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Hot Topic: A Team Approach to Fire Safety Education

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HOT TOPIC: A Team Approach to Fire Safety Education **Perioperative Services** Lehigh Valley Health Network, Allentown, Pennsylvania

Problem Statement:

Fire Safety for the surgical patient has long been a part of the Perioperative educational model. Knowing one fire in the Operating or Procedural Room is too many; we sought to improve our Fire Safety education.

Goals/Purpose:

Nursing and Anesthesia educators at an Academic, Community, Magnet designated, Level-One Trauma Center collaborated to design an inter-professional educational session for the introduction of a Fire Risk Assessment for all surgical and procedural patients. A team approach to the roll-out of education presented a consistent approach of safe patient care.

Methodology:

Evidenced based research was conducted to seek out best practice for the Fire Risk Assessment scoring. With permission from the author, we used the risk scoring table numbering from 1-3, based on the risk factors present prior to the induction of the patient. Following the assessment, a score of 3 initiated a high risk protocol with individual surgical team actions and responsibilities.

A one hour didactic session was planned to introduce the new process. Departments represented included, OR, Labor and Delivery, GI Lab, **Electrophysiology Lab and Cardiac Catheterization** Lab.

The county Fire Marshall demonstrated the similarities and differences in the fire extinguishers found in the acute healthcare setting.

Fire Triangle

Oxidizer

Alcohol-based prep solution had sufficient time for fumes to d	issipate.	
□Yes □No □NA		
(Circle appropriate option)	Y	N
*Surgical Site or incision above the xiphoid (Surgical site < 12 inches from Oxygen source)	1	0
*Open oxygen source (patient receiving supplemental oxygen via any variety of face mask or nasal cannula	1	0
*Available ignition source (i.e. electrosurgery unit, laser fiberoptic light source)	1	0
Total Score		
Scoring: 3 = High risk 2 = Low risk w/potential to convert to high risk 1 = Low risk		
High Risk Fire Protocol Initiated High Risk Fire Protocol N/A		
High Risk Fire Protocol Initiated High Risk Fire Protocol N/A Signature/title Date	Τ:	

ection of a form entitled Identification of Patient and Surgical Side/Sites and Fire Risk Assessment. Source: Christiana Care, Newark, DE

Fire Risk Assessment, Time-Out, and necessary evacuation was created to help illustrate the appropriate actions to prevent or react to a fire.

Mock Fire Drills with simulated patient evacuation were held on each unit to practice the new skills learned.

A debrief session follows to discuss the learnings of the simulation.

Evaluation/Results:

A positive response from evaluations of the didactic session shows an increased awareness of the potential for a fire in the OR. Audits are ongoing for compliance with the new Fire Risk Assessment for all patients.



An online learning module including a video depicting the





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