University Hospital

Laser Safety Policy & Procedures Manual

Policy #1 - Joint Laser Committee

Policy:

A Laser Committee shall be formed and maintained.

Purpose:

- Develop Institutional Policies and Procedures for the safe use of lasers.
- Review applications for laser privileges and make recommendations based upon findings.
- Develop and implement Institutional Quality Assurance plan for laser technology
- Review complications associated with laser use
- Review institutional laser program to make recommendations for new technology acquisitions.
- Review and address laser safety violations
- Recommend appointments of Laser Safety Officers

Procedure:

1. Laser Safety Committee members shall include:

   Chairman
   Secretary to Committee
   Laser Safety Officers
   Clinical Resource Management Representative
   Occupational Health and Safety Representative
   Medical Staff Representative(s)
   Surgical Staff Representative
   Head Laser Nurses

2. Laser Committee shall meet as required. Laser Safety Officer will poll members semiannually to determine necessity.

3. Accurate meeting minutes shall be archived by the Laser Safety Officer.

Policy #2 - Laser Safety Officer

Policy:

An individual shall be appointed the Laser Safety Officer (LSO) by the Laser Committee Chairman and approved by the Chancellor. The LSO has the authority and responsibility to monitor and enforce the control of laser hazards, and to effect the knowledgeable evaluation and control of laser hazards. The LSO shall report to the Laser Committee and the Hospital Safety Coordinating Committee.

Purpose:

- To ensure a safe laser program is maintained at this institution

Procedure:

1. Classification:
   The LSO shall classify, or verify classification, of laser systems used under the LSO's jurisdiction.

2. Hazard Evaluation:
   The LSO shall be responsible for hazard evaluation of laser treatment areas, including the determination of Nominal Hazard Zones.

3. Control Measures:
   The LSO shall be responsible for assuring that the prescribed control measures are in effect, recommending or approving substitute or alternate control measures when the primary ones are not feasible or practical, and periodically confirming the proper functioning of those control measures.

4. Procedure Approvals:
   The LSO shall approve standard operating procedures and other procedures that may be part of the requirements for administrative and procedural control measures.

Policy #2 - Laser Safety Officer (cont.)

5. Protective Equipment:
   The LSO shall recommend or approve protective equipment, e.g., eye-wear, barriers, screens, as may be required to assure personnel safety. The LSO shall assure that protective equipment is inspected periodically to insure proper working order.

6. Signs and Labels:
   The LSO shall approve the wording on area signs and equipment labels.

7. Facility and Equipment
   The LSO shall approve laser systems installation and equipment prior to use, and modification of existing facilities or equipment. The LSO shall authorize laser technicians for performance of maintenance and service.

8. Training:
   The LSO shall assure that adequate safety education and training is provided to laser system area personnel.
   The LSO shall train and certify Approved Laser Operators

9. Medical Surveillance:
   The LSO shall determine the personnel categories for medical surveillance.

10. Report to Safety Coordinating Committee

Policy #3 - Approved Laser Operator

Policy:

An approved laser operator shall be present during all laser cases utilizing a Class IIIb or IV laser system. The approved laser operator shall be trained and certified by the laser safety officer. The ALO shall have a clear understanding of all ALO duties and responsibilities.

Purpose:

- To ensure laser systems are operated by adequately trained personnel
- To enforce laser safety policies during procedures
- To provide a resource person regarding laser issues

Procedure:

Approved Laser Operator certification requirements:

1. Shall attend a laser safety course that covers the areas of laser safety, laser physics, and laser-tissue interaction.

2. Shall review laser safety policies.

3. Shall pass laser competency examination with a score of 90% or better.

4. Shall have at least one hour of hands-on training with each laser system to be certified for.

5. Shall demonstrate the ability to operate and adjust laser system for which the candidate seeks certification.

6. Shall demonstrate ability to establish a Laser Treatment Controlled Area.

7. Shall attend at least three laser treatment cases with the LSO or certified approved laser operator.

8. Shall be assessed annually.

Policy #3 - Approved Laser Operator (cont.)

ALO Duties and Responsibilities include:

1. Preoperative setup and testing of the laser and associated equipment.
2. Establishing the laser treatment controlled area.
3. Distributing and ensuring the use of appropriate safety items.
4. Operation of the laser system. (Placing laser in “standby” when not in use.)
5. Ensuring laser safety policies are observed during laser procedures.
6. Completion of quality assurance documentation.
7. Reporting all safety violations to the Laser Safety Officer.

Authority:

The approved laser operator has the authority to place the laser system in the standby position until any safety violation or concern has been rectified.

Policy #3B – Approved Research Laser Operator

Policy:

An Approved Research Laser Operator shall be present during all laser studies utilizing a Class 3B or Class 4 laser system. The approved research laser operator shall complete an annual laser safety course offered by the Laser Safety Officer.

Purpose:

- To ensure laser systems are operated by adequately trained personnel
- To ensure safe laser operation

Procedure:

Approved Research Laser Operator requirements:

1. Completion of an annual laser safety course that covers the areas of laser safety, laser physics, and laser-tissue interaction.

ARLO Duties and Responsibilities include:

1. Preoperative setup and testing of the laser and associated equipment

2. Establishing the laser controlled area

3. Operation of the laser system (placing in “standby” when not in use)

4. Ensuring laser safety policies are observed during laser use

5. Reporting all safety violations to LSO

Authority:

The approved research laser operator has the authority to place the laser system in the standby position until any safety violation or concern has been rectified.

Policy #4 - Laser Treatment Controlled Area

Policy:

A Laser Treatment Controlled Area (LTCA) shall be established when a Class 3b or Class 4 laser is to be used.

Purpose:

- To clearly define an area where laser hazards exist
- To create an isolated environment to address all laser safety issues.

Procedure:

A Laser Treatment Controlled Area shall be defined by the limits of the Nominal Hazard Zone, the extent of which is clearly designated, and shall:

1. Shall be considered, at minimum, the entire room in which the procedure is performed.
2. Be posted with the appropriate warning sign(s).
3. Provide adequate personal protective equipment upon entry.
4. Be supervised and only be occupied by authorized personnel.
5. Be under the direct supervision of an Approved Laser Operator or Laser Safety Officer.
6. Be so located that access to the area by spectators is limited and requires approval.
7. Have any potentially hazardous beam terminated in a beam stop of an appropriate material.
8. Employ only diffusely, reflective materials in or near the beam path where feasible.
9. Ensure all personnel who regularly require entry into a laser treatment controlled area are adequately trained, provided with appropriate protective equipment and observe all applicable administrative and procedural controls.

10. Have all windows, doorways, open portals, etc. either covered or restricted in such a manner as to reduce the transmitted laser radiation to levels at or below the appropriate MPE. Windows need not be covered for wavelengths where the glazing is opaque. Window glass is opaque from .18 to .3 um and from 4 um to 1mm.
11. Require storage or disabling (removal of the key) of the laser system when not in use to prevent unauthorized activation.
12. Ensure the laser is placed in stand-by when not in use.
13. Provide an emergency switch to enable rapid shutdown of equipment.
14. Allow both rapid egress and admittance to the laser treatment area under emergency conditions.
15. Be equipped with an ABC type fire extinguisher for equipment fire and a bowl of water for any flames involving the patient.

Policy #5 - Ocular Safety

Policy:

Laser safety eyewear shall be worn by everyone inside a Laser Treatment Controlled Area when the laser system is in operation.

Patient's eyes shall be protected adequately when the laser is in operation.

Purpose:

- To prevent ocular injuries to patients and health care personnel working with Class 3b and Class 4 laser systems.

Procedure:

1. Appropriate eyewear will be worn by everyone in the room while the laser is operation. Appropriate eyewear consists of glasses or goggles of sufficient optical density to prevent ocular damage at the wavelength in use. Exception to this is the operator looking through an attached microscope with a lens that has the appropriate optical density for the laser in use.

2. Prior to use, the operator and ancillary personnel will be responsible for selecting and examining eyewear for comfort, proper fit, and presents of labels describing both wavelength and proper optical density.

3. If eyewear is damaged, it must not be worn, and must be reported to the LSO.

4. Contact lenses are not acceptable as protective eyewear. Prescription lens wearers must use appropriate laser safety eyewear.

5. All laser safety eyewear must have side shields to protect from peripheral injury and impact.

6. Any articulated arm which is not shuttered must be capped when not connected to the hand piece or the microscope.

7. The laser system must be placed in the standby mode when delivery optics are moved away from the target.

8. Patients will be fitted with appropriately labeled eyewear, or have their eyes covered with wet cloth pads/ towels. When laser treatment is near the eyes corneal eye shields shall be used.

Policy #6 - Annual Eyewear Inspection

Policy:

Laser Safety Eyewear shall be inspected annually by the laser safety officer.

Purpose:

- To ensure laser safety eye-wear is in good condition and is optically adequate to protect personnel.

Procedure:

1. Laser Safety Officer shall gather and inspect eyewear.

2. Damaged eyewear shall be removed from service. Since this inspection can be somewhat subjective the following list shall serve as a guide for exclusionary criteria:

   A. Lack of mechanical integrity.

   B. Scratched severely enough to be a nuisance to personnel.

   C. Any scratch that damages protective dye or film.

   D. Outdated filter material that has poor luminescent transmission.

3. All eye-wear inspections shall be documented on the proper Quality Assurance Form.

4. Laser Safety Officer shall ensure damaged eyewear is replaced.

Policy #7 - Fire Prevention

Policy:

The physician and approved laser operator for each case shall be responsible for ensuring that all reasonable steps are taken to minimize the risk of fire caused by the laser.

Purpose:

- To assign responsibility for insuring all fire safety measures are observed
- Ensure adequacy of emergency countermeasures

Procedure:

1. Avoid combustible ointments or lubricants
2. Avoid combustible preps, liquids, gels, and sprays.
3. Have only diffuse reflective materials in or near beam path, where feasible
4. Combustible surgical drapes shall not be used
5. Moistened towels shall be placed adjacent to treatment site where feasible
6. A basin of water shall be available to extinguish accidental fires involving the patient
7. An ABC type fire extinguisher shall be in the room during any procedure utilizing a Class III or Class IV laser system
8. Beware of residual heat from Nd:YAG contact tips

Policy #8 - Laser Plume

Policy:

All personnel in the Laser Treatment Controlled Area shall wear respiratory protection designed specifically for laser plume when laser plume generation is anticipated. A smoke evacuator shall be used when smoke plume is anticipated.

Purpose:

- To protect personnel and patients from hazardous byproducts of vaporized tissue.

Procedure:

1. A laser smoke evacuator shall be installed and tested in the LTCA prior to laser treatment.

2. All personnel inside the LTCA shall wear appropriate masks. Plume masks will be placed at entrances to the LTCA.

3. During laser treatment the smoke evacuator tubing shall be placed as close to the point of vaporization as possible without interfering with treatment and physician.

4. The smoke evacuator's motor shall be adjusted to efficiently capture plume.

5. The smoke evacuators filter shall be replaced as outlined in the standard operating procedures.

6. Smoke evacuator tubing and filter media shall be handled as biohazardous materials.

Policy #9 - Equipment Maintenance

Policy:

All Health Care Laser Systems and Delivery Devices shall be inspected and maintained according to manufacturer's recommendations or semi-annually whichever is most frequent.

Purpose:

- To ensure accurate reliable operation
- To ensure system is safe optically and electronically
- Verify HCLS meets ANSI, CDRH, and OSHA standards

Procedure:

1. All service and repairs shall be performed by a qualified technician. (See policy- "Laser Technician")
2. Output power or energy shall be measured and logged with a meter calibrated by procedures traceable to NBS standards.
3. Calibration must be accurate to within 20% or manufacturers specification if less than 20.
4. All system controls shall be tested to ensure proper function.
5. Emergency stop button shall be tested for function.
6. Preventive maintenance shall be performed using the manufacturer's recommendations for guidance.
7. System shall be inspected for conformity to ANSI, CDRH, and OSHA standards.
8. System shall be tested for conformance to NFPA Code 99.

Policy #10 –Investigational Laser Privileges

Policy:

Only individuals granted investigational laser privileges (ILP) shall be permitted to conduct research and oversee research associates using Class 3B or Class 4 lasers. Clinicians granted privileges in the use of a particular laser will, however, automatically receive investigational laser privileges by virtue of their clinical privileges.

Purpose:

- To ensure safe laser operation within research laboratories and clinical settings.

Procedure:

1. Applicant must successfully complete UAMS laser safety training.
2. Applicant must review UAMS Laser Safety Policy.
3. Applicant must obtain ILP application from the laser safety officer.
4. Application shall be completed in full and submitted to department head for signature.
5. Completed and signed application will be returned to the laser safety officer.
6. Application will be reviewed by the UAMS Laser Safety Committee. The UAMS Laser Safety Committee Chairperson will inform the applicant, in writing, regarding the determination of the committee.
7. Successful applicants will contact the Laser Safety Officer to coordinate a site inspection prior to initiating laser research for any new laser site.
8. Successful applicants are required to ensure all personnel working in a laser controlled area receive annual laser safety training.
9. Successful applicants are required to ensure their laser research remains in conformance with the safety standards outlined in the ANSI Z136.1 and hospital policy.

Policy #10 –Investigational Laser Privileges

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Purpose:

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Procedure:

1. Applicant must successfully complete UAMS laser safety training.
2. Applicant must review UAMS Laser Safety Policy.
3. Applicant must obtain ILP application from the laser safety officer.
4. Application shall be completed in full and submitted to department head for signature.
5. Completed and signed application will be returned to the laser safety officer.
6. Application will be reviewed by the UAMS Laser Safety Committee. The UAMS Laser Safety Committee Chairperson will inform the applicant, in writing, regarding the determination of the committee.
7. Successful applicants will contact the Laser Safety Officer to coordinate a site inspection prior to initiating laser research for any new laser site.
8. Successful applicants are required to ensure all personnel working in a laser controlled area receive annual laser safety training.
9. Successful applicants are required to ensure their laser research remains in conformance with the safety standards outlined in the ANSI Z136.1 and hospital policy.

Policy #11 - Physician Credentialing for Laser Privileges

Policy:

Physicians must obtain laser privileges to use and oversee the use of clinical laser systems.

Purpose:

- To maintain the highest standard of safety and competency with the use of lasers.

Procedure:

1. Applicant must meet all requirements as outlined in the policy "Laser Privilege Criteria".
2. An application shall be obtained from the UAMS Medical Staff Office. One application for each type of laser / wavelength, the applicant wishes to obtain privileges for.
3. Application shall be completed in full by physician.
4. Application shall be submitted to department head for signature.
5. Completed and signed application shall be returned to the Medical Staff Office.
6. Medical Staff Office submits application to Credentialing Committee, Executive Committee, Hospital Medical Board and then to the Board of Trustees. Signature of approval must be made by all committees.
7. An official letter from the Hospital Medical Board will be sent to applicant advising him/her of approval.

Revised 7/13 SLF

Policy #12 - Laser Privilege Criteria

Policy:

All physicians seeking privileges for use of health care laser system must meet the criteria as outlined by the Laser Committee.

Purpose:

- To provide clearly defined requirements for physicians seeking to obtain laser privileges

Procedure:

1. Applicant must meet and provide documentation for at least one of the following requirements:

    A. Attendance of a laser training course specific to the laser system the applicant is seeking privileges.

    B. Completion of preceptorship as defined by the policy "Laser Preceptorship Requirements"

    C. Letter attesting to training and competency on the laser system applicant is seeking privileges for from the Department Chairman or Residency Training Director of the Institution where the applicant trained. Training must have been completed by 1990 or later.

2. Applicant must attend a laser safety lecture.

Policy #12 - Laser Privilege Criteria

Policy:

All physicians seeking privileges for use of health care laser system must meet the criteria as outlined by the Laser Committee.

Purpose:

- To provide clearly defined requirements for physicians seeking to obtain laser privileges

Procedure:

1. Applicant must meet and provide documentation for at least one of the following requirements:

    A. Attendance of a laser training course specific to the laser system the applicant is seeking privileges.

    B. Completion of preceptorship as defined by the policy "Laser Preceptorship Requirements"

    C. Letter attesting to training and competency on the laser system applicant is seeking privileges for from the Department Chairman or Residency Training Director of the Institution where the applicant trained. Training must have been completed by 1990 or later.

2. Applicant must attend a laser safety lecture.

Policy #13 - Laser Preceptorship

Policy:

A preceptorship shall be completed by physicians desiring laser privileges that lack training for the laser system they wish to utilize clinically.

Purpose:

- To provide a well defined method of fulfilling the objective of safely training physicians for the use of clinical laser systems.

Procedure:

1. Physician shall attend Joint Laser Committee sponsored Laser Safety Inservice.

2. Physician shall observe a minimum of three cases, or more if deemed necessary by the preceptor, involving the specific laser the physician is wanting to learn.

3. Physician shall perform a minimum of five cases, or more if deemed necessary by preceptor, under the direct supervision of a credentialed sponsor.

Policy #14 - Quality Assurance

Policy:

Documentation shall be developed and maintained that details laser activity.

Purpose:

- To provide a method of tracking laser activities
- To provide a record of laser trends to ensure a responsive program
- To ensure safe practices are being observed

Procedure:

The following forms shall be developed and updated as needed:

A. Laser Procedure Log that includes the following information:
    a. Laser used
    b. Physician utilizing laser
    c. Laser Settings
    d. Safety Checklist
    e. Method used to protect patient's eyes
B. Laser Safety Training Attendance Record
C. Approved Laser Operator's Skills Checklist
D. Approved Laser Operator's Competency Test
E. Approved Laser Operator's Certification
F. Application for Clinical Laser Privileges
G. Laser Safety Infraction Report
H. Laser Safety Audit Report
I. Application for Investigational Laser Privileges

University of Arkansas for
Medical Sciences

Laser Procedure Log DATE___/___/___

ID #
Patient Name
DOB
Gender/Race
Physician

MRI / OPC RADIOLOGY
Location: Main OR / ODS / LPR

Procedure_____

_____

System Information

Laser Manufacturer: _____ **Type** _____

Laser Settings

Wavelength: _____nm **Spot Size:** _____mm **Fluence:**_____J/cm^2

CW: _____Watts **Pulse Parameters:** _____

Number of Pulses: _____ **Total Energy:** _____ Joules

Delivery Mode: Micro-manipulator / Scanner / Waveguide / Fiber Optic / Handpiece / Lap Coupler

Laser Safety Checklist

Follow SOP ___ Window Protection ___ Eye Protection ___ Fire Safety Measures ___

Sign Posted ___ Method Used To Protect Patients Eyes _____

Approved Laser Operator Signature _____

Joint Laser Committee
Safety Course Attendance Record

Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Course Conducted by _____

Title _____

Date _____

Approved Laser Operator's Laser Skills Demonstration

____ PROPER LASER SIGNS PLACED AT ALL ENTERANCES

____ PROPER EYEWEAR PLACED OUTSIDE ENTERANCES

____ DELIVERY SYSTEMS CONNECTED PROPERLY

____ PATIENT EYES PROTECTED APPROPRIATELY

____ FIRE MEASURES CONSIDERED

____ SYSTEM ACTIVATION

____ PARAMETER ADJUSTMENT

____ SAFELY TEST FIRE SYSTEM

____ READY/ STANDBY

____ EMERGENCY SHUTDOWN

____ PROPER DOCUMENTATION

____ DISASSEMBLY AND SECURITY

LASER SYSTEM _____

NAME _____ DATE _____

LASER SAFETY OFFICER_____

University of Arkansas for Medical Sciences

Approved Laser Operator's Competency Test

Name_____Score:_____Pass:_____

Date____/____/_____

1. A laser treatment controlled area is required for all Class 3B and Class IV laser procedures.

   A. True
   B. False

2. What two items are required at all points of entrance to a laser controlled area?

   A. Safety Eyewear and Plume Masks
   B. Safety Eyewear and Laser Warning Sign
   C. Laser Warning Sign and Plume Mask
   D. Laser Manual and Laser Log

3. What are the <u>two</u> most important specifications to consider when choosing appropriate eye-wear for laser cases?

   A. Lens Color
   B. Frame Style
   C. Wavelength
   D. Optical Density

4. If you're uncertain as to the wavelength of the system to be used, where can you find this information?

   A. SOP
   B. Laser Warning Labels
   C. Laser User’s Manual
   D. All the Above

5. Any staff physician can use clinical laser systems.

   A. True
   B. False

6. Who should be contacted if the laser system isn't operating properly.

   A. Physical Plant
   B. Clinical Engineering
   C. Laser Technician
   D. All the Above

7. How do you determine if the requesting physician has privileges for the requested laser?

   A. Call the Laser Safety Officer
   B. Call the Medical Staff Office
   C. Consult Previous Logs
   D. Go to: http://intranet.uams.edu/ProviderPrivileges/msldir.htm

8. Which of the listed lasers doesn't require additional coverings for window openings?

   A. Nd:YAG
   B. KTP
   C. CO_2
   D. Argon

9. How do you safeguard against unauthorized users activating clinical lasers?

   A. Storing the laser key in a secure location.
   B. Removing the cord cap between cases.
   C. Moving the lasers to a secure location.
   D. Activate password protection.

10. When laser energy is directed close to the patient's eyes, what type of protection is required?

    A. Safety goggles
    B. Safety glasses
    C. Corneal eye-shields
    D. Wet patches

11. When laser energy is directed into the airway, the following fire safety measures are considered:

    A. The use of a laser safe endotracheal tube.
    B. Maintaining a $FiO_2 < 30$ %.
    C. Keeping a water- filled syringe readily available.
    D. All the above.

12. Laser plume isn't considered a real hazard associated with laser use.

    A. True
    B. False

13. Lasers often operate using lethal high-voltage.

    A. True
    B. False

14. The best protection against laser generated airborne contaminants is a laser mask.

    A. True
    B. False

15. The following fire safety measures are to be considered within the laser treatment controlled area:

    A. Use of nonflammable drapes and prep solutions.
    B. ABC fire extinguisher and a bowl of water readily available.
    C. Laser safe endotracheal tube and low FiO_2 when working in the airway.
    D. All the above.

16. The use of reflective instruments increases the risk of inadvertent exposure to laser energy.

    A. True
    B. False

17. To safeguard against inadvertent laser activation during an ongoing procedure, you should _____ when the laser is not actively being used.

    A. Place the laser in standby
    B. Turn off laser
    C. Point the laser aperture in a safe direction
    D. Disconnect the laser from the delivery device

18. When acting as an approved laser operator, you have the authority and duty to suspend laser operation in the event a hazardous situation is suspected.

    A. True
    B. False

Test administered by: _____ Approved 6/11/12 SLF

University of Arkansas for Medical Sciences

Laser Safety Committee

Awards this

Certificate of Completion

to

John Smith

For Fulfilling the Requirements to Act as an Approved Laser Operator for the ____ Clinical Laser System

Presented on xx/xx/xxxx

_____

UAMS Laser Safety Officer

THE UNIVERSITY HOSPITAL OF ARKANSAS

APPLICATION FOR CLINICAL LASER PRIVILEGES

1. **Use a separate application form for each laser.**
2. **Copy this application as needed if requesting privileges for more than one laser.**
3. **Attach a log of individual cases with each application upon initial request.**
4. **Applicants requesting these privileges for the first time must complete the entire form, Sections A, B, C and D.**
5. **Applicants requesting renewal of previously approved privileges complete sections A and B only.**
6. **The form will be returned to you unprocessed if it is incomplete or you request more than one laser per form.**

SECTION A:

Name of Applicant: _____ Degree: _____
(Please print)
Signature of Applicant: _____ Date: _____

Specialty: _____ Office Telephone: _____

SECTION B:

- I wish to apply for laser privileges for the _____ laser.
- In the last 12 months, how many times have you used this laser? _____

Available lasers include:

Argon Dye; CO_2; Contact Nd:YAG; Diode (Wavelength); Er:YAG; Flash Pump Dye; Ho:YAG; IPL; KTP/Argon; Nd:YAG/ NIR Diode; Q-switch Nd YAG; Ruby

STOP HERE IF YOU PRESENTLY HAVE THESE PRIVILEGES AND ARE COMPLETING THESE FORMS AT REAPPOINTMENT.

SECTION C: Criteria

Practitioners must have at least one of the following:

1.) Completed a laser training course. **2.)** Completed a preceptorship. Or, **3.)** Provided a letter of support from the Residency Department Chair for the specific laser applicant desires privileges. (*Ineligible if completed before 1990*)

1. Laser Course Attended: _____

Include a copy of course outline and/or certificate, if possible.

Sponsoring Institution: _____

Length of Course: _____

Date of Course: _____

2. Preceptorship Completed: _____

Name of Preceptor: _____

Approximate # of Cases: _____

A log of individual cases should be submitted with each form.

Types of Cases (List Procedures): _____

3. Institution: _____

Name/ Title: _____/_____

SECTION D: Completing the UAMS Laser Safety course is a requirement prior to obtaining privileges. To Schedule the course, contact Scott Ferguson, 686-7578. List ALL Laser Safety Courses attended:

Location: _____

Date: _____ CME Hours: _____

Location: _____

Date: _____ CME Hours: _____

Location: _____

Date: _____ CME Hours: _____

Location: _____

Date: _____ CME Hours: _____

APPROVAL:

Department Chairman: _____ _____
Signature Date

Secondary Chairman: _____ _____
(if applicable) Signature Date

COMMENTS:

_____

_____

_____

Revised: 8/12/04

THE UNIVERSITY HOSPITAL OF ARKANSAS

APPLICATION FOR INVESTIGATIONAL LASER PRIVILEGES

Name of Applicant: _____ Degree: _____
(Please print)

Signature of Applicant: _____ Date: _____

Office Address: _____

Office Telephone: _____

Investigator must have: **1.)** completed UAMS laser safety training, **2.)** reviewed UAMS laser safety policies and procedures.

1. UAMS Laser Safety Course Completed: Date: _____

2. UAMS Laser Safety Policy Review: Signature: _____

APPROVAL:

Department Chairman: _____ _____
Signature Date

Laser Committee: _____
Date of Approval

COMMENTS:

_____

_____

_____

Laser Safety Infraction Report

Date_____ Time_____ Area_____

Name of person in violation _____

Type of Procedure and Laser_____

Infraction_____

_____

_____

_____

_____

_____

_____

_____

Corrective Action Taken_____

_____

_____

_____

_____

_____

Report Completed by _____ Title _____

Any patient or visitor variance associated with this infraction shall be reported according to UAMS policy ML.1.04.

Completed Infraction Report should be sent to Scott Ferguson, LSO at Mail Slot # 543. Do not copy.

University Of Arkansas for Medical Sciences

Area Laser Safety Audit

Area _____

Standard Operating Procedures present for each laser	*Yes* *No*
Key Secured When Laser Inactive	*Yes* *No*
Proper Warning Signs Posted During Use	*Yes* *No*
Windows Covered	*Yes* *No*
Cover Material	
Smoke Plume Evacuation	
Any Burns on walls or Enclosures	*Yes* *No*
Proper Eyewear Available and Used by Personnel	*Yes* *No*
Eyewear Inspection:	
Laser	*OD ,Condition, #*

Laser Safety Officer _____

Date _____

THE UNIVERSITY HOSPITAL OF ARKANSAS

APPLICATION FOR INVESTIGATIONAL LASER PRIVILEGES

Name of Applicant: _____ Degree: _____
(Please print)

Signature of Applicant: _____ Date: _____

Office Address: _____

Office Telephone: _____

Investigator must have: **1.)** completed UAMS laser safety training, **2.)** reviewed UAMS laser safety policies and procedures.

1. UAMS Laser Safety
Course Completed: Date: _____

2. UAMS Laser
Safety Policy Review: Signature: _____

APPROVAL:

Department Chairman: _____ _____
Signature Date

Laser Committee: _____
Date of Approval

COMMENTS:

_____

_____

_____