in bright and dim light)
  - fissure size
  - expected date of follow up or standard protocol for follow up.
- an evaluation: evidence or clinical judgements or conclusions regarding the patient's status, including any contraindications or precautions that may be present:
- an optical diagnosis: identification of existing or potential impairments, activity/ visual limitations, restrictions and environmental factors
- identification of patient goals

- a plan of care: interventions planned to reach the goals, expected outcomes, length of time anticipated to reach the goals, any collaboration or involvement with other health care professionals or individuals
- services provided to the patient:
  - patient education, including advice provided by telephone or electronically
  - any interventions
  - details that should be sufficient to enable the patient to be managed by another optician
- any change in the patient's status
- reassessment performed and results:
  - date and any changes made during a subsequent visit
  - a reassessment documented at least every three months if services are provided in intervals of less than 3 months ( i.e. three times a week or twice a month)
  - documentation at each visit if services are provided at intervals greater than every three months (where follow up may be once or twice a year)
- patient response to eyewear
- the delegation of any aspect of patient care to opticianry support personnel including the identification of the person who provided the care
- any relevant verbal communication including telephone calls with the client or with other health care professionals, family members, third party payers or those with decision making power with regards to the clients care plan

*An optician **must** include the following information in a **record of fittings of eyeglasses and contact lenses:***

- patient's name, address and phone number
- date of each patient interaction each transaction performed
- identifier for who performed the fitting and dispensing of the eyewear
- identifier for who is responsible for the fitting and dispensing *if a student has been involved*
- identifier for who performed follow up care for contact lenses
- release of information to the patient or another practitioner including the date, reason, who released to, authorization if any
- patients eye glasses prescription (which includes the name of the prescriber and the date last seen)
- duplication information if applicable
- price



- warranty information, including the information that there is no warranty, if applicable
- record of payment including third party billings
- any services provided in addition to those listed above must be documented and signed

**Following are examples of ways that opticians may demonstrate their day to day performance of the competency, There may however be many other ways that opticians may be demonstrating their competency**

- Identifying inconsistency with organizational policies and jurisdictional requirements
- Advocating for consistency with legislation and professional standards and organizational policies

## **REFERENCES AND RESOURCES**

- A Guide To The Personal Health Information Act (for patients) [www.gov.mb.ca/health/phia/index.html](http://www.gov.mb.ca/health/phia/index.html)
- Poster – Your Personal Health Information Access and Privacy Rights at Our Location [www.gov.mb.ca/health/phia/index.html](http://www.gov.mb.ca/health/phia/index.html)
- Privacy Tool Kit [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html)
- PHIA online training programs [www.trainingtodo.com/mbhealth/secure/index.asp](http://www.trainingtodo.com/mbhealth/secure/index.asp)
- Health Information Access and Privacy A Guide to the Personal Health Information Act ph.guide.pdf
- A Trustees Guide to The Pledge of Confidentiality Required by the Personal Health Information Act [www.gov.mb.ca/health/legislation/tgpoc.pdf](http://www.gov.mb.ca/health/legislation/tgpoc.pdf)
- A Trustees Guide to Information Manager Agreements Required by The Personal Health Information Act [www.gov.mb.ca/health/legislation/tgina.pdf](http://www.gov.mb.ca/health/legislation/tgina.pdf)
- Orientation to The Personal Health Information Act Dec 2014 [www.gov.mb.ca/health/phia/docs/phia\\_orientation.pdf](http://www.gov.mb.ca/health/phia/docs/phia_orientation.pdf)
- Electronic Records Handbook (Canadian Medical Protective Association [www.cmpa-acpm.ca/documents/10179/24937/cpm\\_electronic\\_records-handbook-e.pdf](http://www.cmpa-acpm.ca/documents/10179/24937/cpm_electronic_records-handbook-e.pdf)
- Guidelines for Record of User Activity [www.gov.mb.ca/health/phia/docs/rua.pdf](http://www.gov.mb.ca/health/phia/docs/rua.pdf)
- Policies and Procedures Required to Comply with PHIA published by Manitoba Health [www.gov.mb.ca/health/phia/docs/ppr.pdf](http://www.gov.mb.ca/health/phia/docs/ppr.pdf)
- Information For Service Providers - The Protecting Children (Information Sharing )Act <http://www.gov.mb.ca/informationsharingact/service-providers.html>

## **LEGISLATION**

- The Freedom of Information and Protection of Privacy Act (FIPPA), [www.gov.mb.ca/fippa](http://www.gov.mb.ca/fippa)
- Personal Information Protection and Electronics Documents Act (PIPEDA) [www.priv.gc.ca/leg\\_c\\_p\\_e.asp](http://www.priv.gc.ca/leg_c_p_e.asp)
- Personal Health Information Act (PHIA) <http://web2.gov.mb.ca/laws/statutes/ccsm/p033-Se.php>
- The Protecting Children(Information Sharing)Act <http://www.gov.mb.ca/informationsharingact/>

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

# PRACTICE DIRECTION

Number: 9

Original Date: Sept 17, 2017

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Authority:

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## TOPIC: ELECTRONIC RECORDS

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.**

#### PERFORMANCE INDICATORS:

*An optician must:*

- ***maintain records consistent with organizational policies and record keeping legislation, Practice Directions and guidelines***
- ***release records in accordance with legislation, regulations and Practice Directions***

#### INTRODUCTION:

Records may be kept and transmitted using an electronic system providing the principles of record keeping are maintained.

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- be familiar with the content and implications of all laws applicable to safe, effective and ethical practice even though they share responsibility and accountability with third parties, to maintain the security and integrity of the electronic health information. (See link to the "Electronic Records Handbook - Canadian Medical Protective Association" 2014 under list of Resources on page 50)
- address the following to ensure the integrity of the electronic health information, to minimize risk of potential corruption, unauthorized access and inadvertent purging:

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- **DATA BACK-UP** - Electronic information must be routinely “backed up” so that valuable information will not be lost if it becomes inaccessible (for example, due to data corruption or a fire in a facility).
- **DELETING PROCEDURES** - The database management system utilized must actually delete the electronic health information, rather than simply “marking” it as deleted. “Marking” data as deleted does not mean the electronic health information has been purged from the system; it simply means that the database management system can overwrite the electronic health information if further space is required. Hard drives must also be physically destroyed if a data base management system is replaced. Computer recycling companies may provide this service.
- **INFORMATION/PHYSICAL ACCESS CONTROL**
- **PERSONNEL TRAINING AND SECURITY**
- **SECURITY CONFIGURATION MANAGEMENT** - The use of electronic health records often extends beyond the borders of an optician’s clinical setting so appropriate procedures must be in place to ensure both proper transmission and maintenance of electronic health records.  
**NOTE: To ensure the security of electronic files, they should be encrypted<sup>1</sup>, not just password protected.**
- **SECURITY INCIDENT PROCEDURES** - Software that creates an audit trail must be implemented. This is an electronic log used to track computer activity. For example, an employee might have access to a section of the electronic record system, such as billing. That same employee may, however, be unauthorized to access electronic health information. If that employee attempts to access an unauthorized section by typing in passwords, this improper activity is recorded in the audit trail. Audit trails are also used to investigate cybercrimes. In order for investigators to expose a system intruder’s identity, they can follow the trail the intruder left in cyberspace.
- ensure that:
  - an electronic record provides:
    - a visual display of the complete record
    - availability, i.e., a means to access, copy or print the patient’s complete record promptly by an authorized user

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<sup>1</sup> **Encryption** is the conversion of electronic information written in plain text into another format called cipher text, the encrypted result. Cipher text cannot be easily understood by anyone except authorized parties.

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

- a verifiable signature if an electronic signature is used; a signature standard must be used to verify the identity of the signer
  - the ability to make amendments while preserving the original record integrity; the capability to offer reasonable protection against unauthorized access. Access should be restricted by user authentication and passwords.
  - automatic back up of files or reasonable protection against loss, damage tampering or inaccessibility of information
- the following policies and procedures are kept in writing and implemented:

**Data backup policy and procedure including the:**

- name of backup coordinator and record keeper
- method(s) used for data backups, with a checklist of procedures
- frequency of data backups
- location of on-site data storage
- location of off-site data storage

**Deleting policy and procedure including the:**

- complete deletion of electronic health information
- complete erasure and reformatting of the hard drive when the data base management system is upgraded or replaced
- physical destruction of the hard drive when the data base management system is replaced

**Information/Physical Access Control policy and procedure including:**

- a requirement for and the process for predetermining which employees will have the ability to access and modify electronic health information
- an application for password protection
- a requirement to ensure that the location of a computer terminal is not accessible and that screens cannot be viewed by unauthorized personnel or the general public.
- a process for obtaining consent to share and disclose information

**Personnel Training and Security policy and procedure requiring that:**

- users are authorized and have the knowledge to maintain the electronic health information
- all staff, including IT service providers, on staff or contracted, **must** sign a Confidentiality Agreement. *(See Appendix A p.172, Appendix B p.173 and Unit 1 Practice Direction "Privacy and Confidentiality" pages 16-19)*

**Security Configuration Management policy and procedure requiring that:**

- hardware and software is updated

- maintenance reviews, are conducted when deemed appropriate, to keep the health information system safeguarded and includes, but is not limited to, firewalls and anti-viral software

**Security Incident Procedures include the requirement that:**

- the transmission and receipt of electronic health information is recorded and retained. If not retained physically, a copy must be stored in the patients file
  - if an email is transmitted to the wrong address, a determination is made as to the source of the compromise and risk management efforts are undertaken to ensure that future compromises will not occur
- all electronic records are in a secure electronic environment in order to maintain the confidentiality, security and integrity standards of *The Personal Health Information Act (PHIA)* (See Unit 1 Practice Direction “Retention and Transmission of Electronic Health Information” pages 60-62)
  - all electronic transfers of patient information is managed to maintain security including using portable devices (by encryption of information or avoiding the use of portable equipment in public places). (See Unit 1 Practice Directions “Retention and Transmission of Electronic Health Information”, pages 60-62, “Transportation of Patient Records” pages 71-73) and Practice Guideline “Transmitting Electronic Health Information” pages 78-80)
  - data is maintained for the full length of the retention period in compliance with *The Personal Health Information Act (PHIA)*. (See Unit 1 Practice Direction “Patient Records” pages 38-45)
  - a method is in place for disposal of records that ensures complete removal from all systems/hardware so that no information remains on either a permanent or removable drive. (See Unit 1 Practice Direction “Retention and Transmission of Electronic Health Information” pages 60-62).

**The following are examples of ways that opticians may demonstrate their day-to- day performance of the competency. There may also be many other ways that opticians demonstrate their competency.**

- Maintaining records in accordance with Practice Directions.
- Retaining records for the period of time stipulated by the jurisdiction.

**REFERENCES AND RESOURCES:**

- Privacy Tool Kit [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html)
- Guidelines For Records Of User Activity (RoUA)  
<http://www.gov.mb.ca/health/phia/resources.htm> Excerpted from: Guideline for

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

the Collection, Maintenance, Transmission and Destruction of Electronic Health Information June 2014

- Electronic Records Handbook - Canadian Medical Protective Association 2014  
[www.cmpa-acpm.ca/documents/10179/24937/cpm\\_electronic\\_records-handbook-e.pdf](http://www.cmpa-acpm.ca/documents/10179/24937/cpm_electronic_records-handbook-e.pdf)

# PRACTICE DIRECTION

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## TOPIC: PATIENT ATTENDANCE RECORDS

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

CORE COMPETENCY FOR OPTICIANS – 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.

#### PERFORMANCE INDICATORS:

*An optician must:*

- *maintain records consistent with organizational policies and record keeping legislation, Practice Directions and guidelines*

#### DEMONSTRATION OF COMPETENCY:

The following is the requirement that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- *maintain records consistent with organizational policies and record keeping legislation, Practice Directions and guidelines.*

The following are examples of the ways in which opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Providing an entry for each client encounter.
- Providing a record of any cancelled or missed appointments.
- Ensuring that although the attendance record may be kept separately from the clinical record, it is still considered as part of the patient's clinical record and is therefore considered confidential information.
- Allowing support personnel to assist with keeping patient attendance.

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

**REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

**LEGISLATION:**

- Personal Health Information Act (PHIA) <http://eb2.gov.mb.ca/laws/statutes/ccsm/p033-Se.php> Health Information Access and Privacy. A Guide to the Personal Health Information Act  
[ph.guide.pdf](#)



# PRACTICE DIRECTION

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## TOPIC: FINANCIAL RECORDS

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### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

CORE COMPETENCY FOR OPTICIANS 1.3 – Prepare documents and records in accordance with provincial legislation, standards and guidelines.

#### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***maintain records consistent with provincial regulations, Practice Directions , organizational policies and record keeping legislation***

#### DEMONSTRATION OF COMPETENCY:

Following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- maintain records consistent with provincial regulations, Practice Directions , organizational policies and record keeping legislation
- ensure that the entire financial record is retrievable for the duration of the seven (7) year retention period.

The following are examples of the ways in which opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Keeping a financial record for every patient. The financial record may be kept separate from the clinical record (i.e. the clinical record is in a paper format and the financial record is stored electronically).

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

- Providing documentation of all financial transactions that includes the:
  - identification of the person who provided the product or service
  - identification of the patient to whom the product or service was provided
  - date of the transaction
  - description of the product sold or service provided
  - cost of the product sold or service provided
  - date the payment was received
  - method of payment
  - balance due.
- Identifying any:
  - third party charges
  - agency used for the collection of an outstanding balance
  - fees paid/insurance claims made on behalf of the patient.
- Including a reason why any fee may have been reduced or waived

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/competencies.aspx](http://www.nacor.ca/competencies.aspx)
- General Accepted Accounting Principles (GAAP)  
[http://en.wikipedia.org/wiki/Generally\\_Accepted\\_Accounting\\_Principles\\_\(Canada\)](http://en.wikipedia.org/wiki/Generally_Accepted_Accounting_Principles_(Canada))

# PRACTICE DIRECTION

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## TOPIC: EQUIPMENT RECORDS

### UNIT 1. - ASSUMES PROFESSIONAL RESPONSIBILITY

CORE COMPETENCY FOR OPTICIANS – 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.

#### PERFORMANCE INDICATORS:

*An optician MUST:*

- *maintain records consistent with record keeping legislation ,regulations, Practice Directions and organizational policies*

#### INTRODUCTION:

Manitoba Health requires that the premises in which all health professions practice should be appropriate, safe and sanitary and that there should be corresponding duties for health professionals who operate and manage facilities to ensure that the equipment used in the premises is hygienic and maintained in good repair and in sound operating condition”.

If there are organizational policies and procedures or standards regarding record keeping, which have been put in place in a dispensary to ensure that equipment is regularly checked and remains safe to use and sanitary, such as check lists to be completed on specific dates for example, opticians are required to comply with them.

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- comply with record keeping legislation ,regulations, Practice Directions and organizational policies and procedures which may be in place in a dispensary.

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

The following are examples of the ways in which opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Ensuring that records kept in a dispensary of the inspection, maintenance and servicing of equipment used to:
  - assess or treat patients
  - sterilize other equipment or tools that may harm a patient or staff member or affect the efficacy of a service or procedure if not properly servicedare completed as required
- Ensuring compliance with requirements for any equipment loan to be noted on a document loan form and that the information included on the form includes:
  - the date of removal and return of the equipment
  - any fees charged.

#### REFERENCES AND RESOURCES:

NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

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## TOPIC: RETENTION AND DISPOSAL OF RECORDS

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.**

#### PERFORMANCE INDICATORS:

*An optician must:*

- *maintain records consistent with provincial regulations, Practice Directions and guidelines, organizational policies and record keeping legislation*
- *release records in accordance with legislation, regulations and Practice Directions*

#### INTRODUCTION:

Opticians are trustees of personal health information<sup>1</sup>.

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

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<sup>1</sup> The statutory definition of “.Personal Health Information” means recorded information about an identifiable individual that relates to :

- the individual’s health, or health care history, including genetic information about the individual
- the provision of health care ,including any care, service or procedure, to the individual or
- payment for health care provided to the individual and includes:
- the PHIN (personal health identification number assigned to an individual by the Minister to uniquely identify the individual for health care purposes) and any other identifying number, symbol or particulars assigned to an individual, and
- any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

*An optician must:*

- have policies and procedures in place related to the retention and disposal of records to ensure that they comply with *The Personal Health Information Act (PHIA)*

**Note:** Opticians are advised to refer directly to PHIA and the regulations when attempting to determine the requirements and obligations of PHIA. There are very useful tools for opticians included in the list of “*References and Resources*” in the list of Appendices on page 10 of this booklet. Manitoba Health, Healthy Living and Seniors (MHHLS) have developed a “*Privacy Tool Kit for Health Practitioners*” which includes a list of policies and procedures required by trustees of records in order to comply with PHIA. The PHIA tool kit is available on the MHHLS website [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html).

MHHLS has also developed a PHIA online training program for private practitioners and their staff. Successful completion of this training program is a mandatory requirement for licensing as an optician in Manitoba and is also eligible for Maintenance of Competency (MOC) credits. The training program can be accessed at [www.trainingtodo.com/mbhealth/secure/index.asp](http://www.trainingtodo.com/mbhealth/secure/index.asp)

- retain patient records<sup>2</sup> for:
  - a minimum of ten years from the date of the last entry
  - a minor<sup>3</sup> for ten years following their 18<sup>th</sup> birthday
- store all files in an environment that will ensure that the legibility of the records will be maintained
- dispose of file information in the garbage only if it is non-identifiable. If files contain personal information, **they must be shredded.**

**Note:**

- **Part 3 of PHIA provides direction regarding the retention and destruction of health information. Opticians are required to understand their obligations under this legislation which includes Information Manager Agreements (See Appendix C p.174) and are advised to consult the Act and the References and Resources listed below for specific information.**

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<sup>2</sup> PHIA does not set retention periods in Manitoba. It requires that trustees establish their own written policy concerning the retention and destruction of personal health information and then comply with that policy. The members of the Manitoba Alliance of Regulated Health Professionals agreed to adopt the above record retention period which is recommended by The Canadian Medical Protective Association.

<sup>3</sup> A minor in Manitoba is a person under the age of 18.

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

- PHIA includes requirements for trustees of records regarding:
  - the storage and disposal of records if a dispensary is sold or is closing (*See Practice Direction “Client Records When Closing/Selling a Dispensary” (pages 63-65)*)
  - records which are abandoned and the definition of “abandoned” records. (*See Practice Direction “Client Records When Closing/Selling a Dispensary” (pages 63-65).*)

#### REFERENCES AND RESOURCES:

- Privacy Tool Kit [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html)
- PHIA Online Training Programs [www.trainingtodo.com/mbhealth/secure/index.asp](http://www.trainingtodo.com/mbhealth/secure/index.asp)
- Health Information Access and Privacy. A Guide to The Personal Health Information Act [ph.guide.pdf](#)
- A Trustees Guide to The Pledge of Confidentiality Required By The Personal Health Information Act [www.gov.mb.ca/health/legislation/tgpoc.pdf](http://www.gov.mb.ca/health/legislation/tgpoc.pdf)
- A Trustees Guide to Information Manager Agreements Required by The Personal Health Information Act [www.gov.mb.ca/health/legislation/tgina.pdf](http://www.gov.mb.ca/health/legislation/tgina.pdf)
- Orientation to The Personal Health Information Act Dec 2014 [www.gov.mb.ca/health/phia/docs/phia\\_orientation.pdf](http://www.gov.mb.ca/health/phia/docs/phia_orientation.pdf)
- Electric Records Handbook. Canadian Medical Protection Association [www.cmpa-acpm.ca/documents/10179/24937/cpm\\_electronic\\_records-handbook-e.pdf](http://www.cmpa-acpm.ca/documents/10179/24937/cpm_electronic_records-handbook-e.pdf)

#### LEGISLATION:

Personal Health Information Act (PHIA) <http://web2gov.mb.ca/laws/statutes/ccsm/po33-Se.php>

# PRACTICE DIRECTION

Number: 14

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: RETENTION AND TRANSMISSION OF ELECTRONIC HEALTH INFORMATION

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.**

#### PERFORMANCE INDICATORS:

*An optician must:*

- ***maintain records consistent with provincial regulations, Practice Directions and guidelines, organizational policies and record keeping legislation***
- ***release records in accordance with legislation, regulations and Practice Directions***

#### INTRODUCTION:

Records may be kept and transmitted using an electronic system provided the principles of record keeping are maintained. Electronic personal health information<sup>1</sup> being sent is only a copy. There is therefore less concern with data corruption or inadvertent purging of electronic health information during the transmission process.

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<sup>1</sup> The Statutory definition of Personal Health Information means recorded information about an identifiable individual that relates to :

- the individual's health, or health care history, including genetic information about the individual
- the provision of health care to the individual or
- payment for health care provided to the individual

and includes:

- the PHIN (personal health identification number assigned to an individual by the Minister to uniquely identify the individual for health care purposes) and any other identifying number, symbol or particulars assigned to an individual, and
- any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.



## DEMONSTRATION OF COMPETENCY:

The following are requirements that MUST be met in order to comply with legislated requirements and professional competencies.

An optician **must** comply with the following:

### **CONFIDENTIALITY OF ELECTRONIC HEALTH INFORMATION**

- Ensure that adequate safeguards are in place to ensure the confidentiality of electronic health information even though advances in email, internet security, virtual private networks and encryption<sup>2</sup> which are often needed for financial transactions, are usually adequate to protect personal health information during the transmission process.
- Exercise caution when sending email containing personal health information to address the following areas of concern:
  - difficulty in confirming the identity of the sender
  - potential to send information to the wrong address or copy others who are not entitled to see the information
  - difficulty in protecting the confidentiality of the information due to the risk of interception.
- Maintain all electronic records in a secure electronic environment to maintain the confidentiality, security and integrity standards of *The Personal Health Information Act (PHIA)*. (See Unit 1 Practice Directions “Record Keeping” pages 35-37, “Electronic Records” pages 46-50)
- Manage all electronic transfer of patient information to maintain security including using portable devices, by encryption of information or avoiding the use of portable equipment in public places. (See Unit 1 Practice Guideline “Transmission of Electronic Health Information” pages 778-80, Unit 1 Practice Direction “Transportation of Patient Records” pages 71-73)

**Note:** It is recommended that opticians include a statement to accompany all electronic transmission of health information. (See Appendix H p.184 for a sample of a statement and Unit 1 Practice Guideline “Transmitting Electronic Health Information” pages 78-80)

- Ensure that the method for disposal of records ensures complete removal of information/data from all systems/hardware. Data **MUST NOT** remain on either a

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<sup>2</sup> Encryption is the conversion of electronic information written in plain text into another format called cipher text, the encrypted result. Cipher text cannot be easily understood by anyone except authorized parties.

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

permanent or removable drive. (See Unit 1 Practice Direction “Retention and Disposal of Records” pages 60-62)

### **RECORD RETENTION**

- Retain all electronic records for the full length of the ten (10) year retention period following the last entry in the patient record and for a minor<sup>3</sup>, ten (10) years after they turn 18. (See Unit 1 Practice Direction “Record Keeping”(pages 35-37)

### **INFORMED CONSENT**

- Obtain informed consent from the patient for the collection, use and disclosure of personal health information. (See Unit 1 Practice Direction “Informed Consent” pages 74-75).

Consent can be obtained:

- in writing
  - verbally
  - by implied consent.
- Disclose the risks of electronic storage and transmission of health information to the client. An informed discussion between an optician and patient should:
    - include information about the method of creating and maintaining an electronic health record
    - occur when the patient first presents for care
    - include a handout explaining the security precautions in place
    - be documented and signed by the client.

### **REFERENCES AND RESOURCES:**

- Privacy Tool Kit [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html)
- Guidelines For Records Of User Activity (RoUA)  
<http://www.gov.mb.ca/health/phia/resources.htm> Excerpted from: Guideline for the Collection, Maintenance, Transmission and Destruction of Electronic Health Information June 2004
- Electronic Records Handbook - Canadian Medical Protective Association  
[www.cmpa-acpm.ca/documents/10179/24937/cpm\\_electronic\\_records-handbook-e.pdf](http://www.cmpa-acpm.ca/documents/10179/24937/cpm_electronic_records-handbook-e.pdf)

### **LEGISLATION**

- The Personal Health Information Act (PHIA)  
[www.web2.gov.mb.ca/laws/statutes/ccsm/p033-Se.php](http://www.web2.gov.mb.ca/laws/statutes/ccsm/p033-Se.php)

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<sup>3</sup> A minor in Manitoba is a person under the age of 18

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

## PRACTICE DIRECTION

Number: 15  
17,2017

Original Date: Sept

Revised Date: August  
21,2018

Review Date:  
Approving Body:  
Authority:  
Implementation:

Applies

to:

### TOPIC: CLIENT RECORDS WHEN CLOSING/SELLING A DISPENSARY

#### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

CORE COMPETENCY FOR OPTICIANS - 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.

#### PERFORMANCE INDICATORS:

*An optician must:*

- *maintain records consistent with provincial regulations, Practice Directions, organization policies and record keeping legislation*

#### INTRODUCTION:

In keeping with the requirements under the Personal Health Information Act (PHIA), opticians must have protocols in place to ensure that records are properly safeguarded and that clients are able to exercise their right of access to them in the event that an optician ceases to practice for any reason.

All Practice Directions regarding record keeping including this Direction are to be followed if a dispensary is moved, closed or sold. The Directions **also apply to former members of the Opticians of Manitoba.**

## DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*If a dispensary is moved, closed or sold, an optician must:*

- ensure patient files will be accessible to patients for ten years<sup>1</sup> after the last entry in their patient record and for minors<sup>2</sup>, ten years after they reach the age of 18
- make arrangements to ensure that:
  - patients' health care records are not abandoned or at risk of being abandoned
  - patients' privacy and access to their personal health information is maintained when an optician ceases to practice.

**Note: A fine<sup>3</sup> of up to \$50,000 may be imposed by Manitoba Health under PHIA upon an optician who abandons records**

- provide patients with the following:
  - new address of the dispensary
  - address where the records will be stored and/or the name and license number of the optician who will assume responsibility for maintaining the patient records in Manitoba

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<sup>1</sup> PHIA does not set retention periods in Manitoba. PHIA requires that trustees establish their own written policy concerning the retention and destruction of personal health information and then comply with that policy. The OOM is a member of the Manitoba Alliance of Regulated Health Professionals. The OOM, as a member of the Alliance, agreed to adopt the above record retention period which is recommended by The Canadian Medical Protective Association and which the Alliance adopted as a Standard.

<sup>2</sup> A minor in Manitoba is a person under 18 years of age.

<sup>3</sup> A person who is found guilty of an offence under PHIA may be subject to a fine. This fine can be imposed for each day that an offence continues. Fines may range up to a maximum of \$50,000. **See s. 64(1) of the Act.** The penalty applies to a variety of offences, including deliberately erasing or destroying personal health information to prevent an individual from accessing it; collecting, using, selling or disclosing personal health information in violation of the Act; and failing to protect personal health information in a secure manner. The penalty for a violation of the Act may be imposed against any director or officer of the dispensary that authorized, permitted or acquiesced in the offence.

Employees of a dispensary may be prosecuted for deliberately erasing or destroying personal health information to prevent an individual from accessing it, or for willfully disclosing personal health information when his or her employer would not be permitted to disclose it. Not all breaches end in prosecution. However, trustees and their employees should note that even if a breach is not prosecuted, it may still result in disciplinary action from an employer or regulatory body, public scrutiny, and the loss of a patient or client's trust.

- name and address of the Opticians of Manitoba as an alternate source of information to patients
- post the information for patients in the dispensary well in advance
- notify patients via public media
- appoint a custodian to take possession of, secure and manage abandoned records, if necessary by court order, and clearly define their duties.<sup>4</sup>
- ensure that when a dispensary is sold, the sales agreement includes a statement regarding the ownership of the patient records
- submit a completed notification form (**Appendix Z3**) to the Opticians of Manitoba to inform the OOM of the address where the client records will be available, the name of the optician who will be responsible for storage of the records and the actions taken to notify the patients of the new file location.
- allow all records and documents to be available for inspection or copying by the person appointed for the purpose under The Opticians Act or The Vulnerable Persons Act
- ensure that all records are available to the Opticians of Manitoba
- provide copies of any records requested by the Opticians of Manitoba<sup>5</sup> free of charge.

**NOTE:** Following the closure of the dispensary, opticians may also wish to keep their business phone in service for a year with a recorded message to inform patients that the dispensary has closed and to provide them with information for obtaining their records.

#### REFERENCES AND RESOURCES:

- Privacy Tool Kit [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html)
- PHIA Online Training Programs [www.training.todo.com/mbhealth/secure/index.asp](http://www.training.todo.com/mbhealth/secure/index.asp)
- Orientation to The Personal Health Information Act Dec 2014 [www.gov.mb.ca/health/phia/docs/phia\\_orientation.pdf](http://www.gov.mb.ca/health/phia/docs/phia_orientation.pdf)

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<sup>4</sup> The duties of a custodian are the same as those of a trustee under PHIA, i.e., trustees must take precautions to ensure that personal health information remains confidential and secure, is kept in a designated area and safeguards are in place to ensure that only those who require the information for a legitimate reason can access it. The custodian must have written policies regarding the security of personal health information, and must ensure that all employees are fully aware of them.

<sup>5</sup> Under PHIA Section 10, a trustee may charge a reasonable fee for permitting examination of personal health information and providing a copy. The purpose of the fees is to help cover administration and staff costs involved in retrieving and/or reviewing the record, as well as the costs associated with creating copies. However, if the regulatory body, i.e. the Opticians of Manitoba requests copies of any records for investigation or other purposes, the trustee cannot charge them a fee for the copies.

**LEGISLATION:** Personal Health Information Act (PHIA) <http://web2gov.mb.ca/laws/statutes/ccsm/po33-Se.php>

# PRACTICE DIRECTION

Number: 16

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Revised Date:

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Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: RELEASE OF PERSONAL HEALTH INFORMATION<sup>1</sup>

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.3 – Prepare documents and records in accordance with provincial legislation, Practice Directives and guidelines.**

#### PERFORMANCE INDICATORS:

*An optician must:*

- **1.3.4 release records in accordance with legislation, regulations and Standards of Practice**

#### INTRODUCTION:

All information collected in the course of fitting and dispensing ophthalmic appliances including:

- PD measurements<sup>2</sup>
- K readings
- contact lens specifications<sup>3</sup>

<sup>1</sup> The statutory definition of Personal Health Information means recorded information about an identifiable individual that relates to:

- the individual's health, or health care history, including genetic information about the individual
- the provision of health care to the individual or
- payment for health care provided to the individual

and includes:

- the PHIN (personal health identification number assigned to an individual by the Minister to uniquely identify the individual for health care purposes) and any other identifying number, symbol or particulars assigned to an individual, and
- any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

<sup>2</sup> PD Measurements, "K" Readings ordinarily do not form part of a patient's prescription. They may or may not be taken in the course of setting up a phoropter to perform refraction. Alternatively an individual may attend an optician and ask that the optician take the measurements and provide them with information. There is no obligation for an optician to provide this service and information to the individual, independent of a request for other services. However, as a matter of business practice, an optician is free to take on the individual as a patient and provide these services if the optician so chooses.

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is considered to be personal health information. It is health information<sup>4</sup> recorded in the patient's file that relates to their patient's health, health care history and the provision of the individual's health care. This information is governed by *The Personal Health Information Act (PHIA)* and ***belongs to the patient***.

**NOTE: Opticians should ensure that they are not limited in their obligations under PHIA prior to entering into employment with dispensaries.**

## **DEMONSTRATION OF COMPETENCY:**

**The following are requirements that must be met in order to comply with legislated requirements and professional competencies.**

*An optician who is an owner/manager of a dispensary **must** ensure that:*

- **patients are informed in writing by way of a sign, poster, brochure or similar means**, of their right to examine and receive a copy of their personal health information<sup>5</sup> and how to exercise that right. The notice **must** also state that an individual has a right to authorize another person to exercise their access rights. *See the links to -"A Guide to the Personal Health Information Act" for patients and "Poster" from Manitoba Health for display in dispensaries. In the list of Resources on page 69 for instructions on how to obtain copies of the Guide and posters )*
- **personal Health information is provided to the individual upon request** if the measurements or specifications are on file, unless the release of that information could reasonably be expected to endanger the health or safety of that person. When a request is made for personal health information that an optician maintains in electronic form, the optician is required to produce a record of the information for the patient in a form usable by the patient, if it can be produced using the optician's normal computer hardware and software and technical expertise.

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<sup>3</sup> **Contact Lens Specifications** are created in the process of developing a proper fitting and functioning pair of contact lenses. They can be considered appropriate only after the fitting has been completed, i.e., only after the patient has returned after the initial visit for the appropriate follow up assessment (s) that confirm the recommended lens specification is appropriate.

<sup>4</sup> **Health Information** is any information about any care, service or procedure

- provided to diagnose, treat or maintain an individual's physical or mental condition
- provided to prevent disease or injury or promote health or that affects the structure or a function of the body

and includes the sale or dispensing of a drug, device, equipment or other item pursuant to a prescription.

<sup>5</sup> Under PHIA, Section 9.1 and the regulation, a **trustee** is required to provide individuals with notice of their right to examine and receive a copy of their personal health information and how they can exercise this right. The notice must also state that an individual has the right to authorize another person to examine and receive a copy of their personal health information. A trustee must use a sign, poster, brochure or other similar type of means to provide this notice to individuals. This notice must be prominently displayed in as many locations and in such numbers as the trustee reasonably considers adequate to ensure that the information is likely to come to the individuals' attention.



**Note:** The optician may charge a reasonable fee for providing a patient with a copy of their personal health information.<sup>6</sup> *(See Appendix I p.185 for Opticians of Manitoba's Suggested Fee Guide)*. The Fee Guide includes suggestions only however and no optician /dispensary in the province is required to follow it. However, If you do use it, you are encouraged to display it in your dispensary.

- **requests for information** from patients about care currently being provided in community practice settings are responded to as promptly as required in the circumstances but **not later than 72 hours after receipt**
- **the patient's consent** is obtained to release their personal health information to a third party
- **the confidentiality** of all patient information is ensured by:
  - having **all employees or agents in the dispensary sign a PHIA Pledge of Confidentiality.** ( *See Appendix B p. 173 for a Sample of a PHIA Pledge Form*)
  - verifying to whom the dispensary employee is speaking, when personal health information is being communicated over the phone
  - disclosing personal health information in most circumstances only to the individual to whom the personal health information is about
  - having a policy and procedure in place to prevent a breach in confidentiality and to deal with a suspected breach in confidentiality, which includes:
    - how personal information should be accessed
    - who is authorized to view personal health information
    - the manner in which those authorized can view personal health information
    - the procedure to be followed if a breach in confidentiality is suspected which includes the following steps:
      - ◇ investigating
      - ◇ taking steps to ensure the breach is contained
      - ◇ seeking legal advice
      - ◇ making a voluntary report to the Manitoba Ombudsman.

**NOTE:**

- When releasing measurements or specifications taken on a patient, it is recommended that:
  - an assessment form be used which includes the requirement that the patient signs the form to verify that they understand that the measurements are only valid at the time they are taken and that any information misunderstood or redirected is the responsibility of the patient. *(See Appendix E p.176 for a sample of a "Patient Assessment Record")*
  - a Disclaimer for the Release of information be completed and signed by the patient. *(See Appendix J p.186 for a sample of a "Disclaimer for the Release of Information")*.
  - an Optician-Patient Email Communication Consent form be completed and signed, if personal health information may be communicated using email. *(See Appendix K p.187 for a Sample of an Optician- Patient Email Communication Consent Form)*.

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<sup>6</sup> Under PHIA an optician may charge "a reasonable fee" for permitting examination of personal health information and providing a copy. The Opticians of Manitoba have a recommended fee guide which is available on the OOM website at [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)

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***Although samples of forms and disclaimers related to the release of information are provided, it is strongly recommended that opticians consult with their legal counsel to ensure that any forms are suitable for the purpose for which they are to be used.***

- any individual can provide authorization to share (disclose) their personal health information to another person or organization by submitting a signed copy of a *Consent to Use or Disclose Personal Health Information* form. ( See Appendix L p.188-189 ) Section 60 of The Personal Health Information Act (Appendix M p.190 ) also provides information about the release of personal health information to an individual other than the patient in special circumstances such as to police services, family members and close friends.

**Exceptions permitted to the requirement to release the information are as follows:**

An optician can:

- legitimately refuse to provide the information within the 72-hour response requirement if they are in the midst of providing contact lens services to a patient, until the lenses fitted have been checked for fit, visual acuity, comfort and assessment
- refuse to release the personal health information if the information is not current and it would not be in the best interests of the patient. For An example would be in the case of a patient who has Keratoconus, requests their contact lens specifications but has not been seen by the optician for several years as the lens fitting may need to be changed every 2-3 months in aggressive cases and every 6 months to a year with less severe cases. If the optician is in the process of providing eye glass services, and the optician is satisfied that the prescription is correct, **the 72-hour response requirement must be followed.**

**The following are examples of the ways in which opticians may demonstrate their day-to- day performance of the competency. There may also be other ways that opticians demonstrate their competency.**

- Facilitating the timely transfer of records and prescriptions to others as defined in legislation, regulations and Practice Directives.
- Providing access to records according to legislative and regulatory requirements.
- Limiting access to records according to legislative and regulatory requirements.

**REFERENCES AND RESOURCES:**

- A Guide To The Personal Health Information Act (for patients)  
[www.gov.mb.ca/health/phia/index.html](http://www.gov.mb.ca/health/phia/index.html)
- Poster – Your Personal Health Information Access and Privacy Rights at Our Location  
[www.gov.mb.ca/health/phia/index.html](http://www.gov.mb.ca/health/phia/index.html)
- Electronic Records Handbook (Canadian Medical Protective Association [www.cmpa-acpm.ca/documents/10179/24937/cpm\\_electronic\\_records-handbook-e.pdf](http://www.cmpa-acpm.ca/documents/10179/24937/cpm_electronic_records-handbook-e.pdf))
- Privacy Tool Kit [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html)
- Guidelines For Records Of User Activity (RoUA)  
<http://www.gov.mb.ca/health/phia/resources.htm>  
Excerpted from: Guideline for the Collection, Maintenance, Transmission and Destruction of Electronic Health Information June 2004

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- Information For Service Providers - The Protecting Children (Information Sharing )Act  
<http://www.gov.mb.ca/informationsharingact/service-providers.html>
- MHHLS -PHIA On line training program- Direct PHIA Version  
[www.trainingtodo.com/mbhealth/secure/index.asp](http://www.trainingtodo.com/mbhealth/secure/index.asp)
- Consent to Use or Disclose Personal Health Information and Section 60 The Personal Health Information Act [www.gov.mb.ca/health/phia/docs/consent.pdf](http://www.gov.mb.ca/health/phia/docs/consent.pdf)

**LEGISLATION:**

- Personal Health information Act (PHIA) [www.gov.mb.ca/health/phia/](http://www.gov.mb.ca/health/phia/)
- The Protecting Children(Information Sharing)Act  
<http://www.gov.mb.ca/informationsharingact/>

## PRACTICE DIRECTION

Number: 17

Original Date: Sept17,2017

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Authority:

Implementation:

Applies to:

### TOPIC: TRANSPORTATION OF PATIENT RECORDS<sup>1</sup>

#### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

CORE COMPETENCY FOR OPTICIANS – 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.

#### PERFORMANCE INDICATORS:

*An optician must:*

- *release records in accordance with legislation, regulations and Practice Directions*

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- maintain patient records in a safe and secure environment
- ensure that everyone dealing with personal health information in any manner takes reasonable precautions to protect patient records from unauthorized viewing and environmental hazards

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<sup>1</sup> Patient records include written files, dictated tapes, computer discs and voice mail messages.

- assess the potential for breach of confidentiality through loss, theft and access by unauthorized persons when transporting patient records in any manner
- take measures to reduce any level of risk determined by their assessment.
- disclose only the minimum of personal health information required for the purpose of communication
- facilitate the timely transfer of records and prescriptions to others as defined in legislation, regulations and Practise Directions
- limit access to records according to legislative and regulatory requirements
- transport patient information within a facility observing internal facility policies such as for faxing or patient records accompanying them
- protect patient information from unauthorized, inappropriate or unnecessary viewing by avoiding to leave patient information such as files in public areas, deleting patient information received by dictated tapes, computer discs and voice mail messages as soon as possible
- take extra precautions to avoid posting patient information in public areas including patient appointment schedules and room assignments
- use fax only when information is required for urgent, emergent or current care; refrain from using faxing as a substitute for regular mailing or other distribution
- ensure that the receiver of a fax is an authorized person and include a confidentiality disclaimer on the cover page of all faxes and the name of the person to call in case of error in transmission ( *See Appendix N p.191 for a sample of a “Disclaimer for the Fax Cover Page” and Appendix O pages 192-198 for “Checklists For Trustees: Misdirected Faxes ”* )
- mark written communication confidential, sealing envelopes containing personal information and marking them confidential
- ensure, if providing services in a patient’s home, that all patient records are maintained in a secure manner.
- consider these safeguards if patient files must be moved from a dispensary:
  - a policy for sign-out procedure to ensure the accurate location of the files
  - transport the files securely or locking them in a safe environment, e.g. trunk, locked briefcase
  - transport the minimum of patient information offsite
  - minimize patient identifiers for security reasons (e.g., patient initials)
  - if services are being provided in a patients home, carrying only that patient’s files into the home.

**REFERENCES AND RESOURCES:**

- Health Information Access and Privacy. A Guide to The Personal Health Information Act [ph.guide.pdf](#)
- A Trustees Guide to The Pledge of Confidentiality Required By The Personal Health Information Act [www.gov.mb.ca/health/legislation/tgpoc.pdf](http://www.gov.mb.ca/health/legislation/tgpoc.pdf)
- A Trustees Guide to Information Manager Agreements Required by The Personal Health Information Act [www.gov.mb.ca/health/legislation/tgina.pdf](http://www.gov.mb.ca/health/legislation/tgina.pdf)
- Orientation to The Personal Health Information Act Dec 2014 [www.gov.mb.ca/health/phia/docs/phia\\_orientation.pdf](http://www.gov.mb.ca/health/phia/docs/phia_orientation.pdf)
- Electric Records Handbook. Canadian Medical Protection Association [www.cmpa-acpm.ca/documents/10179/24937/cpm\\_electronic\\_records-handbook-e.pdf](http://www.cmpa-acpm.ca/documents/10179/24937/cpm_electronic_records-handbook-e.pdf)

**LEGISLATION:**

- The Personal Health Information Act (PHIA) <http://web2gov.mb.ca/laws/statutes/ccsm/po33-Se.php>
- The Personal Information Protection and Electronic Documents Act (PIPEDA) [www.priv.gc.ca/leg\\_c/leg\\_c\\_p\\_e.asp](http://www.priv.gc.ca/leg_c/leg_c_p_e.asp)
- The Freedom of Information and Protection of Privacy Act (FIPPA) [www.gov.mb.ca/fippa](http://www.gov.mb.ca/fippa)

# PRACTICE DIRECTION

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## TOPIC: INFORMED CONSENT

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

#### CORE COMPETENCY FOR OPTICIANS – 1.4 Ensure informed consent prior to and throughout service provision

##### PERFORMANCE INDICATORS:

*An optician must:*

- *adhere to regulatory, legislative and standard requirements regarding informed consent*
- *exercise the process of obtaining informed consent*

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- ensure that before providing any treatment, service or conducting any financial arrangement on behalf of a patient, that the patient has consented to it
- obtain an “informed” consent<sup>1</sup> in order for it to be valid:
  - a **voluntary** agreement to a course of action, based on a process of clear communication between the patient and the optician, specific to the course of action being recommended
  - the patient has been given an adequate explanation about the proposed course of action and its anticipated outcome including any significant risks involved and alternatives available and answers to any questions so that the patient is allowed to reach an informed decision.

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<sup>1</sup>

- the decision is free of undue influence, coercion, pressure, obligation or misrepresentation of information. The optician should not be in a position where the optician is advocating in any way that leaves the patient feeling that he or she has no choice but to proceed.
- the patient has the capacity to give consent.

**Note: Opticians must be aware that:**

- **a patient can withdraw their consent at any time**
  - **the consent must be updated if the proposed course of action is substantially altered**
  - **a new consent must be obtained after the course of action to which the patient has consented has been completed or if the patient returns at a later date and a new course of action is recommended**
- obtain ongoing consent from their patient orally, in writing or implied from the client's words, writing or actions. Current written, informed consent<sup>2</sup> from the patient is best but if difficult, verbal or implied consent may be appropriate.
  - document the consent discussion and include the fact that the optician:
    - spoke to the patient
    - explained the course of action
    - advised the patient of the risks and benefits
    - advised the patient of any alternatives
    - noted any questions that the patient had
    - was unable to obtain consent from the patient
  - ensure that the patient record contains documentation including the date and at what point in the process that:
    - informed consent or refusal to the proposed care has occurred
    - the patient agreed to the release of their personal health information if appropriate. (See *Unit 1 Practice Direction "Record Keeping"* (pages 35-37), *"Release of Personal Health Information"* (pages 66-70) and *Unit 1 Guideline "Transmitting Electronic Health Information"* (Pages 78-80).

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<sup>2</sup> Written informed consent includes:

- patient's name and signature
- date
- brief description of the proposed course of action
- name of the optician who will assist the patient
- any other relevant information communicated to the patient.



**Note:** Templates for a “Patient Email Communication Consent Form” (*Appendix K p.187*) and a “Disclaimer for the Release of Personal Health Information” (*Appendix J p.186*) have been included in the Appendices as a resource for opticians and dispensaries. However, It is recommended that opticians seek legal advice to ensure that they are using consent forms which are appropriate for their particular practice.

- identify situations where informed consent may be problematic and take appropriate steps as follows:
  - ensure the patient has the ability to understand the information provided and to make an informed decision about the proposed course of action
  - ensure that the patient has the capacity to make an informed decision. When determining capacity the optician must be confident that the person consenting has the ability to appreciate the nature and consequences of the consent discussion
  - when a client is incapable of providing consent, or there is some doubt that the patient is capable, seek consent from a substitute decision maker such as a family member or the public trustee. (*See Appendix G pages 181-183 “Substitute Decision Maker”*)
  - ensure appropriate informed consent is obtained from immediate family, legal guardians or the public trustee where exceptional care should be taken in situations such as psychiatric or neurological problems, speech or hearing impairment situations where the patient is confused, has severe pain or depression or is impaired through substance abuse or the patient is a minor.<sup>3</sup>

**Note:** Although under The Protecting Children (Information Sharing) Act, consent is not required before sharing personal information, it is best practice for health professionals to tell parents, legal guardians and children over 12 years of age of their legal authority to share personal information with other service providers. If possible this should happen before the service provider collects personal information and if the service provider believes providing notification is in the supported child’s best interests. Most of the time being open about how a client’s personal information can be shared, even when consent is not required, can help build trust.

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<sup>3</sup> A minor in Manitoba is a person under the age of 18.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Demonstrating an understanding of the principles of obtaining consent when providing treatment, engaging in financial arrangements, collecting, disclosing, storing and releasing personal information:
- Referring to legislation, Practice Directions and Guidelines
- Identifying situations where informed consent may be problematic or when a client is incapable of providing consent and seeking consent from substitute decision makers (*See Appendix G p. 181-183 "Substitute Decision Makers"*)
- Demonstrating knowledge of the substitute decision maker hierarchy
- Engaging the patient in an *"informed consent process"*<sup>4</sup>

#### REFERENCES AND RESOURCES

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/competencies.aspx](http://www.nacor.ca/competencies.aspx)
- Notification Guidance sheet For Service Providers - The Protecting Children (Information Sharing) Act  
[http://www.gov.mb.ca/informationsharingact/pub/notification\\_of\\_guidance.pdf](http://www.gov.mb.ca/informationsharingact/pub/notification_of_guidance.pdf)

#### LEGISLATION:

- Opticians Act [www.opticiansofmanitoba.ca/about-us/](http://www.opticiansofmanitoba.ca/about-us/)
  - The Protecting Children (Information Sharing) Act  
<http://www.gov.mb.ca/informationsharingact/>

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#### 1 "Informed consent process" includes :

- Giving the patient the accurate and impartial information on all alternatives that they need to allow them to reach an informed decision, when providing treatment, services, engaging in financial arrangements, collecting, storing and releasing personal information. Your patient must understand the course of action and why it is being proposed.
- Giving the patient the opportunity to ask questions and to receive understandable answers.
- Discussing the following with the patient:
  - problem as known
  - nature of the eyewear/device that is being suggested
  - significant risks, benefits and reasonable alternatives
  - potential risks/consequences if the recommended course of action is refused
  - reasonable additional costs or courses of action which may be necessary
  - remote risks where the potential problem is serious.

# PRACTICE GUIDELINE <sup>1</sup>

Number:19

Revised Date: Sept 17,2017

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: TRANSMITTING ELECTRONIC HEALTH INFORMATION

### UNIT 1. ASSUMES PROFESSIONAL RESPONSIBILITY

**CORE COMPETENCY FOR OPTICIANS – 1.3 Prepare documents and records in accordance with provincial legislation, standards and guidelines.**

#### INTRODUCTION:

Increasing numbers of opticians are using smartphones and other mobile devices to communicate with colleagues and patients by phone, text message or email. Understanding the risks involved in using mobile devices is important in the prevention of the potential for adverse personal and professional consequences.

#### PRIVACY BREACHES:

Unauthorized disclosure of a patient's personal health information<sup>2</sup> is a risk because mobile devices such as smartphones generally store and retain data on the device itself. Mobile devices are also vulnerable to loss and theft because of their small size and portability.

Opticians have a professional and legal obligation to protect the privacy of patients' personal health information. This is generally accomplished through the use of strong passwords and encryption to safeguard electronic health information being communicated through mobile

<sup>1</sup> A **Guideline** is a recommended course of action base on Best Practice

<sup>2</sup> The statutory definition of Personal Health Information means recorded information about an identifiable individual that relates to:

- the individual's health care history, including genetic information about the individual
- the provision of health care to the individual or
- payment for health care provided to the individual

and includes:

- the PHIN (personal health identification number assigned to an individual by the Minister to uniquely identify the individual for health care purposes) and any other identifying number, symbol or particulars assigned to an individual, and
- any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

devices. Employers generally have policies that require the use of such safeguards and opticians should ensure that they are aware of any policies that their employer has put in place and follow them.

Without encryption, any emails, voice mails, pictures or text messages containing patient health information can be inappropriately accessed or disclosed if the mobile device is lost, stolen or inadvertently viewed by a friend or family member. Unauthorized disclosure can also occur during the wireless transmission of personal data.

### CAUTIONS WHEN USING EMAIL:

It is strongly recommended for the reasons cited above that the emailing of personal health information be avoided due to the risk of interception. If opticians are using this form of communication, they share responsibility and accountability with third parties to maintain the security and integrity of the electronic health information. It is also strongly recommended for the reasons cited above that files be encrypted and not just password protected. (See *Practice Direction "Retention and Transmission of Electronic Health information" pages 52-54*).

### GUIDELINE:

Opticians should consider the following when transmitting electronic health information as well as following the precautions included in *Appendix P p.202 "Precautions for the Security of Mobile Devices"*:

- confirming the address of the recipient
- using encryption<sup>2</sup> and not just password protection
- sending an accompanying disclosure statement with all transmissions (See *Appendix H p.187 "Sample Statement to Accompany Electronic Transmission of Patient Health Information"*)
- having a disclaimer in place to protect oneself in the event that there is a breach in confidentiality by the recipient (See *Appendix J p.189 "Sample Disclaimer"*)
- having a signed patient consent for email communication (See *Appendix K p.190 for a template of an Optician – Patient Email Communication Consent form*)

**Note: Although samples of forms and disclaimers related to the release of information are provided as Appendices, it is strongly recommended that opticians consult with their legal counsel to ensure that any forms they use are suitable for the purpose for which they are intended.**

### RESOURCES:

- Privacy Tool Kit [www.gov.mb.ca/health/phia/resources.html](http://www.gov.mb.ca/health/phia/resources.html)
- Guidelines For Records Of User Activity (RoUA)

<sup>3</sup> **Encryption** is the conversion of electronic information written in plain text into another format called cipher text, the encrypted result. Cipher text cannot be easily understood by anyone except authorized parties.

<http://www.gov.mb.ca/health/phia/resources.htm> Excerpt from: Guideline for the Collection, Maintenance, Transmission and Destruction of Electronic Health Information June 2014 Electronic Records Handbook - Canadian Medical Protective Association [www.cmpa-acpm.ca/documents/10179/24937/cpm\\_electronic\\_records-handbook-e.pdf](http://www.cmpa-acpm.ca/documents/10179/24937/cpm_electronic_records-handbook-e.pdf)

- Infor Law Mobile Devices in the Workplace-Canadian Nurses Protective Society Vol 21, No 1, November 2013

# PRACTICE DIRECTION

Number: 20

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: COMMUNICATION WITH PATIENTS AND PROFESSIONALS

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### UNIT 2. COMMUNICATES AND COLLABORATES EFFECTIVELY

**CORE COMPETENCY FOR OPTICIANS – 2.1 Demonstrate appropriate, clear and effective communication with patients, their support system and inter-professional team members.**

#### PERFORMANCE INDICATORS:

*An optician **must**:*

- *use a wide range of verbal and non-verbal communication strategies*
- *communicate in a manner that is respectful to the individual needs and beliefs of the patient*
- *use an effective dialogue, which employs an appropriate mix of questions to elicit information*
- *provide appropriate literature based on the patient's specific needs*
- *consult the established protocols and policies to manage and report abusive and aggressive behaviour from patients*

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- use a wide range of verbal and non-verbal communication strategies
- communicate in a manner that is respectful to the individual needs and beliefs of the patient
- use an effective dialogue, which employs an appropriate mix of questions to elicit information

- provide appropriate literature based on the patient's specific needs
- consult the established protocols and policies to manage and report abusive and aggressive behaviour from patients.

**The following are examples of ways that opticians may demonstrate their day- to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.**

- Take into consideration the age, cultural diversity and capacity of the patient when communicating.
- Deliver and communicate information about eyewear and eye care options:
  - using patient-centered language, i.e., layman's terms
  - using empathetic and active listening skills
  - using a wide range of verbal and non-verbal communication strategies in an open, honest, and thoughtful manner that is respectful to the individual needs and beliefs of the patient
  - itemizing and rephrasing choices to clarify needs
  - clarifying statements and using clear appropriate language
  - using an effective dialogue, which employs an appropriate mix of open-ended and close- ended questions to elicit information and clarify understanding.
- Confirm the patient's literacy and computer skills and provide materials including handouts, directions to a website and instructions that are appropriate to the patient's specific needs (e.g. the correct literacy level, readability, and font size) and particularly for follow up care. Follow customer service organization's policies.
- Consult and follow their employer's Safe Work Practices and provincial Workplace Health and Safety regulations to manage and report abusive and aggressive behaviour from patients to the appropriate supervisor or manager.
- Use appropriate terminology when speaking with professionals.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

#### **LEGISLATION:**

- Province of Manitoba Workplace Health and Safety Regulations  
[www.gov.mb.ca/labour/safety/](http://www.gov.mb.ca/labour/safety/)

# PRACTICE DIRECTION

Number: 21

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: TEAMWORK

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### UNIT 2. COMMUNICATES AND COLLABORATES EFFECTIVELY

#### CORE COMPETENCY FOR OPTICIANS – 2. 2 Work effectively within the team.

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- **Contribute to team decision making**
- **Consider and apply knowledge of team members' strengths and capabilities**
- **Use effective interpersonal skills to resolve conflicts and complaints**
- **Assume responsibility for completion of assigned tasks**

The Performance Indicators in bold font are the Indicators that apply to this Practice Direction.

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

An Optician **must**:

- contribute to team decision making
- consider and apply knowledge of team members' strengths and capabilities
- use effective interpersonal skills to resolve conflicts and complaints
- assume responsibility for completion of assigned tasks.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.



- Actively participate in team meetings.
- Participate in the development of organizational policies.
- Work collaboratively with team members.
- Seek guidance when required.
- Take into consideration and respecting the opinions of others
- Use appropriate communication skills when resolving conflict such as active listening and reflection
- Demonstrate sensitivity to differences of opinions
- Seek guidance when needed from, for example another optician whose opinion you respect. *(See Unit I Practice Directions Patient Referrals ,pages 33-34 and Scope of Practice (pages 31-32)*
- Develop viable options to resolve conflicts and /or complaints resolution utilizing for example the OOM or OAC office, mediation services or another experienced optician or colleague, if needed. *(See Opticians of Manitoba Complaints Resolution Policy [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)).*
- Ensure integrity and accountability in completing tasks.
- Demonstrate transparency if unable to complete a task.

#### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013 [www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)
- Opticians of Manitoba Complaints Resolution Policy [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)
- Fostering Collaborative Vision Care in Canada – Consensus From Roundtable [www.opticians.ca/CMS2011/ckfinder/userfiles/files/Canada\\_Collaborative\\_Care\\_Consensus\\_Paper\\_FINAL\\_English%5B1%5D.pdf](http://www.opticians.ca/CMS2011/ckfinder/userfiles/files/Canada_Collaborative_Care_Consensus_Paper_FINAL_English%5B1%5D.pdf)
- Yukon IEHP (Internationally Educated Health Professionals )- Self Study Modules on Interprofessional Collaboration
  - Better care through interpersonal collaboration [www.yukoniehpc.ca/self\\_study/bctic/story.html](http://www.yukoniehpc.ca/self_study/bctic/story.html)
  - Pre Assessment [www.yukoniehpc.ca/self\\_study/pre/story.html](http://www.yukoniehpc.ca/self_study/pre/story.html)
  - Achieving Collaborative Competency [www.yukoniehpc.ca/self\\_study/acic/story.html](http://www.yukoniehpc.ca/self_study/acic/story.html)
  - Post Assessment [www.yukoniehpc.ca/self\\_study/post/story.html](http://www.yukoniehpc.ca/self_study/post/story.html)

# PRACTICE DIRECTION

Number: 22

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: ADVOCATING FOR THE PROFESSION

### UNIT 3 EDUCATES AND ADVOCATES EFFECTIVELY

#### CORE COMPETENCY FOR OPTICIANS 3.1. Advocates for the profession.

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***Demonstrate awareness and understanding of self-regulation and the role of professional associations***
- ***Recognize and promote the inter professional care of the eye-care team***
- ***Educate the employer and the public on the role of the optician and benefits of receiving care from a licensed optician***

#### DEMONSTRATION OF COMPETENCY

Following are the requirements that must be met in order to comply with legislated requirements and professional competencies

*An optician **must**:*

- Demonstrate awareness and understanding of self-regulation and the role of professional associations
- Recognize and promote the inter professional care of the eye-care team
- Educate employers and the public on the role of the optician and benefits of receiving care from a registered/licensed optician
- Keep abreast of applicable legislation, regulations, Practice Directions and Guidelines

Following are examples of ways that opticians may demonstrate their day to day performance of the competency. There may however be many other ways that opticians may be demonstrating their competency.

- Engaging in regulatory body and professional association activities
- Regularly seeking and reviewing information from the regulatory body and professional association
- Summarizing the role of the optician and explaining the differences between the members of the eye-care team
- Explaining the similarities and differences of opticians, ophthalmologists and optometrists in a meaningful way
- Communicating the scope of practice
- Advocating for organizational policies that support public protection
- Promoting use of title (*See Unit 1 Practice Directions “Code of Ethics” pages 20-23, “Scope of Practice” pages 31-32, “Use of Title and Credentials” pages 24-26, Unit 2 Practice Direction “Teamwork” pages 83-84, Unit 3 Practice Direction “Performing in a Leadership Role in the Eye care Team” pages 101-102*)

#### REFERENCES AND RESOURCES:

- Opticians of Manitoba website [www.opticiansofmanitoba.ca/for-the-public/services/;www.opticiansofmanitoba.ca/for-internationally-educatedopticians/start-here/optometrist-vs-optician/](http://www.opticiansofmanitoba.ca/for-the-public/services/;www.opticiansofmanitoba.ca/for-internationally-educatedopticians/start-here/optometrist-vs-optician/)
- Opticians Association of Canada website [www.opticians.ca](http://www.opticians.ca)
- College of Registered Nurses of Manitoba, RN Journal /October 2013 -Article by Deanna Williams- “In My Opinion...If We Lose Self-Regulation, Then What?” [www.cms-tng-secure.com/file\\_download.php?fFile\\_id=26828](http://www.cms-tng-secure.com/file_download.php?fFile_id=26828)
- Opticians of Manitoba By- Laws [www.opticiansofmaniotba.ca/wp-content/uploads/By-laws-of-the-Ophthalmic-Dispenser-of-Manitoba-1984.pdf](http://www.opticiansofmaniotba.ca/wp-content/uploads/By-laws-of-the-Ophthalmic-Dispenser-of-Manitoba-1984.pdf)
- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013 [www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

#### LEGISLATION:

- The Opticians Act [www.web2.gov.mb.ca/laws/statutes/ccsm/o060.php](http://www.web2.gov.mb.ca/laws/statutes/ccsm/o060.php)

# PRACTICE DIRECTION

Number: 23

Original Date: Sept 17,2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: ADVOCATING FOR THE PATIENT

### UNIT 3 EDUCATES AND ADVOCATES EFFECTIVELY

#### CORE COMPETENCY FOR OPTICIANS 3.2. – Advocates for the patient.

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***serve as a patient/client advocate with other members of the eye care team***
- ***engage in active discussion with other members of the eye care team to best meet and serve patient/client needs***

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- refer patients to the appropriate member of the team (*See Unit 1 Practice Direction “Patient Referrals” pages 33-34*)
- serve as a patient/client advocate with other members of the eye care team
- engage in active discussion with other members of the eye care team to best meet and serve patient needs (*See Unit 1 Practice Direction “Patient Referrals” (pages 33-34)*)
- liaise with patient/client’s s medical practitioners as required
- seek consultation and recommendations if needed from different members of the team.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Encouraging routine ocular health assessment (*See Appendix Q pages 200-206 Canadian Ophthalmological Society Clinical Practice Guidelines for the Periodic Eye Examination in Adults in Canada* ).
- Referring patients /clients to the appropriate member of the team.
- Liaising with patient/client's medical practitioners as required.
- Seeking consultation and recommendations from different members of the team.

#### REFERENCES AND RESOURCES:

- Opticians of Manitoba By- Laws [www.opticiansofmanitoba.ca/wp-content/uploads/By-laws-of-the-Ophthalmic-Dispenser-of-Manitoba-1984.pdf](http://www.opticiansofmanitoba.ca/wp-content/uploads/By-laws-of-the-Ophthalmic-Dispenser-of-Manitoba-1984.pdf)
- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013 [www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)
- Canadian Ophthalmological Society Clinical Practice Guidelines for the Periodic Eye Examination in Adults in Canada [www.cos-sco.ca/clinical-practice-guidelines/](http://www.cos-sco.ca/clinical-practice-guidelines/)

#### LEGISLATION:

- The Opticians Act [www.web2.gov.mb.ca/laws/statutes/ccsm/o060.php](http://www.web2.gov.mb.ca/laws/statutes/ccsm/o060.php)

# PRACTICE DIRECTION

Number: 24

Original Date: Sept 17, 2017

Revised Date:

Planned Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: SUPERVISION OF STUDENTS <sup>1</sup>AND MENTORSHIP

### UNIT 3. EDUCATES AND ADVOCATES EFFECTIVELY

CORE COMPETENCY FOR OPTICIANS – 3.3 Teach, guide, instruct, mentor and supervise the student in all areas of the profession.

#### PERFORMANCE INDICATORS:

*An optician must:*

- 3.3.1** *communicate industry standards and provincial requirements*
- 3.3.2** *monitor and evaluate the performance of the student*
- 3.3.3** *promote a culture of organizational learning*

#### INTRODUCTION:

Opticians may only supervise or mentor a **maximum** of:

- two eyeglasses students, graduates, applicants, non-regulated staff member
- one Contact Lens student, graduate, applicant, non-regulated staff member at one time.

**NOTE: THE FUNCTIONS OF SUPERVISION AND MENTORING ARE DIFFERENT- SEE DEFINITIONS BELOW**

**SUPERVISION:** Critical observation and directing of a process to enhance performance and may be either direct<sup>2</sup> or indirect. Supervisors are responsible for delegation<sup>3</sup> of tasks. Performance evaluations must be undertaken as part of supervision with a copy sent to the administrator of

<sup>1</sup> Includes students enrolled in a Canadian opticianry program and applicants who have completed the PLAR (Prior Learning Assessment and Recognition) process and are required to successfully complete a period of supervised practice before they can write the National Exam.

<sup>2</sup> **Direct Supervision** – means supervision must be onsite

<sup>3</sup> **Delegation-** to assign and transfer the authority and responsibility for the direct supervision of a student to another optician.

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply

the opticianry program in which the student is enrolled. In most instances, this will be NAIT but it may also be another accredited Canadian opticianry program.

Opticians may agree to **supervise**<sup>4</sup>:

- opticianry students registered with the OOM who must practice under direct supervision until successful completion of their education program
- students practicing and on the NACOR Examination Candidate list who have attempted the NACOR National exam but were unsuccessful and are allowed to continue working in a dispensary under the supervision of a licensed optician with relevant work experience
- PLAR applicants, applicants who are graduates of a non-accredited Canadian opticianry program or are internationally-educated
- applicants for reinstatement of their license who have had to complete the PLAR process as their license had lapsed for more than three years and are required to successfully complete a period of supervised practice before they are eligible to write the NACOR National exam.

**MENTORSHIP**- A process whereby an Opticians of Manitoba (OOM) member who has an active license, is in good standing and has relevant opticianry work experience, may serve as a mentor to provide guidance and advice to an opticianry program graduate or a non-regulated staff member, when they have questions or concerns. The mentor is not responsible to undertake performance evaluations or to directly supervise them but the mentor is required to comply with the requirements for supervision of non-regulated support staff. (*See Unit 3 Practice Direction Supervision of Non-Regulated Support Staff, pages 95-97*).

Opticians may agree to **mentor**:

- new graduates of an accredited Canadian opticianry program who have not yet completed the NACOR National Exam and are no longer registered as students with the OOM, but who are allowed to work in an optical dispensary under a mentorship model, subject to the delegation requirements of the OOM.
- **mentor** an opticianry program graduate or a non-regulated staff member.

#### **DEMONSTRATION OF COMPETENCY:**

**The following are requirements that must be met in order to comply with legislated requirements and professional competencies.** (*See Appendix R Supervisor's Agreement pages 207-208*)

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<sup>4</sup> All supervisors must have an active optician's or contact lens optician's license and be in good standing. The supervisor may also be a licensed optometrist or ophthalmologist who will be able to provide direct supervision and who is in good standing. A letter of good standing must also be provided from their regulatory body, i.e. the Manitoba Association of Optometrists or the College of Physicians and Surgeons of Manitoba. Performance evaluations must be undertaken as part of supervision, with a copy to be submitted to the Registration Committee for review at the end of the "supervised practice period".

An optician supervisor or mentor **must:**

- have a current active license and be in good standing with the OOM without terms, conditions or limitations on their license and have practised as a Licensed optician for a minimum of three years
- be:
  - familiar with the learning objectives and curriculum including course content, program philosophy, bridging requirements and expectations
  - comfortable assessing their own skills and abilities as well as evaluating the skills and abilities of their student, optician, applicant
  - prepared, for applicants who are required to complete a period of supervised practice, and to report back to the registration committee at the completion of the practicum on the progress of the applicant.
- ensure that the student:
  - has a valid Student Registration with the Opticians of Manitoba by checking the expiry date on the student's registration card
  - registration card is worn by the student at all times when working in the dispensary.
- sign a supervisor's agreement for each student that the optician has agreed to supervise. (*See Appendix R Supervisor's Agreement pages 207-208*)
- orient the student/mentee to the facility including the equipment, protocols and documentation requirements and to the specific condition, needs and/or goals of individual patients
- act as a clinical educator only in areas of clinical practice where he /she is competent
- accept and maintain primary responsibility for judging the knowledge, skills and abilities of the student/mentee under supervision, prior to assigning patient care responsibilities
- determine the amount of supervision that a student/mentee requires based on the type of task assigned and the student/mentee's overall competence at that point in time in his or her training/retraining, which will change as the student/mentoree acquires or reacquires their skills
- assume responsibility for all patient services provided by the student/mentee
- ensure that:
  - all Reserved Acts<sup>5</sup> are performed by a licensed optician or by a trained individual operating under the direct supervision of a licensed optician

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<sup>5</sup> **Reserved Acts.** The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a licensed optician:

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply



- all functions carried out are carried out in a professional manner consistent with the Standards of care for the optician and the public, the Opticians Act, Practice Directions and Bylaws of the Opticians of Manitoba
- staff, students or assistants are properly trained in order to assist the student/mentee
- informed consent has been received from the patient to have services provided to them by a student/mentee (*See Unit 1 Practice Direction “Informed Consent” (pages 74-75)*)
- always directly supervise a student’s/mentee’s patient contact. This means that the optician must be on site, able to intervene and available to provide in view observation, formal feedback and guidance, while the student/applicant provides a Reserved Act

**Note:**

**The *Opticians Act* permits students registered by the Opticians of Manitoba to perform Reserved Acts of dispensing, under the direct supervision of a licensed optician or contact lens licensed optician. The tasks in dispensing eyewear are not simply delegated, however, to students. The supervising optician remains responsible and accountable for the safety and the quality of the care provided by the student. Before permitting students to perform a Reserved Act, the supervising optician must ensure that he/she has assessed the potential harm associated with the act and has determined that the student has the knowledge, skills and judgement to perform the act safely and effectively.**

- If a student works for a dispensary which includes more than one location and will be working in more than one location, the student must have a supervisor at each location and each supervisor must sign a supervisor’s agreement.
- It is preferred that the applicant/student only work with the supervisor who has been approved by the Registration Committee. If for any reason the supervisor who signed the agreement is not on-site in the dispensary where the student is working, the supervisor who signed the form **may** delegate the responsibility for supervising the student to another licensed optician who the supervisor deems to have the knowledge and skills to do so. **However, the supervisor who signed the agreement**

- 
- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
  - In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.

**retains full liability for the actions of the student while he/she is being supervised by the optician to whom the supervisor has delegated the responsibility. The majority of the hours required must be supervised by the approved supervising optician.**

- Students must display the student registration card or license which is appropriate for the work they are doing. For example, a student may be a licensed optician as well as a contact lens student. When the student is doing the work of a licensed optician his or her eyeglasses license must be displayed. If the student is performing the work of a contact lens student, under the supervision of a contact lens licensed optician, the student must display his or her student registration card.
- students are members of the OOM and complaints received regarding their conduct or actions will be handled in keeping with the requirements of the OOM Complaints Resolution Policy ([www.opticiansofmanitoba.ca/about-us/](http://www.opticiansofmanitoba.ca/about-us/).) Depending upon the nature of the complaint, complaints regarding the actions of students could result in an investigation of the supervising optician.
- monitor and evaluate the performance of the student/mentee
- refuse to supervise a student or mentee if the optician, in the best interests of the public, deems such action to be appropriate
- check to ensure that the work of the student/mentee whom the supervising optician or mentor is responsible for supervising is covered under the supervising optician's Professional Errors and Omissions Liability insurance coverage as neither students/mentees carry their own Professional Errors and Omissions Liability insurance.

**The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate competency.**

- Communicating industry standards and provincial requirements to the student/mentee by:
  - actively mentoring students/mentees in the performance of the practical and theoretical expectations of the profession
  - directing students/mentees to appropriate resources.
- Monitoring and evaluating the performance of the student/mentee by:

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- conducting regular assessments of personal learning needs to ensure on-going competence of the student/mentee
- managing the assignment of services, ensuring that duties assigned are appropriate to the student's/mentee's level of education, ability, experience, comfort level and learning style as well as the complexity of the environment/practice setting
- meeting with the student/mentee to jointly formulate clear, objective and measurable goals to be used in the evaluation process and the schedule for measuring the attainment of goals, prior to the student/mentee providing clinical service
- providing feedback to the student/mentee regarding his or her performance on a consistent, timely basis, based on the criteria established by respective accredited opticianry educational program
- Promoting a culture of organizational learning by:
  - encouraging and implementing a plan for continual professional development improvement and learning
  - supporting and encouraging students/mentees to manage learning in order to maximize their potential and develop their skills
  - providing informative, constructive feedback to support professional growth
  - providing mentoring, preceptorship, teaching and coaching
  - embracing advancements and changes in techniques
  - supporting a positive environment for the exchange of information between team members regardless of status.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)
- NACOR Candidates Examination Handbook [www.nacor.ca/Candidates\\_Handbook.aspx](http://www.nacor.ca/Candidates_Handbook.aspx)
- Opticians of Manitoba Policies- Student Registration, Complaints Resolution  
[www.opticiansofmanitoba.ca/about-us/](http://www.opticiansofmanitoba.ca/about-us/)

#### **LEGISLATION:**

- The Opticians Act [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)

# PRACTICE DIRECTION

Number: 25

Original Date: Sept17,2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: SUPERVISION OF NON REGULATED SUPPORT STAFF

### UNIT 3. EDUCATES AND ADVOCATES EFFECTIVELY

**CORE COMPETENCY FOR OPTICIANS – 3.4 Teach, guide, instruct, and supervise non-regulated support staff (students who have graduated, are waiting to write the national exam and obtain a license and whose student registration has expired, receptionists, assistant, optometric assistants, fashion consultants, frame consultants, laboratory technicians and administrative staff).**

#### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***communicate expectations and assignments to non-regulated staff***
- ***support and direct the authority of non-regulated staff***

#### INTRODUCTION:

All opticians **must** ensure that all of the functions of opticianry as defined in *The Opticians Act* are carried out by a licensed optician or by a trained individual operating under the direct supervision<sup>2</sup> of a licensed optician.

An optician may assign /delegate<sup>3</sup> part of the patient's care plan to an assistant<sup>4</sup> or other non-regulated support staff. When a task is assigned/delegated, the licensed optician remains

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<sup>2</sup> **Direct Supervision** – means supervision must be onsite

<sup>3</sup> **Assign/ Delegate** Assignment or delegation of an opticianry task refers to the transfer of a component of an opticianry care plan to an individual who is not a Licensed Optician

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responsible and accountable for the safety and quality of the entire care plan, including the assigned component.

**NOTE:** Students on staff who have graduated from the optical sciences program and whose student registrations have therefore expired and are waiting to write the national exam and obtain a license are to be considered non-regulated support staff .

## **DEMONSTRATION OF COMPETENCY**

**The following are requirements that MUST be met in order to comply with legislated requirements and professional competencies.**

*An optician **must**:*

- ensure that:
  - standards of care are maintained and all care provided is consistent with the Practice Directions, Guidelines and Bylaws of the Opticians of Manitoba, legislation and industry standards
  - all functions are carried out in a professional manner consistent with the Standards of the profession
  - assistants are properly trained
  - no service that requires the skill, knowledge or judgement of a licensed optician is delegated to assistants
  - there is a process in place for ongoing communication between the optician and the assistant
  - an optician is readily available and a defined reporting structure is in place in cases of indirect supervision
  - the assigned task(s) are monitored on a regular basis
  - any adverse reactions are reported
  - appropriate documentation is completed (*See Unit 1 Practice Directions “Record Keeping” pages 35-37 and “Patient Records” pages 38-45* )
- consider the following when determining if a task may be assigned to an assistant:
  - acuity and complexity of the patient’s needs and risk to the patient
  - complexity of the task being assigned

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<sup>4</sup> **Assistant** – An individual employed in a position to assist the optician with patient care. The assistant may have formal training or may have learned these skills on the job. Components of patient care are assigned/delegated to the assistant while the optician maintains an ongoing active role with the patient.

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- is the tasks to be assigned a reserved act<sup>5</sup>, i.e., within the exclusive scope of opticianry and a task that only a licensed optician may perform
  - degree of judgement and decision-making required to carry out the task
  - whether the assistant has the knowledge and skill necessary to carry out the task appropriately
  - the practice setting and supports available.
- communicate expectations and assignments to non-regulated staff
  - support and direct the authority of non-regulated staff by:
    - implementing plans for continual professional improvements and learning
    - supporting the development and implementation of job descriptions for non-regulated support staff
    - providing formal and informal performance reviews
    - demonstrating knowledge and applying relevant human resource legislation
    - adhering to regulatory requirements, practice directives and/or guidelines relating to the assignment of tasks
    - ensuring that the individual being assigned the task is aware of their scope of practice and their accountability to the delegating optician
    - making the patient aware of the assistant's role and **obtaining consent** regarding the assistant's involvement. The optician must ensure that the patient understands the differences in roles and responsibilities of the optician and the assistant. *(See Unit 1 Practice Direction "Informed Consent" pages 74-75).*

## RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2031  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

## LEGISLATION:

- The Opticians Act [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)

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<sup>5</sup> **Reserved Acts** The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a licensed optician:

- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
- In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.

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# PRACTICE DIRECTION

Number: 26

Original Date: Sept 17, 2017  
Revised Date:  
Review Date:  
Approving Body: OOM Council  
Authority: Council Chair  
Implementation:  
Applies to: All practicing members

## TOPIC: TEACHING, GUIDING AND INSTRUCTING PATIENTS

### UNIT 3. EDUCATES AND ADVOCATES EFFECTIVELY

#### CORE COMPETENCY FOR OPTICIANS – 3.5 Teaching, guiding and instructing patients.

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***demonstrate an understanding of patient expectations and aspirations and manage situations where these cannot be met***
- ***communicate the advantages and limitations of the product to the patient in a meaningful and clear manner***
- ***apply knowledge of learning principles and teaching techniques***
- ***implement an individual teaching plan in order to promote, maintain and restore ocular health***

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that MUST be met in order to comply with legislated requirements and professional competencies.

*An optician **must**, in addition to the performance indicators above:*

- collaborate with patients and caregivers to develop a patient-centered teaching plan
- when applicable, discuss the systemic disease and its ocular impact with the patient
- ensure that an unlicensed person has been thoroughly trained by a licensed optician/contact lens licensed optician if they are providing information and instruction to a patient

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- ensure that direct supervision is provided when teaching, guidance and instruction is not being provided to the patient by the licensed opticians or contact lens licensed optician on duty
- provide a printed list of instructions to every new patient at the conclusion of their contact lens training session of insertion and removal to support and enhance patient compliance

**NOTE: An assistant may assist the patient in doing his/her own insertion and /or removal of a contact lens through verbal instruction and encouragement but the assistant may not actually insert or remove the lens.**

- communicate the advantages and limitations of products to the patient in a meaningful and clear manner.

The following are **examples** of ways that opticians may demonstrate their day-to-day performance of the competency. There may be many other ways that opticians demonstrate their competency.

- Conducting an assessment to determine patient wants and needs.
- Clarifying patient expectations.
- Providing patient education applicable to the patient's wants and the limitations of the product.
- Identifying and managing escalating emotions.
- Explaining the limitations of specific spectacle and contact lens designs to maximize patient success
- Explaining the adjustment process for specific ophthalmic appliances such as progressive addition lenses, to promote successful adaptation.
- Using appropriate teaching methods to meet a patient's needs.
- Assessing the current knowledge of the patient
- Adjusting the teaching plan and delivery to meet special needs.
- Recommending regular ocular health assessments.
- Explaining the uses and limitations of the ophthalmic appliance.
- Using a variety of demonstration techniques including repeat demonstration
- Discussing the misuse and unnecessary abuse of eyewear.
- Providing a layman's explanation of the ocular impact of a particular disease.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3rd Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)



# PRACTICE DIRECTION

Number: 27

Original Date: Sept 17,2017

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Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: TEACHING PLANS AND DELIVERY METHODS TO MEET THE NEEDS OF ALL PATIENTS

### UNIT 3 EDUCATES AND ADVOCATES EFFECTIVELY

CORE COMPETENCY FOR OPTICIANS – 3.6 Adjust teaching plans and delivery to meet the needs of all patients.

#### PERFORMANCE INDICATORS:

*An Optician **must**:*

- ***recognize factors influencing learning and adjust teaching/training***
- ***use appropriate supporting materials***

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- recognize factors influencing learning and adjust teaching/training
- use appropriate supporting materials.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Adjusting teaching/training based on demographics and physical factors, such as age groups, vision and hearing impaired, literacy level, language, and cognitive impairment.
- Presenting diagrams, leaflets and a range of different tools and methods of explanation.

#### RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

# PRACTICE DIRECTION

Number: 28

Original Date: Sept 17, 2017

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Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: PERFORMING IN A LEADERSHIP ROLE IN THE EYE CARE TEAM

### UNIT 3. EDUCATES AND ADVOCATES EFFECTIVELY

CORE COMPETENCY FOR OPTICIANS – 3.7 Performing in a leadership role in the eye care team.

#### PERFORMANCE INDICATORS:

*An optician must:*

- *provide information within the scope of practice of the profession and refer to the appropriate professional as necessary*
- *advocate for and adapt to, change to support competent, ethical and patient centred care*

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- provide information within the scope of practice of the profession and refer to the appropriate professional as necessary
- advocate for and adapt to, change to support competent, ethical and patient centred care.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Providing the patient with the necessary information to access the appropriate member of the eye care team if required.

- Advocating for consistency between organizational policies and regulatory and legislative requirements.
- Identifying safety issues and taking appropriate action.
- Adapting to changes in practice using evidence, Practice Directions, guidelines and informed practice.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/competencies.aspx](http://www.nacor.ca/competencies.aspx)

# PRACTICE DIRECTION

Number: 29

Original Date: Sept 17, 2017

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Authority:

Implementation:

Applies to:

## TOPIC: FINANCIAL MANAGEMENT INVENTORY

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### UNIT 4. APPLIES ORGANIZATIONAL MANAGEMENT PRINCIPLES

#### CORE COMPETENCY FOR OPTICIANS – 4.1 Apply principles of managing inventory

##### PERFORMANCE INDICATORS:

*An optician must:*

- *coordinate the purchasing, receiving and storage of appropriate inventory*

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician who is the owner/manager/License of Record must:*

- coordinate the purchasing, receiving and storage of appropriate inventory.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate competency:

- reviewing vendor's product availability
- verifying orders
- rotating stock

##### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 30

Original Date: Sept 17, 2017

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Authority:

Implementation:

Applies to:

## TOPIC: ADVERTISING

### UNIT. APPLIES ORGANIZATIONAL MANAGEMENT PRINCIPLES

CORE COMPETENCY FOR OPTICIANS – 4.3 Applies principles of ethical marketing and advertising practices.

#### PERFORMANCE INDICATORS:

*An optician must:*

- *ensure that marketing information provided is truthful and professional*

#### INTRODUCTION:

Advertising is the use of space or time in a public medium, or the use of commercial publication such as a brochure, to communicate with the public for the purpose of promoting professional services.

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- ensure that advertising:
  - claims are based on professional evidence based literature and research
  - does not mislead the public or appeal to a layperson's fears or lack of knowledge
  - is relevant to promoting eye health within the scope of opticianry practice
  - is truthful, tasteful, non-competitive
  - does not call into question the competence of any other optician
  - does not imply superiority of services, equipment or techniques

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- does not use testimonials or endorsements which may imply superiority of services, equipment or techniques
- use social media platforms in a professional, ethical and appropriate manner
- ensure that marketing:
  - is dignified, in good taste and compatible with the best interests of the public
  - does not bring the profession of opticianry into disrepute
- ensure that any titles and/or credentials used in advertising are valid.

The following is an example which may demonstrate that opticians in their day-to-day activity ~~is~~ are performing the competency. There may also be many other ways that opticians demonstrate their competency.

- Advocating for advertising claims that are compliant with regulations and standards.

**NOTE:**

- **There are different standards of advertising for optician, corporate and optometrist-owned dispensaries. It is recommended that opticians who own a dispensary check with their legal counsel to ensure that they are complying with the appropriate advertising standards and legislation for their dispensary.**
- **The Opticians of Manitoba will investigate any complaints or concerns relating to advertising and as a service to its members, will review any advertising to ensure adherence to the Opticians of Manitoba Practice Direction and applicable legislation.**

**REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

**LEGISLATION:**

- Opticians Act <https://web2.gov.mb.ca/laws/statutes/ccsm/o060e.php>

# PRACTICE DIRECTION

Number: 31

Original Date: Sept 17,2017

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Authority:

Implementation:

Applies to:

## TOPIC: INDUSTRY CHANGES AND ADVANCEMENTS IN TECHNOLOGY

### UNIT 4. APPLIES ORGANIZATIONAL MANAGEMENT PRINCIPLES

**CORE COMPETENCY FOR OPTICIANS – 4.4 Demonstrate sound knowledge of the current and emerging technologies used in practice.**

#### PERFORMANCE INDICATORS:

*An optician **must**:*

- **demonstrate willingness to embrace change and advancements in the industry**
- **be able to use computer based systems, software and applications.**

#### DEMONSTRATION OF COMPETENCY:

Following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- demonstrate willingness to embrace change and advancements in the industry
- be able to use computer based systems, software and applications.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Investigating and engaging in regular training of new products and technologies for example software updates, new equipment and tools.
- Advocating for resources which support advancement in technology.
- Demonstrating knowledge of the retail optical business environment.

## REFERENCES AND RESOURCES:

NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013

[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)



# PRACTICE DIRECTION

Number: 32

Original Date: Sept 17,2017

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Authority:

Implementation:

Applies to:

## TOPIC: HUMAN RESOURCE MANAGEMENT- LABOUR LEGISLATION, COLLECTIVE AGREEMENTS AND ORGANIZATIONAL POLICIES

### UNIT 4. APPLIES ORGANIZATIONAL MANAGEMENT PRINCIPLES RESPONSIBILITY

#### CORE COMPETENCY FOR OPTICIANS – 4.5. Manages activities related to human resource management

##### PERFORMANCE INDICATORS:

*An optician must:*

- *comply with labour legislation, collective agreements and organizational policies in the management of the performance of others such as employees, interns, students, volunteers, team members*

##### DEMONSTRATION OF COMPETENCY:

Following are the requirements that MUST be met in order to comply with legislated requirements and professional competencies

*An optician must:*

- regularly engage staff in performance reviews
- maintain appropriate human resource records
- engage in ethical recruiting and hiring practices such as ensuring transparency in the hiring process
- recognize and manage conflict of interest<sup>1</sup>
- apply applicable legislation and agreements.

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<sup>1</sup> Conflict of Interest – conflict between the private interests and the official responsibilities of a person in a position of trust.

**REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

**LEGISLATION:**

- Province of Manitoba Employment Standards- A Quick Guide  
[www.gov.mb.ca/labour/standards/doc.quick.guide.factsheet.html](http://www.gov.mb.ca/labour/standards/doc.quick.guide.factsheet.html)

# PRACTICE DIRECTION

Number: 32

Original Date: Sept 17, 2017

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Authority:

Implementation:

Applies to:

## TOPIC: HUMAN RESOURCE MANAGEMENT- PRIORITIZING TASKS

### UNIT 4. APPLIES ORGANIZATIONAL MANAGEMENT PRINCIPLES RESPONSIBILITY

CORE COMPETENCY FOR OPTICIANS – 4.6. Ability to prioritize professional duties including when faced with multiple patient and competing issues.

#### PERFORMANCE INDICATORS:

*An optician must:*

- *assess, synthesize and analyze competing issues and the needs of patients*

#### DEMONSTRATION OF COMPETENCY:

The following are **requirements that must be met** in order to comply with legislated requirements and professional competencies.

*An optician must:*

- assess, synthesize and analyze competing issues and the needs of patients.

The following are **examples** of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Conducting an assessment of patients' needs and itemizing competing demands to support prioritization.
- Taking into consideration all available options to manage a given situation.
- Ensuring patient safety and striving for efficient services.
- Demonstrating open communication with patients and others involved.

#### REFERENCES AND RESOURCES:

NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013

[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply

# PRACTICE DIRECTION

Number: 34

Original Date: Sept 17, 2017

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Authority:

Implementation:

Applies to:

## TOPIC: FINANCIAL MANAGEMENT – ACCOUNTING AND BOOKKEEPING

### UNIT 4. APPLIES ORGANIZATIONAL MANAGEMENT PRINCIPLES

**CORE COMPETENCY FOR OPTICIANS – 4.2 Utilization of financial management practices that ensure the appropriate provisions of care to patients/clients.**

#### PERFORMANCE INDICATORS:

*An optician must:*

- ***ensure that accounting and/or bookkeeping systems are in place and adhere to legislation and regulations***

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- adhere to all legislation, accounting standards and company policies related to accounting and bookkeeping

**NOTE: Opticians are advised to check with their accountant to ensure that they are compliant. The Canada Revenue Agency also provides detailed information on the requirements for keeping accounting records and other financial information. ( See References and Resources “Canada Revenue Agency- Keeping Records )**

- keep accurate and current records of sales and expenses
- review and record payment at the point of transaction as per dispensary policy.

#### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)
- Canada Revenue Agency – Keeping Records [www.cra-arc.gc.ca/records/](http://www.cra-arc.gc.ca/records/)

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

# PRACTICE DIRECTION

Number: 35

Original Date: Sept17,2017

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Authority:

Implementation:

Applies to:

## TOPIC: FINANCIAL MANAGEMENT – BILLING

### UNIT 4. APPLIES ORGANIZATIONAL MANAGEMENT PRINCIPLES RESPONSIBILITY

#### CORE COMPETENCY FOR OPTICIANS – 4.2 UTILIZATION OF FINANCIAL MANAGEMENT PRACTICES THAT ENSURE THE APPROPRIATE PROVISIONS OF CARE TO PATIENTS/CLIENTS.

##### PERFORMANCE INDICATORS:

*An optician must:*

- *ensure proper procedures are in place for third party billing*

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- adhere to all policies regarding fee schedules and billing practice fees for the protection of the patient
- ensure proper procedures are in place for third party billing
- have established written fee schedules for services provided in their dispensary
- inform the patients of all fees and of the terms and conditions of payment prior to providing the services
- only charge fees appropriate to the services rendered if subsequent services are provided.

**Note:** The Opticians of Manitoba developed this guide in response to the number of calls which were received from dispensaries asking what fee they should charge for the following services.

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The Fee Guide includes suggestions only; the fees are not recommendations and they are not endorsed or enforced by the Opticians of Manitoba. No optician in the province is required to follow them. However, if you do use charge fees for these services, you are encouraged to display them in your dispensary to ensure that patients have been advised in advance that there may be a fee charged for some services.

### **Billing Agreements**

An optician may enter into agreements with :

- a third party bill payer to provide opticianry services at a different rate
- a patient to provide services at a different rate such as a seniors discount or pro bono (free for example at a community event) and the information regarding the agreed rate should be available in the patients record/invoice

**Note:** Any such agreements **must not** violate the ethical principles of the OOM (See *Unit 1. Practice Direction “Code of Ethics” pages 20-23*) in that the same level of care must be provided to all patients regardless of the fee charged. Only the fee that has been agreed upon may be billed to the third party payer. If a discounted rate has been provided to the patient, this is the amount that **must** be billed to the third party payer.

Examples of unacceptable billing practices to a third party payer include:

- Submitting claims for non- prescription sunglasses as prescription glasses
- Submitting dollar amounts for services /products over and above the amount invoiced to the patient
- Submitting claims for services/products where there is no paperwork to indicate there was any service /product provided
- Providing discounts to patients on the dispensary’s invoice and billing the full cost of the product to the insurance provider
- Submitting insurance claims for anyone other than the insured member.
- Including the cost of non- eligible items such as contact lens fitting fees and contact lens solutions with the cost of eligible products
- Not providing copies of prescriptions for the benefits claimed

**Fees for Providing Reports and Patient Information Fees.** These fees **must** reflect the amount of resources required for their completion based on the request made. At any time an optician can be required to substantiate that the charge incurred matches the length and detail provided on the report. (*See Appendix I p. 185 “Suggested Fee Guide for Manitoba”*).

**Charging Fees for Missed Appointments or Failing to Cancel Appointments Without Sufficient Notice.** Opticians must clearly communicate to patients in advance of providing services, of any explicit policies they have regarding fees that the patient will be required to pay if they miss an appointment they have scheduled or if they fail to cancel an appointment they have scheduled without sufficient notice. Patients should

cancel an appointment they have scheduled without sufficient notice. Patients should also be asked to acknowledge in writing that they have been informed of the policies and that they understand them.

**Marketing and Advertising** All OOM Practice Directives related to advertising and marketing **must** be followed. (See Unit 4 Practice Direction “Advertising”, pages 104-105).

**Refunds, Warranties<sup>1</sup>, Implied Warranties<sup>2</sup> Express Warranties (Full and Limited)<sup>3</sup>, Guarantees<sup>4</sup> and Repairs<sup>5</sup>** All consumer protection legislation in Manitoba **must** be followed. Opticians must ensure that they understand their obligations to consumers when they are providing customers with information about the dispensary policies and procedures related to refunds, warranties and guarantees and repairs. A definition of each of the terms is provided in the footnotes.

- providing patients with any written dispensary or manufacturer’s payment, refund and warranty policies and guidelines before a sales transaction is finalized
- honouring all written dispensary or manufacturer’s refund and warranty policies that were provided to the patient when a sales transaction was finalized

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**1. A warranty** is an expressed or implied condition of sale. It is the customer’s assurance that the product will do what it is supposed to do and will be free of defects.

**2. Implied warranties** cover every retail sale of services and the consumer receives it with every product they buy, i.e., by law consumers have the right to expect that the items they purchase are fit for their intended purpose and free of defects. Implied warranties cover every retail sale or service unless the customer has agreed to something else in writing. Services should be performed in a skillful and professional manner. If a dispensary refuses to act on a customer’s complaint under an implied warranty, the customer may take the complaint to court or the Consumer Protection Office.

**3. Express warranties.** In addition to the implied warranty, some sellers and manufacturers will give the customer more protection with an express warranty. Under *The Consumer Protection Act*, every oral or written statement of a seller or salesperson about quality, condition, quantity or performance is an express warranty. There are two basic types of express warranties, full and limited.

- **Full Warranty** usually means that the seller will either repair or replace a faulty part, for free, within a fixed period of time after a purchase.
- **Limited Warranty** usually means the customer may have to pay for parts, labour charges or a percentage of the total repair bill.

**4. A guarantee** is a general promise which may or may not be a condition of sale.

**5. Repairs.** If an item breaks down while under warranty and the customer brings it into the dispensary, the optician should record the date of the breakdown, in case the repairs are not finished before the expiry date of the warranty. The opticians must provide the customer with a written record of all items and services used to correct the defect.

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply

**Note:** Opticians are advised to consult Appendix S Province of Manitoba Consumer Protection pages 209-211 and /or the Consumer Protection Act for specific information regarding their responsibilities to the consumer.

The specific warranty section in the Act, i.e., 58.1 Personal Liability of Seller states that in every retail sale or retail hire, purchase of goods or services, the seller is personally liable to the buyer for all duties, liabilities, obligations and warranties applicable to the sale or hire purchase by the Act or by contract and the seller must bear all expenses incidental to having the goods serviced under any warranty whether given by the manufacturer, seller or a third party. Complete warranty information is in Part VI, subsection 58(1) of the Act.

<http://web2.gov.mb.ca/laws/statutes/ccsm/c200e.php>

The following are examples of ways that opticians may demonstrate their day to day performance of the competency. There may also be many other ways that opticians may demonstrate their competency.

- Maintaining appropriate records associated with third party billing (e.g. invoices, billing forms, record of payment).
- Making payments in a timely manner.
- Ensuring accuracy in billing.

#### **REFERENCES AND RESOURCES:**

- Manitoba Consumer Protection - [www.gov.mb.ca/cca/cpo/warranties.html](http://www.gov.mb.ca/cca/cpo/warranties.html)

#### **LEGISLATION:**

- The Consumer Protection Act [web2.gov.mb.ca/laws/statutes/ccsm/c200e.php](http://web2.gov.mb.ca/laws/statutes/ccsm/c200e.php)



# PRACTICE DIRECTION

Number: 36

Original Date: Sept 17,2017

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Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: RECOGNIZING AND IMPLEMENTING INFECTION CONTROL AND PREVENTION MEASURES

### UNIT 5. ENSURES PATIENT/CLIENT AND PRACTICE SAFETY

#### CORE COMPETENCY FOR OPTICIANS – 5.1 Recognize and implement infection control and prevention measures.

##### PERFORMANCE INDICATORS:

*An optician must:*

- ***implement and maintain a daily infection prevention control procedure***
- ***recognize the current landscape of infectious diseases and required preventative measures for public safety***
- ***demonstrate proper aseptic techniques***
- ***demonstrate proper aseptic techniques for contact lenses***

##### INTRODUCTION:

Infection Control measures (also known as Routine Practices) which are the elements of infection control include hand hygiene, personal protective equipment, client management, and equipment and environmental controls . They must be adhered to in all settings in order to prevent the spread, transmission and acquisition of infectious agents and pathogens.

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- implement and maintain a daily infection prevention control procedure

- recognize the current landscape of infectious diseases and required preventative measures for public safety
- demonstrate proper aseptic techniques
- demonstrate proper aseptic techniques for contact lenses
- cease to practice in a privately operated dispensary or environment which does not meet the required standards .

**The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be other ways that opticians demonstrate their competency.**

- Ensuring posting of appropriate signage is visible.
- Re- enforcing hand washing by staff ( *See Appendix T pages 212-214 Hand Hygiene Quick Reference Chart- Winnipeg Regional Health Authority 2008* ).
- Demonstrating proper hygiene elements when providing services to patients. (See Appendix U P. 215 Cover Your Cough - Winnipeg Regional Health Authority 2008 ).
- Adhering to infection prevention and control measures established by legislation in Manitoba and National Regulatory bodies (Optical Laboratory Association, Health Protection Branch of Health Canada, Canadian Safety Association).
- Implementing procedures to react to an acute infection control disease outbreak.
- Keeping abreast of public safety and infectious outbreaks.
- Monitoring changes in established regulations and standards.
- Disinfecting<sup>1</sup> lenses, tools and instruments.
- Using storage techniques for trial lenses commensurate with solution chemistry, pharmacology and microbiology issues.
- Maintaining sample frames on a display in a hygienic fashion.
- Cleaning<sup>2</sup> the lens surface.
- Disinfecting the lens using Oxidization (Hydrogen Peroxide) Cold chemical *regime* ( *See Appendix V pages 216-218 Health Canada Alert February 2016 “Risk of Eye Injury with Improper Use of Hydrogen Peroxide based Contact Lens Solutions”* ).
- Using thermal disinfection (heat) neutralization, rinsing or storing.
- Following procedures for using protein removers.
- Carrying appropriate equipment for routine practices as needed (e.g., hand sanitizer, gloves, if needed) if practicing outside of a usual practice environment such as a patient’s home or personal care home.

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<sup>1</sup> **Disinfection:** the inactivation of disease –producing microorganisms. Disinfection usually involves chemicals, heat or untraveled light. Levels of chemicals vary with the type of product used, (Health Canada 1998) please refer to Health Canada document referenced regarding appropriate methods and procedures for disinfection.

<sup>2</sup> **Cleaning** is the physical removal of foreign material, e.g., dust, soil, organic material such as blood, secretions, excretions and microorganisms. Cleaning physically removes rather than kills microorganisms. Cleaning is accomplished with water, detergents and mechanical action. Cleaning reduces or eliminates the reservoirs of potential pathogenic organisms (Health Canada 1998).

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply

- Ensuring that:
  - equipment manuals, if provided by the manufacturer, are available at all times so that employees can refer to any manufacturer's specific instructions for cleaning and disinfecting the equipment
  - equipment or surfaces, touching mucous membranes, non-intact skin or blood and body fluids are disinfected between clients and that multiple-use equipment is sterilized before use or reuse
  - if cloth towels are used, a clean towel is used by the optician whenever the optician handles contact lenses and a clean towel is supplied to patients.
- Identifying any deficiencies in the practice environment regarding hand hygiene, the use of gloves and equipment and environmental infection control procedures and reporting them to the parties responsible for the practice environment.

#### **REFERENCES AND RESOURCES:**

- Government of Canada. (2009, November 20). *Public Health Agency of Canada*. <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>
- Health Canada. (1998). *Infection Control Guidelines: Hand washing, Cleaning, Disinfection and Sterilization in Health Care*.
- Winnipeg Regional Health Authority. (2008). *Routine Practices: Staff Information Package*.

#### **LEGISLATION:**

- The Opticians Act <https://web2.gov.mb.ca/laws/statutes/ccsm/o060e.php>

# PRACTICE DIRECTION

Number: 37

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Applies to:

## TOPIC: WORKPLACE SAFETY

### UNIT 5. ENSURES PATIENT/CLIENT AND PRACTICE SAFETY

#### CORE COMPETENCY FOR OPTICIANS – Demonstrate a commitment to patient and workplace safety

##### PERFORMANCE INDICATORS:

*An optician must:*

- *adhere to policies, standards and procedures as they relate to patient and workplace safety*
- *manage risk in the workplace to prevent and mitigate safety issues*
- *manage risk to prevent and mitigate safety issues to patients.*

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- comply with all Workplace Health and Safety regulations and standards in all settings to ensure that their place of employment and the space in which patients are being assessed and/or provided with service is appropriate, safe and sanitary.
- manage risk in the workplace to prevent and mitigate safety issues by identifying any deficiencies in the practice environment to support patient and employee safety and report them to the parties responsible for the practice environment.
- cease to practice in a privately operated facility which does not meet the required standards.

The following are examples of ways that opticians ~~may~~ demonstrate their day-to-day performance of the competency: There may, also be many other ways that opticians demonstrate their competency.

- engage in work safety training sessions e.g. WHMIS<sup>1</sup>, fire drills
- demonstrate knowledge of legislation in terms of scope, material data safety sheets and labelling requirements for controlled substances
- integrate safety practices into daily activities
- monitor and responding to all vendor recalls and Health Canada alerts
- demonstrate situation awareness by observing the environment, anticipating potential risks and seeking assistance when needed.
- Integrate infection and prevention measures
- take appropriate action to align consistency with practice environment and established policies, legislation and standards e.g. labour laws, safety legislation, industrial standards e.g., ensure emergency exits are clearly marked and unobstructed, fire extinguishers are readily available and maintained annually
- advocate for changes when risks are identified by recommending interventions
- document and tracking incidents
- participate in quality improvement initiatives
- ensure the premises do not present a physical safety hazard
- take action to address identified risk to patients/clients/others
- apply knowledge of basic first aid and CP
- monitor and taking action to manage expired substances, solutions and contact lenses
- ensure that patient education is provided on the proper use of the ophthalmic appliance
- educate patients regarding the visual limitations of their eyewear
- understand the vision limitations a patient has after dilation
- recognize and prevent potential safety hazards (e.g. remove unsteady chairs and trip hazards, child proof the environment, ensure all walkways are free from obstructions and hazards, and ensure the physical environment is up to date regarding municipal building codes)
- ensure that equipment used is maintained in good repair and sound operating condition, is stored in a safe and accessible manner, and that equipment service records are kept (*See Unit 1 Practice Direction "Equipment Records" p. 55-56*)
- carry appropriate equipment to ensure safe practice if practicing outside of a usual practice environment such as a patient's home or personal care home
- ensure that equipment manuals, a first aid kit and emergency telephone numbers are available and posted at all times

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<sup>1</sup> Workplace Hazardous Materials Information System

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

**REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

**LEGISLATION:**

- Province of Manitoba Workplace Health and Safety - WHMIS – Workplace Hazardous Material Information System Guide  
[http://safemanitoba.com/sites/default/files/resources/whmis\\_guide\\_2014\\_web.pdf](http://safemanitoba.com/sites/default/files/resources/whmis_guide_2014_web.pdf)

# PRACTICE DIRECTION

Number: 38

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Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: UNDERSTANDING OF THE FUNCTIONALITY OF THE INSTRUMENTS USED IN THE EXAMINATION OF THE EYE AND THE IMPLICATIONS OF THE RESULTS

### UNIT 6. DEMONSTRATING CLINICAL KNOWLEDGE

CORE COMPETENCY FOR OPTICIANS – 6.1 Demonstrate understanding of the functionality of the instruments used in the examination of the eye and the implications of the results.

#### PERFORMANCE INDICATORS:

An optician **must**:

- **Recognize and name the equipment used in your practice**
- **Demonstrate your knowledge of operating the equipment appropriate to practice**
- **Choose the appropriate equipment required for the situation**
- **Interpret the readings and apply your knowledge to inform decisions and actions.**

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

An optician **must**:

- ensure that:
    - there are adequate tools, instruments and other items necessary for fitting, dispensing and adjusting eye glasses and contact lenses
    - all the equipment is hygienic and maintained in good repair and sound operating condition.
- Note:** A list of the tools and instruments that **must be** on the premises if eye glasses are dispensed is attached as *Appendix W (p.219)* and if contact lenses are dispensed as *Appendix X (p.220)*.
- ensure the proper decontamination, cleaning, disinfection and/or sterilization of multiple use equipment before use or reuse

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

- be able to:
  - recognize and name equipment used in his/her practice
  - demonstrate his/her knowledge of operating the equipment appropriate to practice
  - choose the appropriate equipment required for the situation
  - interpret the measurements and readings and apply his/her knowledge to inform decisions and actions.

**The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.**

- Converse with colleagues using profession-specific terminology.
- Document equipment names accurately in records.
- Ensure relevant knowledge of operating equipment when dispensing contact lenses, eyeglasses and /or refracting.
- Perform appropriate measurements.
- Recognize the destructive nature of cutting corners.
- Use all available information to develop a plan
- Encourage routine ocular health assessment.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)



# PRACTICE DIRECTION

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Applies to: All practising members

## TOPIC: UNDERSTANDING OF THE APPROPRIATE DEPTH AND BREADTH OF ANATOMY AND PHYSIOLOGY

### UNIT 6. DEMONSTRATING CLINICAL KNOWLEDGE

#### CORE COMPETENCY FOR OPTICIANS – 6.2. Demonstrate the appropriate depth and breadth of anatomy and physiology.

##### PERFORMANCE INDICATORS:

*An optician must:*

- ***demonstrate an understanding of the:***
  - *visual pathway.*
  - *anatomy of the eye.*
  - *visual fields.*
  - *photochemistry of vision.*
  - *pathology of the ocular system.*
- ***understand the implications and relevance of systemic diseases to ocular health***

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- demonstrate an understanding of the:
  - visual pathway
  - anatomy of the eye
  - visual fields

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

- photochemistry of vision
- pathology of the ocular system.
- implications and relevance of systemic diseases to ocular health.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Demonstrating an understanding of the:
  - visual pathway by recognizing disruptions in vision caused by accident or disease
  - anatomy of the eye by recognizing disruptions in vision caused by cataracts
  - visual fields by recognizing disruptions in vision caused by macular degeneration and glaucoma
  - photochemistry of vision by recognizing disruptions in vision caused by photophobia and keratoconus
  - pathology of the ocular system by recognizing disruptions in vision caused by glaucoma
  - implications and relevance of systemic diseases to ocular health by recognizing disruptions in vision caused by diabetes.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 40

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Authority: Council Chair

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Applies to: All practising members

## TOPIC: UNDERSTANDING PHYSICAL OPTICS

### UNIT 6. DEMONSTRATING CLINICAL KNOWLEDGE

#### CORE COMPETENCY FOR OPTICIANS – 6.3. Demonstrate an understanding of physical optics.

##### PERFORMANCE INDICATORS:

*An optician must:*

- ***apply current and relevant ophthalmic theories using mathematical calculations to select appropriate eyewear***

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- apply current relevant ophthalmic theories using mathematical calculations to select appropriate eyewear by demonstrating an understanding of:
  - concave, convex
  - prism
  - Snell's Law for calculating issues of unequal prisms created vertically especially in bifocals and multifocals
  - how the final product will be affected by frame choice (weight ,thickness etc.) and the prescription, lens material etc.

**REFERENCES AND RESOURCES:** NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013 [www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 41

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Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: ENGAGING IN REFLECTION AND EVALUATING AND INTEGRATING FINDINGS INTO PRACTICE

### UNIT 7. APPLIES CRITICAL THINKING AND PROFESSIONAL JUDGEMENT

CORE COMPETENCY FOR OPTICIANS – 7.2. Engaging in reflection and evaluating and integrating findings into practice.

#### PERFORMANCE INDICATORS:

*An Optician must:*

- *evaluate the effectiveness of the resolution*
- *acquire and apply knowledge from everyday experience*
- *demonstrate an understanding of the importance of continuous learning*

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- evaluate the effectiveness of the resolution
- acquire and apply knowledge from everyday experience
- demonstrate an understanding of the importance of continuous learning and comply with the Opticians of Manitoba requirements to demonstrate ongoing competence (See *Opticians of Manitoba Policy "Maintenance of Competency"* [www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)).

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

The following are examples of the ways in which opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Determining if patients'/clients' visual, vocational and avocational needs and requirements are met.
- Taking into consideration feedback obtained from others through consultation.
- Reflecting on outcome and options considered.
- Demonstrating an insight into personal experience and limitations.
- Reflecting on professional behaviours and communication skills used
- Integrating new knowledge, skills and attitudes into practice.
- Identifying resources and methods for keeping up to date on professional responsibilities such as regulatory and association websites, peer review journals, conferences, experts.
- Engaging in continuing education/life-long learning and professional development.
- Reflecting on learning and how the new knowledge will impact practise.

#### REFERENCES AND RESOURCES:

- Opticians of Manitoba Policy "Maintenance of Competency"  
[www.opticiansofmanitoba.ca](http://www.opticiansofmanitoba.ca)
- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

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Applies to: All practising members

## TOPIC: DEMONSTRATING SOUND PROFESSIONAL JUDGEMENT AND CLINICAL REASONING

### UNIT 7. APPLIES CRITICAL THINKING AND PROFESSIONAL JUDGEMENT

#### CORE COMPETENCY FOR OPTICIANS – 7.1 Demonstrate sound professional judgement and clinical reasoning.

##### PERFORMANCE INDICATORS:

*An optician must:*

- *apply relevant and current knowledge of physiology, lens theory and solutions and understanding of fabrication of ophthalmic appliances*
- *solve problems by applying an organized approach*
- *demonstrate problem solving skills to correct any deficiencies related to the ophthalmic appliance*
- *establish mutual understanding with the patient/client*
- *manage time and organize patient./client care effectively*

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- apply relevant and current knowledge of physiology, lens theory and solutions and understand the fabrication of ophthalmic appliances. (See *Unit 6.Practice Directions "Understanding Physical Optics" p. 126 and "Understanding of the Appropriate Depth and Breadth of Anatomy and Physiology" pages 124-125*)
- solve problems by applying an organized approach

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

- demonstrate problem solving skills to correct any deficiencies related to the ophthalmic appliance
- establish a mutual understanding with the patient (*See Unit 3 .Practice Direction “Teaching, Guiding and Instructing Patients” pages 98-99*)
- manage time and organize patient/client care effectively.

**The following are examples of the ways in which opticians may demonstrate their day-to-day performance of the competency. There may also ~~however~~ be many other ways that opticians demonstrate their competency.**

- Determining visual or physiological symptoms that may require immediate attention.
- Making decisions based on sound professional knowledge.
- Defining the problem, identifying alternative explanations for the problem and possible outcomes and recommendations.
- Rationalizing the preferred course of action.
- Taking into consideration relevant standards, guidelines, legislation and organizational policies.
- Examining ophthalmic appliances and noting adjustments or repairs. (*See Unit 6 Practice Direction “Understanding of the Functionality of the Instruments Used in the Examination of the Eye” pages 122-123 and Unit 1 Practice Direction “Equipment Records” p.55-56*)
- Applying knowledge of various frame materials and the impact to the adjustment or repair.
- Collecting objective data from the patient/client and others to support the determination of root cause.
- Collecting subjective data from the patient/client to determine the root cause.
- Seeking consultation with others when needed (for example colleagues, peers, supervisor, physicians and laboratory).
- Integrating relevant information with previous learning, experience and professional knowledge.
- Calculating and communicating the cost of repairs.
- Teaching the patient /client proper care and maintenance of the ophthalmic appliance to prevent future problems. (*See Unit 3 Practice Direction “Teaching, Guiding and Instructing Patients” pages 98-99*)
  - Explaining to the patient normal adaptation to realign expectations (e.g. lens materials, prescription changes, size of frame, optical situations).
  - Clarifying expectations that impact the services e.g. warranties, follow-up care.

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

*(See Unit 4 Practice Direction- Financial Management - Billing pages 112-115).*

- Collaborating with patients and others to encourage resolution.
- Prioritizing patient care needs according to the urgency.
- Managing competing demands in an ethical, safe and efficient manner.
- Seeking assistance and reports needs as required.
- Demonstrating flexibility, creativity and adaptability in meeting unexpected demands.
- Applying project management skills to organize tasks or projects such as assigning tasks, developing staffing schedules, determining resources, monitoring progress and revising plans when needed).
- Taking into consideration others skills and opinions.
- Taking into consideration organization policies and procedures.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)



# PRACTICE DIRECTION

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Implementation:

Applies to: All practising members

## TOPIC: PREPARING RECOMMENDATIONS BASED ON DEFINED NEEDS.

### UNIT 8. UTILIZES PRACTICE PROCESS

#### CORE COMPETENCY FOR OPTICIANS – 8.2 Prepare recommendations based on defined needs.

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***obtain relevant optical and health history***
- ***collect both objective and subjective information***
- ***determine environmental influences on vision including lighting and physical set up of work station***
- ***apply knowledge of binocular vision to the dispensing of an appropriate ophthalmic appliance***

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- obtain relevant optical and health history
- collect both objective and subjective information
- determine environmental influences on vision including lighting and physical set up of work station
- apply knowledge of binocular vision to the dispensing of an appropriate ophthalmic appliance.

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians may ~~be~~ demonstrate their competency.

- Asking questions specific to life style including vocation/avocation needs
- Obtaining previous prescription and optical history
- Obtaining information specific to current medication use
- Obtaining information specific to health history and family history
- Obtaining information about previous experience with ophthalmic appliances
- Identifying patients'/clients' concerns and self-described symptoms
- Determining patients' /clients' wants and preferences
- Observing physical factors such as head tilt, head position when walking, height of the person
- Observing conditions of current ophthalmic appliance
- Identifying ergonomic factors such as computer distance, lighting, computer position, telephone, head set
- Demonstrating knowledge of specific eye anomalies requiring the use of contact lenses in order to maximize binocular vision
- Determining the presence of Anisometropia or Antimetropia resulting in Aniseikonia.
- Demonstrating knowledge in producing aniseikonic eyeglasses to balance retinal image sizes to maximize binocular design.

#### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

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Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: APPLYING INDUSTRY STANDARDS BEFORE DISPENSING EYEWEAR TO ENSURE QUALITY AND SAFETY

### UNIT 8. UTILIZES PRACTICE PROCESS

CORE COMPETENCY FOR OPTICIANS – 8.3 Apply industry standards before dispensing eyewear to ensure quality and safety.

#### PERFORMANCE INDICATORS:

An optician **must** ensure:

- *measurements are performed accurately using approved devices and tools*
- *all ophthalmic appliances meet minimum recommended tolerances*
- *manufacturer's recommendations are considered*

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

An optician **must**:

- *ensure:*
  - measurements are performed accurately using approved devices and tools
  - all ophthalmic appliances meet minimum recommended tolerances
  - manufacturer's recommendations are considered.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Calibrating equipment to ensure accuracy and validate good working order.
- Ensuring appropriate measurement techniques are followed.

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- Applying standard tolerance chart. (*See Appendix Y p. 221 “Obtaining ANSI Standards”* for information on how to obtain a copy of the Standards).
- Considering the:
  - limitations of the wearing schedules prior to dispensing.
  - manufacturer's recommendation when dispensing
  - power limitations for the specific brands.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 45

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: CONDUCTING AN ASSESSMENT TO DETERMINE PATIENT/CLIENT NEEDS AND APPROPRIATE OPHTHALMIC APPLIANCES

### UNIT 8. UTILIZES PRACTICE PROCESS

#### CORE COMPETENCY FOR OPTICIANS – 8.1 Conduct an assessment to determine patient/client needs and appropriate ophthalmic appliances

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***obtain relevant optical and health history***
- ***collect both objective and subjective information***
- ***determine environmental influences on vision including lighting and physical set up of work station***
- ***apply knowledge of binocular vision to the dispensing of an appropriate ophthalmic appliance***

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- obtain relevant optical and health history
- collect both objective and subjective information
- determine environmental influences on vision including lighting and physical set up of work station
- apply knowledge of binocular vision to the dispensing of an appropriate ophthalmic appliance.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Asking questions specific to life style including vocation/avocation needs.
- Obtaining:
  - previous prescription and optical history
  - information specific to current medication use
  - information specific to health history and family history
  - information about previous experience with ophthalmic appliances.
- Identifying:
  - patients' concerns and self-described symptoms
  - ergonomic factors such as computer distance, lighting, computer position, telephone, head set.
- Determining
  - patients' wants and preferences
  - the presence of Anisometropia or Atimetropia resulting in Aniseikonia
- Observing:
  - physical factors such as head tilt, head position when walking, height of the person
  - condition of current ophthalmic appliance.
- Demonstrating knowledge:
  - of specific eye anomalies requiring the use of contact lenses in order to maximize binocular vision
  - in producing Aniseikonic eyeglasses to balance retinal image sizes to maximize binocular design.

#### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 46

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: DISPENSING EYE GLASSES-TAKING ACCURATE MEASUREMENTS WITH APPROPRIATE TOOLS

### UNIT 9. EYEGLASSES

#### CORE COMPETENCY FOR OPTICIANS – 9.2 Take accurate measurements with the appropriate tools.

#### PERFORMANCE INDICATOR:

*An optician must:*

**9.2.1 demonstrate the skills required to ensure accurate measurements**

#### INTRODUCTION:

The Reserved Acts<sup>1</sup> include taking measurements for eyewear and can only be performed and verified by a licensed optician or a registered student who is under the direct supervision<sup>2</sup> of a .

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- ensure that the measurements for a patient's for eye wear are accurate and recorded in the patients record.

<sup>1</sup> **Reserved Acts** The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a Licensed optician

- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
- In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.

<sup>2</sup> **Direct Supervision** – means supervision must be onsite

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Talking with patients to assess their visual needs and to determine the best options to satisfy their needs.
- Dispensing eyeglasses including taking measurements, fitting, adjusting, repairing or in any way altering a pair of eyeglasses.
- Providing information specific to the patient's prescription with regard to lens type, material, coatings etc.
- Providing specific information about frame choice and compatibility with the prescription.
- Accurately performing optical and frame measurements, e.g., segment height (all types of multifocal lenses), optical centre height, pantoscopic angle, vertex distance, monocular pupillary distance( distance and near) and frame wrap.
- Determining and accurately measuring the working focal length using a bench to align the frame.

**Note:** It is recommended that the information be recorded using a Patient Assessment Record. (See Appendix E p.176 "*Patient Assessment Record*"). It includes the requirement that the patient sign the form. This requirement is of particular importance if the patient requests a copy of their assessment information.

#### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)



# PRACTICE DIRECTION

Number: 47

Original Date: Sept 17,2017

Revised Date:

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

**TOPIC: DISPENSING EYE GLASSES-CONVEYING THE NECESSARY INFORMATION/MEASUREMENTS TO THE LAB/ FRAME SUPPLIER FOR THE CREATION AND MANUFACTURE OF EYEGLASSES**

## UNIT 9. EYEGLASSES

**CORE COMPETENCY FOR OPTICIANS – 9.3 Demonstrate the ability to convey the necessary information and measurements to the lab/frame supplier for the creation and manufacture of eyeglasses.**

### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***demonstrate an understanding of the manufacturing process***
- ***order frames and lenses from the appropriate suppliers to complete the eyeglasses***

### DEMONSTRATION OF COMPETENCY:

**The following are requirements that must be met in order to comply with legislated requirements and professional competencies.**

*An optician **must**:*

- understand the manufacturing process
- order frames and lenses from the appropriate suppliers to complete the eyeglasses.

**The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.**

- Knowing:

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- whether the lenses are surfaced or stock and the effect this will have on the final product
- the effect of altering the base curve and the effect it will have on the eyeglasses and their effectiveness
- Conveying information accurately to the manufacturer/laboratory, specifying the:
  - optical measurements to ensure maximum visual acuity such as pupillary distance (pd), seg height, optical centre (oc) height, base curve, vertex distance, pantoscopic tilt, frame wrap, frame dimensions and centre thickness(CT)
  - lens type, materials, coatings and finishing
  - frame specifications such as model number, size and colour
- Ensuring timely delivery of the eyewear including:
  - coordinating timely delivery of ophthalmic appliances with the laboratory and frame supplier
  - monitoring a reasonable delivery time
  - communicating expectations with patients and suppliers

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 48

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: DISPENSING EYE GLASSES – DEMONSTRATING STEPS TO ENSURE ACCURACY OF THE LENS WITH PRESCRIPTION

### UNIT 9. EYEGLASSES

#### CORE COMPETENCY FOR OPTICIANS – 9.4 Demonstrate steps required to ensure accuracy of the lens with the prescription

##### PERFORMANCE INDICATORS:

*An optician must:*

- *perform the final inspection of the ophthalmic appliance upon receipt from the lab and before delivery to the patient*
- *take appropriate measurements to validate the lenses to the prescription and confirm the lenses are within regulatory standards*

### INTRODUCTION:

The Reserved Acts<sup>1</sup> include the following:

- interpreting a patient's prescription for eye wear
- talking with patients to assess their visual needs and to determine the best options to satisfy their needs

<sup>1</sup> **Reserved Acts** The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a Licensed optician

- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
- In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.

- dispensing eyeglasses including taking measurements of any kind, fitting, adjusting, repairing or in any way altering a pair of eyeglasses
- providing information specific to the patient's prescription with regard to lens type, material, coatings etc.
- providing specific information about frame choice and compatibility with the prescription.

**NOTE:** The Reserved Acts must be performed and verified by a licensed optician. They may also be performed by a registered student provided the student is under the direct supervision<sup>2</sup> of a licensed optician.

#### **DEMONSTRATION OF COMPETENCY:**

**The following are requirements that must be met in order to comply with legislated requirements and professional competencies.**

*An optician **must**:*

- perform the final inspection of the ophthalmic appliance upon receipt from the lab and before delivery to the patient
- take appropriate measurements to validate the lenses to the prescription and confirm that the lenses are within regulatory /Ansi Standards (*See Appendix Y p.221 "Obtaining Ansi Standards"*).

**The following are examples of ways that opticians may demonstrate their day-to- day performance of the competency. There may also be many other ways that opticians demonstrate their competency.**

- Using a bench to align the frame.
- Verifying the frame order for colour, model, etc.
- Inspecting for damage and ensuring that the lenses are properly installed.
- Verifying the accuracy of the ophthalmic appliance for power, measurements etc.
- Measuring and verifying the lenses are correctly positioned in the eyeglasses frame within regulatory/Ansi Standards.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

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<sup>2</sup> **Direct Supervision** – means supervision must be onsite

# PRACTICE DIRECTION

Number: 49

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: DISPENSING EYE GLASSES –DUPLICATION OF EYEGLASSES

### UNIT 9. EYEGLASSES

**CORE COMPETENCY FOR OPTICIANS – 9.6 Demonstrate the ability to appropriately use the tools necessary for the duplication of eyeglasses**

#### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***demonstrate the ability to use and interpret the results found using optical tools***

#### INTRODUCTION:

The Reserved Acts<sup>1</sup> include the following:

- interpreting a patient's prescription for eye wear
- talking with patients to assess their visual needs and to determine the best options to satisfy their needs
- dispensing eyeglasses including taking measurements of any kind, fitting, adjusting, repairing or in any way altering a pair of eyeglasses
- providing information specific to the patient's prescription with regard to lens type, material, coatings etc.
- providing specific information about frame choice and compatibility with the prescription

<sup>1</sup> **Reserved Acts** The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a Licensed optician

- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
- In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.

**NOTE:** The Reserved Acts must be performed and verified by a Licensed Optician. They may also be performed by a Registered Student provided the student is under the direct supervision<sup>2</sup> of a licensed optician.

#### **DEMONSTRATION OF COMPETENCY:**

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- use and interpret the results found using optical tools through proper and accurate use of:
  - a lensometer to neutralize a lens and interpret the findings
  - appropriate tools such as a pupilometer, lens lock, thickness calipers and interprets the findings accurately.

#### **Notes re Prescriptions:**

- **Unless there is a medical contraindication, setting a generic time limit on prescriptions is not justified by medical or health safety reasons. Opticians are able to dispense eyewear based on any prescription in accordance with OOM Practice Directions. Generic expiry dates such as “Not valid if over one year” should be regarded as a suggested recall examination date only and not a prohibition from providing eyewear.**
- **Glasses cannot be dispensed on a first time basis on any out of province prescriptions including Records of Assessment however in an emergency or compassionate situation, where a patient requires a new set of lenses but the optician is unable to acquire or does not have the original specifications and progressive power for lenses, the optician must first :**
  - **attempt to gather as much information as possible including the prescription**
  - **attempt to contact the eye care professional who dispensed the patient’s most recent eyewear to confirm as much as possible.**
  - **discuss the risks with the patient such as visual acuity, the age of the prescription, lens specifications that are difficult to duplicate**
- **An optician:**
  - **has the right to supply eyewear without a prescription but only after performing the above steps.**

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<sup>2</sup> **Direct Supervision** – means supervision must be onsite

- **may not order a new set of lenses or read the prescription from an existing pair of progressive lenses and use it in making a new set of glasses**
- **may wish to read the prescription from a single pair of single vision lenses to make a new pair of glasses If the optician is unable to obtain the prescription.**
- It is recommended that any patient who is unable to reach visual acuities of 20/40 in the best corrected eye, with their prescription device, be informed that they are borderline for driving in accordance with “The Canadian Council of Motor Transport Administrators Medical Standards for Driver.”
- Although 20/50 is the lower limit for class five licensure in Canada, it is recommended that opticians refer under 20/40 to determine driving capabilities. When performing a refraction **the patient must be informed** that they require further assessment.

#### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)
- “The Canadian Council of Motor Transport Administrators Medical Standards for Drivers.”  
<http://ccmta.ca/en/publications/resources-home/item/determining-driver-fitness-in-canada-september-2013>

# PRACTICE DIRECTION

Number: 49

Original Date: Sept 17, 2017

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Authority:

Implementation:

Applies to:

## TOPIC: DISPENSING EYE GLASSES –FITTING EYE GLASSES TO THE PATIENT

### UNIT 9 EYEGLASSES

#### CORE COMPETENCY FOR OPTICIANS – 9.5 Demonstrate ability to fit the eyeglasses to the patient

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***Perform appropriate adjustments to ensure a correct fit***
- ***Determine that frames and lenses are properly positioned on the patient***

##### INTRODUCTION:

The following Reserved Acts<sup>1</sup>:

- Interpretation of a patient's prescription for eye wear,
- Discussion with patients to assess their visual needs and to determine the best options to satisfy their needs,
- Dispensing of eyeglasses including taking measurements of any kind, fitting, adjusting, repairing or in any way altering a pair of eyeglasses
- Providing information specific to the patient's prescription with regard to lens type, material, coatings etc.

<sup>1</sup> **Reserved Acts** The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a Licensed optician

- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
- In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.



- Providing specific information about frame choice and compatibility with the prescription

must be performed and verified by a Licensed Optician. They may also be performed by a Registered Student who is under the direct supervision<sup>2</sup> of a Licensed Optician.

**NOTE: It is recommended that any patient who is unable to reach visual acuities of 20/40 in the best corrected eye, with their prescription device, be informed that they are borderline for driving in accordance with “The Canadian Council of Motor Transport Administrators Medical Standards for Drivers.” Although 20/50 is the lower limit for class five licensure in Canada, it is recommended that opticians refer under 20/40 to determine driving capabilities. When performing a refraction the patient must be informed that they require further assessment.**

#### **DEMONSTRATION OF COMPETENCY**

**Following are the requirements that must be met in order to comply with legislated requirements and professional competencies**

*An optician **must**:*

- perform appropriate adjustments to ensure a correct fit
- determining that frames and lenses are properly positioned on the patient

**Following are examples of ways that opticians may demonstrate their day to day performance of the competency. There may however be many other ways that opticians may be demonstrating their competency**

- confirming the fit and effectiveness of the eyeglasses on the patient
- selecting the appropriate instruments and tools to adjust the eyeglasses to maximize the effectiveness for the patient
- adjusting the temple bend, nose pads, pantoscopic tilt and frame wrap to fit the eyeglasses to the patient to maximize effectiveness
- performing an assessment to collect subjective and objective information to ensure maximum visual acuity and comfort
- matching the form, type and positioning of lenses to meet the patient’s needs

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)
- “The Canadian Council of Motor Transport Administrators Medical Standards for Drivers.”  
<http://ccmta.ca/en/publications/resources-home/item/determining-driver-fitness-in-canada-september-2013>

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<sup>2</sup> **Direct Supervision** – means supervision must be onsite

# PRACTICE DIRECTION

Number: 51

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: DISPENSING EYE GLASSES – DETERMINING APPROPRIATE LENS/ FRAME

### UNIT 9. EYEGLASSES

**CORE COMPETENCY FOR OPTICIANS – 9.1 Apply knowledge to determine the appropriate lenses and frames to meet the needs of the patient.**

#### PERFORMANCE INDICATORS:

*An optician must:*

- *understand the relationship between the prescription requirements and the lens characteristics*
- *understand the relationship between the prescription requirements and the frame characteristics*
- *identify anomalies in a prescription*
- *recommend appropriate ophthalmic appliances, taking into consideration visual, vocational and avocational needs*
- *advise patients on the limitations resulting from the lenses and frame combination*
- *apply knowledge of available manufacturing specifications*
- *identify frame materials and consider material properties*

#### INTRODUCTION:

The Reserved Acts<sup>1</sup> include:

- Interpreting a patient's prescription for eye wear,

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<sup>1</sup> **Reserved Acts** The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a Licensed optician

- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
- In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply

- talking with patients to assess their visual needs and to determine the best options to satisfy their needs
- dispensing eyeglasses including taking measurements of any kind, fitting, adjusting, repairing or in any way altering a pair of eyeglasses
- providing information specific to the patient's prescription with regard to lens type, material, coatings etc.
- providing specific information about frame choice and compatibility with the prescription

**NOTE: The Reserved Acts must be performed and verified by a licensed optician. They may also be performed by a registered student provided the student is under the supervision<sup>2</sup> of a licensed optician.**

#### **DEMONSTRATION OF COMPETENCY:**

**The following are requirements that must be met in order to comply with legislated requirements and professional competencies.**

*An optician **must**:*

- understand the relationship between the prescription requirements and the lens characteristics
- understand the relationship between prescription requirements and frame characteristics
- identify anomalies in a prescription
- recommend appropriate ophthalmic appliances, taking into consideration visual, vocational and avocational needs
- advise patients on the limitations resulting from the lens and frame combination
- apply knowledge of available manufacturing specifications
- identify frame materials and considering material properties.

**The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.**

- Identifying limiting factors of the prescription and physiology.
- Considering appropriate lens modalities.
- Selecting appropriate lens materials for the prescription.
- Selecting appropriate frames for the prescription.
- Understanding the limitations of lens design.

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<sup>2</sup> **Direct Supervision** – means supervision must be onsite

- Defining and listing anomalies of the eye that require ophthalmic appliances.
- Evaluating the values in the optical prescription, i.e. sphere, cylinder, axis, prism, add power.
- Demonstrating knowledge of dominant and non-dominant eye and the role in obtaining binocular vision.
- Evaluating issues with anisometropia or vertical prism imbalances in multifocals.
- Taking into consideration:
  - environmental factors that influence vocational needs such as computer distance, lighting, outside work
  - avocational needs
  - safety products such as electricians' need for non-conductive frame.
- Applying CSA<sup>3</sup> and ANSI<sup>4</sup> Standards (*See Appendix Y p.221 "Obtaining ANSI Standards"*).
- Making recommendations to alternative care where required such as low vision and contact lenses.
- Determining suitability of four point rimless frames and suitability of higher indexes.
- Advising patients regarding the benefits and disadvantages of each lens modality.
- Reviewing with the patient the benefits and limitations of lens materials, coatings and frame designs to support decision making for example; high index lenses, polycarbonate, trivex, CR 39.
- Demonstrating an understanding of limitations of frame materials.
- Applying professional judgement to determine whether frames can be repaired.
- Selecting the appropriate repair method.

#### REFERENCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

#### LEGISLATION:

- Opticians Act <https://web2.gov.mb.ca/laws/statutes/ccsm/o060e.php>

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<sup>3</sup> Canadian Standards Association

<sup>4</sup> American National Standards Institute

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply

# PRACTICE GUIDELINE<sup>1</sup>

Number: 52

Original Date:

Revised Date: Sept 17, 2017

Review Date:

Approving Body:

Authority:

Implementation:

Applies to:

## TOPIC: DISPENSING OF EYEGLASSES AND CONTACT LENSES

### UNIT 9. EYEGLASSES

**CORE COMPETENCY FOR OPTICIANS – 9.1 Apply knowledge to determine the appropriate lenses and frames to meet the needs of the patient.**

#### INTRODUCTION:

- The legislated role of opticians includes the dispensing of eye glasses by licensed opticians and contact lenses by licensed contact lens opticians. Under the Opticians Act, however, such restrictions may not apply to any duly qualified medical practitioner<sup>2</sup> or the holder of a certificate of registration under the Optometry Act.<sup>3</sup>
- Opticians in Manitoba can only dispense glasses or contact lenses for the first time on a prescription if that prescription is issued by a Manitoba Optometrist, or a Manitoba physician. The legislation in Manitoba prohibits dispensing on a first time basis on any out of province prescriptions including Records of Assessment.
- Opticians in Manitoba can dispense corrective lenses based on a Record of Assessment from another province but **only if they are dispensing** duplications, replacements, reproductions or repetitions. The same is true for dispensing based on prescriptions from out of province optometrists, ophthalmologists or MDs.

<sup>1</sup> **Guidelines** are recommended courses of action related to the topic which are based on best practice. **Best Practice** is a method or technique that has consistently shown results superior to those achieved with other means and that is used as a benchmark.

<sup>2</sup> **Duly qualified medical practitioner** is a defined term according to The Interpretation Act of Manitoba and means a person registered under the Medical Act, essentially a physician registered to practise in Manitoba.

<sup>3</sup> This refers to Optometrists with a certificate of registration in Manitoba only. It **does not refer to out of province Optometrists**.

- The Reserved Acts<sup>4</sup> which may also be performed by others such as registered students under the supervision of a licensed optician or contact lens licensed optician include:
  - interpretation of a patient's prescription for eye wear
  - discussion with patients to assess their visual needs and to determine the best options to satisfy their needs
  - dispensing of eyeglasses and contact lenses including taking measurements of any kind, fitting, adjusting, repairing or in any way altering a pair of eyeglasses and or contact lenses. All of these acts must be verified by a licensed optician/contact lens licensed optician.
  - providing information specific to the patient's prescription with regard to lens type, material, coatings etc
  - providing specific information about frame choice and compatibility with the prescription.
- The following acts which are part of the dispensing process but are not included in the legislated role of opticians and contact lens opticians may be performed by trained but non-licensed optical assistants:
  - assisting patients with the selection of frames and providing comments with regard to aesthetics
  - assisting patients with the selection of sunglasses, Ready Readers, accessories and all other items that are non-prescription
  - working the frame boards to ensure all frames are in their designated location within the frame grid
  - receiving product from the lab and processing the required paperwork
  - placing completed orders into designated trays and preparing them for review and fabrication by the optician
  - taking phone orders for contact lenses and providing the information to the contact lens licensed optician for processing
  - processing payments and deposits through front end cashier register systems
  - delivering eye wear to patients that has been verified by a licensed optician/contact lens licensed optician

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<sup>4</sup> **Reserved Acts** The Province of Manitoba *Opticians Act* includes the following done to an individual in the course of providing optician services as acts which may be done by a Licensed optician

- Preparing and dispensing lenses, including contact lenses, spectacles, eyeglasses and appurtenances to the intended wearers, on the written prescriptions of duly qualified medical practitioners or holders of certificates of registration under *The Optometry Act*.
- In accordance with such prescriptions, interpreting, measuring, adapting, fitting and adjusting lenses, including contact lenses, spectacles, eye glasses and appurtenances to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.

**Note:** Training on insertion and removal of contact lenses can be done by a non- licensed person if they have been adequately trained by a Contact Lens Licensed Optician. The Contact Lens Licensed Optician must however verify with the patient before he/she leaves, that the patient has received the training. Dispensaries may wish to consider requiring that a patient sign a waiver which states that the patient received the training, understands the information which was provided by him/her( name of the optician who provided the training )and the date.

**LEGISLATION:**

- Opticians Act <https://web2.gov.mb.ca/laws/statutes/ccsm/o060e.php>

# PRACTICE DIRECTION

Number: 53

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Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: CONDUCTING A COMPREHENSIVE ASSESSMENT SPECIFIC TO FITTING AND DISPENSING OF CONTACT LENSES.

### UNIT 10. FOCUS AREA: CONTACT LENSES

#### CORE COMPETENCY FOR OPTICIANS 10.1 Conduct a comprehensive assessment specific to fitting and dispensing of contact lenses.

##### PERFORMANCE INDICATORS:

*An optician must:*

- ***Conduct a comprehensive medical and optical health history assessment specific to fitting and dispensing of contact lenses.***
- ***Identify anomalies in a prescription.***
- ***Conduct a comprehensive assessment to obtain corneal readings including ocular health and visual acuity.***
- ***Use ophthalmic instruments and devices to perform ocular measurements for contact lens fitting.***

#### DEMONSTRATION OF COMPETENCY

Following are the requirements that must be met in order to comply with legislated requirements and professional competencies

*An optician must:*

- conduct a comprehensive medical and optical health history assessment specific to fitting and dispensing of contact lenses
- identify anomalies in a prescription
- conduct a comprehensive assessment to obtain corneal readings including ocular health and visual acuity
- use ophthalmic instruments and devices to perform ocular measurements for contact lens fitting.

**Note: Contact lenses cannot be dispensed on a first time basis on any out of province prescriptions including Records of Assessment however in an emergency or compassionate**

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply



situation, where a patient requires a new set of lenses but the optician is unable to acquire or does not have the original specifications and progressive power for lenses, the optician must first :

- attempt to; gather as much information as possible including the prescription
- attempt to contact the eye care professional who dispensed the patient's most recent eyewear to confirm as much as possible.
- discuss the risks with the patient such as visual acuity, the age of the prescription, lens specifications that are difficult to duplicate

Following are examples of ways that opticians may demonstrate their day to day performance of the competency. There may however be many other ways that opticians may be demonstrating their competency.

- determining patient's/client's previous contact lens and solutions use, including prior history of allergic reactions, sensitivity or problems with lenses or solutions.(See *Appendix V pages 216-218 " A Health Canada Alert Feb 2016 Risk of Eye Injury with Improper Use of Hydrogen Peroxide-Based Contact Lens Solutions" )*
- identifying current medication use.
- obtaining a medical history including systemic diseases and any issues with dry eyes.
- confirming with the patient/client the date of the last refraction from the most recent prescription .
- defining and listing anomalies of the eye that require ophthalmic appliances.
- evaluating the values in the optical prescription (i.e. sphere, Cylinder Axis, Prism, Add power)
- recording and analyzing data to determine best lens selection
- applying knowledge of dominant and non-dominant eye and the role in obtaining binocular vision.
- conducting an assessment using the appropriate tools (for example, keratometer, slit-lamp/ biomicroscope using all necessary forms of illumination and other adnexa measurements ).
- performing appropriate evaluations such as tarsal plate and tear film quality and quantity such as tear break-up time and Schirmer's testing
- determining when not to proceed with a contact lens fitting.
- measuring patient's/client's visual acuity, distance and near

**REFERENCES AND RESOURCES:** NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013 [www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 54

Original Date: 13/12/13

Revised Date: Sept 17, 2017

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation: 13/12/13

Applies to: All practising members

## TOPIC: RECOMMENDING ORAL SUPPLEMENTS AND DIETARY CHANGES FOR PATIENTS EXPERIENCING DRY EYE

### UNIT 10. CONTACT LENSES

**CORE COMPETENCY FOR OPTICIANS – Demonstrate an understanding of medication use and the implications on ocular health.**

#### PERFORMANCE INDICATORS:

*An optician must:*

- ***demonstrate an understanding of the use of prescribed and/or non-prescribed drugs/substances***

#### INTRODUCTION:

Opticians typically have been considered “drugless” practitioners. Neither the curriculum for the training of opticians or the definition of “Optician” in the *Opticians Act*<sup>1</sup> include suggesting and recommending nutritional supplements or specific dietary changes. The lack of reference in this definition to the suggestion or recommendation of dietary changes or oral supplements to patients combined with the absence of training for opticians in these areas is the basis for the Council of the Opticians of Manitoba determining that doing so is not within the scope of practice for opticians.

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<sup>1</sup> Optician means a person who:

- (a) prepares and dispenses lenses including contact lenses, spectacles, eye glasses and appurtenances thereof, or any of those things, to the intended wearers thereof, on the written prescriptions of duly qualified medical practitioners or of the holders of certificates of registration under *The Optometry Act*; and
- (b) in accordance with such prescriptions interprets, measures, adapts, fits and adjusts such lenses, including contact lenses, spectacles, eye-glasses and appurtenances thereof, or any of those things, to the human face for the aid of vision or the correction of visual or ocular anomalies of human eyes.

## DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- demonstrate an understanding of the use of prescribed and/or non-prescribed drugs/substances
- **not** suggest or recommend that patients either take over the counter oral supplements or make dietary changes to alleviate the condition known as dry eye  
**Note: Suggesting to patients that they do so may:**
  - be in contravention of legislation regulating health care in Manitoba
  - not be covered by the optician's professional liability insurance in the event there is a claim made against the optician.
- only provide information regarding the possible benefits of taking over the counter oral supplements or making dietary change and **must not** suggest or recommend that they do so
- instruct the patient, as part of the information provided, to consult with their personal physician before taking any over the counter oral supplement or making dietary changes
- make a detailed notation of the conversation in the patient's file in the dispensary, including details of the information relayed to the patient and whether the patient was instructed to consult with their personal physician.

## RESOURCES AND RESOURCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

## LEGISLATION:

- The Opticians Act <https://web2.gov.mb.ca/laws/statutes/ccsm/o060e.php>

# PRACTICE DIRECTION

Number: 55

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

**TOPIC: SELECTING THE APPROPRIATE TRIAL LENS, TAKING INTO CONSIDERATION, PATIENT SPECIFIC NEEDS AND COMPILED DATA.**

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## UNIT 10. FOCUS AREA: CONTACT LENSES

**CORE COMPETENCY FOR OPTICIANS – 10.2 Select the appropriate trial lens, taking into consideration, patient/client specific needs and compiled data.**

### PERFORMANCE INDICATORS:

*An optician must:*

- ***apply product knowledge to select the appropriate lens design, material, modality and compatible solution***
- ***assess patient/client visual acuity, including the use of manifest over refraction if necessary, after a suitable adaptation time***
- ***verify lens fitting subjectively and objectively and make any adjustments to the fitting of the lens deemed appropriate***

### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- apply product knowledge to select the appropriate lens design, material, modality and compatible solution
- assess patient/client visual acuity, including the use of manifest over refraction if necessary, after a suitable adaptation time
- verify lens fitting subjectively and objectively and make any adjustments to the fitting of the lens deemed appropriate

Note: information obtained at the fitting of a contact lens should not be released until the lenses have been assessed and checked for fit, visual acuity and comfort.

**The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.**

- Applying knowledge of various lens materials and modalities.
- Applying knowledge and understanding of sensitivities to lens materials, solutions and modalities .
- Determining patients/client's wants and needs.
- Taking into consideration:
  - the age and maturity of the patient/client
  - environmental factors that influence vocational needs such as computer distance, lighting, outside work
  - avocational needs.
- Evaluating visual acuity while lens is in situ.
- Determining good centration, movement, visual acuity, comfort and good corneal integrity, for soft lens.
- Determining fluorescein pattern, movement, centration around the visual axis and good visual acuity, for rigid /scleral lens.
- Ensuring appropriate fit and comfort of patient/client.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 56

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: PROMOTING MAINTENANCE OF OCULAR HEALTH AND CORNEAL INTEGRITY

### UNIT 10. FOCUS AREA: CONTACT LENSES

#### CORE COMPETENCY FOR OPTICIANS – 10.4 Promote maintenance of ocular health and corneal integrity.

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***provide a follow-up care appointment with patient/client to assess post wear***

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- Provide a follow-up care appointment with patient/client to assess post wear.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may be many other ways that opticians demonstrate their competency.

- Confirming and documenting follow-up appointments with patient/client.
- Testing visual acuity using appropriate tools.
- Evaluating the contact lens fit and its effect on the cornea using appropriate tools such as slit lamp biomicroscopy and overkeratometry.
- Measuring the corneal surface with the keratometer to determine little to no change.

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A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply

- Clarifying understanding of post care and engage patient/client in further education if needed.

**REFERENCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 57

Original Date: Sept 17,2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: MEDICATION USE AND THE IMPLICATIONS ON OCULAR HEALTH

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### UNIT 10 – CONTACT LENSES

**CORE COMPETENCY FOR OPTICIANS 10.5 – Demonstrate an understanding of medication use and the implications on ocular health.**

**PERFORMANCE INDICATORS:**

*An optician **must**:*

- ***Demonstrate an understanding of the use of prescribed and/or non- prescribed drugs/substances***

### DEMONSTRATION OF COMPETENCY

Following are the requirements that must be met in order to comply with legislated requirements and professional competencies

*An optician **must**:*

- apply knowledge of pharmacology when conducting an assessment
- take into consideration adverse effects of medication when selecting types of lenses and educating patients on the wearing schedule

### REFERENCES:

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)



# PRACTICE DIRECTION

Number: 58

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

**TOPIC: PROVIDING PATIENT/CLIENT EDUCATION THAT IS PATIENT/CLIENT-CENTRED TO ENSURE COMPLIANCE IN INSERTING, REMOVING AND CARING FOR CONTACT LENSES.**

## UNIT 10. FOCUS AREA: CONTACT LENSES

**CORE COMPETENCY FOR OPTICIANS – 10.3 Provide patient education that is patient-centred to ensure compliance in inserting, removing and caring for contact lenses.**

### PERFORMANCE INDICATORS:

*An optician **must**:*

- ***engage patients in the training of insertion and removal of contact lenses.***
- ***educate patients on contact lens, solution, biocompatibility, storage and wear***

### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- engage patients/clients in the training of insertion and removal of contact lenses
- educate patients/clients about contact lens, solution, biocompatibility, storage and wear.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Engaging patients/clients in a repeat demonstration.
- Using appropriate education materials such as video, handouts, and verbal instruction, taking into consideration the age and limitation of a patient/client.
- Demonstrating proper techniques of disinfection, cleaning, rinsing and storage of a contact lens including the replacement and cleaning of the case.
- Explaining the need to respect the modality of wear.
- Explaining the importance of following the wearing schedule recommended by the practitioner.
- Relaying signs of solution sensitivity.

#### **REFERENCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 59

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: RECOGNIZING SYMPTOMS SPECIFIC TO LOW VISION PATIENTS

### UNIT 12. FOCUS AREA: Low Vision

#### CORE COMPETENCY FOR OPTICIANS – 12.1 Recognize symptoms specific to low vision patients.

##### PERFORMANCE INDICATORS:

*An optician **must**:*

- *recognize functional implications, hereditary factors and prognoses of common causes of visual impairment*

##### DEMONSTRATION OF COMPETENCY:

The following requirement must be met in order to comply with legislated requirements and professional competencies.

*An optician **must**:*

- recognize functional implications, hereditary factors and prognoses of common causes of visual impairment.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Collecting relevant medical health information.
- Identifying hereditary prominent diseases such as macular degeneration, retinitis pigmentosa.
- Demonstrating knowledge of the progresses and prognoses of common visual diseases.

- Understanding the classification of legal blindness.

#### **REFERENCES AND RESOURCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 60

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: DEMONSTRATING AN UNDERSTANDING OF THE SOCIAL, EMOTIONAL AND PHYSICAL IMPACT OF LOW VISION

### UNIT 12. FOCUS AREA: Low Vision

CORE COMPETENCY FOR OPTICIANS – 12.2 Demonstrate an understanding of the social, emotional and physical impact of low vision.

#### PERFORMANCE INDICATORS:

*An optician must:*

- *conduct an assessment to determine emotional and physical needs of the patient within professional scope of practice.*
- *address social and emotional issues associated with low vision, within professional scope of practice*
- *provide care in a patient centred manner*

#### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- conduct an assessment to determine the emotional and physical needs of the patient within professional scope of practice
- address social and emotional issues associated with low vision, within professional scope of practice
- provide care in a patient-centred manner.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may also be many other ways that opticians demonstrate their competency.

- Evaluating the patient's needs with respect to lifestyle.
- Assessing the patient's physical dexterity in using the ophthalmic appliance on an independent basis.
- Assessing the patient's preparedness to accept a low vision device.
- Determining the patient's support services.
- Providing resources such as community support groups, social workers to address social and emotional needs.
- Providing education to address physical limitations.
- Referring to appropriate providers when emotional and social needs of the patient are outside the scope of the profession.
- Determining the patient's visual goals.
- Respecting the sensitivity and emotional impact of low vision on the patient.
- Adapting patient education to meet the needs of low vision clients.
- Understanding the varying uses of low vision aids.

**NOTE: See Appendix Z 2 page 225 for information on Vision Loss Rehabilitation Manitoba which offers low vision rehabilitation services**

#### **REFERENCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)

# PRACTICE DIRECTION

Number: 61

Original Date: Sept 17, 2017

Revised Date:

Review Date:

Approving Body: OOM Council

Authority: Council Chair

Implementation:

Applies to: All practising members

## TOPIC: RECOMMENDING APPROPRIATE LOW VISION DEVICE(S) AND IMPLEMENTING A CONTINUING CARE PLAN

### UNIT 12. FOCUS AREA: Low Vision

#### CORE COMPETENCY FOR OPTICIANS – 12.3 Recommend appropriate low vision device(s) and implement a continuing care plan

##### PERFORMANCE INDICATORS:

*An optician must:*

- *use the latest technology to dispense basic optical and non-optical low vision devices to achieve optimal vision*
- *implement a patient centred continuing care plan*

##### DEMONSTRATION OF COMPETENCY:

The following are requirements that must be met in order to comply with legislated requirements and professional competencies.

*An optician must:*

- use the latest technology to dispense basic optical and non-optical low vision devices to achieve optimal vision
- implement patient-centred continuing care plans.

The following are examples of ways that opticians may demonstrate their day-to-day performance of the competency. There may be many other ways that opticians may demonstrate their competency.

- Predicting optimal magnification power by establishing required working distances based upon vocational and avocational needs.
- Converting calculation from dioptric values to magnification power.
- Collaborating with the patient and caregiver to establish a continuing care plan.

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply

- Establishing realistic goals and setting appropriate time frames for follow-up appointments.

**REFERENCES:**

- NACOR National Competencies for Canadian Opticians 3<sup>rd</sup> Edition April 2013  
[www.nacor.ca/Competencies.aspx](http://www.nacor.ca/Competencies.aspx)



# APPENDIX A

## *A Trustee's Guide to*

# The Pledge of Confidentiality

*Required by The Personal Health Information Act*

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All organizations and persons designated as trustees under The Personal Health Information Act (PHIA) must comply with the Act and the Personal Health Information Regulation (The Regulation). Having your staff sign a Pledge of Confidentiality will help you ensure that your organization's practices and policies outlined in PHIA.

There is no template for the Pledge, as it should be specific to each trustee organization. Staff who will be involved in drafting the Pledge document should refer to sections 2, 6 and 7 of the Regulation. You should consider including your lawyer in the drafting process.

It is important to note that signing the Pledge of Confidentiality is above all an acknowledgement of *internal* security policies and procedures for maintaining the confidentiality of personal health information. Section 7 of the Personal Health Information states that:

*A trustee shall ensure that each employee and agent signs a pledge of confidentiality that includes an acknowledgement that he or she is bound by the policy and procedures referred in section 2, and is aware of the consequences of breaching them.*

The policies and procedures referred to in section 2 are the *trustee organization's* own written security policies. The trustee organization is required, under section 6 of the Regulation, to provide staff with orientation on the internal security policies and procedures before asking them to sign the Pledge. The security policies must exist in writing, as per section 2 of the Regulation, so that staff can review and reference them.

It is important for staff to be aware that the requirement to sign the Pledge exists even if they've signed another oath or pledge related to their employment or profession. This Pledge is PHIA specific!

A refusal to sign the Pledge is not an offense under PHIA, but it is an administrative issue to be addressed within the trustee organization. However, if trustees do not ensure all staff have signed Pledge, there may be a greater risk of internal security and privacy violations. Failing to protect a personal health information is a contravention of PHIA and, depending on the circumstances, a trustee or employee could be charged with an offense. For a complete list of offences under PHIA see section 63, subsections (1) and (3).

Trustees should also note that employees who refuse to sign a Pledge will not be granted access to Manitoba Health's information systems, which they may require for health care or administrative purposes.

This document should be viewed as a guide only. *It is not comprehensive, nor is it a substitute for legislation.* Copies of PHIA and the Regulation are available via:

<http://www.gov.mb.ca/phia/index.html>.

## APPENDIX B

### PHIA PLEDGE OF CONFIDENTIALITY

Under section 7 of The Personal Health Information Regulation

I understand that as an employee or agent of \_\_\_\_\_  
(the “employer”)

all personal health information I may have access to is private and confidential.

I understand that:

1. “Personal Health Information” has the meaning set out in *The Personal Health Information Act*, and

2. I am bound by *The Personal Health Information Act* (the “Act”), the Personal Health Information Regulation under the Act and any other applicable regulations (as amended or replaced from time to time) and by the policies and procedures of the Employer respecting the collection, use, disclosure, protection, retention and destruction of any personal health information I may collect or have access to during the course of my employment or agency.

I agree not to collect, use, disclose or destroy personal health information except in accordance with the Act and Regulations, as well as any applicable policies and procedures of the Employer.

I acknowledge that failure to comply with the Act or Regulations, or any applicable policies and procedures of the Employer, may result in disciplinary action up to and including termination and may also result in me being reported to my professional regulatory body (if applicable) and prosecution under *The Personal Health Information Act*.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPENDIX C

*A Trustee's Guide to:*  
**Information Manager Agreements**  
*Required by The Personal Health Information Act*

An Information Manager is defined in *The Personal Health Information Act* (PHIA) as a person or body that processes, stores or destroys personal health information for a trustee, or provides information management or information technology services to a trustee. Whenever a trustee contracts with an outside organization to provide such a service, subsection 25(3) of PHIA requires that the two persons or organizations enter into a formal Information Manager Agreement.

PHIA imposes obligations on trustees, including health facilities, health professionals and government bodies, when collecting, retaining, sharing, and destroying personal health information. The purpose of the Agreement is to extend these obligations to information managers, thus ensuring that personal health information remains confidential once released to these outside bodies.

There is no template for Information Manager Agreements as each agreement will be specific to the persons and/or organizations involved, and the services to be provided. The following guidelines may be helpful in drafting your own unique document. As such an agreement is a legally binding document, you should involve your lawyer in the drafting process.

An Information Manager Agreement should include:

- the date the information manager will begin to provide services under the agreement and, if applicable, the expiry date of the agreement;
- a provision limiting the use and disclosure of personal health information to those employees and agents of the information manager who need to know the information to carry out the agreement;
- a provision outlining the security measures in place to protect the information while it is in the custody or under the control of the information manager;
- a provision stating that the information manager will ensure that its employees and agents comply with the Act and the regulations, as well as the trustee's policies concerning personal health information; and,
- a provision permitting the trustee to amend or terminate the agreement if the trustee is of the opinion that security of the personal health information is or may be compromised.

Please note that this document should be viewed as a guide only. *It is not comprehensive and should not be considered a substitute for the legislation.* Copies of PHIA and its regulation are available via: <http://www.gov.mb.ca/health/phia/index.html>. For more information specific to Information Manager Agreements, refer to section 25 of the Act.

07/01

## Appendix D

### Record Keeping Checklist

**Consent** – Was informed consent obtained and documented for the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Assessment          | <input type="checkbox"/> The involvement of other care providers |
| <input type="checkbox"/> Opticianry services | <input type="checkbox"/> Release of information                  |

**Progress Notes** – Do progress notes appear at an appropriate frequency and do they include the following?

- |   |  |
|---|--|
| <input type="checkbox"/> Outcomes measures used | <input type="checkbox"/> Subsequent changes to the care plan |
| <input type="checkbox"/> Results achieved       |  |

**Discharge Summaries** – Are discharge summaries routinely completed and do they include the following?

- |   |   |
|---|---|
| <input type="checkbox"/> Reason for discharge | <input type="checkbox"/> Other details as appropriate |
| <input type="checkbox"/> Status at discharge  | <input type="checkbox"/> Date of discharge            |

**Collaborative Records** – Do collaborative records allow opticians to meet the performance expectations outlined in the competency

- |   |   |
|---|---|
| <input type="checkbox"/> Retaining ongoing access | <input type="checkbox"/> Ensuring all entries can be attributed to the appropriate care providers |
|---|---|

### **Financial Records**

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**Financial Records** –do financial records include the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Identification of both patient and provider | <input type="checkbox"/> Date of service          |
| <input type="checkbox"/> Service or product provided                 | <input type="checkbox"/> Detailed fee information |

### **Equipment Records**

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- |  |  |
|--|--|
| <input type="checkbox"/> Records of equipment inspection,<br>maintenance and service | <input type="checkbox"/> Record of equipment loans |
|--|--|

## APPENDIX E

### PATIENT ASSESSMENT RECORD

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: Y \_\_\_\_\_

M \_\_\_\_\_

D \_\_\_\_\_

Date Service Provided: _____	CL/R _____	CL/L _____
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**Assessment Record: See last signed Doctor's RX**

	Sphere	Cylinder	Axis	Prism
Right Eye				
Left Eye				
Add				
PD Far	R _____	L _____	PD Near	R _____ L _____

**Contact Lenses:**

					For Rigid Lenses Only			
	Base Curve(s)	Diam.(s)	Power(s)	(Axis)	Add	Intermed Curves	Periph Curves/AEL	Optic Zone
Right Eye								
Left Eye								
Tint	R _____		L _____					
	Keratometry							
Right Eye			Soft Lens Brand/Type		R _____	L _____		
Left Eye			RGP Material/Design		R _____	L _____		

**Please ensure that you understand the information below and have signed this form.** All measurements taken meet or exceed the Standards of the Opticians of Manitoba. They are valid at the time they are taken. It must be noted that any information misunderstood or redirected is the responsibility of the above named patient.

Name- Licensed Optician: _____	Signature- Licensed Optician: _____
Name - Patient: _____	Signature- Patient: _____ Date: _____

## APPENDIX F

### Policies and Procedures Required to Comply with The Personal Health Information Act (PHIA)

This document is intended as a general guide to the policies and procedures that Trustees should have in place to ensure that they comply with *The Personal Health Information Act* (PHIA). Trustees are advised to refer directly to the Act and Regulations when seeking to determine all requirements and obligations of the Act.

Access & Correction Requirements	Provision
A Trustee is required to ensure individuals can examine their personal health information, and should establish a policy/procedure to meet this requirement.	PHIA S.5(1)
A Trustee is required to ensure that an individual can obtain a copy of personal health information about care currently being provided to the individual within 72 hours (if applicable), and should establish a policy/procedure to meet this requirement.	PHIA S.6(1)
A Trustee is required to ensure that an individual can obtain a copy of all their personal health information within 30 days, and should establish a policy/procedure to meet this requirement.	PHIA S.6(1)
On request, a Trustee is required to provide the individual with an explanation of any term, code or abbreviation used in the personal health information, and should establish a policy/procedure to meet this requirement.	PHIA S.7(2)
A Trustee who refuses to permit personal health information to be examined or copied under PHIA subsection 11(1) is required, to the extent possible, sever the personal health information that cannot be examined or copied and permit the individual to examine and receive a copy of the remainder of the information, and should establish a policy/procedure to meet this requirement.	PHIA S.11
A Trustee is required to permit an individual to request a correction to their personal health information, and should establish a policy/procedure to meet this requirement.	PHIA S.12(1)
A Trustee is required to permit an individual to file a statement of disagreement with their personal health information if their request for correction of their personal health information is refused, and should establish a policy/procedure to meet this requirement.	PHIA S.12(4)
When a Trustee makes a correction or adds a statement of disagreement to a record, the Trustee is required, when practicable, to notify any other Trustee or person to whom the personal health information has been disclosed during the year before the correction was requested about the correction or statement of disagreement, and should establish a policy/procedure to meet this requirement.	PHIA S.12(5)
A Trustee who receives such a notice is required make the correction or add the statement of disagreement to any record of that personal health information that the Trustee maintains, and should establish a policy/procedure to meet this requirement.	PHIA S.12(5)
A Trustee is required to provide notice to individuals of the following: - Their right to examine and receive a copy of their personal health information. - How to exercise that right. - Their right to name a person to exercise their PHIA rights on their behalf.	PHIA S.9.1 Regulation S.1.4(2)
This notice must be prominently displayed in as many locations and in such numbers as is reasonably adequate to ensure that the information is likely to be seen.	Regulation S.1.4(4)

Collection Requirements	Provision
A Trustee is required to collect only as much personal health information about an individual as is reasonably necessary to accomplish the purpose for which it is collected, and should establish a policy/procedure to meet this requirement.	PHIA S.13
A Trustee is required to take reasonable steps to inform the individual of the purpose for which the information is being collected, and should establish a policy/procedure to meet this requirement.	PHIA S.15
A Trustee is required to take reasonable steps to inform individuals how to contact an officer or employee who can answer the individual's questions about the collection of their personal health information.	PHIA S.15

Use & Disclosure Requirements	Provision
A Trustee is required to have established controls that limit the persons who may use personal health information maintained by the Trustee to those specifically authorized by the Trustee to do so, and should establish a policy/procedure to meet this requirement.	PHIA S.18(2)
A Trustee is required to determine, for each of its employees and agents, the personal health information that he or she is authorized to access, and should establish a policy/procedure to meet this requirement.	Regulation S.5
A Trustee is required to ensure that personal health information is not used or disclosed except as authorized by PHIA, and should establish a policy/procedure to meet this requirement.	PHIA S.20(1)
A Trustee is required to ensure that every use and disclosure of personal health information is limited to the minimum amount of information necessary to accomplish the purpose for which it is used or disclosed, and should establish a policy/procedure to meet this requirement.	PHIA S.20(2)
A Trustee is required to limit the use of personal health information it maintains to those of its employees and agents who need to know the information to carry out the purpose for which the information was collected or received or to carry out a purpose authorized under section 21, and should establish a policy/procedure to meet this requirement.	PHIA S.20(3)
A Trustee may only disclose personal health information to a person conducting health research if the research has been approved under PHIA and the Regulation, and should establish a policy/procedure to meet this requirement.	PHIA S.24(1)

Security Requirements	Provision
In accordance with any requirements of the Regulations, a Trustee is required to protect personal health information by adopting reasonable administrative, technical and physical safeguards that ensure the confidentiality, security, accuracy and integrity of the information, and should establish a policy/procedure to meet this requirement.	PHIA S.18(1)
A Trustee is required to establish a written policy/procedure containing provisions for the security of personal health information during its collection, use, disclosure, storage, and destruction.	Regulation S.2(a)
These provisions must include measures to ensure the security of the personal health information when a record of the information is removed from a secure designated area.	Regulation S.2(a)(i)

These provisions must further include measures to ensure the security of personal health information in electronic form when the computer hardware or removable electronic storage media on which it has been recorded is being disposed of or used for another purpose.	
A Trustee is required to establish a written policy/procedure containing provisions for the recording of security breaches.	Regulation S.2(a)(ii)
A Trustee is required to establish a written policy/procedure containing corrective procedures to address security breaches.	Regulation S.2(b)
A Trustee is required to ensure that personal health information is maintained in a designated area or areas and is subject to appropriate security safeguards, and should establish a policy/procedure to meet this requirement.	Regulation S.2(c)
A Trustee is required to limit physical access to designated areas containing personal health information to authorized persons, and should establish a policy/procedure to meet this requirement.	Regulation S.3(a)
A Trustee is required to take reasonable precautions to protect personal health information from fire, theft, vandalism, deterioration, accidental destruction or loss and other hazards.	Regulation S.3(b)
A Trustee is required to ensure that removable media used to record personal health information is stored securely when not in use, and should establish a policy/procedure to meet this requirement.	Regulation S.3(c)
A Trustee is required to create and maintain, or have created and maintained, a record of user activity for any electronic information system it uses to maintain personal health information in accordance with guidelines set by the Minister.	Regulation S.3(d)
A Trustee is required to audit records of user activity to detect security breaches, in accordance with the Regulation and guidelines set by the Minister, and should establish a policy/procedure to meet this requirement.	Regulation S.4(1)
A Trustee is required to conduct an audit of its security safeguards at least every two years and take steps to correct deficiencies identified by audits as soon as practicable, and should establish a policy/procedure to meet this requirement.	Regulation S.4(4),(5),(6)

Regulation S.8(1)&(2)

Other Requirements	
A Trustee is required to have a written policy/procedure concerning the retention and destruction of personal health information which conforms with any requirements of the Regulations.	Provision
A Trustee is required to provide orientation and ongoing training for its employees and agents about the Trustee's PHIA policies and procedures. It is also advisable for a Trustee to track such training to ensure that it is in compliance with this requirement.	PHIA S.17
A Trustee is required to ensure that each employee and agent signs a pledge of confidentiality that includes an acknowledgment that he or she is bound by the Trustee's PHIA policies and procedures and is aware of the consequences of breaching them.	Regulation S.6
A Trustee that is a health care facility or health services agency is required to have a designated privacy officer whose responsibilities include dealing with requests from individuals who wish to examine and copy or to correct personal health information under PHIA and generally facilitating the Trustee's compliance with PHIA.	Regulation S.7 PHIA S.57



A Trustee is required to inform individuals in writing of their right to make a complaint if refusing access to, or refusing correction of, personal health information. It is also advisable for a Trustee to take reasonable steps to inform individuals about how to file a complaint regarding either access to or privacy of their personal health information.

PHIA S.7(1)c), 12(3)(d)

For more information, contact:

Legislative Unit - Manitoba Health, Seniors and Active Living  
Tel: (204) 788-6612 Fax: (204) 945-1020  
Email: PHIAinfo@gov.mb.ca

Resources:

*The Personal Health Information Act (PHIA)*  
<http://web2.gov.mb.ca/laws/statutes/ccsm/p033-5e.php>

Personal Health Information Regulation  
<http://web2.gov.mb.ca/laws/regs/index.php?act=p33.5>

MHSAL PHIA Webpage  
<http://www.gov.mb.ca/health/phia/index.html>

PHIA Resources and Links  
<http://www.gov.mb.ca/health/phia/resources.html>

## **APPENDIX G**

### **SUBSTITUTE DECISION MAKER**

#### **What is a substitute decision maker?**

A substitute decision maker is an individual appointed by the Vulnerable Persons' Commissioner to make decisions for a vulnerable person who is unable to make certain decisions for him or herself. A substitute decision maker has the legal authority to make decisions for the vulnerable person in those specific areas in which he or she has been given power by the Commissioner.

#### **When is a substitute decision maker appointed?**

A substitute decision maker may be appointed to make decisions when a vulnerable person has one or more decisions to make and is unable to make them. The appointment is only for the time required for the decision, and only for the decision(s) that the vulnerable person is unable to make. The vulnerable person retains the right to make all other decisions.

A substitute decision maker may only be appointed for a maximum of five years. If at the end of that time, the vulnerable person continues to require to have decisions made and is unable to make them, the appointment may be renewed.

#### **Who is considered to be a vulnerable person?**

According to *The Vulnerable Persons Living with a Mental Disability Act* (the Act) a vulnerable person is defined as "an adult living with a mental disability who is in need of assistance to meet his or her basic needs with regard to personal care or management of his or her property."

For an individual to be considered mentally disabled, the disability must have occurred prior to the age of 18. The individual must also have significantly impaired intellectual functioning and impaired adaptive behaviour.

#### **Who can be appointed as a substitute decision maker?**

Adults who are willing, able and suitable to act as substitute decision makers may be appointed by the Commissioner to make decisions for vulnerable persons. These may be family members, friends or others willing to act in this capacity. One or more persons may be appointed to act as sole, joint or alternate substitute decision makers. If no one is available, the Guardian will be appointed as substitute decision maker. will be appointed as substitute decision maker.

Service providers may not be appointed as substitute decision makers for the vulnerable person to whom they provide service.

All individuals applying to be appointed as substitute decision makers must satisfy a Criminal Record check, [Child Abuse Registry check](#) and [Adult Abuse Registry check](#).

Also, those applying for property may be required to provide a bond.

### **What powers does a substitute decision maker have?**

A substitute decision maker is given the power to make only those decisions that a vulnerable person requires to be made and is unable to make. The Act divides the powers that may be granted in two major areas: personal care and property.

An individual can apply to be appointed as the substitute decision maker for the management of a vulnerable person's personal care, their property, or both.

#### **1) Personal Care**

Powers are only granted in those areas where a vulnerable person is incapable of making a decision that needs to be made. For example, the power to decide where to live would not be granted to the substitute decision maker unless there are plans for the vulnerable person to move. Some of the powers that may be granted to the substitute decision maker for personal care are:

- to make decisions regarding the vulnerable person's living arrangements;
- to make health care decisions on the vulnerable person's behalf;
- to make decisions regarding the vulnerable person's working arrangements;
- to make decisions regarding the vulnerable person's participation in educational or life skills training;
- to make decisions regarding the vulnerable person's participation in social or recreational activities; and
- to make decisions about daily living on behalf of the vulnerable person.

#### **2) Property**

Powers are only granted in those areas where a vulnerable person is incapable of making a decision that needs to be made. For example, the power to operate a vulnerable person's business would not be granted if he or she has no business. Some of the powers that may be granted to the substitute decision maker for property are:

- to purchase, sell, dispose of or transfer personal belongings on behalf of the vulnerable person;
- to receive, deposit and invest money on behalf of the vulnerable person;

- to pay bills on the vulnerable person's behalf; and
- to apply for any benefits for which the vulnerable person may be eligible.

## **What are the duties of a substitute decision maker?**

The duties of a substitute decision maker vary with the powers he or she is granted. For example, a substitute decision maker with responsibility only for specific areas of personal care will confine his or her duties to these areas. Similarly, a substitute decision maker for property will restrict his or her activities to those specific areas for which he or she has been given decision making power. A substitute decision maker with power for personal care and property will have duties in relation to both areas. However, there are differences between the duties for personal care and property. These are:

### **1) Personal Care**

In exercising his or her powers, the substitute decision maker for personal care is required to:

- comply with the terms and conditions of his or her appointment;
- act diligently and in good faith;
- make reasonable efforts to explain his or her powers and duties to the vulnerable person;
- seek to foster the vulnerable person's independence;
- encourage the vulnerable person to participate in the substitute decision maker's decision;
- choose the least restrictive and least intrusive course of action available in a situation; and
- take into consideration the vulnerable person's wishes, values, beliefs and best interests.

### **2) Property**

A substitute decision maker for property is expected to perform the duties listed under personal care as well as:

- keep a record of all transactions involving the vulnerable person's property;
- make expenditures that are necessary for the vulnerable person's support, education and care; and
- provide regular written reports to the Commissioner which detail the substitute decision maker's management of the vulnerable person's property.

## **APPENDIX H**

### **SAMPLE STATEMENT ACCOMPANYING ELECTRONIC TRANSMISSION OF PERSONAL HEALTH INFORMATION**

**Note: This is a sample and for discussion purposes only. It should be used or relied upon without it being reviewed by your legal counsel to ensure compliance with provincial legislation.**

“As the recipient of this electronic personal health information, you are prohibited from using the information for any other purposes other than the stated purpose. You may disclose the personal health information to another party only:

- With the written authorization from the subject of the health information or his/her authorized representative; or
- As required or authorized by provincial legislation.

You are required to destroy the health information after it's stated need has been fulfilled.”

## APPENDIX I



### OPTICIANS OF MANITOBA

#### SUGGESTED FEE GUIDE FOR MANITOBA DISPENSARIES

**Please note:** The Opticians of Manitoba developed this guide in response to the number of calls which we received from dispensaries asking what they should charge for the following services. The Fee Guide includes suggestions only, the fees are not recommendations, they are not endorsed or enforced by the Opticians of Manitoba and no optician in the province is required to follow it. If you do use charge fees for these services however, you are encouraged to display them in your dispensary to ensure that patients have been advised in advance that there may be a fee charged for some services.

#### Spectacle Fitting and Repair

#### Contact Lens Fitting Graduated Scale

PD	\$40.00	Basic K's and Slit Lamp	\$50.00
After Service	\$90.00/hr ½ hr min.	Simple S. L. above and recommendation	\$100.00
Package PD, Fitting (60 days)	\$120.00	Toric	\$125.00
Package PD, Fitting (1 year)	\$150.00	RGP	\$175.00 and up
Consultation	\$100.00	Specialty Lenses	Up to \$500.00

## APPENDIX J – DISCLAIMER



NAME:

ADDRESS:

CITY:

POSTALCODE:

DATE OF BIRTH:

DATE OF LAST RX ON FILE:

DOCTOR'S NAME:

RX ☐ copy attached

OD ☐ copy attached

OS ☐ copy attached

ADD ☐ copy attached

PRISM ☐ copy attached

PD

Lens Type

CONTACTS

K READINGS

CONTACT SPECIFICATION

TYPE OF LENS DISPENSED

**All information released is based on information collected and kept on file for the above patient. This above patient understands that the release and use of this information is at the patient's own risk. The above patient releases all employees, associates, and agents of this office from any claims, injuries whatsoever which may result from the use of this information. Any information misunderstood or redirected is the responsibility of the above named patient.**

PATIENT 'S SIGNATURE: \_\_\_\_\_  
(or guardian if under 18 years old)

WITNESS'S NAME: \_\_\_\_\_  
Print Name

WITNESS'S SIGNATURE: \_\_\_\_\_

Date signed: \_\_\_\_\_

## APPENDIX K

### OPTICIAN-PATIENT EMAIL COMMUNICATION TEMPLATE FOR CONSENT FORM

Optician Information	Patient Information
Name: Address: Email: Signature:	Name: Address: Email: Signature:

Risk of Using Email	The Patient
<p>The optician offers patients the opportunity to communicate by email. Transmitting patient email poses several risks of which the patient should be aware. The patient should not agree to communicate with the optician via email without understanding and accepting these risks. The risks include, but are not limited to the following:</p> <ol style="list-style-type: none"><li>1. The privacy and security of email communication cannot be guaranteed</li><li>2. Employers and online services may have legal right to inspect and keep emails that pass through their system.</li><li>3. Email is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender or to ensure that only the recipient can read the email once it has been sent.</li><li>4. Emails can introduce viruses into a computer system and potentially damage or disrupt the computer</li><li>5. Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the optician or patient. Email senders can easily misaddress an email resulting in it being sent to many unintended and unknown recipients</li><li>6. Email is indelible. Even after the sender and recipient have deleted their copies of the email, backup copies may exist on a computer or in cyberspace.</li><li>7. Use of email to discuss sensitive information being disclosed to third parties.</li><li>8. Email can be used as evidence in court</li><li>9. The optician should use encryption software as a security mechanism for email communications</li></ol>	<ol style="list-style-type: none"><li>1. Agrees to and will comply with the use of encryption software.</li><li>2. Chooses not to use encryption software when communicating with the optician, with the full understanding that this increases the risk of violation of the patient's privacy<ul style="list-style-type: none"><li>▪ <b>Conditions of using email</b></li></ul></li></ol> <p>The optician will use reasonable means to protect the security and confidentiality of email sent and received. However, because of the risks outlined above, the optician cannot guarantee the security and confidentiality of email communication. Thus, patients must consent to the use of email for patient information. Consent to the use of email includes agreement with the following conditions:</p> <ol style="list-style-type: none"><li>1. Emails to or from the patient concerning diagnosis or treatment may be printed in full and made part of the patient's health record. Because they are part of the health record, other individuals authorized to access the health care record, such as staff and billing personnel, will have access to those emails.</li><li>2. The optician may forward emails internally to the optician's staff and to those involved as necessary for diagnosis, treatment, reimbursement, and other handling. The optician will not however forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.</li><li>3. Although the optician will endeavor to read and respond promptly to an email from the patient, the optician cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient should not use email for emergencies or other time sensitive matters.'</li></ol>



## Consent to Use or Disclose Personal Health Information

This document authorizes the

☐ use by: Manitoba Health, Seniors and Active Living

☐ disclosure to: \_\_\_\_\_

...of the personal health information of the following individual:

SECTION 1: Individual the Information is About		
Given Name(s)		Surname
Personal Health Identification Number (PHIN)		Health Registration Number
Date of Birth (mmm/dd/yyyy) / /		Phone Number
Address	City/Town	Postal Code

SECTION 2: Consent Details
Specific Information to be Used/Disclosed:
_____
_____
_____
Purpose for the Use/Disclosure:
_____
_____
_____

SECTION 3: Individual Providing Consent
<input type="checkbox"/> I am the individual this information is about (proceed to SECTION 5: Consent Limitation) <input type="checkbox"/> I am authorized to exercise the rights of the individual this information is about (proceed to SECTION 4: Consent Authority)

#### SECTION 4: Consent Authority

Please check the applicable box below and attach documentation verifying that you are authorized to act on the individual's behalf:

- ☐ I have written authorization from the individual
- ☐ I am the individual's proxy appointed under The Health Care Directives Act
- ☐ I am the individual's committee appointed under The Mental Health Act and have the power to make health care decisions for the individual
- ☐ I am the individual's substitute decision maker for personal care appointed under The Living Wills Act; Vulnerable Persons Disability
- ☐ You are the parent or guardian of a minor and the minor does not have the capacity to make health care decisions;
- ☐ The individual is deceased and you are the executor or administrator of the individual's estate;
- ☐ No person above exists or is available; as per Section 60(2) of PHIA (see page 3), I wish to exercise the rights of the individual who lacks the capacity to do so because I am related to them in the following way:

#### SECTION 5: Consent Limitation

This consent ☐ is valid for this request only ☐ expires on: \_\_\_\_\_  
☐ is valid for one year (day/month/year)

#### SECTION 6: Consent Authorization

I undertake that I have the authority indicated in Section 3 above to consent to the use or disclosure of this information.

I understand that this information is necessary for the above specified purpose(s) and that only the minimum amount of information required for the purpose(s) will be used or disclosed.

I understand that I can revoke or amend this consent in writing at any time before it expires.  
I declare that this consent has been given freely.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Providing Consent

\_\_\_\_\_  
(mmm/dd/yyyy)

If you have any questions about the use of this form, please contact:

Legislative Unit, Manitoba Health, Seniors and Active Living  
300 Carlton Street, Winnipeg, Manitoba, R3B 3M9  
Phone: (204) 788-6612 Fax: (204) 945-1020 Email: [PHIAinfo@gov.mb.ca](mailto:PHIAinfo@gov.mb.ca)

## APPENDIX M

### THE PERSONAL HEALTH INFORMATION ACT

#### Section 60

##### Exercising rights of another person

- 60(1)** The rights of an individual under this Act may be exercised
- (a) by any person with written authorization from the individual to act on the individual's behalf;
  - (b) by a proxy appointed by the individual under *The Health Care Directives Act*;
  - (c) by a committee appointed for the individual under *The Mental Health Act* if the committee has the power to make health care decisions on the individual's behalf;
  - (d) by a substitute decision maker for personal care appointed for the individual under *The Vulnerable Persons Living with a Mental Disability Act* if the exercise of the right relates to the powers and duties of the substitute decision maker;
  - (e) by the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions; or
  - (f) if the individual is deceased, by his or her personal representative.

##### If person unavailable

**60(2)** If the trustee reasonably believes that no person listed in subsection (1) exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:

- (a) the individual's spouse, or common-law partner, with whom the individual is cohabiting;
- (b) a son or daughter;
- (c) a parent, if the individual is an adult;
- (d) a brother or sister;
- (e) a person with whom the individual is known to have a close personal relationship;
- (f) a grandparent;
- (g) a grandchild;
- (h) an aunt or uncle;
- (i) a nephew or niece.

##### Ranking

**60(3)** The older or oldest of two or more relatives described in any clause of subsection (2) is to be preferred to another of those relatives.

## **APPENDIX N**

### **SAMPLE OF A DISCLAIMER FOR FAX COVER SHEETS**

The information contained in this facsimile message is not intended for the sole confidential use of the designated recipients and may contain confidential information. If you have received this information in error, any review, dissemination, distribution or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by email or telephone and return the original message to us by mail or if electronic, reroute back to the sender. Thank you!

## APPENDIX O

### Checklists for Trustees:



The Saskatchewan Information and  
Privacy Commissioner



October 3, 2013

# Checklists for Trustees: Misdirected Faxes

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The use of fax machines to send documents containing personal health information is a common practice in the health care sector and used for speed and convenience. However, trustees have a duty under *The Health Information Protection Act* (HIPA) to protect personal health information under their custody or control from unauthorized collections, uses and disclosures. Pursuant to section 16 of HIPA, trustees are required to have reasonable safeguards to protect personal health information including written policies and procedures when faxing.

A “misdirected fax” is a fax containing personal health information that is received by an individual without a need-to-know. This would result in an unauthorized disclosure of personal health information pursuant to section 27(1) of HIPA and a privacy breach. **NOTE: Even if a misdirected fax is received by another trustee, without a need-to-know it qualifies as a privacy breach.**

Below are best practices checklists for what to do if you send or receive a misdirected fax.

## What to do if you receive a misdirected fax:

- ✓ Recognize that this is a significant matter with the need for some urgency to address both privacy implications and continuity of care for the subject individual.
- ✓ Determine if you have a need-to-know.
- ✓ Notify your privacy officer.
- ✓ Use the fax cover sheet or fax header to determine who the ‘sender trustee’ is.
- ✓ Contact the sender trustee to advise of the breach so they can ensure continuity of care for the subject individual.
  - When possible, speak to the organization’s privacy officer so that the incident can be logged and investigated and safeguards implemented if necessary to prevent similar occurrences.

## Checklists for Trustees: Misdirected Faxes

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Discuss with the sender trustee how to contain the breach and what to do with the misdirected fax (eg. return by mail, secure destruction, etc.) When possible, give the sender trustee confirmation once the agreed upon action has been performed.

- **Do not keep a copy of the misdirected fax.**

- Do not attempt to forward the misdirected fax to the intended recipient as this could compound the breach. Leave that to the sender trustee.



Consider notifying the Office of the Information and Privacy Commissioner (OIPC) who has a legislated mandate to investigate privacy breaches and ensure they are properly managed. Factors to consider include:

- Is the sender trustee identifiable?
- Is the personal health information particularly sensitive?
- Are there multiple faxes with apparent multiple sender trustees?
- Is the problem recurring after proper steps have been taken to contain past occurrences?

The OIPC will ask if you have first made attempts to contact the sender trustee and then ask that you *mail* in the personal health information (misdirected fax) with any relevant details to our office.



You may also consider contacting your relevant college or professional association or the Ministry of Health for guidance. This may be beneficial in ensuring continuity of care. However, use caution to not compound the breach. Consider these bodies' mandates, need-to-know and disclosure provisions in HIPA before sharing personal health information of identifiable individuals.

### What to do if you have sent a misdirected fax:



Contact your organization's privacy officer for guidance and support. Also consult the OIPC resource *Helpful Tips: Privacy Breach Guidelines*.

## Checklists for Trustees: Misdirected Faxes

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- ✓
  - Contain the breach: Immediately contact the organization(s) to which the misdirected fax(es) has been sent.
    - Confirm that the fax has been received.
    - Explain that the fax contains personal health information and has been sent in error.
    - If you have the original fax, ask the recipient if they have the capability to destroy the personal health information securely (eg. capability to shred in a cross-cut shredder). Ask for confirmation that destruction has occurred.
    - Otherwise, ask that the recipient return the personal health information by mail or send a courier for pick up.
    - Request that the recipient not keep any copies of the personal health information. Ask for confirmation.
  - Inform the recipient of the mandate and role of the OIPC should they have further concerns or questions.
  - Document the conversation.
- ✓
  - Ensure the personal health information reaches the intended recipient.
- ✓
  - Once the breach has been contained investigate root causes of the breach.
    - Determine root cause of the breach. Any relevant information management service providers (IMSPs) would play a role in this stage.
    - Review written section 16 policies and procedures on faxing personal health information to ensure that best practices were followed.
    - Determine if the employees involved in the breach were aware of the section 16 policies and procedures and had received training.
    - Begin writing internal investigation report.
- ✓
  - Analyse the breach and consider the associated risks to both the trustee and affected individuals.



## Checklists for Trustees: Misdirected Faxes

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- ✓ Consider notifying the affected individuals.
- ✓ Consider notifying the OIPC. When privacy breaches are proactively reported to the OIPC, depending on the scale and severity of the breach, it will likely open a 'preliminary file' to monitor the response of the trustee and ensure best practises are being followed. The file is then closed once the trustee's internal investigation has satisfactorily come to a close. If the breach is covered by the media, the trustee will have the benefit of assuring the public it is working with the OIPC.
- ✓ Complete an internal investigation report. Report should focus on ways to prevent future occurrences.

### What can be expected in an OIPC Investigation

- ✓ If the OIPC is made aware of a privacy breach involving misdirected faxes by an affected individual or third party, the trustee will be informed of a formal investigation by a written notification letter. If the breach is proactively reported by the trustee or IMSP, under the discretion of the Commissioner, likely a 'preliminary file' will be opened to monitor the response of the trustee.
- ✓ In either case, the OIPC will request the trustee's internal investigation report. The report should contain, but is not limited to, the following:
  - Number of faxes, affected individuals and recipients. Times and dates of misdirected faxes. Data elements contained in the faxes.
  - Details of trustee's efforts to contain the breach.
  - A determination if there was a need-to-know or if there was an unauthorized disclosure of personal health information.
  - Specific details of the circumstances leading to the misdirected fax(es). Role of IMSP services in the breach.
  - Trustee's determination of the root cause of the breach.
  - Trustee's review of section 16 policies and procedures on faxing personal health information and training of staff.

## Checklists for Trustees: Misdirected Faxes

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- Whether the trustee has notified affected individuals. Why or why not?
- Trustee's steps to prevent further occurrences.
- Internal investigation report should also include supporting documents such as section 16 policies and procedures for faxing personal health information, written agreements with IMSP's, samples of cover sheets, etc.
- ✓ Once the OIPC receives the trustee's internal investigation report, it will review and create an analysis. It may request further information. It will make preliminary recommendations to the trustee. The trustee will have opportunity to respond.
- ✓ At the Commissioner's discretion, he may issue a formal public Investigation Report:
  - If the scale and severity of the breach warrants public notification;
  - If it is a systematic issue involving many trustees;
  - If the trustee has not properly investigated the problem or will not comply with his recommendations; and/or
  - If he recommends to the Minister of Justice and Attorney General that charges be initiated pursuant to the offence provisions found in section 64 of HIPA.

## Resources on Privacy Breaches and Faxing Personal Health Information

Saskatchewan Office of the Information and Privacy Commissioner ([www.oipc.sk.ca](http://www.oipc.sk.ca))

- ✓ Helpful Tips: Privacy Breach Guidelines
- ✓ *Helpful Tips: Privacy Considerations - Faxing Personal Information and Personal Health Information*
- ✓ *Report on Systemic Issues with Faxing Personal Health Information*

# Checklists for Trustees: Misdirected Faxes

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**Alberta Office of the Information and Privacy Commissioner** ([www.oipc.ab.ca](http://www.oipc.ab.ca))



*Guidelines on Facsimile Transmission*

**British Columbia Office of the Information and Privacy Commissioner** ([www.oipc.bc.ca](http://www.oipc.bc.ca))



*Faxing and Emailing Personal Information*

**Manitoba Ombudsman** ([www.ombudsman.mb.ca](http://www.ombudsman.mb.ca))



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## APPENDIX P

### Precautions for the Security of Mobile Devices

“Mobile Devices in the Workplace” published by the Canadian Nurses Protective Society in Info LAW Vol. 21, No 1, November 2013

- Use employer-issued mobile devices, where available, instead of your own device.
- Limit the use of your device for recording, transmitting or storing patients’ PHI, unless there are clear organizational policies permitting this practice.
- Work with your employer’s information technology department, if using your own device, to ensure your device has features and software that comply with your employer’s BYOD policies.
- Follow employer policies and only use employer-issued mobile devices for taking photographs or videos of patients for clinical purposes.<sup>7</sup>
- Have and use strong password and encryption capabilities.
- Limit the amount of PHI stored on your device or, de-identify the PHI it contains.
- Turn off or do not enable WiFi and Bluetooth on any device containing or having access to patients’ PHI without confirming the connection is secure and protected.
- Transfer patient health care information recorded on your mobile device to the patient’s record as soon as practical, then use wiping software to permanently erase the information from your device.
- Use the time-out feature on your device, such that it automatically locks when not in use.
- Store your mobile device in a secure location; avoid leaving it unattended or allowing others to have access to it.
- Confirm whether your device has the capability to remotely erase data stored on the device, in the event that it is stolen.

# Canadian Ophthalmological Society evidence-based clinical practice guidelines for the periodic eye examination in adults in Canada

Clinical Practice Guideline Expert Committee\*

The foundation of sound eye care is the periodic eye examination. While this examination is the most common procedure performed by comprehensive ophthalmologists, there is considerable variation and no clear directive on appropriate screening intervals or recommended elements of the examination. Indeed, the elements of the examination have, in large part, been dictated by third-party insurers rather than by any evidence. With this in mind, the Canadian Ophthalmological Society (COS) guideline expert committee reviewed the relevant evidence to produce guidelines that are as evidence-based as possible and sensitive to the resources available in Canada.

The objective of this document is to provide guidance on the recommended frequency and necessary elements of comprehensive eye examinations for adults aged 19 to 64. The document also identifies patients who are considered at high risk of visual impairment. In these cases, the frequency of screening may be different and the content more targeted. The intended audience is any Canadian health care professional who refers or sees patients for a comprehensive oculo-visual examination (e.g., ophthalmologists and other physicians, optometrists). The recommended frequencies of examination will also be of interest to the general public, as provincial health care plans typically only provide coverage for eye examinations for children up to age 18 years and adults over age 65. Canadians between ages 19 and 64 must therefore rely on private (third-party) insurance or out-of-pocket payment to see an eye specialist for routine vision screening. In the absence of Canadian data on the cost-to-benefit ratio of the recommended screening intervals, these guidelines do not attempt to comment on the financial impact of routine eye care. Nonetheless, it is hoped that these guidelines will help health care professionals and patients appropriately ration their health care

spending budgets. These guidelines will be reviewed periodically by the COS clinical practice guideline expert committee and will be updated as necessary in the light of new evidence.

Clinical practice guidelines have evolved over the past decade, moving away from reliance on expert opinion to approaches that are more evidence-based. The goals have been not only to improve the quality of care but also to contain costs.<sup>1</sup> This progression has generated some confusion, however, with respect to the status of guidelines as “regulations” or standards of care. Although guidelines do not define the standard of care, they may inform a standard of care. Medically justified deviations from existing guidelines with deferment to clinical judgment can therefore be expected.<sup>2,3</sup>

Other concerns about guidelines have been expressed. First, clinical guidelines are primarily produced by professional organizations with a vested interest in continuing to provide intervention. Second, guidelines are often underwritten by pharmaceutical or medical device corporations. Both these factors, especially if they have not been explicitly acknowledged, may contribute to clinical guidelines being less than critical and poorly regarded by practicing physicians.<sup>4</sup>

The major shortcoming of any guideline that focuses on preventive recommendations is that therapeutic measures, rather than preventive measures, are typically insured by provincial health care plans or third-party insurers. Until clear evidence of cost-effectiveness of a preventive measure becomes available, such guidelines will continue to carry less weight than those addressing therapeutic options. In addition, because guidelines are generally produced by organizations with a vested financial interest in providing the recommended services, the cost of following a recommended guideline is often not included and the benefits or lack thereof are not adequately disseminated.<sup>5</sup>

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METHODS

A MEDLINE in PubMed search of the English-language literature for the years 1990 to 2006 was conducted by using the following MeSH subject headings and key words: adult, disease progression, eye diseases, middle-aged, ophthalmology, optometry, preventive health services, vision disorders, visual function loss, vision screening, vision test. In addition, the Cochrane Library, the National Guideline Clearing House, and the United States Preventative Services Task Force databases were searched. Selected references were independently reviewed by at least two reviewers to ensure they were relevant and of acceptable methodological quality. Papers meeting Level 1 or Level 2 criteria as outlined in Box 1 were accepted for inclusion. Recommendations were formulated by incorporating the best available evidence. In the absence of evidence, recommendations were developed on the basis of the consensus of the expert committee. References used to support recommendations were assigned a level of evidence based on the criteria outlined in Box 1. Where possible, the content of this document was developed in accordance with the criteria specified by the Appraisal of Guidelines Research and Evaluation instruments covering the six domains of scope and purpose, stakeholder involvement, rigor of development, clarity and presentation, applicability, and editorial independence. The final draft was reviewed by numerous independent external expert reviewers from across Canada.

primary screening (e.g., to reduce the occurrence or incidence of disease, to encourage eye protection), secondary prevention (to reduce and control the consequences of existing disease such as diabetes mellitus [DM], glaucoma, high myopia), and tertiary prevention (e.g., to reduce the harm of a chronic disease, such as reducing intraocular pressure (IOP) in primary open-angle glaucoma, laser therapy for diabetic retinopathy).

There are good data that one eye examination before age 5 years is appropriate. Even in this age category, however, evidence suggests that more intensive screening than typically occurs is required to detect problems in visual acuity and reduce the incidence of amblyopia.<sup>7,8</sup>

There are very good data indicating that screening above 61 to 65 years of age will uncover pathology, because both the incidence and prevalence of ocular disease increase significantly in this age group.<sup>9–12</sup> Visual screening rates vary highly in terms of quality-of-life-years saved and cost effectiveness.<sup>13</sup> As well, in studies that controlled for confounders such as other illness, overall vision compromise was associated with some limitations in activities, such as night driving and risk of falls.<sup>14,15</sup> Nonetheless, screening asymptomatic older adults is not supported without reservation because a significant number of individuals do not experience improved vision quality after being identified.<sup>16</sup> On the other hand, identification can lead to access to financial resources, through disability pensions or social programs geared to the visually impaired, that may enhance quality of life despite poor visual status.

FREQUENCY OF THE PERIODIC EYE EXAMINATION

The routine oculovisual assessment is, in reality, hardly routine. It can be employed for asymptomatic, symptomatic, or high-risk individuals. It may represent

**Box 1—Assessment of studies of prevalence and incidence of disease**

- Level 1:
- The study includes a population of at least 1000.
  - The study describes the inclusion and exclusion criteria.
  - The follow-up includes at least 66% of the initial identified population.
  - The study discusses possible shortcomings or biases in the reporting.
  - The study compares its outcome with previous high-quality reports.
- Level 2: Meets 4 of the Level 1 criteria
- Level 3: Meets 3 of the Level 1 criteria
- Level 4: Meets 1 or 2 of the Level 1 criteria

PREVALENCE AND ETIOLOGY OF VISION LOSS

The prevalence of disease in the population under age 40 is low, suggesting there is limited benefit of a periodic eye examination in the asymptomatic low-risk patient in this age group. Accordingly, there is little evidence to support periodic eye examinations in asymptomatic low-risk patients from the time they leave secondary school to middle age.

A recent large study<sup>17</sup> of people aged 12 years to over 65 years found that the prevalence of visual impairment (defined as visual acuity <20/50) was as high as 10% for individuals younger than age 20 or older than age 60, and approximately 5% for those 20 to 59. Until age 60, visual impairment in the majority of individuals (85–90%) was due to uncorrected refractive errors. After 60, other ocular pathology accounted for at least 50% of impairment.

Large high-quality studies of screening for low vision typically include populations over age 40.<sup>9,10,16</sup> The uncorrected risk of impairment increased 1.8 times for

each decade starting at age 40. It was also positively correlated with lower education, lower socioeconomic status, and the non-ability to speak English.<sup>17–19</sup>

Other large studies in the United States, Australia, and Europe found the prevalence of vision impairment increased dramatically over the age of 60. Indeed, this prevalence tripled in these individuals.<sup>20–22</sup>

#### INCIDENCE OF VISUAL IMPAIRMENT OVER TIME

Good data are available only for the population over age 40. Five-year incidence of impairment from any cause ranges from 0.1% per year for those under age 55 to more than 4.5% in the population over age 65. The seven-year incidence increases from 1% below age 55 to more than 5% for the over-60 age group. The rate of increase is 20% per year. Again, uncorrected refractive error is by far the largest single cause of visual impairment.<sup>9–11,23</sup> It tends to be greatest in the young (<30 years) and decrease with age; however, it remains the leading cause overall. Ocular pathologies also increase with age, with the vast majority being glaucoma, diabetic retinopathy, cataract, and age-related macular degeneration (AMD).<sup>24,25</sup>

A recent study showed that the majority of people identified with a decrease in visual acuity had noted it themselves before presentation for an ocular examination.<sup>9</sup> Less than 1% of the study population was unaware of this decrease in vision, suggesting that the prevalence of asymptomatic or unrecognized ocular disease remains very low. Therefore, frequent routine eye examinations of those with initial normal examination results will have a low yield and may not be cost effective.<sup>9,17</sup>

#### PATIENTS AT HIGHER RISK FOR VISUAL IMPAIRMENT

Although the most frequent cause of decreased vision remains uncorrected refractive error,<sup>17</sup> glaucoma, diabetic retinopathy, macular degeneration, cataract, and high myopia are the most frequent pathological causes, but these vary with age and ethnicity. Patients with a predisposition to vision compromise include those who wear glasses or contact lenses, have diabetes, are of African descent, or have a strong family history of glaucoma, AMD, or retinal detachment.

Simple vision testing with current correction at distance and near has very good correlation with the presence of ocular disease. Somewhat more specific, but less sensitive, is the Amsler grid; the most nonspecific vision test is contrast sensitivity.<sup>26</sup> Other studies have found low-luminance, low-contrast vision testing to be a good predictor of future vision loss.<sup>27</sup>

Routine screening for asymptomatic retinal tears,

holes, and lattice degeneration has not been supported. On the other hand, symptomatic patients and high-risk patients with previous retinal problems, surgery, trauma, posterior uveitis, diabetes and myopia, or myopia greater than  $-6.00$  can benefit from such an examination.<sup>28,29</sup>

#### Diabetic retinopathy

Diabetic retinopathy remains the leading cause of visual impairment in the population younger than age 65.<sup>30,31</sup> This is especially true if a patient presents with concurrent proteinuria.

There is considerable consensus and evidence with respect to the frequency of screening in patients with diabetes.<sup>30</sup> Screening strategy should include, but not be restricted to, a dilated fundus examination with stereoscopic viewing. Seven-standard field fundus photography is considered the gold standard, but it has not achieved wide clinical acceptance except as a standardized form of documentation for telehealth screening and research purposes. Furthermore, such studies focused on screening for sight-threatening retinopathy. Clinically, most ophthalmologists would consider the gold standard (for a patient without sight-threatening retinopathy) to be careful examination of the retina through a dilated pupil. Screening intervals of 2 to 3 years for patients with type 1 diabetes with minimal or no retinopathy have been shown to be cost effective.<sup>32</sup> The Canadian Diabetes Association<sup>30</sup> recommends the following schedule: annual screening of type 1 diabetes patients, beginning 5 years after onset of diabetes in patients 15 years<sup>33,34</sup>; screening on diagnosis of type 2 diabetes and every 1 to 2 years thereafter as determined by the degree of retinopathy<sup>35,36</sup>; preconception screening in women with type 1 or type 2 diabetes who are planning a pregnancy; and in pregnant women with diabetes, screening during the 1st trimester, as needed during the pregnancy, and during the 1st year postpartum.<sup>37,38</sup>

#### Glaucoma

Primary open-angle glaucoma causes such insidious damage to the optic nerve and vision that few people have early awareness of the condition.<sup>39</sup> This is consistent with the finding that only half of patients are diagnosed in industrialized countries, a number that falls to 10% in developing nations.<sup>40</sup> It is an ideal disorder for screening because it is asymptomatic, typically progresses slowly, and can be effectively treated.<sup>41</sup>

Combined large prevalence studies found glaucoma-related vision compromise to be 3 times more prevalent in the African and Hispanic populations than in the white population.<sup>42</sup> In the white population, prevalence ranged from 0.2% in the under-40 age group to 4.3% for individuals in their 80s. As 93% of cases of glaucoma are

in individuals over age 55, there is an implied incidence of 0.11% per year in this age group. In all age groups, the greatest risk factor is raised IOP. If patients with ocular hypertension were included, the prevalence would double for this age group and population.<sup>43</sup> With these risk factors in mind, age followed by race and finally by

**Box 2—Elements of the comprehensive eye examination\***

History

- ☐ **Patient name, date of birth, gender, and, if appropriate, race**
- ☐ Contact information (address, home and work phone numbers)
- ☐ Insurer
- ☐ Occupation
- ☐ **Driving status**
- ☐ **Chief complaint, if any**
- ☐ Family doctor
- ☐ Date of most recent eye examination
- ☐ **Current medication and allergies (ocular and systemic)**
- ☐ **Ocular history**
- ☐ **Medical history**
- ☐ Smoking history
- ☐ **Medical and ocular family history**
- ☐ Directed review of systems

Ocular examination should include:

- ☐ **Current vision acuity status with correction at distance (each eye separately) and near (refractive correction documented)**

Vision without correction

- ☐ **Best corrected visual acuity with refraction documented**
- ☐ Muscle balance
- ☐ Pupillary reaction
- ☐ Gross visual fields to confrontation
- ☐ External examination
- ☐ **Slit-lamp examination** of lid, lid margins, conjunctiva, cornea, anterior chamber (clarity and depth), lens
- ☐ **Intraocular pressure determination**

Dilated examination (if adequate view of posterior pole not obtained)

- ☐ **Lens**
- ☐ **Biomicroscopic examination of optic nerve head**
- ☐ **Fovea**
- ☐ Peripheral retina (employing appropriate accessory lens or indirect examination of peripheral retina)

Discussion with patient should include:

- ☐ Discussion of findings with appropriate correction and mitigating strategy
- ☐ Counselling with respect to lifestyle changes and comorbidities (e.g. smoking cessation, hypertension control, diet, antioxidants and zinc supplements, blood glucose control, lipid control)
- ☐ Follow-up recommendation

family history are the major contributors to this disorder.

Screening with simple IOP testing and optic nerve examination will tend to underestimate the disease prevalence.<sup>10</sup> While automated visual field testing will typically reveal damage, it is usually at a more advanced stage than the ideal very early stage desirable for definite diagnosis. Frequency-doubling technology (FDT) has been shown to be more sensitive in demonstrating early damage to visual function, and assessment of the nerve fibre layer by means of optical coherence tomography, Heidelberg retina tomography, or GDx scanning laser imaging with variable corneal compensation is helpful in many cases.<sup>41</sup>

Age-related macular degeneration

In North America, AMD remains the single most common cause of legal blindness in individuals over the age of 65. Data support detection and intervention in individuals with high-risk findings such as soft/large drusen. Although treatment is not the mandate of this document, lifestyle changes have been shown to reduce progression. Intervention is best accomplished with

**Box 3—Supplemental testing depending on initial findings**

Appropriate ancillary tests should be used when screening identifies the possible presence of ocular disease. The following items have been included as tests that are not first-line screening tests, but they can be employed. This list is not exhaustive; other tests may be indicated by findings from screening. As technology evolves, other tests may become available. As well, self-screening or patient education play an important role in promoting patient awareness of visual impairment and the need to consult.

- ☐ Palpebral fissure measurement
- ☐ Levator function
- ☐ Lacrimal function (production, drainage)
- ☐ Exophthalmometry
- ☐ Colour vision screening
- ☐ Amsler grid
- ☐ Stereo acuity
- ☐ Corneal topography
- ☐ Central corneal thickness (pachymetry)
- ☐ Endothelial cell count
- ☐ Gonioscopy
- ☐ Automated visual field testing, frequency-doubling technology perimetry
- ☐ Heidelberg retina tomography, optical coherence tomography, GDx with variable corneal compensation
- ☐ Fundus photography, stereoscopic disc photography, drawing
- ☐ Angiography
- ☐ Electrophysiological testing (electroretinogram, electro-oculogram, visual evoked potential)
- ☐ Ocular or orbital ultrasound
- ☐ Radiographic testing
- ☐ Lab tests (including microbiology, blood work, biopsy)
- ☐
- ☐
- ☐

\*Essential elements of the examination are in boldface.



## RECOMMENDATIONS

### 1. Screening intervals in the asymptomatic low-risk patient

- Age 19–40 years: at least every 10 years [Consensus]
- Age 41–55 years: at least every 5 years [Consensus]
- Age 56–65 years: at least every 3 years [Consensus]
- Age > 65 years: at least every 2 years [Level 1<sup>a</sup>]

### 2. Screening in symptomatic patients

Any patient noting changes in visual acuity, visual field, colour vision, or physical changes to the eye should be assessed as soon as possible [Consensus].

### 3. Screening intervals in high-risk patients

Patients at higher risk of visual impairment (e.g., those with diabetes, cataract, macular degeneration, or glaucoma [and glaucoma suspects], and patients with a family history of these conditions) should be assessed more frequently and thoroughly.

- Age > 40 years: at least every 3 years [Consensus]
- Age > 50 years: at least every 2 years [Consensus]
- Age > 60 years: at least annually [Consensus]

cessation of smoking and control of hypertension. As well, antioxidants and zinc have been shown to reduce conversion to wet AMD, with associated decrease in vision, at a rate of approximately 25% over a 5-year period.<sup>44–47</sup>

#### Cataracts

Cataracts represent the second most common cause of correctable visual impairment after the correction of refractive error.<sup>22,42</sup> Advancing age remains the most common risk factor, with progression typically extending over a long period of time. Other common risk factors include DM, history of ocular trauma, and previous intraocular inflammation or surgery.

#### Other high-risk categories

Other high-risk patients include those with extreme refractive error, high hyperopia or myopia, previous ocular injury, systemic medication (such as hydroxychloroquine, tamoxifen), neurological or neurosurgical disorders, and possibly adults with mental retardation. Given the broad heterogeneity of the high-risk group, screening intervals will vary depending on the underlying cause of visual impairment.

#### ELEMENTS OF A COMPREHENSIVE EYE EXAMINATION

Much of the content of a comprehensive eye examination is dictated by the requirements of insurance

providers and may not provide good screening value. For example, the value of funduscopy for hypertension screening outside of a hypertensive crisis was not supported in a recent systematic review.<sup>48</sup> In addition, a unique strategy employing an automated and very focused approach has been employed. Using an autorefractor, non-mydriatic fundus camera (for fundus and lens documentation), and FDT visual field for glaucoma screening have been shown to be very cost effective.<sup>49</sup> Box 2 outlines elements of the oculo-visual examination, while Box 3 lists supplemental tests that may be appropriate for a more targeted oculo-visual assessment.

#### ADDITIONAL RESOURCES

Patient Information Sheet “When Should Adults See an Eye Doctor?”

This information sheet for patients is available on the CJO Web site at <http://pubs.nrc-cnrc.gc.ca/cjo/cjo.html>. It is linked to this article in the online contents of the February 2007 CJO.

Note to readers: These guidelines were developed using the best available evidence and are intended to inform patterns of clinical practice. Guidelines are not a replacement for clinical judgment. Ophthalmologists must consider the needs, preferences, values, and financial and personal circumstances of individual patients and work within the realities of their health care setting.

## COS vision screening guidelines

It is understood that there are disparities in human, financial, and health care resources in different regions of the country and that these factors may have an impact on physician and patient options and decisions. There is no expectation that these guidelines be applied in a research setting.

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P.K.: No dualities of interest to disclose.

Y.M.: No dualities of interest to disclose.

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- Key words: clinical practice guidelines, comprehensive eye examination, oculovisual assessment, oculovisual examination, periodic eye examination, vision screening

## APPENDIX S

### CONSUMER PROTECTION PROVINCE OF Manitoba

#### Is there a difference between a warranty and a guarantee?

##### Warranty

A **warranty** is an expressed or implied condition of sale. It's your assurance that the product will do what it's supposed to and will be free of defects...

Example of a warranty: "This XYZ appliance is warranted against defects in workmanship or material for one year from date of original purchase."

##### Guarantee

A **guarantee** may be more of a general promise which may or may not be a condition of sale.

For example, some stores use the policy "Satisfaction guaranteed or your money back." But before you buy a product from a retailer, ask the salesperson about the store's policy on guarantees and returns.

If a salesperson claims that a product is guaranteed, ask that it be in writing. Oral promises may be binding, but they can sometimes be hard to prove.

##### Implied Warranties

On retail sales, you get an "**implied warranty**" with every product you buy. So, by law, you have the right to expect products to be fit for their intended purpose and to be free of defects, except as described.

This implied warranty also covers every retail sale of services. Unless you agree to something else in writing, services should be performed in a skillful and workmanlike manner.

If the company refuses to act on your complaint under an implied warranty, you may take your case to court or contact the Consumer Protection Office. In most cases, a Consumer Services Officer can help you and the company come to some agreement.

## Express Warranties

In addition to the implied warranty, some sellers and manufacturers will give you more protection with an express warranty. Under *The Consumer Protection Act*, every oral or written statement of a seller or salesperson about quality, condition, quantity or performance is an express warranty.

There are two basic types of express warranties, full and limited.

### Full Warranty

A **full warranty** usually means that the seller will either repair or replace a faulty part, for free, within a fixed period of time after a purchase.

### Limited Warranty

A **limited warranty** usually means you may have to pay for parts, labour charges or a percentage of the total repair bill.

## Extended Warranties

Buying an **extended warranty** is like buying extra insurance. You hope you won't need it, but just in case... Find out when the extended warranty comes into effect and what it covers.

Under *The Consumer Protection Act*, the seller is liable for all warranties and obligations applicable to the sale. Therefore, the buyer should go back to the seller for warranty repairs.

Warranties that seem alike at first glance may not offer the same protection. For example: Some full express warranties do not cover the whole product, only certain parts.

One manufacturer might allow servicing under warranty anywhere while another's may only be valid if servicing is done by an authorized dealer, such as the selling dealer.

Others may limit warranty protection to the original purchaser. If you are buying the item for yourself, it's not a problem, but what happens if you are buying a gift? Ask the salesperson for the store's policy on gifts.

Find out when your express warranty goes into effect. It may be the date of purchase or the date of delivery or installation.

Before buying "as is" floor models or demonstrators, ask about the warranty.

## **Repairs**

If an item breaks down while under warranty, get in touch with the seller as soon as it happens. The seller should have a record of the date of breakdown, just in case repairs aren't finished before the expiry date of the warranty.

The seller must provide you with a written record of all items and services used to correct the defect.

Before buying a high-ticket item outside of Manitoba such as home electronics, check into warranty protection. In some cases, the warranty may not be accepted in Manitoba. In other cases, you may have to pay for repairs yourself and then approach the manufacturer to attempt to get reimbursement.

If a foreign dealer assures you the warranty is valid in Manitoba, check that this promise is written into the warranty information. Also ask if the dealer has a list of authorized service centres in Manitoba.

## **Warranty cards**

Under Manitoba law, you don't have to register or return a warranty card to get express warranty protection. If a card is provided, fill it out and return it to the manufacturer. Then, if you go to the manufacturer for warranty repairs, they will have a record of your purchase. Keep your bill of sale and delivery slip as your proof of date of purchase.

### **What happens to the warranty if the manufacturer or store goes out of business?**

In Manitoba, a warranty is considered to be between the buyer and seller. So even if the manufacturer goes out of business, you still have warranty protection. If the seller goes out of business, contact the manufacturer about warranty repairs.

<http://www.gov.mb.ca/cca/cpo/warranties.html>

## APPENDIX T

### Hand Hygiene Quick Reference Chart

Hand washing/hand hygiene reduces the number of microorganisms on the hands and is the most important practice to prevent the spread of infection.

#### WHEN

##### Before:

- Direct hands-on care with a patient
- Performing invasive procedures
- Handling dressings or touching open wounds
- Preparing and administering medications
- Preparing, handling, serving, or eating food
- Feeding a patient
- Shifts and breaks

##### After:

- Contact with blood, body fluids, non-intact skin, and/or mucous membranes
- Contact with items known, or considered to be contaminated
- Removal of gloves
- Personal use of toilet or wiping nose
- Shifts and breaks

##### Between:

- Procedures on the same patient where soiling of hands is likely, to avoid cross-contamination of body sites

#### HAND WASHING/HAND HYGIENE AGENTS

##### Alcohol-Based Hand rub:

- Must contain a minimum of 60% alcohol
- Use in all clinical situations, except when hands are visibly soiled
- Use as an alternate when plain or antimicrobial soap is indicated, except when hands are visibly soiled

##### Plain Soap:

- For routine hand washing

##### Antimicrobial Soap:

- Before contact with invasive devices
- Before performing any invasive procedures
- Before contact with immunosuppressed patients
- Before/after contact with patients on infection control precautions/isolation
- Use in critical care areas: ICU, OR, Burn Unit, Dialysis, Intensive Care Nurseries



## Hand Hygiene Procedure

### Using an Alcohol-Based Hand Rub



Apply 2 - 3 mL of product to the palm of one hand.



Rub hands together covering all surfaces including fingernails, web spaces, thumbs and palms.



The product generally dries within 15 - 20 seconds.

**Ensure hands are completely dry before performing another task.**





## Hand Hygiene Procedure

### Using Plain Soap or Antimicrobial Soap



Wet hands under warm running water.



Apply soap and distribute over hands.



Rub hands together vigorously for 10 - 15 seconds to create a good lather.



Using friction, cover all hand surfaces including fingernails, web spaces, thumbs and palms.

Rinse under warm running water.



Dry hands gently and thoroughly with a disposable towel.



Turn off faucet using a clean disposable towel.

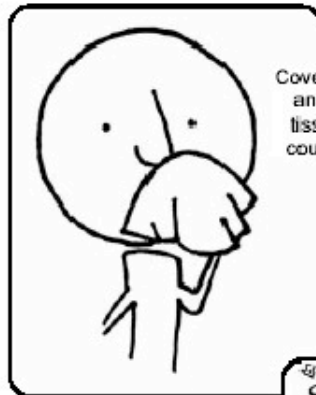


## APPENDIX U

### 9.2 Cover Your Cough Poster #1 - English

**Stop the spread of germs that make you and others sick!**

# Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

## Clean your Hands

after coughing or sneezing.



Wash with soap and water or clean with alcohol-based hand cleaner.



## **APPENDIX V**

**Health Canada Alert**

**February 2016**

**Riske of eye injury improper use of hydrogen**

**Peroxide-based contact lens solutions**

## PRODUCT CONFUSION ALERT

Risk of eye injury with improper use of hydrogen peroxide-based contact lens solutions

### Key points

- Eye injuries have been reported due to improper use of hydrogen peroxide-based contact lens solutions.
- Eye care professionals and other healthcare professionals are encouraged to advise consumers that hydrogen peroxide-based contact lens solutions are different than multi-purpose or saline solutions and to advise on safe and proper use.
- Health Canada is working with Alcon Canada Inc., the manufacturer of Clear Care Cleaning and Disinfecting Solution (Clear Care) to revise the labelling and packaging of their product to promote safe and proper use.

Hydrogen peroxide-based contact lens solutions are intended for cleaning, daily protein removal, disinfecting and storing of lenses. Currently available products in Canada include Clear Care (marketed in 2002), Lens Care System (marketed in 2014 and available as several different store brands), and Peroxyclear (marketed in 2014). Others such as Aosept and Oxysept are no longer sold in Canada.

When used properly, hydrogen peroxide found in contact lens solutions is a very effective chemical disinfectant.<sup>1</sup> However, hydrogen peroxide-based solutions are neither multi-purpose solutions nor saline contact lens solutions. All hydrogen peroxide-based contact lens solutions must only be used with a specially designed lens case containing a neutralizing disc, which is provided with the product. The disc in the lens case neutralizes the hydrogen peroxide to create a gentle saline solution similar to tears. Lenses must be soaked in the specialized lens case for a minimum number of hours (as indicated in the directions for use) before the lenses can be safely inserted in the eyes. Hydrogen peroxide-based solutions should never be used to rinse contact lenses prior to inserting them into the eyes.

Unneutralized hydrogen peroxide is irritating to the eyes. The most common adverse events related to hydrogen peroxide-based contact lens solutions reported to Health Canada were: eye burns, eye irritation, eye pain, ocular hyperaemia (redness), blurred vision and reduced visual acuity. Other less commonly reported adverse reactions were: corneal abrasion, corneal epithelium defect, corneal injury, corneal irritation, corneal perforation, eye swelling, increased lacrimation and visual impairment. These adverse reactions are consistent with published information on the effects of unneutralized hydrogen peroxide in the eyes.<sup>2</sup>

In 2013, Health Canada issued an Information Update about the risk of eye injuries from improper use of hydrogen peroxide-based contact lens solutions. Reports received since that time by Health Canada indicate that eye injuries continue to occur. In 2015, Health Canada analysed adverse reaction reports involving Clear Care, both to assess the effectiveness of labelling and packaging changes undertaken by the company in 2013 and to determine additional strategies to reduce the risk of eye injuries.

Health Canada's analysis of these reports identified several factors that may contribute to consumer confusion resulting in improper use of the product. Some or all of the factors may be common to all hydrogen peroxide-based contact lens solution products. The primary factors were:

- Limited user knowledge that hydrogen peroxide-based contact lens solutions are not the same as multi-purpose or saline solutions, and instructions for safe and proper product use are different;
- Product placement at the point of purchase (e.g., hydrogen peroxide-based solutions are found in close proximity to multi-purpose and/or saline solution eye products); and
- Safety messages on the label and package were not prominent, and not always reviewed by or adhered to by users.

Eye care professionals and other healthcare professionals are encouraged to advise consumers regarding the safe and proper use of all hydrogen peroxidebased contact lens solutions. The following warnings in particular should be emphasized:

- Hydrogen peroxide-based solutions are different from multi-purpose and saline contact lens solutions.
- DO NOT squirt solution directly into eyes; burning or stinging will result.
- DO NOT use a flat lens case. Hydrogen peroxide-based solutions only work with the special lens case with neutralizing disc provided.
- DO NOT remove lenses from case until the specified time indicated in the directions for use has passed. The solution needs time to neutralize.
- NEVER rinse contact lenses with the solution before putting them in eyes. To rinse your lenses, use sterile saline.
- If unneutralized solution gets into eyes, it will cause burning and stinging. If this happens, remove contact lenses immediately and flush (wash) eyes with a large amount of water or sterile saline.
- Stop use and ask a doctor if burning or irritation continues.

Health Canada is currently working with Alcon Canada Inc., the manufacturer of Clear Care, to revise safety messages on the label and introduce packaging improvements, including a Product Facts table.

If you require further information, please contact the Patient Safety Section of Health Canada.

\* The Product Facts table is modeled after the Canadian “Nutrition Facts” table for foods and the U.S. “Drugs Facts” box. It provides a standardized format and location for important product information, so that consumers can find and compare information quickly and easily

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## **APPENDIX W**

### **TOOLS AND INSTRUMENTS WHICH MUST BE ON THE PREMISES ALL TIMES IF EYE GLASSES ARE DISPENSED**

- Lensometer
- Adjustment and Bench Tools
- Lens Clock (Gauge)
- Pupillometer and /or mm pd Ruler and penlight
- Frame Heater
- Tool to Measure Vertex Distance
- Thickness Calipers
- Distance and Near Visual Acuity Charts
- Tolerance Chart(s)
- Frame and Lens Cleaning Products
- Other equipment and instruments that the OOM may advise are necessary to maintain the Standard of Practice in the profession

## APPENDIX X

### TOOLS AND INSTRUMENTS WHICH MUST BE ON THE PREMISES ALL TIMES IF CONTACT LENSES ARE DISPENSED

- Keratometer/Ophthalmometer
- Slit Lamp/Biomicroscope
- Lensometer
- Method of disinfecting tools, equipment and lenses
- Distance and near Visual Acuity Charts
- Appropriate solutions for caring for Lenses, Rigid or Soft
- Currently dated solutions for caring for Lenses
- Currently dated Starter Kits for patients
- Diagnostic Trial Lenses
- Sodium Fluorescein
- Trial Lens Set for Rx verification and over refraction
- Tolerance Chart(s)

**If fitting rigid contact lenses, must also have:**

- Radioscope or Equivalent
- Loupe/Magnifier
- Diameter Gauge
- Suction Cup Remover

**It is also recommended that a dispensary have the following:**

- UV Light
- Thickness Gauge
- Modification Unit
- Shadow Graph
- Crimper
- Caps

## APPENDIX Y

### OBTAINING ANSI STANDARDS

Due to copyright laws, the Opticians of Manitoba may only distribute the number of impressions of the standards for which we have paid. Each emailed copy and hard copy count as an impression. If you need an electronic or hard copy and the OOM has exceeded the number of impressions that have been paid for , we can still provide you with a copy but we must first contact Ansi and pay for additional impressions.

Therefore if you require a copy of the most current Ansi Standards for your personal use or for your dispensary, please contact the Opticians of Manitoba to request either an electronic or a hard copy. **Do not make a copy from another member's hard or electronic copy.** The cost to OOM members requesting a hard copy is \$10.00 for photocopying and mailing, electronic copies are free.



## APPENDIX Z

### ADVERSE INCIDENT REPORTING FORM

Please fill out an incident form for all patients who attend your practice and who suffer from issues related to problems with an optical device dispensed to them by another dispensary, an unregulated business or through the internet. If the eyewear is contact lenses, corneal insult of any kind or inability to insert and remove should be reported. If the eyewear is eyeglasses, substandard product, poorly produced lenses, incorrect powers, PDs and anything that does not meet the standard of dispensing established by Canadian regulatory bodies should be reported.

**Patient Information:** For privacy compliance please do not submit patient information. Assign a case or file number for ease of reference. If in the future specific patient information is required, patient consent will be sought.

File/Case Number \_\_\_\_\_ Age \_\_\_\_\_

Dispensary Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date of Report \_\_\_\_\_

Date of previous visit to ECP \_\_\_\_\_

Source of eyewear (optional) \_\_\_\_\_

Source of PD:    ☐ ECP            ☐ Patient

Source of Rx:    ☐ ECP            ☐ Patient

## Eyeglasses

Type of lens: ☐ S/V ☐ Multifocal

**Major Issue:**

- ☐ PD
- ☐ Height
- ☐ Power
- ☐ Fit
- ☐ Other \_\_\_\_\_

## Contact Lenses

☐ First time wearer ☐ previous wearer

**Major Issue:**

- ☐ Fit
- ☐ Power
- ☐ Other

**Type:**

- ☐ Clear
- ☐ Coloured
- ☐ Plano cosmetic

**Patient Symptoms/Complaint (EG or CL related):**

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**Action Required/3<sup>rd</sup> Party Referral:**

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**OTHER NOTES** \*do not include any identifying information about patient

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Please email, fax or mail each completed form to: NACOR, Suite 2708 – 83 Garry Street, Winnipeg MB, R3C 4J9  
Fax: (204) 949-9153 Email: general@nacor.ca

**INFORMATION FOR PRACTITIONER AND PATIENT**  
**FOR PRACTITIONER'S RECORDS ONLY - DO NOT SUBMIT THIS PAGE TO NACOR**

**Purpose**

Canadian eye care regulators are collecting data for a study that reviews the number of adverse incidences for patients that use the services of a regulated eye care professional as well as those patients who have sought their eyewear through unregulated sources. This report is not a punitive exercise but rather an attempt at gathering current data regarding risk of harm.

This form is not a vehicle to report misconduct or unauthorized practice. If you wish to file a formal complaint or to report unauthorized practice, please contact your respective regulatory authority directly for assistance.

**PRACTITIONERS: Please ensure that you have included the following  
information on the Adverse Incident Report**

- The eyewear that was actually required in comparison to what was supplied
- Source: was the eyewear acquired through a regulated or unregulated provider
- Problems encountered
- The date of the consumer's prescription
- The date of the last visit to an eye care professional
- Whether there had been any previous fitting for the actual contact lenses that were supplied,
- Age of the client

**PATIENT CONSENT – FOR PATIENT TO READ AND SIGN**

I understand and agree that the information reported above may be provided to NACOR as part of a study, but that my name and contact information will not be disclosed to NACOR. I understand that no further use of my personal information will be made in relation to the NACOR study without my advanced, written consent.

I also understand that this report will not result in any regulatory action against any health care provider unless the practitioner I made this report to decides to file a complaint. If I wish to make a complaint, I understand that I must contact the appropriate regulatory body (e.g., College of Opticians, College of Optometrists).

\_\_\_\_\_  
**Name of patient**

\_\_\_\_\_  
**Date**

**APPENDIX Z2**

**VISION LOSS  
REHABILITATION**  
CANADA

**RÉADAPTATION  
EN DÉFICIENCE VISUELLE**  
CANADA

## **A new partner in patient care**

CNIB is proud to launch **Vision Loss Rehabilitation Manitoba** –

A new brand is for its vision loss rehabilitation services.

For a century, CNIB has worked in partnership with eye care professionals across the country as a leader in providing specialized rehabilitation services for people with vision loss. The new brand identity, with operations in every province except Quebec, will help Canadians better understand post-vision loss rehabilitation services and ensure they have access to these essential health care services.

Working with **Vision Loss Rehabilitation Manitoba** is similar to how you have worked with CNIB in the past. You are best equipped to understand your patient's needs and working with them, to decide when vision loss rehabilitation therapy is best for them. You can refer them to Vision Loss Rehabilitation Manitoba by using the secure online referral form located at [mb.visionlossrehab.ca](http://mb.visionlossrehab.ca)

This new brand identity is an exciting development for the way vision loss rehabilitation therapy is provided across Canada. To learn more about the service offerings in Manitoba, and to refer your patients, visit **Vision Loss Rehabilitation Canada's** website: [mb.visionlossrehab.ca](http://mb.visionlossrehab.ca)

**APPENDIX Z2**

**VISION LOSS  
REHABILITATION**  
CANADA

**RÉADAPTATION**  
**EN DÉFICIENCE VISUELLE**  
CANADA

## APPENDIX Z3

### NOTIFICATION OF OPTICAL STORE OR DISPENSARY CLOSURE

Registrants Name: \_\_\_\_\_ License Number: \_\_\_\_\_

THIS NOTICE SERVES TO INFORM THE OPTICIANS OF MANITOBA OF THE CLOSURE OF:

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Building Name and Address

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone and Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Closure is effective as of (YY/MM/DD): \_\_\_\_\_

#### PATIENT RECORD MANAGEMENT

Please provide the full name and complete address of the place where the patient records of the store or dispensary which is closing will be located. If the contact lens files are stored separately, please include the name and address of the contact lens licensed optician who will be receiving these files.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ACTIONS TAKEN TO NOTIFY PATIENTS OF THE NEW FILE LOCATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Practice Direction is a formal position of the Opticians of Manitoba with which members must comply.