


Tasmanian Burns Unit

Information for
patients and their family





Please Note: The Tasmanian Burns Service, through the Tasmanian Health Service will provide medical care for all people that sustain a burn whilst staying in Tasmanian who are covered under Medicare. Some examples are:

- acute admission
- rehabilitation
- reconstruction surgery
- scar management

Please discuss with the Burns Team any concerns or questions regarding this.

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Introduction

Unfortunately, you or someone you know and love has been admitted to the Tasmanian Burns Unit. This booklet will increase your understanding of our unit and the multidisciplinary burns team.

The Tasmanian Burns Unit is located on Ward 5A at the Royal Hobart Hospital (RHH), level 5 A block, (Campbell Street end). Please feel free to approach any of the nursing staff regarding any questions you may have about the information contained in this booklet or your experience at the RHH.

The Tasmanian Burns Unit is the only burns unit in Tasmania. This is due to the highly specialised nature of a burn injury and the team of experts required to assist you and your family during this time.

Adults can be admitted to the Burns Unit on 5A, the Department of Critical Care Medicine



(ICU) or other units/wards across the hospital. Wherever you are admitted you will be cared for by the burns team in collaboration with the ward/unit area.

Children are either admitted to the Paediatric Ward or to the Paediatric Intensive Care Unit and will be cared for by both the paediatric and burns team.

Please contact us at any time at the Tasmanian Burns Unit on telephone: (03)

The Multidisciplinary Burns Team

Team member names will be filled in for you during your admission

Director of Burns: Intern:

Burns Clinical Nurse Consultant: Clinical Psychologist:

Nurse Unit Manager: Dietitian:

Consultant: Occupational Therapist:

Consultant: Social Worker:

Consultant: Speech Pathologist:

Consultant: Physiotherapist:

Registrar: Other:

Resident:

Burn Injury

A burn is a complex wound that requires care from many different health professionals. Some of these are;

- Doctors
- Nurses
- Acute Pain Service staff
- Dieticians
- Physiotherapists
- Occupational Therapists
- Psychological medicine staff
- Social workers

When someone ascertains a burn injury anywhere on their body they damage their largest organ – the skin. Skin has many functions. It:

- Is a barrier to infection
- Protects underlying structures
- Maintains body temperature regulation
- Maintains body hydration/moisture

To gauge the effect of a burn on your skin it is important to understand how skin is compiled. There are two layers of skin; the epidermis and the dermis. The epidermis is the surface area of the skin and is approximately 0.05-1 mm thick. If this is the only area involved in the burn injury it is referred to as a superficial epidermal burn.

The dermis is under the epidermis and on top of the subcutaneous (fatty) tissue. This layer is comprised of hair follicles, sebaceous (oil) glands, sweat glands and blood vessels. If the burn injury penetrates this area it may be referred to as superficial dermal, mid dermal or deep dermal. A full thickness burn occurs when the entire epidermis and dermis are injured.

Because of the functions of the skin mentioned above there are a number of different aspects that need to be considered in the event of a burn injury:

- Fluid loss (which may require fluid replacement). If fluid replacement is necessary large amounts of fluid may be given.
- Swelling will naturally occur due to the nature of the burn and is not a direct result of the fluid being given. Swelling can continue to increase for up to 3 days after the initial injury and then will start to decrease. Swelling can involve the whole body, depending on the size of the burn injury. This is often quite a shock for patients loved ones

When people have a major burn injury they can experience body temperature regulation problems as a reaction to the skin damage. Temperature regulation is vital to ensure adequate bodily function. To ease the toll on the body we keep burns patient's rooms at a warm temperature as this ensures they use less energy trying to stay warm.

Patients with burns are highly susceptible to infection. Always wash your hands before and after visiting. It is important that staff and visitors abide by the infection control policies on the door.

Burns Clinical Nurse Consultant

The Burns Clinical Nurse Consultant provides specialist consultancy and coordination of our burns service for the management of inpatients and outpatients. Please discuss with them and your individual nurse any concerns or questions you have. They work Monday- Friday during business hours, and will assist in the coordination of your inpatient stay and your follow up after discharge.

They can be contacted at the Tasmanian Burns Unit, telephone (03) 6166 0096 or via email on rhburnscnc@ths.tas.gov.au

Burns Outpatient Clinic

The Burns Outpatient Clinic is located on the 12th Floor, Wellington Clinic, Argyle Street, this is where your burn will be reviewed by the burns team after discharge.

Please ensure that pain relief is taken prior to your appointment as advised.

There is a shower and a bath in the unit. Please bring clean clothes and toiletries with you if a shower is required.

Children that require sedation for their dressing change will be reviewed at either the Paediatric Ward or the Paediatric Outpatient Unit on Argyle Street. On discharge you will be provided with instructions and advised where to attend.

It is important to attend the outpatient appointments arranged for you. If you cannot attend please contact us on telephone (03) 6166 0098 to reschedule.

Distraction Therapy

Distraction therapy is an extremely useful tool for assisting with pain reduction, anxiety and increase in mood. On the unit we have access to many toys, DVD's and CD's for both children and adults. Feel free to enquire with your nurse about any of these.

Dressing Changes

Dressing changes can be taxing on burns patients. They might be long and quite draining. Nursing staff will attend the initial dressing changes and we request that visitors do not attend at these times.

Dressing changes involve: removal of the dressing; either bathing or having a shower; and the reapplication of wound care/dressing products.

Prior to the commencement you will be given pain relief and sometimes sedation medication. Medical and nursing staff will discuss with you the most suitable method of reducing your (or your

child's) anxiety and pain during dressing changes. There are a number of options that can be used and these will be discussed with you during your admission and at your outpatient appointments.

Following the dressing change you will be very tired for the rest of the day and may not feel like visitors. As recovery progresses dressing changes will slowly become less taxing.

We encourage you and your family to visit the burns shower room prior to your dressing to familiarise yourself with the room. Please organise this with nursing staff or the Clinical Nurse Consultant who will also show you the distraction therapy available.

Family and Loved Ones

Family and loved ones are an essential part of our multidisciplinary burns team. With your consent we aim to include, educate and involve family and loved ones in your care wherever possible. It is well documented that support from family and loved ones significantly improves outcomes for burns patients. Burn injuries can, however, be taxing on family and loved ones. It is important that family and loved ones also take care of themselves. They should take regular breaks from the hospital environment; take regular nutrition; exercise; and talk with other family and loved ones about this experience.

Meals

Meals are provided for inpatients only. Family and visitors can visit the kiosk (ground floor; C block), staff cafeteria (ground floor; D block) or café Zouki (hospital forecourt) for meals, snacks, tea or coffee.

Nutrition

Wound healing is a complex process that requires an increase of the body's energy consumption. Adequate nutrition is essential to give you the energy to ensure efficient wound healing. You will be commenced on a nourishing diet. Depending on the severity of your burn injury, you may also require feeding through



a tube (nasogastric tube) which goes through the nasal passage to the stomach. This assists patients who are having difficulty meeting their energy requirements orally. Most people will eat as well. It is important for people to have nutritious food they like around them to assist with this. Friends and loved ones are free to bring in any high protein, high energy snacks they think you may like.

Some examples are:

yoghurt;
nuts;
fruit;
custard;
cheese;
milkshakes; and
hommus.

Always buy full cream/ full fat products and add skim milk powder from the supermarket to milkshakes, yoghurt, dips or custard for extra protein.

Please Note: Snacks, food or drinks can be refrigerated for the patient. Please give to nursing staff and they will arrange identification and storage.



Occupational Therapy

The occupational therapist assists you in your journey back home. This may involve devising a new way of doing things, looking at home or work to help your return, play therapy and/or scar management. In relation to scar management the occupational therapist will help work out the best regime for your individual needs and will continue to be closely involved in your rehabilitation and return home.

Pain Management

Each person's pain is different and we may utilise the advice of the Acute Pain Service to assist us with managing your pain.

The Acute Pain Service consists of a group of specialist nurses and anaesthetists.

By treating your pain as best we can, you are likely to recover faster. You need to tell us how you feel and particularly how strong your pain is.

Ask for pain relief before you get too uncomfortable. It is harder to ease pain once it has taken hold. Remember to tell your nurse or doctor about any pain that doesn't get better, even after having pain medicine.

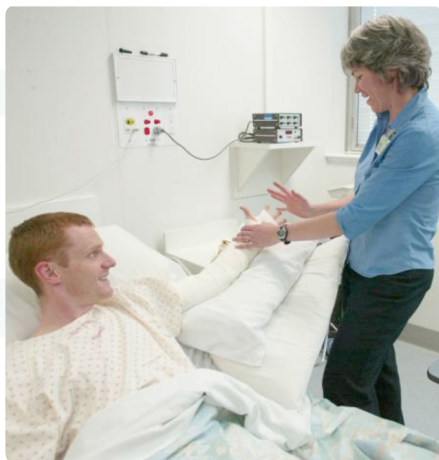
Your pain may be treated in a number of ways – what works best for you will be decided by you, your doctors and nurses and will be based on the location and type of pain that you have.

If you are taking painkillers on a regular basis, you must let your doctor know. This will ensure that you get the treatment that is best suited to you.

Although we would like to take away all the pain and discomfort you might experience, in reality it often cannot be removed completely.

However, our aim is to make you as comfortable as possible, especially when moving around and performing activities you need to do to get better.

Painkillers to ease short-term pain is not addictive. However, all medications may produce side effects, so you must tell the nursing staff if you feel sick or very sleepy.



Physiotherapy

Movement, positioning and splinting are all essential aspects of burn care. These ensure improved long term outcomes. Exercises that are given to patients by the physiotherapist may seem hard and might even cause some discomfort, however these exercises are essential to long term recovery.

Protection of Patient Information

The RHH stores patient clinical information and contact details in secure, password protected records systems to enable staff to provide effective ongoing care.

As part of the RHH's quality improvement process, information may be collected from patient medical records to assist with overall management of other patients with similar conditions. This information is not used external to the RHH and information gathered will not identify patients. In addition, as part of the medical care of people receiving care for burn injuries in Australia and New Zealand, particular information regarding a patient's burn injury will be sent to the Burns Registry of Australia & New Zealand (BRANZ) National Data Registry. Patients can elect to be excluded from this process and should advise medical or nursing staff if this is the case.

Burns Registry of Australia & New Zealand (BRANZ)

The Australia & New Zealand Burn Association (ANZBA) is a professional organisation of burns care professionals; its principle objective is to encourage higher standards of burn injury prevention and burn patient care through research and education. All burns units in Australia and New Zealand report information to the BRANZ Burn Data Registry.

The aim of the BRANZ registry is to:

- Describe the epidemiology of adult and paediatric burns and carry out injury surveillance activities;
- Monitor the quality and types of care provided to burns patients; and
- Establish the clinical outcomes of burns patients.

The identity of individual patients is not provided to the BRANZ Data Registry. Patient name and address are removed from the report before it goes to BRANZ. The information which is collected includes age, gender, ethnicity, postcode, date of injury, total burn size, inhalation injury, cause of burn, circumstances of injury, place of occurrence, total ICU days, total length of stay in hospital, date of discharge, coding and complications.

Patients are encouraged to have information included in the registry as it enables clinicians to compare their patient results across Australia and New Zealand to ensure treatment provided is the most effective.

RHH Tasmanian Burns Unit Local Database

The RHH Tasmanian Burns Unit maintains a comprehensive local data registry to record and facilitate aspects of patient care. The database is password protected and accessible only by clinicians directly involved in the patient's care. The database is also used to provide clinicians with readily accessible information if patients have queries after discharge.

Photography

The Tasmanian Burns Unit uses digital images of wounds/scars to facilitate wound management. These images are stored on the password protected database and are used to document patient progress over time. These photos may also be exhibited, shown or reproduced by the RHH for medical, scientific or educational purposes. Sometimes wound images may be sent to the patient's GP or community nurse to provide continuity of care following discharge. At no time can identifying characteristics be recognised and these images are not used for commercial purposes or gain.

Telehealth

To facilitate appropriate review and minimise travel time to Hobart, Telehealth may be used after discharge. This allows the RHH Tasmanian Burns Unit to view your wound, possible scars and assess their function through the use of video conferencing. The session is recorded and may be exhibited, shown or reproduced by the RHH for medical, scientific or educational purposes. These images are stored on the password protected database and are used to document patient progress over time.

Patient consent

As outlined above, you can choose not to have information recorded in either the BRANZ or Tasmanian Burns Unit database AND/OR not participate in digital photography or Telehealth. Please contact Clinical Nurse Consultant for Burns on telephone (03) 6166 0096 if you do not wish to have this information recorded.

This project has been approved by the Tasmania Health and Medical Human Research Ethics Committee. If you have any concerns of an ethical nature or complaints about the manner in which the project is conducted you may contact the Executive Officer of the Human Research Ethics Committee (Tasmania) Network on (03) 6226 7479 or human.ethics@utas.edu.au. Please quote ethics reference number H10538.

Psychological Wellbeing

Burn injuries can be traumatic for all people involved. You can experience some significant psychological effects from the event that preceded the injury or the injury itself. These effects are not to be taken lightly and there are many management options available to you. At the RHH we have access to a grief and loss counsellor, a clinical psychologist and a psychiatric liaison service. It is well documented through literature that dealing early with these psychological effects is of great benefit to you and your family. Please discuss any concerns in relation to this with nursing staff.



Rehabilitation

After your acute illness you may require admission to the rehabilitation ward at the RHH to help in your recovery and journey home.

The Burns Team will continue to have a large role in your care and will visit regularly prior to your discharge, working closely with the Rehabilitation team to help you achieve your goals.

Scar Management

Due to the many variables involved in a burn injury it is very difficult to predict the extent of scarring. The severity of scarring will be determined by many factors including healing time, size and location, race, age, type of skin graft and patient compliance with scar management regime. The scar management regime may include things such as; moisturising, massage, pressure garments and/or silicone products.

The unit runs a monthly Scar Management Review Clinic at the RHH and via Telemedicine for patients living in the North and North West of Tasmania. The Burns Unit Clinical Nurse Consultant will discuss this option with you, and whether it is appropriate, prior to your discharge.

Skin Grafts

If wound healing is delayed or functionality is threatened a skin graft may be required. A surgeon will remove healthy skin from an unburnt area of the body using a skin-cutting machine (dermatome) and place it on the area of injury. There are several types of skin graft, however, if any of these are required the doctors will discuss the options available to you before the surgery.

What is a skin graft?

- A skin graft is a common surgical procedure where a section of skin of variable thickness is removed from an uninjured area (called the donor site) such as your upper thigh and placed on the site of the injury.
- The skin may be removed from other areas of your body. This will be discussed with you prior to surgery.
- The graft will be secured by either sutures or staples and will be covered with a dressing for 3-6 days.

Why might you need a skin graft?

- A skin graft may be required if the wound is too large to be directly closed; because it may hasten healing; prevent infection; improve physical functioning; and for cosmetic reasons.



(<http://palscience.com/health-medicine/scientists-create-human-skin-rapidly-using-stem-cell/comment-page-1/>)

Types of Skin Grafts

Meshed or sheet grafts are used to cover the site of the injury. Meshed grafts are made by passing the donor skin through a machine that cuts small holes in the skin in a meshed pattern. This type of graft is used to expand the surface area of the skin and allows any fluid build up to pass through the graft, increasing the probability of graft take. A sheet graft is often used on the face and hands. The surgeon will discuss the type of graft that is suitable for your individual case prior to surgery.

Care of the Donor site

A donor site is the area where the surgeon has taken a layer of skin to create a graft. Only a fine layer of skin has been taken, so healing should take 7-21 days. However this may vary depending on the size, area and depth and also your age and medical history.

The nurse will inform you when the dressing will be removed and how to care for the site.

Care of the skin graft

The dressing will stay in place for 3-6 days post surgery. It is important that you follow the instructions given to you by the nursing and medical staff during this period.

If the graft is on a limb you may be required to elevate the arm or leg and rest in bed. This will help reduce swelling and pain and will help the graft 'take' to the new site. This may be required after the initial dressing is removed depending on the appearance of the graft.

It is important that you eat a well balanced diet and drink plenty of fluids, avoiding caffeinated drinks during this period of time.

It is important that you stop smoking.

A splint may be needed to immobilise the area if it is over a joint. These will need to be kept in place 24 hours a day until you are advised that they can be removed. They may need to be worn after the dressing is removed. You will be advised about this and an exercise regime by the physiotherapist on day 4-6 post surgery.

When the dressing is removed you will be given some analgesia beforehand. The dressing may need to be replaced.

Care of the healed graft and donor site

After the area is healed you will be asked to massage and moisturise the graft and the donor site with a non perfumed moisturiser (such as sorbolone) cream 3-4 times a day. This is because the sweat glands have been damaged during the injury and you need to replace the moisture to the area regularly otherwise the wound may breakdown and further scarring can occur.

It is vital that you protect both areas from the sun for at least 12 months post surgery. If you are going out into the sun please use 30+ SPF sunscreen, sun protective clothing and a hat.

If you required a skin graft due to a burn then you will be seen by an occupational therapist who will discuss options for scar management, such as the use of pressure garments and topical silicone products. They will also explain and further encourage you to continue with massage and moisturiser. It is important that you follow the instructions given to you from the occupational therapist about how to use and care for these products.

Going Home

You may require dressings after discharge to the graft and/or donor site. Dressings may be changed in the Burns Outpatient clinic, by your GP or Community Health Nurse. The options will be discussed with you.

Smoking

Smoking can significantly affect your burn wound. It will take it longer to heal, increases your risk of infection and can make the burn deeper.

If you smoke please discuss this with the nursing and medical staff. Smoking cessation resources can be accessed.

Caffeine drinks should also be avoided and/or reduced.

If you take other recreational drugs or alcohol please discuss this with your nurse and doctor.

Social Work

A social worker may be asked to be involved in the care of the burns patient as they can assist with a variety of things; transport, accommodation, forms/applications, Centrelink, and grief and loss counselling.



Speech Therapy

If you sustain a facial or neck burn, or have required an admission to the Intensive Care Unit, you may be referred to a speech pathologist. They will provide you with resources and assist with exercises to maintain your speech, communication and swallow.

Support Organisations & Burns Camp

The TAS Burns Unit believes that it is important that patients are aware that Support Organisations and Burns Camp exist for burns survivors and their families. These camps may provide an additional avenue for social, physical and emotional support, but we acknowledge that they are not suitable for everyone. We encourage people to discuss with the Burns CNC if you are interested in further information.

K.I.D.S. Foundation

www.kidsfoundation.org.au

Julian Burton Burns Trust:

www.burnstrust.com.au/support-2/

Visiting Guidelines and Hours

Due to the complex nature of a burn injury our visiting hours are quite flexible. However, visitors often need to be limited to maximum of 2 at a time due to restriction of space in patient rooms. Please discuss with nursing staff if you have any questions or concerns regarding this.

Due to the number of people involved in the care of a patient that has sustained a burn we often need to set up a timetable so that everyone involved can assist in your recovery. These timetables will be made available and discussed with you and your family. It is very important that rest times and visiting times are adhered to if these timetables are used.

Wound Care

The aim of wound care in burns is to encourage healing through hydration, protection, infection control and reduction of discomfort. All wounds are different and there is no one product that will suit every wound. Therefore, there are many options available to the burns team when choosing what is appropriate to dress the burn with.

Surgery will sometimes be performed to assist with cleaning the burn or the removal of dead skin/tissue. This can occur early if you have a full thickness burn or later in the healing process if healing is delayed. Please be aware burn injuries are complex in nature and can take up to one week to fully declare their severity and depth. They may also improve or deteriorate quickly. Predictions of outcomes are virtually impossible. Due to the complex nature of burn injuries you may have to have multiple surgeries over a period of years to achieve the best result.

Discharge Information

Upon discharge from the RHH follow up (usually at the Burns Outpatient Unit, will be organised by the Burns Clinical Nurse Consultant. If travel and/or access are difficult other options will be discussed with you and a care plan formulated. We always endeavour to work with you to limit unnecessary travel times.

You may also require follow up with Physiotherapy, Occupational Therapy, Dietician, Speech Pathology and Psychology.

Going Home

You may be feeling many different emotions such as relief, anxiety, fear, worry, frustration and excitement.

Things may be a little different when you return home as your functioning since your burn injury may be altered. You may have had input from physiotherapists and occupational therapists to ensure your home environment is safe and functional.

After discharge it is important to remember the following:

Moisturise

We continually stress the importance of moisturising because it is essential to the healing process. Burns damage the oil glands of the skin which reduces the skins ability to moisturise itself. The repair of these glands can take weeks or months. Firm massage of unperfumed moisturiser, such as sorbolene, into your skin will assist with moisturisation, reduction of scarring and reduction of itching. wProducts that have an oatmeal component (such as Dermaveen® moisturising lotion) can assist with itch reduction. We recommend moisturising at least four times a day however, more than this is encouraged. Moisturising is a good alternative to itching.

Itching

Unfortunately itching is a very common side effect of burn injury and wound healing. The best thing is to not scratch, however, resisting this is often very hard. Dry skin can cause itching and for this reason we suggest moisturising as an alternative to scratching. Compression has also been found to assist with itch reduction and it is therefore essential to maintain your pressure garment regime.

Discharge Information

If itching is becoming a problem please discuss with nursing or medical staff as there are medications that can be prescribed to assist with itch reduction.

Massage

Massage is imperative to help decrease your chance of developing scarring (and its severity) and assisting to moisten the area.

Skin normally balances the production and breakdown of collagen but after injury this process can be disrupted. Over production of collagen causes hardened areas to develop and if left untreated these can grow in width and height. The best treatment in early stages of healing is firm massage, moisture and compression. This reduces the production of collagen and softens the area.

Sun Care

Areas of burn injury, although healed, are very susceptible to sun damage for 12 months. It is imperative that you protect yourself from the sun at all times. If you are going to be out in the sun 30+ SPF sunscreen, sun protective clothing and a hat are the best ways to do this.

Pressure Garments

It is essential that when using your pressure garments you follow the occupational therapist's instructions.

Pressure garment care is very important as it maintains the effectiveness of the garment.

Care Instructions:

- wash by hand in lukewarm water with a mild detergent;
- ensure that the garment is well rinsed out;
- pat dry with a towel and dry in shade out of direct heat or sunlight; and
- DO NOT TUMBLE DRY.

If you have any tearing or holes in your garment, contact the occupational therapist straight away.

Silicone Products

It is essential when using silicone products, that you follow the occupational therapist's instructions.

Care Instructions:

- wash under warm water with a mild soap; and
- allow product to air dry on a non linting fabric (cotton).

Physiotherapy

You will have seen a physiotherapist in hospital and been given clear instructions regarding an exercise regime for you to follow in hospital and at home.

Please continue with these exercises and keep challenging yourself, within the limits you have been set.

You may also have splints to wear. If so ensure that you and your carers are clear about when and how to use these.

Nutrition

You will need to maintain a high protein high energy diet until you are completely healed and/or back to a healthy weight range. A day or so before your discharge discuss with the dietician and nursing staff the best possible way for you to meet your daily energy requirements.

Psychosocial

It is very normal to experience some disturbing flashbacks, nightmares, feelings, anxiety, fear or sensations around your burn injury and the events leading up to it.

Sometimes just talking about the event can help. Please do not hesitate to discuss this with nursing or medical staff. If you wish to see a counsellor the staff will arrange this for you.

Returning to Work or School

Returning to pre-injury activity is good for your rehabilitation. Please discuss any concerns or issues surrounding this with our burns team. Team members, including the clinical nurse consultant, social worker, physiotherapist and occupational therapist can assist with smoothing out this transition.

Review Clinic

The unit runs a monthly Scar Management Review Clinic at the RHH and via Telemedicine for patients living in the North and North West of Tasmania. The Burns Unit Clinical Nurse Consultant will discuss this option with you, and whether it is appropriate, prior to your discharge.

As this clinic is only held monthly it is vital that you try to attend the appointment booked for you. If you cannot attend please contact the unit on telephone (03) 6166 0098 to reschedule.

Burns Prevention

Burns Prevention and First Aid

Kitchen

- Do not carry a child on your hip, or nurse a baby or small child whilst cooking, drinking hot drinks or heating a baby's bottle.
- Always turn saucepan handles away from the edge of the stove.
- Always make sure that all hot liquids are well out of reach.
- Never leave a child unattended in the kitchen.
- Ensure your upright stove is fixed to the wall.
- Keep kettle cords out of reach of children.
- Always strain the hot liquid off microwave noodles before serving to a child.
- Hot food should be eaten at a table not from the child's lap.
- Food should only be given to children when it is cool enough to touch.
- Hot items and containers should be kept out of reach of children.
- Young children should not be involved in the preparation of hot food including the use of microwaves.
- Older children should be closely supervised in the preparation of hot food.
- Do not allow young children in the kitchen when cooking.
- Cook on the hotplates at the back of the stove.



Burns Prevention Tips

- Make people aware of hot items when removed from the oven.
- Keep hot items well away from the edge of the bench.
- Install an oven and cook top guard.
- Close oven door immediately after opening.
- Ovens are not to be used as heating sources.
- Always supervise children around BBQ's.



Bathroom

- Install a tempering device to regulate the temperature of hot water to 50°C throughout your home.
- Never leave a child unattended where a hot water tap is on or accessible.
- Install hot water tap protectors.
- Always test the bath water before putting the child in.
- When running a bath, avoid running the hot water tap on its own.
- Do not allow older children to bath siblings.
- Never leave a child unattended in the bathroom.

Burns Prevention

Living Areas

- Always use a guard around wood heaters, fireplaces, furnaces, radiators, electric heaters.
- Supervise young children at all times when a heater is in use.
- Ensure environment around heater is safe – rug corners are not lifting, toys are not lying around etc (tripping often results in burn injury).
- Do not allow young children to stoke, touch or stand close to fire places, wood heater, furnaces, radiators, panel heaters or electric heaters.
- Never leave an iron on the ground to cool.
- Never use an iron in the same area as a child.
- Store the iron well away from children.
- Ensure there are no cords hanging down to be pulled on.
- Store and use your treadmill away from young children.
- Always keep your treadmill unplugged when not in use.
- Always supervise older children if they are using a treadmill.
- When you buy a new treadmill choose one with protective covers and a safety stop switch.

First Aid

Cool the burn for at least 20 minutes under cool running water; do not apply any ice or ointments; keep the patient warm and seek medical attention.



The team at The Tasmanian Burns Unit are always available to support you in recovery. Please feel free to contact or discuss any questions or queries you may have with allied health, nursing and medical staff in the unit.

Please also notify us of anything you feel should be included in this information brochure. We continually strive to improve our services to you and value your feedback.



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Contact