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|  | **Eyewash Maintenance**  **IPP#22** | **Dept:** | **Inpatient Phlebotomy 324305** |
| **Effective Date:** | **2/17/2011** |
| **Revised Date:** | **March 2019** |
| **Contact:** | **Laurie Watson** |
| **Name & Title: Greg Pomper, MD Medical Director** | | **Date:** |  |
| **Signature:** | | | |

**1)**  **General Procedure Statement:** To give guidelines to staff concerning the proper process for maintaining the eyewash solution bottles.

* 1. **Purpose:** This procedure is to serve as a guide for trained personnel in the Inpatient Phlebotomy Department to perform the services described herein. These guidelines should be used in conjunction with proper training and only by qualified Phlebotomists.
  2. **Responsible Department/Party/Parties:** 
     1. Procedure owner/ Implementer: Inpatient Phlebotomy
     2. Procedure prepared by: Laurie Watson MT(ASCP)
     3. Who Performs procedure: Inpatient Phlebotomy

**2) Procedure: Eyewash Maintenance**

Weekly Eyewash Maintenance is performed to ensure adequate performance when needed during an emergency situation. To assure the integrity of the eyewash bottle, the seal and fluid levels are checked weekly.

1. Visually observe that the seal is intact.
2. Visually observe the volume of liquid in the bottle
3. Record the observation on the inspection log
4. Assure there is a second bottle on hand in case the first one fails one of these checks.
5. **Corrective Actions**
   1. If the seal is broken or if the wash in the bottle has evaporated, discard immediately and replace with a fresh bottle.
6. **Review/Revision/Implementation:**

All procedures must be reviewed at least every 2 years.

* All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.

* All reviewed procedures and procedures with minor revisions can be signed by the designated section manager.

**Related Procedures: N/A**

**References:** GEN.77400

**Attachments:** **Eyewash Maintenance IPP#22.1**

**Revised/Reviewed Dates and Signatures:**

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| Review Date: | Revision Date: | Reason: | Signature: |
|  | 3/6/2017 | Reformatted to Medical Center standard template | Laurie Watson, MT, ASCP |
|  | 2/21/2019 | Revised signature page | Laurie Watson, MT, ASCP |
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