



**Title:           EMERGENCY DEVICES**

**Principle:**

In addition to personal protective equipment (PPE) there are many devices in the laboratory which are available for use in emergency situations. It is the responsibility of each employee to know the location of these devices in all areas in which he or she works, to know how to use each device, and to be involved in testing or checking the devices if assigned to do so.

**Procedure:**

**A.   Eyewash Station**

1.   **Requirements.** There must be an emergency eyewash located within **100 feet** travel distance from every area of the laboratory in which hazardous chemicals are used. **Per CAP**, the irrigant must be either sterile saline in antiseptic ophthalmic solutions or **fresh tap water**. The eyewash station should be in an easily accessible and unobstructed location in each laboratory. The eyewash stations must be mounted on plumbed water lines. Squeeze bottles containing water do not contain acceptable volumes of water. Eyewashes may either be of an approved fixed design or an approved spray type device attached to the water supply by a flexible hose. There must be a sign saying, "**EYEWASH**" visible from at least **10 feet**, which is affixed to the wall behind the eyewash station or hung from the ceiling above.
  
2.   **Use.** In an emergency, e.g., splashing of chemicals to eye, assist employee to eyewash. Flood eye or eyes for **15 minutes**. If splashing occurred in one eye, tilt the head sideways and flood from the center of the eye outward, holding the eyelid open and making sure the contaminant does not wash into the other eye. If a bubbler type eyewash is used (**located with most safety showers**), the face should be held directly over the stream of water. Have another person contact the emergency room ASAP for any further emergency instructions and transport the employee there for further care.
  
3.   **Checking.** Eyewashes should be tested each week to ensure proper functioning and to flush out stagnant water. It is the responsibility of each chief tech or supervisor to verify that the eyewashes are checked. See attached form for weekly maintenance.

**D.   Safety Shower**

1. Requirements. Safety showers should be capable of delivering about **one gallon/second**, with a water pressure of 20 to 30 psi. A floor drain is desirable, but not essential. If there is no floor drain, care must be taken that water cannot come in contact with electrical wiring. Safety showers must be placed within an easily accessible and unobstructed location of each laboratory section. There must be a sign stating "**EMERGENCY SHOWER**" visible from at least **10 feet**, which is hung from the ceiling or wall next to the shower.

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2. Use. In an emergency, e.g., splashing of chemicals to body or clothing on fire, assist employee to safety shower. Flood affected part of body with water. Remove clothing from employee as needed. Have another person contact the emergency room **ASAP** for any further instructions and transport the employee there for further care.

3. Checking. Emergency showers should be tested every six months for proper function. It is the responsibility of the Maintenance Department to tag each shower with the date last checked. It is the responsibility of the chief tech or lab supervisor to verify that testing has been done. If there is a floor drain located with the shower, it should be filled with light mineral oil or permanent type anti-freezer to prevent the trap from drying out.

C. **Fire Extinguishers** - Recommended in areas where potential for fire exist. A fire extinguisher will be located every 75feet throughout UCH. All fire extinguishers at UCH are rated for A,B and C fires.

D. **Fire Blanket** - Recommended in areas where potential for fire exist.

E. **Emergency Lights**

1. Requirements. Emergency lighting must be adequate for safe evacuation of the laboratory. Emergency lighting can either be provided from the back up power source to the hospital or from individual, trickle-charged, battery-powered lights in individual laboratories.

2. Checking. It is the responsibility of each chief tech or laboratory supervisor to verify that sufficient emergency lighting exists in all rooms of the laboratory section to provide safe evacuation and that all battery powered lights work.

F. **First Aid Kit**

1. **Requirements.** Each laboratory should have a small first aid kit which contains a variety of bandages, adhesive tapes, alcohol swabs, gauze, and optionally, a few cold packs.
2. **Use.** First aid kit supplies should be used as needed for small injuries in the lab or as emergency supplies to control bleeding, etc., until employees can be transported to the emergency room for treatment.
3. **Checking.** It is the responsibility of each chief tech or lab supervisor to check first aid kit supplies every six months and replenish as needed.

G. **Fire Alarm Pull Station** - Located in hospital corridors directly outside laboratory.

H. **Spill Kits** - See procedure on **SPILLS/DECONTAMINATION**

I. **Janitorial Supplies** - If needed, call Environmental Services for clean up. Janitorial supplies are usually kept in locked closets on each floor.

J. **Radiation Survey Instruments** - See procedure on **SPILLS, RADIATION** or contact the Radiation Safety Office.

K. **Kevlar or Zetex Gloves**  
These gloves are optionally available in laboratories where samples or reagents are heated.

Written by: Heather Currens, SCT (ASCP), 8/13/2008

Revised by: Gail Zander, CT (ASCP), 8/18/2012

References: GEN.76400, GEN.77400

Attachments: Eyewash weekly inspection log.

**Approval of Procedure:**

Medical Director Signature: *m. Scott Zander, MD*

Date: 8/29/12

# UCH ENVIRONMENT OF CARE GUIDELINE

## Checking Eyewash Stations

**Related Policies and Procedures:** Emergency Eye Wash and Shower Policy

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**References:** ANSI Standard Z358-2009

**Institution:** University of Colorado Hospital (UCH)

**Approved By:** Environment of Care Committee

**Effective:** 11-Oct

**Description:** The purpose of this guideline is to outline the procedure for checking eye wash stations weekly.

**Accountability:** Department/Unit Managers or designee

**Guideline:** Eye wash stations are to be checked and logged weekly

The weekly check consists of:

- a. Activating the eyewash to confirm it is working correctly.
- b. Letting the water run long enough to flush the system with fresh water (3 minutes).
- c. Clean any visible debris or deposits from eyewash heads.
- d. Log the date of the eyewash check using the format mm/dd/yy and name of person checking.
- e. If obstruction or problem noted notify Engineering Services and note on log.

Logs are to be kept in a folder and kept for 3 years.



