



Burn Injury



Minor Burn

(Generally smaller than palm size)

First Aid Treatment and Monitor

(Remove heat, cool burn, dress area)

Improving?

YES

Continue Basic First Aid and Monitoring.

NO

Transfer to Emergency Department for Evaluation.

Moderate Burn / Emergent Burn

(More than a minor burn)

ACTIVATE

Incident within an Incident (IWI)

Initial Treatment and Stabilization

(per First Aid, Line EMT, Medical Unit, and protocols)

Transfer to the **NEAREST EMERGENCY DEPARTMENT** for evaluation.

See **Emergency Department Plan**.



Emergency Department (ED) Burn Evaluation



ED Provider Medical Evaluation

**Immediate transfer to Burn Center
required per ED provider?**

NO

YES

Appropriate for initial outpatient treatment.

ED initiates transfer and continuing care.

Obtain discharge instructions and follow-up instructions.

- Give treating provider NWCG Burn Care Information for Providers.
- Ensure instructions are understood and patient can obtain proper supplies.

Follow up per ED instructions!
Seek care sooner if significant worsening or signs of infection.

Critical Burn Care Information

- Initial care and treatment of a burn should occur at the NEAREST Emergency Department to prevent further injury or death.
- Burn Center transfer criteria is designed for independent licensed providers in the Emergency Department and generally should not be used to make initial triage decisions on the fireline.
- The extent of a burn and definitive treatment is often NOT able to be determined at the initial visit. Follow up visits are very important!
- Many burns will NOT need treatment at a burn center initially but require close follow up over days to weeks for possible treatment at a burn center later as the wound heals.



Burn Injury Care Guidelines



Thank you for taking care of our wildland firefighters! The information below is provided to help clinicians provide the best care possible for this unique work force.

Demographics:

- Wildland Firefighters are a diverse group, but generally are under 35 years of age.
- They **love** their job and want to return from an injury as soon as possible.
- They tend to be very stoic individuals that are accustomed to physical labor.
- They are away from home most of the fire season and are often stationed in another state.

Occupational Hazards Which Could Result in Impaired Burn Wound Healing and Potential Infection:

- Dirty, dusty, smoky work environment.
- Lack of a clean environment to change dressings.
- Living in a tent and large communal camp settings.
- Extreme heat and sometimes cold environments.
- Lifting and carrying heavy loads (up to 85 lbs.) long distances.
- Working in remote and isolated sites.
- Extensive walking and hiking with significant exertional stress.
- Long hours with limited and disrupted sleep.
- Hunger and irregular meals, dehydration.
- Extreme stress in rapid pull-out emergency situations whether fire, falling rocks, or falling trees.

Important Information for Emergency Department (ED) Providers:

- Most wildland firefighters do not have a Primary Care Provider (PCP) at home and are not working near where they live.
- A referral paper trail is important for our worker's compensation claims. If they are discharged, please include where, and approximately when to follow up. Most Electronic Medical Record (EMR) discharge instructions will suffice so long as it includes the service (ex: wound care, surgery, burn center). A specific name is not needed but please do not put "PRN" (as needed). Without a specific referral, significant delays can occur.
- If local follow-up for a minor injury is needed, please provide specific instructions as transport and/or alternative living conditions may need to be arranged by the fire personnel.
- If the injured firefighter is not told specifically that they cannot return to the fireline, they will do so. Please list any specific instructions you feel are indicated (example: daily dressing changes, do not use right hand until seen at wound care, etc.). Please do not just state "light duty."
- Wildland Firefighters may be accompanied by an agency representative to help them with transport/instructions and act as a liaison with the fire, home unit, and family for the patient.
- The fire may have a medical unit that can help with some minor care. These units consist of EMTs in a remote area who only have access to basic over-the-counter medications.
- Telehealth burn follow up or follow up with a burn center is preferred if available.