These are just a few of the issues that have confronted the ABA Burn Prevention Committee within the past several months ... issues significantly more complex than instructing when to “Stop, Drop and Roll!” Allow me to explain.

For over a year, we have been working in partnership with the community education committee of the American Academy of Pediatrics to refute the claims of the Hearth, Patio & Barbeque Association (HPBA) that “there are no exceptional burn risks presented to young children by glass-fronted gas fireplaces, and that there are only a handful of serious burns treated each year from these devices.” As a result, they HPBA propose to appease regulatory standards by including removable protective grills with future products sold that consumers must attach themselves. Here is the problem with that solution: contrary to HPBA’s assertion, there are hundreds of these burns treated annually and many of them present serious complications. Dr. Lucy Wibbenmeyer, University of Iowa Burn Center and ABA Burn Prevention Committee member, is giving leadership to an assessment of injury data from participating burn centers to extrapolate the actual number of injuries to toddlers and young children annually from contacting the super-heated glass surface of these gas fireplaces. This data will help us advocate to the U.S. Consumer Products and Safety Commission for a more permanent and comprehensive solution to this hazard.

What should one do to relieve pain and promote the healing of a minor burn? You should see some of the home remedies being promoted by one popular web blog! Rather than enter into a debate over the validity of smearing bacon grease on sunburn, the Burn Prevention Committee has created a unit on first aid for burn injuries. Persons who wish an authoritative opinion on treatment options can soon turn to the ABA Website under the Prevention Section to get answers.

When is prevention not the best solution? When it is not effective under real-life conditions and its by-products present an even more critical public health threat. Such is the case with certain fire retardant chemicals used in the foam for furniture and bedding. While the Burn Prevention Committee endorses all proven-effective methods of preventing burn injury and reducing the severity of those that do occur, we do not support the infusion of tons of dangerous chemicals, purported to be fire retardants, into furniture foam when there are even more effective, and environmentally friendly fire retardant alternatives.

You can learn more about these and many other burn prevention issues by attending the Prevention Track Sessions at the ABA Annual Meeting. Or, better yet, become a member of the Prevention Committee and contribute to solutions to today’s burn prevention issues and challenges.

Sincerely,

B. Daniel Dillard
Chairman, ABA Burn Prevention Committee
**Letter from the ABA President**

Prevention. It is one of the cornerstones of the American Burn Association (ABA). This year the ABA Prevention Committee has been incredibly busy promoting important burn prevention issues by addressing the 5 Ps of prevention: Evidence, Education, Engineering, Enforcement, and Economics. Initiatives have included the development of awareness programs for prevention of scald burns, electrical safety, and gasoline safety, assessment of the incidence of glass front fireplace burns; public policy review for building codes such as the residential sprinkler mandate; and the efficacy of flame retardant chemicals in upholstery, just to name a few.

This year our Burn Partnership Conference focused on three important areas of burns: Prevention, Disaster Preparedness, and Burn Survivor Outcomes. We brought together groups from varied backgrounds, including firefighters, burn survivors, the Department of Defense, physicians, nurses, National Fire Protection Agency (NFPA) and members of the Burn Prevention Committee to discuss the current status, develop a list of needs and priorities, and set goals for each of the topics. This incredibly productive conference generated an array of new ideas and partnerships that will help bring all the stakeholders together to work on common problems. The written summary of the Prevention portion of the conference, led by Dan Dillard, has been drafted and will be available for all. Yet the challenge will be to utilize new-found partnerships to convert the goals into meaningful action. We have taken the first step in achieving those goals.

As burn providers, our main goal is to ensure the best outcome possible for every burn survivor. As such, prevention yields the best outcome of all: no injury. We need to continue to strive to decrease the incidence of preventable burns by providing information on burn prevention and helping to make prevention a part of every household’s daily routine. We have made great strides in burn prevention; our new partnerships have the potential to help us make great leaps forward.

Sincerely,

Tina L. Palmieri MD, FACS, FCCM
President, American Burn Association

**Karla Klas, RN to Chair Prevention Committee**

Karla Ahrens Klas, RN, BSN, CCRP, will assume the role of Chair of the ABA Burn Prevention Committee at the conclusion of the 45th ABA Annual Meeting. Klas serves as the Managing Director, Injury Prevention and Community Outreach at the University of Michigan Trauma Burn Center and is the 2013 recipient of the ABA Burn Prevention Award.

“Karla has distinguished herself as a leading practitioner of evidence-based prevention methodologies, and has served in a leadership role on a number of regional and national burn prevention initiatives,” stated Dan Dillard, committee out-going chairman. “Her experience, her focus on proven-effective interventions and her strategic vision for a collaborative problem-solving approach to difficult problems make her an excellent choice to chair the Burn Prevention Committee at this time,” continued Dillard.
Chairman. “Her experience, her focus and national burn prevention initiatives,” in a leadership role on a number of regional prevention methodologies, and has served as a leading practitioner of evidence-based practice. Klas serves as the Managing Director, Injury Prevention and Research at the University of Michigan Trauma Burn Center and is the Community Outreach at the University of Michigan. Klas was honored at the conclusion of the 45th ABA Annual Meeting. Klas serves as the letter writer for the ABA President's letter to work on common problems. The written summary of the Prevention portion of the conference, led by Dan Dillard, has been drafted and will be available for all. Yet the challenge will be to utilize new-found partnerships to convert the goals into meaningful action. We have taken the first step in moving towards achieving those goals.

This year our Burn Partnership Conference focused on three important areas of prevention: Prevention, Disaster Preparedness, and Burn Survivor Outcomes. We brought together groups from varied backgrounds, including firefighters, family doctors, military personnel, and burn survivors. The conference has included the development of new ideas and partnerships that will help bring all the stakeholders together. The conference has been incredibly busy, just to name a few.

Meth Labs from a First Responders Perspective

Wednesday, April 24, 2013 • 10:00 am – 12:00 pm

Federation of Burn Foundations Evening Program: Treatment And Prevention: The Therapeutic Lawyer’s Active Role

Monday, April 22, 2013 • 5:00 pm – 8:00 pm

Burn Prevention SIG

Tuesday, April 23, 2013 • 1:00 pm – 4:00 pm

Burn Prevention Symposium

Best Use of Prevention Dollars

Wednesday, April 24, 2013 • 6:30 am – 7:45 am

Burn Prevention Symposium

Getting Involved in Burn Prevention

Thursday, April 25, 2013 • 6:30 am – 7:45 am

Correlative VII: Prevention

Thursday, April 25, 2013 • 10:00 am – 12:00 pm

Firefighter Course II: Managing a Mayday

Thursday, April 25, 2013 • 10:00 am – 12:00 pm

NEW!

Educational Forum

TGIF (Time to Get Injury Focused): Successfully Incorporating Prevention in Burn Care

Friday, April 26, 2013 • 10 am – 12 pm

Primrose B Room - Convention Center

Raising the Bar on Injury Prevention: A Strategic Approach

10:00-10:10 am Introduction: Taking Responsibility for Prevention
10:10-10:20 am Fire Safety and Burn Prevention Knowledge and Practice Assessment
10:20-10:30 am Burn Epidemiology 101
10:30-10:40 am Teachable Moments
10:40-10:50 am Consistent Prevention and Safety Messaging
10:50-11:00 am Prevention Resources and Fact Sheets

Best Practices in Burn Prevention: Addressing the Knowledge Gap

11:00-11:20 am Smoke Alarms
11:20-11:40 am Home/Medical Oxygen and Smoking
11:40-11:55 am Forum Panel Discussion and Audience Q&A
11:55-12:00 pm Summary

Friday Forum

International Outreach Committee Forum: Focus on Burn Prevention in the Developing World

Friday, April 26, 2013 • 2:00 pm – 4:00 pm

Primrose B Room - Convention Center

AMERICAN BURN ASSOCIATION • FIRE & BURN PREVENTION NEWS | 3
We received over 20 posters for last year’s competition and we were very pleased with the interest around the U.S. and Canada for our poster contest. This year we have almost 30 posters from the U.S., Canada and South America and the posters will all be presented at the prevention booth at this year’s conference.

EDUCATION SESSIONS WITH THE EXPERTS
Tuesday, April 23 and Wednesday, April 24 • 5:30 - 6:30 p.m.
Burn Prevention Booth #713
“Flash Over: Movement Patterns of Fire” featuring Thomas Flamm
“Scald Campaign: Scald Prevention” featuring Charis Kelly

STOP DROP AND ROLL on over to the BURN PREVENTION BOOTH
Annette Matherly, RN, CCRN
Burn Prevention Booth Hours:
Tuesday, April 23 ▪ 5:00 pm - 7:00 pm
Wednesday, April 24 ▪ 9:30 am - 7:00 pm
Thursday, April 25 ▪ 9:30 am - 2:00 pm

The burn prevention booth will be an exciting place to visit at this year’s ABA. Not only are we conveniently located by the food and beverages but, for the first year ever, will be hosting education sessions with the experts on Tuesday and Wednesday evening from 5:30-6:30 pm. Come join us for two intriguing topics, one featuring Thomas Flamm on FIRE MOVEMENT and the other with Charis Kelly on SCALD INJURY. Visitors will have the opportunity to enter a fabulous prize drawing and will also be able to view and vote on the burn prevention posters. Place this booth on your “must visit” list at this year’s ABA meeting. Our team is committed to making your stop worthwhile.
National Scald Prevention Campaign Update
Phase 2 - Regional Pilot Tests Observations & Recommendations  B. Daniel Dillard

During Phase 1 of the National Scald Prevention Campaign (NSPC) project, a collaborative steering committee of representatives of the American Burn Association, the Federation of Burn Foundations, the International Association of Fire Fighters Burn Foundation, the International Association of Fire Chiefs and SafeKids Worldwide developed a NSPC Toolkit. This Kit was comprised of a PowerPoint presentation, an Educator’s Guide, sample media releases and Scald Burn Fact Sheets. In Phase 2 of the project a Campaign Administrator’s Guide was developed, five Pilot Test Areas selected in the U.S., a National Training Session conducted for Pilot Test Teams and the Campaign was implemented in the pilot test areas.

An extensive evaluation of the Pilot Test Teams resulted in the following:

- Pilot Test Area Administrator’s Kit was generally well received and contained the basic information needed for successful area/ regional implementation of the program.
- Program Tool Kit contains a wealth of resource information primarily geared for program administrators/coordinators.
- Targeted educational products (video, PowerPoint) are needed for specific, targeted risk groups and/or caregivers of these groups (young children, elderly). These products should be geared to the learning capability and style of each group. They should focus on cause, effect and intervention activity.

- Develop a Campaign slogan or “hook” for branding and recognition purposes.
- Media spots must be developed to create a desire for this information among targeted individuals. These should include public awareness ads placed in parenting and senior citizen journals as well as TV and radio spots.
- Campaign materials should be available for order from a central source. This will create both cost efficiency and standardization of message and branding.

Additional promotional/awareness materials need to be developed. These could include, but not be limited to: bus banners, posters; web banners; email/text alerts, etc.

Phase 3 of the project has now been proposed by the IAFF for funding by a FEMA 2012 Fire Prevention & Safety Grant. If funded, recommendations from Phase 2 will be addressed and the Campaign will be nationally launched.

Frequency of Fireplace Burns
Lucy Wibbenmeyer, MD, Burn Surgeon, University of Iowa Burn Center

Glass fronted fire places (GFGF) are common household appliances often placed on ground level and readily accessible to inquisitive children. Unfortunately, the exterior front glass can reach temperatures of 500 degrees Fahrenheit. Although this temperature is sufficient to cause third degree burns instantaneously, there are no enforced standardized safety features currently in place. While single center studies highlight the injuries from GFGF; there is a dearth of national data. Neither the National Electronic Injury Surveillance System (NEISS) operated by the Consumer Products Safety Commission (CPSC) nor the National Burn Repository supported by the American Burn Association (ABA) track these injuries with enough detail to change industry standards. As a result of the lack of injury coding, the CPSC has reduced the number of injuries from 2000 over a ten year review to just 37 injuries. Single center burn studies support much higher injury numbers. In the absence of national injury data, children will continue to present with needless burns from contact with GFGF.

In order to determine more precise injury numbers, the Prevention Committee of the American Burn Association has initiated a multicenter retrospective study looking at burns to children aged birth to 16 years of age incurred over a three year period. Seventeen burn centers from 13 states and Canada have agreed to share data. These hospitals represent over one-quarter of verified burn centers who admit children and one-half the northern verified burn centers. The Institutional Review Board (IRB) at the University of Iowa has approved the study. The other participating centers are currently obtaining their respective IRB approvals. The anticipated completion of the study will be August of 2013. The study is partially supported by a grant from the University of Iowa Injury Prevention Center.

Participating burn centers will collect data on injuries related to GFGF contact in order to estimate a more precise incidence of injuries sustained as a result of contact with these appliances. Additionally, the study will describe the types and severity of burns sustained and describes an at-risk population by age or ethnicity. Armed with more true incidence and severity data, the goal of the study is to force industry to mandate standard safety modifications to existing and new GFGF

The IAFF JFS Database Project has had excellent progress. To date, we have accomplished the following:

- Assembled a group of national subject matter experts on December 8 and 9 in Washington, DC.
- Identified and defined data elements.
- Reviewed existing databases to evaluate their applicability towards this project.
- Identified stakeholders to participate in a Summit meeting.
- Conducted a national Summit Meeting in San Antonio, Texas.
- The results of these meetings and efforts are being compiled into a report that is being prepared for publication shortly. In addition to the written report (which will be distributed electronically), a PowerPoint presentation will be developed and articles will be published in major fire safety publications along with Podcasts.

Some of the preliminary findings include:

- There is a distinct lack of comprehensive, cohesive data regarding the issue of juvenile fire setting that can be used in properly addressing the problem from an evidence-based intervention standpoint.
- There are a number of different organizations and individuals involved in working on this program, yet these efforts are not being coordinated or working off of commonalities.
- The first major step in the project was bringing together a wide variety of stakeholders to start discussing the need for a database. This was a vital part in the success of this project and should definitely be continued throughout the development of the next phase of the project.
- There are a number of existing databases that were evaluated, but each has strength and weaknesses in that none of them are quite right for what is needed in their present form.
- Common language is needed among all of the organizations (private, public sector, law enforcement, fire service, mental health) which leads to the development of a common data dictionary.
- An evaluation is needed of the existing data collection methods to determine how a JFS database can be involved/integrated into these existing systems.
- The new JFS database system that is developed must be accessible for a number of different constituencies that may not normally have access to this data for either entry or retrieval, including fire service, law enforcement and mental health.
- This database is not to be used for tracking or prosecution but will serve to provide information in the aggregate and for developing evidence-based intervention programs.
2013 ABA Partnership Conference:
Focus on Preventing Burn Injuries

B. Daniel Dillard

Over 150 members of the ABA and invited representatives of kindred organizations participated in the 1st Annual ABA Partnership Conference on February 12, 2013, in Washington, D.C. The Conference was organized to collaboratively address three key strategic focus areas of the ABA: Priorities and Strategies for Preventing the Burn Injury; Optimizing Long Term Quality of Life; and Managing the Mass Casualty Burn Incident.

Conferes participated in three separate sessions, the first and third of which were joint sessions. Session 1 entailed introductory presentations by specialist on each of the focus areas. Presenters for the Prevention Focus Area included Dan Dillard, Chair of the ABA Prevention Committee; Jason Woods, representing firefighters viewpoint; and Judy Comoletti of the NFPA. Each speaker identified current assets and deliverables and also enumerated the needs and challenges still requiring attention.

During Session 2, conferees participated in facilitated group discussions for each of the three focus areas. Potential objectives and action items were identified and prioritized by each group. In Session 3, the priorities and recommended actions developed in session 2 were shared with all conferees.

The Prevention Group forwarded three priority objectives and two immediate action items for ABA Board of Trustees consideration. A white paper will soon be published itemizing the proceedings and recommendations emanating from the Partnership Conference. Furthermore, the ABA Board of Trustees will convene later this year to address these concerns as it undertakes the creation of an ABA Strategic Plan.

The Conference, in Washington D.C., was organized to collaboratively address three key strategic focus areas of the ABA: Priorities and Strategies for Preventing the Burn Injury; Optimizing Long Term Quality of Life; and Managing the Mass Casualty Burn Incident.
The ABA and the Committee on Trauma of the American College of Surgeons

Focus on Geriatric Trauma/Burn Prevention

David G. Greenhalgh, MD, FACS

The population is now shifting to be dominated by the elderly. The birth rate is down in developed countries and healthy living along with better health care is allowing people to live longer. The United States Census predicts that the percentage of elderly will continue to expand in the future. In 2010, 24% of the U.S. population was greater than 55 years and 13% were over 65 years. They predict that in 2050 almost a third (31.1%) will be over 55 years, 20.2% over 65 years and 4.3% over 85 years. Clearly, the incidence of trauma and burns will increase in the elderly population. It is essential that prevention efforts should focus on the elderly. As the representative of the ABA to the Committee on Trauma (COT) of the American College of Surgeons, I am fortunate to be on the COT’s Prevention Committee. In cooperation with Dr. Deborah Kuhls, MD, FACS, who is the Chair of the COT Prevention Committee, we are focusing on geriatric Burn Prevention. Clearly, there are different types of injury associated with trauma than burns. Trauma prevention for the geriatric population focuses on prevention against such injuries as falls and motor vehicle accidents. Burns tend to focus on fire safety, especially related to cooking and starting fires for brush, smoking, and scald prevention.

There are some common themes, however, that can allow for some common prevention efforts. As people age they tend to lose strength, endurance and reaction times. A person may have climbed a ladder to empty the gutters for years but as they get older, their balance may worsen so they are more prone to falling off the ladder. Along the same light, an elderly man may have burned his leaves with gasoline for years but as age slows his reflexes he may not be able to avoid the flame and then set his clothes on fire. In a similar fashion, an aged woman may have cooked all of her life but the one time her loose-fitting clothes touch a flame she may not be able to extinguish the flames. Altered balance in the shower may lead to falls that, if associated with too high a water temperature may lead to both fractures and burns. As neurologic function declines, confusion may also lead to problems. Dementia may lead to poor decision making that can lead to both trauma and burns.

Unfortunately, we have seen all of these types of injuries. While we could usually handle the injury or burn as a younger person, as we age we lose the ability to tolerate even minor injuries. The elderly person with a fracture may never be able to ambulate well again. The small burn often leads to loss of independence and transfer to a skilled nursing facility. The saddest issue is that since the ability to prevent larger burns or trauma may lead to an unexpected death. It is not uncommon that even minor injuries become the start of the decline in the geriatric population. Our combined efforts to prevent these injuries will allow the elderly to survive even longer and viable lives.

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