

Document Name: AC Burns SOP	Control Number:			
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Revised By: Ligia Pascual	Owner: Safety			

AC Burn SOP

Formal Guidance for Worksite Personnel and First Responders

1. Purpose

To provide clear, consistent, and authoritative guidance for the immediate and safe treatment of asphalt contact (AC) burns. This SOP aims to minimize injury severity, prevent complications, and ensure proper medical response at the worksite.

2. Scope

This SOP applies to all worksite personnel, supervisors, and first responders who may encounter AC burns.

3. Responsibilities

- All Employees:
 - Stop work immediately and report incidents
 - Follow first aid guidance outlined in this SOP
- Supervisors:
 - Ensure emergency response is initiated promptly
 - Coordinate transport for medical care
- First Responders / Safety Personnel:
 - Provide initial first aid treatment
- Ensure proper cooling and protection of the burn
- Monitor for signs of shock

4. Procedure

4.1 Immediate Action

- Stop Work: Cease all activity immediately
- Call for Help: Contact first aid, supervisor, or emergency services
- Ensure Safety: Move the injured person away from hazards

Document Name: AC Burns SOP	Control Number:			
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4.2 Cooling the Burn

- Use cool running water for at least 20 minutes
- If unavailable, use:
 - Clean, cool wet cloths
 - Saline-soaked dressings
 - **DO NOT** use ice

4.3 Handling Asphalt on Skin

- **DO NOT** remove asphalt at the worksite
- Removing asphalt improperly can:
 - Increase tissue damage
 - Increase infection risk

4.4 Prohibited Actions

- **DO NOT:**
 - Apply ice
 - Apply ointments, creams, or home remedies
 - Use solvents, gasoline, or chemicals
 - Scrape or forcibly remove asphalt

4.5 Dressing Guidance

- Leave burn uncovered if possible
- If needed:
 - Use sterile, non-stick dressing
 - Use a clean cloth
- Avoid:
 - Tight bandages
 - Adhesive materials that stick

Document Name: AC Burns SOP	Control Number:	 A CRH COMPANY	 A CRH COMPANY	 A CRH COMPANY
Revision Date: 06/11/26	Revision Number: 2			
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4.6 Criteria for Medical Attention

- Seek immediate medical care if:
 - Burn is large or deep
 - Burn involves face, hands, feet, joints, or genitalia
 - Signs of shock are present
 - Breathing difficulty occurs
 - Asphalt cannot be safely managed on site
- Transport: Arrange immediate transport to a hospital or burn center

4.7 Shock Management

- Lay the person down
- Elevate legs (if no injury prevents it)
- Monitor breathing and pulse
- Do NOT give food or drink

4.8 Hospital Treatment Guidance (For Awareness Only)

- Medical Personnel:
 - Use oil-based products to remove Asphalt
 - Mineral Oil
 - Can be found in Enema Kits
 - Apply and let it sit
 - Soak gauze or cloth with the oil and lay it over the asphalt for several minutes to penetrate and soften the bond
 - Remove gently without force working in layers. Expect gradual removal, not all at once.
- Skin Care
 - Wash with mild soap and water
 - Apply prescribed treatments

Document Name: AC Burns SOP	Control Number:			
Revision Date: 06/11/26	Revision Number: 2	A CRH COMPANY	A CRH COMPANY	A CRH COMPANY
Revised By: Ligia Pascual	Owner: Safety			

- Cover with sterile, non-stick dressings

4.9 Explicit “Do Not” Summary

- Do not remove asphalt at the worksite
- Do not use chemicals or solvents
 - Examples include gasoline, diesel, or paint thinner
 - These items can cause chemical burns
- Do not apply ice or non-medical substances
- Do not use adhesive bandages
- Do not delay medical care

5. Reference Information

- https://wikem.org/wiki/Tar_burn#cite_note-luchi-2
 - Bosse GM, et al. Hot asphalt burns: a review of injuries and management options. Am J Emerg Med. 2014 Jul;32(7):820.e1-3.
 - Luchi M, et al. The comparative study of solvents to expedite removal of bitumen. Burns. 2009 Mar;35(2):288-93.