

Wisconsin Department of Health Services



Wisconsin Burn Mass Casualty Incident (BMCI) Plan

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Department of Health Services
Office of Preparedness and Emergency Health Care

Record of Revisions and Maintenance

This plan will be maintained by the Health Emergency Preparedness Planner in the Office of Preparedness and Emergency Health Care (OPEHC), Division of Public Health, Department of Health Services.

Record of Change:

| Date | Record of Changes | Name, Office |
|--------------------|--|-----------------------|
| December 2019 | Development of algorithm and procedures | Michelle Seitz, OPEHC |
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Training, Exercise, and Engagement Activity

OPEHC is committed to the ongoing training and exercising of this plan and related activities to validate public health and health care capabilities.

| Date | Activity | Partners Involved |
|-----------|-------------------|---|
| 9/16/2021 | Tabletop Exercise | UW Health Ascension Columbia St. Mary's Medxcel Children's Hospital Wisconsin Aspirus Wausau ThedaCare St. Vincent Green Bay Hospital HSHS Marshfield Clinic HERC Coordinators DHS OPEHC Tigerton Ambulance Shawano Ambulance |
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1. Introduction

1.1 Purpose

The Wisconsin Burn Mass Casualty Incident (BMCI) Plan has been developed for local jurisdictions, regional healthcare emergency readiness coalitions (HERCs), first responders, and health care organizations in an effort to increase burn surge capacity statewide and to safeguard and prioritize the utilization of limited burn care resources. This plan is meant to supplement and support any agencies' existing burn plans.

This emergency plan is a supplement to the Wisconsin Mass Casualty Incident Plan (MCI). The MCI plan should be used as a primary resource in any MCI incident. This BMCI shall be used to support the specific needs of critical burn patients.

1.2 Scope

The Wisconsin BMCI plan provides support and guidance to state partners involved in an emergency response within the state of Wisconsin and/or adjacent states. This plan informs the state level response and provides guidance to regional partners. Specifically, this plan is designed to address resources, communications, and special considerations.

The Hospital Preparedness Program (HPP) Capabilities in this plan include, but are not limited to:

- Capability 1: Foundation for Health Care and Medical Readiness
- Capability 2: Health Care and Medical Response Coordination
- Capability 4: Medical Surge

The Public Health and Emergency Preparedness (PHEP) capabilities in this plan include, but are not limited to:

- Capability 1: Community Preparedness
- Capability 3: Emergency Operations Coordination
- Capability 10: Medical Surge

1.3 Background

A BMCI is defined by the American Burn Association (ABA) as any catastrophic event in which the number of burn victims exceeds the capacity of the local burn center to provide optimal burn care. Capacity includes the availability of burn beds, burn surgeons, burn nurses, other support staff, operating rooms, equipment, supplies, and related resources.

Authorities

The authorities granted by the state of Wisconsin for the development and maintenance of this plan and related regional annex template are granted in Wis. Stat. ch. 250: Health; Administration and Supervision (see Appendix C for a link to read the statute in full).

1.4 Planning Assumptions

The assumptions for Wisconsin's BMCI plan are as follows:

- In the state of Wisconsin, a BMCI is an incident that overwhelms the primary receiving burn center. The ability of the primary receiving burn center to take burn patients depends on the capacity and capability of the facility at the time of the incident.
- UW Health and Columbia St. Mary's, as the primary receiving burn centers, will serve as the primary receiving facilities for their respective areas and will assist in the triage and coordination of patient transport as needed. The regions served by the facilities are determined by the transfer preference of the local hospital and EMS agencies.
- Response to a burn event will begin with local EMS and will expand out as necessary with the help of the primary receiving burn center. Hospitals with Level III and IV trauma centers should be capable of stabilizing burn patients until the primary receiving burn center can determine transfer needs. However, one or two patients with severe burns may overwhelm the resources of these hospitals.
- Burn victims, as other patients, prefer to be treated locally. Local EMS and hospitals will communicate with their preferred primary receiving burn center (based on normal transfer procedures) to coordinate patient transfers. This may include utilizing out-of-state hospitals for regions located closer to Minnesota, Michigan, and Illinois facilities than to the Wisconsin primary receiving burn centers.
- UW Health and Columbia St. Mary's will determine the need to initiate the activation of Wisconsin's BMCI plan. The activation of the BMCI plan may happen without warning and could require the immediate re-allocation of hospital resources in the area where the initial event has occurred.
- In a BMCI, local partners (for example, HERCs or hospitals) within the state may activate their hospital plans and/or coalition plans to support patient treatment, transfer, and tracking.
- Hospitals with Level I and II trauma centers have the resources to stabilize and treat burn patients and will serve—voluntarily—as burn surge facilities (BSFs). During a large-scale BMCI, BSFs throughout the state of Wisconsin may be called upon to provide burn care for up to five critical burn patients for 48–72 hours or less until the patient(s) can be transferred to a burn center.
- Federal resources from the Strategic National Stockpile or its managed inventory assets may be used to support the primary receiving burn center and other hospitals.

Resources will take at least 12 hours to arrive once the Governor's request has been submitted to and approved by the federal government.

- National burn bed capacity is limited and the coordination of patient transfers (destination and logistics) may take days to achieve when out-of-state capacity is required.
- ABA regional plans will be followed and the primary receiving burn center will contact the lead facility in Midwest Regional Interstate Response in the event of a BMCI that exceeds state capacity (see Appendix B for more contact information and links to inter-state regional plans).

2. Concept of Operations

2.1 Activation and Notifications

Initial Management of the Burn Incident by EMS and the Local Hospital

- The first agency on the scene (EMS, fire, law enforcement) establishes the field incident command center (ICC) in response to the burn incident. Based on the nature of the incident and the number of victims involved, the field incident commander may request the activation of the local emergency operations center (EOC).

Note: If an incident command at the incident scene is set up, the primary receiving burn center should be called following the notification guidelines listed under *Prior to Activation of the State BMCI Plan*.

- An EMResource alert is sent to all potential receiving hospitals by the incident commander or the HERC coordinator for facilities to report real-time bed capacity.
- EMS follows State of Wisconsin Trauma Field Triage Guidelines. If the State of Wisconsin Trauma Field Triage Guidelines cannot be followed because of the nature of the burn incident, then EMS in the field should triage the burn victims by the triage colors of red, yellow, green, and black, according to standard triage procedures.
- Incident command and dispatch determine transportation needs of patients based on patient acuity and the hospital bed capacities reported in EMResource. Additional resources, such as ground and air transportation, will be contacted based on transportation needs.
- If the local hospital decides that they can manage the incident, then no further hospitals, other than the primary receiving burn center, may need to be involved. The local hospital will activate, as necessary, its emergency operations plan and incident command system, stabilize the burn victim(s), contact the appropriate burn center, and follow the instructions of the burn center for which patients should be transferred. Regional EMResource alerts may be sent out for the BMCI event.

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Prior to Activation of the State BMCI Plan

- EMS agencies, dispatch agencies, health care facilities, and/or the HERC region point of contact will contact UW Health Access Center or the Ascension Columbia St. Mary's Access Center depending on the location of the incident or facility.

UW Health Access Center: 800-472-0111 or 608-263-3260

Ascension Columbia St. Mary's Access Center: 414-585-6683 or 414-272-2876

- EMS will only call the access centers if an incident command has been set up at the scene. If an incident command is not set up on-scene, all patients will be transferred to the closest appropriate facility following normal procedures.
 - Receiving emergency departments will contact the primary receiving burn center to coordinate triage and transportation needs.
 - EMS and hospital facilities will follow normal transport procedures when determining to call either UW Health or Ascension Columbia St. Mary's.
- The UW Health and Ascension Columbia St. Mary's Access Centers will follow internal procedures to contact the attending on-call burn surgeon for triage and transport support.
- If the primary receiving burn center is unable to accept all burn patients, the burn surgeon will decide to initiate the state BMCI plan.

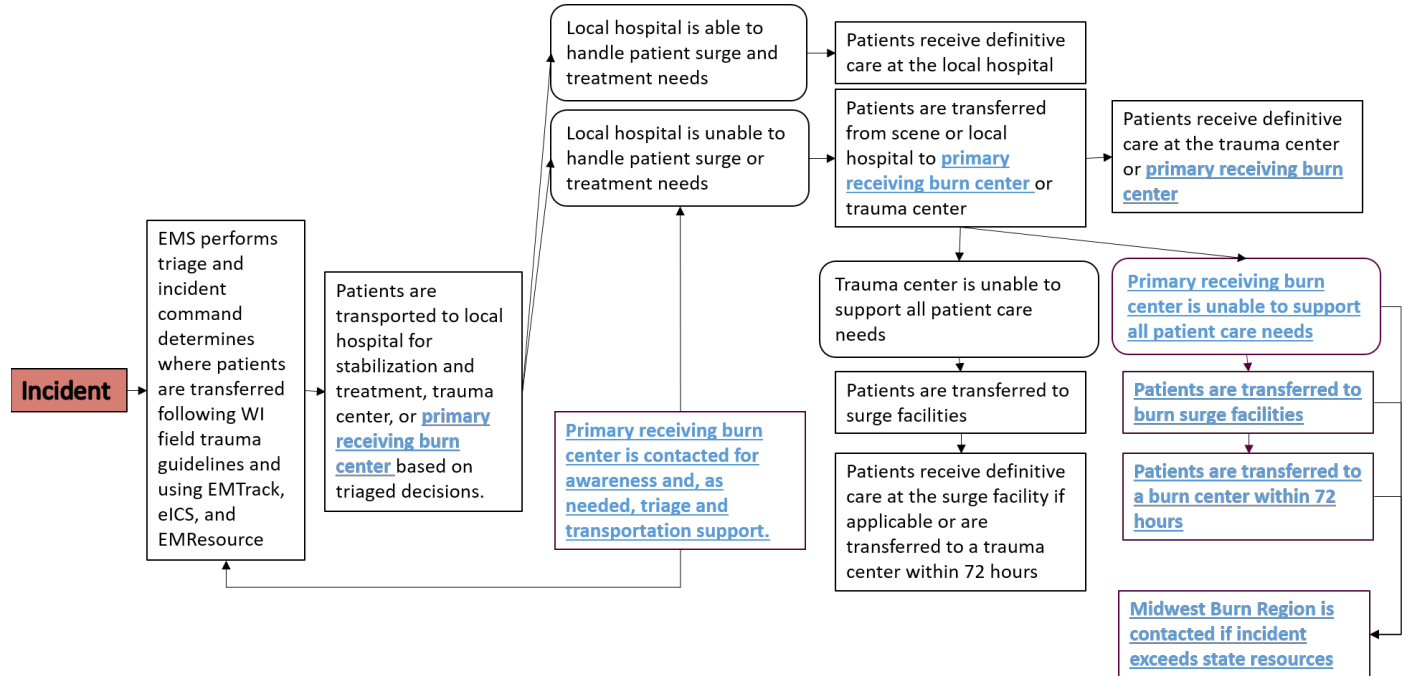
Upon Activation of the State BMCI Plan

The notification process of the state BMCI plan starts upon the activation of the plan from the primary receiving burn center.

- The primary receiving burn center sends an EMResource alert to relevant partners (for example, BSFs, OPEHC, and HERCs). The alert is sent to partners, at the discretion of the primary receiving burn center, based on who needs to be informed or involved in the response. For example, Children's Hospital of Wisconsin does not need to be alerted if there are no pediatric patients.
- The BSFs and Children's Hospital of Wisconsin respond to the EMResource alert with the information requested by the primary receiving burn center (for example, bed availability).
- The BSFs chosen to support the response receive information from the primary receiving burn center regarding incoming patients.
- If the incident exceeds state resources, the primary receiving burn center contacts the Midwest Burn Region to coordinate the transfer of burn patients to out-of-state facilities (see Appendix B for more information).

The flow of the BMCI plan is highlighted in the below figure. The burn specific deviations from the general MCI plan are bolded, underlined, and written in blue text.

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Communication

There are several communication methods used in the notification process of this plan:

- **Phone:** Communication to the primary receiving burn center from EMS agency, dispatch center, hospital, or HERC
- **WISCOM radio:** Communication between facilities
- **Additional radio channels:** EMS use on a local or regional basis
- **EMResource:** EMResource is a tool that hospitals use to alert and communicate with each other and with their emergency response partners, not only in an emergency, but also on a day-to-day basis. The alert is drafted by the primary receiving burn center to alert health care facilities of an MCI incident. This is used to understand the real-time capacity of hospitals. Any member of EMResource can register an event, and alerts can be sent to specific facilities, partners in a region, or all state partners.
- **EMTrack:** EMTrack is a tool that facilitates patient tracking in a variety of patient movement situations. It can be initiated during a prehospital encounter or at a healthcare facility. It can be used for tracking daily EMS transports, mass casualty incident victims, and facility evacuations, and supports situational awareness, resource allocation, and family reunification.

2.4 Roles and Responsibilities

Emergency Medical Services (EMS)

EMS agencies are the first responders on a burn incident scene and provide initial, stabilizing care to patients. EMS will transport patients following normal procedures to the closest appropriate facility and should utilize online medical consultation from the primary receiving

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burn centers to assist with triage and transportation decisions between local hospitals, burn surge facilities, and burn centers.

The state of Wisconsin has Emergency Medical Services (EMS) resources statewide that range from non-transporting Emergency Medical Responders (EMR) to transporting Basic Life Support and Advanced Life Support ambulances to Critical Care Interfacility transport services (see Appendix C for a link to a list of services). EMS resources on the border of Wisconsin in Iowa, Minnesota, Illinois, and Michigan have the ability to provide Advanced Life Support care (see Appendix C for a link to a list of services). There are multiple EMS Helicopters and fix-wing aircraft services in the state of Wisconsin. All air transportation services in Wisconsin are capable of transporting burn patients to any receiving facility.

Roles and responsibilities for EMS include, but are not limited to:

- Participate in an Advanced Burn Life Support (ABLS)—or an equivalent—certification program.
- Develop policies and education that outline communication methods, transportation resources, and hospital destinations for burn patients.
- Provide and participate in trainings and exercises provided at a local, regional, and state level.
- Establish communication with the primary receiving burn center and receiving health care facility through normal communication methods and/or the establishment of an on-scene incident command.
- Conduct interfacility transfers through normal procedures.
- Provide mutual aid support through normal procedures.
- Continue to provide interfacility transfers through normal procedures.
- Provide a debriefing discussion for EMS personnel.
- Conduct or support an after action review.

Local Hospital

This hospital is considered the closest appropriate facility to the burn incident scene and is used to stabilize patients prior to the transfer to a burn center or BSF. This facility must have an emergency department and can be any level trauma center. Roles and responsibilities for local hospitals include, but are not limited to:

- Participate in an ABLS certification program.
- Develop policies and education that outline communication methods listed in this plan.
- Provide and participate in trainings and exercises provided on a regional and state level.
- Provide initial stabilization of burn patients before transfer to a burn center or BSF.

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- Establish communication with the primary receiving burn center for triage and transportation information.
- Conduct or support an after action review.

Primary Receiving Burn Center

UW Health or Columbia St. Mary's will be notified when greater than two critical burn patients are involved in a BMCI. The on-call attending burn surgeon will assess the scope of the incident. If the burn surgeon determines that the incident will exceed the capability or capacity of the burn center, they will activate the state BMCI plan. Roles and responsibilities for the primary receiving burn centers include, but are not limited to:

- Provide and support trainings for EMS and hospital staff on initial management and 72-hour care.
- Support ABLS training efforts.
- Exercise the state BMCI plan.
- Initiate a BMCI alert using EMResource.
- Determine the need to activate one or more BSFs and communicate with the point of contact for the coordination and support of medical treatment and transport (see Appendix B for list of BSFs).
- Continue to assist in the triage and the coordination of patients until the BMCI has ended and all critical burn patients have been transferred to a burn center or discharged from a BSF.
- Notify the ABA Midwest Burn Region contact, if the BMCI exceeds state resources, in order to initiate the regional response plan (see Appendix B for more information).
- Request support—in the event a BMCI results in the opening of the State Emergency Operations Center (SEOC)—through the OPEHC staff member representing emergency support function (ESF) #8 Public Health and Medical Services.
- Notify all partners of deactivation using EMResource.
- Continue to support the medical needs of burn patients through outpatient services.
- Conduct or support after action reviews.

Burn Surge Facility (BSF)

A BSF is a level I or II trauma center (see Appendix B for a list of BSFs). BSFs function as a stabilization, evaluation, and transport staging center of burn patients for up to 72 hours when the state BMCI plan is activated.

Patients who do not need immediate transfer to a burn center and can be discharged from the BSF will be referred to a burn center for complications and any needed long-term follow-up, as BSFs are not able to support this function.

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The goal of the initiation of the BMCI plan and subsequently the BSF is to increase the short-term multilateral capabilities across the regions and state.

Roles and responsibilities for the burn surge facilities, but are not limited to:

- Support advanced burn life support (ABLS) training for emergency department and intensive care unit staff members.
- Verify a point of contact for the coordination of medical treatment and transport of burn patient(s).
- Coordinate with the HERC coordinator and OPEHC regarding resource needs for burn patients.
- Respond to the EMResource alert sent by the primary receiving burn center regarding current capacity and capabilities.
- Prepare staff and resources for the potential that the BSF will become activated and accept critical burn patients.
- Prepare and request resources under the expectation that care will be provided for up to 72 hours post-incident or until the patient can be transported to a burn center.
- Assist in the transport coordination of critical burn patients upon admission to a burn center.
- Transfer patients to a burn center or discharge from the facility.
- Perform or support an after action review.

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OPEHC is notified at the activation of the state BMCI plan by the primary receiving burn center.

The main function of OPEHC is to support and enhance the capacity of the state, local public health departments and tribes, and the health care system to prepare for public health threats and emergencies through planning, exercising, responding, and training. Roles and responsibilities for DHS OPEHC include, but are not limited to:

- Develop the state BMCI plan and regional burn surge annex template.
- Support regional and local efforts to develop burn plans and conduct trainings and exercises.
- Support grant activities to provide ABLS trainings opportunities for health care providers.
- Contact the Wisconsin Emergency Management Duty Officer for situational awareness.
- Assist in the coordination of ESF #8 medical response needs as requested by the primary receiving burn center in the event a BMCI may result in the opening of the SEOC.
- Support any review efforts conducted by regional and local partners (for example, after action reports).

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- Review and coordinate reimbursement needs.
- Update the state BCMI plan and annex following review findings.

Healthcare Emergency Readiness Coalition (HERC)

The HERC coordinators are notified via an EMResource alert sent by emergency response agencies, local hospitals, or the primary receiving burn center sending an alert. Seven HERC regions coordinate local public health, health care institutions, and first responder agencies (police, fire, and EMS) to have a uniform and unified response to an emergency (see Appendix C for links to HERC map). The HERCs support communities before, during, and after a burn incident. Roles and responsibilities for the HERCs include, but are not limited to:

- Support training efforts of EMS, local hospital, and BSFs.
- Establish and distribute regional plans.
- Communicate with health care systems to understand regional resources and the need for training and resource stockpiles.
- Support communication and coordination efforts of EMS and hospitals as needed.
- Support of the local community by understanding mental health resources for first responders.
- Support or conduct review efforts of the incident.
- Support the coordination of reimbursement needs.

2.5 Training

EMS and First Responders

EMS should have plans for the management of mass casualty incidents. EMS are encouraged to use the [Wisconsin EMS Mass Casualty Incident Response Planning Guide](#) to guide their mass casualty incident response plan.

The burn centers have approved guidelines for EMS regarding the initial management and transport of patients with burns.

- EMS medical directors are encouraged to use these guidelines and include them in their operational protocols.
- These guidelines should be incorporated in the protocol books that are carried on each ambulance.
- EMS should carry the supplies on their ambulance as recommended by the guidelines.

Paramedics and Advanced EMTs may take advantage of the ABLS course, [ABLS Now](#)®.

UW Health and Ascension Columbia St. Mary's offers courses on the initial management of burn incidents with a focus on pre-hospital EMS operations and preliminary ED activities. The information in the course is based on and follows ABLS guidelines. These courses are supported by Children's Hospital of Wisconsin to provide additional availability and pre-recorded classes.

Hospitals

The Wisconsin Department of Health Services has funding for training available for hospital personnel. DHS works in conjunction with ABA to purchase training seats via grant funds. The following individuals are recommended to take an ABLS course offered by ABA:

- **Nurses:** There should be 24-hour nursing care for any burn patient during an MCI. Nurses should have completed ABLS Now© from the American Burn Association. Multiple nurses should receive this training, so at least one ABLS trained nurse is available on each shift.
- **Physicians:** There should be 24/7 physician consultation available during an MCI. Physicians should have ABLS Now© from the American Burn Association. It is recommended that at least one Emergency Department physician and one General Surgeon receive this training.

Other staff that care for burn patients may also take advantage of the ABLS Now© (for example, respiratory therapists) at the discretion of the hospital.

Ascension Columbia St. Mary's and UW Health provide live ABLS courses. Course information can be accessed on the American Burn Associate website (see Appendix C for link).

Ascension Columbia St. Mary's provides onsite burn-related education for hospitals. Scheduling for this service can be requested through the burn center contact listed in Appendix B.

2.6 Special Considerations

Behavioral Health and Access and Functional Needs

- Partner agencies are in the process of creating a mental health support system for first responders in the state of Wisconsin.
- Patients with behavioral health and/or access and functional needs are supported by resources of EMS and hospitals as needed. EMS agencies and hospital facilities train and prepare independently to care for these patient populations.

Pediatric

- Pediatric burn patients should be transferred to Children's Hospital of Wisconsin or another certified pediatric burn center as a first choice burn center (see Appendix B for list of Pediatric facilities and contact information). However, if that is not a possibility due to a limited number of beds, the below triage criteria may be followed:
 - UW Health: If transferring to a burn center is not possible, pediatric burn patients under two years of age with total body surface area (TBSA) greater than

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15% and pediatric burn patients over two years of age with TBSA greater than 20% should be sent to a hospital with a pediatric intensive care unit.

- Columbia St. Mary's: Unstable patients under 12 years of age must be sent to Children's Hospital of Wisconsin or another pediatric burn center for care. If transferring to a pediatric burn center is not possible, stable patients under 12 years of age and unstable patients over 12 years of age may remain at Columbia St. Mary's.
- For all other facilities, it is up to the hospital's discretion to support pediatric patients. However, patients who are pre-pubescent and/or have significant TBSA burns, facial injuries, or inhalation injuries (intubated) should automatically be transferred to a pediatric burn facility regardless of the hospital's capabilities.
- EMS and hospitals will follow approved and established protocols for treating pediatric patients. Children's Hospital of Wisconsin will also provide triage and transport support when needed.

Combined Injury

Combined injuries are burns paired with a traumatic, radiological, and/or chemical injury. Combined injuries significantly increase the mortality of patients and are better served at trauma and burn centers depending on the severity.

Triage done by EMS on site of the incident is conducted by traditional trauma triage guidelines. Combined injuries are considered during a secondary triage conducted by a local hospital and/or the primary receiving burn center.

Decontamination

- Gross decontamination done on scene of the incident follows local plans and procedures. County-level local emergency planning committees (LEPC) provide resources such as decontamination units and protective gear.
- All hospitals will follow their internal decontamination policies and procedures.

Isolation Inhalation Injuries

In burn incidents, there is a high likelihood of inhalation injuries due to smoke and fumes from the fire or explosion. It can be expected that burn patients may have inhalation injuries of carbon monoxide (CO) and hydrogen cyanide (CN) gasses. It is recommended that patients with inhalation injuries and concurrent traumatic or burn injuries be treated by a designated burn center. However, patients with isolated and confirmed CO or CN exposures are qualified to use the hyperbaric chamber. The decision to transfer patients to a facility for hyperbaric chamber use will be determined during the triage conducted by the primary receiving burn facility.

There is one hyperbaric chamber Aurora St. Luke's in Milwaukee with 24/7 capabilities to care for sick and intubated patients with traumatic injuries (see Appendix B for contact information).

Trauma centers (local hospitals or BSFs) should consider having a supply of cyanokits to stabilize and support patients with inhalation injuries.

2.7 Tracking

Tracking and reunification efforts are conducted by EMS, hospitals, and local officials. These efforts, in regards to this plan, are most applicable to low- or no-notice incidents.

Wisconsin Admin. Code ch. DHS 110 requires EMS agencies to have a mass casualty plan that includes a mechanism for patient tracking. The EMTrack platform is recommended for use, however, agencies may use any alternative means of tracking that includes real time situational awareness in order to assist other partners who are involved in reunification efforts.

EMTrack may be used by EMS, hospitals, and local officials for patient tracking. Patient information is entered into the system by providers and allows for approved administrators to track where patients are located during planned or unplanned events. A link to a full EMTrack description can be found in Appendix 3 Additional Resources.

Reunification can be conducted at a hospital or local reunification center. Hospitals and local and tribal health departments follow their own procedures for properly sharing patient information with loved ones.

2.8 Rehabilitation and Outpatient Follow-up Services

All Wisconsin burn centers (UW Health, Columbia St. Mary's, and Children's Hospital of Wisconsin) offer resources for outpatient burn services and rehabilitation.

Patients who are discharged from a BSF will be referred to a burn center for follow-up as BSFs are not able to support this function.

Transferring of patients that are sent to facilities outside of Wisconsin follows normal procedures for communication and coordination of transport. Challenges with state aid should be directed to the Department of Health Services Division of Medicaid Services.

2.9 Deactivation and Recovery

This plan will be deactivated when all patients have either been transferred to a burn center or discharged from a BSF. This decision is made with the understanding that there will be ongoing communication between the primary receiving burn center, BSFs, and out-of-state burn centers regarding patient care needs.

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Review and reimbursement actions will be conducted following the deactivation of the plan. After-action reviews may be conducted by any agency or facility involved in the response at the local, regional, or state level. It is expected that all members involved in a burn surge response participate in and support an after-action review of the event and response.

3. Appendices

Appendix A: Key Definitions and Acronyms

- American Burn Association (ABA) Verified Burn Center: The American Burn Association (ABA) in conjunction with the American College of Surgeons (ACS) verifies that the burn center meets the highest current standards of care for the burn-injured patient. Caring for severely injured burned patients requires specialty training, a cohesive, comprehensive, multidisciplinary team and dedicated resources to provide the highest level of care and best outcomes for the patient. To achieve verification, a burn center must meet the standards for organizational structure, injury prevention, education, qualifications, and the training of personnel, facilities, and resources.
- Local Hospital: A local hospital is a certified trauma center that receives burn patients directly from the incident scene and provides stabilization while the primary receiving burn center determines triage and transportation needs.
- Burn Mass Casualty Incident (BMCI): A BMCI is an event involving burn patients that exceeds the resources of a single jurisdiction requiring the use of a tiered approach beginning with the local community hospital and engaging a broad array of regional and national stakeholders depending on the scope of the incident.

Note: *EMS should be familiar with local hospital resources and should be able to identify a burn incident.*

- Burn Surge Facility (BSF): A regional BSF is a designated Level I or Level II trauma center with readily available in-house ABLS certified nurses and physicians that is activated in the event the dedicated burn facilities become overwhelmed during a large scale BMCI. BSFs are capable of caring for critical burn patients up to 72 hours post-incident, increasing the short-term multilateral capabilities throughout Wisconsin and the ABA Midwest Burn Response Region.
- Healthcare Emergency Readiness Coalition (HERC) region: The seven HERC regions coordinate local public health, health care institutions, and first responder agencies (police, fire, and EMS) to have a uniform and unified response to an emergency. The HERCs support communities before, during, and after a burn incident. Regional locations and contact information can be found in Appendix J.
- Online Medical Consultation: This consultation is a physician or designee who provides advice and direction to Emergency Medical Services who are providing medical care at the scene of an emergency or en route to a health care facility.
- Office of Preparedness and Emergency Health Care (OPEHC): The main function of the Department of Health Service's OPEHC is to support and enhance the capacity of the state, local public health departments and tribes, and the health care system to prepare

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for public health threats and emergencies through planning, exercising, responding, and training.

- **Primary Receiving Burn Center:** The PRBC is a hospital that voluntarily chooses to manage an incident. This would either be UW Health or Columbia St. Mary's, depending on the location of the incident.

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Appendix B: Wisconsin and Regional Resources

Wisconsin Burn Surge Facilities (BSFs)

| Burn Surge Facility | Designation | Location | Contact Information |
|---|-----------------------|---|---|
| Froedtert Memorial Lutheran Hospital | Level 1 Trauma Center | HERC 7 9200 W. Wisconsin Avenue Milwaukee, WI 53226 | 414-805-4700 ashley.servi@froedtert.com |
| Mayo Clinic Health System Eau Claire | Level 2 Trauma Center | HERC 1 1221 Whipple Street Eau Claire, WI 54703 | 715-838-3073 street.wayne@mayo.edu |
| Aspirus Wausau Hospital | Level 2 Trauma Center | HERC 2 333 Pine Ridge Boulevard Wausau, WI 54401 | 715-847-2126 sara.steen@aspirus.org |
| Marshfield Medical Center | Level 2 Trauma Center | HERC 2 1000 N Oak Ave, Marshfield, WI 54449 | 715-387-5618 harl.michael@marshfieldclinic.org |
| Aurora Bay Care | Level 2 Trauma Center | HERC 3 2845 Greenbrier Road, Green Bay, WI 54311 | 920-288-4014 Thomas.bergmann@aah.org |
| St. Vincent Hospital | Level 2 Trauma Center | HERC 3 835 S Van Buren St Green Bay, WI 54301 | 920-371-7525 caroline.glander@hshs.org |
| Gundersen Lutheran Medical Center | Level 2 Trauma Center | HERC 4 1900 South Ave La Crosse, WI 54601 | 608-775-5465 tlaspesl@gundersenhealth.org |
| Mercy Hospital and Trauma Center | Level 2 Trauma Center | HERC 5 1000 Mineral Point Avenue Janesville, WI 53548 | 608-290-1340 kcorwin@mhemail.org |
| Theda Care Regional Medical Center - Neenah | Level 2 Trauma Center | HERC 6 130 Second Avenue Neenah, WI 54956 | 920-729-2442 tabitha.uitenbroek@thedacare.org |

Ascension Facilities to Support Ascension Columbia St. Mary's

| Burn Surge Facility | Location | Trauma Program Coordinator Contact Information |
|---------------------------------------|--|--|
| Ascension Columbia St. Mary's Ozaukee | 13111 N. Point Washington Road, Mequon, WI | Judy LaFond judith.lafond@ascension.org |
| Ascension St. Joseph | 5000 W. Chambers St., Milwaukee, WI | Judy LaFond judith.lafond@ascension.org |
| Ascension All Saints | 3801 Spring Street, Racine, WI | Kristin Gritzner kristin.gritzner@ascension.org |
| Ascension St. Elizabeth | 1506 S. Oneida, Appleton, WI | Becky Stahl rebecca.stahl@ascension.org |

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Great Lakes Healthcare Partnership (GLHP)

The GLHP is divided between two ABA Regions: The Midwest Region and the Great Lakes Regions. Designated burn centers within each ABA Region serve as a 24/7 point of contact for interstate coordination, bed availability request, resource request, and overall support during a regional BMCI.

American Burn Association (ABA) Regions

| ABA Region | GLHP States Included | Regional Burn Center | Phone number | Link to Regional ABA Plan |
|--------------------|---|--|-----------------------|--|
| Great Lakes Region | Michigan, Indiana, Ohio | University of Michigan Ann Arbor, MI | 734-936-BURN (2876) | Great Lakes Region Burn Mass Casualty Incident Response Plan |
| Midwest Region | Illinois, (Chicago), Wisconsin, Minnesota, Iowa, Missouri, North Dakota, Nebraska, and Kansas | Regions Hospital Burn Center St. Paul, MN | 1-800-922-BURN (2876) | Midwest Region Burn Mass Casualty Incident Response Plan |

ABA Midwest Regional Point of Contact

Regions Hospital Burn Center in Minnesota currently serves as the lead in the Midwest regional interstate response. Regions Hospital Burn Center will be responsible to serve as a 24/7 point of contact for interstate coordination, bed availability request, resource request, and overall support during a Midwest regional mass casualty burn incident. In the event that the burn incident exceeds the state of Wisconsin's response capabilities, the primary receiving burn center will contact Regions Hospital Burn Center to initiate the ABA regional burn disaster response:

Regions Hospital Burn Center, MN: 800-922-2876

Burn Program Manager and Regional Disaster Coordinator: Mark Johnston 651-214-0591

Upon request from the referring burn center, Regions Hospital Burn Center will:

- Conduct a bed availability assessment of Midwest Region Burn Centers.
- Support and assist regional efforts for patient triage and transfer.

Upon notification, the Midwest Region will:

- Activate external disaster plans.
- Initiate centers' burn disaster plans.
- Coordinate transfer location of patients.

Additional Resources: 24/7 ABA Disaster Subcommittee Contact: 301-461-2442

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Midwest Regional ABA Burn Centers

| State | State Burn Center | Location | Phone Number |
|-----------|---|------------------------|------------------------------|
| Iowa | University of Iowa | Iowa City, Iowa | 319- 356-2496 |
| Illinois | Loyola University Medical Center | Maywood, Illinois | 708-216-3988 |
| | University of Chicago Burn Center | Chicago, Illinois | 800-621-7827 |
| | Sumner L. Koch Burn Center | Chicago, Illinois | 312-864-1000 |
| Kansas | Ascension Via Christi Regional Burn Center | Wichita, Kansas | 316-207-8926 |
| | The Burnett Burn Center at the University of Kansas Health System | Kansas City, Kansas | 816-519-3626 858-205-3849 |
| Michigan | University of Michigan | Ann Arbor, Michigan | 734-936-2876 (BURN) |
| Minnesota | Hennepin Health Care Burn Center | Minneapolis, Minnesota | 800-424-4262 |
| | Regions Hospital | St. Paul, Minnesota | 800-922-2876 (BURN) |
| Missouri | Mercy Hospital St. Louis | Saint Louis, Missouri | 314-251-5570 |
| Nebraska | CHI Health St. Elizabeth | Lincoln, Nebraska | 800-877-2876 |
| Wisconsin | University of Wisconsin Hospital | Madison, Wisconsin | 608-263-7502 |
| | Ascension Columbia St. Mary's | Milwaukee, Wisconsin | 414-272-2876 |

Eastern Great Lakes Regional ABA Burn Centers

| State | State Burn Center | Location | Phone Number |
|----------|---|-----------------------|------------------------|
| Indiana | Eskenazi Health Services Richard M. Fairbanks Burn Center | Indianapolis, Indiana | 317-880-6900 |
| | Indiana University Riley Hospital for Children | Indianapolis, Indiana | 317-880-6820 |
| Michigan | University of Michigan Health Systems | Ann Arbor, Michigan | 734-936-9666 |
| | Children's Hospital of Michigan | Detroit, Michigan | 313-745-5678 |
| | Detroit Receiving Hospital Burn Center | Detroit, Michigan | 313-745-0953 |
| Ohio | Ohio State University-Wexner Medical Center | Columbus, Ohio | 614-293-2876 (BURN) |
| | Nationwide Children's Hospital | Columbus, Ohio | 614-722-3900 |
| | Metro Health Medical Center | Cleveland, Ohio | 216-778-4899 |
| | Children's Hospital Medical Center | Akron, Ohio | 330-543-6060 |
| | Shriners Children's Hospital | Dayton, Ohio | 513-872-6000 |

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| Facility | Location | Facility Type | Contact Information |
|---|-----------------|---------------------|--|
| Children's Hospital of Wisconsin | Milwaukee, WI | Burn Center and ICU | Children's Transport and Physician Referral Transport hotline 414-266-2470 |
| University of Wisconsin Burn Center | Madison, WI | Burn Center and ICU | 800-323-8942 |
| Ascension Columbia St. Mary's Burn Center | Milwaukee, WI | Burn Center | 414-585-2876 |
| Hennepin Healthcare Burn Center | Minneapolis, MN | Burn Center | 612-873-4262; 800-424-4262 |
| Regions Hospital | St. Paul, MN | Burn Center | 800-922-2876 |
| Loyola University Medical Center | Maywood, IL | Burn Center | 888-584-7888 |
| University of Chicago Medical Center | Chicago, IL | Burn Center | 888-824-0200 |
| University of Iowa Medical Center | Iowa City, IA | Burn Center | 319-356-2496 |
| University of Michigan Health Systems | Ann Arbor, MI | Burn Center | 734-936-5738 |
| Essentia Health | Duluth, MN | Burn Center | Main Number: 218-727-8762 Burn Unit: 218-786-2815 Communication Center: 800-447-5540 Notify St. Mary's communication center of all inbound transport (air and ground) ETAs. |

Regional Burn Centers

WI Inhalation Injury Facilities: 24/7 Hyperbaric Chamber

| Facility | Capabilities | Location | Contact |
|----------------------------------|---|---------------|--------------|
| Aurora St. Luke's Medical Center | Sick and intubated patients with traumatic injuries | Milwaukee, WI | 414-385-2846 |

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Appendix C: Additional Burn Resources

| Resource | Link |
|--|---|
| ABA Burn Regions and Burn Center Locations | https://ameriburn.org/public-resources/burn-center-regional-map/ |
| ABA Verified Burn Centers | https://ameriburn.org/public-resources/find-a-burn-center/ |
| ABA Mass Casualty Planning | https://ameriburn.org/quality-care/disaster-response/ |
| ABLS Training | https://ameriburn.org/education/abls-program/ |
| EMResource | https://www.dhs.wisconsin.gov/preparedness/systems/emresource.htm |
| EMS Agencies | https://www.dhs.wisconsin.gov/ems/provider/wicounties.htm |
| EMTrack | https://www.dhs.wisconsin.gov/preparedness/systems/emtrack.htm |
| HERC Regions and Contact Information | https://www.dhs.wisconsin.gov/publications/p02587.pdf |
| TRACIE Topic Collection: Burn | https://asprtracie.hhs.gov/technical-resources/28/burns/27 |
| Wisconsin Statute Chapter 250 | https://docs.legis.wisconsin.gov/statutes/statutes/250 |
| Wisconsin EMS Mass Casualty Incident Response Planning Guide | https://www.dhs.wisconsin.gov/publications/p01098.pdf |