

VOSH-IOWA

PREPARING USED EYEGLASSES FOR RECYCLING

MISSION:

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

WHY THESE GUIDELINES ARE CRUCIAL:

In preparation, 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. When guidelines are not followed, it becomes necessary to enlist more volunteers for additional sorting, labeling, and processing.

Airline baggage allowances have become much more restrictive with respect to size and weight.

During a clinic, a mission team works to do as much as possible for as many people as possible. Consequently, efficiency is imperative! Eyeglass libraries must be of good physical quality and composed of the most useful prescriptions. Once 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 require a repeat of the selection process. Remember that 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 the eyewear to last longer than it takes us to leave town.

INITIAL VISUAL INSPECTION

DISCARD any glasses if the **FRAME** shows the following:

- Obviously broken frames and crystallized plastic frames
- Hairline cracks in plastic, especially in bridge and bend of temple.
Hold the frame in front of a good light source to see these.
- Missing nose pads
- Broken or missing nose pad arms
- Pitted eyewire or temples.

DISCARD any glasses if the **LENSES** are:

- Single lenses that are not in a frame
- Scratched
- Loose and do not stay in the frame well (assuming tight screws)
- Contain very narrow, unusable bifocal or trifocal segments
- Prismatic corrections
- Anisometropic (large difference in prescription between lenses)
- Oblique cylinders

SCREENING FOR VERTICAL PRISM AND OBLIQUE/HIGH CYLINDERS:

Opticians and trained optical personnel can visually discern prism as well as high or oblique prism. Other lay processors can rely on lensometer readings later in the process. However, as your experience increases, you can use this to help you weed out unacceptable corrections earlier in the process.

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.

FRAME ADJUSTMENT

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 **equipment system for adjusting** is an old electric skillet, table salt, wooden spoon, baby powder, screwdriver, and needle-nose pliers. Putting a little bit of baby powder in the salt controls static so the salt doesn't stick to the frame.

Adjust frame into gross standard alignment. (three point touch with very slight curve for the front eyewire).

The **front** should not be twisted.

The **temples** should both rest on the table when you lay the glasses down. If the 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 than 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.

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. It will get the dirt out of the space between the eyewire and the lenses as well as loosen grime on nosepad arms. A dishwasher does not do this well. **Be very careful of dishwashers**. If the water temperature is too warm, plastic frames will warp. For this same reason, never use heated drying!

An old toothbrush can be used to get build-up off nose pads.

Rinse, and then **dry lenses with a soft lint-free cloth to remove water spots** and soap film.

PACKAGING

Be sure the glasses are thoroughly dry before they are inserted in the zip-lock bags! Otherwise, corrosion, mold, and frame deterioration destroy the eyewear while it is in storage.

BAG SPECIFICATIONS: Use **ophthalmic zip-lock bags. (3 ½" x 7")**

This the width of a standard mailing label. Do not use bags that are wider or taller than this, as this is the size that works best with the storage boxes. They also must have the zip-lock opening to keep the Rx in safely and yet allow for taking it in and out of the bag.

Do not staple or tape shut the opening of the bag.

If the bag has a design which has an open sleeve in addition to the zip-lock compartment, **put the glasses in the zip-lock compartment, not the open sleeve.**

LABELS: White self-adhesive 3 ½" address labels.

Do not use masking tape. Use a good quality label that sticks well. **Do not use staples.** Staples tend to shred fingers when you are looking through the boxes during a clinic.

Attach the label on the front of the bag directly underneath and parallel to the zip-lock seal. Labels placed lower on the baggie or sideways cannot be seen when the glasses are packed in boxes, so they someone has to re-label them before they can be used. During the cataloging process, an inventory number is assigned to the Rx and written on the label, so it is important that the label be on top, not the underneath surface of the bag.

Write on the label 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.

NEUTRALIZATION

LENS TYPES:

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). For our purposes, all of these will be considered “bifocals.” **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).

GENDER:

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.

FORMAT: Always use Minus Cylinder Form and two decimal places.

The right eye (OD) is always neutralized first, with the power written on the first line. Write this information, starting in the upper left corner of the label.

The left prescription for the Left (OS) eye is written on the second line.

If the prescription is the same in both eyes, you can write it once and then just add the designation (OU) to indicate it is identical rather than writing the script twice.

The additional power of the bifocal is called the “ADD” and is placed on the third line underneath the distance prescriptions.

Do not worry about recording seg heights or styles, PD, intermediate trifocal powers, or adds of both lenses. You can just measure the Add on the left eye and assume that the add power on the right is symmetrical.

WHICH PRESCRIPTIONS CAN BE RECYCLED?

Why we are selective:

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.

SELECTION CRITERIA (Flow chart process)

SPHERE:

Look at this first whether the correction has cylinder or not.

If both eyes are the same, all powers can be kept, including Plano safety and Plano sunglasses.

ANISOMETROPIA: This is the term meaning that there is a difference in the correction between the right and left eyes.

If the spherical power is between -4.00 and +4.00, allow a difference of 1.00D

If the spherical power is between +/-4.25 to +/-8.00, allow a 1.50D difference.

If the spherical power is - 8.25 and over, 3.00D of difference is acceptable.

If the spherical power is +10.00 or over in either eye, keep all Rx's.

CYLINDER:

If the **sphere is greater than +10.00, keep all cylinders.**

Cylinders -3.00 and over: discard

Cylinders between -1.50 and -2.75 can be kept if:

There is no more than 0.50D of difference in the cylinder between eyes

And if Axis is either between 175-180, 0-5 or between 85 - 95

For an axis between 0-20: keep up to 1.25D cyl

Axis 21-69: keep up to 0.75D cyl

Axis 70-110: keep up to 1.25D cyl

Axis 111-159: keep up to 0.75D cyl

Axis 160-180: keep up to 1.25D cyl

PRISM: Discard all prismatic corrections whether horizontal or vertical

PROGRESSIVE ADDITION LENSES (PAL'S OR NO-LINE BIFOCALS)

These lenses are designed so that the bifocal is placed according to where the wearer's pupil sits in an individual frame. Each pair is thus fabricated uniquely for the patient. If a person looks through the glasses in a different location, blurred vision results. Plus lenses in particular have a narrow useable area, decreasing in size as the prescription increases. Minus lenses are slightly more forgiving.

DISCARD ALL PLUS PAL'S.

KEEP MINUS PAL'S ONLY IF THERE IS NO CYLINDER.

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!!!

Please be careful and do NOT send metal frames without gold content and that have useable prescriptions for metal recycling!!!

Metal frames are infinitely more useful in a clinic than plastic frames. Many of the patient populations are Asian, black, and Indian; many of whom do not have good nose structures on which to place plastic frames. Metal frames allow more adjustments and consequently a better fit for the patient.

BOTTOM LINE:

If in doubt, discard it or have a doctor review it. Create a "Question Box." Going through the "Question Box" with a mission leader will help you to get better at judging the usefulness of a correction.

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. This allows the donor to feel good about his/her contribution and allows them to think of the project in the future.

QUICK CHECK-LIST FOR MOST COMMON ERRORS

LENSES

Progressive bifocal labeled as single vision

Scratched lenses

No add power given for bifocal lenses

No axis given for cylinder

Plus cylinder form

Lens powers not within useable guidelines

FRAME

Cracked temples

Hairline crack in bridge of frame

Missing nose-pads

LABEL

Wrong size bag

Label not on top of bag

