

TOOLBOX TALK · EMERGENCY RESPONSE

Burns and First Aid

About 8 minutes to deliver

Cool water for twenty minutes, nothing else on it, and the three kinds of burn that need a hospital regardless of size.

Burns happen on almost every kind of site: hot work, exhausts and manifolds, steam, bitumen, scalding water, chemicals, wet concrete, and electricity. What you do in the first twenty minutes changes how much of it heals.

THERMAL BURNS

- Cool it with cool running water for at least 20 minutes. Not ice, not iced water — ice damages the tissue further and can cause hypothermia over a large burn. Cool tap water.
- Twenty minutes is the number, and it is worth it up to about three hours after the burn.
- Get rings, watches and tight clothing off early, before swelling starts. Do not peel off anything stuck to the burn.
- Cover loosely with cling film laid on (not wrapped round a limb) or a clean non-fluffy cloth.
- Nothing else on it. No butter, no oil, no toothpaste, no ointment, no ice. Anything you put on it has to come off before it can be treated.
- Do not burst blisters.

WHICH ONES GO TO HOSPITAL

Regardless of how small it looks:

- Any burn to the face, hands, feet, genitals, or across a joint.
- Any burn that goes all the way round a limb.
- Deep burns — white, leathery, brown or charred, or one that does not hurt, because that means the nerves are gone.
- Anything bigger than the casualty's palm.
- Any chemical or electrical burn, no matter the size.
- Any burn with smoke inhalation — soot round the nose or mouth, a hoarse voice, coughing black. Airway swelling can close it later.

CHEMICAL BURNS

- Flush with running water immediately, and keep going for at least 20 minutes — longer for strong alkalis.
- Get the contaminated clothing off while flushing. Fabric holds the chemical against skin.
- Brush dry powder off first, before water, or you activate it.
- Wet concrete, lime and mortar are the ones people miss. They are strongly alkaline, they do not hurt at first, and a kneeling worker with concrete inside a boot can end up with a burn down to the bone. Rinse it off and change wet clothing.
- Take the safety data sheet with the casualty.

ELECTRICAL BURNS

Do not touch them until the source is off. Then treat the burn — but the burn is not the problem. Current passing through the body can stop the heart and can destroy muscle along its path with almost nothing to see on the skin. Every electrical shock goes to hospital, including one that "only felt like a tingle", and including one where the person feels fine.

Look for an entry and an exit wound. Both need covering, and both tell the doctor where the current travelled.

ASK THE CREW

- Where is the nearest running water on this site, and how long to reach it?
- Has anyone here had concrete inside a boot and left it there?
- If somebody took a shock this afternoon and felt fine, would they go and get checked?

29 CFR 1926.50 · 29 CFR 1910.151

This is a toolbox talk, not a course. It is general awareness on one topic — not site-specific, not a hazard assessment, and not a substitute for assessment of your workplace by a competent person, your written programs, or manufacturers' instructions. It does not by itself satisfy any OSHA training requirement. Regulations change; verify against the current standard. Whoever delivers it is responsible for deciding it is suitable and sufficient for the work. Where a talk covers first aid, resuscitation, or mental health it is general safety information, not medical advice, not a substitute for professional medical care or certified emergency-response training, and it confers no certification — in an emergency, call 911. Free to print and use, as is, with no warranty of any kind. Migna Safety Solutions · training.mignasafety.com

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ATTENDANCE RECORD

Burns and First Aid

About 8 minutes to deliver · 29 CFR 1926.50 · 29 CFR 1910.151

Date

Job / site

Delivered by

Company

#	Print name	Signature	Date
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I delivered this talk and determined it was suitable for this crew and this work.

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