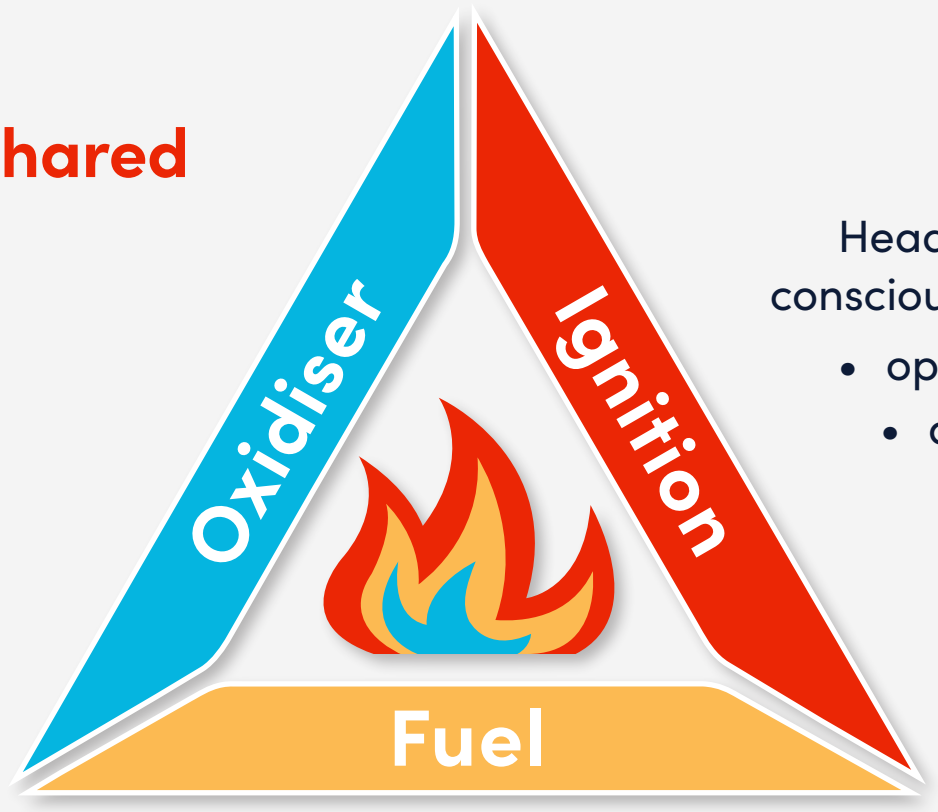
OPERATING ROOM FIRE SAFETY

Precautions for non-airway surgery

Prevention is a shared responsibility

Surgeons, anaesthetists, nurses, technicians



Highest risk

Head and neck procedures in conscious/sedated patients with:

- open supplemental oxygen
- alcohol skin prep solution
- monopolar diathermy

When clinically appropriate the following steps are considered best practice:

Anaesthetists	Surgeons	Nurses
• Minimise supplemental oxygen concentration (<30% if tolerated) • Avoid high-flow oxygen if not essential • Consider securing airway • Consider reducing oxygen flows during diathermy	• Consider non-alcohol prep solutions → If used, ensure prep areas are dry and not pooled • Consider need for diathermy → If used, bipolar is lower risk • Consider LA only	• Question need for alcoholic prep solutions • Observe for pooling of prep, especially under drapes, or hair wet with prep • Observe for sparks, flame or smoke • Ensure clean diathermy blade / tips • Have saline / water / wet packs ready

IF A FIRE OCCURS

Flood area / stop oxygen / carefully remove burning materials / follow institutional protocols

Link to ANZCA PG55, see Appendix 3 - Fires

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