

## Emergency Medical Services Division Policies – Procedures – Protocols

### ***Burn Center Designation (4006.00)***

#### **I. PURPOSE:**

This policy defines the requirements for designation as a Burn Center in Kern County. Burn Center designation establishes that burn patients are transported to the most appropriate facility, which is staffed, equipped, and prepared to administer emergency and/or definitive care appropriate to the needs of burn patients.

#### **II. AUTHORITY:**

California Health and Safety Code, Division 2.5, Section(s) 1797.103, 1797.204, 1797.220, 1797.250, 1797.252, 1798.150, 1798.170

#### **III. DEFINITIONS:**

- A. Burn Center means an intensive care unit in which there are specially trained physicians, physician assistants (PA), nurse practitioners (NP), nursing and supportive personnel and the necessary monitoring and therapeutic equipment needed to provide specialized medical and nursing care to burned patients.
- B. Kern County EMS Division (Division) means the Kern County Public Health Services Department, Emergency Medical Services Division. The Division is the Local Emergency Medical Services Agency or LEMSA for Kern County.
- C. Interfacility transfer means the transfer of an admitted or non-admitted burn patient from one licensed healthcare facility to another.
- D. Pediatric patient means children fourteen (14) years of age or younger.
- E. Pediatric Receiving Center (PedRC) means a hospital that has been formally designed by the Division that meets requirements as set forth in the *Pediatric Receiving Center Designation Policies and Procedures*.
- F. Trauma Center means a hospital that has been formally designated by the Division that meets requirements as set forth in the *Trauma Policies and Procedures*.

#### **IV. BURN CENTER GENERAL REQUIREMENTS:**

- A. Burn centers must meet all requirements of California Code of Regulations (CCR), Title 22, Division 5, commencing with Section 70421.

- B. In order for a hospital to be designated as a Burn Center for pre-hospital emergency medical services, the hospital must first be licensed by California Department of Public Health, Licensing and Certification Division, as a Burn Center. Licensing as a Burn Center shall be sufficient evidence the Burn Center meets all State requirements for personnel, space, and equipment.
- C. Designated Burn Centers shall receive Burn Center Verification from the American Burn Association (ABA) within three years of designation. To maintain designation beyond three years, Burn Centers shall maintain verification.
- D. Burn Center designation shall be in accordance with regulations and these policies. Re-designation shall be on three (3) year cycles and include written agreements between the Burn Center and the County of Kern.
- E. Designated Burn Centers shall be an approved pre-hospital continuing education provider and provide training and education relating to burn care for EMS personnel and MICNs. Continuing education programs shall be conducted in compliance with Division *Pre-Hospital Continuing Education Provider Policies and Procedures*.
- F. Burn Centers shall be designated Base Hospitals. These facilities shall provide on-line medical direction in burn care to pre-hospital personnel regardless of patient destination either in County or transports out of County.
- G. All Burn Centers shall participate in community education activities relating to burn prevention efforts.
- H. Air transport for burn patients within Kern County shall be in accordance with *EMS Aircraft Dispatch-Response-Utilization Policies*.
- I. The Division will charge for regulatory costs incurred as a result of burn center application review, designation, and re-designation. The specific fees are based on Division costs. Fee amounts shall be specified in the County Fee Ordinance Chapter 8.13, if applicable.
- J. The Burn Center shall have a representative present at Division sponsored meetings, such as the EMS System Collaborative meetings. Representation at the Trauma Evaluation Committee (TEC) and the Pediatric Advisory Committee (PAC) is recommended, but at a minimum shall be on an as needed basis.
- K. At least one physician and one registered nurse in the Emergency Department shall be on duty with current certification in Advanced Burn Life Support (ABLS) or equivalent specialized training in burn care (Board Certification in Emergency Medicine is acceptable).
- L. At least one physician shall be on-call at all times with advanced training in burn care, to include:
  - 1. One year fellowship training in burn treatment and/or two or more years' experience in caring for burns within previous five years.
  - 2. Board certified or board eligible physician for plastic or general surgery.

**V. DATA REQUIREMENTS:**

The Burn Center shall submit, at a minimum, the following data to the Division on a quarterly basis. This data will facilitate system management, allow for evaluation of system performance, and community intervention projects, as necessary. Data will be collected on an approved Division reporting tool. De-identified, aggregated data will be reported as numerical measurements for Countywide evaluation. Reports may be shared with TEC, PAC, EMS System Collaborative, Emergency Medical Care Advisory Board, Kern County Board of Supervisors, or posted for public viewing, if applicable. If mandated by regulation, data may be reported to the Emergency Medical Services Authority of the State of California. The following data elements shall be included:

- A. Baseline data, including ambulance transports, to describe the system, including, but not limited to:
  - 1. Arrival time/date to ED
  - 2. Date of birth
  - 3. Gender
  - 4. Ethnicity
  - 5. Mode of arrival
  - 6. Residence zip code
- B. Cause of burn, and basic outcomes for CQI to include, but not limited to, the following:
  - 1. Discharge or transfer diagnosis
  - 2. Burn location
  - 3. Burn severity
  - 4. Cause of burn
  - 5. Disposition
  - 6. Discharge or transfer time and date from ED
  - 7. Admitting facility name, if applicable

## **VI. PROGRAM MANAGEMENT:**

All Burn Centers shall identify personnel who will be responsible for primary interaction with the Division regarding burn specialty care.

- A. A Physician Coordinator for burn specialty care
- B. A Nursing Coordinator for burn specialty care

## **VII. INTERCOUNTY COORDINATION:**

- A. Burn Centers shall plan and implement ongoing outreach to Kern County hospitals for collaboration for education in emergency care of burn patients and consultation via telephone, telemedicine, or onsite regarding emergency care and stabilization, transfer and transport.

- B. Accept patients from Kern County who require specialized care not available at non-burn center hospitals within the County through pre-arranged transfer agreements for patients needing specialized burn care.
- C. Serve as a county referral center for the specialized care of burn patients or in special circumstances provide safe and timely transfer of patients to other resources for specialized care (trauma, pediatrics, etc..)

#### **VIII. PREHOSPITAL DESTINATION DECISION:**

- A. Patients with Step 1 or Step 2 trauma triage criteria for injuries in addition to burns shall be transported to a Level I or II trauma center in accordance with *Trauma Policies and Procedures*.
- B. Patients meeting Step 3 or Step 4 trauma triage criteria for injuries in addition to burns should consider consult with a Level I or II trauma center for assistance with destination decision in accordance with *Trauma Policies and Procedures*.
- C. Patients who meet extremis criteria shall be transported in accordance with *Ambulance Destination Decision Policies and Procedures*.
- D. With the exceptions stated above, patients should be transported directly to the closest most appropriate Burn Center bypassing other hospitals if:
  - 1. Partial thickness (2°) or full thickness (3°) burns that are more than ten percent (10%) total body surface area
  - 2. Partial thickness (2°) or full thickness (3°) circumferential burns of any part
  - 3. Partial thickness (2°) or full thickness (3°) burns to face, hands, feet, major joints, perineum, or genitals
  - 4. Electrical burns with voltage greater than 120 volts
  - 5. Chemical burns greater than five percent (5%) total body surface area. For transport times to a Burn Center greater than sixty (60) minutes, pre-hospital personnel may consult with a Burn Center for consideration of closest destination.
- E. Pre-hospital personnel may consider base contact with a Burn Center to assist in destination decision.

#### **IX. APPLICATION PROCESS FOR BURN CENTER DESIGNATION:**

The following milestones outlines the application process for a hospital to become designated as a Burn Center.

- A. Submit letter of application to the Division. The letter shall:
  - 1. Specify the intent to obtain Burn Center designation
  - 2. Identify names and contact information, including email addresses for the Physician Coordinator and Nursing Coordinator for burn specialty care
  - 3. Identify the anticipated target date for Burn Center designation
- B. Submit copy of California Department of Public Health license as a general acute care hospital showing Burn Center status.

- C. Current designation as a paramedic base station in Kern County.
- D. Approved pre-hospital continuing education provider.
- E. Provide evidence of emergency department and on-call coverage as outlined in section IV.
- F. Provide evidence of community education participation relating to burn prevention.
- G. Document agreeing to submit data elements as requested by the Division in accordance with section V. above.
- H. All application materials will be reviewed for completeness. Additional information may be requested, if needed. Upon determination the application is complete, the Division and the applicant will work towards execution of an agreement.
- I. Burn Center designation agreement will be presented to the Kern County Board of Supervisors for approval and formal designation.
- J. Upon formal designation the Division will update *Ambulance Destination Decision Policies and Procedures* and *Paramedic Protocols* to reflect the designation and destination changes.

**X. RE-DESIGNATION:**

The process for re-designation will require submission of the information above. Re-designation of Burn Centers shall be every three (3) years. Re-designation materials must be submitted to the Division ninety (90) days in advance of the expiration date of the designation.

**XI. LOSS OF DESIGNATION:**

- A. Any designated Burn Center which is unable to meet the following requirements shall be subject to termination or loss of Burn Center designation:
  - 1. Inability to maintain designation requirements as stated in this policy
  - 2. Failure to comply with any policy, procedure, or regulation mandate by local, state or federal government
- B. If the Division finds a Burn Center to be deficient in meeting the above criteria, the Division will issue the Burn Center a written notice, return receipt requested, setting forth with reasonable specificity the nature of the apparent deficiency.
- C. Within ten (10) calendar days of receipt of such notice, the Burn Center must deliver to the Division, in writing, a plan to cure the deficiency, or a statement of reasons why the Burn Center disagrees with the Division notice.
- D. The Burn Center shall cure the deficiency within thirty (30) calendar days of receipt of notice of violation.
- E. If the Burn Center fails to cure the deficient within the allowed period or disputes the validity of the alleged deficiency, the issue will be brought to the Emergency Medical Care Advisory Board (EMCAB) for adjudication. EMCAB may make a recommendation to the Division for resolving the issue.

