



**OCCUPATIONAL
BURN & HAND
SAFETY**



B U R N
AND
RECONSTRUCTIVE
CENTERS OF AMERICA

THE NATION'S LARGEST BURN NETWORK



COLORADO

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DENVER

FLORIDA

MIAMI
TALLAHASSEE ★
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GEORGIA

AUGUSTA ★
ATLANTA ★
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BURN

AND

RECONSTRUCTIVE
CENTERS OF AMERICA

★ *JMS BURN CENTERS, INC. LOCATIONS*

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IDAHO FALLS

MISSISSIPPI

JACKSON ★

NEVADA

LAS VEGAS

SOUTH CAROLINA

CHARLESTON ★

TEXAS

PLANO
SAN ANTONIO

16% OF BURN BEDS IN THE U.S.

20% OF ADMISSIONS TO U.S. BURN CENTERS

BURN AND ACCIDENT PREVENTION

TO REDUCE THE INCIDENCE AND SEVERITY OF BURN INJURIES

» EMPLOYERS SHOULD:

- + Conduct worksite safety surveys every 3-6 months.
- + Encourage employees to ask when unsure of procedures.
- + Provide updated Material Safety Data Sheets.
- + Properly maintain safety equipment.
- + Install several brightly painted safety showers and eyewash stations in each high-risk area.
- + Provide a thorough safety orientation for all new employees and include the emergency evacuation route.
- + Provide mandatory safety meetings.
- + Allow each new employee to work with a safety-conscious supervisor during the orientation period.
- + Stay involved with accident prevention.
- + Provide updated safety information for all employees on a regular basis.
- + Provide safety reminders such as bulletin boards and posters between the required safety meetings.

» EMPLOYEES SHOULD:

- + Know and follow safety protocol.
- + Avoid taking chances or shortcuts.
- + Ask questions when unsure of procedures.
- + Know the location of the operation procedure for emergency and safety equipment before an emergency occurs.
- + Avoid distraction by work-related issues or other problems.
- + Know what to do when an accident happens (e.g., first aid, CPR).
- + Participate in safety programs.
- + Report potential hazards as soon as they are noted.
- + Use appropriate personal protective equipment when working with strong chemicals.
- + Seek professional counseling if experiencing severe emotional distress or substance abuse issues.



ON-SITE EMERGENCY BURN CARE

THERMAL BURNS

Caused by flame, steam, hot liquid or contact with an extremely hot or cold surface

» BEFORE MEDICAL HELP ARRIVES

- + Stop the burning process using low-pressure, room-temperature water.
- + Provide first aid measures and CPR as indicated.
- + Treat or prevent shock.
- + Control bleeding (burns do not bleed initially — if bleeding is present, there is another cause).
- + Keep the victim warm using a clean, dry sheet to prevent hypothermia.
- + Stay with the victim until help arrives.

TAR BURN

Cool the tar with low-pressure, room-temperature water. Do not attempt to remove the tar.



ON-SITE EMERGENCY BURN CARE

ELECTRICAL BURNS

Caused by contact with an electrical current

» BEFORE MEDICAL HELP ARRIVES

- + If the victim is being “held” by the source, turn the current off or use a nonconductive item to knock the victim away from the source before attempting rescue.
- + If clothing has ignited, extinguish the flames. Use fire extinguisher, low-pressure, room-temperature water and/or stop, drop and roll.
- + Provide first aid measures and CPR as indicated.
- + Keep the victim warm using a clean, dry sheet to prevent hypothermia.

CHEMICAL BURNS

Caused by contact with a hazardous chemical

» BEFORE MEDICAL HELP ARRIVES

- + If powder is present, brush off as much as possible before using water.
- + Remove contaminated clothing, shoes and jewelry.
- + Immediately use low-pressure, room-temperature water (safety shower/eyewash station).
- + If the eyes are involved, hold eyelids open while flushing and remove contact lenses while under the water.
- + If injuries are not life-threatening, stay in the shower for at least 30 minutes or until medical transport arrives.
- + Take the Material Safety Data Sheets for the chemical to the hospital with the victim if available.
- + Do not use neutralizing agents.
- + Keep the victim warm using a clean, dry sheet to prevent hypothermia.



ON-SITE EMERGENCY BURN CARE

DEGREE OF BURNS

» **FIRST-DEGREE BURNS:**

- + Are marked by red, pink or darkened skin.
- + Are painful and warm to touch.
- + No blisters or skin sloughing present.
- + Not included in total body surface area (TBSA) calculation.

» **SECOND-DEGREE (PARTIAL THICKNESS) BURNS:**

- + Are moist, reddened, blistered and painful to touch.
- + Blanch to touch.
- + Are at risk of developing into a third-degree burn. Regularly reassess second-degree burns to ensure the injury has not converted to a third-degree burn.

» **THIRD-DEGREE (FULL THICKNESS) BURNS:**

- + Are dry/tight/leathery, brown/tan/waxy or pearly white.
- + Are devoid of blanching or capillary refill.
- + Are relatively pain-free, lacking blisters and may initially appear as second-degree.
- + Need skin grafting to heal.

» **FOURTH-DEGREE BURNS:**

- + Have a charred appearance.
- + Extend below the dermis and subcutaneous fat into the muscle, bone or tendon.

To schedule a presentation on burn care and prevention,
please contact: education@burncenters.com



ON-SITE EMERGENCY HAND CARE

HAND & EXTREMITY INJURIES

» PREVENTION TIPS

- + Keep all tools in good condition; store them properly and schedule regular maintenance.
- + Never use faulty equipment.
- + Make sure equipment is not running during maintenance procedures or repairs.
- + Never put arms, fingers or hands through moving parts of equipment.
- + Wear appropriate gloves while working; inspect for holes, tears or signs of wear before use.
- + Do not wear jewelry or loose-fitting clothing that could catch on tools, machinery or equipment.

» COMMON CAUSES OF HAND INJURIES

- + Neglecting safety procedures
- + Distraction
- + Lack of awareness

» IF HAND INJURY OCCURS, CALL 911 OR GO TO THE CLOSEST EMERGENCY ROOM

» STOP THE BLEEDING

- + Apply pressure.
- + Elevate the extremity.
- + Wrap in dry, clean gauze if available.
- + Remove any rings or hand jewelry.

» PACKAGE THE AMPUTATION

- + Wrap the part in moist gauze.
- + Place the wrapped part in a sealed bag or container.
- + Place the container on top of ice in a separate container.



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