

INDICATOR	Met	Not Met	Comments
POLICY			
There is documentation that the organization periodically evaluates potential fire hazards that could be encountered.			
There are established written fire prevention and response procedures, including safety precautions related to the use of flammable germicides or antiseptics.			
FIRE PREVENTION - ENVIRONMENT OF CARE TOUR			
Evacuation Routes are posted in conspicuous locations.			
Fire exits are free and unobstructed.			
Fire exits are marked.			
Fire exit signage has working illumination.			
Evacuation corridors are free from obstruction.			
Fire and Smoke Barrier doors activate when alarm is activated.			
Doors with automatic closures positively latch when released.			
Electrical panels are not obstructed.			
Medical gas panels are not obstructed.			
Fire extinguishers are mounted in designated locations.			
Fire extinguishers have intact seals.			
Fire extinguishers are properly charged (check gauge).			
Fire extinguishers are labeled with class of fire for use.			
Fire extinguishers have been serviced in the previous 12 months.			
Fire extinguishers have been checked monthly.			
Fire extinguishers are not blocked by equipment.			
Sprinkler heads are free of dust and debris.			
Sprinkler head escutcheon plate/recessed covers are intact.			
Ceiling tiles are without gaps greater than 1/8 of an inch.			
Ceiling tiles are not missing.			
Storage of supplies is not within 18 inches of a sprinkler head.			
STAFF QUESTIONS			
How do you report a fire?			
Where is the nearest fire alarm pull station?			
Where is the nearest fire extinguisher?			
How do you operate a fire extinguisher?			
Where is the medical gas panel shut off located?			
How do you activate the medical gas panel shut-off valves?			
Where are the electrical panels located?			
What is the procedure for turning off the electrical system?			
How, when and to where do you evacuate?			
STAFF EDUCATION			
Review staff training and competency files. Do they show evidence of:			



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<ul style="list-style-type: none"> • Training on surgical/procedure fire risk and response (in addition to the standard staff fire training). • Measures to take to prevent surgical/procedural fires • Response actions to take in the event of a fire. • Training an orientation to the equipment in the surgical/procedural area including sources of heat/ignition and fire response equipment. • Evidence of participation in a fire drill. 			
FIRE PREVENTION – SURGICAL/PROCEDURE CASE REVIEW			
A fire risk assessment is conducted at the beginning of the surgical procedure and appropriately documented as Low, Moderate or High Risk. Fire risk is communicated to the team.			
Alcohol based antiseptics are allowed adequate drying time after use.			
Alcohol based antiseptics are prevented from pooling during skin preparation and assessed for pooling or other moisture to ensure dry conditions prior to draping.			
Appropriately sized Alcohol based antiseptic applicators are used for the surgical site.			
If using an open medical gas delivery system, additional precautions are taken to exclude oxygen and flammable/combustible gases from the operative field, such as draping techniques that avoid accumulation of oxygen in the surgical field.			
All instruments are inspected for evidence of insulation failure (device, wires, and connections) prior to use.			
If a monopolar electrosurgical unit is used: <ul style="list-style-type: none"> • It is not activated when near or in contact with other instruments. • A return electrode monitoring system is used. 			
Tips of cautery instruments should be kept clean and free of char and tissue.			
When not in use, ignition sources, such as ESUs, electrocautery devices, fiber-optic illumination light sources and lasers are placed in a designated area away from the patient (e.g., in a holster or a safety cover) and not directly on the patient or surgical drapes.			
Other items that generate heat, including drills and burrs, argon beam coagulators, and fiber-optic illuminators are used safely to prevent ignition.			
FIRE RESPONSE			
Staff member(s) announce the presence of fire where all surgical team members can hear and act accordingly.			
The main source of ignition is immediately stopped.			



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Flammable gas flow is stopped.			
Electrical devices that may be involved are unplugged.			
Attempts to extinguish the fire are initiated in a timely manner: <ul style="list-style-type: none"> Water/Saline is used. CO2 or other extinguisher is used if the fire persists. 			
All drapes and burning materials are removed to assess for evidence of smoldering materials.			
(For Airway Fires) Patient is removed from breathing circuit and extubated as applicable.			
Nearest fire alarm pull is activated.			
Organization's fire reporting phone number is dialed outside of the location of the fire.			
Staff member dialing the organization's fire reporting phone number provides complete and correct information.			
All possible sources of flammable materials were removed from the fire scene as appropriate.			
Staff demonstrated proper technique for evacuating the patient from the location of the fire scene.			
Staff identified the proper location to evacuate to from the fire scene.			
Staff outside of the immediate fire scene are notified of the fire prior to the overhead announcement.			
Fire/Smoke barrier doors are closed to contain the fire.			
All staff, patients and visitors are accounted for with evacuation.			
All staff participate in the drill appropriate for their role and responsibilities.			