Department of Chemistry
Contact Lens Policy
in
Instructional Laboratories

IF YOU WEAR CONTACT LENSES:

1. Read the policy statement (on reverse)
2. Complete the attached Disclosure of Contact Lens Use
3. Tear off and return the completed Disclosure to your instructor

Department of Chemistry
The University of Akron
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There is growing evidence that the use of contact lenses does not place the user at a greater risk than the nonuser in a laboratory environment.\textsuperscript{1-4} Several national and international organizations support this view.\textsuperscript{5-6} Mindful of the ever-increasing use of contact lenses and the benefits such use provides, the Department of Chemistry of The University of Akron, in consultation with the Department of Environmental and Occupational Health and Safety, is of the consensus that contact lenses may be worn in the instructional laboratory, provided in addition that the same approved eye protection is worn as is required of all other students.

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Appropriate eye protection in accordance with the Personal Protective Standard (29 CFR 1910.132) and ANSI Z87.1a-1909 (lab goggles) shall be worn in the laboratory at all times. \\
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It should be stressed that contact lenses by themselves do not provide adequate eye protection in any environment in which the chance of an accidental splash of a chemical can reasonably be anticipated.

In the event of an accidental chemical splash to the eyes, the primary emergency treatment is to immediately flush the eyes with water for a minimum of fifteen (15) minutes. For those wearing contact lenses, flushing may dislodge or wash them out. In this instance, the loss of lenses is minor in comparison to the loss of sight. If you wear contact lenses, we recommend that you discuss their use in the laboratory with your physician, optometrist, or ophthalmologist.

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All contact lens users shall notify appropriate chemical stockroom personnel in writing of their intention to wear contact lenses in the instructional laboratory. \\
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To do this, fill out the attached form and return it to your instructor or to the stockroom attendant. The stockroom will keep the completed form on file. The information in the form will be released to medical personnel in the event of an emergency incident.

References

5. American Chemical Society, American Optometric Association, Occupational Safety and Health Administration, Prevent Blindness America, American Academy of Ophthalmology.
I, _____________________________, disclose to the Department of Chemistry of The University of Akron that I wear contact lenses in the laboratory. I have read and understood the attached information about contact lenses in the laboratory. I understand that information about my contact lens wearing status will be released to medical personnel in the event of an emergency incident.

______________________________  ____________________________
Student Signature                  Date