# BURN MASS CASUALTY RESPONSE IN NJ

Experts in the field of burn care estimate between 20% and 30% of the total number of patients injured in a mass casualty incident result in serious burns. With limited Burn Center resources, the role of New Jersey hospitals is critical in assisting with initial care for up to 96 hours of a large scale incident.

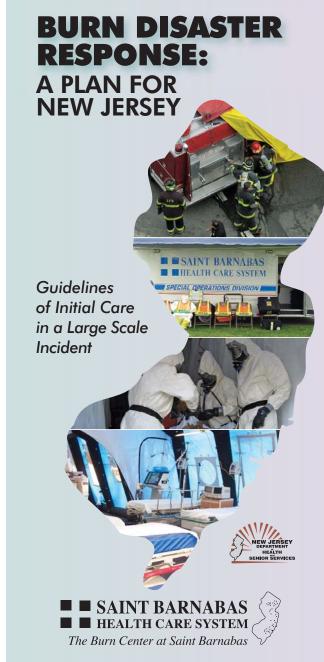
The Burn Center at Saint Barnabas, in partnership with New Jersey Department of Health and Senior Services, has developed a burn mass casualty response plan that features:

- Activation of a special Burn Medical Coordination Center (BMCC) designed to communicate with other Medical Coordination Centers (MCCs), select state and national agencies, as well as NJ hospitals
- A tiered system of response for all New Jersey hospitals
- Formation of an Eastern Regional Burn
   Disaster Consortium that includes burn
   centers from Maine through Washington, DC
   for delivery of long-term, specialized burn care
- Primary and Secondary Triage and Transport protocols, in accordance with new American Burn Association MCI guidelines

Contact Saint Barnabas Medical Center Office of Emergency Management Burn Disaster Education at **973.322.4430** for more information or to arrange an educational presentation on burn disaster response.

Or visit our website at www.njburncenter.com





# **BURN MASS CASUALTY GUIDELINES OF CARE**

## **BURN MCI TRIAGE**

### **Initial Stabilization**

Limited patient stabilization and care may have been started at the scene. All patients should be reassessed upon admission. Follow Universal Precautions.

### **Stopping the Burning Process**

Clothing and jewelry should be removed. Burns should be cooled at the scene; follow protocols for decontamination. Continually monitor for risk of hypothermia. Cover with clean, dry sheet then blankets to keep warm. Topical wound care should be deferred until Primary or Secondary Transport can be arranged, in accordance with American Burn Association MCI Guidelines.

## American Burn Association **Mass Casualty Triage Grid**

					Burn S	ize (%TBS	A)			
Age/ years	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91+%
0-1.99	High	High	Medium	Medium	Medium	Medium	Low	Low	Low	Expectant
2-4.99	Outpatient	High	High	Medium	Medium	Medium	Medium	Low	Low	Low
5-19.9	Outpatient	High	High	High	Medium	Medium	Medium	Medium	Medium	Low
20-29.9	Outpatient	High	High	High	Medium	Medium	Medium	Medium	Low	Low
30-39.9	Outpatient	High	High	Medium	Medium	Medium	Medium	Medium	Low	Low
40-49.9	Outpatient	High	High	Medium	Medium	Medium	Medium	Low	Low	Low
50-59.9	Outpatient	High	High	Medium	Medium	Medium	Low	Low	Expectant	Expectant
60-69.9	High	High	Medium	Medium	Medium	Low	Low	Low	Expectant	Expectant
70+	High	Medium	Medium	Low	Low	Expectant	Expectant	Expectant	Expectant	Expectant

Survival and good outcome expected.

Survival and good outcome expected if triaged to Trauma Center (Tier II).

Survival and good outcome likely with aggressive care and resources. Triage to Burn Center (Tier I).

Survival and good outcome less than 50%. Triage to Medical Center (Tier III).

### Expectant

Survival less than 10%. Triage to Community Hospital (Tier IV) or to Medical Center (Tier III).

## **BURN MCI TREATMENT**

## **Primary Survey**

Airway - 100% O<sub>2</sub> via non-rebreather mask. Breathing - consider intubation for Hx of confined space, stridor, coughing, wheezing, soot, carbonaceous sputum, singed nasal hairs. Administer respiratory treatments.

**Circulation** – monitor pulses with circumferential burns. Consider escharotomy for 3rd degree burns. Elevate extremities. Burns greater than 10% TBSA start IV fluid resuscitation: Parkland Formula -

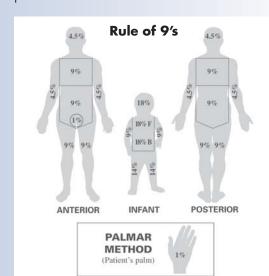
### LR hourly rate at %TBSA X Kg ÷ 4

(Children 5 years or under add D5 ½NS maintenance fluids). Adjust rate to maintain hourly urine output at 30-50 mls (Children 5 years or under keep urine output at 1 ml/ Kg/ hour). Insert Foley catheter. **Medications** – defer antibiotics if for burns only.

Analgesia - MSO<sub>4</sub> 1 mg/ 10 Kg IV. Anxiolytic - Ativan 1 mg IV.

### **Secondary Survey**

Conduct head-to-toe assessment. Evaluate and treat associated injuries. Trauma takes priority over burns. Insert NG Tube to empty stomach contents, keep patient NPO.



# BURN MCI TRANSPORT

To arrange Transport contact:

Burn Medical Coordination Center ...866.778.3659 SBHCS Emergency Operations Center .973.322.4950 The Burn Center at Saint Barnabas . . . 973.322.5920

### **Triage Tier Matrix System**

High (Trauma Center) Tier II Medium Tier I (Burn Center) low Tier III (Medical Center) (Community Hospital) Expectant Tier IV

### **New Jersey Burn Tier Facility Matrix**

% TBSA	0-10%	11-20%	21-30 %	31-40 %	41-50 %	51-60%	61-70%	71-80%	81-90%	90+%
0-1 Y	Tier II	Tier II	Tier I	Tier I	Tier I	Tier I	Tier III Tier II	Tier III Tier II	Tier III Tier II	Tier IV
2-4 Y	Outpatient	Tier II	Tier II	Tier I	Tier I	Tier I	Tier I	Tier III Tier II	Tier III Tier II	Tier III
5-19 Y	Outpatient	Tier II	Tier II	Tier II	Tier I	Tier I	Tier I	Tier!	Tier I	Tier II
20-29 Y	Outpatient	Tier II	Tier II	Tier II	Tier I	Tierl	Tier I	Tier I	Tier III Tier II	Tier II
30-39 Y	Outpatient	Tier II	Tier II	Tier i	Tier III Tier II	Tier II				
40-49 Y	Outpatient	Tier II	Tier II	Tier I	Tier I	Tier I	Tier I	Tier III Tier II	Tier III Tier II	Tier II
50-59 Y	Outpatient	Tier II	Tier II	Tier I	Tierl	Tier I	Tier III Tier II	Tier III Tier II	Tier IV	Tier IV
60-69 Y	Tier II	Tier II	Tier I	Tier I	Tier I	Tier III Tier II	Tier III Tier II	Tier III Tier II	Tier IV	Tier IV
70+ Y	Tier II	Tier I	Tier I	Tier III Tier II	Tier III Tier II	Tier IV	Tier IV	Tier IV	Tier IV	Tier IV

Patient Survivability: GREEN - Stable YELLOW - High RED - Medium PURPLE - Low GRAY - Expectant

### For presence of Smoke Inhalation add 10%TBSA.

Patients may be triaged to higher Tier Facility according to bed surge capacity. These protocols to be followed for a declared Burn Mass Casualty only.

The Burn Center at Saint Barnabas ........ 973.322.5920 Burn Disaster Education Programs ..... 973.322.4430 For more information .....www.njburncenter.com



