AMERICAN BURN ASSOCIATION

NATIONAL BURN AWARENESS WEEK

CAMPAIGN KIT

SENIOR SAFETY

FEBRUARY 2-8, 2003

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EDUCATOR'S GUIDE

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Introduction and Overview of Senior Safety

Older adults represent one of the highest fire risk populations in the United States. As a result of progressive degeneration in physical and cognitive capabilities, older adults present unique challenges in the fields of fire protection, prevention, and safety. Complications associated with aging increase the likelihood that an elderly person will accidentally start a fire, while at the same time reduce his or her chances of surviving a fire. As the nation's elderly population grows, the fire death tolls will likely rise in direct proportion to that growth--unless measures are taken to ameliorate the risks associated with this group.

The fire and life safety community must address the fire safety needs of older adults with programs taking into consideration factors designed to facilitate learning by older adults. This burn prevention campaign kit has been prepared by the American Burn Association's Burn Prevention Committee to help burn care professionals and all those involved in health education meet the needs of the elderly for a better understanding of how to prevent fire and burn injuries.

Population Growth

Advances in health care, economic prosperity and injury prevention initiatives are allowing people to have a longer life span. The majority of people born today will reach age 65, and at age 65 the average life expectancy is another 16 years. Two million people celebrated their 65th birthday in 1997, while only 1.7 million over the age of 65 died.[1] This reflects an increase in the elderly population of 300,000 in only 1 year. Over the past century, the number of persons over the age of 65 has tripled.[2] Between now and the year 2050, the elderly population is expected to double, reaching 80 million, or 20 percent of the U.S. population. Most of this growth is expected to occur between the years 2010 and 2030, when the Baby Boom generation enters retirement. This group of 75 million people, who were born between 1946 and 1964 and currently constitute nearly one-third of the entire U.S. population, will reach age 65 between 2010 and 2030.[3] Currently, the "oldest old" (aged 85 and older) is the most rapidly growing age group among the elderly. Between 1960 and 1994, their numbers rose by 274 percent. In contrast, during this same time period, the elderly population in general rose by 100 percent and the entire U.S. population grew by only 45 percent. By 2050, the oldest old will number 19 million, or 24 percent of the elderly and 5 percent of the total U.S. population.[2] As this population continues to grow and age, so does their chance of sustaining a life-threatening injury from a fire or burn.

Risk Factors

A myriad of physical and cognitive changes are associated with the aging process, which render older adults more vulnerable to fire and burn injury. First, there are significant changes in motor and sensory perception. The elderly tend to experience diminished visual acuity, depth perception, hearing, and sense of smell, as well as deficits in mobility and balance. Any one of these deficiencies can make an individual more vulnerable to the dangers of a burn injury.

1. "Fire Risk for the Older Adult," United States Fire Administration, Federal Emergency Management Agency, October 1999.
2 Economics and Statistics Administration, "Sixty Five Plus in the United States," Statistical Brief, May 1995.
3 Department of Health and Human Services, Administration on Aging, *The Growth of America's Population*, Washington, D.C., 1997.

The ability to see, hear and feel potential fire and burn dangers diminishes proportionally as one gets older. Changes in sensory perception, such as the diminished sense of touch due to peripheral neuropathy, may result in an older adult sustaining a significant burn injury without realizing such an injury occurred. Weakened or diminished eyesight may cause an older adult to not realize that a stove burner may be on in a low position. Changes in the sense of hearing may result in the inability of the older adult to hear the sound of a smoke alarm in the event of a fire.

Older bodies experience a decline in virtually every functional organ system, beginning at the cellular level. One of the most detrimental losses occurs as a result of the progressive reduction in the body's homeostatic mechanisms. These systems are responsible for maintaining equilibrium in the internal environment and aiding in the recovery from illness and injury. Typically, older adults also have thinner skin, which may result in a much deeper burn when exposed to flames or a hot substance, compared to a younger individual exposed to the same agent.

Older adults generally are less able to escape a fire. As a result of the normal aging process, certain degenerative diseases such as arthritis, or paralysis from a stroke, older adults may move more slowly and have a more difficult time escaping a burning building. Also, elderly people may have crammed a lifetime of possessions into a small apartment or single room, creating a cluttered environment that both adds to fire risk and makes escape more difficult. In a fast-moving fire, the older adult may be overcome by smoke or fire and succumb before reaching a safe area.

Older adults may also be less able to recognize danger. Cognitive changes that may be the result of a stroke, organic causes, medications (prescribed and over the counter), and alcohol impairment may interfere with the older adult's ability to recognize or react to the dangers of a fire or burn.

More specific causes of home fire deaths and injuries among older adults include the careless use of smoking materials, disrepair and misuse of heating equipment, and cooking incidents. Many older adults rely on alternative heat sources, such as space heaters and electric blankets, due to poor internal thermoregulatory mechanisms associated with aging. The use of a space heater increases the chances of starting a fire, especially if the unit is not maintained or operated properly. These issues will be addressed in greater detail later in this Campaign Kit.

Table 1 – Senior Injury Facts

- Over 1,200 Americans 65 years of age and older die as a result of a fire each year. Older adults comprise 25% of all fire deaths and 30% of fire deaths that occur in the home.
- Approximately 3,000 older adults are injured during residential fires each year.
- Fires and burns are a leading cause of deaths from unintentional injuries among older adults.
- Cooking fires are the leading cause of injuries due to fires.
- Older adults living alone have a 30% or greater risk of unintentional injury.
- Approximately 2/3 of burn injuries to the elderly occur when the victim is sleeping or trying to escape a fire.

Source: "Fire Risks for the Older Adult," U.S. Fire Administration, Federal Emergency Management Agency, 1999.

Poverty and the Older Adult

Approximately 20% of the adult population 65 and over lives at or below the poverty line, compared with 10% of the population aged 18 to 64.[4] Poverty has long been associated with an increase in fire risk. Individuals living below the poverty line are less likely to receive and comply with fire safety messages for a variety of reasons. Low household income significantly limits the extent to which a home is equipped with fire protective measures. Housing available to low-income tenants is less likely to have adequate smoke alarms and, even when these devices are present, they are less likely to be maintained properly. Such housing may be more cramped and cluttered, leaving occupants more vulnerable to defects in electrical wiring and other systems that may be unsafe or fall short of code standards. [5,6]

Lower income individuals are also less likely to be able to afford to install and maintain safe heating systems or to replace or repair malfunctioning equipment. As a result, many indigent persons rely on dangerous alternative sources of heat such as space heaters or even an open flame.

Deaths

More than 1,200 Americans aged 65 and older die each year as a result of fire. Twenty-five percent of all fire deaths and 30% of residential fire deaths occur in this population. Older adults between ages 65 and 75 have twice the fire death rate of the national average, those between 75 and 85 have three times the national average, and the rate for those above 85 is four times the national average. One-fifth of individuals aged 65 or older who die in fires are bedridden or challenged by some other physical disability and two-thirds are in rooms where the fire originated. The three leading causes of fires – smoking, heating and cooking – injure or kill their victims by igniting their clothing, bedding or upholstery.[6]

Table 2 depicts the leading causes of fire deaths and fire injuries in the older adult. While cooking-related fires cause the most *injuries*, smoking-related fires cause the most *deaths.* The three leading causes of fire-related deaths are smoking, heating and cooking, in that order, whereas the three leading causes of fire-related injuries are cooking, smoking and heating. The fourth leading cause of fires that result in injury and death is electrical distribution.

4. US Fire Administration, Federal Emergency Management Agency, "Fire Risks for the Older Adult," October 1999, Washington, DC.
5. National Fire Data Center, United States Fire Administration, Federal Emergency Management Agency, "Socioeconomic Factors and the Incidence of Fire," June 1997.
6. Fahey and A. Miller, "How Being Poor Affects Fire Risk," NFPA Journal, 1989.

Table 2 - Leading Causes of Fire Deaths in the Elderly

Fire Deaths	Approximate %	Fire Injuries	Approximate %
Smoking	32	Cooking	27
Heating	18	Smoking	19
Cooking	12	Heating	12
Electrical Distribution	12	Electrical Distribution	11
Incendiary or Suspicious	7	Incendiary or Suspicious	8
Open Flame/Torch	6	Open Flame/Torch	7
Appliances/AC	5	Appliances/AC	7
Other Equipment	3	Children Playing	1
Other Heat	2	Other Equipment	3
Children Playing	2	Other Heat	3
Exposure	0.75	Exposure	1
Natural	0.25	Natural	1

Source: U. S. Fire Administration, National Fire Incident Reporting System, 1996.

The Need for Education

With accurate and adequate education of potential victims, many of the fire and burn deaths among the elderly could be prevented. As early as 1981, it was estimated that 81% of injuries treated in burn centers were due in part to carelessness.[7] It has also been estimated that 75% of all fires and burns are preventable.[8] One study found that nearly 30% of elderly fire victims were intimately involved with the ignition of the fires that caused their deaths.[9] In these instances, most of the fires involved smoking materials, cooking and heating equipment.

Fire and burn safety programs have been implemented by local, state and national organizations. Most have focused on the use of smoke alarms as an early warning device to prevent burn injury. Studies have shown that deaths and serious injuries can be reduced by 40% through the use of working smoke alarms. The above data make apparent that the message of fire and burn prevention should be carried to the elderly population in such a manner that they will be motivated to take action on their own behalf. To be effective, educators need to be able to assess and remedy knowledge deficits about fire and burn safety in older adults. However, knowledge alone is insufficient; after learning of the risks and dangers of fires and burns, the necessary steps must be taken to assess one's living environment and make changes to reduce those risks.

7. Feller, I., James, M.H., & Jones, C. A., *Burn Epidemiology: Focus on Youngsters and the Aged*, Journal of Burn Care and Rehabilitation, 3, 285-288, 1982.
8. Victor, J., Lawrence, P., Munster, A., & Horn, S.D., *A Statewide Targeted Burn Prevention Program*, Journal of Burn Care and Rehabilitation, 9, 425 – 429, 1988.
9. Petraglia, J.S., *Fire and the Aging of America*, National Fire Protection Association Journal, 85, 36-46, 1991.

Designing an Effective Fire and Burn Prevention Program for Older Adults

The first step in designing an effective fire and burn safety program for older adults is to understand the physical, psychological and social conditions in which they live. Any educational program should also take into consideration critical elements in the learning profile of the elderly. Ostwald and Williams (1986) identified several factors used to facilitate the learning process in older adults and called it the "ADPIE Model."[10]

The ADPIE Model is based on a review of educational and health literature and involves five elements:

Assessing factors within elders that affect their ability to learn
Diagnosing special barriers to learning
Planning modification in learning conditions
Implementing new learning
Evaluating educational outcomes of learning

This model is useful for educators who will increasingly encounter older learners in college classrooms, community education classes, senior centers, and long-term care facilities.

Elements crucial for a successful education campaign targeted to the older adult include:

- Morning sessions, when energy levels are expected to be highest
- The establishment of a warm, accepting atmosphere
- Sessions that are conducted in one hour or less
- A classroom setting that is convenient, easily accessible and, ideally, situated in an area that is familiar to the participants

Further attention should be given to room temperature and ventilation, with no smoking allowed. Visual aids should be kept at a moderate distance from the audience to compensate for difficulties with close vision, and sufficient lighting should be provided. Typed materials should be printed on non-glare paper with large print (12 font or greater). The vocabulary of the presenter should be readily understandable to an older audience. Because some older adults with hearing impairments may be embarrassed to admit they cannot hear the presenter, the speaker's pace should be slow and moderately loud. If necessary, arrangements for a microphone should be made. This will allow the presenter to speak comfortably, in a normal tone of voice. When presenting to people who may be visually impaired, language that is as descriptive as possible should be used. When presenting to an audience that includes the hearing impaired, the key points of the presentation should be handed out ahead of time, and consideration should be given to arranging for a sign language interpreter to be present.

10. Ostwald, S. K. & Williams, H. Y., *Optimizing Learning in the Elderly: A Model*, Journal of Lifelong Learning, 9, 10-13, 27, 1986.

Questions to Ask Before Working With the Older Adult Population

What predisposing beliefs about fire do older adults have that place them at higher risk for injury and death?

- "It won't happen to me!"
- "I've lived a long time. I can tell you a thing or two about fire."
- "My home is my safe haven. It's safe!"
- "It takes a lot of money to make your home fire safe. I'm on a fixed income."
- "I have a dog that would wake me if there was a fire in my house."
- "I would smell the smoke if there was a fire in my house."
- "I'd have at least 10 minutes to get out if there was a fire in my house."
- "We have the best fire department in town. They'll save me."
- "That's why I have insurance. They'll cover the damages."
- "If it happens, it happens."
- "My family (caregivers) would save me if my house was on fire."

What are some of the risky behaviors that older adults exhibit that may place them at higher risk for fire injury and death?

- Safety is sometimes not a personal priority.
- The belief that assistance is not wanted or needed.
- Medication and alcohol use/misuse that may lead to drowsiness and dozing.
- Carelessness with regard to cooking, misuse and improper maintenance of portable heating equipment, and dangerous smoking behaviors.
- Inadequate residential fire protection. Do they have a working smoke alarm? Do they test it? Maintain it?
- Returning to a burning building for pets, valuables, medications, etc.
- Lack of organized support systems, resulting in social isolation.
- Continued use of old appliances that may be in disrepair.
- Overloading of electrical outlets.
- Physically, emotionally or cognitively challenged older adults living in inadequate, unsafe, or cramped housing.

What are some possible locations at which burn prevention information can be shared with the older adult population?

- Organized older adult communities and complexes
- Personal contact at their places of residence
- Neighborhood associations
- Malls and grocery stores
- Health care centers and pharmacies
- Bulletin boards in doctors offices and hospital waiting areas
- Service-oriented or church groups
- Family gatherings
- Through home service delivery providers (Visiting Nurse Programs, Meals-On-Wheels, Little Brothers of the Poor, Church Groups, Fire Department Home Inspection and Smoke Alarm Installation Programs, etc.)
- Restaurants (small group gatherings)

What are some of the potential challenges in reducing the toll of fire and burn injury on older adults?

- Getting needed help in implementing changes (e.g., installing a smoke detector)
- Poor understanding, selective hearing, slower reflexes, loss of physical strength
- Physical and social isolation
- Predisposing belief systems
- Facilitation and follow through of behavioral change
- Fierce independence, resistance to change, refusal of services
- Tendency to accept certain living conditions and outcomes as natural or inevitable

Fire Safety Tips for Older Adults

General Fire and Burn Safety Measures

Most fire and burn injuries in this population can be prevented by following a few simple rules. The older adult, however, must first see him or herself as being vulnerable to such an injury. The following lists some important steps the older adult must follow to maintain a safe environment.

Be Prepared for Fire…

- Install smoke alarms on each level of your home and outside each sleeping area.
- Test smoke alarms regularly each month by pushing the "test button" (use a broom handle or stick to test alarms that are too high, or ask someone to assist you in doing this).
- If the alarms have batteries, replace the batteries at least twice a year. If an alarm is "chirping," this is an indication that the battery is low and needs changing.
- Clean alarms with a vacuum cleaner, without removing the cover from the alarm.
- Never remove an alarm battery because it sounds off while you're cooking. Get assistance in placing the alarm in a different location.
- If a battery-operated smoke alarm is more than ten years old, replace the unit with a new one.
- Develop a realistic escape plan with two ways out of every room. Practice the plan, keeping in mind your physical abilities.
- Keep all exits clear.
- Keep glasses, medicines, a telephone, a flashlight and walking aids close to your bed.
- Have a visible address on your residence.
- Know your emergency contact phone number (911 or other).

If a FIRE occurs…

- STAY CALM and use your escape plan.
- If the door is hot to the touch, do not open it. Fire and deadly smoke are on the other side of the door. Instead, use your alternate exit.
- When escaping through smoke, crawl low to the ground, if possible, where it is easier to breathe. Smoke rises in a fire and contains deadly gases. Even one breath can render you unconscious.
- If in a multi-story building when fire occurs, use the stairs. Do not use the elevator!
- Once outside the building, call or be sure that someone has called your emergency number (911 or another) from a neighbor's house, a cell phone, or a cordless phone. Listen and give the information needed (name, address, location of fire, etc.) as calmly as possible.
- If in a group residence setting, once outside, "count noses." If someone is missing, tell firefighters the last location of the person, if known.
- If your window is your second way out and you cannot get through it, signal by waving a cloth or light to attract attention, especially if you are not on the ground floor. Keep calm and wait for firefighters. DO NOT JUMP or smash glass. That could be more dangerous than the fire!

What if my clothes catch fire?

- If your clothing catches fire
  STOP (do not run) **DROP** (to the ground) **ROLL** (around to smother the flames)
- If you cannot Stop, Drop and Roll, SMOTHER the flames with a towel or blanket.
- Remove clothing over burns, if possible and call for medical help immediately.

The Nature and Characteristics of Burns

A burn is damage to the skin and underlying tissue caused by heat, chemicals or electricity – a very simplistic definition for a very complex injury. Burns damage or destroy one or more layers of the skin. Deeper burns may involve the fat, muscle or bone.

The temperature to which the skin is exposed, the length of time the skin is exposed to the burning substance, and skin thickness determine the depth of injury. Burns range in severity from minor injuries that require no medical treatment to serious, life-threatening or fatal injuries. Burns are categorized in terms of degrees, which are described below. Partial thickness injuries to the skin include first and second degree burns; full thickness injuries encompass third degree and deeper burns.

	Degree	Characteristics
Superficial Burn (*First Degree*)	o Causes: sunburn, minor scalds o Generally heal in 3-5 days with no scarring	o Minor damage to the skin o Color - pink to red o Painful o Skin is dry without blisters
Partial Thickness Burn (*Second Degree*)	o Damages, but does not destroy top two layers of the skin o Generally heal in 10-21 days o May not require skin graft	o Skin is moist, wet and weepy o Blisters are present o Color: bright pink to cherry red o Lots of edema (swelling) o Very painful
Full Thickness Burn (*Third Degree*)	o Destroys all layers of the skin o May involve fat, muscle and bone o Will require skin graft for healing	o Skin may be very bright red or dry and leathery, charred, waxy white, tan or brown o Charred veins may be visible o Area is insensate - the person is unable to feel touch in areas of full thickness injury

Emergency Care for Burns

For all burns
Stop the burning process. Remove all clothing and diapers from around the burned area - these will retain heat, hide underlying burns and increase the damage to the skin. If material is adherent (stuck) to the skin, cool the area with cool water and seek medical attention. Jewelry and metal such as belt buckles and zippers also need to be removed.

Run cool—not cold water—over the burn area for a few minutes.

- Do **not** apply ice to the burn. Ice can lower the body temperature and make the burn worse.
- Do **not** apply creams, ointments or salves. Such products hold heat in the tissue, making the burn deeper.
- Do **not** break any blisters until seen by a physician
- Cover with a clean, dry cloth.

Electrical Burns may be caused by household current, outside power lines, certain batteries or lightning.

- Protect yourself! Do not go near or touch the victim until you are sure the power has been disconnected, the plug has been disconnected from the source, or the patient is free from the electricity.
- Know the location of the main power grid and how to turn off the electricity in your own home.
- Once the victim is free from the source, treat the burns as described above.
- Electricity can cause the heart and breathing to stop. CPR may be necessary.

Chemical Burns can be caused by contact with many household cleansers, lawn and garden products, fresh cement or other chemicals.

- Wearing appropriate garments (gloves, eye protection), gently brush any dry chemicals off the skin.
- Flush affected area with running water for at least 20 minutes or until an emergency worker tells you to stop. If the affected area continues to burn, continue to flush until the pain stops.
- If the eyes are involved, continue to flush until help arrives.
- Remove any contaminated clothing.
- Be careful not to expose uninjured body parts or yourself to the chemical.

When Should You Seek Medical Attention?
First and second degree burns smaller than the person's palm can usually be treated at home. Keep the area clean to prevent infection by gently washing with mild antimicrobial soap several times a day. Rinse thoroughly. Cover open areas with a clean, loose dressing. Consult with your family physician or local burn center if the burn does not heal in two to three days or if signs of infection appear.

Call your physician or go to your local emergency department for the following burns:

- Burns bigger than the size of the person's palm
- Burns that are circumferential (wrap around an arm or leg)
- Burns that involve the face, airway, hands, feet, major joints or genital area
- All chemical and electrical burns (since damage might not be immediately obvious)
- Burns occurring in an enclosed space, such as a house or car (because there may be smoke inhalation)
- Burns that are white, gray, leathery or painless

TYPES OF BURN INJURIES

Tap Water Scalds

Each year, thousands of people sustain tap water scald injuries from excessively hot water. Most commonly, the victims of such injuries are children under the age of five and older adults. These injuries are preventable by lowering the water heater temperature in the home.

Tap water scalds to older adults and people with disabilities usually occur when the person slips or falls in the tub or shower while bathing. Sometimes a caregiver may fail to recognize that the water is too hot, or the water temperature may suddenly increase due to running water in other parts of the home or apartment building, or a faucet or plumbing fixture may malfunction, causing a sudden burst of hot water. Most adults will suffer a third degree (full thickness) burn if exposed to water at 155 degrees F for one second, five seconds at 140 degrees F and fifteen seconds at 133 degrees F. At a 120-degree temperature (the recommended maximum setting for water heaters), it takes approximately a five-minute exposure to sustain a full thickness burn. *However, older individuals have thinner skin than people in their prime years and therefore may sustain deeper burns with shorter exposure times than listed.* Also, those with altered peripheral circulatory disorders such as diabetes are at increased risk for scald injuries, as well as for increased complications if a burn injury occurs.

The Consumer Product Safety Commission (CPSC) suggests that home water heaters be set at 120 degrees F. This temperature is adequate to provide hot water for normal household activities. In addition to preventing scald burns, lowering the home hot water temperature will conserve energy.

An inexpensive and proper way to check your home hot water temperature is to run the hot water for three to five minutes, fill a glass measuring cup and place a candy or meat thermometer in it. If the temperature is identified as being too hot, the thermostat on the water heater should be adjusted.

The method of adjusting the hot water temperature may vary, depending on the type of water heater in use. Before attempting to make the adjustment yourself, you may want to contact your gas or electric company because some provide this service at no-charge. If you choose to make the adjustment yourself, follow manufacturer's instructions. If you do not have either a gas or electric water heater, you may have an on-line hot water system. If this is the case, contact your fuel supplier to have the temperature lowered. If you live in an apartment building, ask the building manager to turn the hot water down. They should be responsive to this request since it is in their best interests to keep their tenants safe.

Even after the water heater temperature has been lowered, never take hot water temperature for granted. Always hand–test before bathing or allowing someone in your care to get into a tub of water.

Tap Water Scalds Safety Tips

- The safest temperature for bathing is about 100 degrees F/37 degrees C.
- Fill the tub to the desired level and turn water off before getting in. Run cool water first, then run the hot water. Turn the hot water off first. This can prevent scalding in the event someone should fall in while the tub is filling. Mix the water thoroughly and check the temperature by moving your elbow, wrist or fingers with spread fingers through the water before getting in. The water should feel warm, not hot to touch. Once the tub is filled, do not turn the water back on.
- Never leave the bathroom unattended while the tub is filling, especially if there are small children in your house.
- Clearly mark the "HOT" water position on faucets.
- Turn the faucet to the "COLD" position when not in use if the tub has a single faucet handle.
- Install grab-bars and non-slip flooring or mats in tubs or showers if you are unsteady or weak. Use a shower chair or stool when bathing or showering if standing unassisted is a problem. Provide a way to call for help (cell phone, bell or whistle) for people who may need assistance or may be unable to remove themselves from the tub or shower in case of emergency.
- Avoid flushing toilets, running water, or using the dishwasher or clothes washer while anyone is showering, to avoid sudden fluctuations in water temperature.
- Install anti-scald devices. Anti-scald devices, anti-scald aerators, and scald guards are heat-sensitive devices that stop or interrupt the flow of water when the temperature reaches a pre-determined temperature (generally 110 to 114 degrees F, but before it reaches 120 degrees F/48 degrees C) and prevent hot water from coming out of the tap before scalding occurs. These devices will not allow the faucet to become fully operational until the water temperature is reduced to a safe level. Some devices allow the resident to preset a comfortable maximum temperature to eliminate the risk of scalding. Whole house anti-scald mixing valves installed in a hot water line are also available. Anti-scald devices can simply and inexpensively be installed on most existing taps in showers, bathtubs and sinks. These are especially beneficial for people living in multi-family living or apartment buildings when the family is unable to lower the temperature of the water heater. Anti-scald devices are available at some local hardware, plumbing and baby stores. Note that each residence (house, apartment, mobile home, RV) has special plumbing needs. It is important to evaluate which type of device is best suited for your own home to protect your family from tap water scalds.

Kitchen-Related Scald Injuries

Kitchen-related scald injuries frequently occur when hot liquids are spilled from either cooking pots or serving utensils. Although these injuries may be smaller in size than tap water scalds, they may be deeper because of hotter temperatures and, therefore, require skin grafting to heal. The elderly are at higher risk for these types of injuries than the general public.

The American Burn Association offers the following tips to help prevent scalds in the kitchen area:

- Cook on back burners when possible.
- Keep all pot handles turned back, away from the stove edge.
- All appliance cords need to be kept coiled and away from counter edges. Cords may get caught in cabinet doors, causing hot food and liquids to spill onto you or others.
- When cooking with grease, such as that in deep fat fryers, extreme caution should be taken as temperatures can reach higher than 400 degrees F and can cause serious burns in less than one second.
- Place a rubber mat in front of your stove to prevent slipping and falling against the stove.
- Use potholders, not towels, to remove hot cooking utensils. Towels will not prevent heat from reaching hands, which in turn can cause you to spill or drop the item.
- When removing lids from hot foods, remember that steam may have accumulated. Lift the cover or lid away from your face and arm.
- Keep pot handles and appliances in good repair.
- Consider the weight of pots and pans. Attempt to move only those items that you can easily handle.
- Wear short sleeve or tight-fitting clothing while cooking.
- If you use a wheelchair: When moving hot liquids, place a large, sturdy tray with a sold lip in your lap to decrease the risk of lap burns.
- Use a serving cart to transfer food from the stove to the table top instead of carrying it.
- Consider alternate cooking equipment (slow cookers, toaster ovens or microwaves) placed on lower counters or tables if the stove or oven is too high to reach safely. Be aware, however, that this may create a burn hazard if young children are present.

Electrical Burns

Each year electrical fires claim hundreds of lives and cause millions of dollars in property damage. Some of these fires are caused by electrical system failures and appliance defects. Many more were caused by misuse and poor maintenance of electrical appliances, incorrectly installed wiring, and overloaded outlets and extension cords.

Electrical appliances need regular check-ups to keep them in good working order. Check older appliances or those used frequently for cracked, frayed, or split cords and for loose or damaged plugs, since these can cause fires. Repair or replace worn or damaged appliance cords and plugs immediately. Use electrical extension cords wisely, so you do not overload them or cause a fuse to be blown.

To avoid overloading electrical outlets, use only the number of plugs designed for each outlet. Appliances that produce "controlled heat" use more electricity; avoid using them in the same outlet with other heat-producing appliances.

Have a qualified electrician install ground fault circuit interrupters (GFCI) for kitchens, bathrooms, and anywhere else where electrical products can be exposed to water. These devices constantly monitor electricity flowing into a circuit. If they detect a problem they quickly trip the circuit, thereby preventing possible injury or death.

Take time to walk through your home and examine the electrical outlets. Do your wall outlets have any cracks or are they loose? Do they feel warm to the touch? If so, you should have a qualified electrician determine if there is a problem.

Do not let electricity in the bathroom shock you. Keep electrical appliances away from wet floors and counters!

Electrical fires can cause tragedies. These simple steps will help protect your home and family:

- Routinely check your electrical appliances and wiring.
- Look for and repair outlets that do not work, light switches that are hot to the touch, and lights that flicker.
- Immediately repair appliances and lamps that sputter or spark.
- Never overload outlets or extension cords.
- Replace all frayed or cracked cords.
- Have a professional electrician check self-wiring projects.

Chemical Burns

Household chemicals make our lives easier. When stored or used incorrectly, however, many common and familiar household products can cause serious burn injuries. To avoid serious injury:

- Carefully read directions on all household cleaning products, garden products, insecticides and other chemicals ***before*** using and ***follow manufacturer's warnings.***
- Keep all household cleaning products, garden products, insecticides, and other chemicals and flammable liquids in their original container.
- Do not mix household cleaning products; hazardous fumes may be produced that are dangerous when inhaled.
- Protect hands with heavy rubber gloves and cover other exposed body areas before using harsh cleaning products or other chemical products, such as garden products and insecticides.
- Store flammable liquids such as gasoline, kerosene and paint thinner in containers specially designed for them. Do not store or use flammable liquids near furnaces and water heaters. Pilot lights, electric sparks or open flames can easily ignite the vapors from these gases and liquids.

Special Considerations

Burn Prevention in Nursing Homes

There are approximately 17,000 nursing homes in the United States caring for over 1.6 million adults.[11] Since the majority of residents in these facilities are older adults, administrators of these facilities must consider fire safety and burn prevention as a part of their plan of care. Though state and federal authorities mandate minimum guidelines, and education of nursing home employees, clients and families about the most common causes of burns, ways to prevent these injuries are frequently not a part of these guidelines.

Fire/Burn Prevention and Home Health Care

More than 10 million people of all ages need some type of assistance with their daily living activities in order to remain in their own homes or in other community-based settings. More than half of those requiring home and community-based care are over the age of 65.[12] In addition, one in four US households is involved in helping care for a spouse, relative, or other person older than age 50.[13] These people often need help with a wide range of living skills from their family members and/or from professionals, including fire and burn prevention educators.

Home Health agencies can improve the quality of care of their clients by seeing to it that they live in a safe environment. Educating nurses, aides, family members and clients about the basic fire/burn prevention strategies provided in this kit can significantly further this goal.

11. Administration on Aging (2000). *Nursing Homes.* Retrieved August 12, 2002, from Administration on Aging web site: http://www.aoa.gov/NAIC/Notes/nursinghomes.html
12. Administration on Aging (1997). *Home and Community-Based Care.* Retrieved August 12, 2002, from Administration on Aging web site: http://www.aoa.gov/may97/hcbc.html.
13. American Association of Retired Persons (2000). *Caregiving and Long-Term Care.* Retrieved August 12, 2002, from AARP web site: http://www.aarp.org

Burn Prevention Tips for Older Adults

Many older adults are living independently or with someone else who is elderly. Most burn injuries among older adults occur at home while the person is cooking, bathing or smoking. Common factors such as changes in vision, hearing, sense of smell, and skin sensation, decreased mobility and dexterity, and some medical conditions, can put older adults at increased risk for burns and scalds at home. The following tips can help older adults maintain a safe home environment:

Kitchen

- To avoid clothing fires in the kitchen, wear snug fitting or short sleeves while cooking. If necessary, roll up long sleeves while around the stove and open flame. Use oven mitts to protect hands and arms from burns and to prevent scald injury. Turn off the burner before picking up a pot.
- Stay in the kitchen while cooking, especially if you are frying foods. If you must leave, turn off the stove, set a timer, or take a pot holder with you to remind you that the stove is on.
- When frying foods, keep an appropriate sized lid nearby for the frying pan in case a grease fire occurs. If a fire occurs, stay calm, turn off the burner, and slide the lid onto the frying pan to smother the fire. Never carry a flaming pan to the sink or outside! Clothing could catch fire and exposed skin could burn. Also, never use water in an attempt to put out a grease fire—it can actually spread the fire!
- Oven fires – close the door and turn off the heat.
- Microwave oven fires – keep the door closed and unplug the microwave. Do not use this appliance again until serviced.
- Pay attention to your cooking! Do not cook if you are sleepy, impaired from alcohol, or taking medication that makes you drowsy
- Be sure that curtains and other flammable materials, such as dish towels, food wrap, and paper towels, are kept away from the stove where burners could ignite them.
- Place condiments, spices, and frequently used items where you do not have to reach over the stove to get them.
- Clean your oven and any other appliance or tools that can build up grease and cause a fire.
- Replace cracked or frayed appliance cords on small appliances. If an appliance overheats or smells strange, have it repaired or replaced. Use only one heat producing appliance on the same electrical circuit at a time.
- Remove pans of cooking fats or oils from the stove when not in use.
- To avoid accidentally bumping a pan and causing a scald, turn pot handles inward toward the back of the stove.
- All kitchen electrical outlets on the counter should be equipped with ground fault circuit interrupters (GFCIs). GFCIs can prevent many electrical injuries, especially in areas where the risk of electric shock is high.
- Use an oven mitt while cooking. They provide the best protection from heat. When removing items from the oven, they provide protection to the back of the hands and wrists. Dishtowels offer little protection and can cause a steam burn if they are used when wet or damp. In addition, fringe on dishtowels can ignite easily when in contact with flame or hot burners.
- Unplug electrical appliances such as coffee makers, toasters and toaster ovens when not in use.
- To prevent scalds, let microwave cooked foods stand for 1-2 minutes before removing plastic wrap or lids and then lift the corner farthest away from you.
- Always keep a multi-purpose fire extinguisher available.

Bathroom

Test the temperature of your hot tap water. Let the hot water tap run for 2-3 minutes. Fill a cup with water. Test the water with a candy, meat or water thermometer. If you have used a lot of hot water in the past hour, wait for 2 hours to do this test. If the temperature is above 120? F, your water is too hot.

Hot water causes third degree burns

Hot water at	Can cause a third degree burn in
133? F	15 seconds
140? F	5 seconds
148? F	2 seconds
155? F	1 second

- If you live in a house, lower the thermostat on your water heater. It may take a few days and several adjustments to decrease hot water temperature. Test the water temperature until it is 120? F.
- Hire a licensed plumber to install tempering valves: pressure-balanced mixing valves or thermostatic mixing valves. These valves are designed to mix hot and cold water to deliver warm water at a constant outlet temperature. If you do not have such valves installed, avoid flushing toilets, running water, or using the dishwasher or clothes washers when someone is taking a shower.
- Install anti-scald devices onto showerheads and faucets. These devices have a heat-sensitive instrument that stops or interrupts the flow of scalding hot water.
- When someone is taking a bath, fill the tub to the desired level, mix the water thoroughly and test the temperature first before getting in or putting someone else in the tub.
- Install grab bars, non-skid mats and shower seats in tub or shower, to prevent slipping and falling into hot water.
- A major electrical hazard in the bathroom is the potential combination of electricity with water. All bathroom outlets should have ground fault circuit interrupters (GFCIs) installed in them.
- Unplug all small appliances such as hair dryers, curling irons, razors and electric curlers, when not in use.

Smoking-Related

- Insist on no smoking or careful smoking in your home. Misuse of smoking materials is the number one cause of fatal home fires for older adults.
- If smoking is permitted, be sure to provide large, deep, non-tip ashtrays for smokers to use. Wet down cigarette and cigar butts and ashes before emptying ashtrays. Always empty ashtrays in a safe place, such as a metal can.
- Check upholstered furniture and carpet for dropped cigarettes and ashes before going to bed or leaving home.
- Never smoke near an oxygen source.
- Never smoke where you sleep. Dozing while smoking can be fatal.
- For personal safety, make it a rule never to smoke if you are taking medications that make you drowsy, if you have been drinking alcohol, or while in bed or when sleepy.

Bedroom

- If you use an ***electric heating pad***, use a timer switch so it will shut off automatically or choose a product with a built-in sensor and automatic shut-off feature. If you have an older heating pad, set a timer to remind you to turn off the pad.
- Check electric blankets for cracks or breaks in wiring, plugs and connectors.
- Look for charred spots on both sides of electric blanket surfaces.
- When covered by other blankets or comforters, an electric blanket may overheat. Do not allow anything on top of an electric blanket when in use.
- Do not fold back an electric blanket as this may cause it to overheat.
- Tuck in electric blankets according to the manufacturer's directions so that heating coils are not bent around corners.

Heating-Related

- Keep room heaters clean and in good working condition.
- Heating systems should be serviced professionally annually.
- Use the proper fuel for the type of heater and store the fuel outside.
- Do not use fuel-burning appliances if they are not vented to the outside. (Burning fuel such as kerosene, coal, or propane indoors can create concentrations of toxic fumes.)
- Use only equipment tested and approved by an independent laboratory.
- Do not store or dry objects on or near heaters or near fireplaces.
- Provide fire screens for fireplaces. Sparks from a burning log can easily ignite combustibles and start a fire.
- Keep all combustibles, such as clothes, curtains, and paper, at least three feet away from space heaters, fireplaces, candles and any other sources of fire or flame.
- Keep space heaters at least 3 feet away from everything, including you. Space heaters need space!

Electrical

- Use bulbs that are the appropriate wattage for the size of the fixture. This is especially important in ceiling fixtures and in "hooded lamps" that will trap heat. If you do not know the correct wattage (this is usually on a label of the appliance), use a bulb that is no more than 60 watts.
- Check cords on lighting, TV/audio equipment, and extension cords for breaks, cracks, frayed wires and damaged plugs. Have appliances and lamps rewired by a qualified electrician.
- Overheating can occur when cords are tightly wrapped around themselves.
- Cord damage can result when cords are nailed or stapled to walls or baseboards.
- Extension cords are not as safe as permanent wiring and should only be used on a temporary basis.
- Unusually warm outlet switches may indicate that an unsafe wiring condition exists. Have a qualified electrician check the switches.
- Avoid overloading outlets or extension cords. Purchase and use only extension cords that are clearly labeled as to how much wattage they can carry.
- If an appliance has a three-prong plug, use it only in a three-slot outlet. Never force it to fit into a two-slot outlet or extension cord.

Basement

- Do not store or use flammable gases and liquids (e.g., cleaning fluids, gasoline, propane, kerosene, paint thinner) near furnaces and water heaters. Pilot lights, electrical sparks or open flames can easily ignite the vapors from these gases and liquids.
- Follow manufacturer's directions and precautions when using cleaning products.

- Keep such products in their original containers.
- Do not mix cleaning agents.

Candle Fires

- Use candleholders that are heavy, sturdy and large enough to hold candles.
- Keep combustibles away from lit candles.
- Never leave lit candles unattended. Extinguish candles before everyone leaves the room. Consider using battery operated votive and holiday candles instead of candles with a live flame.

Home Oxygen Therapy

More people with lung and heart conditions are able to remain living in their own homes due in part to the availability of home oxygen therapy. However, precautions should be observed when oxygen is used in the home, since oxygen supports combustion and can cause a flame and fire to spread rapidly. Following are some tips for the safe use of oxygen:

- Do not smoke or allow others to smoke in your home. Clearly identify that oxygen is in use by placing a sign on your front door. (This may be obtained from the oxygen supply company.)
- If an oxygen canister is brought into a restaurant, it is important that the user be seated in a nonsmoking section.
- Stay at least five feet away from flame sources such as gas stoves, candles, lighted fireplaces or any other heat sources.
- Do not use flammable products such as cleaning fluid, paint thinner or aerosol sprays while using oxygen.
- Make sure oxygen cylinders are well-secured. Oxygen containers should be stored in an upright position.
- Keep equipment in good working condition.
- When cleaning an oxygen concentrator, make sure it is unplugged. If the machine is wiped down while it is plugged in, a wet cloth cannot be used.

AMERICAN BURN ASSOCIATION

NATIONAL BURN AWARENESS WEEK

CAMPAIGN KIT

MEDIA GUIDE

FEBRUARY 2-8, 2003

Media Guide

A key factor determining the success or failure of your burn prevention campaign is your ability to generate media interest and news coverage. The media are one of your most powerful links to the community. One news story can reach more people than the hardest working volunteers could ever reach in person or at local health fairs. By gaining the interest and respect of the media, you can build awareness among parents and others.

You may find that reporters react as positively to your Senior Safety Campaign as they do to such programs as bicycle helmet safety and child passenger safety. The issue of senior safety has received very little media attention primarily because the problem has not been brought effectively to their attention.

The media will be more interested in your campaign activities if you augment national statistics with local data on senior burn injuries. Injury data, however, does not have to be statistics alone. Information about the experiences of being burned, the pain of treatment and rehabilitation, and the long-term emotional effects of burns are also compelling and meaningful. Your first step should be to gather this and other data. This will enable you to create your own local Senior Safety Fact Sheet.

Publicizing the Senior Safety Prevention Campaign

There are many ways to publicize your Senior Safety Burn and Fire Injury Prevention Campaign. The ABA Burn Prevention Committee recommends the following:

- Hold press conferences and provide written supplemental information
- Sponsor an event (e.g., a safety fair at a local senior center or mall)
- Suggest story ideas to your newspaper's health beat reporters
- Send timely news releases to reporters and media contacts
- Use media support materials included in this packet
- Offer to do guest appearances on local radio or TV talk shows
- Maintain a list of burn survivors who are willing to share their experiences and who have the attributes necessary to make good spokespersons

It is strongly suggested that you plan a local event and hold a press conference at the beginning of your campaign. You may want to hold your press conference to kick off National Burn Awareness Week (the first full week in February each year). It must be emphasized, however, that this "week" is only a kick off—burn awareness must continue to be promoted all year long. Do not stop at doing just one event. Perhaps you can plan a quarterly event and thereby reach the public four times a year.

Tips on Working with the Media

1. It is very important to establish a close relationship with all varieties of news media in your region—newspapers, magazines, radio and television (especially cable). If you do not already have a media list, develop a complete list including the names, addresses, telephone and fax numbers, and email addresses of all media contacts. Be sure to get the name of the media representative at that publication or station who handles health and medical issues. These people tend to change positions and/or responsibilities fairly often, especially in the larger cities, so try to update the list at least once or twice a year. (Note: If your organization has a public relations department, they may have this information already.)

2. Establish deadlines with each contact. Know how much lead-time they need to receive articles for publication, for calendar listings, and for news conferences.

3. Be concise but informative when using press releases. Make press releases of more interest by using local statistics when possible. Use quotes of key people involved. Be certain to include the date, contact names, and telephone numbers for further information.

4. Allow sufficient time for a news release to be received and then follow up by telephone. Also, offer additional information if needed. If you are interviewed for a story, you can make it easier for the interviewer by providing supplemental written information or press packets. This also will make it less likely you will be misquoted.

5. Sample public service announcements (PSAs) have been included in this packet. Issue these and/or develop your own (using local and/or regional data or examples of burn incidents among the elderly, when possible). A quote from the head of your local Burn Center, Chief of Staff, or Fire Chief will definitely add credibility and interest to the PSA.

Press Conferences

In scheduling a press conference, plan ahead and try to ensure that your press conference does not conflict with any other event. Plan your conference at a convenient time, so that reporters, photographers and camera crews will be able to meet publication deadlines and scheduled news programs (e.g., the noon news and the nightly news).

Issue a "media alert" notifying the media of the conference, the reason for it, and the names and organizational affiliations of those who will be attending, as well as the date, time, location, and other details surrounding the conference. If possible, combine forces with other concerned groups; for example, a burn center, a fire department, a police department, or a school district. Because they are able to draw from personal experience, burn survivors can speak effectively about the pain and suffering associated with burns, and are able to capture and hold the media's interest. Although both burn survivors and their families are newsworthy, it is important to make certain they are willing to be interviewed and are prepared for the questions they may be asked. Do not add to their trauma by placing them in a situation for which they are not emotionally prepared.

Other Tips to Keep in Mind for Press Conferences

- Prior to the press conference, try to determine who is planning to attend and which media they represent. Make sure you have a sufficient number of informational packets on hand to distribute.
- If circumstances call for it, have your own photographer on hand who can quickly develop photos for distribution to press members who were not accompanied by a photographer. If advance photographs can be made available, this will add to the speed with which the news can be printed.
- Keep the press under control. Set an agenda, distribute it, and follow it. Allow for questions and answers at the end of the conference—not during it. If necessary, limit the number of questions from a reporter and/or the amount of time it takes to answer.
- Be sure to follow up with each person who attended the news conference. This will give you an opportunity to provide them with additional information they may need and also to determine when their story will run. Also, once their story has run—and especially if it was a favorable item—be sure to thank the reporter, either by telephone or with a brief note.

o SAMPLE PRESS RELEASE
For Immediate Release

Contact: [Local contact and title] at [Local phone number]
or American Burn Association (800) 548-2876

2003 Burn Awareness Week: "Senior Safety" - February 2-8, 2003

With the advances in medicine and emphasis on healthier lifestyles, Americans are living longer, more active lives. With over 12% of the population (34 million) aged 65 and older, there is a need to assess and address injury risks inherent to this group. A myriad of physical and cognitive changes are associated with the aging process, including significant changes in motor and sensory perception, which render older adults more vulnerable to fire and burn injury. Common factors such as changes in vision, hearing, sense of smell, changes in skin sensation, and decreased mobility and dexterity, can put these individuals at increased risk for burns. Older adults may also be less able to recognize and respond to danger because of cognitive changes resulting from stroke, organic causes, or use of certain medications. More specific causes of home fire deaths and injuries among older adults include the careless use of smoking materials, disrepair and misuse of heating equipment, and cooking incidents.

In observance of Burn Awareness Week, February 2-8, 2003, the American Burn Association and [local organization] are providing the following burn prevention tips for older adults:

Kitchen:

- To avoid clothing fires in the kitchen, wear snug fitting or short sleeves while cooking. Use oven mitts to protect hands and arms from burns and to prevent scald injury. Turn off the burner before picking up a pot.
- Stay in the kitchen while cooking, especially if you are frying foods. If you must leave, turn off the stove, set a timer, or take a pot holder with you to remind you that the stove is on.
- When frying foods, keep an appropriate sized lid nearby for the frying pan in case a grease fire occurs. If a fire occurs, stay calm, turn off the burner, and slide the lid onto the frying pan to smother the fire.
- Never carry a flaming pan to the sink or outside! Clothing could catch fire and exposed skin could burn. Also, never use water in an attempt to put out a grease fire—it can actually spread the fire!
- Be sure that curtains and other flammable materials, such as dish towels, food wrap, and paper towels, are kept away from the stove where burners could ignite them.
- Clean your oven and any other appliance or tools that can build up grease and cause a fire.
- Replace cracked or frayed appliance cords on small appliances and use only one heat producing appliance on the same electrical circuit at a time.
- To avoid accidentally bumping a pan and causing a scald, turn pot handles inward toward the back of the stove.
- All kitchen electrical outlets on the counter should be equipped with ground fault circuit interrupters (GFCIs).
- Always keep a multi-purpose fire extinguisher available.

Bedroom:

- Keep space heaters at least three feet away from everything, including YOU.
- Never smoke in bed!
- Wear snug fitting bedroom slippers--no "slides."
- If you use an electric heating pad, use a timer switch so it will shut off automatically or choose a product with a built-in sensor and automatic shut-off feature. If you have an older heating pad, set a timer to remind you to turn off the pad.
- Check electric blankets for cracks or breaks in wiring, plugs and connectors, and look for charred spots on both sides of electric blanket surfaces.
- When covered by other blankets or comforters, an electric blanket may overheat. Do not allow anything on top of an electric blanket when in use.
- Do not fold back an electric blanket, as this may cause it to overheat.
- Tuck in electric blankets according to the manufacturer's directions so that heating coils are not bent around corners.

Bathroom:

- Test your hot water to make sure the temperature is less than 120 degrees F.
- Install ground fault circuit interrupters (GFCIs) in the bathroom.
- Turn the faucet to cold when not in use, if there is a single faucet handle.
- Avoid flushing toilets, running water, or using the dishwasher or clothes washer while anyone is showering.

Living Room:

- Provide fire screens for fireplaces.
- Use appropriate wattage bulbs for the size of the fixture. If unsure, use a 60-watt bulb or smaller.
- Never touch glass doors on your fireplace or heater.
- Install smoke alarms on every level of your home! Test the batteries once a month, change the battery twice a year (during daylight savings time) and replace battery-powered alarms every ten years.
- Smoke only when alert, awake and sitting upright.
- If smoking, use a safe ashtray with a large center rest and a stable base.
- Wet cigarette butts and ashes before emptying ashtrays.
- Never smoke when on oxygen therapy and do not allow anyone else to smoke in a home where oxygen is being used.
- Never leave candles unattended. When you leave the room, always extinguish candles.

Basements and Attics:

- Do not store or use flammable gases and liquids (e.g., some cleaning fluids, gasoline, propane, kerosene, paint thinner) near furnaces and hot water heaters. Pilot lights, electrical sparks or open flames can easily ignite the vapors from these gases and liquids.
- Do not mix cleaning agents.
- Follow manufacturer's directions and precautions when using these products.
- Keep a multi-purpose fire extinguisher available.
- If your source of heat or your water heater is in the attic, never store any combustibles within three feet.
- Have your heating system inspected annually.

Sample Public Service Announcement # 1

Subject

General Safety for Seniors

Contact

Name: _____
Organization: _____
Telephone: _____

Start use: Immediately
Stop use: Indefinitely

Reading Time: 10 Seconds
Learn how you can protect seniors from burn injury. For free information on Senior Safety Burn Prevention, contact [insert local contact] at [insert local phone number].

Reading Time: 20 seconds
Give seniors the safety they deserve. Burn Awareness Week 2003 salutes our Seniors with Senior Safety Week, February 2-8th. Protect the senior you love and prevent burn injury through information and awareness. Contact [insert local contact] for free information at [insert local phone number].

Reading Time: 30 seconds
The American Burn Association recognizes seniors during Burn Awareness Week, February 2-8, 2003. Keeping our seniors safe starts with you. Seniors are at a greater risk of being burned than other adults. Help them prevent burns that can occur in kitchens, bathrooms, bedrooms and other parts of the home. Learn everything you can to protect and prevent burns and injuries for the senior you love. Contact [insert local contact] at [insert local phone number] for more information on Senior Safety Burn Awareness Week 2003.

Sample Public Service Announcement # 2

Subject

Scald Burns

Contact

Name: _____
Organization: _____
Telephone: _____

Start use: Immediately
Stop use: Indefinitely

Reading Time: 10 Seconds
Scalds are the leading cause of burns among senior citizens. Burn Awareness Week, February 2-8, 2003, focuses on Senior Safety. Learn more about it. Call [insert local contact] at [insert local phone number] for free Senior Safety burn prevention tips.

Reading Time: 20 seconds
Decreased sensation in the older adult can result in scalds and serious burn injuries from showering and bathing. Keep your seniors safe by checking the temperature of their water heater and testing the water temperature before bathing and showering. Please call [insert local contact] at [insert local phone number] for free information.

Reading Time: 30 seconds
Senior citizens have specific challenges that put them at greater risk for burns and injury. Changes in eyesight, mobility and decreased sensation make seniors particularly prone to the hazards in and around the kitchen and bath, where hot water can increase their chances for serious burn injury. Seniors suffering from scald burns are more likely to require hospitalization, develop complications and have permanent injuries. Learn more about how to take care of the senior you love. Contact [insert local contact] at [insert local phone number] for free information.

Sample Public Service Announcement # 3

Subject

Kitchen-Related Burns

Contact

Name: _____
Organization: _____
Telephone: _____

Start use: Immediately
Stop use: Indefinitely

Reading Time: 10 Seconds
Cooking fires are the leading cause of burns in older adults. Learn more about how to prevent burn injuries to seniors by contacting [insert local contact] at [insert local phone number].

Reading Time: 20 Seconds
The senior adult is at high risk for kitchen-related burn injuries. Senior safety is this year's theme for Burn Awareness Week, February 2-8th. The American Burn Association has compiled safety tips to make your home safe for the seniors you love. Call [insert local contact] at [insert local phone number] for more information.

Reading Time: 30 Seconds
The American Burn Association recognizes Senior Safety in this year's 2003 Burn Awareness Campaign, February 2-8th. The senior adult's risk of burn injury can be reduced significantly by following a few simple safety tips, such as cooking on the back burners when possible, keeping pot and pan handles turned away from the stove edge, wearing short-sleeve or tight-fitting clothing while cooking, and using potholders–not towels– when handling hot pots and pans. For more safety tips like these, please contact [insert local contact] at [insert local phone number].

Sample Public Service Announcement # 4

Subject

Smoking-Related Fires

Contact

Name: _____
Organization: _____
Telephone: _____

Start use: Immediately
Stop use: Indefinitely

Reading Time: 10 Seconds
The leading cause of fire deaths in the elderly population is fires caused by smoking. Burn Awareness Week is February 2-8th and Senior Safety is the theme. Learn more by contacting [insert local contact] at [insert local phone number].

Reading Time: 20 Seconds
The use of oxygen therapy for senior adults at home has continued to increase, allowing our seniors to live a more productive and comfortable life. But smoking with oxygen at home can be deadly! Call [insert local contact] at [insert local phone number] for more information.

Reading Time: **30 Seconds**

More then 1,200 Americans over 65 years of age die each year as a result of fire. Adults between the ages of 65 and 75 have a death rate from burns that is twice the national average, while those aged 75 to 85 have a death rate that is 3 times the national average. The leading cause of fire-related deaths among the elderly is smoking. Please consider our seniors' safety. Call [insert local contact] at [insert local phone number] for information on how to prevent these injuries.

AMERICAN BURN ASSOCIATION

NATIONAL BURN AWARENESS WEEK

CAMPAIGN KIT

SENIOR SAFETY NEWSLETTER

(Please contact the American Burn Association for a copy of the newsletter)

FEBRUARY 2-8, 2003

AMERICAN BURN ASSOCIATION

NATIONAL BURN AWARENESS WEEK

CAMPAIGN KIT

SENIOR RESOURCE ORGANIZATIONS

FEBRUARY 2-8, 2003

Senior Resource Organizations

American Burn Association
625 N Michigan Avenue, Suite 1530, Chicago, IL 60611
(312) 642-9260
www.ameriburn.org

Administration on Aging – Department of Health and Human Services
330 Independence Avenue SW, Washington, DC 20201
(202) 401-4541, (800) 677-1116
www.aoa.dhhs.gov

Alzheimer's Association
919 North Michigan Avenue, Suite 1000, Chicago, IL 60611
(312) 335-8700
www.alz.org

American Association of Retired Persons
601 E Street NW, Washington, DC 20049
(202) 434-2277
www.aarp.org

American Red Cross
431 18th Street NW, Washington, DC 20006
(202) 639-3520
www.redcross.org

American Society on Aging
833 Market Street, Suite 511, San Francisco, CA 94103
(415) 974-9600
www.asaging.org

Association of State and Territorial Health Officials
1275 K Street NW, Suite 800, Washington, DC 20005
(202) 371-9090
www.astho.org

Canadian Association of Fire Chiefs
P.O. Box 1227, Station B, Ottawa, ON, Canada K1P 5R3
(613) 270-9138
www.cafc.ca

CARP, Canada's Association for the Fifty-Plus
Suite 300, 27 Queen Street East, Toronto, ON, Canada M5C 2M6
(416) 363-8748

Council of Canadian Fire Marshals & Fire Commissioners
#601, 10808-99 Avenue, Edmonton, AL, Canada T5K 0G5
(403) 415-0550
E-mail: **makey@lab.gov.ab.ca**

Centers for Disease Control and Prevention (CDC)
National Center for Injury Prevention and Control, Division of Unintentional Injury
4770 Buford Highway, N.E., Mailstop K63, Atlanta, GA 30341-3724
(404) 639-3534 / (800) 311-3435
www.cdc.gov

Congressional Fire Services Institute
900 2nd Street NE, Suite 303, Washington, DC 20002
(202) 371-1277
www.cfsi.org

Fire Marshal's Public Fire Safety Council
5775 Yonge Street, 7th Floor, North York, ON, Canada M2M 4J1
(416) 325-3100 / (416) 325-3162
www.gov.on.ca/OFM/fmpfsc/english/index.htm

Fire Prevention Canada
5360 Canotek Road, Unit #4, Ottawa, ON, Canada K1J 9E3
(613) 749-3844
www.fiprecan.ca

International Association of Black Professional Fire Fighters
8700 Central Avenue, Suite 306, Landover, MD 20785
(301) 808-0804
www.iabpff.org

International Association of Fire Chiefs
4025 Fair Ridge Drive, Fairfax, VA 22033
(703) 273-0911
www.iafc.org

International Association of Fire Fighters
1750 New York Avenue NW, 3rd Floor, Washington, DC 20006
(202) 737-8484
www.iaff.org

National Association of Hispanic Firefighters
2821 McKinney Avenue, Suite 7, Dallas, TX 75204
(214) 631-0025
www.nahf.org

National Association of State Fire Marshals
P.O. Box 4137, Clifton Park, NY 12065
(877) 996-2736 / (518) 371-0018
www.firemarshals.org

National Association for Home Care
228 7th Street SE, Washington, DC 20003
(202) 547-7424
www.nahc.org

National Association of Area Agencies on Aging
927 15th Street, 6th Floor, Washington, DC 20005
(202) 296-8130
www.n4a.org

National Association of County and City Health Officials
1100 17th Street NW, 2nd Floor, Washington, DC 20036
(202) 783-5550
www.naccho.org

National Resource Center on Aging and Injury
University Center on Aging, San Diego State University
5500 Campanile Drive, San Diego, CA 92182-1872
(619) 594-6765
www.nrcai.org

National Council on the Aging
409 3rd Street SW, Suite 200, Washington, DC 20024
(202) 479-1200
www.ncoa.org

National Fire Protection Association
Center for High-Risk Outreach
1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269
www.nfpa.org

National Institute on Aging - Public Information Office
Building 31, Room 5C27, 31 Center Drive MSC 2292, Bethesda, MD 20892
(800) 222-2225, (301) 496-1752
www.nih.gov/nia

U.S. Consumer Product Safety Commission - Office of Information and Public Affairs
Washington, D.C. 20207-0001
(301) 504-0580, (800) 638-2772, (800) 638-8270 (TTY)
www.cpsc.gov

U.S. Fire Administration
16825 S. Seton Ave., Emmitsburg, MD 21727
(301) 447-1000
www.usfa.fema.gov

Visiting Nurse Associations of America
11 Beacon Street, Suite 910, Boston, MA 02108
(617) 523-4042
www.vnaa.org

Women in the Fire Service, Inc.
PO Box 5446, Madison, WI, 53705
(608) 233-4768
www.wfsi.org

Websites*

American Burn Association
www.ameriburn.org

Fall Factor Prevention Program
www.pfa.org/firesafe

Center for Injury and Violence Prevention – Elderly Safety
www.vahealth.org/civp/olderadult/

US Fire Administration – Fire and the Elderly
www.usfa.fema.gov/dhtml/public/fserd.cfm

Burn Talk: Prevention
www.burntalk.com/prevention.htm

SaferSafety.com – A Safer Society
www.safersafety.com/a-safer-society.php

**Other websites may be available, please contact your local government agencies, hospitals or fire department.*

Other Programs

"FireCare: Education & Prevention – A Commitment for Life for Senior Citizens"
Public Fire Safety Education Division – Fire Service Academy, Nassau County, NY
899A Jerusalem Avenue, Uniondale, NY 11553
(516) 292-9292

"Older & Wiser"
Fire Marshal's Public Fire Safety Council in partnership with the Mayor and the Council of the City of North York, Canada, the North York Fire Department, and Fire Prevention Canada
5775 Yonge Street, 7th Floor, North York, Ontario, Canada M2M 4J1
(416) 325-3100

"Remembering When: A Fire and Fall Prevention Program for Older Adults"
"Senior Fire Safety with Jonathan Winters" video
National Fire Protection Association
1 Batterymarch Park, Quincy, MA 02269
(800) 344-3555

"SeniorSafe: Burn Prevention for the Mature Adult"
Baptist Burn Center
3300 Northwest Expressway, Oklahoma City, OK 73112-4481
(405) 949-3345

USFA "Let's Retire Fire Fact Sheets"
Publication #K-84
U.S. Fire Administration
16825 South Seton Avenue, Bldg. N, Publication Department, Emmitsburg, MD 21727
(301) 447-1189/1660
www.usfa.fema.gov

Fire/Burn Risk Home Inspection Instrument

Smoking

__ No one in the home smokes
__ Smoking cessation material given to client
__ Only large, deep, non-tip ashtrays present
__ Metal container for ash disposal present
__ Client reminded of the following tips:
  __ It's never too late to quit smoking
  __ No smoking in the bed
  __ No smoking while lying down
  __ No smoking when sleepy
  __ No smoking while using gasoline
  __ No smoking when oxygen is in use
  __ Wet all butts before discarding them
  __ No smoking after consuming alcohol or after taking medication that causes drowsiness

Heaters

__ Nothing is within 3 feet of a heater, furnace, stove or fireplace
__ Heating system has been inspected within the last year
__ No wood stove or fireplace is in use without an adequate fire screen
__ No combustibles stored near heaters or fireplace
__ No electrical heaters without auto-shutoff for tipping or over-heating
__ No gas or kerosene space heaters without appropriate ventilation
__ Phone numbers of gas company and heating service company added to client's frequently-used phone list
__ Client reminded of the following tips:
  __ Never use gasoline or other flammable liquid to start a fire in the stove/fireplace
  __ Always turn off portable heaters when one leaves home or goes to bed
  __ Leave the building and call the gas company if you smell gas
  __ Kerosene in clearly identified container

Electrical

__ No electrical cords placed under rugs or carpet
__ No cords running across doorways
__ No cracked or frayed electrical cords
__ No "permanent" extension cords
__ All electrical appliances have UL labels
__ No electrical outlets are overloaded
__ Switch plates are on all switches and outlets
__ No heating pads in poor condition
__ No electric blankets in poor condition
__ No electrical appliances near tubs or sinks

Kitchen

__ Kitchen area is well lighted
__ Kitchen area is uncluttered
__ Stove, oven, and appliances are in good working condition
__ Pot holders or oven mitts easily accessible
__ Handles of pots, pans and dishes are in good condition
__ Remind client of the following tips:
  __ Never leave the kitchen while you are cooking
  __ Always have lids near the stove to cover a fire in a pan
  __ Always wear short-sleeves or tight-fitting clothing while cooking
  __ Always turn pot handles away from the edge of the stove

Other Safety Issues

__ Water heater set at 120^{O} F or "Warm"
__ Working smoking alarms near bedrooms
__ Walkways, escape routes are free of clutter
__ Emergency numbers are near all phones
__ Client has a realistic fire escape plan written in large print

Burn Treatment Education

__ Client reminded of the following tips:
  __ If clothing catches fire, then stop, drop and roll
  __ If smoke alarm sounds, get out of the house immediately
  __ Cool all burns with cool water for a few minutes, then cover with clean cloth or bandage
  __ Do not put butter or ice on a burn—just cool water
  __ For serious burns, call 911 or your emergency number

Outdoors

__ Gasoline is stored outside the home
__ No leaves or brush piled near the house
__ Client reminded of the following tips:
  __ Never use gasoline for cleaning
  __ Never use gasoline for lighting fires
  __ Never use gasoline for killing weeds or pests

Recommendations for repairs or home improvements:

_____

_____

_____

Date _____ Client _____ Inspected by _____

Acknowledgements

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Burn Awareness Week Campaign Subcommittee - 2003

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User Survey

We appreciate your suggestions and recommendations for future Burn Awareness Week campaigns. Please use the reverse side for additional comments. Please complete this form and return to:

American Burn Association
625 N. Michigan Ave., Suite 1530
Chicago, IL 60611
Fax: 312-642-9130

Date: _____

Profession: Nursing Fire/Life Safety Educator Public Health Educator Other

1. Did the content covered in the campaign kit meet your learning needs?
   Yes No
   If you answered no, please specify what we can include to meet your needs.

2. Was the length of the subjects adequate to cover all information you feel you needed?
   Yes No
3. Were the handouts and resource materials helpful?
   Yes No
4. What did you like most about the campaign?

5. What did you like least about the campaign?

6. How did you hear about the Burn Awareness Week Campaign Kit? Check all that apply.
   ABA website
   Postcard mailed to institution
   Journal of Burn Care and Rehabilitation
   Word of mouth
   Other: _____

7. How did you obtain the materials?
   Obtained hard copy from the ABA Central Office
   Downloaded from the ABA website
   Other: _____

8. What pieces of the campaign kit did you use? Please circle all that apply.
   Educator's Guide
   Statistics
   What is a burn?
   Emergency care for burns
   Publicity guide
   Public Service Announcements
   Public Education Materials
   Fact Sheets
   Newsletters
   Press Releases

Thank you.