OR Fire Prevention Review

OR FIRE PREVENTION

Timeouts:

- Leader should command the attention of all parties
- Background noise and music should be minimized
- All staff members must fully stop and commit full attention
- Staff members should contribute their roles and responsibilities

OR FIRE PREVENTION

Fire Risk Assessment: Time Out for Patient Safety

- Is oxygen in use? **Anesthesia & Surgeon to address**
  - If open delivery is being use explain the reasoning for that decision along with the approach for providing supplemental O2 (starting at 30%)
  - Announce intention to use ignition source prior to activating
- Procedure or surgical site is above the xyphoid?
- Is an ignition source in use (electrical surgery unit, laser, fiberoptic cord)?

If any TWO of these are YES, the patient is HIGH RISK.

OR FIRE PREVENTION

Interventions and Roles for High Risk Patients

- ***Surgeon:*** Identify if an alcohol prep or non-alcohol prep was used.
- ***Scrub Tech:*** Announce the dry-time of prep before draping the patient, how pooling was avoided, whether an incise drape is being used, and confirm that the drape is raised above the patient's head using two clip points.
- ***Circulating Nurse:*** If any alcohol prep was used, confirm that alcohol soaked materials were removed from the sterile field. If any flammable liquids will be added later, confirm that all ignition sources will be disabled before delivering to the sterile field.
- ***Surgeon & Scrub Tech:*** Discuss any heat or ignition sources on the field and the plan to manage them throughout the case (e.g., ESU holster, saline in the field, laser on stand-by).
- ***Anesthesia:*** If patient is not intubated, discuss the reasoning for that decision. Outline your approach for providing supplemental oxygen during open delivery (e.g., starting at 30%).
- ***Surgeon & Anesthesia:*** If open oxygen will be used, discuss the management of ignition sources and oxygen concentration/venting (e.g., announcing intention to use ignition source prior to activation).

TIME OUT POSTERS

Posters in the rooms will be modified to include the new process

Will be placed in the same location in all Operating Rooms across the Health System

PATIENT PREPS

Three minutes timers will be added to the field monitors to assist in the dry timing

Two clips will be used at the top of the drapes to maximize open surface area

Recommendations from ECRI:

- Incise drapes should be used to minimize the chance of leaking oxygen to the surgical site.
- Water based lubricant should be placed on any body hair within the drape fenestration and along the patient's hairline if the drape is raised above the patient's head

ALL PREPPING MUST OCCUR PRIOR TO DRAPING!

Final chloraprep swipes over the incisional area must not be done.

OXYGEN DELIVERY

General anesthesia should generally be the default anesthesia approach for procedures above the xiphoid process

If open delivery is needed, providers need to be vigilant and committed to constant and open communication regarding oxygen concentration levels and the use of ignition sources throughout the procedure

Air/oxygen blenders to be used for the open-source oxygen

Anesthesia should start oxygen at 30% and increasing as necessary rather than starting at 100% and decreasing as long as medically appropriate

IGNITION SOURCES & OPEN OXYGEN

Physician should announce the initial intention of activating the device, anesthesia provider can confirm that oxygen concentration is low. One Minute should be given to reduce the concentration of oxygen

COMMUNICATION between team members is vital