

Mid Carolina Regional Healthcare Coalition
 Burn Surge Annex (draft)
 June, 2021



CONTENTS

I.	Introduction.....	1
	A. Purpose	1
	B. Scope	1
	C. Overview of the Coalition	1
II.	Concept of Operations	2
	A. Activation	2
	B. Notifications	2
	C. Roles and Responsibilities.....	2
	D. Logistics.....	3
	E. Medical Care.....	3
	F. Transportation.....	3
	G. Patient Tracking and Reunification	4
	H. Deactivation and Recovery.....	4
III.	Training and Exercises.....	4
IV.	Plan Review and Approval	4

I. Introduction

A. Purpose

Medical surge of any type impacting the Mid Carolina Regional Healthcare Coalition is managed through the collaborative efforts of local, regional, and when necessary, state-level healthcare partners. This Plan has been developed as a strategy to most effectively utilize resources at the most basic levels with escalation occurring in an organized fashion in order to deliver care in the most efficient manner when faced with a surge of burn patients.

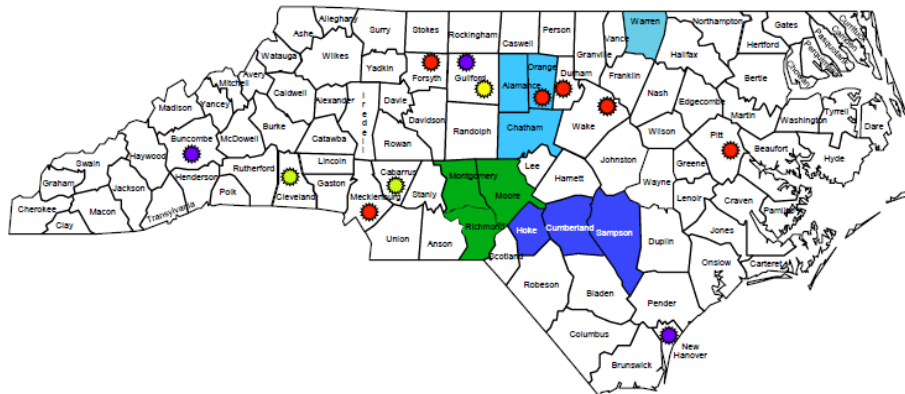
B. Scope

This Plan is a guideline for acquiring, managing, or coordinating the assets and resources necessary to effectively respond to a surge of burn patients.

C. Overview of the Coalition

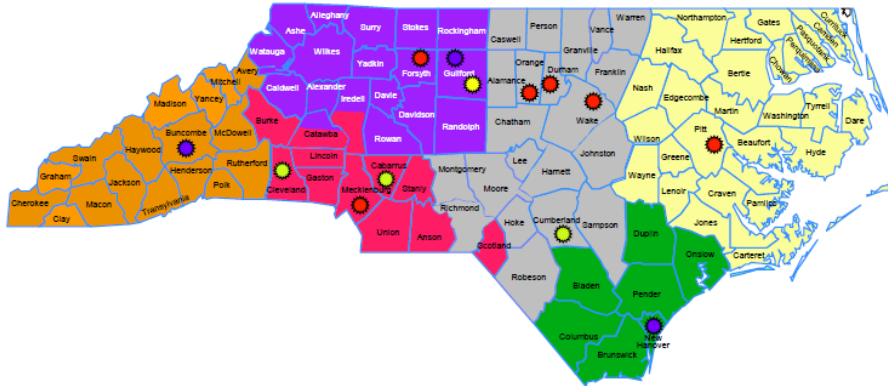
The operational area of the MCRHC is in central North Carolina from Alamance and Orange Counties southward through the Sandhills to Richmond County at the South Carolina border and through Cumberland and Sampson Counties at North Carolina's southern end of I-95. Coalition staff and centralized assets serve Coalition partners and the State Medical Response System (SMRS) from Durham, NC.

The geographical diversity of the region and the integration of organizations into healthcare systems has resulted in the emergence of three relatively distinct Health Care Delivery Areas (HCDA) within the Coalition. HCDAs serve as an intermediate point for escalation of operational strategies at the local or jurisdictional level as the available capacity for mutual aid is exceeded.



The MCRHC, Capital Regional Advisory Committee (CapRAC), and the Duke Healthcare Preparedness Coalition (DHPC) work collaboratively as the North Carolina Triangle Coalition (NCTC) serving a total of 21 counties and their partners. The MCRHC and the Coalitions of the NCTC also work collaboratively with five other Coalitions and numerous

other response agencies in North Carolina to fulfill the mission of Emergency Support Function #8 (ESF8) within the State Medical Response System (SMRS) and State Emergency Response Team (SERT).



II. Concept of Operations

A. Activation

This Plan should be activated in accordance with Section IV of the current MCRHC Response and Recovery Plan.

B. Notifications

Notification of a burn surge event may originate from the scene of an event impacting a significant number of burn victims, sudden arrival of significant burn patients at a facility, or due to a medical facility having to evacuate or rapidly decompress burn patients.

Local and facility plans should outline notification processes through EMS dispatch centers for scene calls, and through local emergency management to ESF#8 and coalition contacts for mass notification in accordance with Section V. (E.) of the current MCRHC Response and Recovery Plan.

Mass notification within the MCRHC should be directed by the Preparedness Coordinator or his/her designee to the medical facilities and transport agencies within the impacted Healthcare delivery area, as well as to adjacent jurisdictions, HCDAs, and coalitions as appropriate. Incidents impacting the capacity of the healthcare system should be escalated by the HPC or designee to the 24/7 HPP Shift Duty Officer.

C. Roles and Responsibilities

Each partner agency or facility of the MCRHC is responsible for establishing and following applicable policies and procedures in regards to triaging, treating, transferring and/or transporting patients under their care.

In addition to providing direct medical or support services, partner agencies should provide pertinent information during the notification process as described in Section V. (B) of the current MCRHC Response and Recovery Plan in order to initiate an appropriate response.

All plans and strategies implemented within the MCRHC should reinforce the understanding that events begin and end locally, and that assets and resources should be employed under that premise. In accordance with the strategic approach outlined in the current MCRHC Preparedness Plan, events and occurrences would be escalated from a local origin, to the Healthcare Delivery Area (HCDA), to the Coalition, and to the HPP Shift Duty Officer at the state-level.

In consideration of events impacting or resulting in populations requiring specialty care such as pediatrics or burns, escalation of notifications should be made at the earliest possible time in order to engage specialty services such as specialty care transport units both air and ground, trauma and tertiary care centers, neonatal intensive care units, etc.

D. Logistics

As with plans, supplies and equipment are maintained at the most local level as feasible to meet the needs of Coalition partners with the location, capability, and status tracked electronically to the extent possible. NIMS standards for common terminology and resource typing are implemented to the extent possible, and capability-based mission-ready packages are developed when appropriate in order to expediently facilitate responses to mutual aid requests.

E. Medical Care

All partner EMS agencies and hospitals of the MCRHC maintain 24-hour emergency services capable of managing emergent burn patients. Consideration should always be given to utilizing the closest most appropriate facility which during a burn surge event should include consideration for these tertiary and quaternary partners of the Coalition:

- Cape Fear Valley Medical Center (Level III Trauma Center)
- Womack Army Medical Center (Level III Trauma Center)
- UNC Medical Center (Level I Trauma Center)

Special consideration should be given to consultation and collaboration with specialty care facilities throughout the course of preparedness, response, and recovery as the sharing of best practices is in keeping with the overarching strategy of healthcare coalitions.

F. Transportation

All partner counties of the MCRHC operate paramedic-level first-response ambulance services capably of transporting burn patients. In addition to those EMS Services, the

following specialty care transport services should be considered during a burn surge event:

- Cape Fear Valley LifeLink (ground and rotary-wing transport)
- FirstHealth Critical Care Transport (ground transport)
- Carolina AirCare (ground, rotary, and fixed-wing transport)

G. Patient Tracking and Reunification

Patient tracking and reunification will be conducted in accordance with accepted policies and practices for the movement and subsequent discharge of patients to their respective residence or facility of origin.

H. Deactivation and Recovery

Deactivation of this plan will be conducted in accordance with Section VII of the current MCRHC Response and Recovery Plan with recovery operations conducted as necessary to resume a normal operating posture and state of readiness.

III. Training and Exercises

The MCRHC and NC Triangle Coalition will assist Coalition partners with training and exercises to the extent possible and appropriate to meet the Objectives and Goal of this Plan. Training and exercise priorities will be established annually and outlined in a Multi-year Training and Exercise Plan (MYTEP). Training and exercise activities will be coordinated to provide maximum availability and participation, while minimizing the effort, expense, or other potential barriers for Coalition partners.

IV. Plan Review and Approval

This Plan is to be revised as needed, reviewed, and approved annually by the Healthcare Preparedness Executive Committee.