

Visual Field Testing Using the Humphrey Visual Field Analyser Policy

V5.0

June 2025

Summary

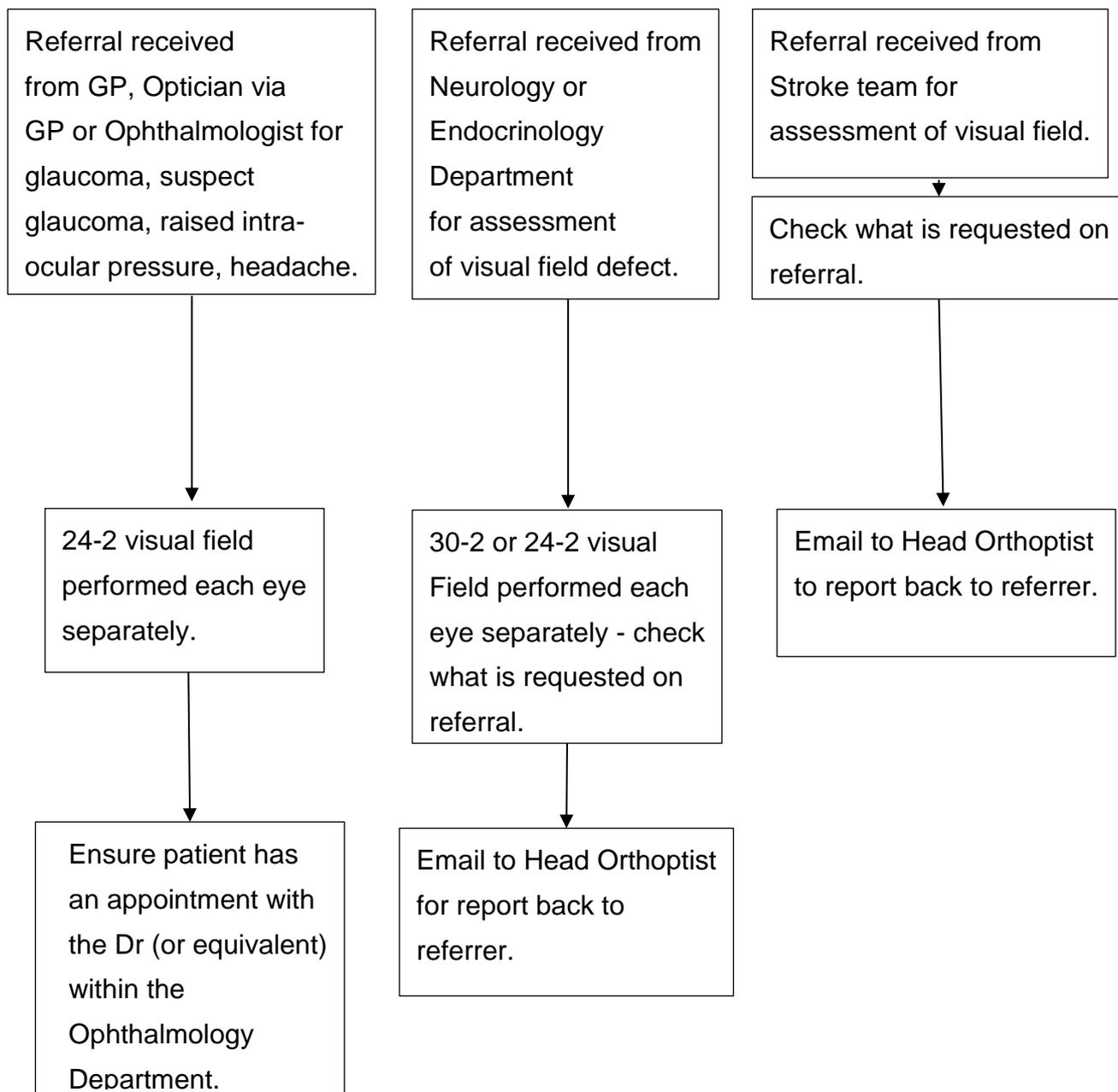


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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This policy acts as guidance for the visual field technicians, health care assistants and Orthoptists, employed by RCH NHS Trust, who undertake visual field testing using the Humphrey Visual Field Analyser.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

The purpose of this policy is to ensure that all the practitioners carrying out visual field testing using the Humphrey Visual Field Analyser are performing the test in

3. Scope

This policy applies to:

- Visual Field Technicians.
- Health Care Assistants.
- Orthoptists.

4. Definitions / Glossary

4.1. RCHT/RCH Trust – Royal Cornwall Hospitals Trust.

4.2. Humphrey Visual Field Analyser - is a tool for measuring the human visual field.

5. Ownership and Responsibilities

The strategic and operational roles responsible for the development, management and implementation of the policy are shown below.

5.1. Role of the Managers

Line managers are responsible for:

- Ensuring the appropriate training is available and up to date.
- Any changes in practice are conveyed to staff in a timely fashion.
- Ensuring the machine is maintained and in good working order.

5.2. Role of the Surgical Divisional Governance Management Board

The Specialist Services and Surgery (SSS) Management Board is responsible for the development, approval and communication of this policy and monitoring compliance with it.

5.3. Role of Individual Staff

All staff members are responsible for:

- Ensuring they are competent to undertake the procedure.
- Being aware of this policy and any documents referred to within it.
- Remaining up to date with policies and training.
- Reporting any faults with the machine/equipment to the Medical Physics Department and Head Orthoptist.

6. Standards and Practice

- 6.1. Ensure the machine has been switched on in a dark room to allow it to calibrate.
- 6.2. Clean chin rest and buzzer ready for use.
- 6.3. Select the test program that has been requested for the patient (most commonly 24-2 Sita Fast, 30-2 Sita Fast or 10-2 Sita Fast).
- 6.4. Enter the patient details by using the recall patient button and entering the patient's hospital number.
- 6.5. Escort the patient into the clinical room used for testing visual fields, introduce yourself and confirm patient identity as per the RCHT Positive Patient Identification Policy and procedures.
- 6.6. Check the correct patient details have been entered into the visual field machine.
- 6.7. Identify the correct spectacles for use during testing or correct spectacle prescription to obtain the trial lenses for use during testing, see appendix 1 for Trial Lens Calculation.
- 6.8. Darken the room appropriately.
- 6.9. Prepare patient for the test:
 - Suggest the removal of a coat/jacket.
 - Occlude patients left eye, to test the right eye first.
 - Hand the patient the buzzer they will need to press throughout the test, ensuring they know where to press.
 - Ask the patient to place their chin on the left-hand chin rest and ensure their forehead is resting against the forehead rest.
 - Ensure the machine is at the correct height for them, it is important that they are comfortable as they will be sat for a while.

- Adjust the chin rest to ensure the cross on the eye monitor is in the centre of the patient's pupil.
 - Ensure the patient's lid or glasses does not occlude their visual field by occluding part of their pupil. This is a common problem in older patients. If this is the case the patient's lids may require taping up or you might have to use trial lenses instead of the patient's reading glasses for the test.
 - Ensure the patient can see the fixation light, if they cannot see it then use the change parameter button to change the fixation light to the small diamond, if they cannot see the lights of the small diamond then increase to the large diamond. If they cannot see the lights of the large diamond, then abandon the test.
- 6.10. Explain the test to the patient. They need to look straight ahead at the fixation light, this light will remain on throughout the test and it is important that they are looking at it for the duration of the test. The machine will then present a different light anywhere in the test area, some lights will be brighter than others. The patient needs to press their buzzer every time they see the light flash on (it does not matter how bright or feint it is). It is particularly important to ensure they understand the test and that they keep both their head and eye still, focussing straight ahead on the fixation light. If they are moving their eye around, then the test results will become inaccurate. They will not be expected to see all the lights; there may be some gaps when there are no lights being presented.
- 6.11. Ensure the patient remains in the correct position throughout the test. They may require encouragement and reassurance during the test, particularly in keeping looking straight ahead.
- 6.12. The machine will monitor the patient's fixation and assess their reliability, but you should also observe the eye monitor throughout the test. If necessary, you will need to re fixate the patient either by adjusting the position of the chin rest or by getting the machine to adjust the position of the blind spot. You do this by pressing the Fixation button, then select 'Retry to find Blind Spot'. Remember to instruct the patient to look straight ahead at the fixation light.
- 6.13. After completing the right eye, the machine will prompt you to save the test, which you should do.
- 6.14. Then test the left eye. You will need to swap the occluder to the right eye and the patient will need their chin on the right-hand chin rest. Please note you may need to change the trial lenses if a different strength is required.
- 6.15. Ensure the patient hospital MediSIGHT are documented accurately and completely.
- Record which tests program was performed, and which eye(s) were tested
 - Record whether the test was performed with reading glasses or record the strength of any trial lenses used for the test and how they were calculated.
 - Record any other adjustments necessary, for example, having to tape lids up.

- Any other comments regarding the patient's performance of the test, for example if you think their fixation was poor.
 - Sign, date and time of test must be recorded in accordance with the RCHT Documentation Policy.
- 6.16. **Print the tests and** file them in the red visual field folder in the patient's hospital record. The **RIGHT** eye should be filed on the **RIGHT** side and the **LEFT** eye on the **LEFT** side on top of any previous field tests.
- 6.17. Ensure the chinrest, forehead rest and buzzer are cleaned with the appropriate sterile wipes between patients.
- 6.18. **A poor or unreliable visual field test may be due to:**
- Patient does not understand what is expected of them.
 - Patient is anxious and needs reassurance.
 - Patient is uncomfortable and positioned incorrectly. Ensure the patient is not too hot or too cold. Check if the patient has any problems with their back and neck that may make the test difficult to perform.
 - Incorrect lens/glasses used.

7. Dissemination and Implementation

The document will be placed on the Cornwall and Isles of Scilly Health Community Documents Library with notification of all users via email. It will also appear on the Pathology and Clinical Imaging A-Z of Services Intranet pages.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	That the correct test has been performed.
Lead	Head Orthoptist.
Tool	A review of the hospital case notes records, performed on an individual basis.
Frequency	To be performed on an ad hoc basis when a case appears in the system and is highlighted by the clinician.
Reporting arrangements	To be reported to the staff members performing visual field testing using the Humphrey Visual Field Analyser.
Acting on recommendations and Lead(s)	Any findings would be discussed with the individual(s) and would be reviewed against the current policy. Any changes to the policy would be made by the Head Orthoptist.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 2 months. Head Orthoptist will take each change forward where appropriate. Lessons will be shared with all staff performing visual field-testing using Humphrey Visual Field Analyser.

9. Updating and Review

This policy will be reviewed every three years or sooner if circumstances suggest this may be necessary.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Visual Field Testing Using the Humphrey Visual Field Analyser Policy V5.0
This document replaces (exact title of previous version):	Visual Field Testing Using the Humphrey Visual Field Analyser Policy V4.0
Date Issued/Approved:	May 2025
Date Valid From:	June 2025
Date Valid To:	June 2028
Author/Owner:	Faye Gibson, Head Orthoptist.
Contact details:	01872 253287.
Summary of contents:	This policy sets out an approved documented process for the undertaking of visual field testing using the Humphrey Visual Field Analyser.
Suggested Keywords:	Visual Field Testing, Humphrey Visual Field Analyser.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Ophthalmology Governance/Audit meeting.
Manager confirming approval processes:	Ian Moyle-Browning, Head of Nursing (HoN), Specialist Services and Surgery.
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None required.

Information Category	Detailed Information
Related Documents:	Visual Field Testing using the Humphrey Visual Field Analyser Training Document. Visual Field Lens Selection Document. Visual Field Test Selection Flow Diagram. Visual Field testing using the Humphrey Visual Field Analyser Competencies.
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Ophthalmology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
March 2012	V1.0	Initial Issue.	Faye Gibson Head Orthoptist.
July 2013	V2.0	Updated version in new trust format.	Faye Gibson Head Orthoptist.
July 2016	V3.0	Updated version in new Trust format to support newly developed training competencies.	Faye Gibson Head Orthoptist.
May 2019	V4.0	Updated template encompassing IEIA and Governance information. Appendix 1 updated. Amalgamated with Visual Field-Testing Competency at Appendix 4.	Faye Gibson Head Orthoptist.
June 2025	V5.0	Full review – minor changes	Faye Gibson Head Orthoptist.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Visual Field Testing Using the Humphrey Visual Field Analyser Policy V5.0
Department and Service Area:	Head and Neck/Ophthalmology.
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Faye Gibson, Head Orthoptist.
Contact details:	01872 253287.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance for staff employed by Royal Cornwall Hospital NHS Trust when performing visual field testing using the Humphrey Visual Field Analyser for patients attending the Ophthalmology Department.
2. Policy Objectives	As above.
3. Policy Intended Outcomes	As above.
4. How will you measure each outcome?	Hospital case note review on an annual basis.
5. Who intends to benefit from the policy?	Patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Consultant Ophthalmologists and nursing staff.
6c. What was the outcome of the consultation?	Document approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.
 Name of person confirming result of initial impact assessment: Faye Gibson, Head Orthoptist.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)