PRINCE EDWARD ISLAND
COLLEGE OF OPTOMETRISTS

Standards of Practice

February 1, 2024

TABLE OF CONTENTS

Introduction

Standards of Practice

The Prince Edward Island College of Optometrists (PEICO) Standards of Practice are considered the minimum standard of professional behavior and ethical conduct that ensures that all optometrists provide safe, competent, and ethical professional services to all patients at all times.

They are to be interpreted in conjunction with the PEICO Optometrists Professional Regulation and the PEICO Code of Ethics.

Standards of Practice are in constant evolution to reflect advances in optometric and medical science, certification of new competencies, development of innovative technology and updates to scope of practice.

Mission Statement

The Mission of the Prince Edward Island College of Optometrists(PEICO) is to protect and serve the public by regulating and guiding the optometric profession.

Mandate

We will carry out our activities and govern our members in a manner that protects and serves the public interest.

We will provide direction to and regulate the practice of optometry by our regulated members.

We will establish, maintain and enforce appropriate registration requirements, a Continuing Competence Program and Standards of Practice for the profession of optometry.

We will establish, maintain and enforce a Code of Ethics.

We will carry on the activities of the college and perform all other duties and functions in accordance with the Optometry Act and Diagnostic and Therapeutic Drug Regulations.

Part 1
Practice Management Standards

1.1 Optometric Facilities

1.1.1 In order to provide professional services, an optometrist must maintain or have access to an optometric facility.

1.1.1a The optometric facility must have:
• an individual facility address,
• a posted list of the name(s) of optometrist(s) who provide services at that location,
• a telephone number,
• appropriate, confidential, and secure storage of patient records,
• in-office sinks and appropriate waste disposal facilities.

1.1.2 Optometric facility location and signage should be designed and displayed in a professional manner.

1.1.3 Examination areas must respect the privacy and confidentiality of patients.

1.1.4 An optometric facility must maintain a prescribed minimum amount of ophthalmic instrumentation in a safe, hygienic and accurate manner dependent on the level of services that are offered at the facility.

1.1.4a In order to provide comprehensive vision care services, an optometric facility must contain and maintain the following minimum amount of general ophthalmic instrumentation in a safe, hygienic and accurate working order:

Equipment to assess the refractive condition of the patient:
• distance and near visual acuity charts,
• an instrument for measuring corneal curvature,
• a retinoscope and lens set, or other similar devices for the accurate measurement of an objective refraction,
• a phoroptor or other similar device for the accurate measurement of a subjective refraction, and,
• a lensometer or other similar device for measuring the power of a lens.

Equipment to assess the binocular, accommodative, motility and sensory function of the patient:
• prisms (either variable, loose, or in bars),
• a stereoacuity test, and,
• a colour vision test.

Equipment to assess the ocular health of the patient:
• a direct ophthalmoscope, indirect ophthalmoscope, or other instrumentation for viewing the posterior segment of the eye. (NOTE: The use of imaging or photographic equipment without direct or indirect evaluation of the eye is insufficient),
• a slit lamp biomicroscope, goniolens and fundus lenses,
• a tonometer or other instrumentation for measuring the intraocular pressure of the patient,
• an instrument to measure the corneal thickness,
• a penlight or transilluminator

1.1.4b The minimum equipment required for contact lens fitting, prescribing and assessments includes:
• all equipment as listed in 1.1.4a that is required for an optometric facility,
• diagnostic trial contact lenses, and,
• disinfection equipment/solution for diagnostic contact lenses.

1.1.5 Optometrists shall be knowledgeable and proficient in methods of infection control and employ appropriate procedures for all products, instruments, office equipment and facilities used in patient care as per the CAO (Canadian Association of Optometrists) infection control guidelines.

1.2 Patient Records

1.2.1 Optometrists must make and maintain a legible, complete and understandable record of their care for each patient.

1.2.1a Optometrists have a duty to ensure that paper and electronic patient records contain, as a minimum, the following information:
• the name of the examining optometrist,
• demographic information of the patient including last name, first name, date of birth, gender and personal health number,
• contact information of the patient including telephone number(s) and mailing address,
• the dates of all entries to the record,
• the patient's case history, social history, prior history, and relevant family history,
• information from other sources, including past records, laboratory and imaging reports, referral letters, surgical notes, and consultant's reports,
• current medications, allergies, and drug sensitivities,
• examination findings,
• diagnoses (tentative, differential, or established),
• optical, contact lens and pharmaceutical prescriptions issued,
• counseling, co-management arrangements ,treatments administered, or referrals made,
• recommended recall date,
• responses of the patient to the advice given, if refused, and,
• financial transactions, including billings and receipts to third parties.

1.2.1b Interpretation of any additional testing performed such as visual fields, laser scanning or photographic imaging, etc. must be recorded on the patient chart

1.2.1c All relevant information pertaining to the patient should be recorded in a legible and permanent format

1.2.1d Optometrists will provide patients with access to their records in accordance with the Prince Edward Island Health Information Act 2021.

1.2.1e Optometrists shall ensure that the patient record contains sufficient information so that another practitioner is able to understand and assume the patient's care at any point in the course of diagnosis, monitoring, co-management, treatment, or referral without loss of patient care or continuity. A patient record is considered legible if both the optometrist and a reasonable person are able to read the record.

1.2.2 Optometrists must collect, protect, maintain, use, correct, amend, and disclose health information in an appropriate, lawful, and confidential manner.

1.2.2a Health information is defined as:
• registration information, and,
• diagnostic, treatment, and care information.

1.2.2b Optometrists are considered custodians under the Prince Edward Island Health Information Act (HIA). Employees of optometrists must be made aware of the duties imposed by the Prince Edward Island Health Information Act.

1.2.2c Custodians collect, use, and disclose health information in accordance with the HIA. As such, custodians are responsible for creating, maintaining, and protecting all records in their custody or control.

1.2.2d Optometrists can only collect, use, or disclose the amount of health information essential to carrying out the purpose for which the information was provided and preserve the highest degree of patient anonymity.

1.2.2e Optometrists may disclose patient records:
• With the express written consent of the patient or authorized representative.
• Without the express written consent of the patient or authorized representative under limited circumstances as listed under the Prince Edward Island Health Information Act.

1.2.2f Although unrecorded information (information told to a custodian but not recorded on a patient chart) is not considered "health information" it is protected by the Prince Edward Island Health Information Act and may only be used and disclosed for the purpose for which it was provided.

1.2.2g Optometrists must maintain adequate safeguards to protect confidentiality and to protect against reasonably anticipated threats or hazards to the security, integrity, loss or unauthorized use, disclosure, modification or unauthorized access to health information.

1.2.2h Optometrists who use an electronic patient or health record must ensure that the system has adequate safeguards to protect the security, integrity and confidentiality of information, including but not limited to, ensuring:
• an unauthorized individual cannot access identifiable health information,
• each authorized user has a documented access level based on the individual's role,
• appropriate password controls and data encryption are used,
• where electronic signatures are permitted, the authorized user can be authenticated,
• identifiable health information is transmitted securely,
• secure backup of data,
• data recovery protocols are in place along with the regular testing of these protocols,
• data integrity is protected such that information is accessible,
• practice continuity protocols are in place in the event that information cannot be accessed electronically, and,
• when hardware is disposed of that contains identifiable health information, all data is removed and cannot be reconstructed.

1.2.3 Records are to be held for as long as necessary to satisfy the clinical, ethical, financial and legal obligations of the optometrist.

1.2.3a Patient records must be kept for a minimum of ten (10) years after the patient's last examination or two (2) years after the death of a patient.

1.2.3b Optometrists who create a patient record are considered the custodian of that record. When optometrists transfer custodianship of the records they have created to a successor, that successor becomes the custodian of the record.

1.3 Optometric Knowledge and Clinical Expertise

1.3.1 Optometrists shall meet or exceed all requirements of the PEICO Continuing Education Program to ensure that they are knowledgeable, competent, skilled and able to provide the most effective and appropriate optometric services.

1.3.1a All NLCO registered optometrists must participate in the PEICO Continuing Education Program in accordance with rules established by the PEICO.

1.4 Legal Obligations

1.4.1 Optometrists must understand and adhere to Federal, Provincial, municipal, statutory and common law requirements and obligations as well as all Privacy

Legislation requirements.

1.5 Standards of Behaviour

1.5.1 Optometrists shall only recommend and provide appropriate and required professional services and treatments within the practice of optometry.

1.5.2 Optometrists shall understand and adhere to the PEICO Code of Ethics, PEICO Standards of Practice and PEICO Advisories as provided and updated from time to time.

1.5.2a Optometrists shall only recommend and provide appropriate and required office visits, diagnostic procedures, optical and other appliances, medications, nutraceuticals and any other treatments.

1.5.2b Optometrists must always act in the best interests of the patient.

1.5.3 Optometrist shall not participate in any conduct that is considered sexual abuse or sexual misconduct.

1.5.4 Optometrists who are found guilty of unprofessional conduct for sexual abuse or sexual misconduct may be ordered to reimburse the Prince Edward Island College of Optometrists for:
1) Any funding provided to a patient for treatment and counseling.
2) Any investigation and hearing tribunal costs.

1.5.6 Optometrists shall allocate appropriate time for the delivery of professional services.

1.5.7 Patient triage must be understood by optometrists and all members of their office staff to ensure prompt and competent treatment of patients requiring urgent or emergent care.

1.5.8 Patient recall should be based on the type and severity of optometric or medical conditions.

1.6 Marketing and Promotion

1.6.1 Marketing and promotional material should be clear, accurate, truthful, complete and not misleading.

1.6.1a Marketing and promotion by an optometrist or on behalf of an optometrist must also:
• be dignified and in good taste,
• not misrepresent or overstate the effectiveness of any diagnostic or treatment procedure, instrument, or ophthalmic device,

• not claim superiority over any other optometrist,
• not be detrimental to the best interest of the public, and,
• not damage the integrity of the profession of Optometry.

1.7 Staff Training and Responsibilities

1.7.1 Any staff member who uses the title of a regulated health professional and is qualified to meet the registration requirements of a regulated health profession must be a Regulated Member of that health profession.

1.7.1a Optometric assistants, ophthalmic assistants, and other staff who are not Regulated Members of a regulatory college must be supervised by a regulated optometrist.

1.7.2 Administrative and ancillary personnel shall be qualified to perform their duties, be encouraged to maintain their competence, and be provided with the tools and environment to work comfortably and safely.

1.7.2a An optometrist may supervise a student performing a restricted activity if the optometrist:
-has confirmed that the student is enrolled in a professional health services training program
-has confirmed that the equipment and resources required to perform the procedure are available, safe and appropriate, and,
-will be physically present on the site where the procedure is being performed and is available to assist.

1.8 Communication

1.8.1 Optometrists shall communicate with staff, patients, care givers, authorized representatives and other health care professionals in a clear, dignified, respectful, effective and unambiguous manner.

1.8.2 Optometrists shall utilize the most effective modes and methods of communication which take into account the physical, emotional, mental, intellectual and cultural background of the patient, caregiver and/or authorized representative.

1.8.3 Optometrists shall provide verbal, written or electronic information to patients, caregivers and/or authorized representatives including, but not limited to, the cause of their condition, systemic conditions affecting their eyes, options for treatment, recommendations, any instructions, prognosis with or without treatment, the urgency of the situation and possible preventative measures.

1.8.4 Public speaking on eye and vision care shall be truthful, clear, accurate, professionally delivered and not misleading.

Part 2
Clinical Standards of Practice

2.1 Examination, Assessment, Diagnosis, Treatment and Management

2.1.1 An examination and assessment plan shall be designed in order to obtain the information necessary to achieve a proper diagnosis at the highest level of specificity and develop appropriate treatment and management plans.

2.1.1a Optometrists shall use their professional discretion and judgment to determine which tests and procedures are best suited for that particular patient at that particular time and be able to justify the inclusion or exclusion of any test.

2.1.2 The examination, assessment, treatment and/or management plan shall be progressively and appropriately modified on the basis of findings.

2.1.3 Consideration shall be given to the relative importance or urgency of the presenting problems and examination findings.

2.1.4 The informed consent of the patient and/or authorized representative must be obtained for the initiation and continuation of any examination, assessment, treatment or management plan.

2.1.4a Optometrists are responsible for ensuring that consent, which may be implied or expressed, orally or in writing, is obtained from a patient or legal guardian before performing an examination or treatment or before disclosing the patient's personal health information, except where permitted by law to act without consent.

2.1.4b Optometrists must respect the right of a patient to withdraw consent at any time.

2.1.4c Evidence of legal authority must be obtained or established from parents or legal guardians before optometric clinical examinations and treatments can be performed on persons under the age of 18 or adults of diminished capacity. A child of 16 who is living independently does not require parental consent for examination or treatment.

2.1.5 Information and data required for examination, assessment, diagnosis, treatment and management shall only be elicited from the patient, caregiver, authorized representative and/or other professionals with the patient's or authorized representative's permission.

2.1.6 Subsequent examination, assessment, diagnosis, treatment and management plans should clearly separate the new information and data from earlier information and data in order to maintain an appropriate perspective in the ongoing care of the patient.

2.2 Clinical Practice: Standards of Practice

2.2.1 Clinical Practice Standards of Practice are considered based on the legislated scope of services that an optometrist is authorized to provide and the manner in which the optometrist provides those services.

2.2.1a Optometrists must recognize his or her limitations and the special skills of others in the delivery of patient care to ensure appropriate, competent, safe and skilled services are provided to their patients in a timely manner.

2.2.1b Optometrists must collaborate, as appropriate, with other healthcare providers for the benefit of the patient.

2.2.1c Optometrists must respect a patient's reasonable request for referral to another healthcare provider:
• For a second opinion.
• For services outside the scope of practice of the optometrist.

2.2.1d Notwithstanding Section 2.2.1c, an optometrist is entitled to refuse to make a referral:
• For duplicate or multiple referrals for the same condition.
• For consultations that are unlikely to provide a clinical benefit.

2.2.1e For all referrals, optometrists must:
• Document the referral on the patient's chart.
• Keep a copy of the referral letter and the response letter.

2.2.1f For emergency and/or urgent referrals, optometrists must:
• Forward all necessary and/or pertinent information to assist with the timely triage and consultation of the patient.
• Contact the healthcare provider to ensure that the emergency/urgent referral request was received.

2.2.1g Clinical Practice Standards are in constant evolution to reflect advances in optometric and medical science, certification of new competencies, development of innovative technology and updates to scope of practice.

2.3 Glaucoma: Clinical Standards of Practice

The Prince Edward Island College of Optometrists' Standards of Practice for Glaucoma represents the minimum standard of care in diagnosing, treating and managing glaucoma. It is based on the best available and most current optometric and medical clinical evidence and research. It is intended to be used with professional discretion and judgment; it is not intended to be used as an all-encompassing clinical manual.

Clinicians must base their assessment, diagnostic, management, and treatment regimens on the specific needs of the patient at that point in time.

We wish to acknowledge the Canadian and American Associations of Optometry, and the Canadian Ophthalmological Society for their previously published clinical practice guidelines used in the development of this guideline.

Goals

It is the goal of every optometrist to:

1. Identify those patients at risk for developing glaucoma, diagnose glaucoma as early as possible, minimize the damaging effects of glaucoma and preserve a patient's vision for as long as possible.

2. Collaborate and communicate with patients, legal guardians and/or other health care practitioners in order to:
-Increase access to competent vision care services,
-Maximize a patient's visual status and quality of life,
-Improve patient compliance and outcomes,
-Reduce the possibility of duplication of tests and services and Provide vision care services in the most efficient and effective manner.

General Standards

1.Optometrists who graduated after January 1, 2015 and passed the CACO/OEBC exam and all others who successfully completed an Advanced Scope of Practice Certification course approved by the PEICO Council are Advanced Scope Certified. Optometrists licensed with the PEICO who Advanced Scope are certified as per the PEICO Regulations are required may utilize the following models of care for glaucoma suspects and patients with glaucoma.
-independent diagnosis, treatment, and management.
-Co-management with an appropriately certified optometrist or ophthalmologist.
-Referral to an appropriately certified optometrist or ophthalmologist.

2.Optometrists licensed with the PEICO who are not Advanced Scope certified as per the PEICO Regulations may utilize the following models of care for glaucoma suspects and patients with glaucoma.

-Referral to an appropriately certified optometrist or ophthalmologist.

3. Co-management of patient care with an appropriately certified optometrist or ophthalmologist requires the following:
- Agreement and discussion of protocols from both practitioners to enter into a co-management model of care.
- Appropriate sharing of test results.
- Appropriate communication of any changes to patient management or advice to patient.
- Agreement on patient follow-up (which practitioner and timeline).
- Appropriate communication and follow-up of any changes to glaucoma status and/or complications.

4. Circumstances where an optometrist must refer glaucoma patients to an appropriately certified and trained ophthalmologist include:
- Glaucoma type and severity that is outside the optometrist's level of competence.
- Glaucoma that is not responding to conventional pharmaceutical treatment.
- Glaucoma that requires surgical management.

Specific Initial Diagnosis Standards

In addition to those tests and procedures conducted during a comprehensive eye examination, the following specific history/procedures should be performed and documented when deemed necessary for patients who are at risk, or showing early signs of developing glaucoma:

- Family and personal (ocular and general) health history.
- Assessment of other possible risk factors.
- Relevant information and data from previous assessments.
- Corrected visual acuities and pupil responses.
- Central corneal thickness.
- Applanation intraocular pressure including time of day (Goldmann or Perkins is considered the current standard of care and is required for all glaucoma suspects and glaucoma patients).
- Assessment of the anterior chamber angle and anterior uvea. (Gonioscopy is considered the current standard of care).
- Assessment of the retina and optic nerve (dilated fundus examination is considered the current standard of care).
- Computerized threshold visual fields.
- Stereoscopic optic nerve head photography or standard fundus photographs.
- Scanning laser imaging of the optic nerve and macula including analysis of the Retinal Nerve Fiber Layer (OCT or similar instrument).
- Any other supplemental testing as per the professional discretion and judgment of the optometrist appropriate to that specific patient.

Specific Treatment Standards

Advanced Scope certified optometrists may treat glaucoma using oral and/or topical medications while it is deemed appropriate and within their scope set by the PEICO Standards of practice.

Specific On-Going Management Standards

Depending on the type, severity and progression of glaucoma, the following procedures should be performed and documented when deemed necessary on glaucoma patients on a regular basis as part of their regular monitoring:

Depending on the type, severity and progression of glaucoma, the following procedures are recommended be performed and documented as part of a glaucoma patient's regular monitoring, when indicated:

- Corrected visual acuities.
- Pupil responses.
- Applanation intraocular pressure (Goldmann or Perkins) including time of day.
- Assessment of the anterior chamber angle and anterior uvea. (Gonioscopy is considered the current standard of care).
- Dilated fundus examination.
- Computerized threshold visual fields.
- Scanning laser imaging of the optic nerve and macula including analysis of the Retinal Nerve Fiber Layer.
- Any other supplemental testing as per the professional discretion and judgment of the optometrist appropriate to that specific patient.

2.4 Optometric Treatment Procedures

Clinical Standards of Practice

The objective of this Clinical Standard of Practice is to provide the minimum standard of practice for Doctors of Optometry on performing optometric treatment procedures. It is based on the best available and most current optometric and medical clinical evidence and research. It is intended to be used with professional discretion and judgment and it is not intended to be used as an all-encompassing clinical manual. Clinicians must base their assessment, diagnostic, management and treatment regimens on the specific needs of the patient at that point in time.

Optometric treatment procedures include removal of foreign bodies from the cornea, conjunctiva, lid or adnexa.

Goals

It is the goal of every optometrist to:

1. Identify those patients who may benefit from an optometric treatment procedure, ensure the appropriate procedure is performed in a hygienic and safe manner and share patient information in an appropriate manner with other members of the patient's health care team.

2. Collaborate and communicate with patients, legal guardians and/or other health care practitioners in order to:
-Increase access to competent vision care services,
-Maximize a patient's visual status and quality of life,
-Improve a patient's compliance and outcomes,
-Reduce the possibility of duplication of tests and services, and,
-Provide vision care services in the most efficient and effective manner.

General Guidelines

1. Optometrists who do not provide specific optometric treatment procedures must refer patients who require those procedures to an appropriately trained optometrist or physician.

2. Optometrists must refer all major ocular surgery to an appropriately trained ophthalmologist or other physician. The list of major ocular surgery includes, but is not limited to: cataract surgery, vitreoretinal surgery, refractive laser vision correction, strabismus surgery, retinal detachment procedures, filtering procedures, cryotherapy, evisceration, oculoplastic procedures, etc.

List of Specific Optometric Treatment Procedures
The list of optometric treatment procedures includes, but is not limited to:
a) Removal of an ocular foreign body:
All Seidel positive, high velocity or possible penetrating foreign bodies must be referred to an ophthalmologist.
b) Dilation and irrigation of lacrimal system:
Patients requiring dacryocystorhinostomy or other lacrimal surgical procedures must be referred to an ophthalmologist.
c) Insertion and removal of punctal plugs.
d) Treatment of a corneal abrasion or erosion.
e) Epilation of eyelashes.
f) Treatment of chalazia via warm compresses, massage and possible pharmaceutical prescription.
g) Intense Pulsed Light procedures for therapeutic treatment of dry eye by optometrists who have completed a college council approved course in IPL.

2.5 Treatment & Management of Ocular Disease

Clinical Standards of Practice

The objective of this Clinical Practice Standard is to provide the minimum standards of practice for Doctors of Optometry on the assessment, diagnosis, treatment, co-management, independent management and referral of patients with ocular disease; or, who exhibit ocular signs and symptoms of systemic disease.
It is based on the best available and most current optometric and medical clinical evidence and research. It is not intended to replace professional discretion and

judgment; nor is it intended to be used as an all-encompassing clinical manual. Clinicians must base their assessment, diagnostic, management and treatment regimens on the specific needs of the patient at that point in time.

Goals

When considering the treatment and management of ocular disease, every optometrist should strive for the following goals:

1. Identify and diagnose those patients at risk for developing ocular disease as early as possible, minimize the damaging effects of ocular disease and preserve a patient's vision for as long as possible.

2. Collaborate and communicate with patients, legal guardians and/or other health care practitioners in order to:
-Increase access to competent vision care services,
-Maximize a patient's visual status and quality of life,
-Improve patient compliance and outcomes,
-Reduce the possibility of duplication of tests and services, and,
-Provide vision care services in the most efficient and effective manner.

General Standards

1. Optometrists who graduated after January 1, 2015 and passed the CACO/OEBC exam, and all others who have passed an Advanced Scope therapeutics approved by the PEICO Council are certified for Advanced Scope of practice. Advanced Scope certified Optometrists are authorized to:

-Treat disorders and conditions (within the scope of practice of optometry) by sampling, prescribing, dispensing, providing for sale or selling, incidental to the practice of optometry, all Schedule 1 or Schedule 2 drugs.

-Provide independent diagnosis, treatment and management of glaucoma.

2. Optometrists licensed with the PEICO who are not Advanced scope certified by the PEICO are authorized to:

-Treat disorders and conditions (within the practice of optometry) excluding glaucoma by sampling, prescribing, dispensing, providing for sale or selling, incidental to the practice of optometry, topical Schedule 1 drugs excluding anti-glaucoma drugs and all Schedule 2 topical drugs.

3.Co-management of patient care requires the following:
-Agreement and discussion of protocols from both practitioners to enter into a co-management model of care.
-Appropriate sharing of test results.
-Appropriate communication of any changes to patient management or advice to patient.
-Agreement on patient follow-up (which practitioner and timeline).

-Appropriate communication and follow-up of any changes to disease status, patient compliance and/or complications.

4. Optometrists must refer patients to an appropriately trained and certified practitioner when the patient presents with:
-Potential ocular disease conditions that require additional diagnostic testing or treatment that the optometrist does not provide.
-Ocular disease conditions considered to be outside their scope of practice or level of competence.

5. Optometrists must report all suspected adverse drug reactions or medical device problems to Health Canada.

6. Optometrists may issue pharmaceutical prescriptions via written prescription, FAX, electronically or directly verbalized to a pharmacy.

7. Pharmaceutical prescriptions must contain the following:
-The name, address, telephone number, license number and signature of the optometrist.
-The given name and surname of the patient.
-The date that the prescription was issued.
-The scientific or trade name and concentration of the drug.
-Whether generic substitution is allowed or not.
-The amount to be dispensed.
-The instructions for dosing – frequency and duration of treatment.
-The number of repeats authorized.

8. Optometrists shall only dispense, sample, provide for sale or sell a Schedule 1 or Schedule 2 drug incidental to the practice of optometry.

9. In order to ensure appropriate sharing of information with other health care practitioners:

a.Optometrists shall record all internal dispensing, sampling or selling events of Schedule 1 and 2 drugs.

b.Pharmacists will continue to be responsible for recording all optometric prescriptions that they fill on provincial databases.

10. Optometrists shall consider and initiate treatment and intervention procedures that most effectively reduces the time course and potential sequelae of the disease/condition. It is incumbent upon each optometrist to consider the patient's personal history, family history, allergies and sensitivities, current medications and current health status in order to make an appropriate and informed decision.

11. Optometrists shall:
-Instruct and counsel the patient on the correct use of the prescribed agent.
-Advise the patient on potential adverse effects.
-Schedule appropriate follow-up appointments for those conditions and diseases that require it.

12. Optometrists shall communicate with staff, patients, care givers, legal guardians and/or other members of the patient's health care team.