

PROCESSING USED EYEGLASSES

MISSION: To create an inventory of serviceable eyeglasses which can then be used by people who are otherwise unable to access eyewear.

MISSION LEADER CONCERNS:

Volunteers are a very valuable resource! Therefore, it is important that projects be as efficient and effective as possible, so that labor is not duplicated.

Airlines have become more & more restrictive with respect to baggage allowances. Our purpose is to do as much as possible for as many people as possible. Recently, the allowance has been dropped from seventy pounds to fifty pounds per bag. Efficiency is imperative! Therefore, we have had to become much more selective with the glasses we take.

Mission leaders have to balance the lens library based upon the number of doctors who are examining patients, the amount of time available for the clinic, and the potential needs of the patient population. Having to find more volunteers to re-sort or re-process glasses need not be necessary.

One the mission is under way, dispensers may have to pick and adjust several hundred pair of glasses in one day. There is no time to clean and adjust a pair of glasses before it is even put on the patient's head. Frames found to be broken or unusable then requires a repeat of the picking process.

Therefore, it is important to discard any glasses which have broken frames or unusable lenses. The mission clinics try to provide the best possible service under the conditions available; and since the person who receives the glasses does not have access to them otherwise, it is extremely important that we try to provide a serviceable product. We are taking a used product and want it to last longer than it takes us to leave town.

FRAME INSPECTION:

Obviously broken frames and crystallized plastic frames.
Hairline cracks in plastic, especially in bridge and bend of temple.
Be sure both nose pads and pad arms are intact.
Pitted eyewire or temples.

LENS INSPECTION:

Discard single lenses that are not in a frame.
Scratched lenses.
Loose lenses that will not stay in the frame.
Very narrow bifocal and trifocal lenses.
All prismatic corrections.
High or oblique astigmatism (cylindrical) corrections.*
Anisometropic corrections. (Large difference between lenses)**

*VERTICAL PRISM AND CYLINDER SCREENING:

Holding the glasses 12-15 inches in front of you, look through the lenses at a horizontal line, such as the edge of a counter or box. Align the glasses such that the line is continuous. If the line through one section of the lenses is always higher or lower than the other lens, it has vertical prism. If the line is broken at a significant angle, it has a significant amount of oblique astigmatism correction. Now move the frames, twisting clockwise and counter-clockwise. If there is a lot of breakage or warping of the line, it has a significant astigmatism correction.

STRAIGHTEN:

Adjust the glasses into gross standard alignment. When trying to dispense Glasses to several hundred patients a day, the dispensary moves much more efficiently when we only have to fine-tune the adjustment.

Be sure the front is properly aligned. If temples are a bit flared, they do not have to be brought in completely. Many times patient populations have wide heads and it is easier to bring the temples in on site that to move them out.

Tighten screws and oil hinges for mobility as needed.

If a frame breaks during adjustment, throw it away! Feel fortunate that it did not happen as you were dispensing it to a patient. If during adjustment, you feel the frame will not stand further adjustments, throw it away.

It is better to straighten the glasses before cleaning, so additional efforts are not wasted if the glasses do not make it past this step.

An effective, inexpensive system for adjusting is an old electric skillet, table salt, wooden spoon, baby powder, screwdriver, and pliers.

CLEANING:

At a clinic, it is important that when a pair of glasses is pulled out of its package and presented to the patient, that they are clean!

An ultrasonic cleaner works the best, but only holds a few pair at a time. An old toothbrush can be used to get build-up off nose pads.

Dry lenses with a soft lint-free cloth to remove water spots and soap film.

If a dishwasher has been used, be sure any plastic frames have not warped and lenses are not spotted.

Be sure the glasses are thoroughly dry before they are inserted in the zip-lock bags!

PACKAGING:

Use ophthalmic zip-lock bags. (3 ½" x 7") NO STAPLES or tape. Staples shred your fingers when you are looking for Rx's. Also, sometimes an Rx is tried, and then needs to be re-filed.

Put the glasses within the zip-lock compartment, not in an open sleeve.

Use white self-adhesive address labels. Masking tape has poor contrast and ink tends to smear.

Write with a black fine-line felt tip pen (Sharpie). Mission working conditions often do not have good lighting, so contrast and legible writing are extremely helpful.

Write the Rx on the label and not on the lenses of the glasses.

Place the label on the TOP of the baggie just below the zip-loc. Labels placed midway on the bag or sideways cannot be read when Rx's are packed in the boxes.

Again, do not staple the label to the bag!

LABELLING: (See samples)

First of all look at the lenses to see if you have a pair of single vision lenses or if there they are multifocals (bifocal, trifocal, progressive addition lenses). Be sure to look at all single vision lenses carefully to be sure it not a no-line bifocal.

In the upper right-hand corner of the label, designate the lens type as SV (single vision) or BF (all multifocals).

Beneath the lens type, designate the gender of the frame as F (female), M (men's) or U (unisex). Use letters, not symbols. Children's frames are done in this same manner. If a computerized inventory program is used, the size

designation is entered at that time. Also, in many underserved populations, the children have large, round heads and need a frame size that is equivalent to our "adult" frames. When trying to make the best match in a clinic, it is easier to consider all the frames in that prescription range at one time.

The right eye is always neutralized first, with the power written on the first line. The left prescription for the second eye is written on the second line. The additional power of the bifocal is called the "ADD" and is placed underneath the distance prescriptions.

Do not worry about recording seg heights or styles, PD, intermediate trifocal powers, or adds of both lenses. Assume that the add power on the right is symmetrical.

USABLE PRESCRIPTIONS:

We can never provide everything needed to everyone. Without knowing ahead of time, we have to be able to provide the best possible prescription from our library for the individuals who attend the clinic. Everyone worries about the patients who have a prescription that we do not have. First of all, depending on our host organization, there is almost always a system for local fabrication or a way for us to get glasses delivered to them later if we fabricate them at home. We can always provide the exam, frame, and prescription, along with whatever we do have that will help in the meantime. The more important concern is the thousands we can assist.

SPHERE:

All, including Plano safety and Plano sunglasses

Up to +/-4.00, 1D of aniso.

+/-4.25 to +/-8.00, 1.50D of aniso

+/- 8.25 and over, 3.00D of aniso

CYLINDER:

Use minus cylinder form.

If there is no cylinder (spherical Rx), see guidelines above.

Axis 0 = Axis 180

Difference of more than 1.00D between lenses, discard.

Axis 0- 20: 1.25D cyl

21- 69: 0.75D cyl

70-110: 1.25D cyl

111-159: 0.75D cyl

160-180: 1.25D cyl

Exceptions:

If sphere is > +10.00, keep all cylinders.

If cylinder is < -3.00 and symmetrical, have doctor review.

PRISM: Discard all prismatic corrections.

OLD GOLD:

All frames with gold content are labeled as such. (such as 10kGF).

If there is no designation of content, there is not gold.

Safety frames (Z80 stamp) never have gold.

Aphakic prescriptions (>+10.00) are much more valuable as prescriptions and are worth much more as Rx's than as gold!!!

BOTTOM LINE:

If in doubt, discard it or have a doctor review it. There is too much to do without spending time on things that will have to be stored and discarded anyway. When asked by a potential donor about the usefulness of a particular item, don't recite guidelines. Tell them to just give what they have and let the organizations decide on what and how it is used.

