

PROTOCOL

On-Site Health & Safety

NUMBER:	700-P4	EFFECTIVE DATE:	07/18/2014
TITLE:	FIRST-AID PROTOCOL – FOREIGN BODY--EYE	REVISION DATE:	02/07/2022
DIVISION:	FIELD SERVICES	REFERENCE	Policy 700-03

FOREIGN BODY (EYE)

Activate EMS if one or more of the following conditions are identified:

- Incident involved LOC
- Possibility of spinal injury
- A.B.C. Compromise
- Serious burns to the face/eyes
- Large burns
- Penetrating eye injury

Considerations

- What gets in the eye?
 - Metal (welding, grinding)
 - Dust
 - Concrete dust
 - Saw dust
 - Chemicals
 - Eyelashes
 - Other - Particulates
- What is it?
 - Even a very small foreign body feels like a big rock in the eye
 - Scratches, irritation, etc....typically present with more of a burning sensation versus the feeling of a rock in the eye.
- If the incident involved a potential chemical exposure, refer to SDS
 - Read first-aid section with employee
 - Attach a copy of the SDS to your report

First-Aid Procedure – Foreign Body (EYE)

STEP ONE: Identify the Object

- Ask about activities
- Look in the eye (visually examine and inspect the eye with a flashlight and/or magnifier)

STEP TWO: Remove Foreign Body

- If you see the foreign body (FB) and can safely remove it...REMOVE IT
 - Apply 1-2 drops of numbing solution, wait a couple of minutes, and then use Fluorescein to locate the FB by utilizing a black light
 - Wet a sterile swab and attempt to remove the object by utilizing the swabbing technique
 - If needed, apply 1-2 drops of numbing solution and reattempt
 - If needed, use the loop
 - If the worker was welding or grinding and it is safe to do so, try utilizing the magnet (only along the lash line, NOT directly on the eye)
- Irrigate the eye with an eyewash solution or sterile water
- Look in the eye (visually examine and inspect the eye with a flashlight and/or magnifier)
- Repeat irrigation of the eye – ensuring a steady stream of solution and making sure to get underneath the eyelid
- Reassess

Note: numbing solution wears off in a few minutes, be sure to reassess worker

Aftercare

- Provide home care instructions
- Send worker away with dressing changes, and sterile solution drops

Note:

- Advise on tetanus booster, if last dose was greater than 5 years ago
- If you are unable to remove the FB, or discomfort persists even after removal, call in for consideration of MD referral
- If the worker is sensitive to light, call in for consideration of MD referral
- Metal pieces from the day before will usually not come out, but dust will
- Even if you are unable to visualize a FB, be sure to irrigate and swab the eye
- If the worker was welding the day before, and the eyes (usually affects both eyes) feel like sandpaper, consider flashburn. Gently irrigate, provide lots of sterile solution drops, and DO NOT swab