

ALL STUDENTS ARE REQUIRED TO READ THIS PAGE AND SIGN THE STATEMENT AT THE BOTTOM OF THE NEXT PAGE.

Every person involved with chemical operations should note that in the majority of instances the correct emergency treatment for chemicals that enter the eye is to wash the injured eye thoroughly with plain water for 15 minutes as soon as possible¹. However, when a person is wearing contact lenses, the problem becomes more complicated.

Chemicals splashed into the eye or dissolved in tears from vapors will creep in (apparently from capillary action) under contact lenses. They are held in place by the lens so that they are not rinsed away by normal tear action or by irrigation, unless the contact lens is removed².

Irritating substances in the eye cause a reflex blepharospasm. This clamping together of the eyelids can make removal of the contact lenses almost impossible without general anesthesia³.

Soft contact lenses present an even more serious hazard. Any chemical that comes in contact with such a lens can diffuse into the interior of the lens, which then acts as a reservoir that can create additional exposure, even if the lens is removed and rinsed when the eye is irrigated².

Since, with contact lenses, an eye injury can occur from exposure to chemical vapors (without direct contact with the chemical), the combination of contact lenses and safety glasses is not acceptable. Therefore, the University of Scranton Department of Chemistry has added the following statements to the Safety Rules and Regulations:

STUDENTS MAY NOT WEAR EITHER HARD OR SOFT CONTACT LENSES DURING CHEMISTRY LAB CLASSES.

In those rare instances where contact lenses are required because of certain eye conditions, we will accept a statement from a physician who understands the hazards involved.

¹Ennis, John and Arons, Irving. Chem. Eng. News, 1979, 57(47), 4.

²Lowry, George G. Chem. Eng. News, 1979, 57(47), 84.

³Rowe, Richard D., O. D. Chem. Eng. News, 1979, 57(47), 84.

YOU ARE REQUIRED TO COMPLETE THIS FORM ON THE FIRST DAY OF LABORATORY. YOU ARE NOT PERMITTED TO WORK IN THE LAB UNLESS THIS SHEET IS ON FILE IN THE STOCKROOM.

FILL IN THE BLANKS AT THE BOTTOM OF THE SHEET, SIGN, DATE, AND TURN IT IN TO YOUR LABORATORY INSTRUCTOR.

SAFETY ACKNOWLEDGMENT

1. I have read and I understand the rules for laboratory safety as described in the Laboratory Safety Manual.
2. I have read and I understand the information concerning the danger of contact lenses in or about the Chemistry laboratory.
3. I agree to never wear soft or hard contact lenses in or about the Chemistry laboratory.
4. I have been informed that I am required to wear safety goggles and a lab coat at all times in the laboratory, and I agree to do so.
5. I understand the locations and proper use of the following laboratory safety and emergency equipment:

Emergency electrical shut off (Red Button)		Exit routes		Hoods	
Emergency gas shut off (Blue Handle)		Fire blanket		Hood alarms	
Emergency phones		Fire extinguishers		Safety shower	
Eye wash stations		First aid kit		Spill control materials	

6. I release the University of Scranton, its Chemistry Department, its professors, staff, and its agents from any and all liability in the event of injury incurred due to failure to follow the rules and regulations as described in this manual.

STUDENT'S NAME: _____

ROYAL ID # _____

LABORATORY INSTRUCTOR: _____

COURSE #: _____ SECTION: _____

ROOM: _____ LOCKER NUMBER: _____

(Signature)

(Revised 08/08/2013)