

MEMORANDUM

TO Hospital Administrators
Emergency Room Personnel

FROM Investigation Division

SUBJECT Hospital Reporting of Fireworks Injuries

Independence Day celebrations are right around the corner. On behalf of the Office of the State Fire Marshal, we are asking each hospital or urgent care center to participate in completing a Fireworks Injury Survey. This data collection helps our office identify specific problems with fireworks and enables us to initiate efforts to decrease the number and severity of injuries and lives lost within Kansas due to fireworks.

Please read the survey carefully and record all possible information pertaining to the injuries you treat. If your facility does not treat any fireworks-related injuries, please check the "No Injuries" block at the bottom of the survey. This year we have a fillable form on our website you may use to submit the survey. It is located at <https://firemarshal.ks.gov/265/Fireworks-Injury-Report>. However, if you prefer to download the survey form from our website it can be found at the address listed above and may be submitted by email to osfminv@ks.gov.

Remember, this voluntary survey is in addition to the Kansas Burn Injury Reports required by Kansas statute.

If you have questions, please contact the Investigations Division at (785) 296- 8984.

Also enclosed are **Tips on Fireworks Safety**.

Please return completed surveys by July 31st, to:

Office of the State Fire Marshal
ATTN: Investigation Division
800 SW Jackson Street, Suite 104
Topeka, KS 66612
Fax: (785) 368-6559
osfminv@ks.gov

FIREWORKS INJURY SURVEY

Directions: Complete one survey form for each firework related injury treated by your facility. Please email them to osfminv@ks.gov or you can fax, or mail completed forms to the above address. Thank you, in advance, for your participation.

Date of Injury ____/____/____ Sex of Injured Person (Circle One): U 7 Ag of Injured Person _____

A. Nature of Injury (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Burns | <input type="checkbox"/> Trauma/Blunt Force |
| <input type="checkbox"/> Inhalation Injury/Asphyxia (Smoke) | <input type="checkbox"/> Complaint of Pain |
| <input type="checkbox"/> Wound/Cut/Bleeding | <input type="checkbox"/> Shock |
| <input type="checkbox"/> Dislocation/Fracture | <input type="checkbox"/> Other Injury (Specify) _____ |

B. Part of Body with Largest Percentage of Injury (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Face | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Head (Not Facial Area) | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Body/Trunk/Back/Neck | <input type="checkbox"/> Internal (Smoke Inhalation) |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Other Part (Specify) _____ |

C. Type of Firework Causing Injury (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Firecracker | <input type="checkbox"/> Mortars/Artillery |
| <input type="checkbox"/> Bottle Rocket | <input type="checkbox"/> Public Fireworks Display |
| <input type="checkbox"/> Sparkler | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Roman Candle | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Smoke Bombs | <input type="checkbox"/> Homemade (Specify) _____ |

D. Activity of Injured Party (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Fireworks Operator/Shooter | <input type="checkbox"/> Bystander Watching Fireworks |
| <input type="checkbox"/> Assisting Fireworks Operator/Shooter | <input type="checkbox"/> Uninvolved |

E. If Injured Party was the Operator/Shooter or Assistant what was Used to Light the Firework?

- | | |
|--|--|
| <input type="checkbox"/> Punk | <input type="checkbox"/> Long Handled Lighter |
| <input type="checkbox"/> Cigarette Lighter | <input type="checkbox"/> Other (Specify) _____ |

F. Disposition (check that all apply):

- | | |
|---|--|
| <input type="checkbox"/> Refused Treatment | <input type="checkbox"/> Admitted for Treatment |
| <input type="checkbox"/> Treated & Released | <input type="checkbox"/> Died |
| <input type="checkbox"/> Admitted for Observation | <input type="checkbox"/> Transfer to Burn Center |
| | <input type="checkbox"/> Other (Specify) _____ |

Completed By _____ Title _____

Name of Facility _____ No Injuries to Report

City of Facility _____ County _____

Type of Facility (Choose one): Urgent Care Emergency Room Physician's Office Other



FIREWORKS SAFETY TIPS

- * Always read and follow label instructions.
- * Always purchase high quality fireworks from a reliable, legitimate source.
- * Alcohol and fireworks do not mix. Have a “designated shooter.”
- * Never give fireworks to small children.
- * Adults should always supervise use of fireworks by older children.
- * Always wear eye protection when lighting fireworks.
- * Never ignite fireworks indoors. Make sure your outdoor area is safe for firework use.
- * Never point or throw fireworks at a person, building, or animal.
- * Have a source of water handy, in case of fire.
- * Always shoot fireworks from a level surface.
- * Never shoot fireworks in metal or glass containers.
- * Light only one firework at a time.
- * Never attempt to re-light malfunctioning fireworks.
- * When lighting fireworks, never position any part of your body over them.
- * Never carry fireworks in your pocket.
- * Store fireworks in a cool, dry place.
- * Never experiment with homemade fireworks. They are dangerous and illegal.
- * Bottle rockets and other skyrockets that are mounted on a stick or wire are illegal.
- * It is illegal to shoot fireworks on or under a vehicle, on any public roadway, within 50 feet of a firework stand or where fireworks are stored, and gas stations or any place liquid gas – including propane – is stored.