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 possible\(^1\). 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
removed\(^2\).

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
anesthesia\(^3\).

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
irrigated\(^2\).

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.


Revised: January 2013
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:

<table>
<thead>
<tr>
<th>Emergency electrical shut off (Red Button)</th>
<th>Exit routes</th>
<th>Hoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency gas shut off (Blue Handle)</td>
<td>Fire blanket</td>
<td>Hood alarms</td>
</tr>
<tr>
<td>Emergency phones</td>
<td>Fire extinguishers</td>
<td>Safety shower</td>
</tr>
<tr>
<td>Eye wash stations</td>
<td>First aid kit</td>
<td>Spill control materials</td>
</tr>
</tbody>
</table>

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)                                  (Date)

(Revised 08/08/2013)