



BITUMEN BURNS

INFORMATION NOTE FOR 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 a Doctor or Hospital.

FIRST AID

Bitumen burns should be cooled for at least 20 minutes, first with tepid water to reduce pain, then with warm water to prevent hypothermia if the burned surface is larger than the size of a hand. Burns to the eyes should be irrigated for at least 5 minutes.

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

MEDICAL CARE

(if in doubt do not hesitate to contact a burns centre)

Measures to remove the bitumen layer from the skin should be taken as soon as possible under the supervision of a doctor, or at a hospital. However, this treatment should be carried out with caution because careless removal of the bitumen may result in the skin being damaged further, bringing with it the risk of infection and the possibility of complications.

Initially it is not important to know whether the burn is superficial or deep. The priority should be to remove the bitumen without causing further damage.



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BY MEDICAL PERSONNEL ONLY: REMOVAL OF BITUMEN ADHERING TO THE BURNED AREAS

Different methods can be recommended:

- The bitumen layer should be left in place and covered with thick gauze containing paraffin or a paraffin-based antibiotic cream, e.g. Flammazine (silver sulphadiazine). Such treatment will have the effect of softening the bitumen, enabling it to be gently removed after a few days.
- Alternatively, olive oil (new bottle) should be applied and left to soak the affected areas for a few hours. Thereafter the bitumen can be removed by rubbing gently with some gauze. Any remaining bitumen can be removed by wrapping the affected areas with gauze soaked in olive oil. The dressing should be changed every 4 hours. After 24 hours any remaining bitumen can be removed and the burn may be disinfected and treated conventionally.

CIRCUMFERENTIAL BURNS WITH TOURNIQUET EFFECT

When bitumen completely encircles a limb, or other body part, the cooled and hardened bitumen may cause a tourniquet effect due to oedema (swelling) in the burn. In the event of this occurring the bitumen must be softened as soon as possible 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 to an ophthalmologist or hospital with an ophthalmology unit for diagnosis and appropriate treatment.

Eurobitume has made considerable efforts to compile this publication on the basis of reliable sources. More specifically this publication was established with the assistance of Professor Stan Monstrey, Head of Burns Unit of the Academy Hospital of Ghent (Belgium) and Jean-Pierre Arnould, Chief Executive officer of the Belgian Burns Foundation and reflects the prevailing opinions in medicine on Eurobitume would like to thank Professor Stan Monstrey and Jean-Pierre Arnould for their contribution in compiling this guide.

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