

BRIEFING NOTE

TO: Board of Directors

FROM: Clinical Practice Committee

DATE: December 2, 2025

SUBJECT: Standards of Practice

☒ For Decision

☐ For Information

☐ Monitoring Report

Purpose:

To seek approval for proposed updates to the Standards of Practice and Practice Guidelines.

Background:

The College is legally required to develop, establish, and maintain standards of practice to ensure the quality of practice of the profession.

The Standards of Practice are not a step-by-step guide on how to practice opticianry; they set out the expectation for every optician. A core expectation is that opticians use their professional judgement to make appropriate decisions in achieving these standards.

The Standards:

1. Set out the College's expectations for how opticians will conduct themselves in their practice.
2. Provide the College with benchmarks against which it can measure opticians' conduct in the course of investigating complaints, as well as in peer assessments and quality assurance reviews.
3. Provide the public with a clear understanding of the quality of care they should receive from an optician.
4. Are mandatory requirements. The word "shall" indicates an obligation that all opticians must meet. It is a professional misconduct to breach or fail to meet a Standard of Practice.

Practice Guidelines describe best practices for opticians and explain and interpret standards and other responsibilities of opticians. They are a resource to help opticians understand how to make safe and ethical practice decisions.

The Board of Directors reviews the Standards every five years or more frequently as required. The last full review was completed in 2019.

For Consideration:

Following a consultation held in the Spring of 2024, the Committee reviewed the standards section by section identifying areas where, based on the feedback received, the Standards needed updating and where additional guidance was needed and provided directions to the administration team.

In 2025, the Committee reviewed and approved proposed updates to the Standards of Practice and Practice Guidelines (Appendix A) to be circulated for stakeholder feedback. The consultation period went from September 12, 2025, through October 21, 2025.

Input was sought on whether the proposed updates:

- were clear, or if any area needed more clarity
- were appropriate for guiding professional practice and what areas may not be appropriate
- they reflect the realities of current practice environments and whether there were ways they could better reflect the current practice environment
- they were confident that they would be able to apply the updated Standards and Guidelines in their day-to-day practice

And whether they:

- anticipated any challenges
- supported the implementation of the updated Standards and Guidelines as proposed and areas they did not support or were unsure about

Stakeholder Feedback –Survey Results

A total of 143 responses were received; the results are included as Appendix B.

Key Findings from Survey

Just over:

- 87% of respondents feel they will be able to apply the updated Standards and Guidelines in their day-to-day practice somewhat confidently to confidently.
- 75% of respondents support the implementation of the updates to the Standards of Practice and Practice Guidelines as currently proposed.
- 75% of respondents feel the proposed updates reflect the realities of their current practice environment somewhat well to very well.

Below is a chart summarizing the main updates that the Committee is proposing to make to the standards and guidelines, rationale for the updates, and a summary of feedback received.

Proposed Update	Rationale	Feedback
Introducing a guideline around what professional judgement refers to.	<ul style="list-style-type: none"> To help opticians clearly understand what “professional judgement” means. 	<ul style="list-style-type: none"> 96% did not identify any concerns Many respondents said it was an excellent resource
Introducing a guideline around the treatment of spouses, sexual partners, family members, or friends	<ul style="list-style-type: none"> Following the general regulation amendment that granted opticians a spousal exemption, guidance is needed to clarify expectations when treating a spouse Guidance around treating family members and friends has been included as it is not something that is always clear 	<ul style="list-style-type: none"> 81% did not identify any concerns Four respondents said that this is a positive change. One respondent felt it was unnecessary to restrict dispensing to family One respondent believed professionals should be allowed to dispense to sexual partners
Introducing a guideline around the delivery of contact lenses without an optician present (Remote Delivery of Contact Lenses)	<ul style="list-style-type: none"> Identified through practice advice as an area where guidance was needed 	<ul style="list-style-type: none"> 86% had no concerns Two respondents found the title unclear Two respondents raised concerns about missed assessments or check-ups One respondent raised concerns about product verification.
Updating Standard 3 - Dispensing of Appropriate Optical Devices to include criteria around dispensing specialty lenses	<ul style="list-style-type: none"> Identified through practice advice as an area that needed clarity due to new products/lenses available. In particular, it was identified that there was a need to provide clarity on the role of the prescriber when an optician is considering fitting/dispensing specialty lenses. 	<ul style="list-style-type: none"> 84% had no concerns A suggestion was made to consider using the term optical devices versus optical appliances Clarity around prescription requirements was requested
Additional guideline around documentation in multi-practitioner environments.	<ul style="list-style-type: none"> Identified through practice advice as an area of where guidance would be beneficial particularly in practices with more than 1 optician. 	<ul style="list-style-type: none"> 96% had no concerns One respondent noted software limitations (lack of notes section) and file size issues for insurance records.

Introducing a guideline around selling a practice or retiring	<ul style="list-style-type: none"> Identified through patient queries as an area that guidance was needed. 	<ul style="list-style-type: none"> No feedback received
Introducing a guideline on privacy requirements that explains the roles of health information custodians and agents	<ul style="list-style-type: none"> Identified through practice advice as an area that needed clarity. 	<ul style="list-style-type: none"> 97% had no concerns Two respondents found the distinction unclear
Introducing a guideline around discontinuing and/or declining services	<ul style="list-style-type: none"> Identified through practice advice as an area where guidance would be beneficial to registrants. 	<ul style="list-style-type: none"> 88% had no concerns Five respondents requested guidance for handling abusive or threatening patients
Updating Standard 7: Remote Practice & Technology to include criteria around incorporating and using technology in any aspect of practice.	<ul style="list-style-type: none"> With the potential use of Artificial Intelligence in the optical environment (e.g., scheduling appointments, scribing notes), adding this criteria provides clarity for registrants 	<ul style="list-style-type: none"> 90.5% had no concerns Minor concerns about online dispensing were noted
Introducing a guideline around the use of technology and artificial intelligence	<ul style="list-style-type: none"> Included to provide additional clarity for opticians considering the use of technology or artificial intelligence. 	<ul style="list-style-type: none"> 93% had no concerns Two respondents indicated it was thorough and emphasized that it cannot substitute the professional judgement of opticians.
Introducing a guideline around the use of social media and responding to online reviews	<ul style="list-style-type: none"> Introduced as a result of practice advice queries. 	<ul style="list-style-type: none"> No feedback received
Updating Standard 10: Delegation to account for the discontinuation of refraction designations	<ul style="list-style-type: none"> Updated to reflect the discontinuation of the refraction designation and clarify responsibilities. 	<ul style="list-style-type: none"> 88% had no concerns One respondent requested guidance on working with optometrists who delegate One respondent suggested more definitive and simplified language addressing the limitations opticians have when delegating tasks to a non-licensed individual.

Stakeholder feedback was largely positive, with only minor requests for clarification. The Committee recommends addressing these through “Frequently Asked Questions” rather than further amendments.

Public Interest Considerations:

The proposed updates target key areas where it is particularly important to clearly define expectations for opticians, including:

- Treating a Spouse, Family Member, or Friend
- Dispensing Specialty Lenses
- Record Management
- The use of Technology and Artificial Intelligence

The proposed updates aim to further the public interest by providing guidance that will help opticians reduce conflicts of interests and maintain impartial judgement, understand their responsibilities when dispensing specialty lenses such as myopia control, and ensure technology is used responsibly and with accountability.

Diversity, Equity, and Inclusion Considerations:

The proposed updates were aimed at ensuring that the Standards and Guidelines are clear, use inclusive language, and account for emerging practice trends and different practice modalities, such as remote delivery of contact lenses, dispensing of specialty lenses, and the use of technology may improve access to care. Care was taken to ensure plain language so that the document would be accessible and comprehensible.

On review of the stakeholder feedback, the Committee did not identify any concerns from a DEI perspective that were raised by registrants or other system partners.

Risk Management Considerations:

The proposed updates to the Standards and Guidelines including updates in the following areas:

- Treating a Spouse, Family Member or Friend
- Record Management
- The use of Technology and Artificial Intelligence

are aimed at helping the College manage risk by creating transparency, reducing the chance of conflicts of interest, and ensuring technology is used responsibly which safeguards the organization from operational risks.

Recommendations/Action Required:

The Committee recommends the Board of Directors approve the proposed updates to the Standards of Practice and Practice Guidelines.



**Professional Standards of Practice
and Practice Guidelines for
Opticians in the Province of Ontario**

Professional Standards of Practice and Practice Guidelines for Opticians in the Province of Ontario

Contents

Standard 1: Competence	7
Standard 2: Professional Conduct.....	8
Standard 3: Dispensing of Appropriate Ophthalmic Appliances	11
Standard 4: Safety and Infection Control in the Practice Environment	18
Standard 5: Record Keeping	20
Standard 6: Patient Relations	25
Standard 7: Remote Practice and Technology	27
Standard 8: Refraction.....	29
Standard 9: Advertising and Social Media	30
Standard 10: Delegation.....	32

Introduction

The College of Opticians of Ontario registers opticians in Ontario. All registrants of the College of Opticians of Ontario must meet competency based educational requirements and pass examinations related to dispensing. “Dispensing” is defined as the preparation, adaptation, and delivery of eyeglasses, contact lenses, or subnormal vision devices to a person. Registration also requires that opticians keep their knowledge and skills current through continuing education.

The College of Opticians of Ontario regulates the practice of opticianry and governs opticians in accordance with legislation, regulations, and by-laws. In addition, it has among its objects the development, establishment, and maintenance of standards of practice to assure the quality of practice of the profession. In carrying out its objects, it has a duty to serve and protect the public interest.

All opticians shall conduct themselves in a manner that is consistent with applicable legislation and the regulations, by-laws, and standards of practice of the College of Opticians of Ontario.

Purpose and Scope of the College of Opticians of Ontario Standards of Practice

The Standards of Practice serve the following purpose:

1. The Standards of Practice set out the College’s expectations for how opticians will conduct themselves in their practice.
2. They provide the College of Opticians of Ontario with benchmarks against which it can measure opticians’ conduct in the course of investigating complaints, as well as in peer assessments and quality assurance reviews.
3. They provide the public with a clear understanding of the quality of care they should receive from an optician.
4. They are mandatory requirements. The word “shall” indicates an obligation that all opticians must meet. It is professional misconduct to breach or fail to meet a Standard of Practice.

The Standards of Practice are not a step-by-step guide to how to practise opticianry. Rather, they set out expectations for every optician. A core expectation is that opticians use their professional judgment to make appropriate decisions in providing care to patients. When dispensing ophthalmic appliances, an optician must take full responsibility for meeting these standards and ensuring that the patient’s best interests are met, even if other practitioners were involved earlier in the dispensing process. The concept of “most responsible dispenser” is used to describe this principle.

The College of Opticians of Ontario is legally required to develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession of Opticianry. The College is also responsible for developing, establishing, and maintaining standards of knowledge and skill and programs to promote continuing competence among opticians; and to develop, establish and maintain standards of professional ethics for opticians.

College of Opticians Practice Guidelines

The College of Opticians Practice Guidelines apply to all registered opticians in Ontario, regardless of practice environment.

Guidelines describe best practices for opticians and explain and interpret standards of practice and other responsibilities of an optician. They are a resource to help opticians understand how to make safe and ethical practice decisions. Where a guideline explains the requirements of a standard, it may indicate that an optician “must” or “shall” do something or refrain from doing something. Where a guideline sets out a best practice, it will indicate that an optician “may” or “should” do something or refrain from doing something.

Review Frequency

The Board of Directors of the College of Opticians will review the Standards of Practice and Practice Guidelines every five years or more frequently as required.

The Standards of Practice and Practice Guidelines were last amended by the Board on **October 2, 2023**.

Overview

Standard 1: Competence

An optician shall conduct themselves so that patients receive the optician's most effective performance.

Standard 2: Professional Conduct

An optician shall meet the ethical and legal requirements of the profession.

Standard 3: Dispensing of Appropriate Ophthalmic Appliances

An optician shall dispense optical devices appropriate to the patient.

Standard 4: Safety and Infection Control in the Practice Environment

An optician shall take reasonable and appropriate measures to minimize the risk of contamination and subsequent transmission of infectious agents within their professional practices. The practice site must be equipped and maintained, and that procedures are in place, to assure health and safety for both patients and staff.

Standard 5: Record Keeping

An optician shall retain complete and accurate patient records in accordance with these Standards and the [*Personal Health Information Protection Act, 2004*](#).

Standard 6: Patient Relations

An optician shall take reasonable steps to ensure patient comprehension of any process. The optician shall ensure that patient confidentiality is maintained at all times and that they have informed consent to provide health care services to a person.

Standard 7: Remote Practice and Technology

An optician who engages in remote practice, or who uses or is affiliated with a website or other technology interface as part of their opticianry practice, shall ensure that their practice complies with the College's Standards of Practice.

Standard 8: Refraction – RESCINDED OCTOBER 2, 2023

Standard 9: Advertising and Social Media

An optician shall take reasonable steps to ensure that any advertising relating to the optician's practice is in accordance with the College's advertising regulation and in the public interest.

Standard 10: Delegation

An optician shall be accountable for all controlled acts that they delegate to another individual, as well as for all controlled acts that the optician performs under the delegation of another regulated health professional.

STANDARDS OF PRACTICE *AND PRACTICE GUIDELINES*

Standard 1: Competence

An optician shall conduct themselves so that patients receive the optician's most effective performance.

Criteria:

1. Each optician is responsible for maintaining their competence.
2. An optician shall exercise professional judgment at all times in their practice.



Practice Guideline : Professional Judgment

It is recognized and expected that opticians will take different approaches to the services they provide, and that opticians will vary their methods in response to the demands of a particular situation. This is how opticians ensure their patients receive care that takes their particular needs and situations into account. This is an example of exercising professional judgment.

Professional judgment refers to the thoughtful and informed decision-making process a regulated health professional uses to determine the most appropriate course of action in a given situation, based on their clinical knowledge, skills and experience, regulatory standards, ethical obligations, and awareness of any potential limitations. Opticians are expected to use their professional judgement at all times in their practice, in order to provide patients with care and services that are appropriate to their needs.

Professional judgment means exercising professional discretion in a manner that is informed by standards, ethics, knowledge, skills, and experience. Opticians are expected to take the following into account with each service they provide to a patient:

- Considering all relevant information
- Assessing risk
- Considering a patient's specific needs and/or wants
- Prioritizing the patient's best interest and well-being

Opticians are responsible and accountable for their decisions and actions and are required to demonstrate how they exercised their professional judgment in a manner that adheres to the Standards.

3. An optician shall always act in the patient's best interest and put the patient's interest above their own personal or commercial interest.
4. An optician shall ensure that they meet the quality assurance requirements as specified in the Quality Assurance Regulation of the College of Opticians.
5. Each optician is responsible for evaluating their own educational needs and meeting those needs through programs of continuing education.
6. An optician shall only perform tasks for which they have sufficient knowledge, skill, and judgment to perform competently and safely, and shall not engage in tasks that are beyond their capacity to perform.
7. An optician shall refer or assist patients to find the necessary professional help when the condition or status of the patient falls outside their scope of practice, education, or experience.
8. An optician shall not engage in the practice of opticianry while their ability to do so is compromised or impaired.
9. An optician shall maintain current knowledge of legislation, standards, guidelines, and policies pertaining to the delivery of opticianry care.
10. An optician shall inspect any product and determine the appropriateness of any advice or recommendation that is provided to a patient.

Standard 2: Professional Conduct

An optician shall meet the ethical and legal requirements of the profession.

Criteria:

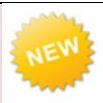
1. An optician shall comply with the Regulated Health Profession Act, 1991, the Opticianry Act, 1991, and the regulations, bylaws, and standards of practice of the College of Opticians of Ontario.
2. An optician shall engage in ethical behaviour and act in a manner that is consistent with the College's [Code of Ethics](#).
3. An optician shall be responsible for the professional actions and consequences of actions of any student or intern that they have agreed to supervise and of any person to whom they have delegated any task.

Practice Guideline: Supervision and Delegation

An optician who supervises a student or intern must only do so in accordance with the College's [Student and Intern Supervision Policy](#) and with the patient's consent. The supervising optician must always directly supervise a student or intern's patient contact. Direct supervision means that a member must be on-site, able to intervene, and available to provide in-view observation, formal feedback, and guidance while a student or intern performs a controlled act. Any task can be performed under supervision. The amount of supervision a student or intern will need will depend on the type of task assigned and the overall competence of the student or intern.

An optician can also delegate certain tasks to a person other than a student or intern if that person has appropriate training, in accordance with [Standard 10: Delegation](#), with the patient's consent. Delegation does not require the same oversight and guidance as supervision, but the optician must remain on site and be able to intervene if necessary.

4. An optician shall report any incident of unauthorized practice to the College of Opticians of Ontario. Unauthorized practice is defined as dispensing eyeglasses, contact lenses or sub-normal vision devices without being a registered member of the College of Opticians, the College of Optometrists or the College of Physicians and Surgeons.
5. An optician shall maintain appropriate boundaries with patients and former patients.
6. An optician shall not engage in sexual relationships with patients.



Practice Guideline: Treatment of Spouses, Sexual Partners, Family Members or Friends

Prohibition on treating sexual partners

The *Regulated Health Professions Act* prohibits opticians from treating any person with whom they have a sexual relationship, other than a legal spouse (see below). In addition, opticians must not enter into a sexual relationship with a former patient until at least one year has elapsed since the optician-patient relationship was terminated.

It is considered sexual abuse for an optician to treat their sexual partner, and conduct of this nature carries a mandatory penalty of revocation of the optician's license for a period of at least 5 years.

Spousal exception

Effective August 29, 2025, an amendment to the College's General Regulation came into force that creates a "spousal exception" for Registered Opticians. This means that as of August 29, 2025, it is no longer considered sexual abuse for an optician to treat a person who is their legal spouse, which is defined in the legislation as follows:

- a. A person to whom the registrant is married, or
- b. A person who the registrant has lived with in a conjugal relationship outside of marriage continuously for a period of not less than three years (sometimes known as a common law partner/spouse)

Even though it is no longer considered to be sexual abuse for an optician to treat their spouse, it may still be professional misconduct for an optician to do so in a manner that fails to comply with these Standards. As a general rule, it is not recommended that an optician treat their spouse.

It continues to be sexual abuse for an optician to treat a sexual partner who is not their spouse.

Treating spouses, other family members, or friends

As a general rule, the College does not recommend that opticians treat individuals with whom they have a personal relationship, such as spouses, family members, or friends, as doing can lead to difficult or complicated situations where the lines between the personal and the professional become blurred.

In all cases, the optician must ensure that they are able to remain objective at all times and recognize how this ability may be impacted by their close relationship to the patient.

Opticians who treat a spouse, family member or friend have all the same obligations under the [Standards of Practice](#) and [Code of Ethics](#) as they would when treating any patient, including:

- Exercising professional judgment at all times (Standard 1)
- Acting in the patient's best interest and putting the patient's interest above their own personal or commercial interest (Standard 1)
- Ensuring continuity of care (Standard 2)
- Taking an appropriate patient history and reviewing the details of the prescription and optical device being dispensed with the patient (Standard 3)
- Ensuring proper record keeping practices (Standard 5)
- Maintaining patient confidentiality (Standards 5 and 6, Code of Ethics)

- Ensuring proper communication, comprehension, and informed consent (Standard 6, Code of Ethics)
- Not practicing under conditions that may adversely affect the quality of their treatment (Code of Ethics)
- Recognizing their own limitations (Code of Ethics)

If the optician cannot remain objective and fully adhere to the Standards and Code of Ethics, they should decline to treat the spouse, family member, or friend, or transfer their care to another optician.

Discounts or Free Services/Products

The College does not expressly regulate the manner in which an optician chooses to charge for their services (and does not, as a general rule, become involved in whatever rules or policies an employer may have in place regarding pricing of products and services). Accordingly, there is no rule against providing any patient (including a spouse, family member, or friend) with a discount or choosing not to charge for a particular product or service.

It should be noted, however, that opticians are required to ensure that they maintain complete and accurate records for all opticianry services provided (even if those services are provided for free), and that their billing practices are accurate and ethical. It is considered an act of professional misconduct under the [Professional Misconduct Regulation](#) to do any of the following:

- Fail to maintain records
- Falsify a record relating to the member's practice
- Sign or issue a document that the member knows or ought to know contains a false or misleading statement
- Submit an account or charge for services that the member knows or ought to know is false or misleading
- Fail to specify in an account the selling price of eyewear if requested to do so by the patient

7. An optician shall report sexual abuse by any regulated health professional to the appropriate college in accordance with the requirements of the [Health Professions Procedural Code, 1991](#).

Practice Resources: Sexual Abuse

The College has a zero-tolerance policy towards sexual abuse of patients. Sexual abuse of a patient is defined very broadly to include (a) sexual intercourse or other forms of physical sexual relations between an optician and a patient, (b) touching, of a sexual nature, of a patient by an optician, and (c) behaviour or remarks of a sexual nature by an optician towards a patient ([Health Professions Procedural Code](#), s. 1(3)).

A person is considered a patient for the purposes of the sexual abuse provisions of the [Health Professions Procedural Code](#) if there is direct interaction between the optician and the patient, and any of the following are true:

- i. The optician has, in respect of a health care service provided by the optician to the individual, charged or received payment from the individual or a third party on behalf of the individual.
- ii. The optician has contributed to a health record or file for the individual.
- iii. The individual has consented to the health care service recommended by the optician.



The definition of patient also includes a consensual sexual partner. This means that it is not permitted under the legislation for an optician to treat their sexual partner. In addition, under the **Health Professions Procedural Code**, a person remains a patient for one year after the optician-patient relationship has ended. This means that an optician cannot enter into an intimate or romantic relationship with a former patient unless at least one year has elapsed since the optician-patient relationship was terminated.

There is an exception to the definition of “patient” where, at the time the optician provides the health care services, a sexual relationship exists between the individual and the optician, the services are provided in an emergency or are minor in nature, and the optician has taken reasonable steps to transfer the care of the individual to another optician or there is no reasonable opportunity to transfer care to another optician (see [O. Reg. 260/18](#)).

There is also an exception in the legislation for a person who meets the definition of “spouse” – namely, someone to whom the optician is married, or someone with whom the opticians has lived in a conjugal relationship outside of marriage continuously for a period of not less than three years. This means that it is not automatically considered sexual abuse for an optician to treat their spouse. Please note, however, that it is not recommended that opticians treat their spouses (see guideline on Treatment of Spouses, Sexual Partners, Family Members or Friends).

The following are information and guidance documents regarding sexual abuse prevention and reporting:

- [Mandatory Reporting of Sexual Abuse](#)
- [Sexual Abuse Prevention Guidelines](#)

8. An optician shall report unethical, unsafe, or incompetent practice by any regulated health professional to the appropriate college.
9. An optician shall only provide services which they know or believe are appropriate to meet the needs of the patient.
10. An optician shall only continue to provide services to a patient where such need is indicated and where the services continue to be effective.
11. An optician shall act in a manner that is consistent with the [Human Rights Code](#) and all applicable

accessibility legislation.

12. An optician must be reasonably available to the patient or take reasonable steps to ensure continuity of care of the patient.

Practice Guideline: Providing or Refusing Services

An optician should only provide services that are appropriate in the circumstances and can refuse to provide a service that the optician believes is not in the patient's best interests or if the optician does not have the knowledge, skill, and judgment necessary to provide the service. If an optician refuses to provide a service or discontinues services to a patient for any reason, this should be noted in the patient file.

Continuity of care: An optician who is unable to continue to provide care to a patient for any reason must take reasonable steps to ensure that another health professional can assist the patient. This might include providing information about other available health professionals or ensuring that adequate information is added to the patient file to ensure that another optician will have sufficient information to assist the patient.

Most Responsible Dispenser: In practices with more than one optician or optometrist, where multiple practitioners may participate in dispensing ophthalmic appliances to an individual patient, the College considers that the last optician to provide care (e.g., fit, adapt or deliver the ophthalmic appliance) is the most responsible dispenser. This optician is responsible for all preceding steps in the dispensing process, as well as the performance of the ophthalmic appliance and any potential risk of harm to the patient. Similarly, where opticians practise with optometrists, the most responsible dispenser is the last professional to provide care to the patient. Opticians must ensure that they have sufficient information to dispense the ophthalmic appliance in accordance with these standards. This will typically mean reviewing the patient file and asking for any additional information that is not included in the patient file. Opticians will generally not be considered the most responsible dispenser when the services they are providing to the patient are merely incidental (e.g., completing the retail transaction), or purely mechanical (e.g., adjusting a loose screw).

Standard 3: Dispensing of Appropriate Ophthalmic Appliances

An optician shall dispense optical devices appropriate to the patient.

Criteria:

1. The Prescription (Rx)

Under subsection 5(1) of the Opticianry Act, an optician shall not dispense eyeglasses, contact lenses or subnormal vision devices except on the prescription of an optometrist or physician.

- 1.1. An optician shall only dispense based on a valid prescription that contains the following information:
 - a. The name of a prescriber;
 - b. The patient's name;
 - c. The patient's prescription; and
 - d. The date of examination

Practice Guideline: Prescriptions

Opticians are expected to adhere to expiry dates indicated on optical prescriptions when dispensing prescription ophthalmic appliances. Opticians are required to use professional judgment at all times in their practice. Any divergence from the expiry date indicated on the prescription must be recorded in the patient file, and the optician must communicate the potential risks to the patient and note the conversation in the patient file.

Opticians are also required to use professional judgment when considering other notes or recommendations that may be indicated on an optical prescription. Significant divergence from notes or recommendations must be recorded in the patient file and the optician must communicate the reason for the divergence to the patient and note the conversation in the patient file.

- 1.2. An optician shall inform their patients of the importance of regular eye examinations and recommend that patients have their eyes tested regularly.
- 1.3. An optician shall retain a copy of the prescription for a period of 7 years. The optician shall make available the original or copy of the prescription, when requested to do so.
- 1.4. When an optician **duplicates** the prescription currently being worn by a patient, the duplication shall be noted in the patient's file. The optician shall explain to the patient that it is important to have regular eye examinations.

Practice Guideline: Duplications

Duplication should only be used in limited circumstances after reasonable attempts have been made to verify the validity of the prescription and should not be an optician's standard practice.

A “**duplication**” of a prescription means dispensing prescription eyewear based upon a pair of glasses provided by the patient rather than the prescription (e.g., broken glasses).

- 1.5. An optician shall communicate with the prescriber if there is any doubt whether the prescription is valid or if the prescription appears to be incomplete.
- 1.6. An optician shall analyse a patient's optical requirements in conjunction with a prescription issued by a prescriber.

2. Dispensing Eyeglasses

Dispensing includes the preparation, adaptation, and delivery of eyeglasses, contact lenses and subnormal vision devices.

When dispensing eyeglasses, an optician shall:

- 2.1. Review with the patient any relevant factors affecting eyeglass wear, including the patient's environment, occupational, hobbies, regular activities, and/or physical factors;
- 2.2. Review the details of the prescription in accordance with the standards of practice.
- 2.3. Advise the patient regarding appropriate ophthalmic lenses and frames;
- 2.4. Take appropriate measurements for the eyeglasses being dispensed to ensure proper function;
- 2.5. Verify the accuracy of the completed eyeglasses to ensure they are as ordered and within tolerance (industry standards, i.e., ANSI);
- 2.6. Fit and adapt the eyeglasses to the patient;
- 2.7. Counsel the patient on aspects of eyeglasses wear including, but not limited to the use, expectations, limitations, customary adaptation period, and maintenance requirements of the eyeglasses;
- 2.8. In the case of safety eyewear, adhere to appropriate safety standards; and
- 2.9. Ensure that the practice environment has the appropriate tools and equipment.

Practice Guideline: Delivery of prescription eyeglasses prior to fitting and adapting

In both the remote practice context (see Standard 7) and traditional practice environment, an optician is responsible for the delivery of prescription eyewear.

In most cases, fitting and adapting prescription eyeglasses prior to delivery will be in a patient's best interests. However, the College recognizes that there may be circumstances where an optician can best serve their patient by offering delivery prior to fitting and adapting the eyewear.

Where a patient requires or requests delivery of prescription eyeglasses before they are fitted or adapted for the patient, an optician must exercise professional judgment to determine whether this is in their patient's best interests. It is important to consider factors that include but are not limited to:

- the patient's age and health
- degree of anisometropia
- the prescription details and/or type of lens being dispensed
- whether the measurements were taken in person or remotely

any other reason where it is in the patient's interest to require an in-person meeting.

3. Dispensing Contact Lenses

"Dispensing" includes the preparation, adaptation, and delivery of eyeglasses, contact lenses and subnormal vision devices.

3.1. Initial Contact Lens Fitting

- a. An optician shall take a patient history and determine the suitability of the patient for contact lens wear. Special emphasis shall be given to the analysis of:
 - i. the health of the cornea, conjunctiva and lids, and the integrity of the tear layer;
 - ii. corneal curvature clarity and integrity;
 - iii. any relevant medications; and
 - iv. relevant factors including the patient's environment, work, hobbies, daily activities, and systemic health factors.
- b. An optician shall counsel the patient about the effects that contact lens wear may have on the health of the eye including advantages, risks of complications and limitations of contact lens wear.
- c. In fitting contact lenses, the optician must determine what lenses are appropriate for the patient. The initial lenses must be evaluated on the patient's eyes and subsequent modifications of the lens parameters must be made as required based upon factors that may include:

- i. lens appearance and fitting;
 - ii. comfort with diagnostic lens in place;
 - iii. corneal clarity and integrity;
 - iv. conjunctival and lid appearance;
 - v. tear characteristics;
 - vi. monocular and binocular visual acuity; and
 - vii. replacement schedule.
- d. Verify the accuracy of the contact lenses to ensure they are as ordered and, where applicable, within tolerance;
- e. The optician must provide and record any relevant details of instructions or recommendations to the patient with respect to:
 - i. hygiene;
 - ii. lens insertion and removal;
 - iii. lens care regime;
 - iv. recommended wearing times and replacement schedules;
 - v. normal and abnormal adaptive symptoms;
 - vi. contraindications to lens use;
 - vii. progress evaluations; and
 - viii. how and when to access emergency care.
- f. The optician shall develop an appropriate ongoing patient management plan. This includes determining when the patient should return to the optician for an assessment of lens performance, adaptation, and compliance; for contact lens refills; or for further evaluation.
- g. An optician shall record the results of all evaluations performed and all recommendations provided to the patient.

3.2. Continuing Care

- a. In providing continuing care to established contact lens patients, an optician shall:
 - i. review the ongoing patient management plan, considering any relevant factors such as:
 - 1. any changes in the patient's eye health and other relevant personal circumstances;
 - 2. changes to the patient's occupation; and
 - 3. the time elapsed since the patient last met with an eye care professional in person.
 - ii. review with the patient (as appropriate):
 - 1. the age, wearing and replacement schedule of current contact lenses;
 - 2. the efficacy of the current lens care regime; and
 - 3. any adverse reactions associated with contact lens wear

- iii. assess the patient to determine relevant factors, such as:
 - 1. lens appearance and fit;
 - 2. wearing time;
 - 3. comfort with lenses in place;
 - 4. corneal clarity and integrity;
 - 5. stable corneal curvature;
 - 6. conjunctival and lid appearance;
 - 7. tear characteristics;
 - 8. visual acuity; and
 - 9. compliance with recommendations on lens handling, lens care, and replacement.
- iv. provide and implement management plans for any problems identified, making recommendations for further care and counsel the patient, as necessary.

3.3. Replacement Contact Lens Services

- a. Where a person seeking replacement contact lenses is not an established contact lens patient, an optician shall treat the patient visit as an initial fitting.
- b. When providing replacement contact lenses services for an established contact lens patient, an optician shall:
 - i. ensure the patient's clinical information is current and if not, treat the patient visit as an initial fitting to the extent necessary in the circumstances;
 - ii. determine the need for alterations to previous lens specifications and make adjustments accordingly;
 - iii. advise the patient as to the need for and extent of continuing care;
 - iv. confirm the parameters of contact lenses as ordered; and
 - v. provide follow-up services in accordance with the management plan.

Practice Guideline: Dispensing Contact Lenses

In the case of contact lenses, a physical, in person meeting between an optician and patient is necessary during initial selection and fitting and for required follow up care. An in-person meeting may also be necessary when providing continuing care and dispensing refills to established patients, in order to meet the standards of practice and to ensure appropriate patient care.

If the patient previously wore contact lenses, the following details (if known) should be recorded in the patient record at the optician's initial meeting with the patient: the previous type of lens, modality of wear, solutions, base curves, diameter, power, how long the patient has worn contact lenses, and who dispensed them.

In section 3.3 above, **"Established contact lens patient"** means:

- a) a patient with whom an optician has an existing patient-practitioner relationship and to whom the optician has previously dispensed contact lenses; or

- b) a patient with whom another person authorized to dispense in Ontario has an existing patient-practitioner relationship with the patient and has previously dispensed contact lenses to the patient. However, if any relevant information appears to be absent from the patient record or cannot be obtained, an optician must treat the patient visit as an initial fit. An optician can only access a patient record created by another health practitioner with the patient's consent.



Practice Guideline: Remote Delivery of Contact Lenses

Any delivery method that occurs without the dispensing optician being physically present when delivery occurs is considered remote delivery. This includes when a patient picks up the product when the optician is not present, or when a product is shipped directly to the patient's home.

In both the remote practice context (see Standard 7) and the traditional practice environment, an optician is responsible for all aspects of the dispensing process, which includes the delivery of the finished product to the patient (in addition to preparation and adaptation)

Opticians may engage in the remote delivery of contact lenses for established contact lens patients where they determine, in their professional judgment, that it would be appropriate to do so and not contrary to the patient's best interests. Factors opticians are expected to take into account include but are not limited to:

- the patient's age and health
- the type of contact lenses being dispensed
- the patient's history and experience with contact lens use and/or the specific lenses being dispensed
- whether a follow appointment is not indicated

In all cases, the optician remains responsible to ensure that the contact lenses have been properly verified and labeled/marked prior to delivery, and for ensuring the patient is advised on follow up care and what to do if they have any questions or issues with their lenses.



4. Dispensing Specialty Lenses (e.g. myopia control, antifatigue, scleral contact lenses, orthokeratology, low vision devices)
- 4.1. An optician shall only fit/dispense specialty lenses in a manner that is consistent with the prescription and/or in consultation with the prescriber.
- 4.2. An optician who dispenses specialty lenses shall, in addition to the requirements for

dispensing all other ophthalmic appliances shall:

- a. only provide services or dispense products where the optician has the requisite knowledge, skill, and judgment to do so;
- b. maintain current knowledge, skill, and judgment with respect to the product/type of lens being dispensed and/or the safe delivery of services related to these products
- c. ensure that the patient is a suitable candidate for the product/type of lens being considered
- d. consult and collaborate with the prescriber as needed, having regard to the type of lens being dispensed, the purpose the lens was prescribed for and/or the issue the lens was prescribed to address
- e. determine the need for additional follow-up services, where indicated based on the type of lens and/or the issue the lens was prescribed to address
- f. obtain informed consent from the patient prior to dispensing the product/lens being considered, including explaining the associated risks; and
- g. document all relevant information in the patient record.

4.3. When assessing a patient for and providing specialty lenses , an optician shall:

- a. Review with the patient any relevant factors relating to the patient's environment, work, hobbies, regular activities, and/or physical factors;
- b. Review any referral or prescription details in accordance with the standards of practice.
- c. Advise the patient regarding appropriate ophthalmic appliance(s);
- d. Take appropriate measurements when fabricating any custom ophthalmic appliances;
- e. Verify the accuracy of any completed ophthalmic appliances, to ensure they meet required tolerances;
- f. Fit and adapt the ophthalmic appliance to the patient;
- g. Refer the patient to the authorized prescriber if the prescription requires altering;
- h. Counsel the patient on aspects of ophthalmic appliance usage such as expectations, limitations, customary adaptation period, and maintenance requirements.
- i. Provide and implement management plans for any problems identified, making recommendations for further care, as necessary.

Practice Guideline: Low Vision Assessments

A low vision assessment generally will include the following components:

- a) A comprehensive patient history that explores specific visual concerns, risk factors, visual
- b) and ocular history, family ocular history, general health, medications, and requirements relating to the patient's work, hobbies, and/or other regular activities.
- c) A review of the results of the patient's refractive and eye health examination and reassessment as necessary, of visual acuity.
- d) Binocular and oculomotor status, ocular health and the effectiveness of current spectacles and low vision devices
- e) Patient education regarding visual status, management options, and prognosis. Management plan individualized for the patient's needs.
- f) Discussion and/or demonstration of potential optical, non-optical, and electronic aids and devices
- g) Appropriate follow-up, arranged as needed, to assess the effectiveness of treatment and to monitor the patient's visual condition and needs.

Standard 4: Safety and Infection Control in the Practice Environment

An optician shall take reasonable and appropriate measures to minimize the risk of contamination and subsequent transmission of infectious agents within their professional practices. An optician shall ensure that the practice site is equipped and maintained, and that procedures are in place, to ensure health and safety for both patients and staff.

Criteria:

1. An optician shall adhere to all federal, provincial, and municipal requirements (including health and safety) and shall make best efforts to ensure the practice environment is compliant.
2. An optician shall remain informed of current infectious disease risks, symptoms, paths of transmission and prevention strategies in their community and practice setting.
3. An optician shall familiarize themselves with current techniques used to disinfect the office and control transmission of infectious agents.
4. An optician shall devise and/or follow a protocol that outlines frequency and specific responsibility for disinfection of the practice and instrumentation.
5. An optician shall follow routine precautions at all times (e.g., hand washing and appropriate waste disposal).
6. An optician shall take reasonable steps to ensure that workplace safety protocols are followed.

Practice Guideline: Safety and Infection Control in the Practice Environment

Opticians are expected to use their professional judgement to ensure a clean, safe, practice environment.

Standard 4 requires opticians to take reasonable and appropriate measures to minimize the risk of contamination and subsequent transmission of infectious agents within their professional practices. To meet this Standard, opticians must ensure that all frequently used equipment, items and areas of the dispensary are cleaned **and** disinfected/sterilized on a regular basis. Opticians are responsible for using their professional judgment to determine the frequency of cleaning and disinfecting/sterilization practices and are expected to take into account any relevant infectious disease risks in their community and/or practice setting.

- **Cleaning** refers to the process of removing dirt, grease, and other organic material from the surface of an object using a cleanser that has been approved for the particular equipment or item in question (e.g., warm, soapy water). Items/surfaces must be clean in order for disinfectants to work properly.
- **Disinfecting/Sterilizing** refers to the process of eliminating or destroying microbes and/or pathogenic microorganisms from a surface. The product or method used for this process should reflect the intended use of the items/surfaces in question.

The following areas must be cleaned and disinfected on a regular basis, the frequency of which must increase should there be an infectious disease risk.

- common areas, other high touch surfaces and objects such as doors, light switches, counter tops, handrails, keyboards, touch screens, and payment pin pads.
- All equipment such as pupilometers, lensometers, slit lamps, keratometers, or any other piece of equipment after they have been touched by any staff person or patient.
- Frames and lenses after they have been touched by a patient or customer.

Practice Resources

Health Canada, the Public Health Agency of Canada, and the Ontario Ministry of Health and Long-Term Care have information specifically regarding infection control guidelines and health alerts, including pandemic plans. The following are links to relevant resources:

- The Government of Canada's National Public Health Notices:
<https://www.canada.ca/en/public-health/services/public-health-notice.html>
- The Province of Ontario's **Infection Prevention and Control Protocol, 2018**:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection_Prevention_And_Control_Protocol_2018_en.pdf
- The Workplace Hazardous Materials Information System (**WHMIS**) website provides information about hazardous products that may be present in the workforce and how to safely manage them: <http://whmis.org/jurisdictions/on.html>
- Best Practices for Environmental Cleaning for Prevention and Control of Infections https://www.publichealthontario.ca/-/media/Documents/B/2018/bp-environmental-cleaning.pdf?rev=4b78a8dee04a439384bf4e95697f5ab2&sc_lang=en

Standard 5: Record Keeping

An optician shall retain complete and accurate patient and financial records in accordance with these Standards and the [Personal Health Information Protection Act, 2004](#).

Criteria:

1. Contents of Patient Records

- 1.1. An optician shall ensure that each patient record clearly and legibly includes the following information appropriate to the appliance being dispensed:
 - a. The patient's contact information
 - b. A patient history, including information about the patient's general and optical health, occupation, and relevant hobbies or other regular activities
 - c. Complete details of a patient's prescription, including a copy of the original prescription in a form that is unaltered from the manner in which it is received by the optician (e.g., photocopy or electronic scan), the name of the prescriber, and the date of examination
 - d. All details of the ophthalmic appliance dispensed
 - e. All contact lenses dispensed included any trial contact lenses
 - f. The identity of the optician who fit, verified, and delivered the ophthalmic appliance
 - g. The ongoing management plan for the patient, including the program or schedule for follow up
 - h. If a patient fails to attend or respond to follow up notifications, a notation to this effect
 - i. If an optician discontinues services or refuses to perform a service for an existing patient for any reason, a notation to this effect including the reason
 - j. If eyeglasses were duplicated from those currently worn by the patient, a notation to this effect
 - k. A notation of any service provided to an existing patient (e.g., measurement, fitting, or adjustment)
 - l. If a patient's services are covered by third party payor, a notation to this effect as well as a copy of any relevant third-party payor documentation.



Practice Guideline: Documentation

Detailed documentation provides a complete record of a patient's history and shows the sequence of events regarding patient encounters. This is essential to continuity of care, assists in avoiding miscommunication and reduces the chance of mistake. Where there is inadequate and/or incomplete information, another dispenser may be unable to provide care.

As noted elsewhere in these Standards, an optician who takes over care of a patient from a previous dispenser, that optician becomes the **most responsible dispenser** and therefore becomes responsible for all preceding steps in the dispensing process, as well as the performance of the ophthalmic appliance and any potential risk of harm to the patient. This means the optician also becomes responsible for ensuring that the patient record is complete and accurate. The optician should therefore take steps to remedy any deficiencies in the patient record.

2. Contents of Financial Records

- 2.1. An optician must keep clear and legible financial records pertaining to each service provided to a patient, and any ophthalmic appliance that is dispensed, including the following:
 - a. The optician's fees for services, product receipts, and any commercial laboratory work orders and/or invoices charged to the patient.

Practice Guideline: Record Keeping for "a-la-carte" services

If an optician provides a standalone (or "a la carte") service to a person who is not an existing patient, the optician may be required to create a patient record. Examples of standalone services may include providing an optical measurement, fitting, or adjusting eyewear, or repairing eyewear. While not all standalone services will require the optician to create a patient record (for example, doing a minor repair such as tightening a loose screw), a patient record should be created if the optician collects, uses, or discloses a person's personal health information, such as information about the person's prescription or about the person's health (e.g., that the person is experiencing blurry vision).

At a minimum, any patient record should always include the patient's name and contact information (if provided), a notation about the service provided and/or advice given, the fee charged, if any, and any relevant personal health information that was obtained. Additional information may be necessary depending on the circumstances including the nature of the service provided.

3. Retaining Records

- 3.1. An optician shall ensure that all patient records are retained for seven years from the date of the last entry, or for a patient who is under the age of 18, for seven years after the patient's eighteenth birthday.

- 3.2. An optician shall maintain their records in a manner that ensures that a patient or authorized College investigator, assessor or representative has access to the records.
- 3.3. An optician who is a health information custodian shall ensure that files are not abandoned when the optician retires, sells their practice, or closes their practice for an extended period. The optician shall ensure that files are transferred securely and in accordance with applicable privacy legislation, or in the case of an extended closure, shall take reasonable steps to ensure that patients can access their files during the closure.



Practice Guideline: Selling a Practice or Retiring

An optician who is planning to sell their practice and/or retire from practice remains responsible for ensuring patient records are stored and/or transferred properly.

It is recommended that opticians contact a qualified legal practitioner to ensure that patient records are stored and/or transferred in accordance with the requirements under the *Personal Health Information Protection Act, 2004*.

Some of the important responsibilities to keep in mind are the following:

- Patients must be notified if their records are being transferred to another authorized dispenser. The notice should take place before the records are transferred.
- Make sure to provide the patient with the contact information of the authorized dispenser who will be taking carriage of their records. The patient should be provided with an opportunity to request that their records be transferred to another dispenser of their choice instead.
- All records must be transferred and stored in a secure manner that will not breach patient confidentiality.

4. Privacy Requirements

- 4.1. An optician shall maintain patient health records in a manner that complies with all applicable privacy legislation. In order to meet this standard, an optician shall:
 - a. Understand who the health information custodian is at each place of practice and understand their legal obligations as either a health information custodian or an agent of a health information custodian.
 - b. Collect only personal health information that is necessary in the circumstances.
 - c. Collect, use, and disclose personal health information only with consent unless otherwise permitted or required to do so by law.

- d. Ensure that patient personal health information is accurate, complete, and up to date.
- e. Ensure that personal health information is retained, transferred, and disposed of securely and in accordance with any legislative requirements.
- f. Report privacy breaches in accordance with the requirements of the [Personal Health Information Protection Act, 2004](#).

Practice Guideline: Transferring Patient Records Between Optical Stores

In circumstances where an optician transfers a patient file from one optical store to another (for example, at the request of a patient who wishes to have their prescription eyewear dispensed at a different location of the same optical chain), the optician must ensure that it is done in a manner that complies with applicable privacy legislation. This includes ensuring that the patient consents to their records being transferred to another health professional and ensuring that the transfer is done in a secure manner that will not breach patient confidentiality.



Practice Guideline: Health Information Custodian versus Agent

Opticians are required to collect and use patient personal health information in order to provide opticianry services. Any practice environment that collects, uses, or discloses personal health information ("PHI") in Ontario must have a Health Information Custodian. An optician may be a health information custodian, or an agent of a health information custodian.

Health Information Custodian: The Health Information Custodian ("custodian") is the person or organization who, as a result of their powers, duties or work, has legal custody of the PHI that is collected in that workplace or practice environment. The custodian is legally responsible for this information.

Agent: An agent of a health information custodian is a person who has been authorized by the custodian to perform certain activities on the custodian's behalf regarding PHI. Like a custodian, an agent has a legal responsibility to ensure that PHI is handled properly and responsibly.

Every practice environment must have a health information custodian. However, not every individual who handles personal health information in the practice environment is necessarily considered to be a custodian.

It is important for opticians to ensure they understand who the health information custodian is in their practice environment. While the responsibilities of custodians and agents are similar, there are circumstances where it becomes important to know who has legal custody of the PHI or patient records (e.g., when an optician sells or leaves a practice, or in the event of a privacy

breach). It is recommended that opticians consult with a qualified legal professional where necessary.

5. Patient Access to Personal Health Information

- 5.1. An optician shall ensure patients can access, and if necessary, correct their personal health information in accordance with the requirements of the [Personal Health Information Protection Act, 2004](#). This includes providing a patient or the patient's authorized representative with a copy of their personal health information upon request.

Practice Guideline: Patient Access to Personal Health Information

An optician must provide patient personal health information at the request of the patient or their authorized representative. The [Personal Health Information Protection Act, 2004](#) (PHIPA) provides that a reasonable cost recovery fee may be charged. If a patient asks their optician to provide information about a measurement such as a pupillary distance, the optician must provide this information in accordance with PHIPA and the College's [Patient Access to Personal Health Information Policy](#).

6. Electronic Record Keeping

- 6.1. An optician who keeps electronic records shall ensure that electronic records are kept in accordance with all record keeping standards of practice. The optician shall ensure that a copy (e.g., scan) of the prescription and all other records are retained securely and in compliance with all applicable privacy legislation. This includes ensuring adequate and timely patient access, reliable backup, privacy, and encryption, and enabling amendments and corrections that do not obliterate the original record.

Practice Guideline: Third Party Storage

Section 14 of the Personal Health Information Protection Act, 2004 (PHIPA) permits opticians to store patient records at secure third-party storage sites only if they obtain patient consent, keep the records in a reasonable manner, and comply with any guidelines published by the College.

The following guidelines apply when an optician stores patient records at a third-party storage site:

- i. The storage facility should have a privacy policy that is consistent with PHIPA and the College's record keeping requirements.
- ii. The optician should obtain written assurance that the facility will safeguard the information and only disclose it if the optician specifically requests this.

- iii. If the facility will destroy the records at a later date, the optician should contract with the facility to retain the records for the period of time required by the College and destroy the records in a secure manner.
- iv. The optician should keep the account with the storage facility current at all times to ensure that records are not destroyed prematurely.
- v. The optician should keep records of what files are retained at the third-party site.
- vi. If the optician is in active practice, the optician's privacy policy should state that the optician uses a third-party storage site.

Practice Guideline: Record Keeping

Opticians are expected to be familiar with all applicable privacy legislation (e.g., the [Personal Health Information Protection Act, 2004](#) (PHIPA), and the [Personal Information Protection and Electronic Documents Act](#)).

Collecting only relevant medication information: It is important to ensure that no more patient personal health information is collected than necessary. For example, it may not be necessary for a patient to disclose what medication they are on when dispensing eyeglasses. However, it may be important for an optician to be aware of certain medications when dispensing contact lenses.

Resources: The Information and Privacy Commissioner of Ontario (IPC) website provides many additional resources to assist health professionals to understand their record keeping obligations under PHIPA (www.ipc.on.ca). This includes the following information bulletins:

- [Fact Sheet No. 1: Safeguarding Personal Health Information](#)
- [Fact Sheet No. 10: Secure Destruction of Personal Information](#)
- [Fact Sheet No. 11: Health Information Custodians Working for Non-Health Information Custodians](#)

Standard 6: Patient Relations

An optician shall take reasonable steps to ensure patient comprehension of any process. An optician shall ensure that patient confidentiality is maintained at all times and that they have informed consent to provide health care services to a person.

Criteria:

1. In order to ensure that consent is informed, an optician shall provide complete, accurate information concerning the steps of procedures to be taken in terms the patient can be reasonably expected to understand.

Practice Guideline: Consent to provide health care services

Informed consent: Informed consent means understanding relevant risks and benefits as well as alternatives to a proposed action, including collecting information from the patient, providing a service such as taking a measurement, or ordering prescription ophthalmic appliances. This may include ensuring a patient understands:

- that the optician will need to touch the patient's face to fit and adjust eyeglasses
- the price that will be charged for a service (e.g., taking a measurement) or product
- the reason a particular product is being recommended
- the fact that ophthalmic appliance may or may not be covered, in full or in part, by a patient's third-party coverage

Clear communication: Opticians are expected to provide clear information to patients about the ophthalmic appliance they are receiving, including information about warranties, billing and returns, and what the patient should do if the ophthalmic appliance does not perform as expected.

A la carte services: While opticians are not obliged to provide any service, there are special considerations where an optician provides a limited service such as taking a measurement or adjusting eyewear without dispensing eyewear to the patient. An optician who performs standalone ("*a la carte*") services must ensure that the patient is aware of the fee to be charged for the service prior to performing the service. Where an optician is asked to provide an optical measurement, the optician should also consider whether the measurement would provide enough information for another health care provider to dispense appropriate ophthalmic appliance to the patient, or whether additional measurements would be needed based on the patient's prescription. If additional measurements would be necessary, the optician should inform the patient.

Types of consent: Depending on the circumstances, consent may be written or verbal, and may be expressed or implied. Consent may be *implied* when taking a patient's history, or when transferring a prescription to another optician who is acting on behalf of the patient. In other circumstances, *express* consent may be required. For example, an optician will usually need to obtain express consent before touching a patient's face in order to adjust eyeglasses. As well, express consent is usually needed to disclose a patient's health information to someone who is not in the patient's circle of care. An optician should usually seek express consent from the patient for any individuals, including students, not directly

involved in the patient care to be present during assessment or treatment. It may be particularly important to obtain express consent when interacting with vulnerable patients.

Consent legislation: Opticians should be familiar with legislation about consent, including the [Health Care Consent Act](#) and the [Personal Health Information Protection Act, 2004](#).

2. An optician is not permitted to reveal any confidential information about a patient to anyone, except insofar as it is required for the treatment of the patient, and then only to those who have a need to know and with the consent of the patient or as permitted or required by applicable legislation.
3. An optician shall ensure that case discussions, consultations, telephone conversations, examinations, and treatment that could reasonably be expected to have an expectation of privacy are carried out in a manner that preserves confidentiality.



Practice Guideline: Discontinuing Service

Discontinuing service, generally: Opticians have a duty under the standards to be reasonably available to their patients and ensure continuity of care. There may be times, however, when an optician wishes to discontinue care to a patient. In general, opticians are permitted to discontinue service to a patient, so long as appropriate steps are taken.

Opticians may discontinue service to a patient where:

- The patient requests the discontinuation
- The optician arranges alternative services
- The patient is given a reasonable opportunity to arrange alternative services
- The patient has failed to pay for services and/or products within a reasonable time and all reasonable attempts to facilitate payment have been unsuccessful. In order to discontinue service for failure to pay, the optician must first confirm that there is no emergency.

Opticians may NOT discontinue service to a patient where:

- The reason for doing so would be considered discrimination under the Human Rights Code (e.g., due to the patient's race, religion, disability, etc.)
- The patient needs a product or service on an emergency basis and there is no reasonable opportunity to arrange alternative services.

The reason for discontinuing service must be documented in the patient file.

Failing to adhere to these requirements when discontinuing service could be considered a professional misconduct.

Declining to provide a specific service: As noted elsewhere in these Standards, an optician can refuse to provide a service that the optician believes is not in the patient's best interests or if the optician does not have the knowledge, skill, and judgment necessary to perform the service. If an optician refuses to provide service to a patient for any reason, this should be noted in the patient file.

Standard 7: Remote Practice and Technology

An optician who engages in remote practice, or who uses or is affiliated with, or relies on any website, digital platform software, or other technology to support any aspect opticianry practice, shall ensure that their practice complies with the College's Standards of Practice.

Criteria:

1. Remote Practice

- 1.1. An optician shall exercise professional judgment in determining whether it is in a patient's interests to engage in remote practice. Remote practice is the performance of any aspect of dispensing (preparation, adaptation, and delivery) prescription ophthalmic appliances in the absence of an in-person meeting, with or without the use of technology, and includes the following activities:
 - a. Communicating with and dispensing to patients via telepractice (e.g., telephone calls, emails, video conferences, kiosks, websites, smart phone apps, and other technology).
 - b. Remote delivery of prescription ophthalmic appliances (e.g., mail, courier, or in-store but via a third party).

Practice Guideline: Remote Practice

"Remote Practice" refers to any form of practice or telepractice that takes place remotely from a patient. This may include communicating with and dispensing to patients through the use of telephone calls, email exchanges, video conferences, kiosks, websites, smart phone apps, and other technology. It also includes any circumstance where the patient receives the ophthalmic appliance from someone other than the optician directly (for example, through the mail, or from a third party, such as another staff person at the optical store, or someone who picked up the eyeglasses or contact lenses on their behalf).

Regardless of practice methods and whether or not remote practice is used, eyeglasses, contact lenses, and subnormal vision devices cannot be dispensed in the absence of a patient-practitioner relationship. An optician must exercise professional judgment when using or considering any form of remote practice. This includes deciding whether to use a technology during any part of the dispensing process, including the preparation, adaptation, and delivery of the ophthalmic appliance..

Technology, however sophisticated, cannot substitute the professional judgment and oversight of an optician. Used properly, technology can be a useful tool. It can help opticians to meet their patients' needs, including by enabling opticians to communicate and interact with patients remotely, and to take more accurate measurements. However, an optician cannot hand over responsibility to a machine to dispense on their behalf. An optician must continue to take responsibility for all dispensing steps, exercising professional judgment in the patient's best interests at all times.

Regardless of the technology or means used, the optician is responsible for ensuring appropriate patient care and outcomes in accordance with the standards of practice.

As noted in the [Delivery Guidelines](#), in most cases, fitting and adapting prescription eyeglasses prior to delivery will be in a patient's best interests. However, the College recognizes that there may be circumstances where an optician can best serve their patient by offering delivery prior to fitting and adapting the eyeglasses.

This should only occur where the optician is confident that this is in the patient's interests, in light of all the circumstances. It is important to consider factors that include but are not limited to:

- the patient's age and health
- degree of anisometropia
- the prescription details and/or type of lens being dispensed
- whether the measurements were taken in person or remotely
- any other reason where it is in the patient's interest to require an in-person meeting.

2. Websites and Other Interfaces



2.1 An optician shall use professional judgment when incorporating technology into any aspect of their practice.

2.2 An optician shall remain accountable for all decisions and outcomes, regardless of whether technology was used, and shall not rely on technology as a substitute for their own knowledge, skills, and judgment.

2.3 An optician shall verify the accuracy and reliability of any technology used to support patient care, and shall take reasonable steps to understand the capabilities and limitations of any such technology.

2.4 If an optician uses or is affiliated with a website, or other technology as part of their opticianry practice, an optician shall ensure that the website or interface:

- a. complies with the College's [advertising regulation \(O. Reg. 219/94\)](#);
- b. provides reasonable and timely access to an optician;
- c. identifies the full name and registration number of any optician who interacts with a patient through the website or interface;
- d. only collects, records, or transmits patient information if it can be done in a private and secure manner and in compliance with the College's standards of practice and applicable privacy and anti-spam legislation;
- e. complies with all applicable standards of practice.



Practice Guideline: Technology and Artificial Intelligence (AI)

Artificial Intelligence (AI) typically refers to computer systems or algorithms that are designed to simulate human cognitive functions such as learning, reasoning, problem-solving, and decision-making. In healthcare, AI tools may be used to assist with tasks such as diagnosis, treatment recommendations, risk prediction, documentation, image analysis, and patient communication.

Technology, however sophisticated, cannot substitute for the professional judgment and oversight of an optician. In addition, no technology, including AI, permits an optician to perform acts that fall outside their scope of practice (e.g., diagnosis).

Used properly, technology can be a useful tool. It can help opticians to meet their patients' needs, including by enabling opticians to communicate and interact with patients remotely, and to take more accurate measurements. However, an optician cannot hand over responsibility to a machine to dispense on their behalf. An optician must continue to take responsibility for all dispensing steps, exercising professional judgment in the patient's best interests at all times.

Regardless of the technology or means used, the optician is responsible for ensuring appropriate patient care and outcomes in accordance with the standards of practice.

Opticians are expected to always use their professional judgment when dispensing ophthalmic appliances, and they remain responsible for all patient outcomes. The optician must balance the benefit of technology with patient-centered care and ensure they have their patients' informed consent before introducing any type of technology or AI.

Before considering the use of technology or AI in your practice you should:

- Balance the benefit of technology with the core value of patient care
- Ensure the tool you will be using is reliable (for example, that it has undergone rigorous testing and has been independently validated)
- Ensure you review and confirm results for accuracy
- Know how to protect patient privacy and confidentiality – be aware many of these tools collect the data entered; if you include patient information this would be a direct violation of your obligations under applicable privacy legislation.

Opticians who opt to use these services must keep abreast of changes and advancements, be prepared for change and regularly check for professional updates.

Standard 8: Refraction

Rescinded October 2, 2023

Standard 9: Advertising and Social Media

An optician shall take reasonable steps to ensure that any advertising and social media communications relating to the optician's practice is in accordance with the College's regulations and in the public interest.

Criteria:

1. An optician shall review any advertising prepared on their behalf or in relation to their practice for compliance with the College's regulations.
2. Where an optician becomes aware of an advertisement in relation to their practice that is inconsistent with the College's regulations, the optician shall take reasonable steps to remove that advertisement.
3. An optician shall ensure that public communications via social media or other public forums such as review websites are conducted in accordance with the standards of practice, and in particular, that such communications do not breach patient confidentiality or violate patient boundaries.

Practice Guideline: Advertising

The College of Opticians of Ontario's regulations prohibit advertising with respect to an optician's practice or place of practice that contains:

- a) anything false or misleading,
- b) anything that, because of its nature, cannot be verified,
- c) a claim of specialization, if the optician does not hold a specialty certificate issued by the College, or
- d) the optician's name or photograph or other likeness, in an advertisement that implies, or could reasonably be interpreted to imply, that the professional expertise of the optician is relevant to the subject matter of the advertisement, if, in fact, it is not (O. Reg. 219/94, subsections 6(a),(b)).

Types of advertising may include:

- Websites, kiosks, and other electronic interfaces
- Internet, television, and radio advertisements
- Pre-recorded telephone messages
- Posters or billboards
- Business cards
- Social media platforms
- "Deal" websites (e.g., Groupon, Wag Jag, Buytopia, Living Social)

The College expects that advertising by an optician will be professional and serve the public's interest. Advertisements:

1. May contain information such as a list of services offered, fees and product prices, and the names and images of the health professionals.
2. Must not contain anything false or misleading, or that cannot be verified.

This includes anything that could reasonably be perceived to mislead the public, including superlatives (e.g., “best,” “greatest,” “most effective,” etc.) or direct or implied comparisons (e.g., “We provide better care than ...”). It also includes inaccurate or misleading advertising about prices (e.g., advertising a deal but not making it clear that it only applies to a certain product; an advertisement about “free eye exams” that implies that an optician can perform an eye exam).

3. Must not include a claim of specialization.

The College of Opticians currently does not recognize any specializations. As such, advertisements cannot include any claim of an optician’s specialization (e.g., “contact lens specialist.” Advertising may, however, indicate designations (e.g., “contact lens mentor”), as well as practice information such as areas of practice (e.g., low vision aids, safety glasses), categories of patients (e.g., children), and languages of service.

4. May not use the optician’s name, photo, or image in a way that draws a connection between the optician and the subject matter of the advertisement in a way that suggests the optician has expertise in that area, unless they actually do have expertise in that area.

Examples include advertising optometric services alongside the name or photo of an optician, or advertising other services that are outside of an optician’s knowledge, skill, or judgment, next to that optician’s name or image.

APPLICATION: This guideline applies to all advertisements that can be viewed, heard, or otherwise accessed in Ontario. The College recognizes that opticians are not always responsible for advertising of their services. Opticians who are employees within an opticianry practice must make reasonable efforts to ensure that advertising by their employers regarding their services complies with these guidelines.



Practice Guideline: Social Media and Responding to Online Reviews

In this guideline, social media refers to any online platform, technology or practice that people use to share content, opinions, insights, experiences, and perspectives. Examples of social media include, but are not limited to, Facebook, X, YouTube, Instagram, LinkedIn, and discussion forums.

Opticians are responsible for maintaining professional standards at all times, including when using social media and/or responding to online reviews (e.g., google review of business):

When using social media, or responding to online reviews, opticians must take care to:

- Remain professional
- Maintain appropriate and respectful boundaries between themselves and their patients
- Make sure to never post any information that could violate a patient's confidentiality, including details of an ophthalmic appliance that was dispensed to them.
- Avoid disseminating any information that could be construed as false, misleading, deceptive, or that could be perceived as providing health or medical advice that falls outside an optician's scope of practice.

Standard 10: Delegation

Delegation is when a regulated health professional transfers their authority to perform a controlled act to a person not authorized to perform that act.

An optician shall be accountable for all controlled acts that they delegate to another individual, as well as for all controlled acts that the optician performs under the delegation of another regulated health professional.

Criteria:

1. Delegation by the Optician

- 1.1. Opticians may choose to delegate any part of the controlled act of dispensing eyeglasses, contact lenses and/or subnormal vision devices to an individual who is not authorized under the RHPA to perform that controlled act.
- 1.2. An optician is responsible for choosing whether or not to delegate a controlled act, having regard to the following factors:
 - a. The best interest of the patient;
 - b. The patient's consent to receive a delegated service;
 - c. The ability to provide more timely delivery of quality vision care; and
 - d. The existence of appropriate safeguards to ensure the delegated act will be performed safely and competently
- 1.3. An optician shall establish a formal relationship with the patient prior to delegating. This includes a general consultation with the patient about their visual needs.
- 1.4. An optician is accountable for the decision to delegate, and for ensuring that:
 - a. they have assessed the potential risk of harm to the patient;
 - b. the patient has given their informed consent to receive services from the optician's delegate, and this consent has been noted in the patient record; and
 - c. the performance of the delegated act meets the standards of practice.
- 1.5. An optician is accountable for the outcome and performance of any service or product that is provided under their delegation.
- 1.6. An optician shall clearly define the act(s) to be delegated, including the nature and extent of each task to be performed.
- 1.7. An optician shall only delegate those acts that form part of their regular practice and that they are competent to perform themselves.
- 1.8. An optician shall only delegate to an individual who has the appropriate skills, knowledge, and judgment to perform the delegated task.

- 1.9. An optician shall be physically present in the practice environment at the time the delegated act is being performed by the delegate, and able to intervene as required.
- 1.10. An optician shall monitor and/or supervise the person performing the delegated act as may be required in the circumstances, having regard to the following considerations:
 - a. The nature of the act being performed by the delegate and its potential risk to the patient;
 - b. The training and experience of the person performing the act;
 - c. How well the optician knows the patient; and
 - d. The timing of the optician's past or expected future involvement with the patient.
- 1.11. An optician shall not delegate an act that has been delegated to them by another regulated health professional.
- 1.12. An optician that holds a refracting designation issued by the College shall not delegate the performance of refraction to another registered optician or other individual.
- 1.13. An optician shall keep a patient record for any patient that has received services from the optician's delegate. In addition to the requirements of Standard 5, where delegation occurs, the patient health record shall also include:
 - a. The identities of the delegating optician and the individual that will perform the delegated act(s); and
 - b. Documentation of the patient's informed consent to receive services from the optician's delegate.

Practice Guideline: Delegation

Delegation and Assignment

"Delegation" refers to the process whereby a regulated health professional transfers their authority to perform a controlled act to a person who is not authorized to perform that controlled act. Delegation can only occur where it complies with the requirements of this Standard.

"Assignment" refers to the process where a person is assigned to perform a task that is not considered a controlled act. Opticians may assign tasks to non-opticians where the task does not involve performing a controlled act (e.g., data entry, processing payments, minor repairs such as replacing a loose screw). As with delegation, the optician remains responsible for all patient outcomes, and should only assign tasks where they believe it is in the patient's best interest to do so, and where the person to whom they have assigned the tasks has the necessary skills, knowledge, and judgment to carry it out.

Students and Interns

It is not necessary to delegate controlled acts to student opticians or intern opticians, as both groups are already required to dispense under the direct supervision of a registered optician.

Student and intern opticians do not have authority to delegate controlled acts. For more information see the [Student and Intern Supervision Policy](#).

Accountability

The optician remains responsible and accountable for all controlled acts that they delegate to another individual. The optician therefore remains the “most responsible dispenser” and is expected to maintain appropriate patient records and follow up with the patient as required under the Standards.

Informed Consent

Under Standard 6, opticians must ensure patient comprehension of any process. This means ensuring that a patient’s consent is informed. In the context of delegation, informed consent means that the patient must understand:

- the registration status of the person who is performing the controlled act (i.e., that the person is not an optician);
- that the optician is ultimately responsible to ensure that the act is performed properly and in a way that meets the standards of practice; and
- that the optician is available to assist and/or intervene as required.

Liability Insurance

It is the responsibility of the optician to ensure that they and their delegate(s) are covered at all times by adequate liability insurance. Opticians should check with their insurance provider to ensure that their coverage applies to delegated acts.

2. Receiving Delegation from another Regulated Health Professional

2.1. An optician shall not perform a controlled act under the delegation of another regulated health professional unless:

- a. The optician has sufficient skills, knowledge, and judgment to perform the act competently and safely;
- b. A process for receiving delegation is in place;
- c. The delegated act is clearly defined, including the nature and extent of each task to be performed by the optician;
- d. The optician has a reasonable belief that the professional delegating the act is authorized to delegate the act, has the ability to perform the act competently, and is delegating in accordance with any relevant standards and/or regulations governing their profession;
- e. The optician has been provided with adequate resources to perform the act safely and effectively;
- f. The decision to delegate has been made in the best interest of the patient; and
- g. The optician has ensured that the patient has given their informed consent for the optician to perform the act under delegation, and this consent has been noted in the patient

record.

- 2.2. An optician shall not perform a controlled act under the delegation of another regulated health professional, including another registered optician, where:
- a. The optician's certificate of registration has been suspended, or they are otherwise not entitled to practice (e.g., where the optician does not hold appropriate liability insurance); and/or
 - b. The optician's certificate of registration is subject to a term, condition or limitation that would prohibit them from performing the controlled act in question.



2.3 An optician shall not:

- a. perform a refraction unless the refraction has been delegated or assigned to them by an authorized prescriber for the purpose of pretesting
- b. dispense an optical appliance based on the results of a refraction without a valid prescription issued by an authorized prescriber

2.4 In addition to any patient records made and kept by the delegating professional, an optician shall keep a patient record for any patient for whom they perform services under delegation. In addition to the requirements of Standard 5, where delegation occurs, the patient health record shall also include:

- a. The identities of the delegating professional and of the optician that will perform the delegated act(s); and
- b. Documentation of the patient's informed consent to receive services from the optician under delegation.

Practice Guideline: Receiving Delegation

Controlled Acts

Opticians are authorized under the legislation to perform the controlled act of dispensing eyeglasses, contact lenses and subnormal vision devices, and may not perform any other controlled act set out in the RHPA unless it is under the proper delegation of a regulated health professional that is authorized to perform that act.

Delegation and Assignment

“Delegation” refers to the process whereby a regulated health professional transfers their authority to perform a controlled act to a person who is not authorized to perform that controlled act.

Opticians may not perform the controlled act of another health profession unless it is under the proper delegation of that professional. For example, opticians may not perform eye examinations or issue optical prescriptions unless under the delegation of an optometrist or physician. Delegation can only occur where it complies with relevant standards and/or regulations governing the professional who is delegating the act.

“Assignment” refers to the process where a person is assigned to perform a task that is not considered a controlled act. Opticians may be assigned by another regulated health professional to perform tasks that are not considered controlled acts.

Pre-Testing

Opticians may be assigned by an optometrist or physician to carry out certain “pre-testing” tasks prior to an optometric exam or assessment. “Pre-testing” typically refers to the initial tests that take place as part of the standard eye exam or assessment by an optometrist or physician. Pre-tests do not typically include tasks that are considered controlled acts under the RHPA and may be performed by an optician under the assignment of an optometrist or physician.

Different practitioners may apply different definitions to “pre-testing.” It is therefore the responsibility of the optician to ensure that they do not accept an assignment to carry out any pre-testing tasks that would be considered a controlled act that the optician is not authorized to perform (e.g., prescribing). Pre-testing that involves a controlled act may only be performed where it has been properly delegated in accordance with this Standard and any standards or regulations that govern the delegating professional.

Competence

Opticians are required to meet Standard 1 with respect to competence at all times, including while receiving delegation or assignment from another professional. This includes the requirement to only perform tasks that the optician has sufficient knowledge, skill, and judgment to perform competently and safely, and not engaging in tasks that are beyond the optician’s capacity to perform.

In every instance of delegation or assignment, the primary consideration should be the best interests of the patient. No optician is required or expected to receive delegation or assignment unless they have decided it is in the patient's best interest to do so.

Informed Consent

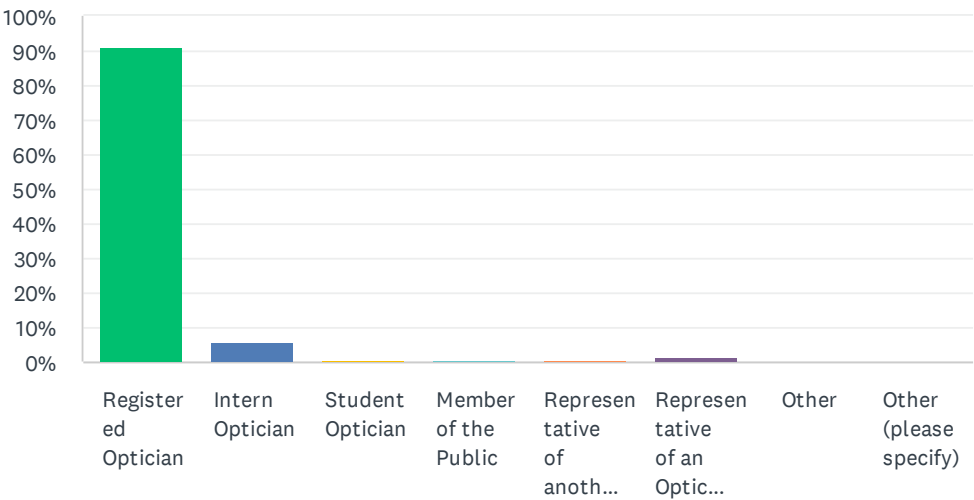
Under Standard 6, opticians must ensure patient comprehension of any process. This means ensuring that a patient's consent is informed. In the context of receiving delegation, informed consent means that the patient must understand:

- the registration status of the person who is performing the controlled act (e.g., that they are an optician and not an optometrist or medical doctor);
- who the delegating professional is, and they are ultimately responsible for ensuring that the act is performed properly and in a way that meets the standards of practice of that profession; and
- that the delegating professional is available to assist and/or intervene as required.

Appendix B

Q1 Are you a:

Answered: 143 Skipped: 0

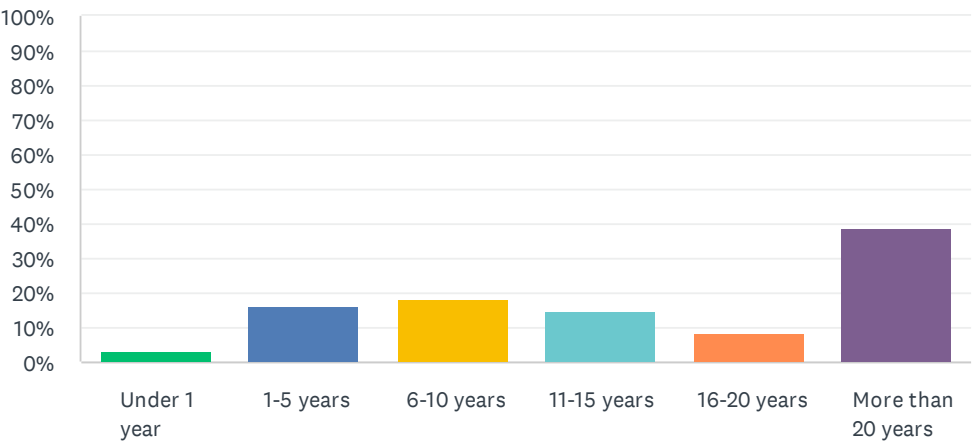


ANSWER CHOICES		RESPONSES	
Registered Optician		90.91%	130
Intern Optician		5.59%	8
Student Optician		0.70%	1
Member of the Public		0.70%	1
Representative of another Regulatory Body		0.70%	1
Representative of an Opticianry Association		1.40%	2
Other		0.00%	0
Other (please specify)		0.00%	0
TOTAL			143

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q2 How long have you been registered?

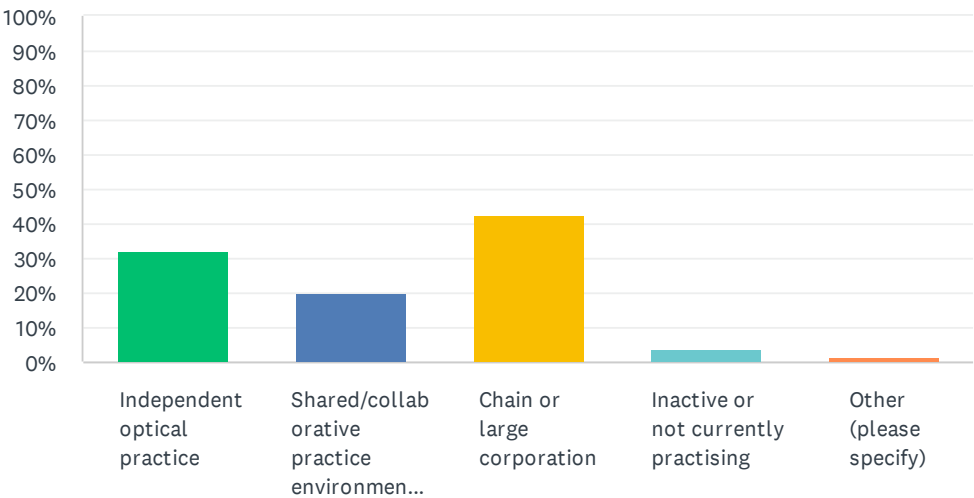
Answered: 129 Skipped: 14



ANSWER CHOICES	RESPONSES	
Under 1 year	3.10%	4
1-5 years	16.28%	21
6-10 years	18.60%	24
11-15 years	14.73%	19
16-20 years	8.53%	11
More than 20 years	38.76%	50
TOTAL		129

Q3 Which best describes your practice environment?

Answered: 136 Skipped: 7

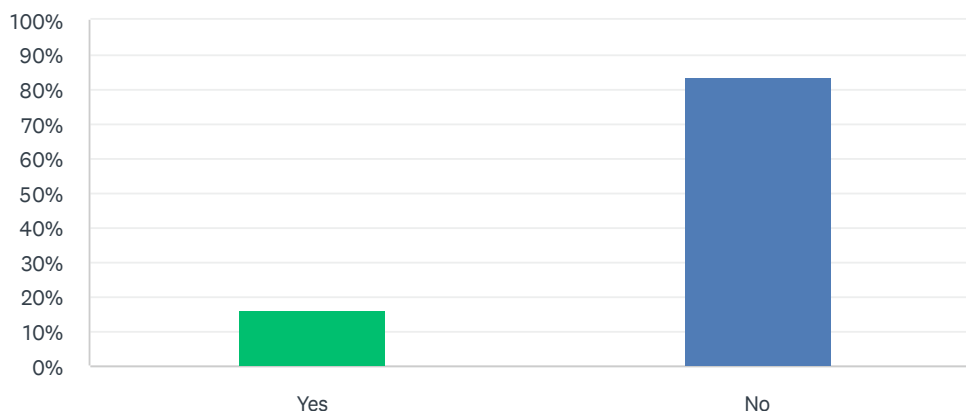


ANSWER CHOICES		RESPONSES	
Independent optical practice		32.35%	44
Shared/collaborative practice environment with one or more optometrists or ophthalmologists		19.85%	27
Chain or large corporation		42.65%	58
Inactive or not currently practising		3.68%	5
Other (please specify)		1.47%	2
TOTAL			136

#	OTHER (PLEASE SPECIFY)	DATE
1	Chain and independent optical practice	10/19/2025 9:37 AM
2	looking for work	10/16/2025 7:35 AM

Q4 Do you have any feedback related to the changes made to Standard 3, in particular the additions related to specialty lenses?

Answered: 74 Skipped: 69



ANSWER CHOICES	RESPONSES	
Yes	16.22%	12
No	83.78%	62
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	"Optical devices" sounds better than "optical appliances." Otherwise, Standard 3 is well written and covers specialty lenses well.	10/16/2025 10:10 PM
2	Specialty lenses, section F: I'm assuming this doesn't mean WRITTEN consent? It seems a bit much for ANTI-FATIGUE.	10/16/2025 11:51 AM
3	There is some confusion on if an RX can be filled past 2 years?	10/15/2025 8:18 PM
4	This should be indicated on the prescription.	10/15/2025 1:49 PM
5	Myopia control and orthokeratology are therapies. The therapy requires monitoring of visual acuity as the prescriber is responsible for ensuring the patient's visual acuity meets Ministry of Transportation standards. Lenses should only be dispensed with the awareness of the prescriber. Anti-fatigues: If an add or boost is indicated on the prescription, the action of filling this prescription would be considered dispensing. If an add or boost is not indicated on the prescription, the action of including an add or boost would be considered prescribing. Myopia Control Therapy: Myopia therapy lenses must be dispensed only when the prescription indicates this. Alternatively, it would be considered prescribing if a myopia therapy lens is dispensed without this indication on the prescription. It is permissible to indicate "no substitutions" on the spectacle prescription if a specific design is indicated.	10/14/2025 9:39 PM
6	4.3 g. I thought we had some leeway with the glasses Rx, when altering the contact lenses Rx?!	10/14/2025 12:40 PM
7	In my opinion, these are the most important things that an optician should consider regarding dispensing specialty lenses: 1. To ensure that the patient is a suitable candidate. 2. Only provide services where the optician has enough knowledge about them. 3. To consult with the prescriber as needed. 4. To obtain informed consent from the patient before dispensing specialty lenses. 5. To document all information related to dispensing product in the patient record.	10/13/2025 2:24 PM
8	d) Binocular and oculomotor status, ocular health and the effectiveness of current spectacles	10/12/2025 10:22 PM

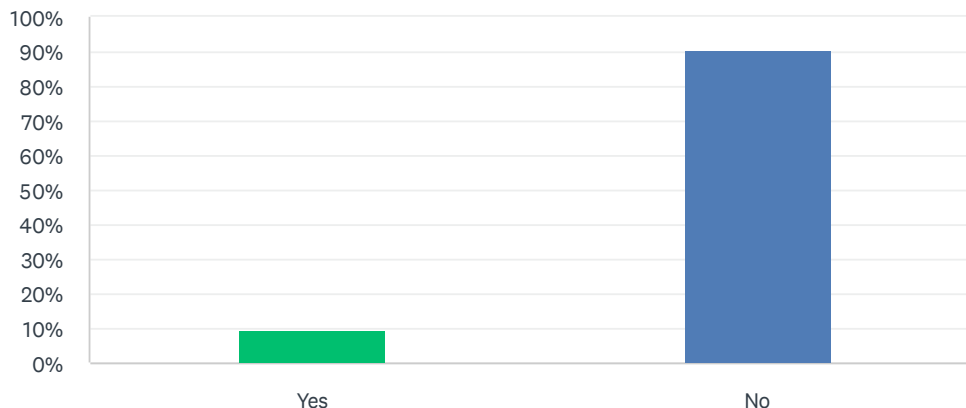
Proposed Updates to the Standards of Practice and Practice Guidelines

and low vision devices. In above section D, I think binocular and oculomotor status beyond over scope to assess. The ocular health has already been dealt in section A. The last part is relavent.

9	Opticians should be able to recommend various types of lenses provided they have the knowledge to fit them properly. Not everyone works with an optometrist and not all optometrist's are willing to work together with an optician from a different practice particularly if they have a dispensary	10/10/2025 1:31 PM
10	SO.....An optician cannot recommend anti fatigue lenses? Myopia control lenses? But we can recommend task specific lenses such as office lenses and we can recommend progressive lenses?	10/7/2025 10:38 PM
11	Section 4.3 g) Refer the patient to the authorized prescriber if the prescription requires altering Currently, Opticians can modify a spectacle rx for the fitting of a contact lens. Would this mean for Scleral fit, opticians can't do the refraction to determine the RX for the Scleral lens? What is defined now as "altering" the prescription	10/7/2025 5:32 PM
12	Does this mean if it is not in the prescription, an optician cannot recommend it (ex. Can I recommend myopia control lenses?)	9/14/2025 9:27 PM

Q5 Do you have any feedback related to the changes made to Standard 7, in particular the additions related to websites and other interfaces?

Answered: 74 Skipped: 69



ANSWER CHOICES	RESPONSES	
Yes	9.46%	7
No	90.54%	67
TOTAL		74

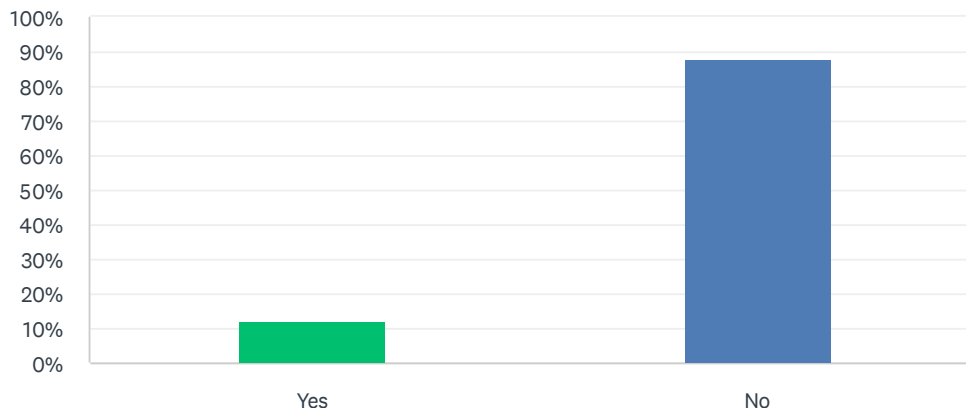
#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	It is a valuable addition in current practice of opticianry. Standard 7 is written very well.	10/16/2025 10:10 PM
2	I like it. Someone has to ensure the software and AI measuring tools are safe for the public's privacy.	10/16/2025 11:51 AM
3	I am in favor however I would caution online Optometry as a viable entity having been exposed to it directly in my workplace. Due to my treatment, by the person training us, and by observing the restrictions, I highly suggest that the COO take steps to stop online Optometry from practicing in Canada. They weren't even aware of what the Canadian regulations were, and didn't respect them initially. An American company just walking in, having sent a representative who wasn't even in possession of a working visa. I personally have refused delegation and don't involve myself in any capacity other than to fill the RX generated by the online Optometry.	10/16/2025 7:20 AM
4	Most contact lenses can be picked up at the pharmacy in many countries. I see no problem shipping contact lenses straight to the patient. These guidelines are too harsh.	10/15/2025 9:11 PM
5	Dispensing of glasses is an authorized act; therefore, elements of dispensing such as fitting or adjusting of spectacles should be done in person.	10/14/2025 9:39 PM
6	Regardless of using technology or not, the optician is accountable for all decisions and outcomes.	10/13/2025 2:24 PM
7	In my personal opinion, online website-based eyewear measurements and dispensing should be discontinued for the following reasons: Patient safety and accuracy: Most patients are unaware of the serious impact that inaccurate measurements—such as pupillary distance (PD), optical center (OC), and segment height—can have on their vision and comfort when taken remotely. Furthermore, patients are often driven by lower prices rather than true convenience when purchasing eyewear online. Unfair market competition: Online service providers operate without the significant overhead costs faced by in-store optical professionals, such as Opticians' salaries, Office Administration Cost, rent, utilities, inventory	10/7/2025 7:37 PM

Proposed Updates to the Standards of Practice and Practice Guidelines

storage, and display expenses. This creates an uneven playing field that disadvantages trained and licensed practitioners who have invested considerable time, effort, and money into their education and professional development.

Q6 Do you have any feedback related to the changes made to Standard 10 regarding receiving delegation?

Answered: 74 Skipped: 69

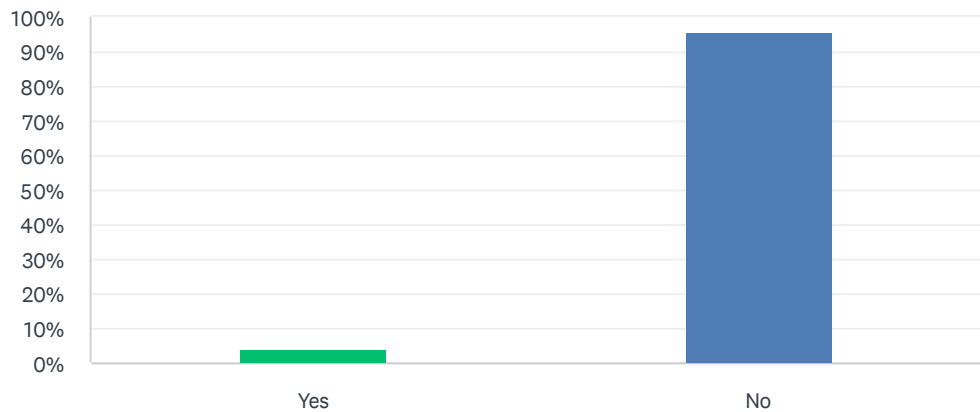


ANSWER CHOICES	RESPONSES	
Yes	12.16%	9
No	87.84%	65
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	All changes are well thought and clearly conveyed in Standard 10.	10/16/2025 10:10 PM
2	I have refused delegation of online Optometry prior to this standard 10 revision	10/16/2025 7:20 AM
3	1.12. States "An optician that holds a refracting designation issued by the College shall not delegate the performance of refraction to another registered optician or other individual" As of October 2023, COO no longer recognize Refraction Designations; therefore, this bullet should be removed. Section within the document states "Schedule 8: Refraction Rescinded Oct 2, 2023"	10/14/2025 9:39 PM
4	Makes sense	10/14/2025 12:40 PM
5	Apart from what has been added as new changes to Standard 10, I do believe even if the prescription is not clear enough, the optician should contact the prescriber to confirm it.	10/13/2025 2:24 PM
6	it is clear that an optician can delegate but still must verify and be present to ensure guidelines are being met	10/13/2025 8:14 AM
7	What happens when an optician works for an optometrist and they delegate? What are my responsibilities?	10/7/2025 10:38 PM
8	Perhaps more definitive and simplified language addressing the limitations on an Optician when delegate tasks to a non registered individual. A better informed Optician will result in less confusion and reduce the need for the COO to become involved.	10/7/2025 4:10 PM
9	Still will be much better to dispense or educate the patient by the license Optician.	9/21/2025 12:44 PM

Q7 Do you have any feedback related to the proposed practice guideline in Standard 1 related to Professional Judgement?

Answered: 74 Skipped: 69

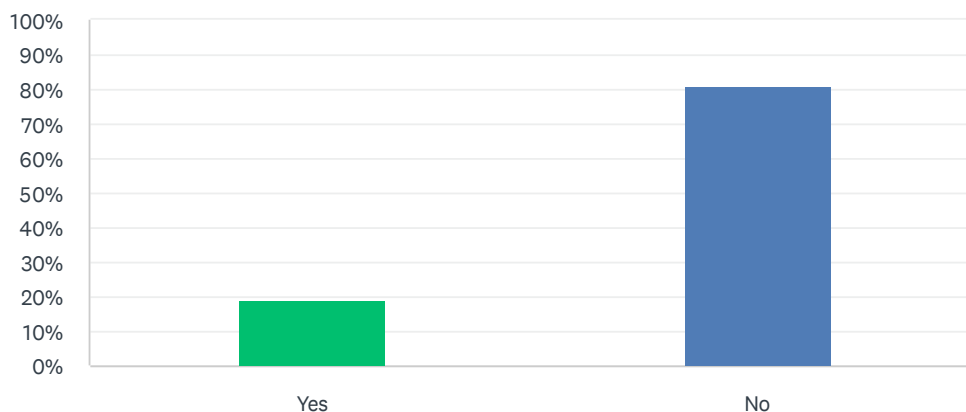


ANSWER CHOICES	RESPONSES	
Yes	4.05%	3
No	95.95%	71
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	Well done.	10/16/2025 10:10 PM
2	Professional judgment allows optician to use their knowledge and information to provide their patients with the best services based on their needs and should adhere to the standards.	10/13/2025 2:24 PM
3	Excellent resource	9/15/2025 11:01 AM

Q8 Do you have any feedback related to the proposed practice guideline in Standard 2 related to Treatment of Spouses, Sexual Partners, Family Members, or Friends?

Answered: 74 Skipped: 69



ANSWER CHOICES	RESPONSES	
Yes	18.92%	14
No	81.08%	60
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	removing spouse is a good change	10/19/2025 6:42 PM
2	Happy for the change, and also happy for the mention/warning that it could still be misconduct.	10/16/2025 11:51 AM
3	To compare us to doctors and medically prescribing, we interpret and fit with medical devices not provide mental and or physical care and certainly with in the scope of practice. The policy needs to be updated to allow us to treat family for eyewear.	10/16/2025 7:40 AM
4	The shift in Aug 2025 to allow spouses to be measured and fitted for eyeglasses was a positive change Thankyou.	10/15/2025 8:18 PM
5	I'm glad this change was made	10/15/2025 4:13 PM
6	Thank you for the understanding	10/15/2025 3:14 PM
7	You would rather we not treat family and friends, but we can, right?	10/14/2025 12:40 PM
8	I think it goes to far, I see no reason why Opticians should not dispense eyeglasses to family members (spouses, Parents & siblings) \$ see no harm that could come by doing so & truly believe that most families would prefer their own assist them than strangers. In my opinion we are not talking about life & death decisions, & as an optician would use my knowledge & abilities to insure anyone, whether family or strangers, receives the best I am able to give. If the Board feels we can't use good judgment when dealing with those we care for what confidence is there in us treating strangers. Personally I think the ruling is all wrong.	10/13/2025 3:52 PM
9	Long as it is not showing to be obvious in the practice.	10/7/2025 8:43 PM
10	It has become ridiculous! A professional optician can carry on a sexual relationship and dispense eyewear, similar to walk and chew gum principle. I straightened a strangers crooked	10/7/2025 5:09 PM

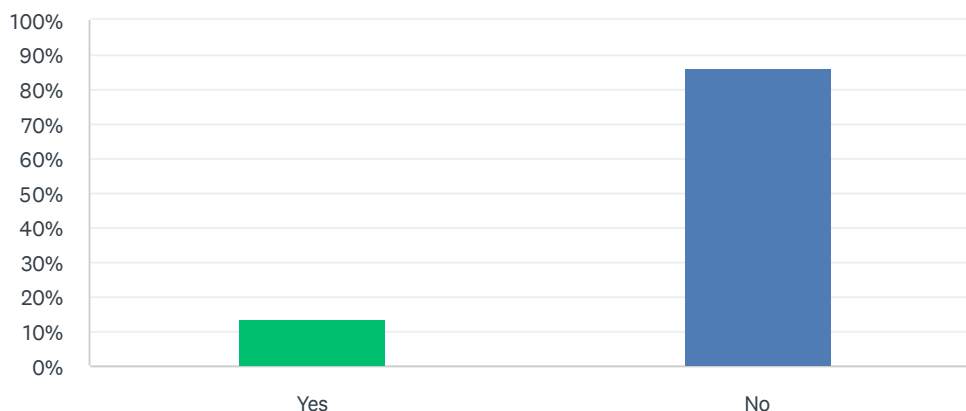
Proposed Updates to the Standards of Practice and Practice Guidelines

glasses in 1996, married him in 1997 and we are still happily together. Now it would be non=professional!!

11	I believe the proposed changes are more conducive to the actual reality that has been taking places for many years.	10/7/2025 4:10 PM
12	It will make other patient who is in the dispensary will not mistaken that the Optician is misbehave when working.	9/21/2025 12:44 PM
13	Could be broader. IE I have been in a relationship with someone for 10 years, but dont live with them (kids involved)	9/16/2025 5:22 PM
14	Excellent resource	9/15/2025 11:01 AM

Q9 Do you have any feedback related to the proposed practice guideline in Standard 3 related to Remote Delivery of Contact Lenses?

Answered: 73 Skipped: 70

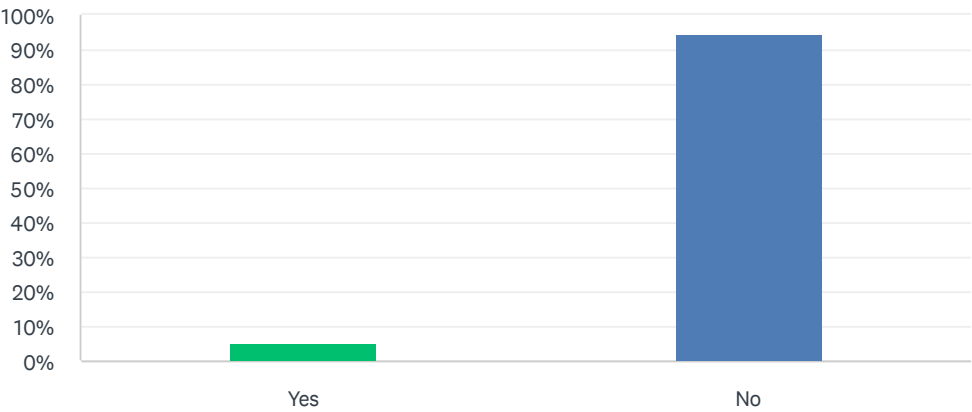


ANSWER CHOICES	RESPONSES	
Yes	13.70%	10
No	86.30%	63
TOTAL		73

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	there should be limitations here so that patients aren't repeating orders without a threshold of being rechecked at some sort of interval, rx, fit, etc.	10/21/2025 4:37 PM
2	How do we verify the product (Rx, expiry) from the services that provide direct-to-patient shipping? There needs to be some sort of act-of-good-faith clause for trusted suppliers, or something like that.	10/16/2025 11:51 AM
3	In many countries contact lenses can be picked up randomly in a pharmacy. You have Halloween color contacts, reading glasses, pre made bifocal and pre made progressive glasses. The guidelines are to harsh in regards to contact lenses.	10/15/2025 9:11 PM
4	Better title - this one doesn't adequately describe what is happening	10/15/2025 1:49 PM
5	I could not find in Standard 2 anything about remote delivery. I found information in Standard 3 and 7	10/14/2025 12:40 PM
6	I don't see any guidelines in Standard 2 related to remote delivery of contact lenses.	10/12/2025 10:22 PM
7	These "remote delivery" titles are awkward and don't really define what is actually happening	10/10/2025 1:31 PM
8	As long as the Opticians are certain of the patients ability of insertion and removal and procedures of cleaning.	10/7/2025 8:43 PM
9	Remote delivery of CLs will miss out completely on checking the eye personally (and through the optical instruments) about the health of the cornea, conjunctiva, and lids, and the integrity of the tear layer, corneal curvature clarity and integrity.	10/7/2025 7:37 PM
10	Again clear and concise language is imperative to the implementation and safe practice of our members to follow.	10/7/2025 4:10 PM
11	Awkward title but once I read it, I understood what it meant	9/14/2025 9:27 PM

Q10 Do you have any feedback related to the proposed practice guideline in Standard 5 related to documentation?

Answered: 74 Skipped: 69

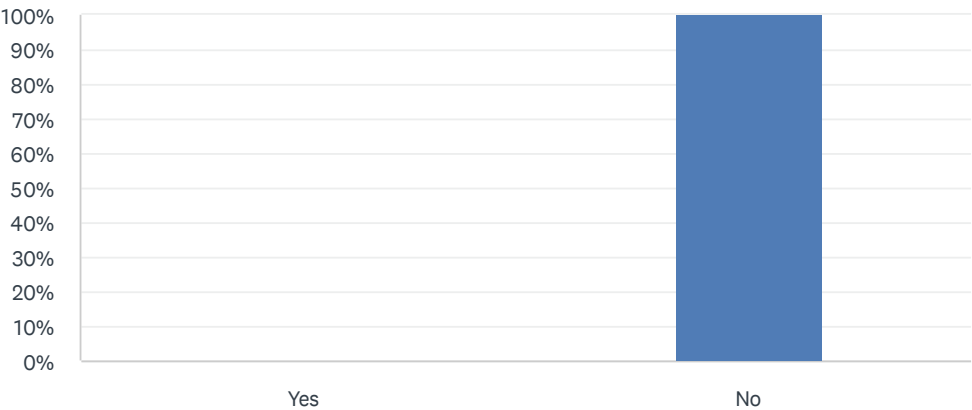


ANSWER CHOICES	RESPONSES	
Yes	5.41%	4
No	94.59%	70
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	Documentation should include any concerns encountered with dispensing and communication made with the prescriber.	10/14/2025 9:39 PM
2	Files are not large enough to hold the 3rd party copies. They can be retrieved on the Insurers site.	10/14/2025 12:40 PM
3	Program does not have notes	10/7/2025 10:38 PM

Q11 Do you have any feedback related to the proposed practice guideline in Standard 5 related to Selling a Practice or Retiring?

Answered: 74 Skipped: 69

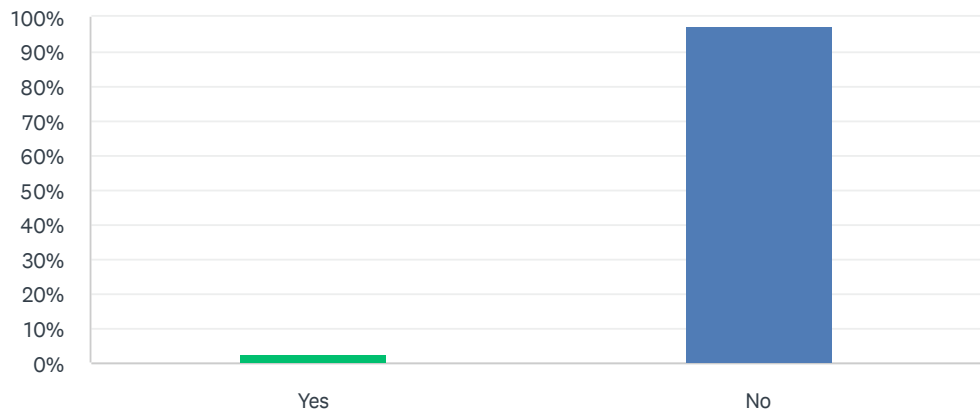


ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	74
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
	There are no responses.	

Q12 Do you have any feedback related to the proposed practice guideline in Standard 5 related to Health Information Custodian versus Agent?

Answered: 74 Skipped: 69

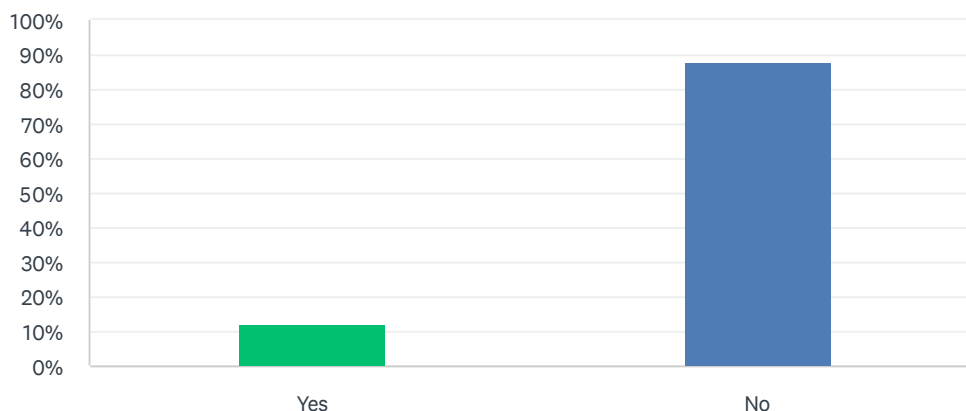


ANSWER CHOICES	RESPONSES	
Yes	2.70%	2
No	97.30%	72
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	Clear as mud.	10/14/2025 12:40 PM
2	Still confused	9/15/2025 11:01 AM

Q13 Do you have any feedback related to the proposed practice guideline in Standard 6 related to Discontinuing Service?

Answered: 74 Skipped: 69

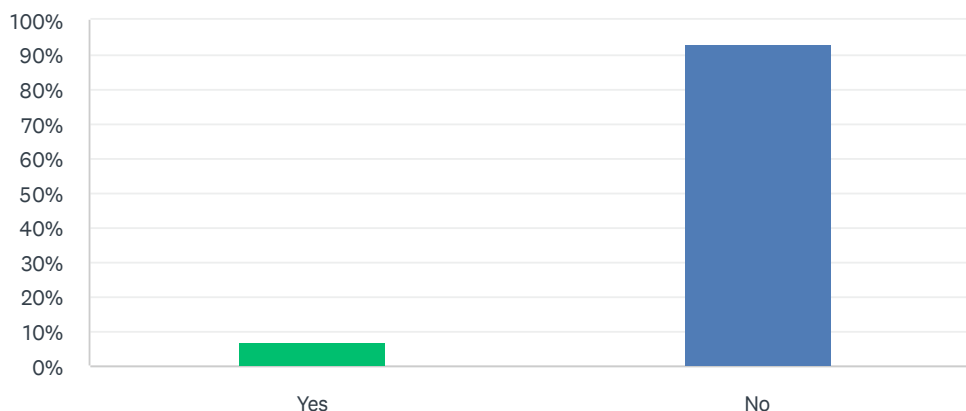


ANSWER CHOICES	RESPONSES	
Yes	12.16%	9
No	87.84%	65
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	fine line balance between respect for the individual vs. abuse. Professionalism has to be top of mind.	10/21/2025 4:37 PM
2	While there is a need to protect the patient, there must also be a need to protect the optician from abuse, physical and verbal.	10/17/2025 4:09 PM
3	The only thing I can see is some people abusing the system to get trials because they dont have anymore contacts and they NEED to see, so we'd have to keep providing them.	10/16/2025 11:51 AM
4	What happens when patient is abusive/threatning?	10/15/2025 1:49 PM
5	What is the protocol for discontinuing service for opticians?	10/14/2025 9:39 PM
6	I am semi retired. Any Optician in our Practice can take care of my Patients.	10/14/2025 12:40 PM
7	What if they are verbally abusive, I should not have to continue dealing with a person who is threatening, rude etc	10/10/2025 1:31 PM
8	What if the patient is abusive - verbally or otherwise	10/7/2025 10:38 PM
9	There should be allowances for violent, abusive patients to be discontinued. I have been sworn at threatened and spit on!...they are all discontinued and I do not refer to anyone else. There should also be a mechanism for reporting on other opticians who instigate that behaviour.	10/7/2025 5:09 PM

Q14 Do you have any feedback related to the proposed practice guideline in Standard 7 related to Technology and Artificial Intelligence?

Answered: 74 Skipped: 69

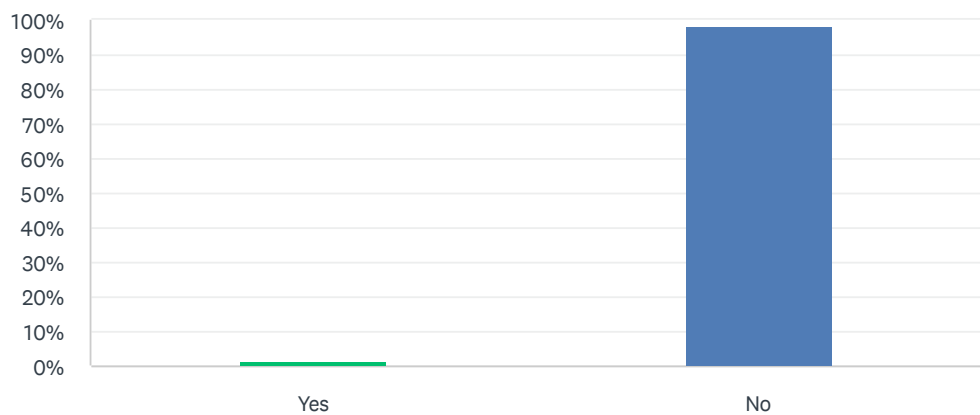


ANSWER CHOICES	RESPONSES	
Yes	6.76%	5
No	93.24%	69
TOTAL		74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	Well done for current state of technology and its impact on the public receiving opticianry services.	10/16/2025 10:10 PM
2	Artificial Intelligence has no place in Opticianry in my opinion. I am not in favor of Artificial intelligence in general as it is very misleading	10/16/2025 7:20 AM
3	Thorough section on technology emphasising that technology cannot substitute the professional judgment of opticians.	10/14/2025 9:39 PM
4	It has to be approved to be to the patient's health and benefit.	10/7/2025 8:43 PM
5	Though AI is useful for minor non-complicated issues but it should only be permitted to the trained opticians and not to all opticians.	10/7/2025 7:37 PM

Q15 Do you have any feedback related to the proposed practice guideline in Standard 9 related to Social Media and Responding to online reviews?

Answered: 74 Skipped: 69

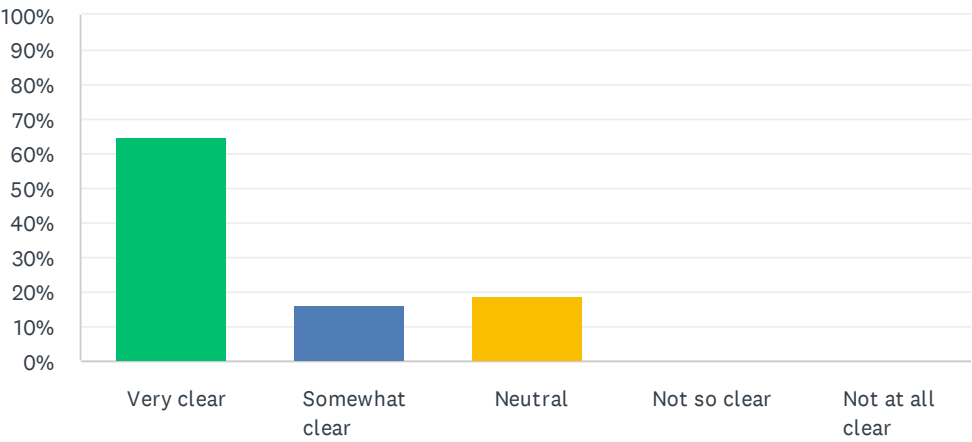


ANSWER CHOICES		RESPONSES	
Yes		1.35%	1
No		98.65%	73
TOTAL			74

#	IF YES, PLEASE PROVIDE YOUR FEEDBACK	DATE
1	Again when other opticians are creating the problem there should be some mechanism for reporting them	10/7/2025 5:09 PM

Q16 Overall, how clear are the proposed updates to the Standards and Guidelines?

Answered: 74 Skipped: 69



ANSWER CHOICES	RESPONSES	
Very clear	64.86%	48
Somewhat clear	16.22%	12
Neutral	18.92%	14
Not so clear	0.00%	0
Not at all clear	0.00%	0
TOTAL		74

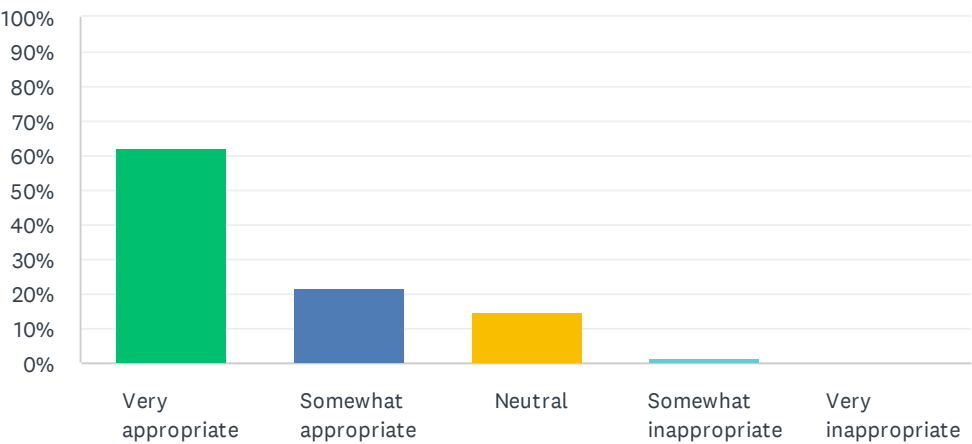
Q17 Please tell us what areas you feel require more clarity?

Answered: 16 Skipped: 127

#	RESPONSES	DATE
1	Who enforces the College of Opticians standards and guideline of professional practice for eyewear purchased online from an online non registered provider.	10/20/2025 8:40 PM
2	Standard 9 ,about media	10/20/2025 8:17 PM
3	optician expectations and protection for the patients.	10/17/2025 4:09 PM
4	"optical appliances" ?	10/16/2025 10:10 PM
5	How long (years) can an RX be filled? If RX has prescribed add of +0.50-+0.75 can an anti-fatigue lens be used or does the RX still need to say Anti-Fatigue from the doctor? Why was Std 8 Refraction recinded?	10/15/2025 8:18 PM
6	N/A	10/15/2025 3:14 PM
7	Noted with questions	10/15/2025 1:49 PM
8	Custodian vs Agent.	10/14/2025 12:40 PM
9	Remote delivery Discontinuing service	10/10/2025 1:31 PM
10	Specialty lens	10/7/2025 10:38 PM
11	Number nine on remote contacts	10/7/2025 8:43 PM
12	Not at all.	10/7/2025 3:59 PM
13	Every thing is clear	10/7/2025 3:50 PM
14	Artificial Intelligence	9/21/2025 12:44 PM
15	Custodians and agent	9/15/2025 11:01 AM
16	Just the title remote deliverythere has to be a better title	9/14/2025 9:27 PM

Q18 Overall, how appropriate are the proposed updates for guiding professional practice?

Answered: 74 Skipped: 69



ANSWER CHOICES	RESPONSES	
Very appropriate	62.16%	46
Somewhat appropriate	21.62%	16
Neutral	14.86%	11
Somewhat inappropriate	1.35%	1
Very inappropriate	0.00%	0
TOTAL		74

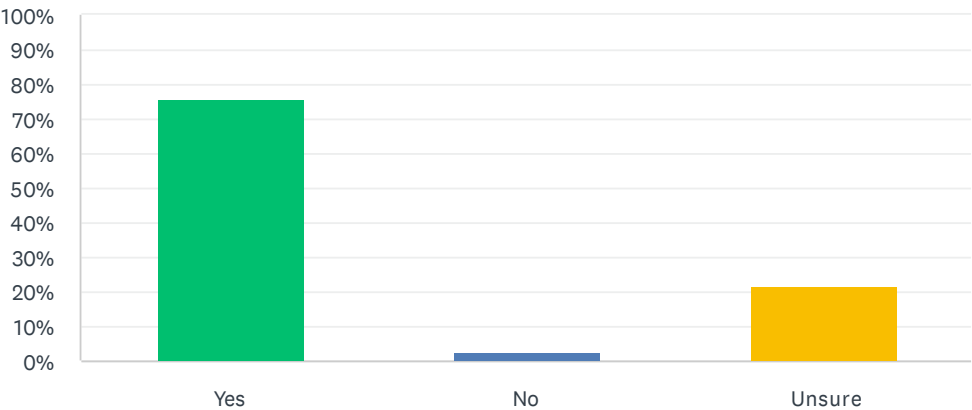
Q19 Please tell us what areas you feel are not appropriate for guiding professional practice?

Answered: 16 Skipped: 127

#	RESPONSES	DATE
1	None	10/20/2025 8:40 PM
2	None	10/20/2025 8:17 PM
3	none	10/16/2025 10:10 PM
4	Artificial intelligence has no place in Opticianry in my opinion	10/16/2025 7:20 AM
5	People are already purchasing everything they want online. There is no stopping that. You are scrutinizing every aspect of this profession and not making it enjoyable any longer. It's like opticians are being looked at by a microscopy. Some times I think Ontario should be deregulated like Vancouver.	10/15/2025 9:11 PM
6	I think refraction should be reinstated and would love to know why it was discontinued so quickly. more education should be available if there were concerns that it was not being done properly	10/15/2025 4:57 PM
7	N/A	10/15/2025 3:14 PM
8	Only point I'll make is that I feel that the Board has had members that have been serving for a very long time & feel that all there should be a limit to the number of years a member gets to serve regardless of the position they hold. The terms should be set the each member gets to serve 3-4 yrs & have to wait 2 yrs before serving again. New blood & fresher ideas are always a good thing.	10/13/2025 3:52 PM
9	N/a	10/11/2025 9:46 PM
10	Discontinuing service	10/10/2025 1:31 PM
11	Not sure of the rationale around specialty lenses	10/7/2025 10:38 PM
12	#9	10/7/2025 8:43 PM
13	Non.	10/7/2025 3:59 PM
14	Nothing	10/7/2025 3:50 PM
15	I always struggle with the idea that treating a sexual partner outside of marriage or a common law relationship being considered as sexual abuse.	10/7/2025 3:39 PM
16	If an optician provides a standalone (or "a la carte") service to a person who is not an existing patient, the optician may be required to create a patient record. Examples of standalone services may include providing an optical measurement, fitting, or adjusting eyewear, or repairing eyewear. While not all standalone services will require the optician to create a patient record (for example, doing a minor repair such as tightening a loose screw), a patient record should be created if the optician collects, uses, or discloses a person's personal health information, such as information about the person's prescription or about the person's health (e.g., that the person is experiencing blurry vision). At a minimum, any patient record should always include the patient's name and contact information (if provided), a notation about the service provided and/or advice given, the fee charged, if any, and any relevant personal health information that was obtained. Additional information may be necessary depending on the circumstances including the nature of the service provided. A Minor repair or adjustment should not need a file. We have a store in a mall. We do approximately 20 adjustments a day. If a patient simply walked in and asked to have their glasses loosened, and we needed a complete file...	9/16/2025 5:22 PM

Q20 Do you support the implementation of the updated Standards and Guidelines as currently proposed?

Answered: 74 Skipped: 69



ANSWER CHOICES		RESPONSES	
Yes		75.68%	56
No		2.70%	2
Unsure		21.62%	16
TOTAL			74

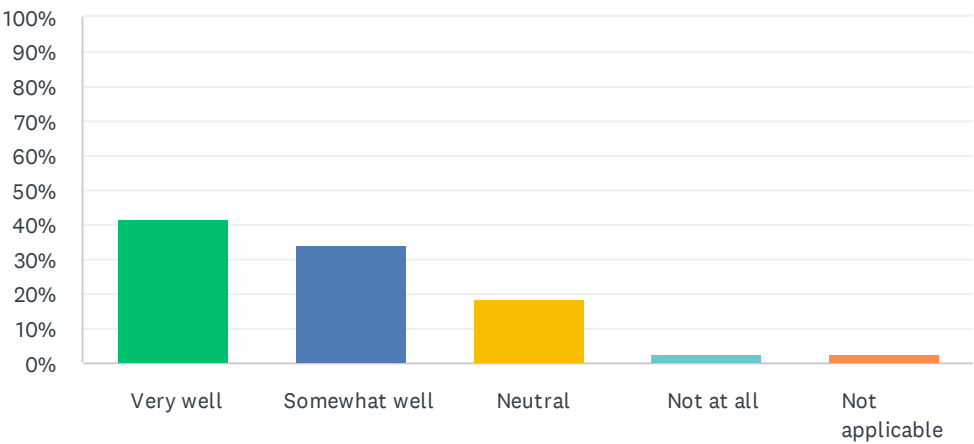
Q21 Please tell us why you do not support or are unsure about the proposed updates. What specific changes would make the Standards and Guidelines more acceptable to you?

Answered: 10 Skipped: 133

#	RESPONSES	DATE
1	Most of it seems outdated and not relevant.	10/16/2025 7:41 AM
2	I see no problem with contacts being sent via delivery. Opticians want to work and deliver an excellent product. Like any professional you always strive for the best. Customers will weed out the bad ones. I find that the college is scrutinizing this profession and opticians are over charged and over governed. To many courses. Allot of time spent online, in seminars, work. And not at home with the family. Being an optician is one of the most stressful occupations already without having the college breathing on their backs.	10/15/2025 9:17 PM
3	None	10/15/2025 4:23 PM
4	Need a bit of tweaking	10/15/2025 1:50 PM
5	Not sure	10/11/2025 9:46 PM
6	Information about workin with an optometrist	10/7/2025 10:39 PM
7	Remote contacts to be cleary explained on meaning.	10/7/2025 8:47 PM
8	I think it should wait until feedback has been received and considered.	10/7/2025 5:33 PM
9	No changes to add	10/7/2025 3:36 PM
10	MINOR adjustments should not need a new file	9/16/2025 5:23 PM

Q22 How well do the proposed updates reflect the realities of your current practice environment?

Answered: 70 Skipped: 73



ANSWER CHOICES	RESPONSES	
Very well	41.43%	29
Somewhat well	34.29%	24
Neutral	18.57%	13
Not at all	2.86%	2
Not applicable	2.86%	2
TOTAL		70

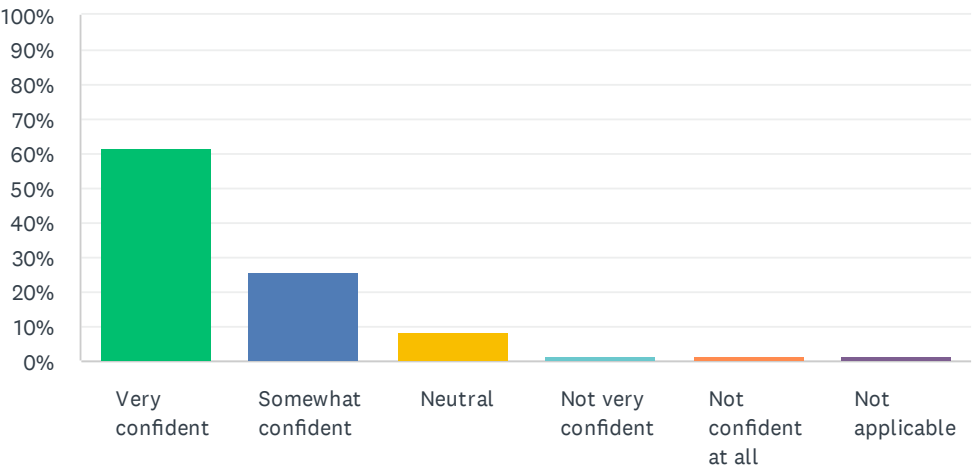
Q23 Are there any ways that the Standards and Guidelines could better reflect the realities of your current practice environment?

Answered: 16 Skipped: 127

#	RESPONSES	DATE
1	online purchase of eyewear and contact lenses	10/20/2025 8:48 PM
2	None	10/17/2025 9:03 PM
3	no	10/16/2025 10:12 PM
4	Clearer understanding of what is a SERVICE DATE. I hate being regulated by the Insurance Providers instead of the College. I also dislike having a third party payee tell me (the actual health care practitioner) what is considered a "Service".	10/16/2025 11:55 AM
5	No	10/16/2025 11:42 AM
6	It is running well	10/15/2025 3:15 PM
7	Can not share	10/11/2025 9:47 PM
8	Guidance around how to deal with threatening or demanding patients	10/10/2025 1:32 PM
9	Guidance around working with an optometrist	10/7/2025 10:40 PM
10	No	10/7/2025 8:51 PM
11	other opticians causing problems , and nonprofessionals dispensing are always a problem...Yes Tony is busy opening stores again!	10/7/2025 5:10 PM
12	I do not think so.	10/7/2025 4:32 PM
13	Sufficient enough.	10/7/2025 4:03 PM
14	No	10/7/2025 3:51 PM
15	No	10/7/2025 3:36 PM
16	remove minor adjustments from seeding a filee	9/16/2025 5:24 PM

Q24 How confident are you that you will be able to apply the updated Standards and Guidelines in your day-to-day practice?

Answered: 70 Skipped: 73



ANSWER CHOICES	RESPONSES	
Very confident	61.43%	43
Somewhat confident	25.71%	18
Neutral	8.57%	6
Not very confident	1.43%	1
Not confident at all	1.43%	1
Not applicable	1.43%	1
TOTAL		70

Q25 What challenges, if any, do you anticipate in implementing the updated Standards and Guidelines?

Answered: 18 Skipped: 125

#	RESPONSES	DATE
1	The standards and guidelines are usually not followed completely by all licensed opticians because they are not enforceable.	10/20/2025 8:48 PM
2	None	10/20/2025 8:18 PM
3	none	10/19/2025 6:42 PM
4	It might be very challenging, it needs supervision and monitoring, and other hand it needs to be implemented correctly and practised.	10/19/2025 3:17 PM
5	Contacts remotely as long as they are a previous wearer.	10/17/2025 9:03 PM
6	none	10/16/2025 10:12 PM
7	Shifting mindset of tenured opticians getting them on board with the changes vs what they have just always known.	10/15/2025 8:21 PM
8	Corporate structure	10/15/2025 3:41 PM
9	N/A	10/15/2025 3:15 PM
10	No challenges	10/13/2025 9:34 PM
11	None	10/13/2025 3:54 PM
12	Small town; hard to not treat people you know	10/7/2025 10:04 PM
13	Don't want to become an online business.	10/7/2025 8:51 PM
14	No challenges	10/7/2025 4:32 PM
15	Just follow the updated Standards and Guidelines.	10/7/2025 4:03 PM
16	None	10/7/2025 3:51 PM
17	Nonr	10/7/2025 3:36 PM
18	recording minor adjustments	9/16/2025 5:24 PM

Q26 Do you have any additional comments or suggestions?

Answered: 11 Skipped: 132

#	RESPONSES	DATE
1	Online purchase of eyewear and contact lenses need to be regulated.	10/20/2025 8:48 PM
2	I think it was clear, and important changes for the current time.	10/19/2025 3:17 PM
3	Updates on changes are very good now.	10/17/2025 9:03 PM
4	Well done! Thank you.	10/16/2025 10:12 PM
5	Thankyou	10/15/2025 8:21 PM
6	N/A	10/15/2025 3:15 PM
7	No	10/13/2025 3:54 PM
8	No.	10/7/2025 4:32 PM
9	Non.	10/7/2025 4:03 PM
10	No	10/7/2025 3:51 PM
11	No	10/7/2025 3:36 PM