



NOTES FOR GUIDANCE OF FIRST AID AND MEDICAL PERSONNEL

All persons working with hot bitumen should be familiar with these recommendations in order to administer first aid to burn victims. This document should accompany the patient and be placed in a prominent position before transport to Doctor or Hospital.

NO ATTEMPT SHOULD BE MADE TO REMOVE THE BITUMEN AT THE WORKSITE

>> FIRST AID

When an accident has occurred the affected area should be cooled immediately to prevent the heat causing further damage. The burn should be drenched in cold water for at least ten minutes for skin and at least 5 minutes for eyes. However, body hypothermia must be avoided. No attempt should be made to remove the bitumen from the burned area.

>> FURTHER TREATMENT, FIRST AID AND MEDICAL CARE

The bitumen layer will be firmly attached to the skin and removal should not be attempted unless carried out at a medical facility under the supervision of a doctor. The cold bitumen will form a waterproof, sterile layer over the burn which will prevent the burn from drying out. If the bitumen is removed from the wound there is the possibility that the skin will be damaged further, bringing with it the possibility of complications.

Furthermore, by exposing a second degree burn in order to treat it, there is the possibility that infection or drying out will make the wound deeper.

BITUMEN BURNS



>> SECOND DEGREE BURNS

The bitumen should be left in place and covered with a Tulle dressing containing paraffin or a burn ointment containing paraffin, e.g. Flammazine (silver sulphadiazine). Such treatment will have the effect of softening the bitumen enabling it to be gently removed over a period of days. As a result of the natural re-epithelialisation of the wound any remaining bitumen will peel off in time.

>> THIRD DEGREE BURNS

Active removal of the bitumen should be avoided unless primary surgical treatment is being considered due to the location and depth of the wound. In such cases removal of the bitumen is best carried out in the operating theatre between the second and fifth day after the burn occurred. By the second day the capillary circulation has usually recovered and the bed of the wound is such that a specialist can assess the depth to which the burn has penetrated. There are normally no secondary problems such as infections to contend with before the sixth day. However, it is essential to commence treatment using paraffin based substances from the day of the accident to facilitate removal during surgery.

>> CIRCUMFERENTIAL BURNS

Where hot bitumen completely encircles a limb or other body part the cooled and hardened bitumen may cause a tourniquet effect. In the event of this occurring the adhering bitumen must be softened and/or split to prevent restriction of blood flow.

>> EYE BURNS

No attempt should be made to remove the bitumen by unqualified personnel. The patient should be referred urgently for specialist medical assessment and appropriate treatment.

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