

 Laser Safety Guide for Health Care Facilities

Facility: Location:

On-site Laser Safety Officer: Procedure:

Laser Devices: Classification:

Laser User: Laser Operator:

 **LASER CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | NA | Comments |
| **Engineering Safety Controls:** |  |  |  |  |
| Appropriate Labeling of the Device |  |  |  |  |
| Laser optics secured to prevent stray beams |  |  |  |  |
| Beam stops/barriers in place  |  |  |  |  |
| Aperture covered in between use |  |  |  |  |
| Emergency stop/key or Master switch present |  |  |  |  |
| Activation warning system present (light/sound) |  |  |  |  |
| Foot pedal covered |  |  |  |  |
| Keys not left in the Laser at end of the procedure |  |  |  |  |
| Aperture label present & visible |  |  |  |  |
| Warning labels include Wavelength and Classification |  |  |  |  |
| **Administrative Safety Controls:** |  |  |  |  |
| Presence of a Laser Safety Program and/or Safety Committee |  |  |  |  |
| Laser Safety Policies and Procedures |  |  |  |  |
| Presence of designated Laser Safety Operator |  |  |  |  |
| Facility credentialed laser User and Operator |  |  |  |  |
| Medical Surveillance |  |  |  |  |
| Laser staff education program |  |  |  |  |
| Appropriate Laser signs posted on Doors |  |  |  |  |
| Appropriate Laser Safety Eyewear hung on all entrances into the room (LTCA) |  |  |  |  |
| Windows covered |  |  |  |  |
| Appropriate Storage of Laser in between uses |  |  |  |  |
| **Personal Protective Equipment (PPE):** |  |  |  |  |
| Appropriate laser protective eyewear available for patient and staff in the room |  |  |  |  |
| Laser Eyewear available with imprinted Optical Density (OD) |  |  |  |  |
| Laser Eyewear available with the correct wavelength |  |  |  |  |
| High filtration masks/respirators available |  |  |  |  |
| Smoke/Plume Evacuator utilized during vaporizing procedures |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | NA | Comments |
| **Other Hazards** |  |  |  |  |
| Electrical plug & connection point in good condition |  |  |  |  |
| High voltage equipment appropriately grounded |  |  |  |  |
| Compressed gases secured |  |  |  |  |
| Extra Cryogen gas available |  |  |  |  |
| Water available in laser room (LTCA) |  |  |  |  |
| Reflectant Surfaces (mirrors) removed or covered |  |  |  |  |
| Wet sponges, Water-based lubricants utilized |  |  |  |  |
| Only Laser-resistant ET tubes utilized during shared airway procedures. Cuffs are filled with fluid |  |  |  |  |
| Extension Cords not utilized, cords not frayed |  |  |  |  |
| Electrical cords not resting under the device |  |  |  |  |
| Laser protective/flame resistant barriers or curtains present |  |  |  |  |
| **Documentation** |  |  |  |  |
| Laser Log is utilized |  |  |  |  |
| ANSI Z136.3 Laser Safety Standard available on-site |  |  |  |  |
| Audits performed on program safety and compliance |  |  |  |  |
| Manufacturer User Manual available |  |  |  |  |
| Facility Laser Inventory |  |  |  |  |
| Service and PMs are performed on schedule by qualified personnel |  |  |  |  |