

Fire Risk Assessment Protocol

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