

Weekly Safety Meeting

Eye and Face Protection

Each year many people are injured or blinded by work-related eye injuries that could have been prevented with the use of properly selected eye and face protection.

No one goes to work expecting to damage or lose their eyesight. Yet, an estimated 2,000 workplace eye injuries that require medical attention occur each day in the United States. Most of them result from small particles or objects striking or abrading the eye. Nearly 40% of the eye injuries occur in construction, manufacturing, and mining.

The Occupational Safety and Health Administration requires your employer to evaluate work environments and consider and provide the necessary eye and face protection when chemical, environmental, radiological, or mechanical irritants and hazards exist.

What Is Getting into Your Eyes and Your Face?

There are many materials that can get into your eyes and on your face. We can encounter splashes from chemicals, such as solvents and acids. Liquids or gases under pressure present a possibility. Electrical sparks may exist from work operations. Welding fumes, solder specks, grinding dust, bits of glass, dirt, wire, and even nails are objects that potentially could be very destructive, to name a few.

When and How Can These Injuries Occur?

You are especially at risk, anytime and anywhere on the job, if you are working overhead, welding, working around liquids or gas, working with materials under pressure, working on live circuits and even using power tools.

Working Overhead

You could get an eye or face injury when working with a task involving wires, conduits, light assemblies, ceiling assemblies, different kinds of hangers, hooks, mechanisms, while drilling holes, soldering something together or in place. Overhead tasks could include cutting into objects, pipes, removing objects, fitting objects together.

Working with Power Tools

Power tools vibrate, creating dust and debris that could injure your eyes and face, as well as other people around you, someone passing by your work area, or next to the point of operation.

Focus on Right Fit and Function

A Bureau of Labor Statistics survey of workers who suffered eye injuries reveals that nearly 3 out of 5 weren't wearing eye protection at the time of the injury. Many workers often reported that they believed protection wasn't required for the situation.

It was discovered during some incident investigations that the injured worker indicated they were wearing eye protection, but unfortunately, it was just not the right kind and even sometimes it was not even the right fit!

The type of safety eye protection and face protection you should wear depends on the hazards in your workplace. All protective eyewear should comply with OSHA regulations for eye and face protection, and any other applicable requirements. Eye protection needs to be fitted to the individual or adjustable to ensure appropriate coverage. It should also be comfortable, because workers tend to remove or simply not wear personal protective equipment that's uncomfortable.

REMEMBER, safety glasses must have a side shield. Sometimes safety goggles and a full-face shield are just better to prevent that injury. In high-particulate environments, eye protection is critical to protect against dust, dirt, and debris. For worksites with these hazards, sealed eyewear is recommended. Some designs offer a soft foam subframe to ensure a comfortable gap-free fit.

If You Do Get Something in Your Eye

Don't Rub Your Eye!

Go to an emergency eyewash station and rinse your eye with the clean water for at least 15-20 minutes. If you don't have an eyewash available, use bottled eyewash solution. But any clean water will get the job done when nothing is available.

Get medical attention! Get a first aid trained person to evaluate your eye. The emergency room might be your next choice.

JUST A REMINDER, USE PROPER EYE PROTECTION DURING THE SOLAR ECLIPSE.

PREVENT BLINDNESS...TAKE ALL PRECAUTIONS WHEN IT COMES TO YOUR EYES!

Safety Meeting Sign-In Sheet

| Supervisor: | | Subject: | |
|----------------------|-----------|--------------------|--|
| Location: | | Date: | |
| Conducted By: | | Trainer Signature: | |
| Name (print clearly) | Signature | | Comments / Safety Concerns / Training Requests |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |