

Australian and New Zealand  
College of Anaesthetists  
& the Faculty of Pain Medicine  
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15<sup>th</sup> May 2024

Dear Chris

**Subject: Submission on Fire Safety in Anaesthetising Locations**

The Royal Australasian College of Medical Administrators (RACMA) appreciates the opportunity to provide our expertise and advice to provide insights and recommendations regarding the "PS55(A) Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations Appendix 3 2024," specifically focusing on the prevention and management of non-airway non-intrathoracic fires in the operating room.

RACMA is the only specialist medical college that trains doctors to become specialist medical leaders and managers. As demonstrated by the pandemic and the increasing complexity of health systems, leadership of organisations and systems change has never been more pivotal to health outcomes.

Our education programs, including our accredited flagship Fellowship Training Program, equip doctors with the leadership and management skills needed to influence and lead the Australasian health care systems with the clear aim of improving health outcomes of Australians and New Zealanders. RACMA Members fill diverse roles, including Chief Executives, Chief Medical Officers, Director of Medical Services, Heads of Departments, as well as working in the university and defence sectors. As such RACMA is a recognised and respected voice of medical leadership, management and clinical governance and a pre-eminent provider of medical leadership and management education and training.

PS55(A) provides valuable insights into fire safety in anaesthetising locations, and our reflections and recommendations above aim to enhance the clarity, scope, and comprehensiveness of the guidance for the benefit of patient and staff safety.

The position statement addresses the rarity of operating room fires, which, although infrequent, pose a significant threat to patient and staff safety and can have catastrophic consequences. It emphasises the importance of prevention as the primary approach, with preparation to respond being secondary. We are also pleased it covers the various approaches to fire prevention, including robust safety protocols, thorough fire risk assessments, and effective communication and coordination among the surgical team.

The position statement only briefly references Australian building codes and standards, indicating its applicability within the Australian context. However, it is crucial to specify their scope and applicability for clarity.



The position statement primarily focuses on fires occurring in or on the patient, with limited coverage of fires that affect the operating room or other emergency situations such as power failures, sprinkler activations, or external fires impacting the operating room. Our members have experienced fires in a range of circumstances not clearly outlined by the statement. It is essential to provide clarity on the specific situations addressed by the position statement and consider expanding the guidance to include emergency evacuation procedures for broader threats, such as earthquakes or external fires affecting the operating room environment.

In addition, the statement outlines intrathoracic fires, which are particularly threatening to patients. It is important to ensure that the document clearly delineates its scope and applicability to different types of fires to avoid ambiguity.

The systematic approach to fire safety, including the engineering and design of operating rooms, safe evacuation procedures, and fire suppression systems, is crucial. It is recommended to emphasise the importance of safe evacuation and fire suppression in the design of anaesthetising locations, as well as the procurement decisions for less flammable products.

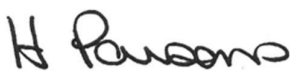
It is our view that the statement needs to more clearly address the need for a clear fire evacuation plan for patients and staff, documented and tested through simulation, and rehearsed periodically with adequate training for staff. Additionally, liaison with the fire service to ensure their awareness of the special needs of operating rooms, layout, and geography is essential for effective emergency response.

Specific risks associated with oxygen and other oxidizing gases should be more thoroughly outlined with a focus on training, including access to shut-off valves and training for staff on how to turn off the valves and understand the impact on other parts of the system.

In summary our recommendations for any further drafting of the PS55(A) Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations Appendix 3 2024 are:

- Additional clarity on applicability of Australian Building Codes throughout the statement.
- Expand guidance to include emergency evacuation procedures for a broader range of threats.
- Reduce ambiguity in the position statement by clearly outlining applicable scenarios.
- Additional focus on systemic causes (engineering and design) over the vigilance of individuals.
- Additional focus on training and awareness for both theatre staff and fire services regarding theatre lay out, specific risks and procedures.

We appreciate the opportunity to provide feedback developed through the expertise of our members. If RACMA and/or its Members can be of any further assistance on this subject or if you need any clarification on the content of our submission, please do not hesitate to contact myself via email [president@racma.edu.au](mailto:president@racma.edu.au) or RACMA Chief Executive Cris Massis – [cmassis@racma.edu.au](mailto:cmassis@racma.edu.au).



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