

Bravura Laser Safety Officer (LSO) education scholarship

Bravura is offering a scholarship for one ACORN member from each state to complete a laser safety officer training course (surgical and operating suite).

The course is suitable for:

- nurses working in a perioperative environment that uses lasers (gynaecology, urology, otorhinolaryngology, plastic surgery / dermatology / cosmetics, cardiology, neurology, orthopaedics, ophthalmology)
- personnel who need to have a comprehensive understanding of the operation and hazards of lasers (i.e. surgeons, physicians, laser nurses, Laser Safety Officers, other personnel working in the Nominal Ocular Hazard Zone)
- nurses working in a perioperative environment who require evidence of laser safety education for license application to Queensland Radiation Health, Government of Western Australia Radiological Council and the Tasmanian Government Radiation Protection Unit.

What does the course cover?

The course covers:

- physics and the operation of lasers
- interaction of laser radiation with tissue
- hazards of surgical lasers
- laser safety
- the role of the laser operator/nurse
- the role and responsibilities of the Laser Safety Officer
- administrative controls, audits and checking credentials
- laser classification and hazard area assessment
- Australian Standards requirements
- relevant ACORN standards
- accident response
- lasers in surgical practice / operating theatre (gynaecology, urology, otorhinolaryngology, plastic surgery / dermatology / cosmetics, cardiology, neurology, orthopaedics, ophthalmology).

How long does it take?

The course takes eight to ten hours. You can study at your own pace, in your own time and take as long as you like to do it.

Assessment is a one-hour, online, open book exam.

The course meets eight hours of continuing professional development (CPD) when applied according to relevant [AHPRA guidelines](#).

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Who can apply for the scholarship?

All current ACORN members who have been members continuously for at least two years are eligible to apply.

All applications will be considered on merit with preference given to regional members.

The scholarships will be awarded at the discretion of the ACORN board. The decision of the board is final and no correspondence will be entered into.

How to apply

Complete the attached application form and submit it to ACORN with

- a letter of support from the president of your local association that includes verification of your commitment to local association activities
- a written ratification by the secretary of your local association.

ACORN will communicate with the appropriate local association to confirm or corroborate your level of activity within the organisation.

Once your application has been assessed, you will receive notification of the outcome.

If your application is successful you must agree to have your name and state published in the ACORN journal.

If your application is unsuccessful, ACORN will let you know the reason for this but no discussion shall be entered into.



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Application form

Name:

Address:

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Email address:

Workplace:

Role: (circle all applicable)

Instrument nurse

Circulating nurse

Anaesthetic nurse

Post anaesthetic recovery nurse

Education nurse / Teacher

Manager

Other:

To which local association do you belong?

How long have you been a member?

Have you ever received financial assistance from ACORN? Yes No

If yes, please describe the activity you received financial assistance for?

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Does your workplace use lasers? Yes No

Do you currently work with the laser? Yes No

If yes, what is your role?

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Have you completed a laser training course? Yes No

If yes, do you have laser qualifications? (circle all applicable)

LSO Test beam certified Laser safety and awareness

Other:

State why you wish to apply for this scholarship and how it will assist in your current practice.

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How will you use your training and knowledge in your workplace?

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Name of supporting manager:

Signature of manager: Date:

