

EMERGENCY EYEWASH/SHOWER GUIDE

1. **PURPOSE:** To establish a policy and procedure pertaining to the need, identification, proper use, maintenance, and inspection of emergency eyewash/showers.

2. **POLICY:** Provide suitable emergency eyewash/ and shower facilities where there is a reasonable probability that the eyes or body may be exposed to injurious corrosives, blood and potentially infectious materials and specified chemicals including, but not limited to, formaldehyde, methylene chloride, OPA, gluteraldehyde and select carcinogens. Provide training to affected staff in the location, user maintenance and testing, and proper use of emergency facilities. Emergency eyewashes and safety showers are not preventive measures, and should not be used in lieu of personal protective equipment.

3. RESPONSIBILITIES

a. The Safety Office and Engineering Service shall have oversight responsibility for the identification of need and location for emergency eyewash/ showers and proper installation of equipment.

b. Engineering Service will perform monthly preventive maintenance inspections on all emergency eyewash/showers.

c. Service Chiefs will:

(1) ensure personal protective equipment is worn while working at activities that may incur a splash or chemical contact to the eye;

(2) ensure that emergency eyewash/shower(s) located in their service area are manually inspected on a weekly basis and documentation is maintained in accordance with paragraph 4.f.

4. PROCEDURES

a. Services who identify a potential need for an emergency eyewash/shower(s) will complete the hazard analysis (Attachment A) and forward to the Safety Office (138 LD) for review. Services that already have an emergency eyewash/shower(s) installed will also complete a hazard analysis for existing units to ensure hazards are identified and appropriate controls are in place.

b. The Safety Office will work with the requesting service to finalize the hazard analysis, complete a risk assessment and provide determination of emergency eyewash/shower(s) need.

c. Services will work to reduce the number of eyewash stations by striving to implement the following strategies and document their consideration on the hazard analysis:

(1) Eliminating or minimizing the use of the hazardous material(s) of concern;

(2) Centralizing the use of the hazardous material(s) of concern;

(3) Implementing engineering controls such as automated dispensing/mixing or splash guarding.

(4) Require the use of “green” chemical products.

d. Engineering services will assess the plumbing and hardware needs for locations of the required emergency eyewash/shower(s) is needed.

e. All services that are determined to need an emergency eyewash/shower(s) installed will implement a personal protective equipment guideline to include eye protection using equipment appropriate to the potential hazard, i.e. safety glasses, goggles, face shield, etc.

f. All services, which have emergency eyewash/shower(s) in their service area, shall provide and document in-service training for affected staff to include at a minimum, the following procedures:

(1) Keeping eyewashes and showers visible and clear of obstructions or impediments to immediate emergency access and use.

(2) Proper emergency eyewash use is to flush eyes for 15 minutes prior to medical treatment, with eyelids held open and rolling eyeballs, so water will flow on all surfaces and folds surrounding eyeballs.

(3) Proper emergency shower use is to flush body for 15 minutes prior to medical treatment, with contaminated clothing removed from affected areas.

g. Weekly mandatory service conducted inspections on emergency eyewash and shower units will include the following:

(1) Access path to the units is clear of obstructions and impediments.

(2) Protective eyewash caps are in place and easily dislodged when unit is in operation for eyewash stations.

(3) Eyewash and shower units will be activated (water turned on) for a period of at least 3 minutes to properly flush the water line, to reduce the number of organisms capable of infecting traumatized eyes and to ensure water is present. The handle, which activates the unit, must be a single action initiating device. It should not require additional pressure to maintain the water flow when it is activated; so that both hands are free to hold open eyelids and, in the shower, to remove contaminated clothing.

(4) Ensure that faucet mounted eyewash stations are properly adjusted to provide adequate water flow and correct direction of the flow into the eyes.

h. Inspections will be documented.

(1) Monthly inspections will be documented on a tag provided by Engineering

Service and attached to the device. Inspections will follow the performance testing procedures in ANSI Z358.1.

(2) Weekly inspections will be documented on a log developed by the service and must include date of inspection, initials of inspector, EE number of eyewash inspected and location of eyewash inspected. A sample log is provided at Attachment B.

(3) Annual inspections will be documented through the Preventive Maintenance program and follow the guidelines in ANSI Z358.1, sections 4 and 5.

i. Emergency eyewash fountains/showers that do not pass weekly or monthly inspections will be tagged "Out of Order" (Attachment C) and a work order placed for repair. The date of the work order will be noted on the "Out of Order" tag. Tags can be obtained through the Engineering work order clerk.

j. Immediately report to employee health following any incident. Supervisors must file an incident report in the computerized Automated Safety Incident Tracking System (ASISTS) in accordance with VISN 9 Directive 10-55-07.

k. Services who are waiting for funding of an emergency eyewash station will provide their affected staff with portable eyewash bottles. Bottles are strictly an interim measure and exposed employees must get to an emergency eyewash station for a 15 minute flush. The following actions must be completed and documented at initial issue:

(1) Issue one bottle to each affected employee.

(2) Training on the use of the bottle to include hands on use;

(3) Supervisor must conduct a weekly check of each bottle to ensure it has not expired and to check if the bottle has been opened.

(4) Expired or opened bottles must be replaced immediately. Old bottles may be disposed of by pouring contents down drain and putting empty bottle in trash.

(5) Provide a list of employees issued an eyewash bottle, number of bottles in the service and expiration date of employee eyewash solutions.

l. Services must update existing hazard assessments or initiate a new hazard assessment whenever processes change. Supervisors in charge of work areas are responsible for initiating the hazard assessment.

m. Training.

(1) All personnel assigned to perform repairs and testing of emergency eyewashes and showers must complete training on the manufacturer's specifications and American National Standards Institute (ANSI) standards for the devices.

(2) Supervisors must complete training on the inspection procedures and requirements for eyewash stations in their respective areas.

(3) Employees issued a portable eyewash bottle must complete hands on training for the portable eyewash bottle.

6. **REFERENCES:** 29 CFR 1910.1450, OSHA Occupational Exposure to Hazardous Chemicals in Laboratories, ANSI Z358.1-2004, American National Standard Institute for Emergency Eyewash and Shower Equipment, VHA Directive 2009-026 Location, Selection, Installation, Maintenance, and Testing of Emergency Eyewash and Shower Equipment and VISN 9 Directive 10-55-07 VISN 9 Environmental, Occupational Safety and Health Program.

7. **FOLLOW-UP RESPONSIBILITY:** Chief, Engineering Service (138).

8. **RECERTIFICATION:** On or before November 27, 2017.

A handwritten signature in black ink, appearing to read 'DeWayne Hamlin', with a long horizontal stroke extending to the right.

DeWayne Hamlin
Director

Attachments

ATTACHMENT A

HAZARD ANALYSIS WORKSHEET

Activity/facility description:	Service/Group:
Location/EE#:	Date:
Contact:	Safety Office Contact:
INSTRUCTIONS	
The user will complete as much information as possible and forward this worksheet to the Safety Office (138-LD). The Safety Office will review and identify additional potential hazards to be addressed. This hazard analysis worksheet shall be retained by the Safety Office as a part of the facility's risk assessment documentation.	
SCOPE OF OPERATIONS / ACTIVITY DESCRIPTION	
Description of Activity:	
<input type="checkbox"/> New activity, or <input type="checkbox"/> Change to an existing activity. Describe change:	
Equipment Description:	
Chemicals/Materials:	
Process Parameters (temperature/pressure):	
SAFETY & HEALTH HAZARD REVIEW	
Check all that apply. Write in specific information describing hazard. Items indicated with an asterisk (*) are extremely hazardous.	
<input type="checkbox"/> Acids	<input type="checkbox"/> Asbestos / lead (circle) concerns
<input type="checkbox"/> Bases	<input type="checkbox"/> Biohazards
<input type="checkbox"/> Carcinogen*	<input type="checkbox"/> Compressed gas
<input type="checkbox"/> Confined spaces	<input type="checkbox"/> Construction/maintenance activities
<input type="checkbox"/> Cryogen	<input type="checkbox"/> Destructive testing
<input type="checkbox"/> Dusty material/atmosphere	<input type="checkbox"/> Electrical (high voltage)
<input type="checkbox"/> Electrical (low voltage) Max 50V	<input type="checkbox"/> Energized electrical work
<input type="checkbox"/> Explosive*	<input type="checkbox"/> Extremely Hazardous Chemicals
<input type="checkbox"/> Falls from elevation	<input type="checkbox"/> Fire
<input type="checkbox"/> Fire protection system modification	<input type="checkbox"/> Flammable gas
<input type="checkbox"/> Flammable liquid	<input type="checkbox"/> Flammable solid

<input type="checkbox"/> Forklift operation	<input type="checkbox"/> Glassware
<input type="checkbox"/> Handtools	<input type="checkbox"/> High acute toxicity*
<input type="checkbox"/> Highly toxic*	<input type="checkbox"/> Hot work
<input type="checkbox"/> Hydraulic systems	<input type="checkbox"/> Ionizing radiation-generating devices
<input type="checkbox"/> Ladders/scaffolds	<input type="checkbox"/> Lasers. Specify number and type.
<input type="checkbox"/> Lighting	<input type="checkbox"/> Manlift operation
<input type="checkbox"/> Manual materials handling/Ergonomic concerns	<input type="checkbox"/> Animals
<input type="checkbox"/> Noise	<input type="checkbox"/> Non-ionizing radiation other than laser
<input type="checkbox"/> Operating/rotating equipment	<input type="checkbox"/> Organic peroxide
<input type="checkbox"/> OSHA Chemical Specific Standard material	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Pressure vessels/systems	<input type="checkbox"/> Pyrophoric*
<input type="checkbox"/> Radioactive materials	<input type="checkbox"/> Reproductive hazard*
<input type="checkbox"/> Sensitizer	<input type="checkbox"/> Toxic <input type="checkbox"/> Toxic Metals
<input type="checkbox"/> Unstable/reactive*	<input type="checkbox"/> Other Thermal

ADDITIONAL ACTIONS REQUIRED?

Do existing service procedures, programs and/or operating manuals address the hazards? No Yes

Special Work Permit Required?
 No Yes, **Specify type(s).**

Personal Protective Equipment (PPE) requirements (note this form serves a “certificate of hazard assessment”, per OSHA 1910.132):

Risk Assessment Code final designation: 1 2 3 4 5 6	Existing device meets ANSI <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Additional comments/recommendations:

SIGNATURE

Service Contact Signature	Date
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Safety Contact Signature	Date
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ATTACHMENT B

EMERGENCY EYEWASH/SHOWER WEEKLY INSPECTION LOG
(Maintain a separate log for each station)

Service: _____ Location (Room/area): _____ EE#: _____ Month: _____

Inspector will initial on the date the unit was inspected. Inspections are required weekly- every seven days.

INSPECTION ITEMS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	24	26	27	28	29	30	31
1. Access path to the units is clear of obstructions and impediments.																															
2. Protective eyewash caps are in place and easily dislodged when unit is in operation.																															
3. Eyewash units will be activated (water turned on) for a period of at least 3 minutes to properly flush the water line.																															
4. Faucet mounted eyewash stations are properly for flow and direction.																															

NOTE: Retain this log for one year from last day of equipment inspection.

ATTACHMENT C

OUT OF ORDER TAG

DEFECTIVE - DO NOT USE

Date: _____ Time: _____ Location: _____
Reported By: _____ Ext: x _____
Description of Defect: _____

Work Order Required

If this device was involved in a patient incident or potential incident, See instructions on back.

TO BE REMOVED BY ENGINEERING PERSONNEL ONLY

PATIENT INCIDENT / POTENTIAL INCIDENT

- I. Leave all disposables associated with this device intact to help those investigating the defective equipment. Leave all device settings intact.
- II. Notify your supervisor immediately.
- III. Initiate patient incident report VA 10-2633 "Beneficiary Incident" and/or appropriate VA 2162 "Staff/Outpatient Accidents"
- IV. During Administrative Hours Call Engineering at x4335
During Non-Administrative Hours Call the AOD at x4358

KEEP THIS INFORMATION CONFIDENTIAL