OR Fire Risk Assessment & Protocol

Surgical Site Fire Risk Assessment

Alcohol-based prep solution **ALWAYS** allowed sufficient dry time if used-per product IFU (minimum 3 minutes)

	Yes	No
Surgical site or incision above the xiphoid or involving the airway/pulmonary system	1	0
Open oxygen source (Trach/ET cuffed vs. non-cuffed; nasal cannula, face mask)	1	0
Available ignition source (Electrosurgery unit, laser, fiber optic light source)	1	0
Total Score =		

3 = High Risk | **2 = Low Risk** | **1 = Low Risk**

Fire Risk Protocol

Score 3 = High Risk

Anesthesia provider:

- ☐ Ensure that a syringe full of saline is in reach for procedures conducted within oral cavity
- ☐ Documents oxygen concentrations and flows
- ☐ Uses the MAC circuit for oxygen administration initially at FiO2 of 0.30 using fresh gas flows of at least 12 L/min
- ☐ Deliver 5-10 L/min of medical air under drapes to flush O2 prior to using ignition source

Surgeon:

- ☐ Verify fire triangle, including verbal confirmation of oxygen percentage
- ☐ Ensure appropriate draping technique to minimize oxygen concentration under drapes (i.e. tenting, incise drape)
- ☐ Minimize ESU setting
- ☐ Assess that enough time has been allowed for fumes of alcohol based prep to dissipate **(MINIMUM 3 MINUTES)**

Nursing:

- ☐ Encourage use of wet sponges
- ☐ Ensure a basin of sterile saline and bulb syringe are available for fire suppression

Score 2 = Low Risk

Standard fire safety precautions are followed with the potential to convert to high-risk precautions if necessary

Standard precautions include:

- ☐ Observe alcohol based prep drying times **(MINIMUM 3 MINUTES)**
- ☐ Protect heat sources
- ☐ Use Standard Draping Procedure

Score 1 = Low Risk

- ☐ Standard Fire Safety Precautions are followed (see above)

Choose Facility Logo

HCA Healthcare®