



BURN SURGE ANNEX  
2022

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## **1. Introduction**

The Big Bend Healthcare Coalition (BBHCC) forms a broad collaborative network of healthcare and support organizations and their respective public and private sector response partners. The goal of the BBHCC is to facilitate integration, collaboration and coordination of healthcare organizations in the Big Bend region for emergency preparedness, response and recovery.

### **1.1 Purpose**

The BBHCC Burn Surge Annex serves as an annex to the BBHCC Preparedness Plan and provides guidance for a coordinated response to a burn mass casualty incident (BMCI) in which the number and severity of burn patients exceeds the capability of BBHCC member facilities. A BMCI is defined as any incident where capacity and capability significantly compromises patient care, as identified in accordance with individual Burn Center(s), state, regional or federal disaster response plans. The annex identifies those healthcare organizations and resources which can be engaged in a BMCI response, and the mechanisms/processes that can be used to determine the appropriate facilities within and external to the region for burn patients.

### **1.2 Scope**

This annex applies to the eight counties that make up the BBHCC region and all Coalition member organizations and applies when an BMCI event occurs that is beyond the individual health care organization's ability to manage the response. The general command structure and communication protocols are discussed later in the plan and can also be found in the BBHCC Operations Plan. This plan does not supersede or conflict with applicable laws and statutes and is intended to supplement the state and local emergency operations plans with information specific to burn related events. This plan does not supersede the authorities or any plans or procedures of the participating entities.

### **1.3 Overview/Background of HCC and Situation**

#### **1.3.1 Coalition Overview**

The BBHCC region encompasses an eight-county area within RDSTF Region 2 including Franklin, Gadsden, Gulf, Jefferson, Leon, Madison, Taylor and Wakulla counties. Coalition membership includes more than 200 individual members representing over 100 participating organizations. The majority of the estimated population of 490,000 reside in Leon County with the remainder living in mostly rural communities with minimal healthcare resources. Below is a list of hospitals and capacity in the BBHCC region.

Hospital	Address	County	Beds	Type
Ascension Sacred Heart Gulf	3801 E. Highway 98	Gulf	19	Acute Care
Doctors' Memorial Hospital	333 N. Byron Butler Pkwy.	Taylor	48	Acute Care
Eastside Psychiatric Hospital	2634B Capital Cir., N.E.	Leon	46	Psychiatric
Encompass Health Rehabilitation Hospital	1675 Riggins Rd.	Leon	76	Rehabilitation
Florida Capital Hospital – Gadsden Memorial Campus	23186 Blue Star Hwy.	Gadsden	4	Acute Care/Dept.
Florida Capital Hospital	2626 Capital Medical Blvd.	Leon	288	Acute Care
Florida State Hospital	100 N. Main St.	Gadsden	949	Psychiatric
George E. Weems Memorial	135 Avenue G	Franklin	25	Acute Care
Madison County Memorial	224 N.W. Crane Ave.	Madison	25	Acute Care
Tallahassee Memorial HealthCare	1300 Miccosukee Rd.	Leon	772	Acute Care/Level II Trauma Center
Select Specialty Hospital	1554 Surgeons Dr.	Leon	48	Acute Care/LTC

### 1.3.2 Burn Centers

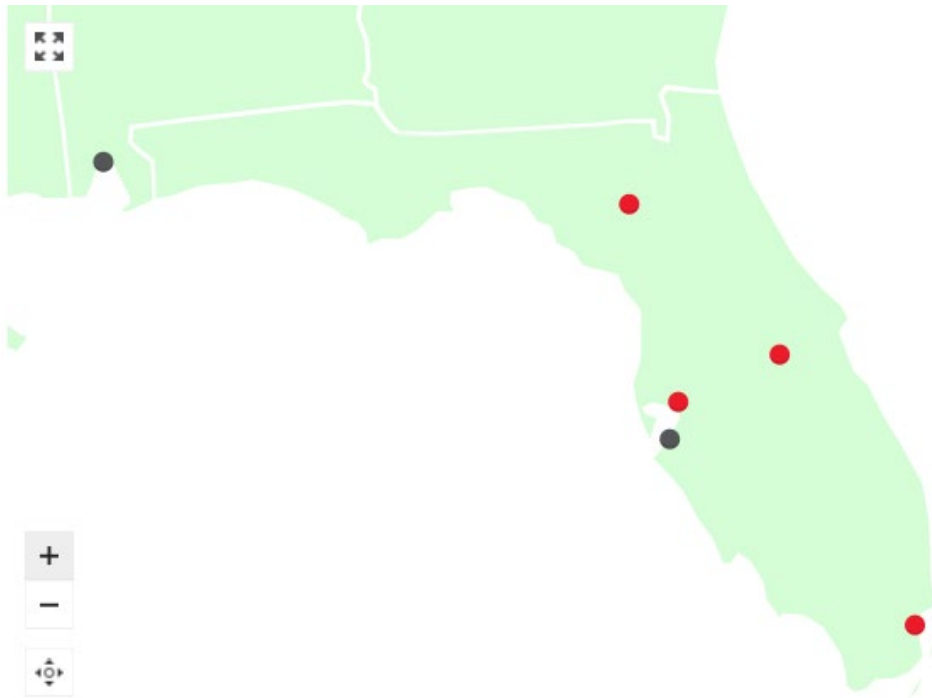
A Burn Center provides a comprehensive team approach to the care of burn victims. The specialized clinical team, including burn/trauma surgeons, advanced practice providers, nurses, skilled technicians, occupational therapists, physical therapists, respiratory therapists, social workers, clinical nutritionists, pharmacists, and psychologists provide care throughout the duration of stay for each patient.

After completing the rigorous process set forth by the American Burn Association (ABA) and American College of Surgeons (ACS), the Burn Center is awarded national verification status. This verification demonstrates a continued commitment to the treatment of patients suffering burn injuries and the allocation of resources necessary to ensure the

best outcomes. The State of Florida Trauma Standards also address burn care; however, both the ACS and the State of Florida follow the ABA’s criteria regarding burn center and burn care specifics. In addition, the Burn Center Director for each center maintains open communication with directors of other burn centers throughout the state as well as the Southern Region Coordination Center (SRCC). Thru the SRCC, the disaster facilitator has access to essential contact information, predetermined regional burn center capabilities, information on regional transport capabilities, and a spreadsheet of ground transportation distances between all Southern Region Burn Centers (AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, WV).

### 1.3.3 Burn Centers of Florida Map

The below map shows available Burn Centers. There are 85 ABA verified burn beds and 42 non-verified for a total of 127 beds with the potential to surge to a higher volume.



Red dots represent locations with **ABA Verified Burn Centers**

### 1.3.4 BBHCC Burn Centers

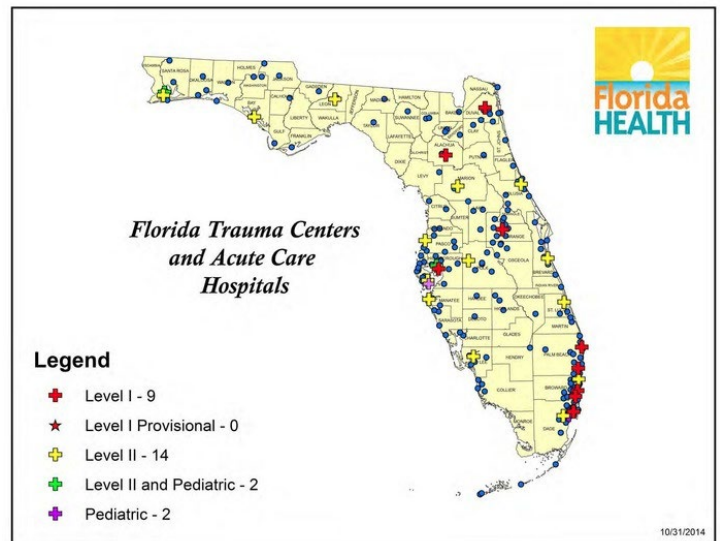
There are no Burn Centers within the boundaries of the BBHCC. The Shands Burn Center at the University of Florida in Gainesville is the closest facility to the region. The Joseph M. Still Burn Center in Augusta, GA 150 surge capabilities and Grady Burn Center at Emory University are the back-up burn centers that serve our regions.



Shands Burn Center at the University of Florida  
1600 SW Archer Rd. Box 100335  
Gainesville, Florida 32610  
Region: Southern (AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, WV)  
24/7 Emergency Phone: (352) 265-0200  
Burn Center Director Name: David W. Mazingo, MD, FACS  
Burn Center Director Phone: (352) 273-5670  
Disaster Contact Emergency Phone: (352) 265-0200  
Number of ICU Acute Care Burn Beds: 15  
Number of Non-ICU (Step Down) Burn Beds: 12  
Total Number of Beds: 27  
Surge Capacity: 40  
Admission Ages: Adults & Pediatrics  
ABA Verified Burn Center: Yes  
Verification Expires On: 2/28/2022  
Head of Nursing: Janet Popp, MSN, RN, CCRN  
Nursing Phone: (352) 265-0200

### 1.3.6 Trauma Centers

Although trauma centers have more capacity to treat burn victims than acute care facilities, they do not have the full capacity to treat the burn injured patient as a Burn Center. Tallahassee Memorial Healthcare (TMH) is a Level II Trauma Center and the only one in the BBHCC region. Patients with 2°/3° burns on 30% or less total body surface area (TBSA) of the body or do not otherwise meet the transfer criteria set forth by the ABA, can be managed at trauma centers. However, patients may be transferred with less than 30% TBSA depending on the location of the burn.



### 1.3.7 Non-Burn Center Acute Care

Burn injured patients may receive care at non-burn centers if they are not critically ill, have a less than 10% total body surface area, or have not suffered concomitant trauma, and the burn injuries do not otherwise meet the transfer criteria set forth by the ABA. HCA Florida Capital Hospital (FCH) has partnered with the Joseph M. Still Burn Center in

Agusta, GA and can provide virtual support through an online app to assist in treatment prior to transport.

## **1.4 Assumptions**

The majority of resources in the BBHCC region reside in Leon County. Leon County Emergency Medical Services (EMS), the City of Tallahassee Fire Department (TFD), TMH and FCH are the primary resources for any BMCI event in the region. EMS and Fire Rescue in coordination with hospitals have primary responsibility for initial response including patient triage and transport. EMS will coordinate transfers with the closest burn center in accordance with established protocols and ABA burn transfer criteria. If necessary, county public health departments and emergency management offices may support the response and can assist with resource requests if necessary. Due to the nature of a BMCI resulting in a surge of burn patients in the BBHCC region it is assumed that any event will not elapse long enough to require state resources to be requested.

Care of critical burns is resource-intensive and requires specialized staff, expert advice, and critical care transportation assets. Severe burn patients often become clinically unstable within 24 hours of injury, complicating transfer plans after this timeframe. State and Federal resources (e.g., ambulance contract, National Disaster Medical System teams), though potentially available to assist, cannot be relied upon to mobilize and deploy for the first 72 hours.

## **2. Concept of Operations**

### **2.1 Notification and Activation**

If a BMCI were to occur in Leon County, Leon County EMS, TFD and hospitals will be notified and activated through the joint City/County Public Safety Complex - Dispatch. If a BMCI were to occur outside of Leon County in the BBHCC region, resources from Leon County can be requested through county mutual aid agreements and county dispatch.

EMS will notify the Shands Cair Dispatch of the BMCI and to request additional transportation resources which include air transport of helicopters and fixed wing aircraft. TMH and FCH will also be communicating and coordinating with Shands on the transfer of any burn patients transferred to the hospital.

It is unlikely that the BBHCC will activate for a BMCI. However, BBHCC staff can activate in a support role upon request by a Coalition member and with the approval of the BBHCC Board of Directors. The Coalition has redundant communication capabilities through ReadyOp and email with its members which includes more than 200 individuals representing more than 100 organizations.

## 2.2 Roles and Responsibilities

### 2.2.1 Local & Regional Command & Coordination

The Incident Command System (ICS) is a management system used to achieve optimal command and control within an organization as well as seamless inter-agency coordination during any type of emergency. It uses a clearly defined chain of command with a limited span of control. Leon County EMS and TFD have SOPs with job action sheets that are followed during any MCI event.

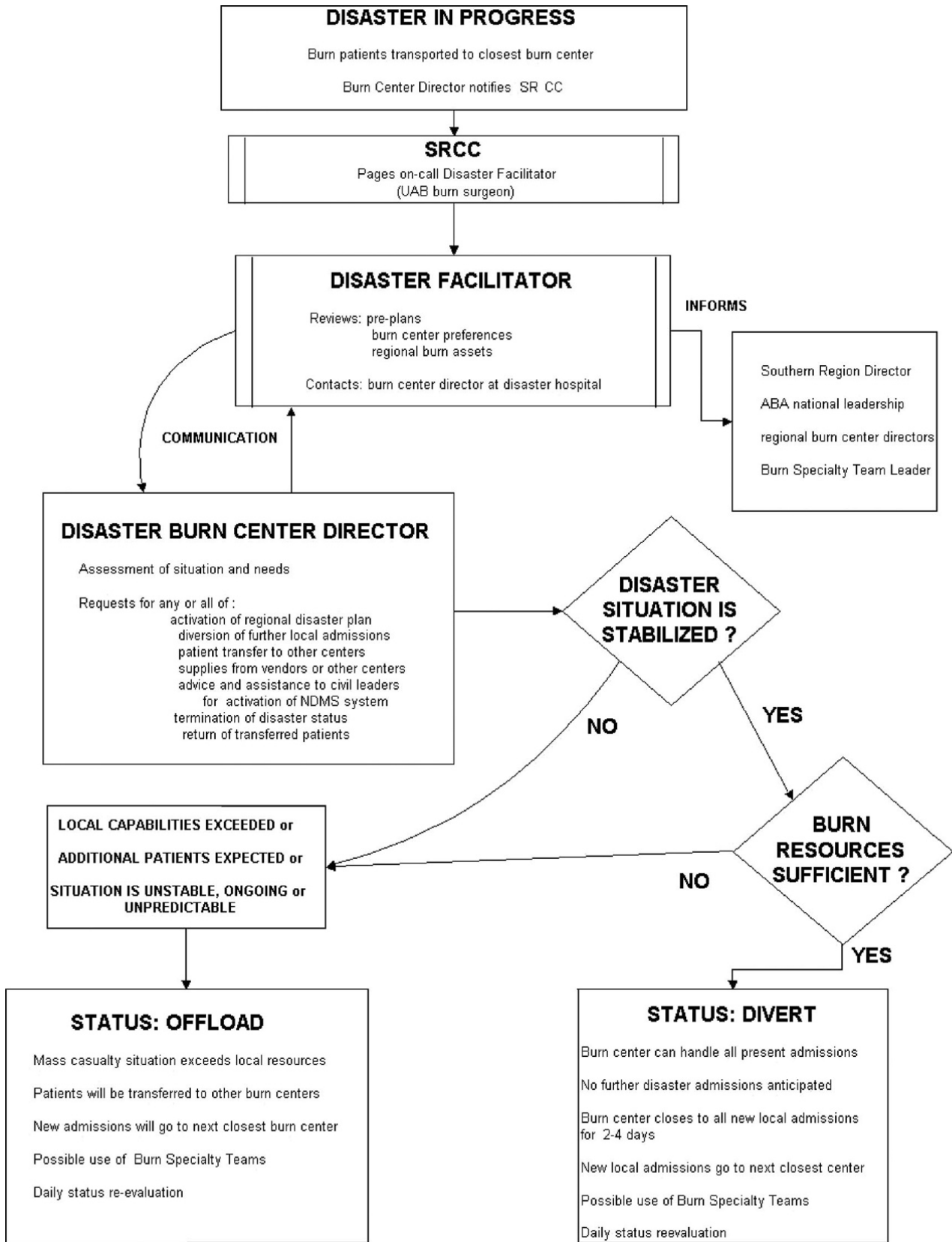
- **EMS Role:** Treatment and transportation is the prime function of EMS agencies in a BMCI. The EMS commander will form a unified command with the senior Fire representative on-scene.
- **Fire Department Role:** The responding fire department senior representative serves as the on-scene incident commander, the fire department and supports EMS with paramedic resources.
- **Hospital Role:** Hospitals are responsible for acute health care service provision and to coordinate transportation to the appropriate facility when necessary.
- **Burn Center Role:** Shands Burn Center in Gainesville is the closest burn center and will provide transportation resources for a BMCI in the BBHCC region.

### 2.2.2 Statewide and Out-of-State Coordination

If the surge of burn patients exceeds the capacity of nearby burn centers, state and regional coordination may be necessary. Upon request by a referring Burn Center, the SRCC will conduct a bed census of Southern Region Burn Centers to support and assist with regional efforts for patient triage and transfer. The diagram below demonstrates how the SRCC plan revolves around two key personnel: the Burn Center Director at the center experiencing the emergency and an experienced burn surgeon located distant from the disaster site who functions as a disaster facilitator.

In the event that Shands reaches capacity they will coordinate with TMH on the locations to transport patients. It is the responsibility of Shands to coordinate logistics for placement of burn patients beyond their surge capacity.





- **State Role:** The Florida Department of Health (FDOH) State Surgeon General is responsible for the overall direction, management and control of all Department personnel and resources committed from the state. Once the State Emergency Response Team (SERT) is activated this plan is incorporated into the established state emergency management structure.
- **Regional Role:** The State and local ICS structure will expand and contract as the situation warrants. If an area command or multi-agency coordination system (MAC) is used, it will follow Regional Domestic Security Taskforce (RDSTF) geographical boundaries.
- **Coalition Role:** The Coalition's role in information sharing is to monitor communications from local and State ESF-8 and share information with member organizations that is not provided via other partners. The BBHCC can share relevant information with the Coalition membership.

## **2.3 Logistics**

Through unified command EMS and FDs can deploy existing resources, such as the MCI Tent, and request additional resources as needed. Air transport will be requested through the Shands Cair Dispatch as described earlier. All counties participate in the Statewide Mutual Aid process and resources can be requested directly between counties by dispatch.

### **2.3.1 Space**

Hospitals have internal surge procedures to activate for any MCI event. The BBHCC and each county within the region has an identified alternate care site (ACS) which may be used for surge capacity. The county ACS Plan is available upon request.

### **2.3.2 Staff**

Maintaining appropriate staffing at response agencies and in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including communicating with HCP about actions the facility is taking to address shortages and maintain patient and HCP safety and providing resources to assist HCP with anxiety and stress. Health care facilities should be in communication with local healthcare coalitions, federal, state, and local public health partners to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed. The state of Florida has an approved vendor list that includes nursing and support staff through contractual augmentation. This was tested in the real-world pandemic response.

## 2.4 Special Considerations

### 2.4.1 Behavioral Health

Disaster Behavioral Health responders work with survivors, families, responders, and the community to assist with the mitigation of emotional, psychological, and physical effects of a disaster, natural or man-made. Disaster behavioral health responders apply the concepts of psychological first aid to help those affected overcome the initial impact of shock, denial, and depression when confronting disasters.

The BBHCC is sponsoring a train-the-trainer Stress First Aid Course for personnel in the region. Once trained, these personnel can provide additional courses throughout the region building on the capacity to provide Stress First Aid to first responders and healthcare professionals. The 2<sup>nd</sup> Alarm Project (<https://2ndalarmproject.org/>) is a Behavioral Health Service that could be used for first responders who respond to a BMCI.

### 2.4.2 Pediatric

Pediatric burns of minor to moderate severity will be transported to TMH, which is a Level II Trauma Center. Severe burns meeting transfer criteria will be transported to a verified pediatric burn center within the state.

## 2.5 Patient Tracking

Patients triaged in a BMCI will have triage tags which are the tracking mechanism in the BBHCC region. If a burn patient is admitted to the TMH Trauma Center or at FCH, they are tracked through the hospital's patient registry system. Enhanced/electronic patient tracking in the BBHCC region has been identified as a gap during exercises and real-world events in recent years.

## 2.6 Rehabilitation and Outpatient Follow Up Services

Burn rehabilitation starts within the first 24 hours of admission, where a burn patient is evaluated by a Burn Center trained physical and occupational therapists. They are then seen for therapy daily while admitted to the hospital. TMH has a wound healing center that can treat burn patients. HCA Florida Capital Hospital has partnered with the Joseph M. Still Burn Center in Augusta, GA to provide burn treatment and care once a week through the Burn and Reconstructive Centers of America.

## 2.7 Deactivation and Recovery

Demobilization can be done by scaling back services as they are no longer needed. Tasks associated with this include:

- Coordinate demobilization with Agency Representatives.
- Identify surplus resources and probable release time.

- Develop incident check-out function for all units.
- Evaluate logistics and transportation capabilities to support demobilization.

The hospitals and response partners in the BBHCC region have internal deactivation procedures that will be followed after a BMCI. Following a large-scale event, the BBHCC will host an after action/hot wash meeting for the responding healthcare agencies.

### **3 Training and Exercises**

The BBHCC Burn Surge Annex will be exercised in 2022. Training will be made available upon request and an exercise schedule will be followed as determined by the BBHCC Board and ASPR.

### **4. Legal Authorities**

[2019-2023 HPP Funding Opportunity Announcement \(FOA\)](#)

### **5. Burn Care Resources**

- [Burn Care](#)
- [Pediatric Considerations](#)
- [Mass Burn Event Overview](#)
- [Just-in-Time Training Summary Sheet](#)
- [Southern Region BMCI Response Plan.pdf \(ameriburn.org\)](#)
- [Disaster Response – American Burn Association \(ameriburn.org\)](#)
- [Advanced Burn Life Support \(ABLS\)](#)
- [American Burn Association. \(2018\). Advanced Burn Life Support Course – Provider Manual 2018 Update. Chicago.](#)