**Emergency Grab Card**

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[AOR equipment/area covered and the location within the University]

In the case of a laser/AOR eye strike, follow the procedure below:

* Call Security: 2222 and make them aware of the incident
* Call the Acute Referral Clinic at the Princess Alexandra Eye Pavilion (number below), explain the incident, and ask to speak to an ***Ophthalmologist***.

|  |
| --- |
| **Acute Referral Clinic**  **The Princess Alexandra Eye Pavilion (PAEP)**  **Chalmers Street**  **Edinburgh**  **EH3 9HA**  **Telephone: 0131 536 3751** |

* The Injured person **must not drive themselves to the clinic/hospital**
* Alternatively, the injured person can be taken to:

|  |
| --- |
| **Emergency Department Royal Infirmary of Edinburgh 51 Little France Crescent Old Dalkeith Road Edinburgh EH16 4SA Telephone: 0131 536 1000** |

* **NOTE: They MUST be seen by an Ophthalmologist who is trained to assess the seriousness of the eye strike.**

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| **Details about the laser can be found on the back of this card.** |

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**Details of the Laser/AOR Source(s)**

Details of the laser(s) are given below. In the case of an eye injury, indicate which item of equipment was responsible:

[Add more lasers as required by copy/pasting table below]

| Responsible for injury? | YES | YES |
| --- | --- | --- |
|  | **LASER 1** | **LASER 2** |
| **LASER DETAILS** *(record these details on the grab card)* | | |
| Type: | CW  Pulsed | CW  Pulsed |
| Class of Laser: | 3B  4 | 3B  4 |
| Lasing Medium (e.g. CO2) |  |  |
| Wavelength/range (nm): |  |  |
| Max Power or Pulse Energy: |  |  |
| Pulse duration: |  |  |
| Pulse Repetition Frequency: |  |  |
| EXPOSURE DETAILS: *(record these details on way to hospital)* | | |
| Circumstances of injury: |  |  |
| Date/time of injury: |  |  |
| Eye affected: | Left  Right  Both | Left  Right  Both |
| Was laser safety eyewear being worn? | YES  NO | YES  NO |