

Evidence-Based Clinical
STANDARD OF PRACTICE

Optometric Treatment Procedures Standard of Practice

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Optometric Treatment Procedures
Standard of Practice

The objective of this Clinical Standard of Practice is to provide guidance to Doctors of Optometry on performing optometric treatment procedures on the human eye, ocular adnexa, and associated structures.

This Standard of Practice 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 provision of optometric treatment procedures, every Doctor of Optometry should:

1. **Identify those patients who may benefit from an optometric treatment procedure,**

2. **Follow the standards in this document as well as the ACO Infection Prevention and Control CPG to ensure the appropriate procedure is performed in a competent and safe manner,**
3. **Collaborate and appropriately share information 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. **Doctors of Optometry who do not provide specific optometric treatment procedures must refer patients who require those procedures to an appropriately trained optometrist or ophthalmologist.**

2. **Doctors of Optometry are not authorized to perform any major ocular surgery and must refer all major ocular surgery to an appropriately trained ophthalmologist or other physician. The list of major ocular**

surgeries includes, but is not limited to: cataract/intraocular lens implant surgery, orbital bone surgery, vitreoretinal surgery, refractive laser vision correction, strabismus surgery, retinal detachment or retinal laser procedures, filtering procedures, retinal cryotherapy and evisceration.

3. **Doctors of Optometry are not authorized to perform surgery on suspected malignant lesions, other than a diagnostic biopsy. Suspected or confirmed malignant lesions must be referred to a physician for treatment.**

4. **Doctors of Optometry are not authorized to provide intravitreal injections.**

5. **Doctors of Optometry are not authorized to provide general anesthesia or perform any surgery under general anesthesia.**

6. **Ongoing continuing education is required to maintain competence in any optometric treatment procedures a Doctor of Optometry performs.**

Specific Guidelines

All Doctors of Optometry who perform optometric treatment procedures must adhere to the following:

1. **Examination requirements:**
    a. **Doctors of Optometry must perform an oculo-visual assessment before performing any optometric treatment procedure. The case history should include, but not be limited to, inquiries about medications, allergies, and previous ophthalmic laser or surgical procedures.**

2. **Patient consultation & record-keeping requirements:**
    a. **Name of treatment procedure and location of the lesion.**
    b. **Signed informed consent forms (when deemed necessary).**
    c. **The name of the Doctor of Optometry providing the treatment.**
    d. **Pre-treatment consultation that includes the discussion of any contraindications, disclosure of risks, benefits and alternate treatments, consultation with other health care providers.**
    e. **The date, time, and type of treatment performed.**
    f. **Documentation of any adverse effects.**
    g. **Recommended post-treatment care and follow-up.**

3. **Responsibilities of the treating Doctor of Optometry:**
    a. **The Doctor of Optometry is responsible for the safety of all staff and patients in the treatment area.**

b. **The Doctor of Optometry is responsible for the appropriate use, service, and maintenance of all equipment according to the manufacturer's instructions.**
c. **The Doctor of Optometry is responsible for ensuring that there is an office procedures and protocols manual in place to guide action in the event of equipment failure and/or emergency situation.**
d. **The Doctor of Optometry is responsible for ensuring the sterility of the procedure environment and adhering to the ACO Infection Prevention and Control CPG**

4. **Aseptic technique requirements:**
    a. **All injections and minor surgical procedures must be performed under aseptic conditions.**
    b. **All injections and minor surgical procedures require appropriate and adequate aseptic surgical site skin preparation.**
    c. **All medical devices must be either disposed of or reprocessed appropriately before reuse.**
    d. **Biohazardous waste material must be disposed of appropriately.**
    e. **Refer to the ACO Infection Prevention and Control CPG for more details.**

5. **Emergency first aid minimum equipment:**
    a. **Doctors of Optometry who administer injectable local anesthetic must have the following supplies readily available:**
        i. **Diphenhydramine (Benadryl)**
        ii. **Injectable epinephrine (EpiPen)**
        iii. **Oxygen & full face mask**
        iv. **Bag-valve-mask device for ventilation support**
        v. **Automated External Defibrillator (AED)**
        vi. **Equipment for blood pressure measurement**

6. **CPR Requirement:**
    a. **Doctors of Optometry and staff involved in injections and minor surgical procedures must be certified in an appropriate level of CPR.**

List of Optometric Treatment Procedures

The list of optometric treatment procedures includes, but is not limited to:

1. **Removal of a superficial foreign body**
2. **Dilation and irrigation of lacrimal system**
3. **Insertion and removal of punctal plugs**
4. **Placement of a bandage contact lens or amniotic membrane**
5. **Epilation of eyelashes**
6. **Eyelid hygiene procedures**
7. **Heated expression of meibomian glands**
8. **Radiofrequency (RF) procedures**
9. **Intense Pulsed Light (IPL) procedures**
10. **Administration of pharmaceutical agents for diagnostic or therapeutic purpose**
    a. **Topical**
    b. **Oral**
    c. Injection (Requires Special Authorization)
11. **Removal or treatment of presumed benign superficial skin lesions via minor surgical procedure under local anesthesia**
        i. **Methods may include but are not limited to ophthalmic scissors, blade, cryotherapy, and radiofrequency**
        ii. **Lesions may include but are not limited to skin tags, papilloma, verrucae, seborrheic keratosis, cysts of Moll, cysts of Zeiss, sebaceous cysts, epidermal inclusion cysts, benign nevi, and pyogenic granulomas**
12. **Treatment of chalazia**
13. **Biopsy of superficial lesions of the eye and ocular adnexa**
14. **Laser procedures including laser peripheral iridotomy (LPI), selective laser trabeculoplasty (SLT), and Nd:YAG capsulotomy**

References

1. *Health Professions Restricted Activity Regulation*, Alta Reg 22/2023, s. 42, as amended by O.C. 354/2026 (in force November 1, 2026).
2. Alberta College of Optometrists. *Optometric Laser Procedures Standard of Practice* (November 2026).
3. Alberta College of Optometrists. *Infection Prevention and Control Clinical Practice Guideline*.
4. Advanced Ophthalmic Procedures Course, NSU/OCO/ACO, 2019 handbook.