Announced Care Inspection Report
18 March 2021

Optimax Laser Eye Clinic

Type of Service: Independent Hospital (IH) – Refractive Eye Lasers
Address: 7 Derryvolgie Avenue, Belfast BT9 6FL
Tel No: 028 9066 1118
Inspector: Norma Munn
RQIA's Medical Physics Advisor: Dr Ian Gillan

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

In respect of refractive eye laser services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key client safety areas:

- management of operations in response to COVID-19 pandemic;
- infection prevention and control (IPC);
- laser and intense pulse light (IPL) safety;
- organisational and medical governance:
- staff and client feedback; and
- review of areas for improvement identified during the previous care inspection (if applicable).

2.0 Profile of service

This is a registered independent hospital providing refractive laser eye surgery.

Laser equipment

Ophthalmology	Ar F Excimer laser
Manufacturer:	Schwind
Model:	250
Serial Number:	S244
Laser Class:	4

Ophthalmology	Nd YLF laser
Manufacturer:	Intralase
Model:	FS/F530
Serial Number:	0506-40039
Laser Class:	3B

Laser protection advisor (LPA):

- Ms Julie Robinson (University College London Hospitals Laser Protection Services)

Laser protection supervisor (LPS):

- Ms Fiona Quinn

Medical support services:

- Dr B Illango, Medical Director
- Mr A Sokwala, Head Optometrist

Clinical authorised operators:

- Dr M Ghassan - Ayoubi

Non–clinical authorised operators:

- Ms Fiona Quinn
- Ms Valerie Smyth
- Ms Kelly Braniff

Types of treatment provided:

- Lasik, Lasek, Epi-lasek and Photorefractive Keratectomy

3.0 Service details

Organisation/Registered Provider: Optimax Laser Eye Clinic **Responsible Individual:** Mr James Rowley	**Registered Manager:** Ms Fiona Quinn
Person in charge at the time of inspection: Ms Fiona Quinn	**Date manager registered:** 12 August 2019
Categories of care: (IH) Independent Hospital: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers; and PD Private Doctor	

4.0 Inspection summary

We undertook an announced inspection on 18 March 2021 from 10:45 to 14:40. We were accompanied by Dr Ian Gillan, RQIA's Medical Physics Advisor. The findings and report of Dr Gillan are appended to this report.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing clients that an inspection was being conducted was displayed during the inspection.

We found, evidence of good practice in relation to the management of operations in response to the COVID-19 pandemic; most aspects of laser safety; IPC procedures; and most aspects of the organisational and medical governance arrangements.

We identified one area for improvement against the regulations in relation to the provision of protective eyewear and two areas for improvement against the standards in relation to staff training and reviewing practising privileges agreements.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

We discussed the details of the Quality Improvement Plan (QIP) with Ms Fiona Quinn, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 25 February 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 February 2020.

5.0 How we inspect

Prior to the inspection we reviewed a range of information relevant to the service. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection;
- the previous care inspection report; and
- the returned QIP from the previous care inspection.

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. Returned completed patient and staff questionnaires are discussed in section 6.9 of this report.

We undertook a tour of the premises, met with Ms Quinn and another non-clinical authorised operator. We reviewed relevant records and documents in relation to the day to day operation of the establishment.

We reviewed areas for improvement identified at the last care inspection and assessment of compliance was recorded as met, partially met, or not met.

The findings of the inspection were provided to Ms Quinn at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 February 2020

The most recent inspection of Optimax Laser Eye Clinic was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 February 2020

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Regulation 15 (1) (b)

Stated: First time</td><td>The Registered Person shall ensure that the laser protection advisor (LPA):

• reviews and clarifies the arrangements regarding protective eyewear in the Local Rules
• reviews the risk assessment to ensure it is current

Any recommendations made as a result of the revised risk assessment should be signed and dated on completion.

Copies of the revised documents should be provided to RQIA.</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:

We reviewed the most recent risk assessment undertaken by the LPA during March 2021 and found that no recommendations had been made.

We found that LPA had reviewed the arrangements regarding protective eyewear since the previous inspection and had outlined these in the Local Rules. However, the protective eyewear provided for use with the Intralase laser did not offer the level of protection as detailed in the Local Rules. This is discussed further in section 6.5 of the report and a separate area for improvement has</td></tr>
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	been made.	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 48.6 **Stated:** First time	The Registered Person shall obtain a copy of the service level agreement between the establishment and the laser protection advisor (LPA) for the calendar year 2020. A copy should be retained in the laser safety file.	**Met**
	Action taken as confirmed during the inspection: We reviewed copies of the service level agreement between the establishment and the LPA dated January 2020 and March 2021. These were retained in the laser protection file.	
Area for improvement 2 **Ref**: Standard 19.5 **Stated:** First time	The Registered Person shall review policies to reflect that they relate to Optimax and where applicable the name of the author and their designation.	**Met**
	Action taken as confirmed during the inspection: We reviewed a selection of policies and found that they relate to Optimax Laser Eye Clinic and the name of the author was recorded.	

6.3 Inspection findings

6.4 Management of operations in response to the COVID-19 pandemic

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular businesses need consider the risks to their clients and staff.

We discussed the management of operations in response to the COVID-19 pandemic with Ms Quinn and another authorised operator who outlined the measures taken by Optimax Laser Eye Clinic to ensure current best practice measures were in place. We determined that appropriate actions had been taken in this regard.

We found that COVID-19 policies and procedures were in place. We advised Ms Quinn to review these to ensure that they are in keeping with best practice guidance. Ms Quinn agreed to action this following the inspection.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the establishment had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; and the client pathway.

Areas for improvement: **Management of operations in response to COVID-19 pandemic**

We identified no further areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.5 Laser Safety

We reviewed the arrangements in respect of the safe use of the laser equipment.

We reviewed the laser safety file and found that it contained all of the relevant information in relation to the lasers. We found there was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA had been reviewed and was up to date.

We noted the establishment's LPA completed a risk assessment of the premises during March 2021 and no recommendations were made.

We evidenced that refractive eye surgical procedures are carried out by one Consultant Ophthalmologist in accordance with medical treatment protocols produced by the medical directors of Optimax Laser Eye Clinic. We confirmed systems were in place to review the medical treatment protocols on an annual basis.

We found up to date Local Rules in place which have been developed by the LPA and these contained the relevant information pertaining to the laser equipment being used. We confirmed arrangements were in place to review the Local Rules on an annual basis. We reviewed the Local Rules and confirmed they included the following:

- the potential hazards associated with lasers;
- controlled and safe access;
- authorised operators' responsibilities;
- methods of safe working;
- safety checks;
- personal protective equipment;
- prevention of use by unauthorised persons; and
- adverse incident procedures.

We confirmed that when the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Staff told us arrangements were in place for another authorised operator to deputise for the LPS in their absence, who is suitably skilled to fulfil the role.

We reviewed training records and found that non-clinical authorised operators had up to date training in core of knowledge; basic life support; infection prevention and control; fire safety awareness; and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

We reviewed the training records in respect of the Consultant Ophthalmologist who is also the clinical authorised operator and found evidence of training in core of knowledge and safe application for the equipment in use. However, there was no evidence that refresher training had been undertaken in basic life support; infection prevention and control; fire safety awareness; and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

This was discussed and an area for improvement against the standards has been made in this regard.

We confirmed that a laser surgical register is maintained every time the lasers are operated and includes:

- the name of the person treated;
- the date;
- the operator;
- the treatment given;
- the precise exposure given; and
- any accidents or adverse incidents.

We reviewed the laser surgical register during the inspection and found it to be comprehensively completed.

We reviewed the laser suite and found the environment in which the laser equipment is used to be safe and controlled to protect other persons while treatment is in progress. We noted the door to the laser suite is locked, when the laser equipment is in use, but can be opened from the outside in the event of an emergency.

We observed the lasers are operated using keys and passwords that unauthorised staff do not have access to. We reviewed the arrangements in relation to the safe custody of the keys and passwords and confirmed the arrangements to be satisfactory.

Ms Quinn confirmed that protective eyewear was available for non-clinical authorised operators if required. However we identified that the protective eyewear provided for use with the Intralase laser did not offer the level of protection as outlined in the Local Rules. We advised Ms Quinn to ensure that protective eyewear is provided as outlined in the Local Rules and an area for improvement against the regulations has been made in this regard.

We were informed that laser safety warning signs are illuminated outside of the laser suite when the laser is in use and turned off when not in use, as described within the Local Rules.

Arrangements have been established for equipment to be serviced and maintained in line with the manufacturers' guidance. We reviewed the most recent service reports which were dated March 2021.

We observed carbon dioxide (CO2) fire extinguishers, suitable for electrical fires were available in the establishment. We confirmed that arrangements were in place to ensure these fire extinguishers will be serviced, in keeping with manufacturer's instruction.

Laser safety care pathway

Discussion with Ms Quinn, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and patients. This includes a team of one consultant ophthalmologist, an optometrist, a nurse and laser technicians/surgical assistants who have evidence of specialist qualifications and skills in refractive laser eye surgery.

We confirmed that refractive laser eye procedures are only carried out by a trained medical practitioner acting as clinical authorised operator and laser technicians acting as non-clinical authorised operators. A register of clinical and non-clinical authorised operators for the lasers is maintained and kept up to date.

We confirmed that all patients have an initial consultation with an optometrist who discusses their treatment options and the cost of the surgery.

During the initial consultation, patients are asked to complete a health questionnaire. We confirmed systems were in place to contact the patient's general practitioner (GP), with their consent, for further information if necessary.

We found the establishment has a list of fees available for each type of surgical procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the individual patient's prescription and surgery options available to them.

We confirmed that in accordance to General Medical Council (GMC) and the Royal College of Ophthalmologists guidance, patients meet with their surgeon on a separate day in advance of surgery, to discuss their individual treatment and any concerns they may have. They also meet the surgeon again on the day of surgery to complete the consent process for surgery.

We found that patients are provided with written information on the specific procedure to be provided that explains the risks, complications and expected outcomes of the treatment.

Patients are also provided with clear post-operative instructions along with contact details if they experience any concerns. We evidenced systems were in place to refer patients directly to the Consultant Ophthalmologist if necessary.

Staff informed us that systems were in place to review the patient following surgery at one day, one week, one month, three months and longer if necessary.

We reviewed four patient care records. We found the establishment retains hard copy care records which are supplemented with an electronic record system. We confirmed that patient care records were well documented, contemporaneous and clearly outlined the patient journey. The care records reviewed contained the following.

- patient details;
- medical history;
- signed consent form;
- initial consultation;
- pre-operative notes;
- intra-operative notes;
- post-operative notes; and
- review/follow up notes.

Areas of good practice: Laser safety

We reviewed the current arrangements with respect to laser safety and the patient pathway and evidenced good practice that was being actively reviewed.

Areas for improvement: Laser safety

We identified two areas for improvement regarding laser safety as follows:

- Develop a robust system to ensure that all staff undertake mandatory training in keeping with the RQIA training guidance; and
- Provide protective eyewear as outlined in the Local Rules.

	Regulations	Standards
Areas for improvement	1	1

6.6 Infection prevention control (IPC)

We reviewed arrangements for IPC procedures throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised. We confirmed that the clinic had an overarching IPC policy and procedures in place.

We undertook a tour of the premises and noted that the establishment was clean, tidy and uncluttered. We found that all areas of the establishment were fully equipped to meet the needs of patients. We reviewed arrangements in relation to IPC procedures throughout the establishment and found that the risk of infection transmission to patients, visitors and staff was minimised.

We found that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. However, as discussed refresher mandatory training should be undertaken in respect of the Consultant Ophthalmologist. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We found that cleaning schedules were in place. Staff described the arrangements to decontaminate the environment and equipment between patients and we found these to be satisfactory.

We confirmed that no reusable medical devices are used in the clinic. We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. We observed that social distancing was in place at the reception desk and that hand sanitisers were readily available for staff and patient use throughout the clinic.

Staff told us that appointments are scheduled to minimise the number of patients in the waiting area and that following every appointment the seating in the waiting area and all touch points (door handles etc) are decontaminated.

We confirmed waste management arrangements were in place and we observed clinical waste bins were pedal operated in keeping with best practice guidance.

We noted that the laser suite provided dedicated hand washing facilities and were informed that hand sanitiser was available throughout the establishment.

Areas of good practice: Infection prevention and control (IPC)

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control (IPC)

We identified no further areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

6.7 Organisational and Medical governance

We examined various aspects of the organisational and medical governance systems in place and found there was a clear organisational structure within the clinic. We confirmed that Ms Quinn is in day to day charge of the clinic.

We established that an unannounced quality monitoring visit on behalf of the Registered Provider has been undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Ms Quinn informed us that the most recent visit was undertaken by Mr James Rowley, Responsible Individual, during March 2021. Mr Rowley completed the monitoring visit remotely due to Covid-19 restrictions however the report was not available for inspection. Ms Quinn was advised to ensure that a report of the visit is produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read and an action plan developed to address any issues identified during the visit which included timescales and person responsible for completing the action.

We established that the Consultant Ophthalmologist involved in the clinic is considered to be a private doctor. A medical practitioner is considered to be wholly private doctor if they do not have a substantive post in the National Health Service (NHS) in Northern Ireland (NI) and /or are on the General Practitioner (GP) performers list in NI. A review of the Consultant Ophthalmologist's details confirmed there was evidence of the following:

- confirmation of identity;
- current General Medical Council (GMC) registration;
- professional indemnity insurance;
- qualifications in line with services provided;
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC;
- ongoing annual appraisal by a trained medical appraiser;
- an appointed Responsible Officer; and
- arrangements for revalidation with the GMC.

Discussion with Ms Quinn confirmed that the Consultant Ophthalmologist is aware of his responsibilities under GMC Good Medical Practice.

A review of a sample of records confirmed that there are arrangements are in place for monitoring the professional body registration status of all clinical staff.

A review of a sample of records confirmed that arrangements are in place for monitoring the professional indemnity of all staff who require individual indemnity cover.

We reviewed the arrangements relating to the management of practising privileges for medical practitioners working within the agency. We confirmed that a practising privileges policy and procedure was in place which outlined the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. Ms Quinn outlined the process for granting practising privileges.

We reviewed records and evidenced that there was a written agreement between the medical practitioner and Optimax Laser Eye Clinic setting out the terms and conditions which had been signed by both parties. However there was no evidence that the practising privileges agreement had been reviewed since 17 August 2018. We discussed this with Ms Quinn and advised that practising privileges agreements should reviewed at least two years. An area for improvement against the standards has been made in this regard.

All medical practitioners working within the agency must have designated Responsible Officer (RO). In accordance with the requirements of registration with the GMC all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors called RO's work with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make a revalidation recommendation to the GMC. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has the responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

We established that the Consultant Ophthalmologist working within the clinic has a designated external RO due to their prescribed connection with another health care organisation. We discussed with Ms Quinn how concerns regarding a doctor's practice are shared with the senior management team, their RO and the wider HSC. We found that good internal arrangements were in place and the agency was linked into the RO network.

Ms Quinn confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Ms Quinn as the Registered Manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. We confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

Areas of good practice:

We found in general examples of good practice in relation to organisational and medical governance arrangements.

Areas for improvement:

One area for improvement was identified in relation to organisational and medical governance as follows:

- Ensure that practising privileges agreements are signed by both parties and reviewed at least every two years.

	Regulations	Standards
Areas for improvement	0	1

6.8 Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Quinn. Ms Quinn demonstrated that equality data collected was managed in line with best practice.

6.9 Patient and staff views

We invited patients to complete an electronic questionnaire prior to the inspection. One patient questionnaire was received by RQIA. We found that the patient felt their care was safe, effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care.

On the day of the inspection the clinic was not treating patients therefore we did not have an opportunity to speak to patients/visitors during this inspection.

We invited staff to complete an electronic questionnaire prior to the inspection and no responses were received by RQIA.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Quinn as part of the inspection process. The timescales commence from the date of inspection.

The Registered Provider/Manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the Registered Provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of a refractive laser eye surgery service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (2) **Stated:** First time **To be completed by:** 25 March 2021	The Registered Person shall ensure that protective eyewear is provided as recommended by the laser protection advisor and as outlined in the Local Rules. Ref: 6.2 and 6.5 **Response by Registered Person detailing the actions taken:** Protective eyewear as recommended by the Laser Protection advisor were ordered on the 22nd March following the inspection. These have arrived in the clinic and are available for staff to use. These match the specification as outlined in the Local Rules
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (2014)	
Area for improvement 1 **Ref**: Standard 13.1 **Stated:** First time **To be completed by:** 18 April 2021	The Registered Person shall ensure that a robust system is developed to ensure that all staff undertake mandatory training in keeping with the RQIA training guidance. Ref: 6.5 and 6.6 **Response by Registered Person detailing the actions taken:** Dr Ayoubi will be doing his Infection Control, Fire Safety Training, Adult Safeguarding and Basic Life support refresher training on the 25th and 26th April
Area for improvement 2 **Ref**: Standard 11.5 **Stated:** First time	The Registered Person shall ensure that practising privileges agreements are signed by both parties and reviewed at least every two years. Ref: 6.7

To be completed by:	Response by Registered Person detailing the actions taken:
18 April 2021	The updated Practising Privileges have been signed by both parties and will be reviewed and signed every two years as recommended.

Please ensure this document is completed in full and returned via Web Portal

18th March 2021

Ms Norma Munn
Regulation & Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear Norma

Laser Protection Report

Optimax, 7 Derryvolgie Avenue, Belfast BT9 6 FL

Introduction

Further to today's inspection visit to the above premises this report summarises any laser protection aspects where improvement may be required. The findings are based on the requirements of current legislation, relevant guidance notes and European Standards.

Comments

Protective Eyewear for Intralase Laser (1053nm)

Within the Local Rules the clinic's Laser Protection Adviser (LPA) has stipulated that the protective eyewear for this laser should have protection level LB5 at 1053nm. Although two pairs of eyewear have been supplied by the laser engineer neither pair are marked according to the EN 207 standard and are therefore not inscribed with the required LB5 marking . The clinic has agreed to contact their LPA for further advice.

RQIA should be informed when the deficiencies noted above have been corrected.

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Dr Ian Gillan
Laser Protection Adviser to RQIA

Appendix

Optimax, 7 Derryvolgie Avenue, Belfast BT9 6 FL

Laser Systems

Ophthalmology – Ar F Excimer laser
Manufacturer: Schwind
Model: Amaris 750
Serial No: S244
Class of Laser: Class 4
Wavelength: 193nm

Ophthalmology – Nd YLF laser
Manufacturer: Intralase
Model: FS/F530
Serial No: 0506-40039
Class of Laser: Class 3B
Wavelength: 1053nm

Laser Protection Adviser

Julie Robinson, UCLH Laser Protection Services

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