The following standards (2014 Red Book, Interagency Standards for Fire and Fire Aviation Operations) will be used when any firefighter sustains burn injuries, regardless of agency jurisdiction.

After on-site medical response, initial medical stabilization, and evaluation are completed, the Agency Administrator or designee having jurisdiction for the incident and/or firefighter representative (e.g., Crew Boss, Medical Unit Leader, Compensations for Injury Specialist, etc.) should coordinate with the attending physician to ensure that a firefighter whose injuries meet any of the following burn injury criteria is immediately referred to the nearest regional burn center.

It is imperative that action is expeditious, as burn injuries are often difficult to evaluate and may take 72 hours to manifest themselves. These criteria are based upon American Burn Association criteria as warranting immediate referral to an accredited burn center.

The decision to refer the firefighter to a regional burn center is made directly by the attending physician or may be requested of the physician by the Agency Administrator or designee having jurisdiction and/or firefighter representative.

The Agency Administrator or designee for the incident will coordinate with the employee’s home unit to identify a workers compensation liaison to assist the injured employee with workers compensation claims and procedures.

Workers compensation benefits may be denied in the event that the attending physician does not agree to refer the firefighter to a regional burn center. During these rare events, close consultation must occur between the attending physician, the firefighter, the Agency Administrator or designee and/or firefighter representative, and the firefighter’s physician to assure that the best possible care for the burn injuries is provided.
Burn Injury Criteria

- Partial thickness burns (second degree) involving greater than 5% Total Body Surface Area (TBSA).
- Burns (second degree) involving the face, hands, feet, genitalia, perineum, or major joints.
- Third-degree burns of any size are present.
- Electrical burns, including lightning injury are present.
- Inhalation injury is suspected.
- Burns are accompanied by traumatic injury (such as fractures).
- Individuals are unable to immediately return to full duty.

*When there is any doubt as to the severity of the burn injury, the recommended action should be to facilitate the immediate referral and transport of the firefighter to the nearest burn center.*

A list of burn care facilities can be found at:

For additional NWCG incident emergency medical information see:
http://www.nwcg.gov/branches/pre/rmc/iems/index.html

Source: 2014 Interagency Standards for Fire and Fire Aviation Operations (Red Book)

Review the supplemental document (attached) with subject line Revised Addendum to Facilitating Treatment of Traumatic Injuries dated July 1, 2013. This document provides further guidance for treatment of burn injuries and tips from ASC. The following is an excerpt from this document: *Obtaining medical treatment for injured employees can involve a complex set of procedures and actions. In order to avoid adverse consequences for the employee, it is imperative that the Office of Workers’ Compensation Programs (OWCP) procedures be adhered to. Communication between the employee or their representative and the Human Resources Management, Workers’ Compensation (HRM WC) office is crucial to avoid unnecessary hardship and/or delays in payment of claims for the injured employee.*