



Region H Healthcare Coalition

Burn Surge Annex

Baldwin, Bleckley, Dodge, Hancock, Jasper, Johnson, Laurens, Montgomery, Pulaski, Putnam, Telfair, Treutlen, Twiggs, Washington, Wheeler, Wilcox, Wilkinson.

Date of Draft Revised: 3/09/2022

Introduction: Burn Annex in support of the Healthcare Coalition Response Plan for a burn mass casualty incident (BMCI) involving large numbers of patients with burn injuries.

Purpose: This annex supports the Healthcare Coalition (HCC) response plan in the event of a sudden and unexpected surge in burn care. The plan reinforces the communication of the situation to county emergency management, healthcare coalition members, state burn centers, state ESF8, and other state partners. The coalition may coordinate and provide logistics support to the incident.

Goal: This annex supports the appropriate assessment of the burn surge event, best assign resources appropriate to the size and severity of the event, and to identify patients that are best served at a burn center. Communication and coordination with the burn centers allows them to provide care for the critical patients without overwhelming their resources. An additional goal of the annex is to provide support for hospitals to care for less critical patients and hospitals holding patients for ultimate transfer to a higher level of burn care.

Scope: This annex should not supersede established guidelines; rather support those currently in place.

Plan Structure and Development: Created by a multidisciplinary team of healthcare providers, medical directors, HCC partners and others using current published references and resources already in place. This plan relies on the premise that all included partners ascribe to the recommendations already put forth by any established reference or plan covering their local HCC and state.

HCC responsibilities: Assist in coordination of communication and logistics for critical events

HCC Response Process:

Initiation: Any agency, including but not limited to first responders, emergency

management, hospitals, urgent care or health clinics, local health departments, local HCC personnel or other healthcare providers may request activation of this plan.

Communication initiatives should follow accepted protocols and the impacted burn center should participate in notification expansion. Local, state, regional and federal resource procurement should proceed based on the local burn center disaster plan in conjunction with the HCC burn annex and through the transfer and communication platforms established in the MCI response system.

HCC responsibilities:

1| Ensure notification of stakeholders by local hospital(s):

- Internal Leadership, for provision of resources and adherence to appropriate internal plans, policies, and procedures
- Regional Burn Center (per local plan, see Appendix A)
- Local EMA(s) for all affected counties

2| Notify regional and state partners:

- Georgia Coordinating Center, 404-616-6440
- State DPH Duty Officer, 855-377-4374
- Local Health District
- Adjoining HCC's, if additional non specialty beds may be needed
- Coalition Members, as needed for resources

3| Post situational updates critical elements of information on WebEOC

4| Maintain documentation of resources requests and allocations

5| Assist with communications, as needed

6| Assist with implementation of a patient tracking system, as needed

7| Assist with coordination between all receiving facilities and specialized burn facilities to account for and manage immediate bed availability, as needed

8| Assist with decompression of specialty care and tertiary care facilities increasing bed availability, as needed

9| Perform after action review with all appropriate agencies

Assumptions:

The need for expanded burn coverage requires all trauma designated hospitals and appropriate HCC partner members within the coverage area to expect patients during a mass casualty event. Patients will be triaged and stratified based on each facilities level of expertise with specialty burn hospitals and trauma designated hospitals expected to take victims with higher levels of acuity and have a greater ability to deal with larger surge numbers while non-trauma facilities manage patients with less acuity.

Initial care of the burn patient is largely focused on resuscitation but patients with large burns often become unstable after the first 24 hours, however, higher level Trauma Centers should plan to be able to provide supportive care for the first 72 hours.

Patient instability can make transfer more complex, so it is imperative that those facilities be prepared and have ready access to expert medical resources and seasoned providers.

Communication:

Telemedicine, Apps, and all other electronic modes of communication should be utilized during BMCI to facilitate effective and standardized triage and care.

As needed, utilize the Georgia Coordinating Center, for bed placement after triage.

The HCC should support all communications.

Supplemental Plans:

The American Burn Association Southern Region has developed a Burn Disaster Plan that relies on the cooperation of Burn Centers currently existing within an identified coverage area. In addition, each region also has a similarly developed strategy for large-scale events. The underlying tenant to the successful implementation of these larger regional plans relies heavily on the mutual aid provided by the individual state plans and each independent Burn Center themselves.

ABA Transfer Criteria:

The American Burn Association has listed 10 criteria for burn patients that recommends transfer to a specialized burn treatment facility. Included in that criteria are Hospitals and other facilities that do not have specialty burn teams or facilities that have limited experience/comfort managing burn patients.

(See Appendix D)

Mutual Aid:

Initiation of out of state transfers and coordination of care through the ABA Southern Regional Coordination Center (SRCC) will take place only after all beds and resources are utilized within the state and upon agreement between each burn center director along with the appropriate emergency management, state, and disaster coordinators. The Burn Center Director will initiate this.

Appendices:

Appendix A: Burn Centers

American Burn Association (ABA) Certified Burn Treatment Centers:

Verified Burn Centers are limited nationally with approximately 133 currently active sites housing about 2000 burn beds. Georgia currently has two ABA verified burn centers and one designated burn center.

Georgia Pediatric and Adult Burn Bed Availability:

HCC Region G:

-JMS Burn Center /BRCA at Doctors Hospital, Augusta:

Total Burn Beds: 99

Surge Capacity: 50

Critical Pediatric Ability: Yes

3601 J. Dewey Gray Circle, Augusta, Georgia

Contact phone: 24/7 (706) 863-9595 or (706) 651-3232

HCC Region D:

-Grady Health System at Grady Hospital, Atlanta:

Total Burn Beds: 23

Surge Capacity: 12

Critical Pediatric Ability: Yes

80 Jesse Hill Drive SE, Atlanta Georgia 30303

Contact phone: 24/7 404-616-2090

-JMS / BRCA at WellStar/Cobb Hospital, Austell:

Total Burn Beds: 16

Surge Capacity: 8

Critical Pediatric Ability: No

3950 Austell Road SW, Austell Georgia 30106

Contact phone: 24/7 (706) 863-9595

Appendix B: Georgia Trauma and Specialty beds

Level 1

* ACS Verified at level specified

<p>*Augusta University Medical Center 1120 15th Street Augusta, GA 30912 706-721-2273 County: Richmond</p>	<p>*Atrium Navicent Health 777 Hemlock Street Macon, GA 31201 478-633-1000 County: Bibb</p>
<p>*Grady Memorial Hospital 80 Jesse Hill Junior Drive SW Atlanta, GA 30303 404-616-2090 County: Fulton</p>	<p>Memorial Health University Medical Center 4700 Waters Avenue Savannah, GA 31404 912-350-8000 County: Chatham</p>
<p>WellStar Atlanta Medical Center 303 Parkway Drive Northeast Atlanta, GA 30312 404-265-4000 County: Fulton</p>	

Level 2

<p>Atrium Health Floyd 304 Turner McCall Boulevard Rome, GA 30165 706-509-5000 County: Floyd</p>	<p>*Doctors Hospital of Augusta 3651 Wheeler Road Augusta, GA 30909 706-651-3232 County: Richmond</p>
<p>Northside Gwinnett Medical Center 1000 Medical Center Boulevard Lawrenceville, GA 30046 678-312-1000 County: Gwinnett</p>	<p>*Northeast Georgia Medical Center 743 Spring Street Northeast Gainesville, GA 30501 770-219-9000 County: Hall</p>
<p>Piedmont Athens Regional 1199 Prince Avenue Athens, GA 30606 706-475-7000 County: Clarke</p>	<p>Piedmont Columbus Regional 710 Center Street Columbus, GA 31904 706-571-1000 County: Muscogee</p>
<p>WellStar Kennestone Hospital 677 Church Street Marietta, GA 30060 770-793-5000 County: Cobb</p>	<p>*WellStar North Fulton Hospital 3000 Hospital Boulevard Roswell, GA 30076 770-751-2500 County: Fulton</p>

Level 3

<p>Advent Health Redmond 501 Redmond Road Rome, GA 30165 706-291-0291 County: Floyd</p>	<p>Crisp Regional 902 7th Street North Cordele, GA 31015 229-276-3100 County: Crisp</p>
<p>Fairview Park Hospital 200 Industrial Boulevard Dublin, GA 31021 478-275-2000 County: Laurens</p>	<p>Hamilton Medical Center 1200 Memorial Drive Dalton, GA 30720 706-272-6000 County: Whitfield</p>
<p>John D. Archbold Memorial Hospital 915 Gordon Avenue Thomasville, GA 31792 229-228-2000 County: Thomas</p>	<p>* Piedmont Cartersville 960 Joe Frank Harris Parkway SE Cartersville, GA 30120 470-490-1000 County: Bartow</p>
<p>Piedmont Walton 2151 West Spring Street Monroe, GA 30655 770-267-8461 County: Walton</p>	<p>WellStar Cobb Hospital 3950 Austell Road SW Austell, GA 30106 470-732-4000 County: Cobb</p>

Level 4

<p>Effingham Health System 459 Highway 119 South Springfield, GA 31329 912-754-6451 County: Effingham</p>	<p>Emanuel Medical Center 117 Kite Road Swainsboro, GA 30401 478-289-1100 County: Emanuel</p>
<p>Memorial Health Meadows Hospital 1 Meadows Parkway Vidalia, GA 30474 912-535-5555 County: Toombs</p>	<p>Morgan Medical Center 1740 Lions Club Road Madison, GA 30650 706-752-2261 County: Morgan</p>
<p>Polk Medical Center 2360 Rockmart Highway Cedartown, GA 30125 770-748-2500 County: Polk</p>	<p>Winn Army Community Hospital 1061 Harmon Avenue Fort Stewart, GA 31314 912-435-6633 County: Liberty</p>

Specialty Hospitals – Children

Atrium Health Navicent Beverly Knight Olsen Children's Hospital
888 Pine St,
Macon, GA 31201
478-633-1000
County: Bibb

*Children's Healthcare of Atlanta @ Egleston (Level I)
1405 Clifton Road Northeast
Atlanta, GA 30322
404-785-7778
County: DeKalb

Children's Healthcare of Atlanta @ Hughes Spalding
35 Jesse Hill Jr Dr SE
Atlanta, GA 30303
404-785-7778
County: Fulton

Children's Healthcare of Atlanta @ Scottish Rite (Level II)
1001 Johnson Ferry Road
Atlanta, GA 30342
404-785-7778
County: Fulton

*Children's Hospital of GA @ Augusta University (Level II)
1446 Harper Street
Augusta, GA 30912
706-721-5437
County: Richmond

Memorial health Dwaine & Cynthia Willett Children Hospital
4700 Waters Ave,
Savannah, GA 31404
912-350-8000
County: Chatham

Appendix C: Definitions and Acronyms

Ancillary Facilities: Healthcare providers, other than hospitals and specialty hospitals.

ABA- American Burn Association

ABA Transfer Criteria: See Appendix

Burn Disaster: a massive influx of patients that exceeds a burn centers capacity and capability

BMCI: Burn Mass Casualty Incident

Burn Surge: Burn patient volumes challenge or exceed a hospital servicing capacity or exceeds 10 burn patients

Critical Event: Emergency or Disaster requiring resources outside the abilities of the local community

Disaster: Requires more resources than readily available in the local response area

EOC: Emergency Operations Center

GCC: Georgia Coordination Center

JMS/BRCA/Doctors: Joseph M. Still Burn Center/Burn and Reconstructive Centers of America at Doctors Hospital, Augusta

JMS/BRCA/WellStar: Joseph M. Still Burn Center/Burn and Reconstructive Centers of America at WellStar Cobb Hospital, Austell

MCI: Mass Casualty Incident

Specialty Hospitals: A hospital that provides a limited range of services (e.g., burn, orthopedic surgery, obstetrics, or pediatrics)

SRCC: Southern Regional Coordination Center

TBSA: Total Body Surface Area of Burn

Appendix D: American Burn Associations Transfer Criteria

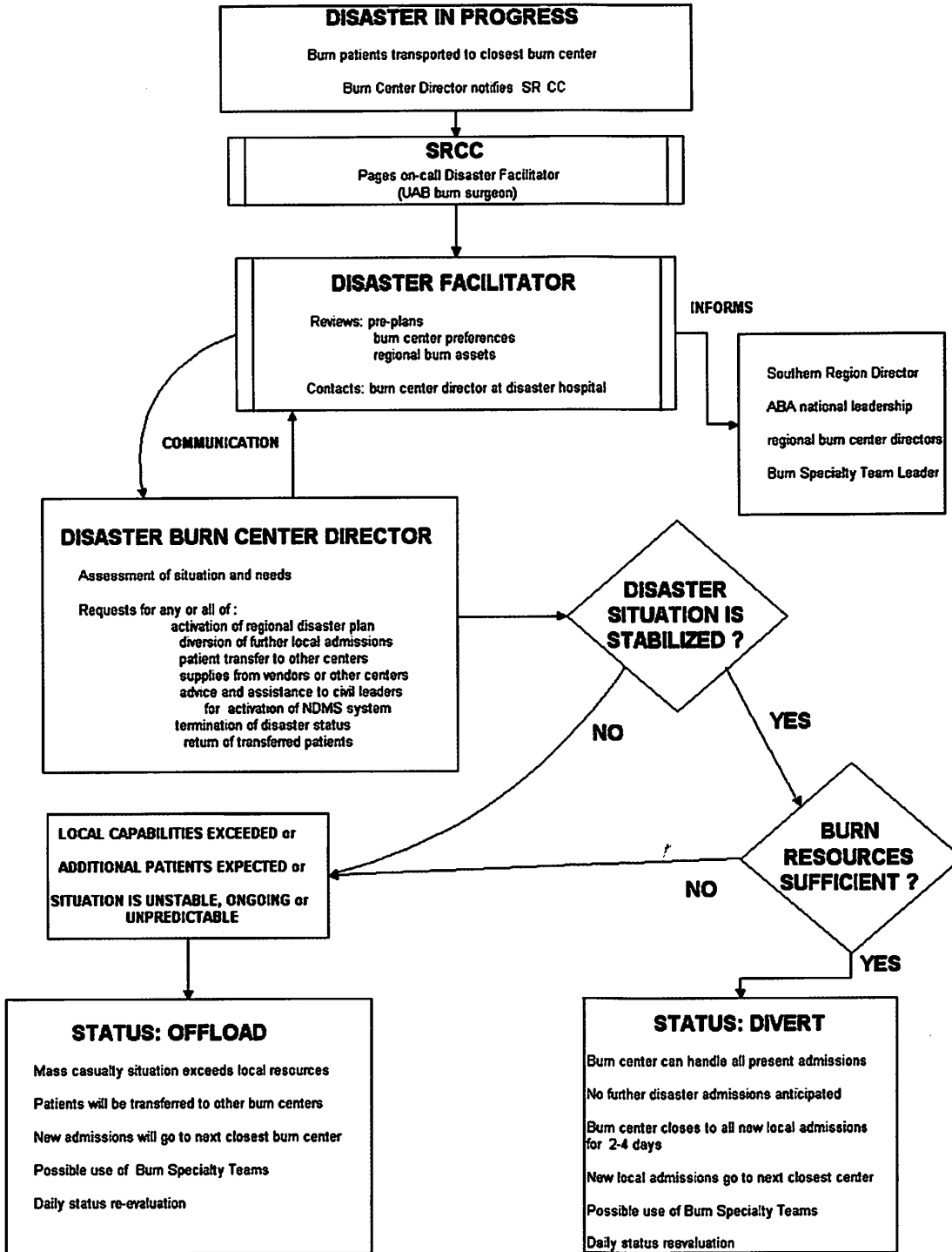
The American Burn Association and the American College of Surgeons recommend transfer to a burn center for all acutely burned patients who meet any of the following criteria (Questions concerning specific patients should be resolved by consultation with the burn center physician):

1. Partial thickness burns \geq 20% Total Body Surface Area (TBSA) in patients aged 10 - 50 years old.
2. Partial thickness burns \geq 10% TBSA in children under age 10 or adults over age 50 years old.
3. Full-thickness burns \geq 5% TBSA in patients of any age.
4. Patients with partial or full thickness burns of the hands, feet, face, eyes, ears, perineum, and/or major joints.
5. Patients with high-voltage electrical injuries, including lightning injuries.
6. Patients with significant burns from caustic chemicals.
7. Patients with burns complicated by multiple traumas in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be treated initially in a trauma center until stable before being transferred to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
8. Patients with burns who suffer inhalation injury.
9. Patients with significant ongoing medical disorders that could complicate management, prolong recovery, or affect mortality.
10. Hospitals without qualified personnel or equipment for the care of children should transfer children with burns to a burn center with these capabilities.
11. Burn Injury in patients who will require special social/emotional and /or long-term rehabilitative support, including cases involving suspected child abuse, substance abuse, etc.

Appendix E: Southern Region 1 Coordination Center Algorithm (SRCC)

To request assistance the affected Burn Director can contact the SRCC at University of Alabama, 800-359-0123

{Note: The Burn Center Medical Director or their designee activates this system}



Appendix F: Joseph M. Still Burn Centers/BRCA mobile APP

In addition, the Joseph M. Still Burn Centers/BRCA has available a mobile APP that allows practitioners in non-burn specific care centers the ability to quickly upload photos and communicate with burn specialists on a secure encrypted platform.

(<https://burncenters.com/app/>)

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Region H Executive Committee Approval Signatures

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