

Announced Care Inspection Report 28 September 2017



Optimax Laser Eye Clinic

Type of Service: Independent Hospital (IH) – Refractive Laser Eye Surgery

Address: 7 Derryvolgie Avenue, Belfast BT9 6FL

Tel No: 02890661118

Inspectors: Winifred Maguire

Carmel McKeegan

Dr Ian Gillan, RQIA's Medical Physics Advisor

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



2.0 Profile of service

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

Laser equipment

Manufacturer: Schwind
Model: 250
Serial Number: 5244
Laser Class: 4

Manufacturer: Intralase
Model: FS/F530
Serial Number: 0506-40039
Laser Class: 4

Laser protection advisor (LPA) - Dr Sandy Mosse

Laser protection supervisor (LPS) - Mrs Susan Moffatt

Medical support services - Clinical Director Optimax Ltd

Clinical authorised operators - Dr S Mughal
Dr M Ghassan - Ayoubi

Non –clinical authorised operators - Mrs Susan Moffatt
Ms Valerie Smyth
Ms Kelly Braniff
Ms Fiona Quinn

Types of treatment provided - Lasik, Lasek, Epi-lasek and Photorefractive Keratectomy

3.0 Service details

<p>Organisation: Optimax Laser Eye Clinic</p> <p>Responsible Individual: Mr James Lee Rowley</p>	<p>Registered Manager: Ms Susan Moffatt</p>
<p>Person in charge at the time of inspection: Ms Susan Moffatt</p>	<p>Date manager registered: 30 March 2006</p>
<p>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</p>	

4.0 Inspection summary

An announced inspection took place on 28 September 2017 from 09.50 to 13.50.

Dr Ian Gillan, RQIA's Medical Physics Advisor accompanied the inspectors to review the laser safety arrangements for the refractive laser eye surgery service; the findings and report of Dr Gillan is 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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staff training and development; safeguarding; infection prevention and control; laser safety arrangements; the management of medical emergencies; and the environment. Other examples included: the management of the patients' care pathway; communication; records management and engagement to enhance the patients' experience.

There were no areas requiring improvement identified.

Patients who submitted questionnaire responses indicated that they were either very satisfied or satisfied with the services provided in Optimax Laser Eye Clinic.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Susan Moffatt, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 19 October 2016

No further actions were required to be taken following the most recent inspection on 19 October 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. 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
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspectors met with Ms Moffatt, registered manager; and a nurse, a non –clinical operator. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and section
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- care pathway
- communication
- management and governance arrangements
- practising privileges
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 October 2016

The most recent inspection of the establishment was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 19 October 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Ms Moffatt, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and patients. This includes an ophthalmic surgeon, an optometrist, a nurse and laser technicians who have evidence of specialist qualifications and skills in refractive laser eye surgery.

It was 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 users for the laser is maintained and kept up to date.

It was confirmed no new staff have been recruited since the previous inspection. A review of a sample induction programme evidenced that induction training will be provided to new staff on commencement of employment.

A review of training records evidenced that all authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety and safeguarding.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, have received laser safety awareness training.

Evidence was available that confirmed that staff who have professional registration, undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

Discussion with staff and review of documentation confirmed that there are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

A review of two ophthalmic surgeons' details confirmed there was evidence of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- there was evidence of ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Ms Moffatt confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. Following the inspection it was confirmed that adult safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) had been undertaken by Ms Moffatt as the safeguarding lead.

Policies and procedures were in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Laser safety

A laser safety file is in place which contains all of the relevant information in relation to laser equipment.

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 was reviewed and this expires on June 2018.

Refractive eye surgical procedures are carried out by an ophthalmic surgeon in accordance with medical treatment protocols produced by the medical directors of Optimax in June 2017. Systems are in place to review the medical treatment protocols on an annual basis.

Up to date local rules are in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the laser equipment being used.

The establishment's LPA completed a risk assessment of the laser service and no recommendations were made.

A list of clinical and non-clinical authorised operators is maintained and authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when surgery is being carried out.

The keypad doors to the laser suite are locked, when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using keys and passwords. Arrangements are in place for the safe custody of the laser keys when not in use.

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

Protective eyewear is available as outlined in the local rules for laser technicians/nurse if required.

The establishment has a laser surgical register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

A review of the laser surgical register during the inspection found it to be comprehensively completed.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service reports were reviewed as part of the inspection process.

Management of medical emergencies

A review of medical emergency arrangements evidenced that an anaphylaxis kit is in place, oxygen and an automated external defibrillator (AED) was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

A review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. It was confirmed the nurse and the ophthalmic surgeon have undertaken immediate life support training in the last year. It was confirmed a resuscitation drill is carried out on a three monthly basis.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment. The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention and control and decontamination procedures

There were clear lines of accountability for infection prevention and control (IPC) in place. The establishment has a designated IPC lead nurse.

A range of information was available for patients and staff regarding hand washing techniques.

Arrangements were in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. Staff confirmed single use equipment is used where possible.

Staff have been provided with IPC training commensurate with their role.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures. It was noted within the laser suite there was a desk, with a computer and a pen holder which contained pens/pencils, on it. Following inspection the organisation's compliance

manager confirmed the penholder had been removed and the cleaning schedule had been updated to include the specific cleaning instructions for the desk and computer. It was also noted the pharmaceutical waste bin had a blue lid. It was advised to contact Optimax's infection prevention and control advisor to confirm the suitability of these arrangements and that they are in accordance to best practice. Following the inspection Mr James Rowley, responsible person, confirmed the colour coding of the pharmaceutical bins was in accordance to the guidance from Initial Medical Services and UN-approved colour coding.

A range of IPC audits have been carried out including:

- environmental
- hand hygiene
- post treatment infection

The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance.

There was a range of IPC policies and procedures in place which are held within an IPC manual.

A review of infection control and prevention arrangements indicated very good infection control practices are embedded in the establishment.

Environment

The premises were maintained to a high standard of maintenance and décor. Detailed cleaning schedules were in place and completed records of cleaning were displayed in various areas.

A carbon dioxide (CO₂) fire extinguisher was available which has been serviced within the last year.

Arrangements are in place for maintaining the environment. A legionella risk assessment has been undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire. The fire alarm and fire - fighting equipment has been inspected in April 2017. Emergency lighting was inspected on 22 August 2017 and the gas boiler has had an accredited inspection in May 2017. All ophthalmic equipment was serviced in April 2017.

Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Twelve patients indicated that they were very satisfied with this aspect of care and three indicated they were satisfied. Comments provided included the following:

- "I couldn't have asked for any better."
- "Staff were very thorough and explained everything very well."
- "Felt very safe."
- "Great service!"
- "Very thorough. Had several consultations and chose Optimax."

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Four staff indicated that they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “A robust induction programme is in place with annual appraisal. Extensive training is provided and reviewed regularly. Environmental audits are in place.”
- “All staff well trained. All training kept up to date.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to: staff induction; training; supervision and appraisal; adult safeguarding; infection prevention and control; laser safety; management of emergencies; risk management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Patients have an initial consultation with a qualified optometrist who discusses their treatment options and the cost of the surgery.

During the initial consultation, patients are asked to complete a health questionnaire. There are systems in place to contact the patient’s general practitioner, with their consent, for further information if necessary.

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.

It was confirmed patients meet with their surgeon, on the day of surgery, to discuss their individual treatment and any concerns they may have. Arrangements can be made for the patient to meet with the surgeon earlier if necessary.

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 provided with clear post-operative instructions along with contact details for a senior optometrist if they experience any concerns. There are systems in place for the senior optometrist to refer patients directly to a consultant ophthalmologist if necessary.

Systems are in place to review the patient following surgery at one day, one week, one month, three months and longer if necessary.

Five patient care records were reviewed. The establishment retains hard copy care records which are supplemented with an electronic record system. The 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
- review/follow up notes

Observations made evidenced that patient records are securely stored.

Systems were in place to audit the completion of clinical records and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the establishment's clinical governance structures.

Information was available for patients on how to access their health records, under the Data Protection Act 1998.

The establishment is registered with the Information Commissioner's Office (ICO).

A review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The establishment also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Communication

As discussed, there is written information for patients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

Staff confirmed that management is approachable and their views and opinions are listened to. Staff meetings are held on a monthly basis. Review of documentation demonstrated that minutes of staff meetings are retained.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Thirteen patients indicated that they were very satisfied with this aspect of care and two indicated that they were satisfied. Comments provided included the following:

- “Lots of information provided. I had a personal advisor looking after me.”
- “Always very helpful.”
- “Very effective.”
- “Always personal and cheery no matter who you dealt with.”
- “I was well informed by staff of the risks associated with my treatment.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Four staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Courtesy calls are carried out prior to attendance. Detailed medical records are maintained and audited quarterly.”

Areas of good practice

There were examples of good practice found in relation to the completion of clinical records, the arrangements for records management and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with Ms Moffatt and staff regarding the consultation and surgery confirmed that patients’ modesty and dignity is respected at all times. The initial consultation is provided in a private room with the patient and the optometrist. The surgery is provided within a designated laser suite.

Information is provided to the patient in verbal and written form at all consultations to allow the patient to make choices about their care and treatment and provide informed consent. Patients meet with the surgeon on a separate day in advance of surgery and are fully involved in decisions regarding their treatment. Patients’ wishes are respected and acknowledged by the establishment.

Appropriate measures are in place to maintain patient confidentiality; and observations made evidenced that care records were stored securely in locked filing cabinets and electronic records are password protected.

Patient satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to patients and other interested parties. The survey includes patient's opinion on how their privacy and dignity was respected. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fourteen patients indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Comments provided included the following:

- "Always helpful and even supplied plenty of tea and coffee to my parents."
- "Excellent service."

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care; and all indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "Patient satisfaction surveys are reviewed and discussed at the staff meeting. Patient survey has been updated to ask: "Were you treated with dignity and respect?"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining patient's confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

There was a clear organisational structure within the establishment and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Ms Moffatt is the nominated individual with overall responsibility for the day to day management of the service. Mr James Rowley, the registered person, monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection; the most recent one was dated 18 September 2017.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Ms Moffatt demonstrated that arrangements were in place to review risk assessments. The risk register is audited three monthly.

A copy of the complaints procedure was available in the establishment. Discussion with Ms Moffatt demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with Ms Moffatt confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. It was confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

The following audits were reviewed:

- medication
- bi- annual IPC
- bi- annual environmental
- display screen equipment (DSE)
- handwashing
- compliance

Ms Moffatt outlined the process for granting practising privileges and confirmed medical practitioners meet with the medical directors prior to privileges being granted.

The ophthalmic surgeon's details were reviewed and confirmed that there was a written agreement between him and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years. A policy and procedure was in place which outlined the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

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

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well led. Fourteen patients indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. Comments provided included the following:

- "Yes, first class."
- "Very professional service and care."
- "Lovely staff."

All submitted staff questionnaire responses indicated that they felt that the service is well led and all indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "Regular conference calls are undertaken by the senior management team. All policies and procedures are available on the P drive. A comprehensive range of auditing is carried out throughout the year."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents, practising privileges, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

29th September 2017

Mrs W Maguire
Regulation & Quality Improvement Authority
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Dear Mrs Maguire

Laser Protection Report

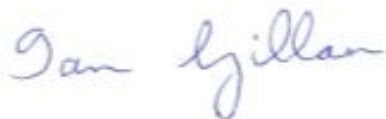
Optimax, 7 Derryvolgie Avenue, Belfast BT9 6 FL

Introduction

Further to yesterday'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

The Laser safety arrangements in the clinic are of a high standard and unless any changes to equipment or procedures occur then the laser safety documentation is not due for renewal until the next LPA visit in March 2018.



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

Ophthalmology – Nd YLF laser

Manufacturer: Intralase
Model: FS/F530
Serial No: 0506-40039
Class of Laser: Class 3B

Laser Protection Adviser

Sandy Moss, UCLH Laser Protection Services



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