

Activity 2 - How does it feel to be different?

- If possible, a day before the lesson, select a member(s) of the group to wear a scar or dressing on their face for part of the day. They **MUST NOT** remove it. How did it feel for people to stare? Did it change the way you hold your head or look at people? Imagine being unable to go back to the way you looked before.
- **Warm up** - 'blue eyes/brown eyes'. Divide the class into two as they enter the room according to particular criteria, e.g colour of eyes, length of hair, wearing jumper as opposed to sweatshirt etc. Give special attention to one group. They get to sit where they like, you welcome them, encourage them and smile at them! All the others are squashed in a corner on the floor and treated negatively, given harder tasks etc. Keep this going for an effective amount of time.
- Discussion - What did it feel like to be different/treated with less respect? All of us at some point feel left out or 'different' for lots of different reasons. Get them to name some of them. (size, glasses, skin problems etc)
- Show the poster of a boy with a scar. Briefly discuss how it may have happened (a firework going off in his face) and what rules hadn't been adhered to for this to happen. What must it feel like to be scarred like the youth in the poster? What does he think when he looks at himself? Will the scar ever disappear? Which elements of 'normal' life may it affect?
- Discuss the medical treatment that is needed when someone suffers severe burns (teachers notes on reverse), and the permanent damage that he/she is left with - physically, emotionally and psychologically.
- **Activity** - diary entry/monologue. Perhaps include: Possible feelings of guilt, anger or regret; difficulty in returning to school; other peoples' attitude towards him/her; his/her relationships with other people; physical pain he/she has had to endure.
- **Or** - write a warning letter to a friend/relative who hasn't seen him/her since before the accident but is planning to visit. The letter may include a brief explanation of how it happened, how he/she looks now and how he/she's finding life as a result.

Resources

- Poster of boy with scar
- 'Treatment of Burns Injuries' notes (on reverse)



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Treatment of Burns Injuries

1. Emergency period

- The patient could die at the scene from shock (not enough body fluids circulating to the vital organs) or breathing problems (if lungs cannot supply oxygen to the body), so this is the medical team's first concern.
- Once at hospital the primary goal is to stabilise breathing, and manage loss of body fluids and heat from the body.

2. Acute phase

- The wound is cleaned, covered with a medication designed to kill germs, and then dressed with gauze and bandages. This happens once or twice a day.
- If the burn is deep, the wound must be covered with new skin to prevent infection and limit scarring (skin grafting). The wound is removed with a long razor blade in layers until all the dead skin is gone and the surface is only healthy tissue. Then a sliver of skin is removed from a healthy unburned area and fixed to the area destroyed by the burn by stitches or staples. Skin grafts do not always 'take' and often the procedure must be carried out again.
- Intravenous (IV) lines are needed for administering antibiotics, food and blood products. These are easily infected so great care has to be taken in order to avoid contamination.
- A patient requires two times more nutrition than usual to minimise weight loss and support wound healing. This is often given intravenously or via tube feeding.

3. Rehabilitation phase

- Physiotherapy and occupational therapy is needed in some cases to increase mobility.
- Procedures take place to reduce scarring. Skin emollients are applied and massaged in 3 times per day; pressured garments such as tight bandages are worn constantly and changed regularly.
- The patient may need to visit the hospital regularly for further surgery.
- Psychological treatment is given where necessary.

Challenges faced by patient

Physical, emotional and psychological effects are profound and painful. They include:

- Delirium and transient psychosis (temporary mental disorder) during early period
- Painful dressing changes and exercises to joints that are burned
- Repeated trips to operating theatre and periods in intensive care
- Aftercare regime involving daily massage and wearing of specialist tight-fitting (or pressure) garments for up to 3 years
- Skin grafts tightening and distorting, having loss of sweat gland function and hair growth, and altered pigment formation
- Problems with social adjustment
- Concerns about disfigurement and body image; self-consciousness
- Depression and other emotional disorders
- Feelings of discrimination, being exposed to stares, comments and questions
- Feelings of avoidance and rejection from others

