



PURPOSE:

To outline the Town's procedure for acquiring prescription safety glasses in order to ensure that proper eye protection is provided to all applicable employees.

AUTHORITY:

- Occupational Health and Safety Regulations
- CSA Standard Z94.3-07

STATEMENT OF POLICY:

It is the policy to provide adequate eye protection to employees that wear prescription lenses and that may be exposed to the risk of eye injury while conducting work on behalf of the Town of Conception Bay South. This risk may include contact with a sharp or blunt object or moving particles, such as dust.

1.0 RESPONSIBILITIES

Management

Management is responsible for ensuring that employees are made aware of potential eye hazards and provide clear instructions regarding the use of safety glasses. Management will approve requests for prescription safety glasses from the employee and forward a copy of the request on to the Occupational Health and Safety Coordinator.

Occupational Health and Safety Coordinator

The Occupational Health and Safety Coordinator will monitor the prescription safety glasses program to determine its effectiveness and track employee purchases of the prescription safety glasses. The Occupational Health and Safety Coordinator will also periodically review this policy to ensure it meets the most current CSA Z94.3 Standard.

Employees

Employees are responsible for wearing appropriate eye protection as prescribed by their Supervisor and when the potential of eye hazards or an eye injury exists.



2.0 PROCEDURE

- 2.1 The Town will provide prescription safety glasses to employees that are required to wear prescription eyewear and perform work where machines, equipment, tools or work activities present the potential of eye hazards.
- 2.2 If safety glasses are required for an employee and they wish to avail of prescription safety glasses, instead of over-the-glasses safety glasses, then the employee will complete the Town's Prescription Safety Glasses Form and submit it to their Supervisor/Manager along with a copy of their prescription from an optometrist.
- 2.3 Management will review and either approve or deny the request. The reasoning for denied requests will be explained to the employee and approved requests will be given to the employee. Management will forward all approved requests to the Occupational Health and Safety Coordinator who will complete the Vendor's Authorization Form.
- 2.4 Employees are to take the completed Authorization Form and prescription to the designated vendor in Conception Bay South to place an order. All prescription safety glasses will be required to meet the CSA Standard Z94.3-07.
- 2.5 Specified frames have been set up with the designated vendor in Conception Bay South and the employee may choose from the available options. The Town will cover the cost of the frames, polycarbonate lens with anti-scratch coating and UV Filter for single vision to progressive lenses. The Town will also cover \$50.00 towards the cost of transition lenses for outside workers. Any additional costs for options with the prescription safety glasses, other than what is stated in this policy, will be paid for by the employee.
- 2.6 Employees may request new safety glasses from the Town when their prescription has changed or due to normal wear and tear, using the Prescription Safety Glasses Form, as long as a time period of two years or greater has elapsed since the date of issue of the previous pair.
- 2.7 Employees can file a claim with WHSCC, as per section 58.7.4 of WHSCC's Health Care Devices & Supplies Procedure, to have the prescription safety glasses repaired or replaced if they have been broken or damaged due to a work-related accident or incident.



Town of Conception Bay South Corporate and Operational Policy

Title: Prescription Safety Glasses Policy
Policy Number: 077

Resolution Number: 16-032
Date Approved: February 2, 2016

2.8 Employees are required to maintain and not alter their prescription safety glasses. Employees are responsible for the cost of replacing any lost or stolen prescription safety glasses.

ASSOCIATED DOCUMENTS:

Prescription Safety Glasses Form

REVISION HISTORY:

Revision:	Sec/Para Changed	Change Made:	Date: