

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **BURN RESOURCE CENTER (BRC)** (EMT, PARAMEDIC, MICN, HOSPITALS)
DESIGNATION AND ACTIVATION REFERENCE NO. 1138

PURPOSE: To define the role of a Burn Resource Center (BRC) and provide guidelines for the utilization of BRCs and the management of burn patients during a burn disaster in Los Angeles (LA) County.

AUTHORITY: Pandemic and All-Hazards Preparedness Act (PAHPA) (Public Law 109-417)
Hospital Preparedness Program - Trauma Center Scope of Work

DEFINITIONS:

Administrator on Duty (AOD): Administrator on Duty with the Los Angeles County (LAC) Emergency Medical Services (EMS) Agency.

Burn Center: A specific area within the hospital that has committed the resources necessary to meeting the criteria for a burn center. This area contains beds and other equipment related to care of patients with burn injury. Hospitals are either approved by the American Burn Association or self-designated as burn centers

Burn Injury:

Major/Critical:

1. Patients 10 years of age or older with burn injury involving equal to or greater than 20% of Total Body Surface Area (TBSA)
2. Patients under 10 years of age with burn injury involving equal to or greater than 10% of TBSA

Minor:

1. Patients 10 years of age or older with burn injury involving less than 20% of TBSA.
2. Patients less than 10 years of age with burn injury involving less than 10% of TBSA.

Burn Resource Center (BRC): A BRC is a designated trauma center in LAC that has agreed to provide medical care for up to 12 critically burned patients for a minimum of 72 hours.
A BRC shall:

1. Be licensed by the State Department of Health Services as a general acute care hospital.


EFFECTIVE: 09-28-09

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SUPERSEDES: 06-01-14

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

2. Maintain a special permit for basic or comprehensive emergency medicine service.
3. Be designated by LAC EMS Agency as a Trauma Center.
4. Sign a written commitment with the LAC EMS Agency to become a BRC.

Burn Surge Plan Activation: An incident resulting in 20 or more burn patients or any event that exceeds burn care resources available in LAC.

Local Burn Lead Specialist: A Medical Director (or designee) from a burn center in LAC who will be available to provide assistance to the AOD and the Medical Alert Center (MAC) in triaging and placement of critically injured burn patients. (Ref. No. 1138.2)

Remote Burn Lead Specialist: A Medical Director from a burn centers located outside greater LA County (Orange County, San Bernardino County, San Francisco, San Diego, and Sacramento) who can provide assistance to the AOD/MAC in triaging and placement of patients in the event that the Local Burn Lead Specialist is unavailable due to the magnitude of the incident. (Ref. No. 1138.3)

PRINCIPLES:

1. As a recipient of the Hospital Preparedness Program (HPP) grant, LAC must work with healthcare entities to ready hospitals and supporting healthcare systems to deliver coordinated and effective care to victims of a multi-casualty burn disaster.
2. In the event of a multi-casualty burn disaster, LAC may not have sufficient resources to manage an influx of patients; therefore the BRC program was developed to enhance burn surge capacity through:
 - a. The provision of pharmaceuticals, medical supplies, and equipment required to manage burn patients. (Ref. No. 1138.1)
 - b. The provision of biennial training and resource materials to BRC staff on the management of burn patients.
3. With additional training, pharmaceuticals, medical supplies, and equipment, trauma centers have the personnel and resources to adequately manage critical burn patients.
4. Priority of transfer is determined by facility resources and the patient's probability of survival. Probability of survival is based on TBSA, patient's age and co-morbidities.
5. Transfer of burn patients is coordinated and arranged through the MAC in consultation with a Burn Lead Specialist.

POLICY:

- I. The following trauma centers have committed to and are recognized as BRCs:

- A. Antelope Valley Hospital
- B. California Hospital Medical Center
- C. Cedars Sinai Medical Center
- D. Children's Hospital Los Angeles
- E. Henry Mayo Newhall Hospital
- F. Huntington Memorial Hospital
- G. LAC Harbor/UCLA Medical Center
- H. LAC+USC Medical Center
- I. Long Beach Memorial Medical Center
- J. Northridge Hospital Medical Center
- K. Pomona Valley Medical Center
- L. Providence Holy Cross Medical Center
- M. Ronald Reagan UCLA Medical Center
- N. Saint Francis Medical Center
- O. Saint Mary Medical Center

II. A BRC shall:

- A. Have a written contractual agreement with LAC EMS Agency to meet the requirements for program participation as specified in the HPP Agreement in effect.
- B. Ensure a constant state of readiness by maintaining and replacing pharmaceuticals, medical supplies and equipment listed in Reference No. 1138.1, Burn Resource Center Required Equipment/Supplies/Pharmaceuticals.
- C. Train a team of physicians and nurses that specialize in emergency and/or intensive care medicine. This team will act as a resource to hospital personnel.
- D. Provide for on-going training to BRC personnel to manage critically burned patients for a minimum of 72 hours.
- E. Provide care for up to 12 major/critical burn patients.

III. Burn Surge Plan Implementation

- A. Activation: The LAC EMS Agency AOD in consultation with the Local Burn Lead Specialist, if immediately available, shall activate the BRCs and the Burn Surge Plan.
- B. Destination: Burn patient destination guidelines during a burn surge:

NOTE: These guidelines are in effect only when BRCs are activated.

- 1. Major/Critical burn patients or any burn patient meeting trauma criteria shall be transported to the most appropriate BRC. Transportation will be based on available resources during the Multi-Casualty Incident (MCI).
- 2. Minor burn patients not meeting trauma criteria shall be transported to the most accessible receiving facility (MAR) that is not a BRC.

NOTE: MAC will coordinate distribution of burn patients to the most appropriate receiving facilities to avoid inundating a single facility.

- C. Transfer: Patient transfer guidelines to Burn Centers.
1. Patient transfer to Burn Centers will be coordinated through the MAC under the guidance of a Burn Lead Specialist.
 2. LAC EMS Agency in conjunction with the burn centers will maintain a call panel of Local Burn Lead Specialists (Ref. No. 1138.2), who are on call to assist the LAC EMS Agency AOD prioritize and assist burn patient transfers and placement.
 3. If a Local Burn Lead Specialist is unavailable, a Remote Burn Lead Specialist may be contacted. (Ref. No. 1138.3)
 4. The Local Burn Lead Specialist shall be board certified with a specialty in burn management.
 5. Priority of transfers:
 - a. Major/critical burn patients at a non-BRC.
 - b. Major/critical burn patients at a BRC.
 - c. Minor burn patients at a non-BRC.
 - d. Minor burn patients at a BRC.

NOTE: BRCs may have to provide care to major burn patients beyond 72 hours.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1126, **Multiple Casualty Incident Transportation Management**
Ref. No. 1130, **Trauma Center Emergency Preparedness**
Ref. No. 1134, **Medical Control During Mass Casualty Events and Disasters**
Ref. No. 1138.1, **Burn Resource Center Required Equipment/Supplies/Pharmaceuticals**
Ref. No. 1138.2, **Local Burn Lead Specialist Call Panel**
Ref. No. 1138.3, **Remote Burn Lead Specialists**