



Newsletter EBA

May 2016

European Burns
Association



EBA office

P.O. Box 440
5201 AK
's-Hertogenbosch
the Netherlands

TEL:
+31(0)73 690 1415

FAX:
+31(0)73 690 1417

E-MAIL:
eba@congresscare.com

www.euroburn.org



From the President



Dear Friends and colleagues

Our Association will grow in strength with the contribution of the membership to EBA activities. As an example of this, since the autumn newsletter, Dr. Nadia Depetris, working with Dr. Maurizio Stella in Turin has progressed her excellent work on "the online survey of European burn centres organizational standards". The report of this questionnaire is published on page 4 in this newsletter.

The EBA verification program is now gathering momentum with all burns centres in the Netherlands having collectively agreed to apply for EBA verification and three German centres will also have their site visits this year. There is no more important time for the verification than now, following the Colectiv Nightclub fire last October. The executives' had an open and frank discussion at the last meeting on this topic. Indeed, the EBA verification programme may be the way forward to help perform a gap analysis in our burn centres in order to be ready for situations such as the nightclub fire.

I am also very pleased that the executive committee of the EBA has unanimously agreed to adopt the Global Burn Registry (GBR), which will be launched by the WHO in June 2016. This was piloted around the world for the last few years and now it is ready in the new simple and yet comprehensive data collection form. This is an online database and burn centres need to sign an agreement with the WHO to get access for submitting their data. The GBR will surely strengthen the verification programme.

I also would like to invite you all to the 1st EBA Education Symposium on " A multidisciplinary approach to post burn reconstruction" in Birmingham on 26-27 September 2016.

Naiem Moiemen

Executive Committee 2015 - 2017

President	Naiem Moiemen (United Kingdom)
Vice-President	Juan Barret (Spain)
Secretary General	Istvan Juhasz (Hungary)
Treasurer	Leo Klein (Czech Republic)
PAM chair	Mrs. Anna Pittermann (Austria)
Co-opted member	Peter Vogt (Germany)

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Kees v.d. Vlies (Netherlands)

Fredrik Huss (Sweden)
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PAM Committee

Anna Pittermann (Austria)

Prevention Committee

Carolyn Cripps (United Kingdom)

BOARD MEETING
25th September, 2016

Verification Burn Centre Martini Hospital

In April the Burn Centre of the Martini Hospital in Groningen (Netherlands) has been verified by the EBA. With this verification is determined that the burn care in the Martini hospital meets the European quality standards.

The EBA started with the verification of burn centres in 2015 and a total of five burn centres are now verified. 3 More burn centres have applied for verification and will be visited by this year.

It is an important step in the European emergency burn in preparation for any eventualities.

More information about verification burn centre: www.euroburn.org/about-the-eba/burn-centres/verification-burn-centre/

Follow us on LinkedIn



Where all updates are available in our Company Page. You'll find there information about our courses, events... You just have to click the "Follow" button to stay connected to our activity.

You can also follow the discussions of our group "Friends of European Burns Association (EBA)".

www.linkedin.com/company/european-burns-association

Job application

Dr. Ilaria T. Tussardi is a Plastic surgeon trained at University of Padova (Italy) and further specialized in Burns at Uppsala University Hospital (Sweden).

She holds a solid background in burn care supported through the years by several international experiences, and currently she is seeking a position as burn surgeon. She is proficient in English and French.

Visit the EBA website to view further details of the academic background and professional experience of dr. Tussardi: <http://euroburn.org/dr-t-tussardi/>
Contact may be made at: ilaria.toccotussardi@gmail.com



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EDUCATIONAL COURSE:
LAST DAY FOR EARLY
BIRD REGISTRATION IS
ONLY 3 WEEKS AWAY!

Donation of violinist André Rieu

What a great gesture: 150,000 euros from the sales of Andre Rieu's 'Live in Bucharest' DVD were donated to the survivors and relatives of the victims of Bucharest's Colectiv club fire on 30 October 2015.

[Click here to read the whole article](#)



1st EBA Educational Course

Monday **26** - Tuesday **27 September 2016**

Birmingham • United Kingdom

www.eba2016.org

[Programme](#)

[REGISTRATION IS OPEN! CLICK HERE](#)



17th EBA Congress

6 - 9 September 2017

Barcelona • Spain

www.eba2017.org

[First announcement](#)

18th EBA Congress

4 - 7 September 2019

Helsinki • Finland

19th EBA Congress

8 - 11 September 2021

Birmingham • United Kingdom

International meetings

15th bi-annual Nordic Burn Meeting, June 15-18 2016

Uppsala • Sweden

Website: www.trippus.net/scaplas_NBM2016

17th ISBI Congress, 29 August-1 September 2016

Miami • US

Organizational Standards of European Burn Centres: a Survey

Introduction

Cooperation is fundamental for reaching a uniform improvement in burn injury care.

Europe needs a coherent burn care strategy with clear standards for

- coordinating activity
- exchanging information
- promoting research
- getting necessary funding.

One of the major problem is the lack of reliable data related to facilities and available staffing.

This survey aims to map out the existing standards of burn centres in different parts of Europe. The outcome of this survey will allow the EBA Standards Committee to define a European Care Standard that is both aspirational and achievable across all European countries.

Methods

We conducted searches in Pubmed, Cinahl, NGC and in Burn Association websites for national organisation and standards of burn centres.

We critically appraised the available standards identifying the common elements required to improve burn injury care.

Using these standards we prepared a questionnaire which was distributed by email to the European burn centres listed by the European Burn Association.

Results

The following data was compiled from the 18 European burn centres which till now participated in the study.

- Host hospital site
 - 12 burn centres are in hospitals classed as Trauma Centres
 - 15 burn centres are affiliated with a University
 - 10 burn centres have a skin bank in the same site
- Ward accommodation
 - Beds numbers vary from 6 to 30 (in some cases considering also plastic surgery wards)
 - All the answering burn centres have access to an operating room 24 hours a day
 - 13 burn centres have an intensive care unit within the confines of the burn centre
 - 16 burn centres can admit burn patients on need of intensive care to the centre or anyway to their hospital
- Ward staffing
 - All the burn centres have a multidisciplinary team including plastic surgeons, intensivists, anesthesiologists, nurses and rehabilitation personnel.
 - Psychologists are part of the burn team in 14 burn centres.
 - General surgeons are part of the burn team in 9 burn centres.
 - 8 burn centres input epidemiological data into a national burn care database
 - Only 2 of the answering burn centres input data in an international burn care database.

Next steps

- Complete data gathering
- Share the results in the next EBA congress in 2017
- Define a European Care Standard that is both aspirational and achievable across all European countries.

News from the PAM/Prevention Committee



After the EBA Conference in Hannover and the first PAM/Prevention/Burn Camp meeting in Vienna in November 2015 both committees started working on their goals for the upcoming two years.

The PAM Committee is happy to present its two new members: Romana Vratna from the Czech Republic and Guila Fidel Kinori from Spain.



Romana is a registered nurse, pediatric and ICU nurse working at the University Hospital of Ostrava, The Czech Republic. She has a Master degree in Nursing and Management in Health Care and does also give lectures for university students.



Guila is Clinical Psychologist and Master of Medical Psychology working at the Vall d'Hebron University Hospital, Spain and also teaches at different universities in Catalonia. Guila joined the PAM committee as co-opted member to help us organizing the upcoming EBA congress in Barcelona 2017.

The PAM Committee already started its preparations for the Barcelona congress, and together with Guila, will do its best to put together an interesting and diversified program for all different PAM disciplines. In the meantime the work on the EBA PAM Best Practice Guidelines continues with new topics and the update of the existing guidelines.

We are very much looking forward to a productive time working together and invite all of you to follow our updates on www.euroburn.org/committees/pam-committee and to get in contact with us if you have any questions, comments or feel like you want to contribute to the work of any of the committees.

Anna Pittermann

Chairperson of the PAM Committee



At the EBA Hanover Congress the Prevention Committee welcomed two new members: Jacques Latarjet from Lyon, France and Eva van Zoonen from the Dutch Burn Foundation, Netherlands. Tobias Tandrup remains a key member of the Prevention Committee with his invaluable work developing both the EBA PAM and Prevention websites.

On the Prevention page you will find new European country links for community Burn Prevention programmes and new material for the Media Gallery images page. We hope you will click on the link to see the excellent progress made.

Our expanding site relies on contributions submitted by the EBA membership. Please will you kindly continue to supply valid links and information for us to include.

Each PAM/ Prevention newsletter we try and provide articles and points of interest of hazards that pose a burn risk. The last PAM/Prevention newsletter 2016 highlighted the increasing risk of burns to eyes by laser pens/pointers.



Dr. Jacques Latarjet



Eva van Zoonen

Helping to keep refugee families safe from fire and burns

With the onset of dry summer months we have recently shared the Child Accident Prevention Foundation South Africa Candle Safe leaflet with UNICEF and other UK refugee agencies working within the migrant camps in the hope that they will share this information with the refugee families they work with. If you can help to further spread the word in your own country, you can find the leaflet to download on our [Prevention page under Media Gallery](#) – candle safe.



1. Place dry sand and candle in a jar.

SAFE USE OF CANDLES IN A GLASS JAR

- Never leave a burning candle unattended.
- Always supervise children near fire/flame/candle.
- Place your candle jar on a sturdy, uncluttered surface away from the edges & any place where it could be knocked over by children.
- Light the jar candle carefully ensuring that you do not burn yourself. If you find it difficult to light the candle using a match use another candle.
- Extinguish all candles when you leave the house or go to sleep.
- Never leave young children unattended in a room with a candle.
- Always keep candles away from anything that can burn i.e. curtains, newspaper, clothing and hanging decorations.
- Place lit candles away from windows or near doorways, where drafts could bring combustibles in contact with flame.

Please contact us if you have a particular burn hazard/risk you would like to highlight to the membership and we can include it in our next edition.

Carolyn Cripps
Chair Prevention Committee

Request collaboration || Virtual reality in wound care for burn victims

Dear Sir/Madam,

To start, I would like to thank the European Burns Association (EBA) for sending out my writing to you. The reason I wish to come in contact is of informative nature with simultaneously the intent to propose a European-wide collaboration.

As you might have already heard about, distracting patients (e.g., wound care in burn victims) by means of virtual reality (VR) has consistently been demonstrated to decrease pain, anxiety, unpleasantness, time spent thinking about pain and perceived time spent in a medical procedure. In addition, healthcare providers have routinely commented that VR increases procedural cooperation, while decreasing anxiety and distress. For patients with burns, virtual reality treatment effects persisted without habituation.

The above described benefits of using VR are not entirely new, but implementation in the hospitals has thus far been hindered by the unavailability of VR-devices and equipment, and their costs. Nowadays, the hardware has become significantly cheaper, more widely available, and of improved quality. This makes

implementation of VR-hardware viable (think Oculus Rift, Gear VR), but our experience learns that now the software-part often is the showstopper due to its costs. I work as a concept developer, focused on healthcare, at Triple (www.wearetriple.com) and we have been developing software for VR quite successfully (see www.beyondsports.nl for an example). I see a lot of possibilities for VR to fundamentally improve healthcare, but often there isn't a budget available to cover the development costs.

For this reason I am writing you, to ask whether you are interested in a collaboration rather than being just a customer. The costs that come with VR development are simply too high for a single hospital/care center. Together we can really do something for those who suffer these daily pains, at that should be the main goal.

By any means, thank you for taking the time to read this.

I look forward to hearing from you,

Best regards,
Maarten Laken

For more information contact Mr. Laken, email: M.Laken@wearetriple.com

Triple | Keesomstraat 10E | 1821 BS | Alkmaar | The Netherlands

Would you like to contribute to the newsletter?

If you have a 'hot topic' to address or developments in your centre which you would like to share with colleagues via the EBA Newsletter, please email Victoria Garcia Cebrones at eba@congresscare.com

