



National
Operational
Guidance

Control measure

Provide burn injury treatment



NFCC
National Fire
Chiefs Council

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Control measure knowledge

The priorities and treatment of casualties who have a burn injury are the same as for any other trauma situation. Casualties with a burn injury may have other injuries, which need to be assessed; refer to Carry out structured assessment and treatment.

Effective treatment of burn injuries can be treated through applying the **SAFE** approach:

- **S**hout or call for help
- **A**ssess the scene
- **F**ree from danger
- **E**valuate the casualty

For further information on the treatment of thermal, chemical and airway burn injuries refer to the Faculty of Prehospital Care and British Burn Association publication, [Management of Burns in Pre-Hospital Trauma Care](#).

The cause and extent of burn injuries should be determined, with this information forming part of the handover of the casualty to medical responders. Medical assistance should be considered for all casualties with burn injuries.

Airway burns

Casualties with airway burns will need time-critical medical care as these may be severe enough to obstruct the upper airway; if this occurs the casualty may require intubation or other specialist procedure.

Thermal burns

The burning process should be stopped as quickly as possible and the casualty removed from the source of thermal injury or vice versa. All jewellery and clothing covering the burns should be removed. Any material that has adhered to the skin should be left in place.

Any clothing or jewellery should be securely retained and formally handed over to the medical responders, police or investigation team.

- Stop the burning process with irrigation using cool running water for a period of 20 minutes. This is strongly recommended for burns first aid, and should be conducted at the earliest



opportunity, up to three hours from injury. The water should preferably be drinkable to reduce the risk of wound infection.

- Cool the burn wound, warm the casualty
- Dress the affected area
- Assess and manage immediately or imminently life-threatening problems
- Request specialist advice and medical response

Irrigation of burns may cause hypothermia, especially in very young or elderly casualties. If this is considered a risk, preventative warming of the casualty should be considered.

Chemical burns

Dry chemicals should be carefully brushed from a burn. Chemical burns may need irrigation with large amounts of amphoteric solutions, or water if this is not available, to clear the contaminant; specialist advice should be sought

Extreme cold burns

In the absence of medical assistance, the following steps can be taken to treat extreme cold burns or frostbite:

- Move the casualty to a warmer place if possible
- Replace wet clothing with soft, dry clothing to stop further heat loss
- Warm the body by wrapping it in blankets to protect affected parts of the body
- Do not rub the affected area or apply direct heat as this can cause further injury
- Do not thaw any body part if there is a chance that it will refreeze

Strategic actions

Fire and rescue services should:

- Provide relevant personnel with burn treatments and dressings for casualty care

Tactical actions

Incident commanders should:

- Carry out structured assessment and treatment of the casualty
- Determine the cause and extent of burn injuries and communicate this to medical



responders

- Treat burns using the recommended method and request medical assistance
- Dress burns using the recommended method
- Keep the casualty warm if there is a risk of hypothermia due to treating the burn injury
- Request urgent specialist medical assistance for casualties with airway burns
- Securely retain any clothing or jewellery removed from the casualty, until formal handover to the appropriate person