

# Mass burn casualty incidents

## Draft EBA guidelines for national preparedness plans

The European response plan for mass burn casualty incidents is complementary to and coordinated with national preparedness plans, but no substitute to them.

The national preparedness plan can either be part of a general national disaster preparedness plan or be a separate dedicated burns plan. The core elements to be covered in a national preparedness plan or mass burn casualty incident are listed below.<sup>1</sup>

### 1 Staged response

The national preparedness plan typically relies on a staged response. It should:

- define the different levels of activation - e.g. local, regional, national and international as appropriate - with their activation procedure and corresponding mobilised resources;
- contain practical procedures to request, receive and integrate international assistance.

### 2 Burn care capacity and thresholds

The total national burn care capacity should be quantified in terms of “burn beds”, distinguishing:

1. adult and paediatric treatment capability,
2. ICU / medium care / surgical ward capability,
3. burn care only or combined burn & trauma treatment capability.

Saturation thresholds should be defined as activation triggers for the different response levels within the national preparedness plan, depending on:

- the type of incident (e.g. structure fire, industrial disaster, terrorist attack),
- the number of available burn beds at each response level,
- the possibility of a surge capacity, e.g. a temporary increase of treatment capacity, at each response level.

### 3 National burns coordination cell

The national preparedness plan should include a national burns coordination cell with two tasks:

- ensuring real-time information on immediate and “second wave”<sup>2</sup> availability of burn beds,

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1 See the European Burns Association guidelines for national preparedness for mass burn casualty disasters.

2 “Second wave” beds are supplementary burn beds that can be made available within a short timeframe (few hours).

- mobilising the suitable healthcare professionals to perform specialized in-hospital triage for the dispatching of burn patients.

As appropriate, the national burns coordination cell may be permanently active, or activated on an *ad hoc* basis.

## **4 Specialized in-hospital triage and patient referrals**

In any mass burn casualty incident, specialized treatment capabilities are quickly saturated. Most burn patients are initially admitted to non-specialized facilities and require secondary specialised in-hospital triage and referral to the optimal treatment facility.

To that effect, the national preparedness plan should include:

- national specialised burn assessment teams to perform secondary triage, advisably with similar composition, qualifications, tasks and tools as the European burn assessment teams;
- a process for optimal patient dispatch, including efficient communication and data sharing, and definition of roles and responsibilities regarding dispatch decisions.

## **5 Patient transfers**

The national preparedness plan should include appropriate provisions for timely intra-national secondary patient transfers, whether by ground or by air. The EBA guidelines for transportation of burn patients also apply to intra-national patient transport.

## **6 Linking the national plan with the European plan**

In order to link the national preparedness plan with the European plan, the former should:

- set a direct and permanent link between the national burns coordination cell and the national contact point for the ERCC (i.e. the civil protection authorities),
- maintain a roster of healthcare professionals qualified for European burn assessment teams.

## **7 Training and evaluation**

As for any preparedness plan, the national preparedness plan for mass burn casualty incidents should be regularly tested and exercised, and adjusted according to lessons learned.