


<b>Name of Policy:</b>	<u><b>Fire Response</b></u>	
<b>Policy Number:</b>	3364-124-27	
<b>Department:</b>	Nursing Service/Operating Room	
<b>Approving Officer:</b>	Chief Nursing Officer	
<b>Responsible Agent:</b>	Chief Nursing Officer	
<b>Scope:</b>	Operating Room/Perioperative Services	<b>Effective Date:</b> 6/1/2022 <b>Initial Effective Date:</b> 6/1993
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

### (A) Policy Statement

All fire emergencies will be designated as "Code Red." All personnel will respond appropriately.

### (B) Purpose of Policy

To assure the maximum safety of all patients, visitors, and employees. Operating Room (OR) staff will be aware of, and respond appropriately, to additional fire responsibilities specific to the OR.

### (C) Procedure

1. Staff will be familiar with UTMC Environmental Health and Radiation Safety Procedure LS-08-001.
2. Sterile water or saline solution will be readily available in case of a surgical fire
3. Surgeries which use flammable germicides or antiseptics must follow these requirements:
  - a. Nonflammable packaging
  - b. Unit-dose applicators
  - c. Preoperative "time-out" prior to the initiation of any surgical procedure to verify the following:
    - i. Application site is dry prior to draping and use of surgical equipment
    - ii. Pooling of solution has not occurred or has been corrected
    - iii. Solution-soaked materials have been removed from the patient vicinity prior to draping and use of surgical devices.
4. Set light cords to standby when not in use and electrocautery hand pieces should be holstered to prevent ignition of surgical drapes
  - a. Ignited surgical drapes are to be removed from the sterile field and extinguished away from the patient.
  - b. Fire extinguishers are never to be discharged on a patient.
5. If the fire area is adjacent to, directly above, or directly below the OR., the Operations Supervisor or designee will:
  - a. Notify OR staff, Anesthesiologists and Surgeons of cases already in progress,
  - b. Turn off oxygen wall supply for each OR as directed by attending anesthesiologist,
  - c. Will not send for or start elective cases until all-clear has been announced.
6. If the fire is in the immediate area of the OR., oxygen emergency shut off valves outside each OR will be turned off as directed by the attending anesthesiologist.
7. All employees will receive annual safety training as outlined in UTMC Environmental Health and Radiation Safety Procedure S-08-003.
8. If evacuation of the OR is necessary, patients will be evacuated laterally to the Post Anesthesia Care Unit (PACU).
9. If it becomes necessary to evacuate patients from the 2<sup>nd</sup> floor, patients will be transported via the Dowling Hall elevators to the first floor.

<p><b>Approved by:</b></p> <p>_____          /s/ Kurt Kless, MSN, MBA, RN, NE-BC          Chief Nursing Officer</p> <p>_____          Date</p> <p><i>Review/Revision Completed By:</i>  <i>Heidi Pitzten BBA, MSN, RN, CNOR &amp; Nancy Gauger, MSN, RN</i>  <i>Revised: 6/2022</i>  <i>Reviewed:</i>  <i>Review by Nursing Policy &amp; Standard Committee: 6/2022</i></p>	<p><b>Review/Revision Date:</b></p> <p>6/96          6/1/2022          4/99          7/2002          2/2004          7/2005          6/10/2008          8/2011          10/10/14          4/1/18          3/2019</p>
<p><b>Next Review Date:</b> 6/2025</p>	
<p><b>Policies Superseded by This Policy:</b> 4-27</p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*