Fire Risk Assessment Protocol

<table>
<thead>
<tr>
<th>Alcohol-based prep solution dried &gt;3 min., and No pooling</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site or incision above the xiphoid, or involving airway, or pulmonary components</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Open oxygen source, &gt;40% oxygen, potential airway leak, proximity of ETT, double lumen tube</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Ignition source: i.e. monopolar cautery, laser, fiberoptic light</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Total Score

Scoring
3=High Risk
2=Low risk
1=Low risk

Fire Risk Protocol Initiated with a Score of 3 = High Risk

The nurse, surgeon/physician, and anesthesia providers take these precautions and communicate handoff:

**Nurse:**
- Write “Fire Risk High” on dry erase board and/or communicate with team
- Confirms the heat source settings, such as cautery, light, and/or laser
- Assess time of alcohol-based prep solutions has dried (min., time 3 min) and no pooling
- Places laser in “standby” mode when not in use

**Anes/Sedation Provider:**
- Notifies the physician and documents if O2 concentration >40% or risk of air leak
- Suction by O2 prongs to “scavenge” O2
- Before ignition source is activate, reduce the oxygen concentration <40% if possible

**Surgical Technologist/Assistant:**
- Water and/or saline available for the sterile field
- Wet sponges
- Ensures appropriate draping techniques to minimize oxygen
- Cautery pencil in holster when not in use
- Light source turned off when not in use

**Surgeon/Physician:**
- Before an ignition source is activated:
  - Wet sponges and utilize as a barrier between the oxygen and the ignition source
  - Verifies that the anes/staff provider has reduced the O2 concentration to the min., level for 1-3 min., before using ignition source
  - Announces the initial intent to use an ignition source

**In case of Fire:** Shout Fire>Turn off O2>throw saline/water on the field

Reference, (ASA) American Society of Anesthetologists 9/2013