Nonurban Missouri Healthcare Coalition Burn Annex

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Name	Title	Date	Summary of Changes

INTRODUCTION

The Nonurban Missouri Health Care Coalition (NUMO HCC) covers a large geographic area including 92 Missouri counties (out of 115 counties) including both rural and small metropolitan areas and has a population of nearly 2,500,000 people. It is comprised of five sub-regions, referenced as regional health care coalitions (Regional HCC). The diverse population, combined with the potential for a variety of hazards including severe weather, earthquakes, hazardous material incidents, and large planned events places the region at significant risk for a disaster impacting health care resources, assets, and the ability to offer and sustain health care services to the nonurban Missouri population.

Purpose

This plan provides the framework to guide the NUMO HCC to respond to burn incidents among diverse health and medical entities supporting ESF-8 functions within the coalition's boundaries.

The NUMO HCC's primary role in response is to represent member organizations through multi-agency coordination and to support organizational incident management through information and resource coordination. This requires coordination among a broad spectrum of health care providers including but not limited to hospitals, local public health agencies, emergency medical services and emergency management. NUMO HCC preparedness and response structures also incorporate representation from the 17 provider and supplier types outlined in the Centers for Medicare and Medicaid Conditions of Participation, mental/behavioral health providers, community, and faith-based partners, as well as state and local governments.

All emergencies require a coordinated approach in which multiple disciplines and organizations, both public and private, work together. The NUMO HCC serves as the body to coordinate the response among a diverse group of healthcare organizations. This role is essential given that disasters often necessitate public health and medical response.

Scope

This plan applies to all NUMO HCC members when an event occurs that is beyond an individual healthcare organization's ability to manage the response. This plan does not dictate organizational response, nor does it supersede or conflict with jurisdictional or agency responsibilities, applicable laws and statutes. The Nonurban Missouri Health Care Coalition facilitates information sharing and coordination, but not direction and control, as there is no statutory authority governing the NUMO HCC.

The Nonurban Missouri Health Care Coalition Response Plan will be managed and maintained by Missouri Hospital Association (MHA) on behalf of the NUMO HCC. MHA will update this plan following an exercise or real-world event, or at least once annually with guidance from the Nonurban Missouri Health Care Coalition Leadership Board. The

plan will be reviewed and accepted by all NUMO HCC members. Participating members are responsible for updating their respective facility EOPs.

Overview/Background of HCC and Situation

Assumptions

All frontline healthcare facilities, including any facility equipped for emergency care, such as hospital-based emergency departments and other emergency care settings including urgent care clinics and critical access hospitals, shall maintain procedures consistent with Diseases and Conditions Reportable in Missouri (19 CSR 20-20.020). Diseases and Conditions shall be reported to their local health agency or to: Missouri Department of Health and Senior Services (DHSS) during business hours 573-751-6113, after hours and on weekends 800-392-0272 or by fax 573-526-0235. DHSS will resume actively disseminating information similarly should the need arise.

Missouri partners will utilize the National Incident Management System (NIMS) and Incident Command System (ICS) to coordinate operations.

Missouri maintains a protected view in EMResource indicating the availability, bed numbers, locations, and points of contact for hospitals. This view is available to hospitals, health care coalition leaders, select specialty care transport agencies, DHSS partners, and other designated state-level staff to ensure updated information is available when required. For situational awareness, a burn incident query template is also available for use during a burn MCI at the local, regional, state or burn region level.

Planning Assumptions

· All hospitals with emergency departments are designated as "first Receiver" facilities for burn incidents and are equipped to respond to an initial incident.

· All frontline healthcare facilities, including any facility equipped for emergency care, such as hospital-based emergency departments and other emergency care settings including urgent care clinics and critical access hospitals, shall maintain procedures to respond to mass casualty incidents and coordinate local, regional, and state support through their individual Emergency Operations Plan.

CONOPS

Activation and Notification

A full activation plan for the Nonurban Missouri Healthcare Coalition can be found in the Nonurban Missouri Health Care Coalition Response Plan.

- The impacted facility notifies their Regional HCC Duty Officer.
- The Regional HCC Duty Officer notifies Regional HCC members by initiating an eICS incident.

- When support is needed outside the impacted region, including consultation with burn centers, the Regional HCC Incident Commander will notify the MHA Regional HCC Liaison.
- The MHA Regional HCC Liaison will notify all NUMO HCC members for operational awareness, collaboration and support by initiating an eICS incident for the NUMO HCC.
- The NUMO HCC Incident Commander will evaluate notification of other Missouri Health Care Coalitions, namely Mid-America Regional Council (MARC) and/or St. Louis Area Regional Response System (STARRS) for additional coordination of patient placement, transport and care.

Roles and Responsibilities

The Regional HCC of the primary impacted entity will be responsible for providing situational awareness to the NUMO HCC. The NUMO HCC will provide situational awareness and coordination through their respective eICS incidents and use of the EMResource Burn View and templated queries. Missouri Hospital Association Health Care Coalition Liaisons will coordinate with the Missouri Emergency Response Center (ERC) and FEMA Region 7 partners for burn awareness and support. Burn Centers within the NUMO HCC boundaries will provide a Subject Matter Expert (SME) to the NUMO HCC to support communication and coordination with the Midwest Burn Program. NUMO HCC leadership will work to identify appropriate representation during the event.

A Health Care Coalition Burn Mass Casualty Incident Response Guide has been developed and incorporated into eICSfor coalition use during a mass casualty burn incident response. The NUMO HCC will work towards completing a HICS 206M – HCC Medical Plan to promote a common operating picture and gain clarity of situational awareness.

The Midwest Burn Region will communicate and collaborate with burn centers in the region, state, impacted facilities and the NUMO HCC as needed and requested.

Logistics:

Logistical support can be requested by impacted EMS and hospital entities through a formal request process in eICS. These requests will be addressed and supported as supplies and resources allow through NUMO HCC facilitation and coordination of known resources. Supply-based queries may be utilized to identify additional supplies and support resupply efforts.

To support the large number of medications needed in a MCI incident, especially around burn care, a Drug Shortage calculator and Planning tool is available to assist in determining pharmaceutical sharing needs between NUMO HCC members.

Staff:

EMS mutual aid should be utilized through established mutual aid agreements. The EMS Mutual Aid Coordinator for the region should be contacted and EMS strike teams requested and utilized for transportation and treatment of patients, as necessary.

Hospital Mutual Aid may be requested and used through the Missouri Hospital Association Mutual Aid Agreement. For volunteer and licensed support, the facility should use its own preidentified emergency onboarding of personnel policy or procedure.

Health care coalition members should identify both clinical and nonclinical support by either assigning the individual a role in eICS or using a HICS 253-Volunteer Registration form.

Health care coalition regions that maintain field hospital capabilities may utilize those resources and staffing matrix as laid out in their CONOPS.

Special Considerations:

Mental Health:

First responder mental health can be supported through fire department chaplains, crisis incident stress management teams, state mental health strike teams and other standing processes developed by each Health Care Coalition Member entity.

Mental Health patients impacted by the burn MCI event will receive care that is prioritized taking into account their most immediate needs and the resources available at the receiving facility, including mental health services and referral options for continued mental health care and support.

Pediatrics:

Burn MCI events with a significant number of pediatric patients, as defined by being under the age of 18, will trigger an EMResource Pediatric Bed Availability Query to support additional pediatric burn surge spaces. A pediatric subject matter expert can be added to the command staff, should the situation warrant. Pediatric Burn Just-in-Time Resources can be found in Appendix B.

Combined Injuries:

Combined injuries will be triaged and prioritized based upon resources and available beds. Every effort at stabilization and clinical care, both in the field and within hospital walls, is of primary importance. Communication and coordination of needed resources via eICS by all health care coalition members is encouraged to facilitate an appropriate response to the incident. MHA Nonurban Health Care Coalition liaisons will coordinate

with other health care coalitions in Missouri, ESF support functions as they are activated with the state, and regional disaster response partners.

Operations Medical Care:

Triage / Tracking

While each member of the Health Care Coalition has their own triage process and will utilize the policy and procedure adopted by their organization, typically the members utilize START and JUMP START Triage.

Casualty collection points both in the field and at the first receiver facility are encouraged. Patients should be triaged and/or re-triaged at the casualty collection points.

General Principles followed:

- Triage or re-triage all patients at field casualty collection points.
- Provide visual indicator of patients' triage status such as colored triage tape, triage bands, or triage tags.
- Keep minors and caregivers together whenever possible.
- A transport officer should be assigned at the casualty collection point to record and oversee transport to the appropriate initial hospital facility. The transport officer should maintain a HICS 254 – Disaster Victim/Patient Tracking Tool on the scene to support patient tracking.
- All patients should be triaged or re-triaged upon coming into the hospital casualty collection point or treatment area. Every effort should be made for patients with triage cards to keep their initial triage card with them to endpoint care (as defined in this circumstance as hospital admission or collected upon discharge). Patients not previously issued a triage tag should be provided with a triage tag and number at this time.
- Hospitals will provide a medical screening exam and care for burn patients within their own facilities protocols. Hospitals should provide a HICS 259-Hospital Casualty / Fatality Report; Hourly for the first 4 hours of the MCI event, then every 2 hours for the initial 8-hour response window. HICS 259s should be completed every 4 hours throughout the remaining initial 24 hours. HICS 259 should be completed every 8 hours until all patients have been appropriately cared for based upon the resources available.
- A transport officer at the hospital should be assigned to record and oversee the movement of patients to other treatment sites or funeral homes. The transport officer should maintain a HICS 255- Master Patient Evacuation Tracking form to support patient tracking.

The healthcare coalition may, if requested, assist with patient tracking and family connection. NUMO HCC partnerships with the American Red Cross can be used to support notification and reunification of patients. HCCs may be particularly helpful in collating information from various facilities and supporting incident response through situational awareness.

The Healthcare Coalition should work towards completing an ICS 209M Burn MCI Incident Status Summary at the end of each operational period to share with relevant partners.

Treatment:

Patient treatment protocols remain with the responding entity and entity providing patient care. Subject matter burn clinicians may be available through the HCC for consultation. Orders and clinical care remain the responsibility of the entity assuming primary patient care. To support just-in-time burn care, especially in non-burn facilities, quick reference sheets from the Western Region Burn Disaster Consortium and The Joint Trauma System Clinical Care Guidelines for Burns have been provided as links here and in Appendix B.

- Initial Assessment and Management
- 0-48 Hours
- 48-96 Hours
- Transfer and Transport Guidelines
- Adult Injury Guidelines
- Pediatric Burn Injury Guidelines
- Joint Trauma System Clinical Care Guidelines for Burns

Crisis Standards of Care / Austere Environment Burn Care:

- Guidelines for Burn Care Under Austere Conditions – Airway, Ventilator, Fluid Management
- Guideline for Burn Care Under Austere Conditions Special Care Topics – Pain, Nutrition
- Guidelines for Burn Care Under Austere Conditions – Wounds
- Guidelines for Burn Care Under Austere Conditions – Blast Injuries, Chemical Burns

Transportation:

Self-transport to the closest facility should be anticipated for individuals who are able to leave the scene of the incident.

EMS mutual aid will be immediately available, followed by the rostering of EMS strike teams from across the state and region. EMS coordination should be facilitated through the EMS Mutual Aid Coordinator and their established structure. EMS Mutual Aid Coordinators may utilize their own eICS incident to facilitate the management of EMS resources and share information to the HCC's eICS incident as appropriate.

To support the potentially significant pharmaceutical needs for burn patients over longer distances, an EMS Drug Calculator Tool is available to facilitate safer patient care.

Demobilization and Recovery:

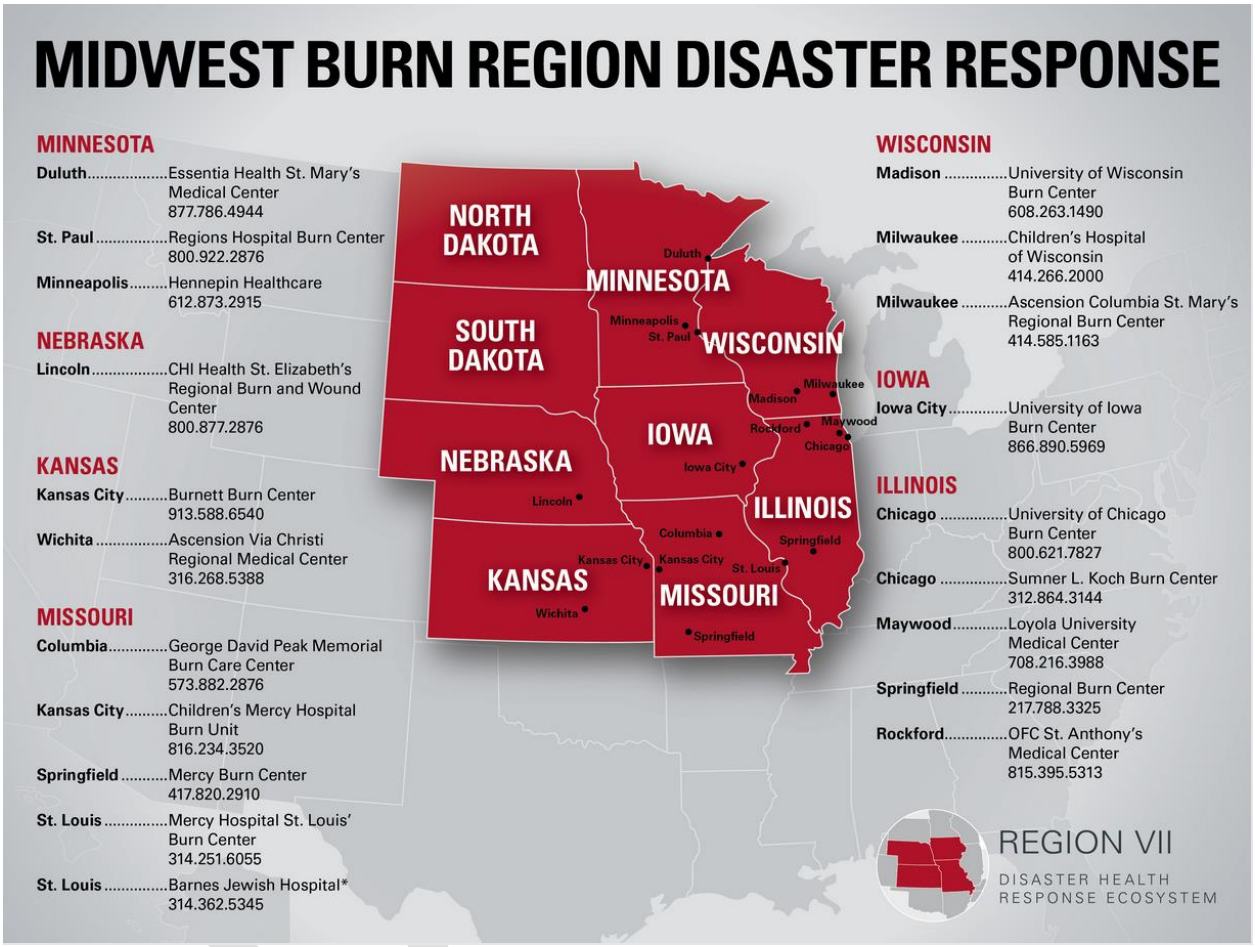
Demobilization will occur at the direction of the leadership of the primarily impacted HCC entities. Demobilization of resources and entities should be recorded in all applicable eICS incidents as they leave the immediate response. Regional HCC leadership should update eICS event logs or other documentation with the date and time the resources are fully restocked and returned to a "ready to be deployed" status.

The Nonurban HCC and the Regional HCC will provide an opportunity for debriefing and collection of lessons learned to include in their respective HCC After Action Report (AAR) of the incident within 90 days of the initial event.

Training and Exercises

The Nonurban HCC will provide initial socialization of the plan and annual review with input and additions as recommended and supported by its HCC members and Burn SMEs. Efforts will be made to incorporate some components of burn care into future exercises and in any full-scale exercises. Hospitals choosing to exercise a facility burn plan for their training can be supported by their Regional HCC based on the information available in this annex.

Burn Care Referral and Care Resources



Emergency Hotline Numbers

- 24/7 American Burn Association Disaster Response Contact: (301) 461-2442
- **Midwest Region:** *Regions Hospital Burn Center, MN* **(800) 922-2876**

Midwest Region
Burn Mass Casualty Incident (BMCI)
Response Plan

The American Burn Association (ABA)- designated Midwest Region[1] encompasses Burn Centers located in Illinois, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska and Kansas.

- **For a BMCI occurring anywhere within the Midwest region of the United States The Regions Hospital Burn Center serves as a communications and coordination center to support Burn Center(s) with burn bed census and/ or patient triage and transfer**
- **A BMCI is defined as any incident where capacity and capability significantly compromises patient care, as identified in accordance with individual BC(s), state, regional or federal disaster response plans**

Requesting Assistance from the ERBDC for BMCI Response and Coordination

Upon request by a referring BC(s) The Regions Hospital Burn Center • Conducts a bed census of Midwest Region BCs • Supports and assists with regional efforts for patient triage and transfer	Agencies requesting assistance include: • BCs • Affected ABA BCs • ABA Regional Coordinator(s) • ABA Central Office • Department of Health & Human Services (DHHS) or designee
To request Midwest Region assistance: • Contact The Regions Hospital Burn Center at 1-800-922-2876 • Mark Johnston 651-214-0591 (Co-Coordinator, Regions Hospital • Judy Placek 402-880-1976 (Co-Coordinator, Nebraska Medicine)	Upon notification The Midwest Region will: o Activate external disaster plans o Initiate centers burn disaster plan o Coordinate transfer of patients

1. Midwest Region – one of five American Burn Association-designated regions. Refer www.ameriburn.org Homepage for a map of all regions.

Clinical Management Resources:

- Initial Assessment and Management
- 0-48 Hours
- 48-96 Hours
- Transfer and Transport Guidelines
- Adult Injury Guidelines
- Pediatric Burn Injury Guidelines
- Joint Trauma System Clinical Care Guidelines for Burns
- Guidelines for Burn Care Under Austere Conditions – Airway, Ventilator, Fluid Management
- Guideline for Burn Care Under Austere Conditions Special Care Topics – Pain, Nutrition
- Guidelines for Burn Care Under Austere Conditions – Wounds
- Guidelines for Burn Care Under Austere Conditions – Blast Injuries, chemical burns

Appendix C

Forms

Healthcare Coalition Burn Mass Casualty Incident Response Guide

HICS 206M – HCC Medical Plan

HICS 253 – Volunteer Registration

HICS 254 – Disaster Victim/Patient Tracking Tool

HICS 259-Hospital Casualty / Fatality Report

HICS 255- Master Patient Evacuation Tracking

ICS 209M Burn MCI Incident Status Summary

Appendix D

Burn Surge Event
EMResource Query

During a burn surge mass casualty event, the Burn Surge Query may be used to help facilitate patient placement during a burn incident. There are three objectives of the query: 1. Identify facility burn capabilities. 2. Allow impacted hospital facilities to report the numbers and types of burn patients that they need to transport. 3. Allow other local, regional, or statewide hospital facilities to report the number and type of burn patients they are able to receive.

This information should be utilized to inform and assist in timely identification of potential patient placement options but should not replace normal patient transfer and transport protocols and confirmations.

Status Types	Status Type Definitions	Status	Status Definitions
Burn-Surgical Debridement Capability	Please indicate the most appropriate description of your facility's surgical burn debridement capabilities.	Immediate Capabilities	The facility has staff and equipment immediately available to provide surgical debridement
		Delayed Capabilities	The facility is capable of surgical debridement, but does not currently have staff or equipment in place to immediately provide the service
		No Capabilities	Facility does not have surgical debridement capabilities
Burn-Swing Bed Burn Rehabilitation	Please indicate if your facility has swing bed burn rehabilitation capabilities.	Yes	Yes, facility has swing bed burn rehabilitation capabilities
		No	No, facility does not have wing bed burn rehabilitation capabilities
Burn-Wound Care Program	Please indicate whether your facility has an active wound care program capable of treating minor to critical burn care patients.	First Degree	Facility has a wound care program capable of treating up to first degree burns.
		Second Degree	Facility has a wound care program capable of treating up to second degree burns.
		Third Degree	Facility has a wound care program capable of treating up to third degree burns.

		Fourth Degree	Facility has a wound care program capable of treating up to fourth degree burns.
		No Capability	Facility does not have a wound care program capable of treating burn patients

Status Types	Status Type Definitions	Status	Status Definitions
Burn Adult RED_Needing Transport	If applicable, please enter the number of adult burn patients (RED) that need transport from your facility requiring burn center / trauma center level of care.	Numeric entry	N/A
Burn Adult YELLOW_Needing Transport	If applicable, please enter the number of adult burn patients (YELLOW) that need transport from your facility requiring Trauma Center / ICU level of care.	Numeric entry	N/A
Burn Adult GREEN_Needing Transport	If applicable, please enter the number of adult burn patients (GREEN) that need transport from your facility requiring telemedicine consult, admission to current facility, or follow up burn care.	Numeric entry	N/A
Burn Peds RED_Needing Transport	If applicable, please enter the number of pediatric burn patients (RED) that need transport from your facility requiring burn center / trauma center level of care.	Numeric entry	N/A
Burn Peds YELLOW_Needing Transport	If applicable, please enter the number of pediatric burn patients (YELLOW) that need transport from your facility requiring Trauma Center / ICU level of care.	Numeric entry	N/A
Burn Peds GREEN_Needing Transport	If applicable, please enter the number of pediatric burn patients (GREEN) that need transport from your facility requiring telemedicine consult, admission to current facility, or follow up burn care.	Numeric entry	N/A
Burn Neonatal RED_Needing Transport	If applicable, please enter the number of neonatal burn patients (RED) that need transport from your facility requiring burn center / trauma center level of care.	Numeric entry	N/A

Burn Neonatal YELLOW_Needing Transport	If applicable, please enter the number of neonatal burn patients (YELLOW) that need transport from your facility requiring Trauma Center / ICU level of care.	Numeric entry	N/A
Burn Neonatal GREEN_Needing Transport	If applicable, please enter the number of neonatal burn patients (GREEN) that need transport from your facility requiring telemedicine consult, admission to current facility, or follow up burn care.	Numeric entry	N/A

Status Types	Status Type Definitions	Status	Status Definitions
Burn Adult RED_Able to Receive	Please enter the number of adult burn patients (RED) that you are immediately able to accept. Burn patients categorized as RED require burn center / trauma center levels of care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A
Burn Adult YELLOW_Able to Receive	Please enter the number of adult burn patients (YELLOW) that you are immediately able to accept. Burn patients categorized as YELLOW may require Trauma Center / ICU level of care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A
Burn Adult GREEN_Able to Receive	Please enter the number of adult burn patients (GREEN) that you are immediately able to accept. Burn patients categorized as GREEN may require telemedicine consults, admission to facility, or follow up burn care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A
Burn Peds RED_Able to Receive	Please enter the number of pediatric burn patients (RED) that you are immediately able to accept. Burn patients categorized as RED require burn center / trauma center levels of care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A
Burn Peds YELLOW_Able to Receive	Please enter the number of pediatric burn patients (YELLOW) that you are immediately able to accept. Burn patients categorized as YELLOW may require Trauma Center / ICU level of care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A

Burn Peds GREEN_Able to Receive	Please enter the number of pediatric burn patients (GREEN) that you are immediately able to accept. Burn patients categorized as GREEN may require telemedicine consults, admission to facility, or follow up burn care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A

Status Types	Status Type Definitions	Status	Status Definitions
Burn Neonatal RED_Able to Receive	Please enter the number of neonatal burn patients (RED) that you are immediately able to accept. Burn patients categorized as RED require burn center / trauma center levels of care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A
Burn Neonatal YELLOW_Able to Receive	Please enter the number of neonatal burn patients (YELLOW) that you are immediately able to accept. Burn patients categorized as YELLOW may require Trauma Center / ICU level of care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A
Burn Neonatal GREEN_Able to Receive	Please enter the number of neonatal burn patients (GREEN) that you are immediately able to accept. Burn patients categorized as GREEN may require telemedicine consults, admission to facility, or follow up burn care. If you are unable to accommodate any level of burn patients at this time, please enter "0".	Numeric entry	N/A