Spectacle Lens Dispensing

20 In prescribing a spectacle lens, registrants must consider the patient's refractive error, accommodative status, binocular function, occupational requirements, recreational or environmental requirements, and frame and lens parameters.

21 When filling a spectacle lens prescription, and in accordance with Bylaw 114(3) registrants must order lenses and fit lenses to frames in accordance with accepted tolerance standards.

22 In dispensing spectacle lenses and in accordance with Bylaw 114(3) registrants must:

(a) verify the ophthalmic appliance (vision appliance) against the prescription; and

(b) fit the ophthalmic appliance to the patient.

1.2.9 TREATMENT OF EYE DISEASE

Treatment with Pharmaceuticals

1 A registrant who prescribes a topical pharmaceutical agent must refer the patient to an ophthalmologist if there is no improvement to the condition after 7 days from the diagnosis.

2 A registrant who prescribes a topical corticosteroid must refer the patient to an ophthalmologist if the condition worsens after 72 hours from the diagnosis.

3 A registrant who prescribes a topical corticosteroid must refer the patient to an ophthalmologist if the condition has not resolved after 3 months from the diagnosis unless the registrant is co-managing the patient with an ophthalmologist.

4 A registrant must consult an ophthalmologist if the condition recurs within 3 months of cessation of therapy.

5 A registrant must consult with an ophthalmologist if the patient experiences an adverse event with a prescribed pharmaceutical.

Treatment of the Nasal Lacrimal Apparatus

6 A registrant who is qualified may, on patients over the age of 12, perform punctal dilation and irrigation of the lacrimal canaliculi but may not probe the nasal lacrimal tract.

7 A registrant may insert and remove punctal plugs.

8 A registrant may epilate eyelashes.

Foreign Body Removal

9 A registrant may perform non-surgical procedures on body tissues below the dermis or the mucous membrane for the removal of foreign bodies from the conjunctiva, lid or adnexa.

10 A registrant may remove central corneal foreign bodies within a 2mm radius of the visual axis if the foreign body is superficial and not deeper than Bowman's membrane. Central corneal foreign bodies deeper than Bowman's membrane must be referred to an ophthalmologist.

11 A registrant may remove corneal foreign bodies beyond 2mm from the visual axis provided the foreign body is not deeper than the mid stroma.

12 All Sidel positive, high velocity or penetrating corneal foreign bodies must be referred to an ophthalmologist.

13 Corneal foreign body removal may be performed outside of these guidelines if it is in the best interest of the patient, if immediate action be must be taken and if immediate access to an ophthalmologist is not possible.

Ultrasound

14 A registrant may apply ultrasound for diagnostic purposes, to measure the thickness of the cornea or the axial length of the eye.

1.2.10 THERAPEUTIC PHARMACEUTICAL AGENTS

1 Where the use of a therapeutic pharmaceutical agent is indicated, the registrant must:

(a) prescribe the most appropriate therapeutic pharmaceutical agent and delivery method; and

(b) note in the patient record the name/type, amount/volume, dose, treatment eye and refills (if any) of therapeutic pharmaceutical agent prescribed; and

(c) instruct the patient on the correct use of the therapeutic pharmaceutical agent including precautionary procedures and non-pharmacological management; and

(d) monitor and modify as necessary the prescribed treatment regimen; and

(e) follow up with the patient until the condition being treated is resolved.

2 In determining the most appropriate therapeutic pharmaceutical agent and delivery method, the registrant must consider microbiological, pharmacological, systemic, ocular and drug substitution factors.

3 A registrant may issue a prescription for a therapeutic pharmaceutical agent in writing or by verbal direction to a pharmacist.

1.2.11 ANTI-GLAUCOMA MEDICATION PRESCRIBING

1 A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications must:

(a) own, and be competent in the use of:

1) a Goldmann type applanation tonometer; and

2) an anterior chamber goniolens; and

3) a stereo slit lamp biomicroscope with contact or non-contact lens; and

4) a Humphrey type automated visual field analyzer; and

5) a corneal pachymeter; and

6) a sphygmomanometer.

(b) have access to, and be competent in the interpretation of information from, any one of:

1) a tomographer; or

2) a polarimeter; or

3) a scanning laser ophthalmoscope; or

4) a stereo fundus camera.

2 A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications may, in accordance to a medical standard, monitor, manage and/or treat:

(a) a glaucoma suspect; and

(b) early glaucoma; and

(c) glaucoma induced by topical steroids

provided it is within the registrant's competence to do so.

3 If a registrant monitors, manages or treats a glaucoma patient in accordance with subsection 2 above, the registrant must:

(a) not prescribe an anti-glaucoma medication to a patient who is under the age of 30 except as noted in 2(c) above; and

(b) refer the patient to an ophthalmologist:

1) for consultation or management if the patient has one or more eyes with:
   i) moderate glaucoma; or
   ii) IOP above target pressure for more than six weeks from the initiation of treatment; or
   iii) a requirement for more than two concurrent classes of topical medications to reach target IOP (note that a single combination medication that contains two therapeutic pharmaceutical agents is considered to be two medications); or
   iv) a clinically significant adverse effect to a prescribed medication; or
2) if the patient has one or more eyes with:
   i) advanced glaucoma; or
   ii) a secondary glaucoma except as noted in 2(c) above.

(c) have a working relationship with an ophthalmologist who is accessible for consultation, referral, regular communication, collaboration and transfer of care when a patient is referred under 3(b) above. The communication, consultation, reporting and referral schedule must be considered on a case-by-case basis by the optometrist and the ophthalmologist who share in the care of the glaucoma patient.

(d) at the time of diagnosis and/or initiation of treatment, inform the patient that they have the prerogative to request management exclusively by an ophthalmologist or glaucoma sub-specialist.

(e) be available, or assign a Therapeutic Qualified Registrant able to meet all requirements of these Standards, Limits and Conditions for Practice, to be available to a glaucoma patient 24 hours a day seven days a week by pager, cell-phone or other electronic means.

(f) not prescribe:

1) a beta blocker

   (i) to a patient with a history of congestive heart failure, bradycardia, heart block, asthma or chronic obstructive pulmonary disease; or

   (ii) to any other patient without consulting the patient's primary care practitioner, if known.

2) a prostaglandin in the presence of

   (i) intraocular inflammatory disease; or

   (ii) previous ocular viral infections known to contraindicate prostaglandin use.

3) a cholinergic agent in the presence of

   (i) intraocular inflammatory disease; or

   (ii) MAO inhibitors; or