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# HOUSE COMMITTEE REPORT

(7)

Date referred: 1/11/88

FURTHER REFERRALS: Finance

DATE: 2-11-88

The Health, Education and Social Services Committee has considered HB 332

"An Act relating to the reporting of burn injuries."

**RECOMMENDS:**

- replace with CS HB332 (HESS)  the same title
- attached amendment(s)  a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the \_\_\_\_\_ Committee

**ADOPTS:**  \_\_\_\_\_ letter of intent

**ATTACHES NEW FISCAL NOTE(S):**

- fiscal impact  same as previous fiscal note published \_\_\_\_\_
- zero fiscal note  same as previous zero fiscal note published \_\_\_\_\_
- zero with analysis

**SIGNING DO PASS:**

*W. Ellis*  
 \_\_\_\_\_  
*Steve Korman*  
 \_\_\_\_\_  
*Bill Hurd*  
 \_\_\_\_\_  
*W. Greenberg*  
 \_\_\_\_\_  
*Wayne Sharkey*  
 \_\_\_\_\_  
*Robert E. Hill*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNING OTHER RECOMMENDATIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

*Steve Korman*  
 \_\_\_\_\_  
 CO Chairman's signature  
*W. Ellis*

# STATE OF ALASKA THE LEGISLATURE

POUCH Y - STATE CAPITOL  
JUNEAU, ALASKA 99811  
907-465-3800

## LEGISLATIVE AFFAIRS AGENCY LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

H HESS	2-3-88	8:30 a.m.
H HESS	2-10-88	8:30 a.m.
H HESS	2-11-88	8:30 a.m.

BILL NO:

DATE:

TITLE: HB 332

CONTACT: January 14, 1988

An act relating to the reporting of burn injuries.

Gordon Brunton  
465-4331

DEPARTMENT OF  
PUBLIC SAFETY

AS 08.64 would be amended to add a new section requiring physicians to report cases of burn injuries (more than 5 percent of the body with second or third degree burns, or burns to the upper respiratory tract or laryngeal edema due to the inhalation of super-heated air) to the division of fire prevention within 72 hours after treatment. If the physician believes that the victim will die before the division receives the report, the physician must orally notify the Alaska State Troopers or a local law enforcement agency.

This bill would provide another tool to assist in the apprehension of arsonists and would give the Division a better understanding of burn injuries to assist in their prevention.

We suggest the addition of a penalty provision for wilfull failure to report.

The Department of Public Safety Supports passage with the suggested amendment of HB 332.

*Bayle A. Houtaki*  
for Arthur English  
Commissioner

RECEIVED  
JAN 15 1988  
ALASKA DEPARTMENT OF PUBLIC SAFETY

FISCAL NOTE

REQUEST: \_\_\_\_\_

Revision Date: \_\_\_\_\_  
 Title: An act relating to the reporting of burn injuries.  
 Sponsor: Rep. Koponen  
 Requestor: \_\_\_\_\_

Agency Affected: Public Safety  
 BRU: Fire Prevention  
 Components: \_\_\_\_\_

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES		0	0	0	0	0
TRAVEL		0	0	0	0	0
CONTRACTUAL		3.1	2.9	3.1	3.2	3.4
SUPPLIES		0.5	0.5	0.6	0.6	0.6
EQUIPMENT		3.5	0	0	0	0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		7.1	3.4	3.7	3.8	4.0

CAPITAL		0	0	0	0	0
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REVENUE		0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND		7.1	3.4	3.7	3.8	4.0
FEDERAL FUNDS						
OTHER						
TOTAL		7.1	3.4	3.7	3.8	4.0

POSITIONS:

FULL-TIME		0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See Attachment.

Prepared by: Gordon E. Brunton  
 Division: Fire Prevention

Phone: 465-4331  
 Date: 1/15/88

Approved by Commissioner: [Signature]  
 Agency: Public Safety

Date: 1-25-88

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

FISCAL NOTE  
HOUSE BILL 332

Assumptions:

An estimated 500 burn injuries will be reported each year.

A 5 percent inflation factor is used for subsequent years.

Personal Services. 100 hours per year, clerical and professional time for case management and data control.	\$0.0
Travel.	0.0
Contractual.	
Telephone toll charges to notify law enforcement agencies.	1.3
Printing & distribution of forms & instructions to physicians & law enforcement. (decrease 0.3 after first year)	1.0
Publication of periodic reports.	0.8
Supplies.	
Misc. office supplies, stationery, data storage media.	0.5
Equipment.	
Upgrade microcomputer hard drive/tape backup to increase data storage capacity. (one-time cost)	3.5
Total	\$7.1

S.G. Region

Department of Public Safety  
FIRE PREVENTION

DEC 31 1987



December 31, 1987

PRESS RELEASE

"For Immediate Release"

Contact: Sylvester (Sam) Neal Director, State Fire Marshal's Office (907) 269-5604

ARSONISTS STEAL FROM US ALL

Conservatively over 7 million dollars was stolen from Alaskans in 1986 because of Arson. That's over 13 dollars for every man, woman, and child in this state. Insurance companies paid the direct loss for arson fires; but those of us who pay fire insurance for our homes, businesses, and automobiles repay the insurance companies. Nationwide it is estimated that 40 cents of every fire insurance dollar goes to pay for the crime of arson.

Arson is a growing problem in Alaska; but we can do something about it. It is not impossible to detect, investigate or prosecute arson. Every Alaskan can help improve the chances of an arsonist being caught and convicted. Since one of the most important areas is public involvement,

(more)

ARSONISTS STEAL FROM US ALL (continued)

Alaskans must first realize the magnitude of the arson problem. Second, Alaskans must aid or support the local fire department and law enforcement agencies in efforts to detect arson and suspicious fires and help identify individuals who may have been the arsonist. Public knowledge and observations of a particular fire may provide officials with vitally important information which may otherwise not become known to fire investigators.

If you have knowledge about a suspicious fire, contact your local fire department, law enforcement agency, or the State Fire Marshal's office.

Arson can be stopped, but every Alaskan must be concerned enough to help those agencies who are already fighting the crime which steals from all of us.

FOR MORE INFORMATION, CONTACT YOUR LOCAL FIRE DEPARTMENT OR:

Sylvester (Sam) Neal  
State Fire Marshal's Office  
5700 E. Tudor Road  
Anchorage, Alaska 99507-1225  
Phone: (907) 269-5604

*L. Wetski*  
BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LAW

POUCH K - STATE CAPITOL  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-3600

OFFICE OF THE ATTORNEY GENERAL

December 14, 1984

M E M O R A N D U M

TO: Honorable Bill Sheffield  
Governor

FROM: *Norman C. Gorsuch*  
Norman C. Gorsuch  
Attorney General

RE: Attached bill relating to report of certain injuries  
Our file: 377-019-85

Attached is a bill, requested by the division of Alaska State Troopers, Department of Public Safety, which requires physicians and other health care providers to report to the police their treatment of persons who have received gunshot or stab wounds, or have been intentionally seriously injured. Failure to make a required report is a class B misdemeanor offense, carrying a maximum penalty of a \$1,000 fine and 90 days in jail. Persons who report in good faith are protected from civil or criminal liability.

Alaska is one of the very few states that do not require a doctor to report these potentially life-threatening injuries. The absence of such a provision hampers the timely investigation of some serious assaults, especially in bush areas.

A virtually identical bill, HB 583, was introduced at your request last session (Department of Law file no. 377-021-84), but remained in the House HESS Committee at adjournment.

A draft transmittal letter to the legislature explaining the bill and the need for this legislation is also attached.

NCG:GAH:lb

cc w/enc.: Hon. Robert J. Sundberg, Commissioner  
Department of Public Safety

Colonel Michael Kolivosky, Director  
Division of Alaska State Troopers  
Department of Public Safety

D P A F T

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill that will require physicians, nurses, paramedics, hospital staff, and other health care providers to report their treatment of persons suffering from gunshot wounds, nonaccidental stab wounds, and nonaccidental serious injuries.

An oral transmission of the report must be made immediately (no later than 24 hours) to a state trooper, local police department, or local village police officer, and this must be followed by a written report. Both reports must include the name and present whereabouts of the injured person, and a description of the character and extent of his injuries. Failure to make a report as required is a class B misdemeanor, carrying maximum penalties of a \$1,000 fine and up to 90 days in jail. A person who makes a report in good faith is immune from civil or criminal liability for making the report.

The purpose of this reporting requirement is twofold. It will allow police officers to take steps to protect the victim of a crime who may be too badly injured or too frightened to report the assault. It will also allow officers to immediately investigate the apparent commission of a serious crime, and may aid in the apprehension of the offender and the protection of the public from future

harm.

Alaska is one of very few states in the nation which do not require a treating physician to report gunshot or stab wounds. The absence of such a requirement under current law means that some serious assaults are never reported to law enforcement authorities, especially in the remote villages and rural areas of the state. Even if a shooting or stabbing is eventually reported to the authorities, investigation may be hampered by the passage of time and the loss of valuable evidence.

The bill requires the report of all gunshot wounds. Other than those, only injuries that appear to have been deliberately inflicted must be reported. Clearly accidental injuries are excluded from the law's requirements. In light of the justified public concern about the level of violent crime in our society, and the important public safety interests which this reporting requirement would serve, I urge your prompt action on this bill.

Sincerely,

Bill Sheffield  
Governor



Official Business

**COMMITTEE:**

HOUSE HESS

**DATE:** 2-11-88

**SIGN-IN**

**Subject of meeting:**

HB 277 Immunization of Minors  
 HCR 4 Children's Law Task Force  
 HB 332 Burn Injuries  
 HB 409 WAMI

NAME	ADDRESS	PHONE	REPRESENTING	DO YOU WANT TO TESTIFY? if yes, which one
CHRIS CAREY		2828	REP. COLLINS	1224 ✓
Elysha Ward	Box H-06 Juneau	5-3098	NHSS	277 yes
Jim Munnell	Box 1746	274	ACPE	no
Shannon Kohler	Box 1746 Sitka, AK	262-3825		Yes all ✓
David B. Alexander	9601 Prospect Anchorage, 99516	346-1177	ASMA	HB 277 @ 1:30 yes ✓
Gayle Horvatski	Box N Juneau 99811	465-4322	DPS	HB 332 yes
CHARLES STEINER Ch. Steiner	1001 Noble FBX AK	452-1011	Self, ASMA	HB 277 Here @ 1:30 yes ✓
Nina Keeler Kinney	Dept of Public Safety PO Box N Juneau 99811	465-4356	Dept. of Public Safety	HCR 4 Available for questions ✓
DAVID JOHNSON	3012 TONGASS AVE KETCHIKAN	225-5146	ALASKA STATE MEDICAL ASSOCIATION	YES <del>NO</del> HB 332
Commissioner Mulsom Yvonne Chase	Box H-05 Juneau	465-3030	DHSS	YES

Original sponsors: Koponen and Collins

1 IN THE HOUSE

PROPOSED

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 332 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the reporting of certain in-  
7 juries."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 \* Section 1. AS 08.64 is amended by adding a new section to read:

10 Sec. 08.64.337. <sup>Health Care Professionals</sup> ~~PHYSICIANS~~ TO REPORT CERTAIN INJURIES. (a) A  
11 <sup>health care professional</sup> ~~physician~~ who treats or attends to a person with an injury described  
12 in (b) of this section shall make certain that an oral report of the  
13 injury is made promptly to <sup>the Department of Public Safety,</sup> a local law enforcement agency, or village  
14 public safety officer. <sup>health care professional</sup> The ~~physician~~ shall make certain that a writ-  
15 ten report of <sup>and</sup> ~~the~~ injury <sup>under (b)(1) or (2) of this section</sup> is submitted to the Department of Public  
16 Safety ~~in Juneau~~ within three working days after the person is  
17 treated. The report shall be on a form provided by the department.

18 (b) The following injuries shall be reported under (a) of this  
19 section:

- 20 (1) second or third degree burns to five percent or more of
- 21 a patient's body;
- 22 (2) a burn to a patient's upper respiratory tract or
- 23 laryngeal edema due to the inhalation of super-heated air;
- 24 (3) a bullet wound, powder burn, or other injury apparently
- 25 caused by the discharge of a firearm;
- 26 (4) an injury apparently caused by a knife, axe, or other
- 27 sharp or pointed instrument, unless the injury was clearly accidental;
- 28 and
- 29

1 patient, unless the injury was clearly accidental.

2 (c) A person who violates this section is guilty of a violation.  
3 The court shall send a certified copy of a judgment of conviction  
4 under this section to the state medical board.

5 (d) In this section, "~~health care professional~~ physician" does not include a practitioner  
6 of religious healing.

7  
8 "health care professional" includes an  
9 emergency medical technician, a health  
10 aide, a physician, a nurse, a paramedic,  
11 and a physician's assistant, but

12  
13  
14  
15 (e) A person who, in good faith, makes a report under this  
16 section, or who participates in judicial proceedings related to a  
17 report under this section, is immune from any civil or criminal lia-  
18 bility which might otherwise be incurred as a result of making such a  
19 report or participating in such judicial proceedings.  
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5-1358L  
Hein  
2/10/88

Original sponsors: Koponen and Collins

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 332 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

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13 injury is made promptly to a local law enforcement agency or village  
14 public safety officer. The physician shall make certain that a writ-  
15 ten report of the injury is submitted to the Department of Public  
16 Safety in Juneau within three working days after the person is  
17 treated. The report shall be on a form provided by the department.

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23 laryngeal edema due to the inhalation of super-heated air;

24 (3) a bullet wound, powder burn, or other injury apparently  
25 caused by the discharge of a firearm;

26 (4) an injury apparently caused by a knife, axe, or other  
27 sharp or pointed instrument, unless the injury was clearly accidental;  
28 and

29 (5) an injury that is likely to cause the death of the

1 patient, unless the injury was clearly accidental.

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*The Commonwealth of Massachusetts*  
*Department of Public Safety*

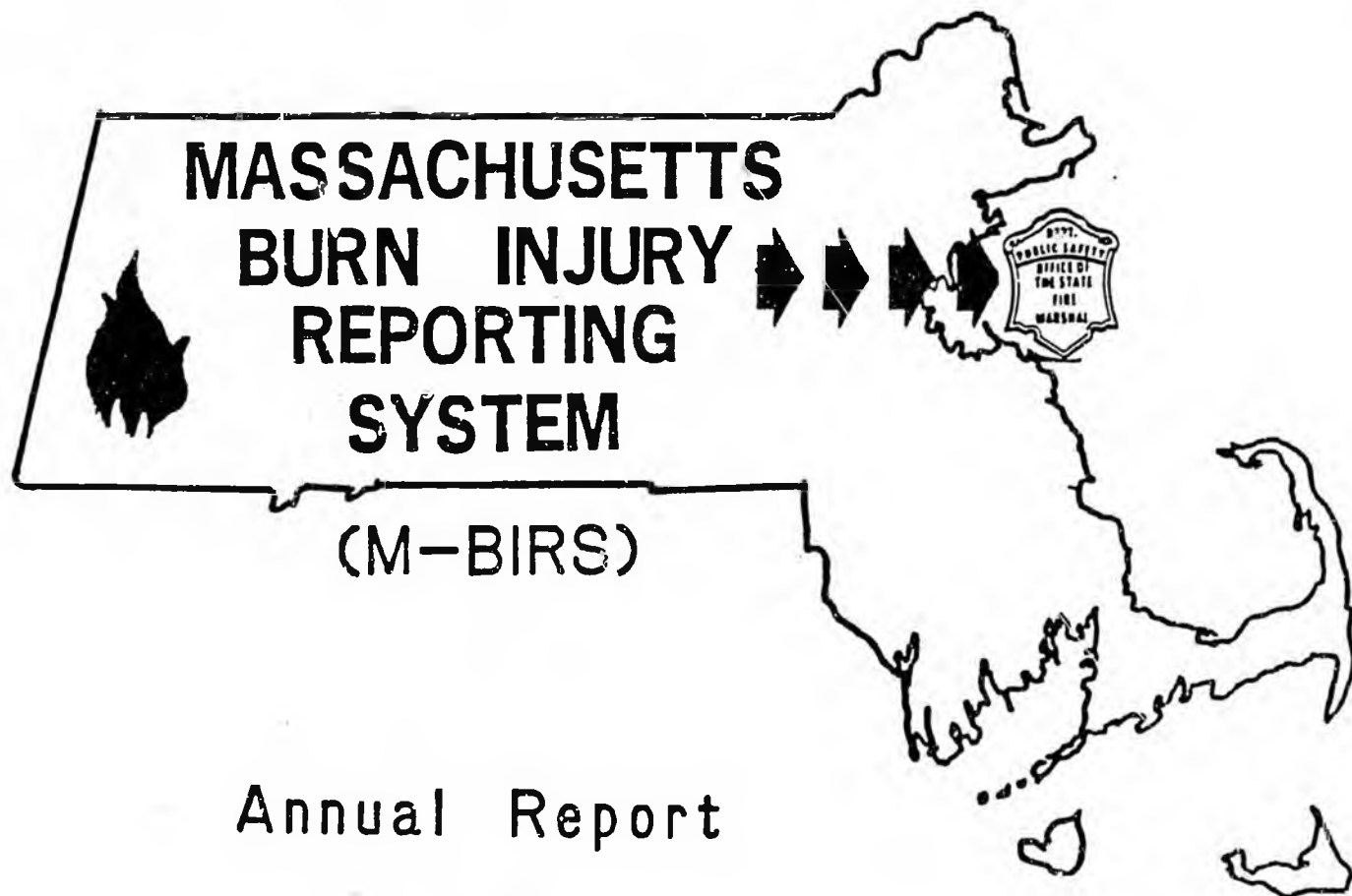


Michael S. Dukakis  
*Governor*

Frank J. Trabucco  
*Commissioner*

Charles V. Barry  
*Secretary*

Joseph A. O'Keefe  
*State Fire Marshal*



Annual Report

1985



# *The Commonwealth of Massachusetts*

## *Department of Public Safety*

JOSEPH A. O'KEEFE, PE  
State Fire Marshal

OFFICE OF THE STATE FIRE MARSHAL  
1010 Commonwealth Avenue  
Boston, Massachusetts 02215

(617) 566-4500

MAY 5 1986

### THE MASSACHUSETTS BURN INJURY REPORTING SYSTEM (M-BIRS)

The Massachusetts Burn Injury Reporting System was implemented on June 1, 1984 in accordance with Chapter 112, Section 12A of the Massachusetts General Laws.

Under the provisions of the law, the treatment of all burns of 5% or more of a person's body surface area must be reported immediately to the Commissioner of Public Safety by the attending physician and/or the treatment facility.

M-BIRS was established primarily as an additional tool in the war against arson by establishing an early warning system for the detection of arsonists who may burn themselves accidentally in the course of their crime, as is not uncommon.

The M-BIRS system is the first such mandatory burn reporting mechanism in the nation. Many other states are now considering instituting a similar system and the State of New York has established their burn reporting system patterned closely after the M-BIRS.

1985, the first full year of operation for M-BIRS, saw the reporting of more than 600 serious burns, some of them under highly suspicious circumstances and presently under investigation.

The M-BIRS has had the anticipated ancillary benefits of establishing an automated burn data base for use in developing effective burn prevention programs in the Commonwealth.

With the continued cooperation of local fire, police and health organizations, M-BIRS will reach its optimum effectiveness in the fight against arson and the protection of our citizens from fire and burns.

*Joseph A. O'Keefe*  
Joseph A. O'Keefe  
State Fire Marshal

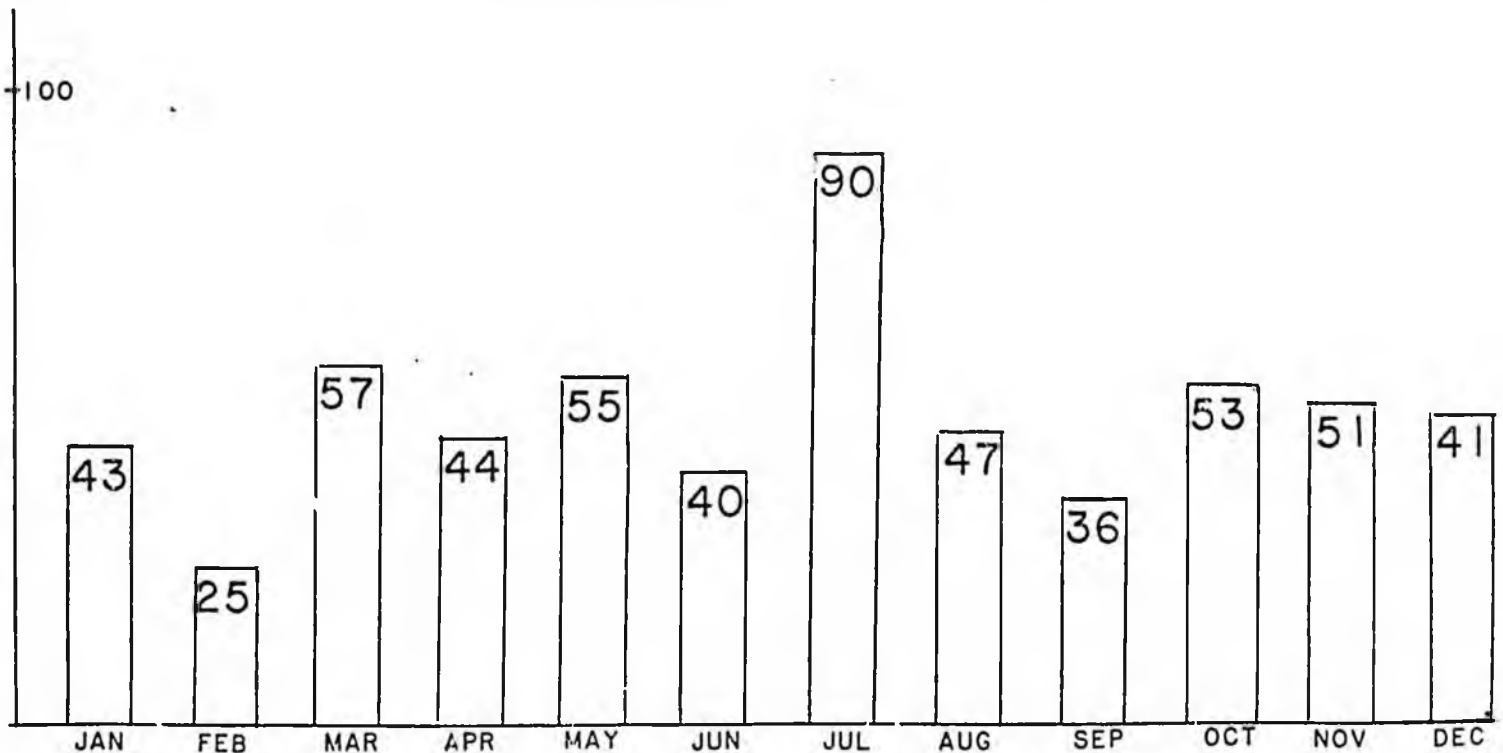
## MASSACHUSETTS BURN INJURY REPORTING SYSTEM

In 1985, the first full year of the Massachusetts Burn Injury Reporting System (M-BIRS), 589 burn reports were received from 94 Massachusetts hospitals and health clinics (see Table 1.). Burn injuries of 5% or more of the body surface area must be reported to the Commissioner of Public Safety immediately through a 24-hour toll free hotline by the initial attending physician or medical facility. Then, the burn must be reported on a card and mailed to the State Fire Marshal's Office.

An average of 49 burns were reported monthly, ranging from 25 in February (the low) to 90 in July (the high). Based on the average, twice as many serious burns occur in July than can be expected in other months. This is consistent with analysis of burn reports submitted in 1984. (The Burn Registry was implemented on June 1, 1984.) July was also the "worst" months for burns in 1985. Graph A. below shows the reported burns by month.

Graph A.

### INCIDENCE OF BURNS BY MONTH (Total-589)



SOURCE: 1985 reports to the Massachusetts Burn Injury Reporting System (M-BIRS).

## CAUSES BY MONTH

For every month except July, the number 1 ranked cause of burns is hot liquid scalds. These scalds are due to knocked over cups of coffee, too hot tap water, and cooking accidents.

For the winter months, November, December, January, February and March, house fires are the number 2 ranked cause of burns.

In May through October, radiator explosions and hot car parts are a leading cause of burns, becoming number 1 in July.

For all months of the year, cooking accidents are a leading and consistent cause of burns. They rank number 2, 3, or 4 depending on the season.

From May through October, gasoline is a leading cause of burns.

It is interesting to note that the top five ranked causes of burns: scalds, house fires, cooking accidents, gasoline and hot car parts/radiator explosions, are consistent. They change places in the ranking and reorder themselves based on seasonal fluctuations. ( See Table 2.).

## AFFECTED AGE GROUPS

Adults ( aged 21-64) comprise over half, 52% of the total burns reported; children 10 and under account for 22% of burn victims and teenagers represent 18%. (See Graph B.).

## CAUSES

The leading causes of burn injuries in Massachusetts during 1985 were: hot liquid scalds; electrical burns; house fires; cooking accidents;

Table 2.

LEADING CAUSES OF BURNS REPORTED IN EACH MONTH

JANUARY-41

<u>Cause</u>	<u># Burns</u>
Scald	10
House Fires	7
Cooking	6
Gasoline	3
Smoking Materials	2
Electrical	2
Hot Car Parts	2
All others	19

MAY-55

<u>Cause</u>	<u># Burns</u>
Scald	13
Hot Car Part	6
Gasoline	5
Cooking/BBQ	5
Electrical	4
House Fire	3
Chemical	2
All others	17

FEBRUARY-25

<u>Cause</u>	<u># Burns</u>
Scald	10
House Fires	4
Smoking Materials	2
Grease	2
All Others	7

JUNE-40

<u>Cause</u>	<u># Burns</u>
Scald	8
Cooking/BBQ	4
Fireworks	4
Hot Car Part	3
Sunburn	3
Chemical	3
All Others	15

MARCH-57

<u>Cause</u>	<u># Burns</u>
Scald	19
House Fires	17
Cooking	4
Smoking Materials	2
Gasoline	2
All others	13

JULY-90

<u>Cause</u>	<u># Burns</u>
Hot Car Parts	15
Fireworks	14
Hot Liquid Scalds	11
Smoking Materials	5
Cooking/BBQ	3
Sunburn	3
Boat Fires	2
All others	37

APRIL-44

<u>Cause</u>	<u># Burns</u>
Scald	13
Cooking	5
House Fires	4
Explosion	3
Motor Vehicle Accident	3
Chemical	3
Electrical	2
All Others	11

AUGUST

<u>Cause</u>	<u># Burns</u>
Hot Liquid Scalds	13
Gasoline	6
Hot Car Parts	5
Appliances	3
Electrical	3
All others	17

Table 2. (cont'd)

SEPTEMBER-36

<u>Cause</u>	<u># Burns</u>
Hot Liquid Scalds	12
Gasoline	7
House Fires	2
Chemical	2
Smoking Materials	2
All others	11

NOVEMBER-51

<u>Cause</u>	<u># Burns</u>
Scalds	20
Chemical	4
House Fires	4
All others	21

OCTOBER-53

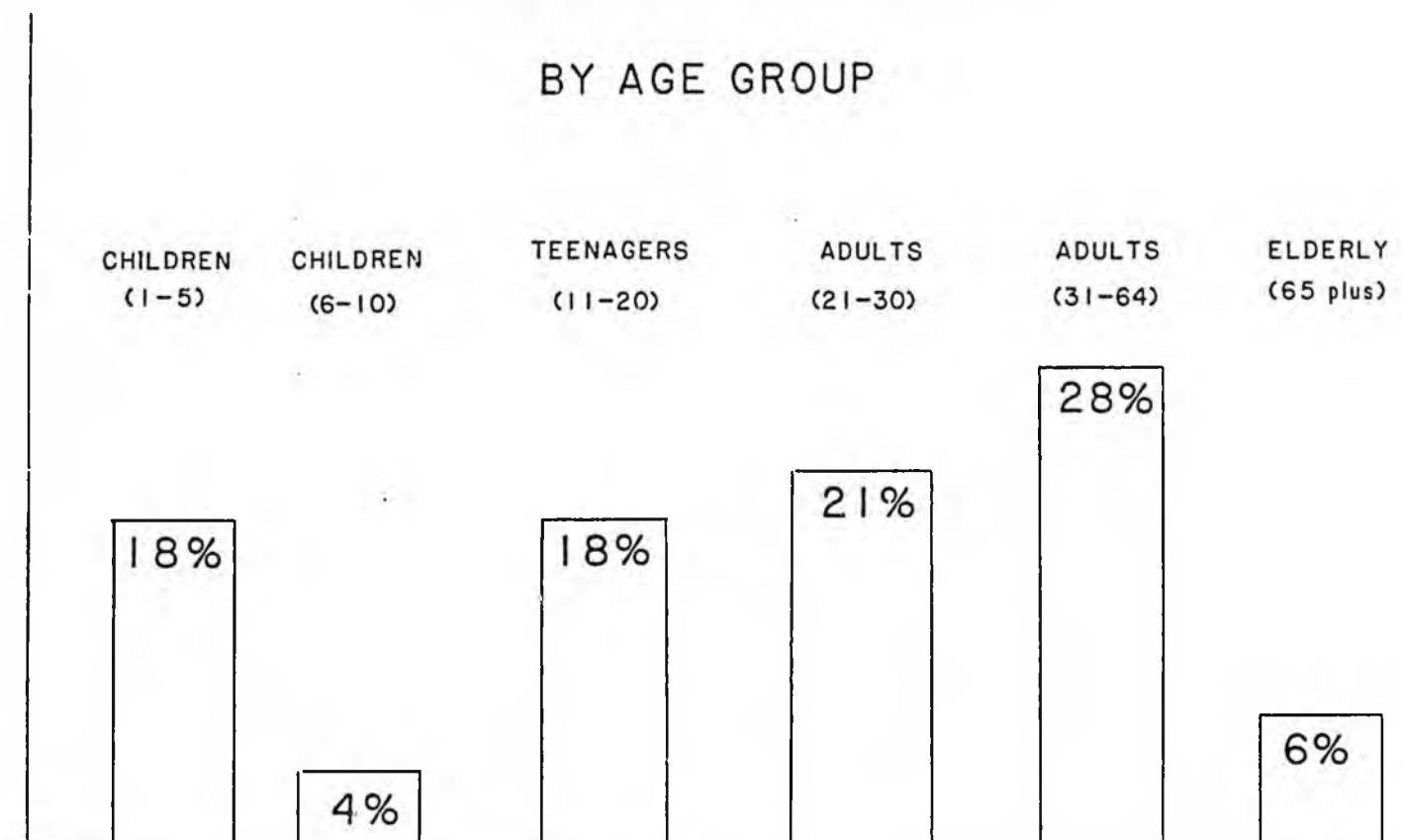
<u>Cause</u>	<u># Burns</u>
Scalds	18
Gasoline	9
Smoking Materials	4
Hot Car Parts	4
House Fires	2
All others	16

DECEMBER-41

<u>Cause</u>	<u># Burns</u>
Scalds	14
House Fires	4
Cooking	3
Electrical	2
Woodstoves	2
All others	16

Graph B.

INCIDENCE OF BURNS  
BY AGE GROUP

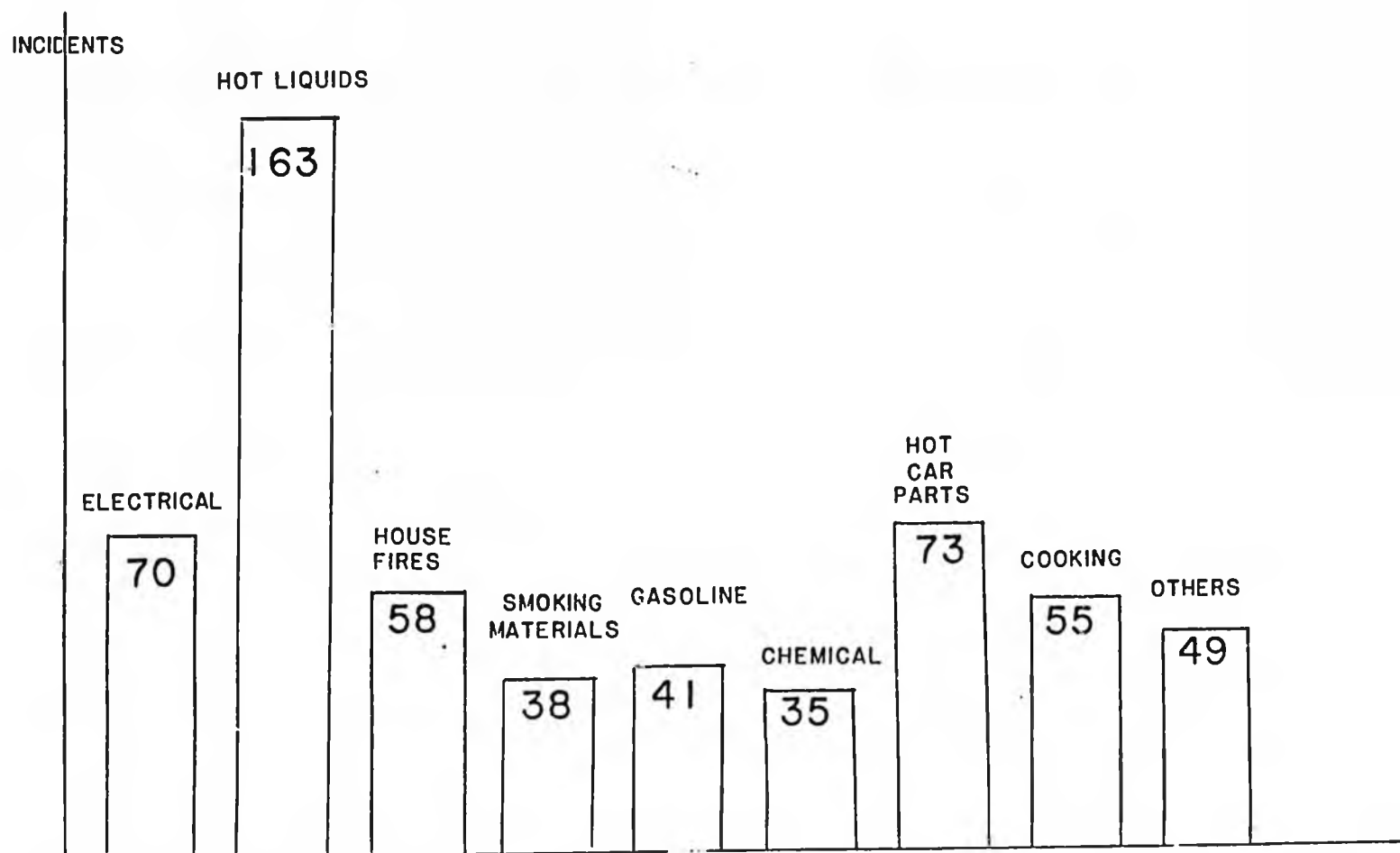


SOURCE: 1985 reports to the Massachusetts Burn Injury Reporting System (M-BIRS).

Graph C.

# LEADING CAUSES OF BURNS

Total Population



SOURCE: 1985 reports to the Massachusetts Burn Injury Reporting System (M-BIRS).

hot car parts and radiator explosions; fireworks; and steam scalds. This is based on total burns.

#### CAUSES BY AGE GROUP

Children 5 and under accounted for 18% of all reported burns. 82 of the 106 burns for this age group, or 77% were caused by hot liquid scalds from coffee, tea, boiling water, and excessively hot bath water. 6% were received in house fires.

The 6-10 year old age group counted 29 victims; 50% of these burns were caused by hot liquid scalds and 16% occurred in house fires.

111 victims were teenagers 11-20 years old. 14% were caused by radiator explosions and hot car parts. 14% of these burns occurred while using gasoline. An additional 14% were due to fireworks. 12% of burns in this age group were cooking accidents.

21-30 year olds are the largest group of burn victims representing 21% of the total. The leading causes of burns for this age group were: car radiator explosions/hot car parts (16%); chemical burns (15%); hot liquid scalds (13%); cooking accidents (12%); and misuse of smoking materials (7%).

72 victims were 31-40 years old. 18% of these burns were caused by hot car parts and radiator explosions; 13% occurred in house fires; 9% happened while working with gasoline.

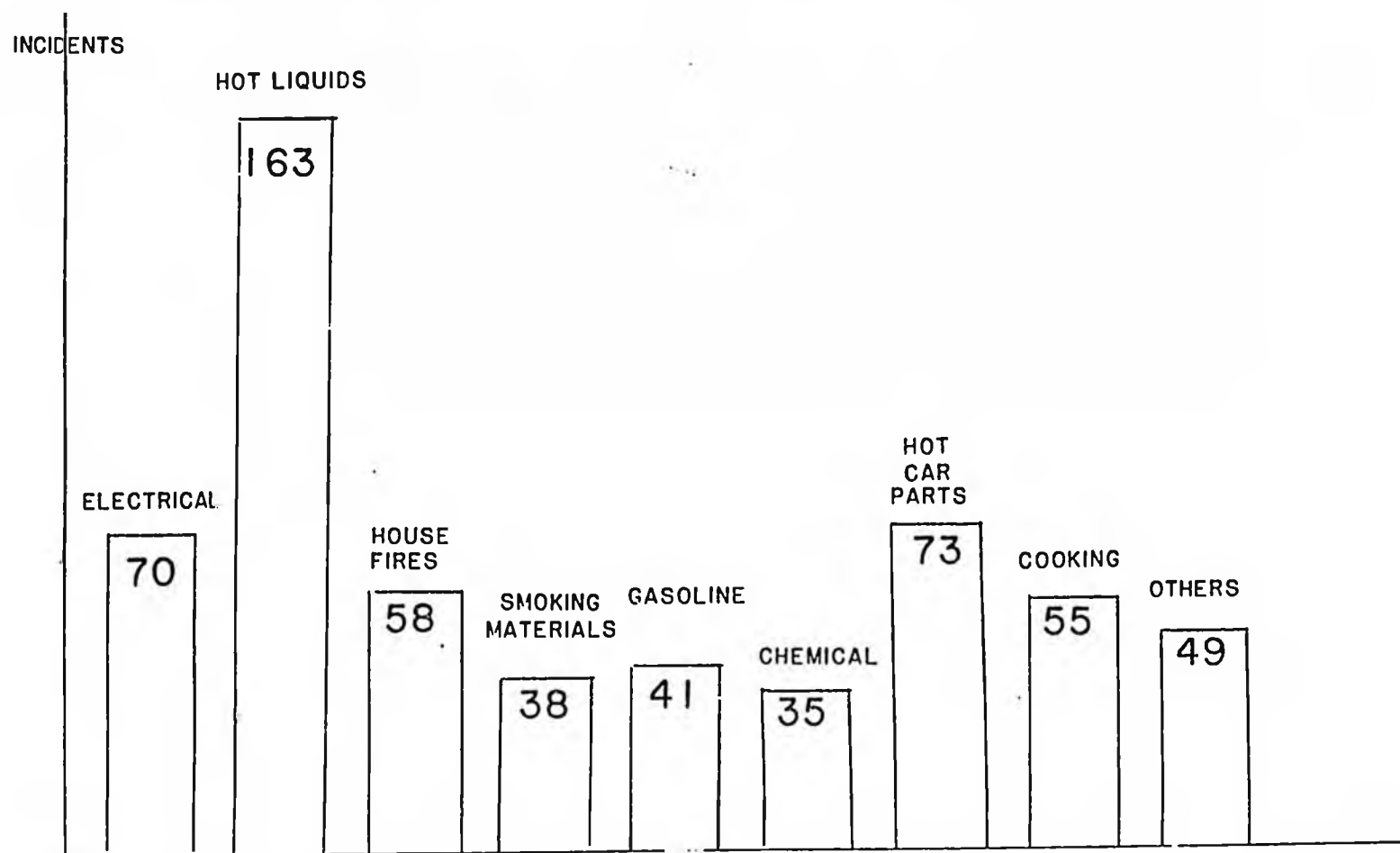
9% of the reported burn victims were aged 41-50. Nearly one-quarter of these burns were from hot car parts and radiator explosions. Hot liquid scalds caused 18%. 12% of these burns occurred in house fires. 9% of the burns were the result of the misuse of smoking materials.

6% of 1985's burn injuries involved 51-64 year olds. Hot liquid spills and house fires each caused 15% of these burns. 11% were due to the misuse of smoking materials.

Graph C.

# LEADING CAUSES OF BURNS

Total Population



SOURCE: 1985 reports to the Massachusetts Burn Injury Reporting System (M-BIRS).

Table 3.

## TABLE OF CAUSES OF BURNS BY AGE GROUP

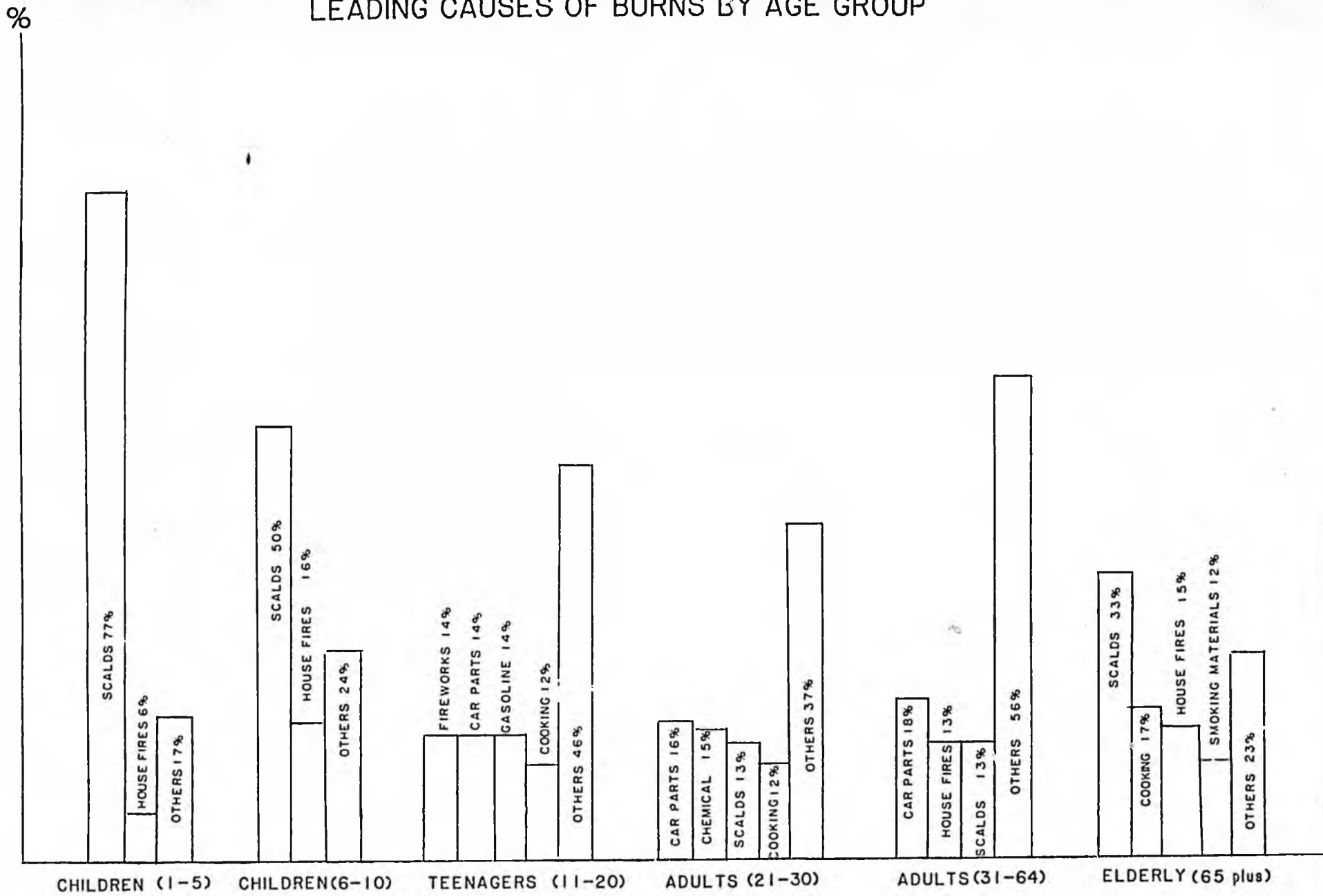
CAUSES	AGE								UNK	ROW TOTAL
	0-5	6-10	11-20	21-30	31-40	41-50	51-64	65+		
Hot Liquid Scalds	84	13	12	18	7	10	7	13	2	166
House Fires	7	4	3	13	10	7	7	6		57
Radiator Explosion/ Hot Car Parts	1	0	16	20	11	9	5	1	1	63
Car Fires	0	0	3	4	3	2	0	0		12
Gasoline	0	3	15	8	7	6	2	1		42
Cooking Accidents	5	0	13	16	3	7	4	7		55
Fireworks	1	2	15	1	4	0	0	1		24
Smoking Materials	2	3	3	9	4	5	5	5		36
Chemicals	3	0	7	14	3	1	2	0		30
Steam	2	3	2	3	2	2	0	1		15
Electricity	0	0	4	10	5	2	3	1		25
Clothing On Fire	0	0	2	0	0	0	2	2		6
Brush/Bon Fire	2	0	4	4	1	2	0	1		14
Gunpowder	0	0	5	2	0	1	0	0		8
Sunburn	0	0	2	2	2	0	0	0		6
Boat Fires	0	0	0	0	2	0	2	0		4
Appliances	4	1	1	0	1	0	0	1		8
Portable Heaters	0	0	3	1	0	0	0	0		4
Furnaces	0	0	1	0	1	3	1	0		6
Bombs	0	0	0	1	0	0	0	0		1
Self-Immolation	0	0	0	3	1	0	0	0		4
Plane Crashes	0	0	0	0	0	1	0	0		1
Undetermined									1	1
Column Total	111	29	111	129	67	58	40	40	4	589
Column % of Total*	19%	5%	19%	22%	11%	10%	7%	7%	1%	100%

\* Percentages are rounded off and may not appear to total 100%.

SOURCE: 1985 reports to the Massachusetts Burn Injury Reporting System (M-BIRS).

Graph D.

# LEADING CAUSES OF BURNS BY AGE GROUP



SOURCE: 1985 reports to the Massachusetts Burn Injury Reporting System (M-BIRS).

Table 4.

LEADING CAUSES OF BURNS BY AGE GROUP

AGE 0-5 Total = 111

Hot Liquid Scalds-84  
House Fires-7

AGE 6-10 Total = 29

Hot Liquid Scalds-13  
House Fires-4

AGE 11-20 Total = 111

Hot Car Parts/  
Radiator Explosion-16  
Gasoline-15  
Fireworks-15  
Cooking-13

AGE 21-30 Total = 129

Hot Car Parts/  
Radiator Explosions-20  
Chemicals-14  
Hot Liquid Scalds-18  
Cooking-16  
Smoking Materials-9

AGE 31-40 Total = 67

Hot Car Parts/  
Radiator Explosions-11  
House Fires-10  
Hot Liquid Scalds-7  
Gasoline-7

AGE 41-50 Total = 58

Hot Car Parts/  
Radiator Explosions-19  
Hot Liquid Scalds-10  
House Fires-7  
Cooking-7  
Smoking Materials-5

AGE 51-64 Total = 40

Hot Liquid Scalds-7  
House Fires-7  
Smoking Materials-5  
Hot Car Parts/  
Radiator Explosions-5

AGE 65 and over Total = 40

Hot Liquid Scalds-13  
Cooking-7  
House Fires-6  
Smoking Materials-5

The elderly, people aged 65 and over, accounted for 6% of total burn victims. Hot liquid scalds caused one-third (33%) of these burns. Cooking accidents caused 17% of the elderly's burns. 15% occurred as the result of house fires; and 125 were due to the misuse of smoking materials.

Graph D. shows the leading causes of burns for each age group. Table 3. shows the total number of burns by cause and age group. Table 4. shows only the leading causes of burns by age group.

#### GEOGRAPHICAL DEMOGRAPHICS

Burn victims during 1985 came from 180 different Massachusetts cities and towns and from every county. People came from all the large population centers and from many rural communities. (See Table 5.) Massachusetts hospitals also treated and reported the burn injuries of 30 people who live outside of Massachusetts. Graph E. depicts the number of burn victims by their county of residence.

#### CONCLUSIONS

The preceding analysis of Massachusetts burns in 1985 shows the extent to which fire prevention and burn prevention overlap. It is our hope that fire prevention agencies, public health officials, the medical community, educators, and community groups can together use this information to form a "road map" for burn prevention strategies.

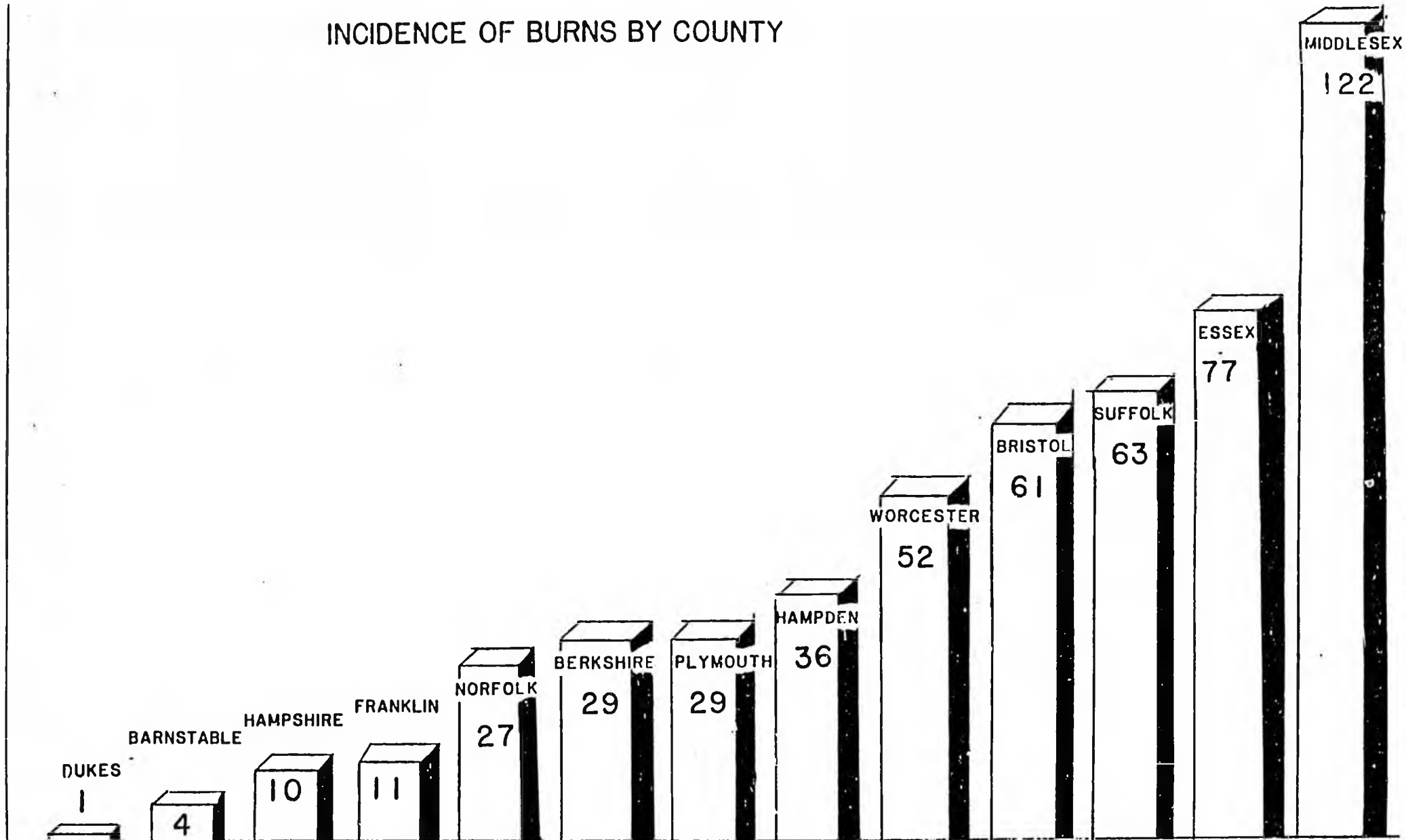
It is abundantly clear that the public needs greater education on preventing scalds to young children in the home; on how to react to cooking accidents which get out of control; the dangers inherent in car radiators and hot car parts; the dangers in using fireworks and gasoline; and the message about the careless use and disposal of smoking materials cannot be reiterated enough.

Some of these messages should be communicated all year long, and some should be targeted to the season when they most frequently occur.

The audience for burn prevention messages is also quite clear. Parents should be the target for messages about keeping pot handles from hanging over the edge of the stove; for testing bath water and for not letting children bathe unattended; for keeping cups of coffee and tea far from the reach of curious hands. Teenagers need education on not touching car radiators while hot and under pressure; about proper auto mechanics and the proper use of gasoline; the dangers of fireworks; and how to react to cooking accidents. All age groups need to learn the incredible importance of installing and maintaining smoke detectors and of practicing home exit drills, since house fires are a leading cause of burns and deaths across all age groups.

Graph E.

### INCIDENCE OF BURNS BY COUNTY



SOURCE: 1985 reports to the Massachusetts Burn Injury Reporting System (M-BIRS).

Table 5.

1985 BURN REPORTS BY VICTIMS ADDRESS

ABINGTON - 1	FAIRHAVEN - 1	NATICK - 1
ACTON - 1	FALL RIVER - 8	NEEDHAM - 2
ACUSHNET - 3	FITCHBURG - 2	NEW BEDFORD - 9
ADAMS - 2	FLORIDA - 1	NEWTON - 5
AMESBURY - 1	FRAMINGHAM - 6	NORTH ADAMS - 2
ARLINGTON - 4	FREETOWN - 4	NORTH ANDOVER - 3
ATHOL - 3		NORTH ATTLEBORO - 3
ATTLEBOROUGH - 6	GARDNER - 1	NORTHBOROUGH - 2
AYER - 1	GLOUCESTER - 6	NORTHBRIDGE - 3
	GRAFTON - 2	NORTON - 1
BARNSTABLE - 2	GRANBY - 3	NORWOOD - 2
BELCHERTOWN - 1	GREAT BARRINGTON - 2	
BELMONT - 2	GREENFIELD - 4	ORANGE - 1
BERNARDSTON - 1	GROTON - 1	OTIS - 1
BEVERLY - 5		
BILLERICA - 8	HANSON - 2	PALMER - 1
BLACKSTONE - 1	HAVERHILL - 6	PEABODY - 9
BOSTON - 54	HINGHAM - 1	PEPPERELL - 1
BOURNE - 1	HINSDALE - 2	PITTSFIELD - 10
BRAINTREE - 6	HOLDEN - 4	PLYMOUTH - 1
BROCKTON - 19	HOLLISTON - 3	
BROOKFIELD - 1	HOLYOKE - 4	QUINCY - 10
BROOKLINE - 1	HUDSON - 1	
BURLINGTON - 1		RANDOLPH - 1
	IPSWICH - 2	REHOBOTH - 1
CAMBRIDGE - 11		REVERE - 5
CARLISLE - 1	LANESBORO - 2	ROCHESTER - 1
CHELMSFORD - 3	LAWRENCE - 9	ROCKLAND - 1
CHELSEA - 4	LENOX - 1	ROWLEY - 1
CHICOPEE - 2	LEOMINSTER - 5	
CLINTON - 1	LEXINGTON - 1	SALEM - 4
CONWAY - 1	LOWELL - 16	SALISBURY - 3
	LUNENBURG - 2	SAUGUS - 1
DANVERS - 1	LYNN - 21	SCITUATE - 2
DARTMOUTH - 7		SHELBURNE FALLS - 1
DEDHAM - 1	MALDEN - 7	SHERBORN - 1
DIGHTON - 3	MANSFIELD - 2	SHREWSBURY - 1
DOUGLAS - 1	MARLBOROUGH - 2	SOMERSET - 3
DRACUT - 3	MARSHFIELD - 1	SOMERVILLE - 8
DUDLEY - 1	MASHPEE - 1	SOUTHBRIDGE - 1
	MEDFIELD - 1	SPENCER - 2
EAST BRIDGEWATER - 2	MEFORD - 9	SPRINGFIELD - 8
EAST LONGMEADOW - 1	MELROSE - 1	STOCKBRIDGE - 2
EASTHAMPTON - 5	METHUEN - 5	STOUGHTON - 2
EVERETT - 1	MILFORD - 1	SWANSEA - 1
	MONTAGUE - 1	
	(Turners Falls-1)	

Table 5. (cont'd)

1985 BURN REPORTS BY VICTIMS ADDRESS (CONT'D)

TAUNTON - 7  
TEMPLETON - 1  
TEWKSBURY - 3  
TOWNSEND - 2  
TYNGSBORO - 3  
  
UXBRIDGE - 1  
  
WAKEFIELD - 2  
WARE - 1  
WAYLAND - 4  
WEBSTER - 5  
WEST SPRINGFIELD - 1  
WEST STOCKBRIDGE - 1  
WEST TISBURY - 1  
WESTFIELD - 6  
WESTFORD - 1  
WESTON - 1  
WESTPORT - 2  
WEYMOUTH - 2  
WILBRAHAM - 1  
WILLIAMSTOWN - 3  
WILMINGTON - 1  
WINCHESTER - 4  
WOBURN - 5  
WORCESTER - 11  
  
UNKNOWN - 30  
  
OUT OF STATE - 30

BURN REPORTS BY COUNTY OF VICTIMS' ADDRESS

BARNSTABLE - 4  
BERKSHIRE - 29  
BRISTOL - 61  
DUKES - 1  
ESSEX - 77  
FRANKLIN - 11  
HAMPDEN - 36  
HAMPSHIRE - 10  
MIDDLESEX - 122  
NANTUCKET - 0  
NORFOLK - 27  
PLYMOUTH - 29  
SUFFOLK - 63  
WORCESTER - 52

Table I.

Hospitals

Addison Gilbert-6	Henry Heywood-3
Amesbury-0	Haverhill Municipal-9
Anna Jacques-3	Harrington Memorial-5
Athol Memorial-5	Hillcrest-1
Atlanticare-1	Holden District-4
Brigham and Women's-26	Holyoke-10
Baystate Medical-9	HS-Medford-1
Boston City Hospital-5	Hubbard Regional-8
Berkshire Medical Center-21	Hunt Memorial-1
Beverly-7	Ipswich-1
Beth Isreal-1	J.B. Thomas-2
Bon Secours-14	Jordan-0
Boston V.A.-1	Lahey-4
Brockton-5	Lawrence General-2
Burbank-3	Lawrence Memorial-5
Cardinal Cushing-12	Leominster-6
Carney-1	Lowell General-11
Central-1	Ludlow Hospital Society-0
Charlton Memorial-13	Lynn-25
Chelsea Memorial-1	Malden-6
Children's-8	Marlborough-5
Choate Memorial-2	Mary Lane-4
Cooley Dickinson-3	M.A. Eye and Ear-1
Fairhaven-1	Melrose/Wakefield-2
Fairlawn-1	Mercy-10
Fairview-3	M.A. General-92
Falmouth-1	Milton-Whitinsville-3
Farren Memorial-3	Milton-3
Faulkner-0	Morill Place-1
Framingham Union-10	Morton-12
Franklin Medical Center-5	Mt. Auburn-5
Goddard Memorial-5	North Adams Regional-6

Table I (cont'd)

Nantucket-1	Sturdy Memorial-9
Nashoba Community-6	Tobey-1
New England Medical Center-3	UMass-Worcester-13
New England Memorial-4	Union-Lynn-1
Noble-8	UNK-2
Norwood-3	Vineyard-1
Parkwood-10	Whidden Memorial-1
Providence-2	Whittinsville-4
Quincy City-13	Winchester-6
Salem-6	Wing Memorial-6
Sancta Maria-2	Worcester City-8
Shriner's Institute-5	VHS-1
South Shore-13	
Springfield-1	
St. Anne-3	
St. Elizabeth-1	
St. John's-12	
St. Joseph-2	
St. Luke-Middleborough-1	
St. Luke-NewBedford-11	



(Please Post)

# REPORT ALL BURNS IMMEDIATELY!

It's the law!\*



DPS/DPH BURN INJURY REGISTRY 1-800-682-9229



Victim's Name & Address: \_\_\_\_\_

Age of Victim: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Degree of Burn: \_\_\_\_\_

Local Police Chief  
Notified: \_\_\_\_\_ Area(s) Burned: \_\_\_\_\_

Cause of Burn: \_\_\_\_\_

Address Where Burn Occurred: \_\_\_\_\_  
Street & Number City/Town Zip Code

Name & Address of Hospital: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Forward this information to:  
Commissioner of Public Safety, State Fire Marshal's Office, 1010 Commonwealth  
Avenue, Boston, Massachusetts 02215

(PRINT or TYPE)

Frank J. Trabucco  
Commissioner

Chapter 112, Section 12A ★  
Massachusetts General Laws

24-hour toll-free hotline:  
**1-800-682-9229**

Joseph A. O'Keefe  
State Fire Marshal



STATE OF NEW YORK  
DEPARTMENT OF STATE  
ALBANY, N.Y. 12231

GAIL S. SHAFFER  
SECRETARY OF STATE

September 5, 1985

TO: Physicians, Hospital Administrators, Emergency Room Heads,  
Medical Facility Directors

FROM: Gail S. Shaffer, Secretary Of State  
Francis A. McGarry, State Fire Administrator

SUBJECT: Compliance by physicians and medical facilities with §265.26 of  
the New York State Penal Law regarding the reporting of burn  
injuries.

Chapter 201 of the Laws of 1985 establishes a requirement for the reporting of certain burn injuries to the New York State Office of Fire Prevention and Control.

This legislation, effective November 1, 1985, adds a new section 265.26 of the Penal Law as follows:

*§265.26. Burn injury and wounds to be reported.*

*Every case of a burn injury or wound, where the victim sustained second or third degree burns to five percent or more of the body and/or any burns to the upper respiratory tract or laryngeal edema due to the inhalation of super-heated air, and every case of a burn injury or wound which is likely to or may result in death, shall be reported at once to the Office of Fire Prevention and Control. The State Fire Administrator shall accept the report and notify the proper investigatory agency. A written report shall also be provided to the Office of Fire Prevention and Control within 72 hours. The report shall be made by (a) the physician attending or treating the case, or (b) the manager, superintendent or other person in charge whenever such case is treated in a hospital sanitarium or other medical facility.*

→ *The intentional failure to make such report is a class A misdemeanor.*

This statute was enacted in an effort to combat arson through the rapid identification and apprehension of suspected arsonists who may suffer burn injuries during the commission of their crimes. The statute will also provide a burn injury data base from which effective burn prevention and fire safety education programs may be developed.

The statute is explicit in requiring immediate reports of burn injuries and written reports within 72 hours. To facilitate the reporting of burn injuries, the Office of Fire Prevention and Control has a toll-free telephone, 1-800-345-5811, answered 24 hours a day and is providing postage-paid burn injury report forms. Enclosed are report form(s) and informational materials on burn injury reporting.

The procedures for reporting burn injuries are as follows:

1. Immediately call the New York State Office of Fire Prevention and Control's 24-hour hotline at:

1-800-345-5811

2. Tell the operator you are reporting a burn injury and give the operator the following information.

- A. Victim's name, address and date of birth
- B. Address where burn injury occurred
- C. Date and time of burn injury
- D. Degree of burns and percent of body burned
- E. Area(s) of body injured
- F. Injury severity
- G. Apparent cause of burn injury
- H. Name and address of reporting facility
- I. Attending physician

3. Complete the Burn Injury Report Form within 72 hours and submit it to:

Burn Injury Reporting System  
New York State Department of State  
Office of Fire Prevention and Control  
162 Washington Avenue  
Albany, NY 12231

Participation in the burn injury reporting system by yourself and/or your staff will ensure compliance with the law and aid in documenting burn injuries and the reduction of arson incidence in the State of New York.

Thank you for your cooperation in this matter. For additional report forms, information or questions, please contact:

New York State Department of State  
Office of Fire Prevention and Control  
162 Washington Avenue  
Albany, NY 12231  
(518) 474-6746

FAM:ed

Enclosures