

Patient Fire Risk Assessment

(Implemented 07/07, revised 03/08)

1. The Patient Fire Risk Assessment Tool is based on a 3 point system documented in the Perioperative Nursing Record (the circulating RN performs the assessment):
 - Procedure above xiphoid process or ≤ 30 cm. (12 inches) from oxygen source = 1 point.
 - Use of “open flow” (mask/nasal) oxygen = 1 point.
 - Use of electrosurgery unit, laser, light source = 1 point.
2. Participants: The Procedure Team Members (physicians, PAs, residents, technologists, registered nurses, anesthesia care providers, technologists):
 1. Participate in a Fire Risk Assessment immediately prior to the *start of every procedure*.
 2. Determine/perform appropriate fire safety precautions.
 3. The circulating RN will document the fire risk assessment score and precautions taken in the nursing record

Fire Safety Precautions:

1. Fuel:
 - **Alcohol based prep solutions:** Use minimal amount of solution and allow sufficient time for fumes to dissipate before draping.
 - **Observe drying time** (minimum 2- 3 minutes). *Do not drape patient until flammable prep is completely dry.*
 - Do not allow pooling of any prep solution under or around the patient or bedding.
2. Ignition Source:
 - **Protect all heat sources when not in use**, i.e., place electrosurgery pencil in holster, laser in “stand-by” mode, etc.
 - Check all electrical equipment before use

Fire Safety Protocol: **Fire Risk Score =3 High Risk**—Follow standard fire safety precautions:

- Requires fire safety “time-out” to be performed by the surgical team (verify fire triangle including verbal confirmation of oxygen percentage).
- The surgical team assesses prepping, draping to minimize O₂ concentration and ignition source safety precautions are implemented.
- Maximize the perimeter around the incision point.
- Confirm verbally the heat source setting (setting should be minimized).
- Encourage the use of wet sponges.
- Basin of sterile saline readily available for fire suppression.
- Saline filled syringe readily available within reach for procedures within the oral cavity.
- When the ignition source is used during a procedure, oxygen will be administered via a “MAC Circuit” at the lowest possible FIO₂ to maintain acceptable oxygen saturations (SaO₂ > 92% by pulse oximetry). The anesthesia care provider communicates the FIO₂ to team.
- The anesthesia care provider communicates increases in FIO₂ to team/ simultaneous team reassessment of patient physiological variables and fire safety precautions performed.
- Document and verbally confirm oxygen concentration/flows.
- Stop supplemental oxygen at least 1 minute before and during electrosurgery/laser usage.
- Scavenge oropharynx with separate suction.
- Use wet sponges with uncuffed tracheal tube to minimize leakage of oxygen.