

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. 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 Director**. Provides adequate resources for the implementation of Emergency Eyewash Stations.

b. **Engineering Service Chief**. Ensures that facility management consults with facility Safety and Health staff on the selection and location of emergency eyewashes and showers; conducts annual flow rate testing and compliance; maintain written records of flow rate testing and compliance assessment and monthly maintenance and testing .

c. **Supervisors**. Ensure appropriate personal protective equipment is worn while staff is working at activities that may result in a splash or chemical contact to the eye; and that emergency eyewash/showers(s) located in service areas 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 completed the hazard analysis (Attachment A) and forward to the Safety Office (138-LD) for review.

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/showers(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) Elimination 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 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 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 that water will flow on all surfaces and folds surrounding eyeballs;

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

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

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

(2) Protective eyewash caps are in place or 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 three (3) minutes to properly flush the water line or until water runs clear (whichever is the longer period) 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 initiation 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 flow into the eyes.

h. Inspections will be documented.

(1) Monthly inspections will be documented through AMES/MERS PM log. Inspections will follow the performance testing procedures in ANSI Z358.1.

(2) Weekly inspections will be documented on a log 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 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).

k. Services will ensure need for eyewash is identified in new project to ensure install prior to work start.

l. Services who are waiting for replacement or 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 of portable eyewash bottles:

(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 bottle has been opened and document;

(4) Expired or open bottles must be replaced immediately. Old bottles may be disposed of by pouring contents down drain and recycling plastic bottle in designated plastic recycling;

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

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

n. **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 Shower Equipment, VHA Directive 2009-026 Location, Selection, Installation and 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 March 17, 2021.



Emma Metcalf, MSN, RN
Director

Appendices

Appendix 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Special Work Permit Required? <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify type(s).	
Personal Protective Equipment (PPE) requirements (note this form serves a "certificate of hazard assessment", per OSHA 1910.132):	
EMERGENCY EYEWASH/SHOWER ASSESSMENT AND PRIORITIZATION STATUS	
ERAT Score : _____ (Circle one of following based on score) Required: Emergency Eyewash Emergency Shower Both None	Risk Assessment Code final designation: 1 2 3 4 5 6 <i>(RAC will be used to prioritize installation if required, but not present.)</i>
Eyewash station present: Yes No Shower station present: Yes No	Existing device meets ANSI <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Additional comments/recommendations: <i>(Note in this space if existing needs entered on PM, needs removed, serviced, improvements, etc.)</i>	

VA MEDICAL CENTER
LEXINGTON, KY 40502-2236

MEMORANDUM NO. 138-10
MARCH 17, 2016

SIGNATURE	
Service Contact Signature	Date
Safety Contact Signature	Date

Appendix B 2016

Room _____

WEEKLY EYEWASH CHECKLIST



- 1. Flow Water.**
- 2. Flow Until Water is Clear (no grit/particulate)(minimum 3 minutes).**
- 3. Check for Proper Water Temperature.**
- 4. Report problems to Supervisor or submit a work order.**

<u>Week</u>	<u>Date/Initial</u>	<u>Week</u>	<u>Date/Initial</u>	<u>Week</u>	<u>Date/Initial</u>
Jan. 1-7		May 6-12		Sept. 9-15	
Jan. 8-14		May 13-19		Sept. 16-22	
Jan. 15-21		May 20-26		Sept. 23-29	
Jan. 22-28		May 27-June 2		Sept. 30-Oct 6	
Jan. 29- Feb. 4		June 3-9		Oct. 7-13	
Feb. 5-11		June 10-16		Oct.14-20	
Feb. 12-18		June 17-23		Oct. 21-27	

Feb. 19-25	June 24-30	Oct. 28-Nov. 3
Feb. 26-March 3	July 1-7	Nov. 4-10
March 4-10	July 8-14	Nov. 11-17
March 11-17	July 15-21	Nov. 18-24
March 18-24	July 22-28	Nov. 25-Dec.1
March 25-31	July 29-Aug. 4	Dec. 2-8
April 1-7	Aug. 5-11	Dec. 9-15
April 8-14	Aug. 12-18	Dec. 16-22
April 15-21	Aug. 19-25	Dec. 23-29
April 22-28	Aug. 26-Sept. 1	Dec. 30-Jan5
April 29-May 5	Sept. 2-8	