

# MISSISSIPPI INSURANCE DEPARTMENT

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MIKE CHANEY Commissioner of Insurance State Fire Marshal

# MISSISSIPPI DEPARTMENT OF INSURANCE DIVISION OF THE STATE FIRE MARSHAL BULLETIN 2009-5

June 22, 2009

## **BURN INJURY NOTICE ACT**

The Mississippi Legislature during the 2009 Regular Legislative Session passed House Bill 722, Burn Injury Notice Act, which requires any hospital or medical licensed facility to notify the State Fire Marshal when treating or transporting an individual for a burn injury. This Bulletin has been prepared to provide assistance regarding the reporting of this information.

# Scope:

House Bill 722 applies to any hospital, as defined in Miss. Code Ann. § 41-9-3, or any licensed facility, as defined in Miss. Code Ann. § 41-23-39.

# **Definition of Burn Injury:**

For the purposes of House Bill 722 and this Bulletin, the term "burn injury" means a burn injury:

- Which causes second- or third-degree burns to nine percent (9%) or more of the patient's body;
- Which causes injury to the upper respiratory tract or laryngeal edema caused by inhaling super-heated air; or,
- Which causes death.

The term "burn injury" shall not include sunburns.

#### Notice:

Notice of a burn injury shall be given to the State Fire Marshal within twenty-four (24) hours by phone or facsimile. Notice may be given by contacting the State Fire Marshal at (601) 359-1061 or

by completing a Burn Report and faxing that information to (601) 359-1076. The information to be provided shall be as follows:

- The name and address of the patient;
- A description of the burn injury;
- The reported cause of the burn injury;
- The patient's disposition; and,
- Any other fact concerning the burn injury which might assist in detecting arson.

A copy of the Burn Report that may be faxed to the State Fire Marshal is attached hereto as Exhibit "A".

# **Investigation:**

If an investigation is conducting after notification is given, the investigating agency shall report its findings on an incident reporting system report and send it to the State Fire Marshal for retention.

# Confidentiality:

Any information obtained by or disclosed to the State Fire Marshal pursuant to House Bill 722 and this Bulletin shall be held by the State Fire Marshal as confidential and shall not be disclosed without written consent from the burn victim, or in the case of death, or in the case of a minor, without the written consent of his or her parent or legal representative or by a court order.

## **Effective Date:**

The provisions contained within House Bill 722 and this Bulletin shall be effective on July 1, 2009.

If there are any questions concerning this Bulletin, contact the State Fire Marshal at (601) 359-1061.

MIKE CHANEY

COMMISSIONER OF INSURANCE

# EXHIBIT "A" Mississippi Fire Marshal's Office Burn Report

As required by Mississippi Law, any hospital, as defined in Section 41-9-3, or any licensed facility, as defined in Section 41-23-39, that is initially responsible for the treatment of an individual for a burn injury shall notify the State Fire Marshal or his designee within twenty-four (24) hours by phone at 601-359-1061 or facsimile at 601-359-1076. For the purposes of this act, the term "burn injury" means a burn injury: which causes second- or third-degree burns to nine percent (9%) or more of the patient's body; which causes injury to the upper respiratory tract or laryngeal edema caused by inhaling super-heated air; or which causes death. The term "burn injury" shall not include sunburns.

This information shall be held by the State Fire Marshal as confidential and shall not be disclosed except pursuant to state or federal law.

| Treating facility:                                     |   |  |
|--|---|--|
| Facility phone number:                                 | 100000000000000000000000000000000000000 |  |
| Reporting employee:                                    |   |  |
| Patient's name:  |   | Patient's age:                         |
| Patient's address:                                     |   |  |
| Patient's phone number:                                | }                                       | 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| Incident address:                                      |   |  |
| Did fire department respond?Yes                        | No                                      |  |
| Date of injury:  | County of injury:                       |  |
| Description of injury:                                 |   |  |
| Cause of injury:                                       |   |  |
| Disposition:   |   |  |
| Comments: (Include any other fact concerning t arson.) | he burn injury which m                  | ight assist in detecting               |
|  |   |  |