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| **EMERGENCY OPHTHALMIC EXAMINATION AFTER LASER EXPOSURE**  *Version1.0 Updated 10/10/2017* | | |
| **EMERGECNY PROCEDURE**  *Eye damage should be assessed by a medical professional as soon as possible and at least within 24 hour of any incident occurring.*  *The individual* ***MUST NOT*** *drive themselves to hospital.* | | |
| 1. Make the area safe 2. Contact the Security Services on 3333 3. State the building and department 4. Tell them the nature of the incident/accident 5. Request assistance to take the individual to the hospital detailed below (this is hospital is open 24h a day) 6. Complete this form and take it the hospital with the affect individual | | |
| **HOSPITAL DETAILS** | | |
| Hospital Accident and emergency address: | Eastern Road Brighton  BN2 5BF | |
| Hospital Accident and emergency contact number: | **01273 696955** | |
| **Laser details**  *Copy down the details of the laser that caused the incident. This will assist the attending ophthalmologist. For Wavelength, type & power use the values that the laser was being operated at, at the time of the incident.* | | |
| Type: |  | |
| Wavelength: |  | |
| Power output (CW), or Pulse Energy, Duration and rate (Pulsed): |  | |
| Laser Classification: |  | |
| **Exposure Details** | | |
| Eye affected: |  | |
| Date: |  | |
| Were protective goggles in use:  *If so please provide the specification.* |  | |
| Circumstance:  *Describe the circumstances under which the incident occurred.* |  | |
| **Institution Details**  *After taking emergency actions report the incident to the School LSO and the University Laser Safety Coordinator.* | | |
| Institution | University of Sussex | |
| School |  | |
| Laser Safety Officer |  |  |
| Radiation Protection Officer | Alistair Hardwick | Extension 2830 |