(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 O.R.

(C) Procedure

1. Staff will be familiar with UTMC Environmental Health and Radiation Safety Procedure LS-08-001.
2. Sterile water or NaCl will be readily available in case of a 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 operating room 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 Nursing Manager, 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 attending anesthesiologist.
7. All employees will receive annual safety training as outlined in UTMC Environmental Health and Radiation
   Safety Procedure S-08-03.
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 2nd floor, patients will be transported via the Dowling
   Hall elevators - to the first floor.
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<th>Approved by:</th>
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| /s/ Monecca Smith, MSN, RN  
AVP Patient Care Services/CNO | 6/96 |
|  | 4/99 |
|  | 7/2002 |
|  | 2/2004 |
|  | 7/2005 |
|  | 6/10/2008 |
|  | 8/2011 |
|  | 10/10/14 |
|  | 4/1/18 |
|  | 3/2019 |

Review/Revision Completed By:  
Heidi Pitzen BBA, MSN, RN, CNOR & Nancy Gauger, MSN, RN

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<th>Policies Superseded by This Policy:</th>
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It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.