



Burn Medical Disasters



Considerations For EMS Agencies



6:5:6 Trigger

- Based on the capacity for burn patients across North Carolina, typically the two centers can absorb up to approximately 5 burn patients, thus **6** or more patients with burn injuries will trigger a “**Burn Medical Disaster**”
- And, these patients have 2nd or 3rd degree burns covering more than **5%** of the total body surface area
- Then a **Burn Medical Disaster** is declared, either at the scene or at the area receiving hospital

Differential:

- Superficial (1st Degree)** red and painful
- Partial Thickness (2nd Degree)** blistering
- Full Thickness (3rd Degree)** painless/charred or leathery skin
- Thermal**
- Chemical**
- Electrical**
- Radiation**

Triage Destination Recommendations (Do not confuse with SMART Triage)

| | | |
|--|--|---|
| Critical (Red) >15% TBSA 2 nd /3 rd Degree Burn Burns w/ Multiple Trauma Burns w/ definitive airway compromise <small>(When reasonable accessible transport to a Burn Ctr.)</small> | Serious (Yellow) 5-15% TBSA 2 nd /3 rd Degree Suspected Inhalation injury or requiring intubation for airway stabilization Hypotension, GCS < 14 <small>(When reasonable accessible, transport to either a Burn Ctr. or a Trauma Ctr.)</small> | Minor (Green) < 5% TBSA 2 nd /3 rd Degree Burn No inhalation injury, Not Intubated, Normotensive GCS>14 <small>(Transport to the Local Hospital)</small> |
|--|--|---|

UNC Healthcare 800.806.1968
Wake Forest Baptist 800.277.7654

Does this event include **6** or more patients with burn injuries?
Using the Rule of Nines; Do the burn injured patients have more than **5%** of 2nd Degree or 3rd Degree Burns?
(If the answer is yes to both questions above, **Declare a: “Burn Medical Disaster”**)
The Declaration of a **Burn Medical Disaster** should include:
1: Scene EMS Command should notify the **local hospital** of a potential surge of patients with significant burn injuries
2: Contact with the typical referral **Trauma Center** to plan on a potential surge of patients with significant burn injuries
3: Contact the typical **burn center** which serves your area (UNC or Wake Forest)
4: Where applicable, request sufficient ground and air transport services for transport to either the appropriate burn center(s) or trauma center depending on local Medical Control predetermination for burn patients

| Legend | | |
|--------|-----------------|---|
| | MR | |
| B | EMT | B |
| I | EMT-I | I |
| P | EMT-P | P |
| M | Medical Control | M |

Initiate Patient care based on appropriate Clinical Guideline for **Thermal, Chemical, or Electrical Burns** and follow Transport Triage Guidelines listed above to include:

Are you close enough to a Burn Center to transport directly to the Burn Center?
(This is a local Medical Control Decision and should be predetermined for all burn injuries and this predetermination should include: Can the crew adequately manage the wounds, IV therapy, secure the airway, manage pain and monitor the patient, and does the unit have sufficient supplies for the duration of this transport?)
Also, are there sufficient medical transportation assets/resources to safely transport these patients to the burn center(s)?

Yes

No

Transport to **Burn Center**, which will serve as the central reception point for the **Burn Medical Disaster**
Early notification to the Burn Center from EMS Scene Command and frequent updates is important

Transport to the typical destination for your Burn Patients, may include **local or regional hospitals**, or the regional **Trauma Center**, which will serve as the central reception point for the **Burn Medical Disaster**
Early notification to the receiving hospital from EMS Scene Command and frequent updates is important

- Surge Medical Supplies Needed:**
- Burn Specific**
- * Clean, Dry Sheets and Dressings
 - * IV Fluids, Lactated Ringers Preferred or 0.9%NaCl Soln. until LR is available
 - * Pain Management Medications
 - * Difficult Airway equipment, adjuncts to include RSI if available
- General**
- * Ventilators
 - * Cardiac Monitors
 - * ETCO2, O2 Sat, NIBPM
 - * IV Pumps

Pearls: Burn Bed Considerations and Limitations

- Co-morbidity for burn patients includes traumatic injuries, burn patients should be cleared for trauma as a component of treating their burn injuries
- There are 21 Burn Beds at the North Carolina Jaycee Burn Center at the University of North Carolina at Chapel Hill
- There are 8 Burn Beds at the Burn Unit at the Wake Forest Baptist Medical Center in Winston Salem
- There are no Burn Units in SC, two in Georgia, two in Tennessee (the burn unit at Erlanger Medical Center in Chattanooga closed 7/08) and three in Virginia, of these nine burn units or burn centers, only the Burn Center at UNC is a Verified Burn Center.
- The Disaster Plan for the American Burn Association recommends all burn disaster clinical decisions flow through a verified burn center.
- Due to the close relationship between the burn centers at UNC and Wake Forest, follow your typical referral patterns for burn care, if your traditional contact is Wake Forest then contact Wake Forest and the same can be said for the North Carolina Jaycee Burn Center at UNC. It is not recommended to involve moving patients across state lines without first attempting to transfer your patients to one of the two burn centers located in-state.
- Upon receiving a notification regarding the potential for a Burn Medical Disaster, the Medical Directors for both Burn Centers in North Carolina will contact the other to assure both centers are prepared to absorb patients from the disaster to the extent available.
- When demand exceeds available resources in state, the Burn Center serving as the principle reception point for the incoming patients, will be responsible for contacting the North Carolina Office of EMS (NCOEMS serves as the ESF-8 designated agency for NC) for the potential to request state or federal assets through the State Emergency Operations Plan, Emergency Management Assistance Compact (EMAC) or federal assets, eq. Disaster Medical Assistance Teams-Burn Surge Teams, and Military Air Transport either interstate or intrastate transport of significant burn casualties.
- Complete and send with the patient typical interfacility documentation to include: care provided, laboratory analysis, radiography and EMTALA.
- Based on a host of reasons to include quality of care, family convenience, and financial coverage such as insurance and Medicaid, transports of patients from North Carolina should be directed to Burn Centers in North Carolina.