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Appendix 3.5.1.1 cmhpc burn surge plan

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In the event of a medical surge burn incident, the MN State Burn Surge Plan calls on each region to initially treat and stabilize burn victims for up to 72 hours if transportation to MN Burn Centers is not feasible. This burn surge appendix provides a regional framework to support and supplement the MN Statewide Burn Surge plan. This appendix identifies the Central Healthcare Preparedness Coalition’s response to a medical surge event involving severe or life-threatening burns. This plan is part of the Regional Response Plan and works along with the Appendix 3.5.1 CMHPC Regional Response Plan.

See the full Minnesota Burn Surge Plan and list of burn surge facilities at the MDH website: <https://www.health.state.mn.us/communities/ep/surge/burn/burnsurgeplan.pdf>

As outlined in the statewide plan, if the incident requires more resources than Minnesota is capable to provide, requests can be made to both the Great Lakes Healthcare Partnership (GLHP) and the ABA Midwest Region for assistance (Statewide Plan Appendix C: Interstate Burn Unit Resources).

Each jurisdiction with the region has conducted a Hazard Vulnerability Assessment (HVA) and at a minimum review it annually. The HVA looks at hazards that could lead to an increased risk to individual and community physical health. (See the CMHPC Preparedness Plan – Appendix 5.1 CMHPC Regional HVA)

Risk factors assessed include but not limited to:

* Pipelines
* Refineries
* Wildfire risk
* Terrorism
* Transportation risks
* Lack of burn resources

In addition, specific known activities within each region are assessed. Each year the coalition takes the time to review these HVA’s and look for any changes. The coalition reviews individually first, then as a group the region reviews so all are aware of any changes.

**Concept of Operations**

The State of Minnesota currently has two Burn Centers acknowledged by the American Burn Association (ABA), which are Hennepin County Medical Center (HCMC) and Regions Hospital. Both certified burn centers are outside of the Central Region and located with the Metro Region. During a burn surge incident, the initial receiving facility will collaborate and communicate with the burn centers. If, at some point, the MN Burn Centers are unable to accept the number of patients referred to them, the statewide Burn Surge plan will be activated. Normal day to day operations are the goal of this plan, this plan will only be activated when local resources are exhausted and the MN Burn Centers are unable to provide immediate care for burn patients. The Central region has identified a facility that would be considered as a Burn Surge facility. Initial receiving facilities may be directed to transfer burn patients to burn surge facilities for up to 72 hours as burn centers work amongst themselves and in conjunction with out-of-state burn centers to accommodate the number of patients needing medical care from a burn center.

See Link to the MN Statewide Burn Surge plan and Communication Plan. [Minnesota Dept. of Health Burn Surge Plan](https://www.health.state.mn.us/communities/ep/surge/burn/index.html)

**Initial Receiving Hospital**

The initial receiving hospital will provide initial stabilization and treatment to burned patients, as directed by their medical director or through advisors at one of the MN Burn Centers. Although burn patients should be transferred to the appropriate burn center as soon as possible, the extent of the incident and the availability of burn bed resources may exceed capacity of the burn center. If this occurs, patients may be transferred to an alternative location, such as a Burn Surge Hospital. Transportation arrangements should be coordinated by the initial hospital and the receiving facility, utilizing agreements with their Emergency Medical Services (EMS) partners.

The Regional EMS Coordinator would be notified immediately through the HMAC process and would assist in coordinating resources as well as obtaining any additional assets if local resources were outstripped.

Recognizing that burn patients would potentially require at a minimum advanced life support (ALS) assets. The Central Region does have several ALS services. In addition, there are times when air transportation would be advantageous, and two services operate within the region. Additional air transportation assets would be available through Regional EMS if needed.

**Regional Burn Surge Hospital Identification**

Minnesota has identified Burn Surge Facilities (see MN Burn Plan). The Central healthcare preparedness coalition has identified a burn surge hospital to be utilized in a surge event. In coordination with the MN Burn Center, patients may be transferred from the initial receiving hospital to the Burn Surge facility who will provide treatment until more definitive care options are available. All burn victims will be triaged for transfer to specialty care based on the American College of Surgeons Burn Center Referral Criteria outlined in the statewide plan (Appendix E). The Burn Surge facility will be responsible to care for the burn patients in the event of a statewide surge. This responsibility can last up to 72 hours. The MN Burn Center will work with state partners to coordinate care and transportation of burn patients according to the MN State Burn Surge Plan.

The burn surge facility within the Central Region is:

St. Cloud Hospital

1406 6th Ave N.

St. Cloud, MN 56303

Phone: 888-387-2862

Per the Minnesota Burn Surge Plan, the ABA verified Burn Centers may provide telephone/telemedicine expertise to assist BSFs caring for victims. Additionally, if all burn specialty staff are overwhelmed during the response, the HCCs can ask MDH-CEPR to request telemedicine support from the GLHP and the ABA Midwest Region.

**Role of the Regional Health Care Preparedness Coordinators (RHPC)**

During a burn surge event, the RHPCs in the state will be notified of the activation of the MN Burn Surge plan by the Metro Regional Healthcare Resource Center (RHRC). The RHPC will communicate with regional partners and together, a decision will be made if the HMAC needs to be opened, either physically or virtually. The HMAC will be available to assist with resource requests as needed during the surge event, however, they will not be directly involved in patient care activities and will not coordinate patient movement. If there is a request for identification of available beds within the region or in neighboring regions, the RHPC will initiate bed tracking within MNTrac. The information obtained will be shared with the appropriate partners. The HMAC will communicate with regional partners according to the regional communication plan.

Prior to an event the RHPC also assesses the HVA’s within the region and discuss with local facilities any changes in risk.

The RHPC also in contact with regional facilities regarding any specific resources helpful in a burn situation. Currently, the region does NOT have a cache of additional burn supplies beyond what the major level II facility has for normal operations. Additional support and supplies would be gathered within the region first and secondly asks of other coalitions would be needed in a larger event.

**Training and Exercise Recommendations**

It is important that first responders, EMS personnel, and first receiving hospitals have appropriate education and training to increase their knowledge, skills and abilities for the initial treatment and supportive care for the burn-injured patients. The CMHPC will make all attempts to assist in coordinating training opportunities. Each hospital within the CMHPC will be provided with one Advanced Burn Life Support (ABLS) Handbook. All efforts to facilitate or notify facilities of training opportunities will be provided by the RHPCs.

The Minnesota Department of Health maintains just-in-time training resources online: [MDH Burn Surge training videos](https://www.health.state.mn.us/communities/ep/surge/burn/video.html)

These include videos, quick references to determine burn depth and surface area, order sets, and Resource and Triage Cards in the Patient Care Strategies for Scarce Resource Situations. All BSFs should use the Burn Care Supply recommendations outlined in the statewide plan for planning purposes.

The HMAC may be activated to support a burn surge response. Also see the sections on Communications and HMAC activation.