EMERGENCY PROCEDURE FOR EYE

EXPOSURE TO CLASS 3B OR 4 LASER

Add local details and keep with relevant equipment for use in an emergency

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| **For serious eye injuries**  **Contact Medway Campus Security on 01634 883333**  **[add details of the local first aider in the work area, if any]**  State name of casualty, exact location (Faculty/Directorate, Building and Room no) and nature of accident/injury  **Request an ambulance to go to the Accident and Emergency Department at Maidstone Hospital where there is a specialist eye injuries service** |
| **Take the information below to the Hospital with the casualty** |
| **For minor eye injuries**  **Go to Maidstone Hospital** as soon as possible and within 24 hours of the exposure.  Do not drive yourself. Get a friend to take you or a taxi (refundable).  Download travel details and maps at <http://www.mtw.nhs.uk/how-to-get-here/>  **Take the information below to the Hospital and**  **ask for referral to their specialist eye injuries service.** |
| **REPORT ACCIDENT to  University Health & Safety Unit** Ext 9001, [safetyunit@gre.ac.uk](mailto:safetyunit@gre.ac.uk),  Complete the online accident report form (available via the portal) |
| The University Laser Safety Adviser and Faculty/Directorate/Office Laser Safety Supervisor must carry out a detailed investigation of the accident/injury. |

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| **Information for Hospital’s Emergency Ophthalmic Examination for Laser Exposure** | |
| **LASER DETAILS: Add details and keep with the relevant laser equipment for use in an emergency** | |
| i. Type of laser: | ………………………………….. |
| ii. Wavelength: | …………………………………nm |
| ii. Power Output (CW): | …………………………………. |
| or Pulse Energy, Duration, and Rate (pulsed): | …………………………………. |
| iv. Laser Classification: | …………………………………. |
| **EXPOSURE DETAILS: Add details and take to the hospital with the casualty** | |
| **Name of casualty** | **Faculty/Directorate/Office** |
| i. Circumstances of accident/injury: | …………………………………… |
| ii. Time/Date of Injury | …………………………………… |
| iii. Eye affected: | Left/Right/Both\* delete as appropriate |
| iv. Was protective eyewear being worn? | Yes/No\* delete as appropriate |