

Fire Risk Assessment Tool

Discipline		Potential Risk	Intervention	Score
Circulator/ Scrub	Fuel	<ul style="list-style-type: none"> •surgical site above xiphoid •Drapes/blankets/ •Gowns •Sponges •Alcohol-based skin preps •Patient's hair/skin •Intestinal gases (surgeon) •ETT, LMAs, masks, nasal cannulas, tents, tags (anesthesia) 	<ul style="list-style-type: none"> •participate in team conversations re: risk and intervention •confirm no channeling/tunneling of surgical drapes between oxygen rich environment and surgical field, drapes occlusive. •<u>Bovie in holsters 100% time when not in use</u> •<u>Laser on stand-by when not in use</u> •<u>FO light source "off" when not in use. Do not lay FO light source on any fuels when "on"</u> •<u>Saline soaked sponges/gauze/towels</u> •Saline/Sterile water on field to extinguish fire •preps allowed to dry minimum 3 minutes prior to draping •no pooling of preps 	1
Surgeon	Ignition	<ul style="list-style-type: none"> •surgical site above xiphoid •Electrosurgical Units (ESU) •Electrocautery •Lasers •Fiberoptic light sources •Defibrillators •High speed burrs •Drills 	<ul style="list-style-type: none"> •participate in team conversations re: risk and intervention •confirm no channeling/tunneling of surgical drapes between oxygen rich environment and surgical field, drapes occlusive. •<u>Bovie in holster 100% of time when</u> •<u>Laser on stand-by when not in use</u> •<u>FO light source "off" when not in use. Do not lay FO light source on any fuels when "on"</u> •<u>Saline soaked sponges/gauze/towels</u> •<i>announce intent to use ignition source communicate w/ Anesthesia re: timing of ESU use to allow oxygen to dissipate</i> •irrigation w/ drills & saws 	1
Anesthesia	Oxidizer	<ul style="list-style-type: none"> •surgical site above xiphoid •Oxygen rich environment via all delivery systems •N2O in the presence of O2 	<ul style="list-style-type: none"> •participate in team conversations re: risk and intervention •confirm no channeling/tunneling of surgical drapes between oxygen rich environment and surgical field, drapes occlusive. •<i>discontinue O2, if appropriate, 1 minute prior to ESU use</i> •minimize or reduce oxygen rich environment near surgical site 1 minute prior to use of ignition source •Titrate O2 to lowest concentration to produce desired effect •tenting of surgical drapes •consider ETT for O2 dependent patients or when deep sedation is required •cuffed ETT for airway surgery (when appropriate) •laser ETT w/ methylene blue instilled cuff 	1

Fire Risk:
1=Low Risk, 2= Moderate Risk, 3= High Risk

TOTAL

1-3