M E M O R A N D U M

DATE       June 21, 2019
TO         Hospital Administrators
           Emergency Room Personnel
FROM       Investigation Division
SUBJECT    Hospital Reporting of Fireworks Injuries

Summer is here, kids are out of school, and 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 www.firemarshal.ks.gov/information-on/fireworks-industry/fireworks-injury-report. There will also be a quick link on our homepage that will take you directly to the form. Look for the sparkler graphic! 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 31, 2016 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): M or F  Age of Injured Person _______  

A. Nature of Injury (check all that apply):
   - Burns
   - Trauma/Blunt Force
   - Inhalation Injury/Asphyxia (Smoke)
   - Complaint of Pain
   - Wound/Cut/Bleeding
   - Shock
   - Dislocation/Fracture
   - Other Injury (Specify) __________________________

B. Part of Body with Largest Percentage of Injury (check all that apply):
   - Face
   - Hand
   - Eyes
   - Leg
   - Head (Not Facial Area)
   - Foot
   - Body/Trunk/Back/Neck
   - Internal (Smoke Inhalation)
   - Arm
   - Other Part (Specify) __________________________

C. Type of Firework Causing Injury (check all that apply):
   - Firecracker
   - Mortars/Artillery
   - Bottle Rocket
   - Public Fireworks Display
   - Sparkler
   - Unknown
   - Roman Candle
   - Other (Specify) __________________________
   - Smoke Bombs
   - Homemade (Specify) ________________________

D. Activity of Injured Party (check all that apply):
   - Fireworks Operator/Shooter
   - Bystander Watching Fireworks
   - Assisting Fireworks Operator/Shooter
   - Uninvolved

E. If Injured Party was the Operator/Shooter or Assistant what was Used to Light the Firework?
   - Punk
   - Long Handled Lighter
   - Cigarette Lighter
   - Other (Specify) __________________________

F. Disposition (check that all apply):
   - Admitted for Treatment
   - Died
   - Treated & Released
   - Transfer to Burn Center
   - Admitted for Observation
   - 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.