

position statement on

FIRST AID AWARENESS FOR BURN INJURY

Burn injuries are a global health problem, affecting the lives of hundreds of thousands of people annually. Each year, an average of 195,000 people die from burn injuries across the globe.¹

The application of timely and adequate first aid—namely the cooling of the burn under cool running water for 20 minutes and within 3 hours of the injury occurring—has been shown to be highly beneficial.¹ Application of first aid to burn injuries has been shown to result in faster healing of damaged tissue and reduced scarring, the extent of surgical intervention, and the length of hospital stay.² Knowledge of first aid for burn injuries in the Australian community however, is suboptimal with some burn injury victims receiving incorrect and harmful home remedies, or no first aid treatment at all.³

BACKGROUND

Each year in Australia, 200,000 people experience burn injuries.⁴ The Australian Institute of Health and Welfare reports that in 2013–2014 alone, 5430 cases of hospitalised burn injuries occurred, with the highest rate of burn injuries occurring in children aged 0–4 years.⁵ Aboriginal and Torres Strait Islander peoples are also overrepresented in burn injury hospitalisations, accounting for 9% of burn cases.⁵ The most common location for a burn injury is in the home.¹

The cost of treating burn injuries places a significant burden on the economy. At a mean cost of \$71,056 per average (adult) burn patient, the cost of burn injuries to the community exceeds \$150 million per annum.^{1,4}

Research suggests that many burn victims do not receive appropriate or adequate first aid treatment to their burn injury, and some home remedies (e.g. toothpaste, ice, moisturisers, eggs, butter, mud and so on) can have adverse effects. For example, some home remedies create favourable environments for infection, while other remedies prevent cooling thus exacerbating the injury.^{1,6}

Previous first aid training is considered to be the most influential factor in correct first aid knowledge and behaviour for burn injuries.⁶ Although many Australians understand that treatment of a burn should occur immediately, Mundipharma suggests that 90% of Australians do not know what the correct treatment is.⁷ Further, Mundipharma suggests that two in three Australians believe that home remedies (such as

Making first aid a part of everybody's life.

applying an ice pack) are the best treatment for burns.⁷ In a study of 2897 admitted patients between 2009 and 2012 by Wood, Phillips, Jovic et al. (2016), 68% of respondents cooled the burn before admission to hospital, however only 46% cooled the burn for the prescribed duration (20 minutes).² A study by Wallace, O'Neill, Wood et al. (2013) suggested that only 39% of adults had received appropriate first aid treatment prior to admission to a burns unit, 20.6% had no treatment at all, and only 12% of paediatric patients had received the appropriate and timely first aid treatment.³

Research suggests that burn morbidity and mortality reduction can occur as a result of educational intervention.^{9,10} For example, scalds and contact burns are highly common in Western countries, particularly in children (with coffee and tea as the most frequent source of the burn), and educational initiatives aimed at increasing parental vigilance in consumption of such products have had some success in reduction of this type of burn.^{9,10} Prevention is the best method of treatment.⁹ Education on the appropriate first aid treatment of burn injuries in the community must become a key point in all first aid training courses and community awareness programs if burns injuries are to be prevented and treatment outcomes optimised in Australia.

St John Ambulance Australia believes that it can play a role in ameliorating the impact of burn injuries in the Australian community. This may be achieved through awareness-raising activities aimed at addressing knowledge gaps in optimal first aid for burns in the community, particularly amongst high risk population groups, strengthening our training offerings and collaboration with like-minded organisations.

POLICY POSITIONS

1. **AWARENESS:** St John has an aspirational goal of ensuring that every Australian admitted to a burns unit receives first aid immediately following their accident. This will be achieved via nationally publicised awareness-raising campaigns centred on the prevention and correct treatment of burns injury. Campaigns will target high risk population groups.
2. **TRAINING:** St John will increase its emphasis on the treatment of burn injuries in first aid training and community care environments, including targeting population groups vulnerable to burn injuries such as parents, guardians and carers of children, older Australians, people with a disability, and Aboriginal and Torres Strait Islander peoples.
3. **COLLABORATION:** St John will seek strategic alliances with external organisations in order to increase awareness of burn injury treatment in the Australian community.

MONITORING AND REPORTING

Annually, the Chief Executive Officer of the Australian Office will report on progress against this Position Statement, and make recommendations regarding revisions as required. The National Board of Directors is responsible for monitoring and reporting against this Position Statement.

CHAMPIONS

First aid awareness for burns in St John will be led by the Chancellor of St John Ambulance Australia Inc. and the Chief Executive Officer of the Australian Office.

WHAT TO DO

If the patient's clothing is on fire

- 1 Stop the patient from moving around.
- 2 Drop the patient to the ground and cover or wrap them in a blanket or similar, if available.
- 3 Roll the patient along the ground until the flames are extinguished.
- 4 Manage the burn.

For all burns

- 1 Follow DRSABCD.
- 2 If the burn is severe or if it involves the airway, call triple zero (000) for an ambulance.
- 3 As soon as possible, hold the burnt area under cool running water for 20 minutes.
- 4 Remove any clothing and jewellery from the burnt area, unless they are stuck to the burn.
- 5 Cover the burn with a light, loose nonstick dressing, preferably clean, dry, non-fluffy material (eg plastic cling film).
- 6 Continue to check the patient for shock, and treat if necessary.
- 7 If the burn is larger than a 20 cent piece, or deep, seek medical aid.

Source: www.stjohn.org.au

NOTES

1. Kattan AE, AlShomer F, Alhujayri AK, Addar A & Alijerian A. Current knowledge of burn injury first aid practices and applied traditional remedies: A nationwide survey. *Burns & Trauma*, 2016; 37(4). ProQuest.
2. Wood FM, Phillips M, Jovic T, Cassidy JT, Cameron P, Edgar DW et al. Water first aid is beneficial in humans post-burn: Evidence from a bi-national cohort study. *PLoS ONE*, 2016; 11(1). ProQuest.
3. Wallace HJ, O'Neill TB, Wood FM, Edgar DW & Rea SM. Determinants of burn first aid knowledge: Cross-sectional study. *Burns*, 2013; 39: 1162–9. Elsevier.
4. <http://www.burnstrust.com.au/about-burn-injury-burn-injury/>
5. AIHW: Pointer S & Trovella A, 2016. Hospitalised burn injuries Australia 2013–14. Injury research and statistics series no. 102. Cat. No. INJCAT 178. Canberra: Australian Institute of Health and Welfare.
6. Ahn CS & Maitz PK. The true cost of burn. *Burns*, 2012; 38(7): 967–74. PubMed.
7. Davies M, Maguire C, Okolie C, Watkins W & Kemp AM. How much do parents know about first aid for burns? *Burns*, 2013; 39:1083–90. Elsevier.
8. Mundipharma. Home remedies for burns research: Conducted on the Galaxy Online Omnibus 23–26 February 2017, national sample of 1000 Australians aged 18 years and older. Retrieved on 11 July 2017 from https://www.mundipharma.com.au/national-burns-awareness-month-1-30-june-2017/#_ednref1.
9. Peck M, Molnar J & Swart D. A global plan for burn prevention and cure. *Bulletin of the World Health Organization*, 2009;87:802–803. doi: 10.2471/BLT.08.059733.
10. Ytterstad B, Smith G & Coggan A. Harstad injury prevention study: prevention of burns in young children by community based intervention. *Injury Prevention*, '998;4:176–80. ProQuest.