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Non-Hospital Medical and Surgical Facilities Accreditation Program College of Physicians and Surgeons of British Columbia

No.	Des	cription
LAS1.0	LAS	SER SAFETY
LAS1.1	The safety of patients and staff is supported through an established laser safety program. Intent: A laser safety program, in conformance with CSA Z386 Safe use of lasers in health care, is in place. In facilities that have/use a laser, the medical director is responsible for ensuring that all personnel possess the appropriate laser education nd training and that a laser safety program is in place and is current.	
LAS1.1.1	Μ	Each laser used in the non-hospital facility is registered with the College's Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP). <i>Guidance: All lasers (Class 1, Class 1M, Class 2, Class 2M, Class 3R, Class 3B and Class 4) used in non-hospital facilities</i> <i>are registered with the NHMSFAP and a copy of the Laser Registration form is on file at the facility. The College is notified</i> <i>when a laser is acquired (e.g. a new laser registration form is submitted) and when a laser is removed from service.</i>
LAS1.1.2	Μ	There is a laser safety officer (LSO) who is responsible for overseeing the control of laser hazards, as appropriate. Guidance: In facilities where Class 3B and Class 4 lasers are used, there is a laser safety officer (LSO) who has been appointed by the medical director. A LSO may also be required for Class 1M and Class 2M lasers if a person can be exposed to the beam through enhancing optics such as a magnifying glass, binoculars, a microscope, an eye-loupe, a



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LAS1.1.9	Μ	The LSO has determined the NOHA, as required. Guidance: A nominal ocular hazard area (NOHA) analysis must be completed for all Class 3R, Class 3B and Class 4 lasers and is required for Class 1M and Class 2M lasers when enhancing optics (i.e. magnifying glass, binoculars, microscope, etc.) are in the vicinity of the laser. The NOHA is the area within which the beam irradiance or radiant exposure exceeds the appropriate corneal maximum permissible exposure (MPE), including the possibility of accidental misdirection of the laser beam. The NOHA is the area within which the level of direct, reflected or scattered radiation during normal operation of the laser exceeds the applicable MPE. MPE is the level of laser radiation to which a person can be exposed without hazardous effects or adverse biological changes in the eye or skin. The NOHA can be determined by laser manufacturer information, by measurement or by using the appropriate NOHA equations or other equivalent assessment (see CSA Z386 Annex A). Alternately, the LSO may determine the entire operating/procedure room as the NOHA. Class 1 and Class 2 lasers do not require a NOHA. Class 1M and Class 2M lasers do not require a NOHA unless enhancing optics (i.e. magnifying glass, binoculars, microscope, etc.) are present in the vicinity of the laser. Calculation of the NOHA is not necessary if the entire laser-controlled area is designated to be within the NOHA and the laser radiation is prevented from leaving this space (i.e. operating/procedure room). Documentation of the NOHA analysis, if required, is on file at the facility (i.e. laser safety policy and procedures specify the NOHA).	
LAS1.1.10	Μ	Only laser equipment bearing a CSA mark/label or a label recognized by the CSA is used. Guidance: The CSA mark certifies that the laser equipment has been tested and meets applicable Canadian standards.	
LAS1.1.11	Μ	The effectiveness of the laser safety program is audited annually. Guidance: The audits should include examining all laser-related equipment and safety devices (e.g. eyewear, warning signs), verifying laser personnel competency in laser safety and observing laser practices to ensure they are in compliance with the laser safety program requirements including the facility's laser policies and procedures. A udits are to be completed annually at minimum and are reviewed by the LSO or, if an LSO is not required, by the medical director. Review of the audit report is formally acknowledged by the LSO or medical director (i.e. report signed and dated), and audit reports for the last three (3) years are on file at the facility.	
LAS1.1.12	Μ	Annual laser safety program audit reports are maintained for a period of at least three (3) years. Guidance: Audits are completed annually at minimum and are reviewed by the LSO or, if an LSO is not required, by the medical director. Review of the audit report is formally acknowledged by the LSO or medical director (i.e. report signed and dated), and audit reports for the last three (3) years are on file at the facility.	
LAS1.2	Las	Laser equipment features support the safety of patients and staff.	
LAS1.2.1	Μ	The laser equipment has a power meter, as appropriate. Guidance: The laser power meter (or energy meter in the case of a pulsed laser) indicates the tissue incident power for Class 3R, Class 3B and Class 4 lasers.	
LAS1.2.2	Μ	The laser equipment has a removable key or similar device, as appropriate. Guidance: Class 3R, Class 3B and Class 4 lasers have a removable key or other mechanism to turn the laser on/off.	



No.	Des	Description	
LAS1.3.4	Μ	The appropriate signal word is used on the warning sign. Guidance: "CAUTION" is the signal word used on the warning signs posted when Class 2 and Class 2M lasers are in use. "DANGER" is the signal word used on the warning signs posted when Class 3R, Class 3B and Class 4 lasers are is use.	
LAS1.3.5	Μ	All personnel in the laser-controlled area are approved by the LSO or medical director as laser personnel. Guidance: The LSO or medical director, as appropriate, maintains a list of authorized laser personnel. All health-care personnel, observers and trainees present within the laser-controlled area when the laser is in use possess the appropriate laser education and training. This includes persons who are not directly involved with the operation of the laser but have a function in the clinical management of the patient (i.e. anesthesiologists, nurses, technicians), trainees who are under the supervision of authorized laser personnel (i.e. students, residents), and observers (i.e. family members of the patient, administrative personnel, industry representatives). The laser user has completed Level 4 training and the laser operator has completed Level 2 training as outlined in CSA Z386 Annex E. Personnel who are not directly involved with the operation of the laser and trainees have completed Level 1 training as outlined in CSA Z386	



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LAS1.4.6	Μ	The laser checklist confirms that all control measures are in place. Guidance: The laser checklist includes confirmation of each of the following items as appropriate: that water/saline is immediately available, that wet cloths/drapes are on hand to protect non-targeted areas as needed, that flammable agents (e.g. skin prep, tinctures) are dry and vapor has dissipated, that the integrity of the laser electrical cords and plugs were checked, that the environment is free of flammable surfaces or materials, and that fire extinguisher(s) are immediately available and unobstructed.	
LAS1.4.7	Μ	The laser checklist confirms protective equipment for staff and the patient. Guidance: The laser checklist includes confirmation that the patient and staff have been fitted with proper protective equipment.	
LAS1.4.8	Μ	The laser checklist confirms that the appropriate laser parameters were selected. Guidance: The surgeon/physician selects the appropriate laser parameters for the procedures and verbally confirms this during completion of the laser checklist with the perioperative team.	
LAS1.4.9	Μ	The laser checklist confirms that each item has been checked and is signed by the laser user (surgeon/physician). Guidance: The laser checklist is marked to acknowledge conformance with the operational procedures as each item is checked. The checklist is signed by the laser user (surgeon/physician). This signature can be obtained at the end of the procedure.	
LAS1.4.10	Μ	The laser checklist is filed in the patient's medical record. Guidance: The laser checklist may be included as part of the laser procedure record or may be a stand-alo	

