



FIRE & BURN PREVENTION NEWS

SPRING 2012

A LETTER FROM THE CHAIR

B. DANIEL DILLARD,
CHAIRMAN ABA PREVENTION COMMITTEE

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Many ABA members, when asked about the work of the Prevention Committee, will likely be aware of the Prevention Poster Contest whose winners are recognized at the annual Awards Presentation and Presidential Address. Or they will recall that the committee honors an individual with the Prevention Award. Perhaps they have noticed that the ABA Annual Meeting includes a Prevention SIG Meeting, a Prevention Workshop, a Prevention Correlative and prevention-based discussion topics at the Sunrise Symposium. They may even stumble into the Prevention Booth. These are all manifestations of Prevention Committee efforts but by no means the sum total of our impact at both the Annual Meeting and beyond.

National Scald Prevention Campaign

– Funded by a series of FEMA Fire Prevention & Safety Grants obtained by the IAFF and based on a prior FEMA grant to the ABA, the ABA Prevention Committee has provided the bulk of the content of a Scald Prevention Toolkit recently distributed to over 3000 organizations in the US and Canada. Our committee maintains a leadership role in Phase Two of this Campaign: pilot testing the Campaign in six regions of the country.



Juvenile Fire Setter Intervention National Database

– This project, also funded by a FEMA FP&S Grant and led by the IAFF, has engaged a number of Prevention Committee members at both the formative and developmental levels to move this long-term initiative to fruition.

Safety Standards for Glass-fronted Fireplaces

– At the urging of the Prevention Committee, the ABA Board of

Trustees has communicated its concerns to the CPSC. The ABA believes that the lack of adequate safety standards and consumer safety alerts accompanying the sale and use of glass-fronted fireplaces is unacceptable. Many toddlers and young children have received serious contact burns from these devices. The Prevention Committee has worked with other organizations, including the American Academy of Pediatrics, to define the scope and scale of this problem and demand the creation of a mandate for adequate safety standards.

Assessment of Prevention Knowledge & Practices of Burn Center Staff

– We have reported on this initiative in previous Prevention Newsletters. We encourage all burn center staff to complete the assessment survey via Survey Monkey once received.

Your ABA Prevention Committee is comprised of a dedicated and capable group of ABA members. They serve this organization well. Stop by our booth or attend one of our functions at the Seattle Annual Meeting. All are welcome!

The work of the Prevention Committee goes well beyond the scope of presentations and awards at the Annual Meeting. This is a committee that remains active 12 months of the year advancing a truly national agenda. Allow me to share just some of our current strategic initiatives:

UNWEAVING THE TANGLED WEB OF BURN DATA

What do burn clinicians, firefighters, researchers, prevention experts, policy makers, survivors, advocates, fund-raising staff, lawyers, educators, non-profit foundation executives, and hospital administrators all have in common? Each is on a quest to find “proof,” validation, or justification for their specific purpose, project, and cause. (I’m sure many of you had a more insightful, and likely amusing, response that you can share with us at the Prevention Committee booth!) Data is central to that mission. We seek data to

focus injury prevention efforts, drive legislative changes, guide protocol revisions, evaluate interventions, improve quality of care, justify staffing and resource utilization, obtain funding, maintain program support, and the list goes on! Whether it is recognized or not, simply stated: There is a universal need for complete and accurate burn injury data.

However without a clear understanding of how and from where burn data is generated, some inaccurate interpretations can inadvertently

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HIDDEN BURN HAZARD: COIN-SIZED LITHIUM BATTERIES

Each year in the United States, approximately 3,500 button battery swallowing cases are reported to poison control centers. The most serious cases involve nickel-sized 20 mm lithium batteries which are found in remote controls, key fobs, greeting cards, children's books, scales, and other common household items. These batteries may get stuck in a child's throat and burn through the esophagus in as little as two hours. When a coin-sized button battery gets stuck in a child's throat, the saliva triggers an electrical current. This causes a



Photo Credit:
TheBatteryControlled.com

chemical reaction that can severely burn the esophagus. Once the burning reaction begins, it can continue even after the battery is removed. Repairing the damage is painful and can require feeding tubes, breathing tubes, and multiple surgeries. In some cases, children have died. Spotting the problem is difficult as children can usually breathe with the battery in their throat.

According to a recent survey, parental awareness of the issue and danger associated with button batteries is increasing¹. More than two-thirds (68%) of parents surveyed feel that button batteries pose a high level of danger. Those who are aware of the issue learned about it via word-of-mouth,

TV/radio, the Internet and printed media. Additionally, after learning about this issue, parents say they are very likely to keep devices with button batteries out of reach of children (82%), check devices with button batteries to secure the battery compartment (79%) and encourage other parents to take steps to ensure their devices with button batteries are out of reach of children (66%). Yet there is much more work to be done to ensure that parents keep kids safe.

Safe Kids has partnered with Energizer on a campaign called The Battery Controlled to raise awareness and change behavior among adult caregivers about this little-known and emerging risk to small children. Information has been distributed through Safe Kids USA's network of 600 coalitions and chapters throughout the United States, and events have been organized in select areas. Energizer is reaching out to electronics designers and manufacturers to discuss ways that they can help address this problem. In addition, the company is developing new packaging for coin cell lithium batteries that is harder for children to open and includes improved safety warnings. Videos, tip sheets and more information can be found at www.safekids.org and www.thebatterycontrolled.com. To report an incident, call the National Battery Ingestion Hotline at 202-625-3333.

Angela Mickalide, Ph.D., MCHES
Director of Research , Safe Kids Worldwide

¹Energizer. Parent Tracking Survey. Topline Results, March 9, 2012

How to Prevent Swallowing a Coin-Sized Battery

Kids under 4 are at the greatest risk. Many coin-sized button batteries can appear "invisible" to parents because devices come with the batteries already installed. To keep your children safe:

- ◆ Look in your home for any items that may contain coin-sized button batteries.
- ◆ Place devices out of sight and out of reach of small children.
- ◆ Keep loose or spare batteries locked away.
- ◆ Share this life-saving information with caregivers, friends, family members and sitters

What to do: Keeping these batteries locked away and secured in devices is key, but if a coin-sized button battery is swallowed, you should follow these steps:

- ◆ Go to the emergency room immediately. Tell doctors and nurses that it might be a coin-sized button battery.
- ◆ If possible, provide the medical team with the identification number found on the battery's package.
- ◆ Do not let the child eat or drink until an X-ray can determine if a battery is present.
- ◆ Share this life-saving information with caregivers, friends, family members and sitters

VISIT THE BURN PREVENTION BOOTH

This year we are excited to bring you a new poster award called **The People's Choice**. This award will be presented to the poster which meets minimal poster contest selection criteria and which is voted on by **YOU** to be the crowd favorite. All twenty-two posters are eligible to win both the Prevention Poster and the People's Choice Award. Please stop by the Burn Prevention booth, look at the poster display and vote for your favorite. All votes must be submitted prior to 7pm on Wednesday evening and an award ribbon will be placed on the winning poster at the Prevention Booth on Thursday morning. Visiting the booth will also give you the opportunity to talk with burn prevention specialists about any prevention questions.

Annette Matherly RN CCRN,
University of Utah Burn Center



WELCOME TO Seattle 2012

44TH Annual Meeting

APRIL 24-27, 2012

NEW!

Burn Epidemiology SIG
Monday, April 23, 2012
3 PM—5 PM
Room 614
Moderator:
Peter A. Brigham, MSW

Burn Prevention Committee
Monday, April 23, 2012
9 AM - 5 PM
Room 604
Moderator: B. Daniel Dillard

Burn Prevention / Federation of Burn Foundations / IAFFBF
Tuesday, April 24, 2012
7:30 AM – 11:00 AM
Room 607
Moderators: B. Daniel Dillard & James Floros

Burn Prevention Workshop
Tuesday April 24, 2012
1 PM – 4 PM
Room 615
Moderator: B. Daniel Dillard

Correlative I: Public Health
Wednesday April 25, 2012
10 AM– 12 PM
Room 603
Moderators: James C. Jeng, MD, Peggy Simpson, RN

Presentations of Burn Prevention Posters
Tuesday, April 24—Thursday April 26, 2012
Exhibit Hall 6th Floor

- Too Hot to Handle: An Examination of Hot Water Temperature and Water Heaters in a Sample of Urban Homes (W. Shields, MPH *et al.*)
- Burn Prevention Education for Community Based Family Services Providers: A Pilot Initiative (N. E. Leahy, RN, MPH *et al.*)
- Burn Prevention Education for Parents of Low-Income Pre-Schoolers: Results of a Local Initiative (N. E. Leahy, RN, MPH *et al.*)
- Full Thickness Burn Injury after Gel/Fuel Firepot Explosion: A Need for Public Awareness (M. L. Shapiro, RN, MSN *et al.*)
- Instant Noodles: A Significant Cause of Scald Burn Morbidity in All Populations (P. F. Koltz, MD *et al.*)
- Juvenile Firesetters: Are We Contributing to the Problem? (K. Hartman-Viega *et al.*)
- Napalm for Sale in the Garden Aisle? (J. L. Placek, MSN, ARNP and D. A. Reilly, MD, FACS)
- Safe Signals: A Burn Education and Prevention Program for High Functioning Young Adults with ASD (R. Coffey, MSN, ARNP *et al.*)

Moderators: Annemarie O'Connor, MSN, FNP-BC & Michael D. Peck, MD, ScD, FACS

Prevention of Injuries in the Older Adult

Thursday April 26, 2012
6:30 AM – 7:45 AM
Room 211
Moderators: Kathleen A. Hollowed, RN & Victor C. Joe, MD

Correlative VII: Burn Epidemiology / Prevention

Thursday April 26, 2012
10 AM - 12 PM
Room 620

- A Bilingual Anti-Scald, Fire & Burn Prevention Campaign for Head Start Results in Reduced Pediatric Admission to a Busy Regional Burn Center (R. B. Rimmer, PhD, *et al.*)
- Repeated Dissemination of Burn Prevention Information to Students Increases Knowledge Retention (C. Falkenberg, BA *et al.*)
- Multi-Center Testing of a Burn Prevention Teaching Tool for Amish Children (M.T. Rieman, RN, BSN, & R.J. Kagan, MD, FACS)
- Burn Knowledge Assessment in Zambia (J. Heard *et al.*)

.....AND MORE!

Moderators: Janet Cusick-Jost, RN, MS & Ernest J. Grant, RN, BSN, MSN

Firefighter III: Fire Sprinklers and Important Life Safety Initiative You Need To Know About

Friday April 27, 2012
10 AM – 12 PM
Room 3A
Moderators: Michael D. Peck, MD, ScD, FASC

<http://ameriburn.org/44thAnnualMeeting.php>



MUSINGS OF A BURN NURSE EDUCATOR

PERSPECTIVES ON PREVENTION

Injury prevention is the effort to prevent or reduce accidents which result in bodily harm, and prevention education is a crucial part of this effort. Burn prevention education is important for everyone, but is especially essential for young children, seniors, and those with special needs, as they are at a highest risk from burn injuries or scalds.

Nurses and others in the medical profession are an integral part of prevention education. Having seen the aftereffects of

accidents of all varieties, prevention becomes a priority infused with passion. Too many times during the admission process a burn nurse interviewing the patient or family member will hear, "I just turned around for a couple of seconds." I will never forget the three year old who got underfoot in the kitchen of his parents' restaurant. His mother was carrying a stock pot of hot water and grease, tripped over him, and dumped the water. The child consequently slipped and fell

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Juvenile

FIRESETTING

THE IAFF'S JUVENILE FIRE SETTER DATABASE PROJECT

A PROJECT UPDATE

The IAFF, under the leadership of Phil Tammaro, IAFF Third District Burn Coordinator and with the funding from a Department of Homeland Security Fire Prevention and Safety Grant, has begun its efforts to develop the framework for the future development of a national juvenile fire setter database. Currently, there is no single database that meets the needs of both fire safety professionals and mental health educators that can be used in developing evidence-based intervention

and education programs. This project is initiating the development of such a database.

Outcomes of the Focus Group and National Summit (see Project Objectives below) will be included in PowerPoint presentations and a written report and will be disseminated via industry conferences, industry journals, and partner websites to fire departments and other agencies and organizations throughout the United States.

JUVENILE FIRE SETTER DATABASE PROJECT OBJECTIVES

Assemble a group of national subject matter experts

- Focus Group discussion:
 - * Identify and define specific data elements to be included in a national database
 - * Review existing databases
 - * Identify key stakeholders to participate in a national summit

Identify and define data elements

- Determine the data elements to be included in any future database.
- Identify essential data elements common to subtypes to serve as the base data set for developing a juvenile fire setter database dictionary.

Review existing databases:

- A review was done to identify these databases and what are the benefits and drawback of each one.

Identify stakeholders

- Develop a comprehensive list of stakeholders affected by the National Juvenile Fire Setter Database to participate in a national summit.

Conduct a national summit

- A National Summit will be held in San Antonio on April 4 and 5 to get additional input and support for the project.

NEWS FROM OUR PARTNERS. . .

Federation of Burn Foundations

FBF'S Annual Meeting

to Focus on Social Networking Risk Management

(how to minimize your organization's risk in this virtual world)

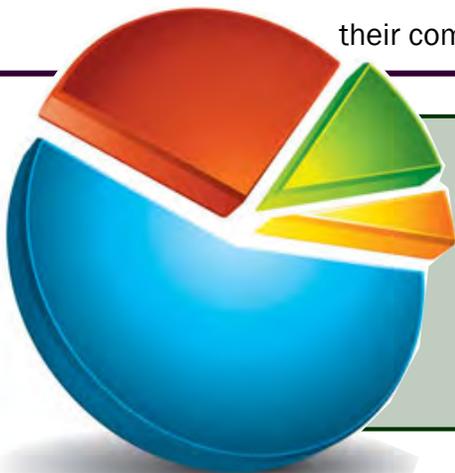
Whether you're using social media to support youth programs, connect and engage with donors, or to raise visibility about special events there is a difference between doing it and doing it well. This discussion will cover common pitfalls, tips and tricks that are backed by case studies and current research.

The meeting will feature :

- An interactive discussion on best practices and tactics to help build a community online through social media tools with speaker **Ash Shepherd, Senior Project Manager and Strategist** with **NPower Northwest**,
- An update of annual FBF activities,
- Food!

Join your colleagues on Monday, April 23, 2012 from 4:30 - 7:00 pm at the Washington State Convention Center, Room 3A/CC, for FBF's annual meeting. www.fbfonline.org

The Federation is moving forward to empower Burn Foundations to better serve their communities. We look forward to seeing you!



Overwhelmed by Statistics?

Burn Epidemiology SIG

(at the ABA 44th Annual Meeting: see page 3!)

Monday, April 23, 2012

3 PM — 5 PM

Room 614

BURN DATA *continued from page 1*

be made. Here is a specific example that recently arose within the Burn Prevention Committee regarding contact burns from fireplace doors:

Burn clinicians and pediatricians observed an alarming local trend in children being burned by contact with hot glass fireplace doors. Gathering key stakeholders, the group appropriately implemented a plan to arm itself with data to demand a solution by regulatory and legislative bodies.



Identify how and from what sources data for a specific database is generated; contemplate what populations or sources are potentially not included.

NEISS uses a sample of hospitals to estimate injuries treated in emergency rooms. The sampling may under-represent hospitals in cold climates where fireplace-related burns are typically seen. Or perhaps this specific type of burn injury is most commonly treated by a primary care physician or in an outpatient clinic?

NBR (generated from Burn TRACS Registries at individual burn centers) only reports injuries that were serious enough to require inpatient admission to a burn unit. Not every center that treats burn injuries participates in data submission. Additionally, injuries treated in outpatient clinics are not included. Therefore it is possible that the majority of fireplace door related contact burns that occur in the community will not be captured by NBR, but the most serious injuries will be.

Determine what specific data variables or “fields” are collected in the database and if they are mandatory or optional.

NBR does mandate reporting of ICD (International Classification of Diseases) and external causes of injury (E-codes). However, the applicable E-codes 924.8 – 924.9 for contact burns aren’t specific enough to separate fireplace-related burns from other contact burns (e.g. light bulb, heater, curling iron, etc.). Hence, the NBR cannot produce a report of all fireplace-related contact injuries treated in burn centers. This data would have to be obtained from individual centers.

The U.S.F.A.’s National Fire Incident Reporting System (NFIRS) database tracks incidents that generate a fire department response, so it isn’t an appropriate database to query for fireplace contact burns. NFIRS can be helpful in determining other burn injuries since it requires detailed reporting on cases involving injury or death from a fire. However, the impact of optional data fields must be considered in any reports obtained. *For example:* Since youth-related fires are in the *optional* arson module, requesting data on juvenile firesetting from NFIRS will provide some incident information, but it will not be complete.

Avoid the “data silo” trap.

Seek multi-disciplinary input and collaboration for your data projects. Otherwise, you may not be aware of other potential burn epidemiology data sources (and their unique nuances) that are available outside of your discipline or area of expertise. *For example,* burn-related data can be obtained from: NFIRS, National Trauma Data Bank (NTDB), National Ambulatory Medical Care Survey (NAMCS), National EMS Database, Web-based Injury Statistics Query and Reporting System (WISQARST), etc.

Does this burn data topic and alphabet soup of acronyms have your head spinning?? Take comfort in knowing that this is such a complicated and important issue, that a new ABA SIG has been created to look at it in more depth: www.ameriburn.org/PreventionNewsletter_201112.pdf Come join the discussion and provide your input!

Karla S. Ahrens Klas, BSN, RN CCRP
University of Michigan Trauma Burn Center

MUSINGS

continued from page 4

onto the floor, sustaining 65% deep partial and full thickness burns.

General Prevention Tips to Share

- Check your hot water heater setting – the ABA recommends setting it *no higher than 120 degrees F.*
- Use a bath thermometer to prevent scald burns for both young and old alike.
- When bathing a child, face the child away from the faucet and closer to the other end of the tub
- Provide continuous supervision of young children
- Develop methods to “burn proof” the home, such as a “No Kids Zone” in the kitchen.

Nurses are positioned to teach and disseminate information in a variety of settings. The burn nurse in particular manages patient care in the burn center and may be instrumental in research, education and prevention initiatives mirroring the mission statement of the American Burn Association. Whether you are a student nurse or a seasoned one with years of experience, it is easy to pass along valuable burn prevention tips as you care for your patients.

It is important that nurses incorporate burn prevention in their clinical rotations and continue it in their chosen nursing career. Prevention education is too great a task for one burn nurse educator to handle! Nurses are well-qualified to teach programs in prevention, which are usually aimed at partic-

ular age groups and levels of sophistication.

Preschool and Elementary School. It is important to educate young children and their families about burn prevention. Young children are an easy audience to engage, and they will be eager to tell their own stories about minor burn injuries to themselves or family members. It is important to refocus them on why the behavior leading to the burn was risky and what could be done differently to prevent such accidents from happening again.

School Re-entry Programs. When a school-aged child sustains a burn injury, they may be accompanied by a nurse when returning to school so that the school community can be educated about the consequences of burn injury. These programs are designed to help young burn survivors resume school, but they provide a perfect opportunity to educate students, faculty and parents about burn prevention, too.

Juvenile Firesetting. Curiosity about fire is normal -- but setting fires is not. Prevention education programs can help in the early identification of fire-setting behavior so that appropriate intervention measures can be taken. In these cases, it is important to work in collaboration with your local resources such as the Fire Service, social work, mental health professionals, the juvenile justice department of the local police department, the court system and, of

course, your local burn center.

Things for Seniors to Consider

- Some medications may impair response time
- Alcohol impairs response time
- As you age, decline in vision, hearing and physical mobility may increase your risk of fire injury
- You should **never** smoke while you or someone near you is on oxygen
- Have an escape plan
- Grandparents caring for young children should be especially careful to burn proof the house
- If you cannot “Stop, Drop, and Roll”, have a towel handy in the kitchen so that you can smother flames if your clothing catches on fire
- Use kitchen pots with two handles to prevent scald burns

Senior Citizens. Senior Centers are excellent venues for prevention programs. A discussion of burn prevention is a natural segue to exploring participants’ understanding of first aid for burns, and correcting “home remedies” of ice, ointments and butter to egg whites, tea, vanilla and toothpaste.

In closing, consider a poignant statement from a past burn prevention effort by the National Safe Kids / Gas Appliance Manufacturers Association Campaign...

“The most painful burn is the one you could have prevented.”

Something to keep in mind this summer...

“A young patient I once took care of lost part of his thumb and sustained full thickness burns to his right hand from an exploding firework that was thought to be a dud. I’ve seen my fair share of toddlers and young children burned by sparklers given to them by adults not realizing that sparklers burn at approximately 1800 degrees F. When the “legal” fireworks stands begin popping up everywhere, I wish I could take the proprietor on a burn center tour.”

So please, as summer approaches, be careful with fireworks (and barbecues, too!)



Gerarda M. Bozinko,
BSN, RN, CCRN
Nathan Speare Regional Burn Center
Crozer Chester Medical Center

The ABA Prevention Committee

The Burn Prevention Committee is charged by the American Burn Association (ABA) to provide leadership in the area of burn prevention; gather and disseminate information related to burn awareness, prevention, and survival; assist in the development of burn prevention programs on the local, regional, national and international levels; and to serve as a resource to members and affiliated organizations in the field of burn prevention. Members of the Committee are selected and appointed by the President of the ABA from within its general membership. They are credentialed as burn care support professionals, public safety professionals, education specialists and corporate and non-profit managers. The focus of the committee's work is in North America.

www.ameriburn.org/prevention.php

If you have an interesting article, idea, or opinion for the next issue of the ABA Fire & Burn Prevention Newsletter, please contact Scott Cohen at scohen@burnfoundation.org

American Burn Association Burn and Fire Prevention Newsletter

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EVENTS COMING UP...

American Burn Association
45th Annual Meeting
April 23–26, 2013



Palm Springs, CA

ABA Midwest Region Burn Conference
October 10-13, 2012
Minneapolis, MN
www.midwestregionburnconference.com

ABA Western Region Burn Conference
October 18-20, 2012
Los Angeles, CA
www.ameriburn.org

ABA Southern Region Burn Conference
November 16-18, 2012
Norfolk, VA
www.sma.org

For other events, please see the calendar at www.ameriburn.org/OtherOrganizationMeetingDates.pdf