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Utah BDCSC

"What are they and why should I be concerned?"



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Objectives

- Understand the importance of the State BDCSC guidelines
- Understand the importance of implementing the guidelines during a burn disaster
- Identify potential disaster risks in the community
- Be aware of BMCI triage considerations
- Identify the resources available

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What are they?

Less than 1900 burn beds nationwide

- The Burn Disaster Crisis Standards of Care (BDCSC) are intended for use in a burn mass casualty situation when local facilities and responders are overwhelmed and transfer possibilities are insufficient to meet immediate needs. These crisis standards of care can be referenced by providers who do not normally take care of patients who are burn injured, and they include treatment guidelines from triage to definitive care.
- Every hospital should be prepared for the possibility that they may need to care for a critically injured burn patient(s) for an extended period of time (up to 3 to 5 days)

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All disasters start local



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How many beds do we have?

University of Utah Burn Center has 15 beds (could surge to 25)

- 5,896 staffed hospital beds in Utah
- 636 staffed ICU beds
- Trauma Level 1 - 1,245 beds, 251 ICU beds
- Trauma Level 2 - 950 bed, 129 ICU beds
- Trauma Level 3 - 433 beds, 38 ICU beds
- Trauma Level 4 - 448 beds, 44 ICU beds
- 2,820 beds not designated (174 ICU beds not designated)

* As of November 2012

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State Resources

- Strike teams: Adult/Pediatric
- Medical Reserve Corp(MRC)
- Department of Health(DOH)
- Regional Coalitions
- Civil Support Teams(CST)





Regional Resources

12 Verified Burn Centers in the Western Region

- 7 in California,
- 1 in Portland,
- 1 in Seattle,
- 1 in Denver
- 1 in Phoenix
- University of Utah Burn Center.
- 123 Burn Centers nationwide, 62 verified by the ABA





Federal Resources

FEMA National Ambulance Contract Per Zone (4 zones)

- GROUND AMBULANCE 300 ground ambulances (ALS & BLS)
- Typically a 70%/30% ALS/BLS split
- AIR AMBULANCE 25 air ambulances, helicopter and/or fixed wing
- PARA-TRANSIT Ability to Transport 3,500 individuals
Not 3,500 vehicles





Contract Zones



LEGEND

- Zone 1 - 2013-2014
- Zone 2 - 2014-2015
- Zone 3 - 2015-2016
- Zone 4 - 2016-2017

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Bottom Line: Limited Number of Resources



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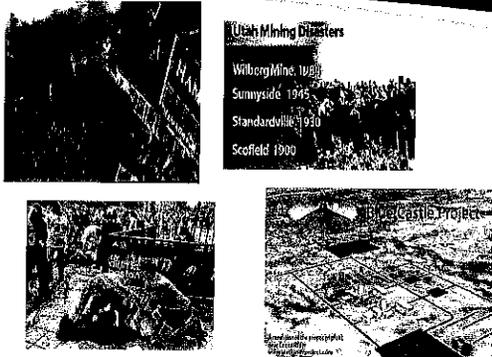
Potential Disaster Risks



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Utah Mining Disasters

- Wilberg Mine 1980
- Sunnyside 1945
- Standerville 1930
- Scofield 1900



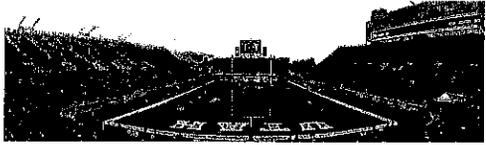
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The Depot
Capacity 1,200



Rice Eccles Stadium 45, 017



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The Future is Uncertain



Credit: Artist Jean-François Fortin Gadoury

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Burn Mass Casualty Triage (BMCI)



The Station, Rhode Island : Capacity 400
February 20th 2003, 100 killed, 300+ injured or burned

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What is it?



Brings order to chaos

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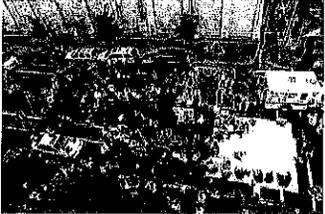


The greatest good for the greatest number of possible survivors

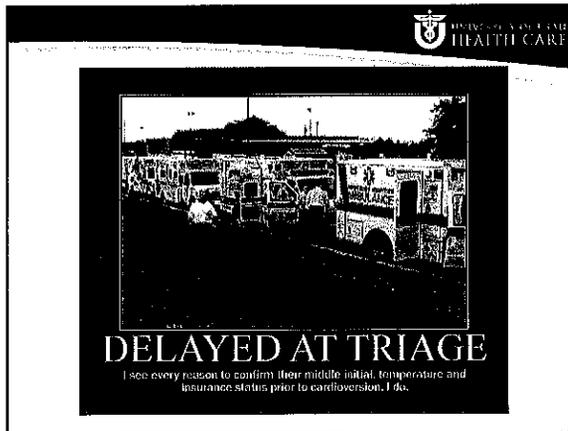


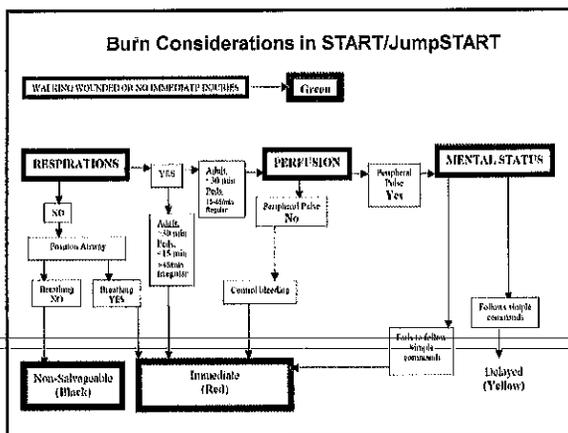
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First things first!



Personal preparation
Scene safety







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SALT Triage: Step 2

- ASSESS: Direct efforts to those who are still or have obvious life threatening injury
- Allowed interventions
 - Stop major bleeding
 - Open Airway: Not breathing = expectant (BLACK)
 - Children: give 2 rescue breaths
 - Chest decompression
 - Antidote auto-injector i.e. atropine, 2PAM (organophosphate)



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SALT Triage: Step 2

- Tag Delayed (YELLOW) if:
 - Obeys commands
 - Bleeding Controlled
 - Peripheral pulses intact
 - No respiratory distress
- Patients who fail above criteria are Immediate (RED) and are priority 1 for evacuation
 - Unless deemed unlikely to survive with current resources



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SALT Triage: Step 3

- Evacuate (RED = priority 1)
- Re-assess (YELLOW)
 - Full assessment
 - As injuries mature may need re-triage to RED
 - Head Injury
 - Major injuries that were missed in initial triage
 - Occult internal injury
 - Major fractures (ex: pelvis, femur)
 - I would add burn patients with airway injuries
 - Prioritize (Color Code) for evacuation

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Walking
Respirations 28
Pulse present
Follows commands

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Respirations 35
Pulse present
Unable to follow simple commands

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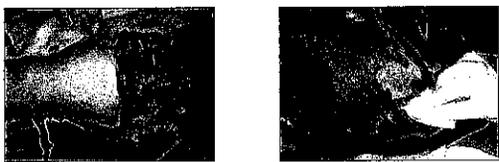
Respirations 25
Pulse present
Follows commands

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Walking but unsteady
Respirations 28
Pulse present
Following commands

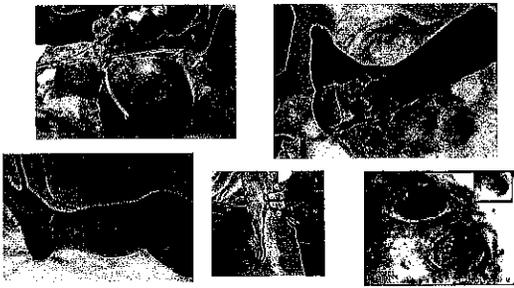
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Walking
Respirations greater than 30
Pulse present
Follows simple commands

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All yellows are not created equally



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Triage is a dynamic process

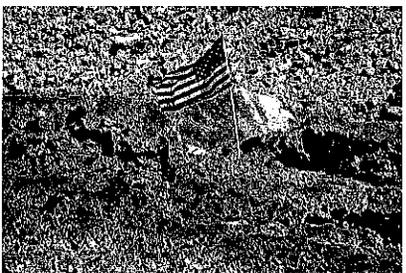


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**No respirations
No pulse
Unable to follow commands**

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Sometimes things will be muddy!

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Fatalities and suffering are likely but it's not rocket science



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How can I prepare?

- Burn Surge Toolkit (BDCSC)
- Crisis Standards of Care (CSC) Website
crisisstandardsincare.utah.edu
- Telemedicine
- Radios
- Emergency Managers



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The burn center team



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The Worst Case Scenario

Guidelines for Burn Care Under Austere Conditions



Practice guidelines for burn care in the event of a mass casualty incident (or multiple incidents) after standard supplies are exhausted

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Your future patients need you!



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Be Prepared: Thank you
