

EDITORIAL

RECOMMENDED SAFE PRACTICE

A REASONABLE program of safeguards against explosions of combustible anesthetics has been established as a national standard by the National Fire Protection Association. The standard, Recommended Safe Practice for Hospital Operating Rooms, known as NFPA Standard No. 56, was developed by the National Fire Protection Association's Committee on Hospital Operating Rooms, reviewed by the Committee on Gases, and the latest revision was adopted at the Association's Annual Meeting held in June, 1956. This Standard is one of a large number of publications on fire safety that have been issued by the Association. It has had notable development. This Standard has replaced an advisory pamphlet, published in 1944, that did not meet with general acceptance by hospitals because of restrictive requirements. In 1949, the National Fire Protection Association was requested to review the handling of combustible anesthetics in hospital operating rooms. Accordingly, a Technical Committee was set up under the procedures of the Association and the ground work was laid for the development of the presently revised Standard in this field.

The National Fire Protection Association operates on the principle that fires and explosions benefit no one and that reasonable measures to avoid them are in the interest of all concerned, including those immediately affected, the insurance carriers, the fire service, and the general public. NFPA objectives are to develop Standards, with the cooperation of organizations concerned, that will provide a reasonable guide to fire safety and will point the way toward accomplishing desired objectives without unnecessary inconvenience, expense, or interference with established activities. Committee members representing cooperating organizations serve on a voluntary basis without pay. One can readily understand why the Association, a nonprofit advisory group, was selected to review and promulgate safety standards for hospital operating rooms.

It is encouraging that, although Standard No. 56 is advisory, it has been adopted by the American Hospital Association, the American College of Surgeons, the Veterans Administration, and other organizations. It has also been adopted and reprinted by the National Board of Fire Underwriters. Authorities in practically every hospital in the United States are familiar with the Standard and it is becoming increasingly effective on an international basis. From data regarding circulation and distribution that are available, it is estimated that approximately 120,000 copies of the various NFPA editions of this Standard have been made available to hospitals and regulatory in-

terests since 1949. Progress has been made but a continuing effort must be exerted to provide maximum safety in all operating rooms.

The revised edition (1956) of this Standard is now available. It incorporates many changes that the Committee has been considering for several years. A number of editorial changes have been made in an effort to clarify or expand the ideas previously contained in these Safe Practice Recommendations. One of the new recommendations concerns the use of a standard waterproof and easily cleanable electrical plug that permits interchangeability of portable electrical appliances without the use of adapters. This change will facilitate the use of electrical equipment, that is carried from hospital to hospital, without the use of hazardous, improvised adapters. The Committee has recognized the need for a change in requirements concerning other portable electrical equipment. They have revised the provisions pertaining to newly developed electrical equipment. The purpose is to indicate to nationally recognized testing laboratories the minimum requirements for equipment to be used in hazardous locations classified as Class 1 Group C atmospheres by the National Electrical Code. The increased use of photographic equipment has been recognized and requirements have been provided in the revised Standard to call attention to the hazards involved in various photographic procedures.

Recognition of the hazards of wearing apparel worn in the operating room has also received consideration, and a revision has been stated under a new general heading "Textiles." This paragraph re-emphasizes the dangers of wearing outer garments of wool, silk or synthetic materials (rayon excepted) in anesthetizing locations. Hosiery and underclothing made of synthetic material where the entire garment is in close contact with the skin may be worn without causing undue hazard.

The Committee on Hospital Operating Rooms in addition recommended a number of changes in the Standard for Nonflammable Medical Gas Systems incorporated in NFPA Pamphlet 565. This Standard had not been reviewed since 1951. Since many hospitals now are using bulk supply systems, there was a need for revision of the Standard. Because many hospitals now are storing gas or liquid oxygen in considerable quantities on hospital sites, a statement of minimum requirements for installation of this equipment was necessary. The revised edition (1956) of this Standard is now available and contains schematic sketches showing typical installations. Low pressure alarms are indicated and a control valve on the main supply line is required. The use of flared compression fittings is permitted on one-half inch or smaller low pressure lines when visible in rooms at the point of use.

The philosophy of the National Fire Protection Association's Committee on Hospital Operating Rooms has been to establish functional Standards that will reduce to a minimum the possibility of explosion and the hazard of fire. Most of the provisions are qualitative and

serve to crystallize the application of knowledge to an intelligent choice of safe equipment and techniques. The standards demonstrate the need to redesign equipment based on the concept that safety is a necessary element of function.

The most important factor is the development of an awareness by the staff of hazards and the recognition of personal responsibility for the safety of patients. Safety cannot be legislated into a doctor-patient relationship. Unthinking disregard of safety regulations should not be tolerated. Once a common ground of adequate safety has been found that embraces a safe structure, equipment, appliances and behavior of personnel success will be at hand. This can be accomplished by an objective, educated practical approach toward fire safety. A continual drive against carelessness and complacency should be made by all concerned in patient safety. NFPA Standards No. 56 and No. 565 merit your support.

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