Health Care Coalition Burn Surge Annex Template

Updated July 2026

The FY 2024-2028 Hospital Preparedness Program Cooperative Agreement Notice of Funding Opportunity (NOFO) requires Health Care Coalitions (HCCs) to perform specific core functions to include specialty care planning. The development of a complementary coalition-level **Burn Surge Annex** supplements the coalition's base medical surge/trauma mass casualty response plan to improve capacity and capabilities during a medical surge incident.

This burn-focused operational annex is intended to be a high-level response plan that helps coalitions identify the experts and specialized resources that exist within the HCC the mechanisms and processes that will be used to determine specialty patient transfer needs, and the number of burn patients a facility should plan to receive. Each facility is encouraged to develop a more detailed plan that supports their individual operations.

This template provides the general headers and descriptions needed to develop a sample HCC Burn Surge Annex plan. The resources used to develop this template include sample HCC plans and the Health Care Preparedness and Response Capabilities for Health Care Coalitions guidance. This document is organized to include:

- Sample plan headings/sub-headings
- Description and considerations
- Sample resources/plans/templates that may provide additional guidance to assist HCCs in their planning efforts. *Please note: there is no guarantee the resource(s) listed directly apply to the unique circumstances of the HCC.*
- A sample annex outline in Appendix A.

While developing this annex, it is important to note that health care organizations respond to emergent patient care needs daily and prepare for and simultaneously respond to emerging threats that might impact the public's health. The FY 2024-2028 HPP NOFO states, "In addition to the usual information management and resource coordination functions, each specialty surge annex should be similarly formatted and emphasize the following core elements:

- Indicators/triggers and alerting/notifications of a specialty event,
- Initial coordination mechanism and information gathering to determine impact and specialty needs,
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including

inpatient and outpatient resources1),

- Access to subject matter experts (SMEs) – local, regional, and national,
- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility),
- Relevant baseline or just-in-time training to support specialty care,
- Evaluation and exercise plan for the specialty function."

The FY 2024-2028 NOFO also states that the burn annex must consider:

- Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents),
- Burn-specific medical supplies,
- Coordination mechanisms with American Burn Association (ABA) centers/region,
- Incorporation of critical care air/ground assets suitable for burn patient transfer.

Prior to developing any emergency response plan, HCCs should work with jurisdictional emergency management to complete a new risk assessment and should conduct a hazard vulnerability assessment (HVA) for their state or jurisdiction. The planning process should be collaborative between hospitals, trauma centers (if applicable), HCCs, burn centers, and other community organizations to discuss, strategize, and plan for the level of care that can be provided and resources available during a burn mass casualty incident (BMCI).

NOTE TO COALITIONS: Although jurisdictions are not required to use this template or follow its format, they are encouraged to do so. While there are many acceptable planning methods and document formats, this template specifically considers coalition and jurisdictional needs that promote operational planning and capability-based response during a mass burn incident. It is also structured to address the necessary elements of the FY 2024-2028 NOFO as previously outlined. In rural areas with limited BMCI support capabilities, collaborate with regional partners to plan an effective response. In rural areas the annex may be short without many resources or regional partners, and in major metropolitan areas, it may be significantly longer with many partners and facilities to coordinate.

Additional templates and resources developed by ASPR TRACIE to support HCCs can be found on their Healthcare Coalitions Resource Page. For more information, visit

[1] While some resources may not be located within the health care coalition itself, the availability of resources can vary and effective response efforts may require coordination with entities both within and beyond the coalition's geographic region.

https://asprtracie.hhs.gov, contact our Assistance Center at 1-844-5-TRACIE, or email askasprtracie@hhs.gov.

Acknowledgements

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1. Introduction

Section Headers/ Subheadings	Description and Considerations	Sample Resources
1.1 Purpose	This section describes what the Burn Surge Annex will address and related HCC goals and objectives. **Sample language:** This annex provides guidance to support a burn mass casualty incident (BMCI) in which the number and severity of burn patients exceeds the capability of HCC member facilities. The annex will identify the experts and specialized resources that exist within and external to the HCC that must be engaged in a mass burn response, and the mechanisms/processes that will be used to determine which patients go to which facilities.	ASPR TRACIE Mass Burn Event Overview Los Angeles County Emergency Medical Services Agency Burn Resource Manual Michigan Burn Mass Casualty Incident Surge Plan Minnesota Burn Surge Plan and Training Resources North Central Florida Health Care Coalition Burn Surge Annex University of Utah Crisis Standards of Care (email ASPR TRACIE to request access) Western Region Burn Disaster Consortium Burn Mass Casualty Operations Plan
1.2 Scope	This section should include: • Timeframe covered by the plan, • Involved coalition and jurisdictional partners, • General command structure and communication protocols (may refer to base plan), • Definitions of key terms, and • Any necessary disclaimers about the plan (e.g., not to supersede authorities of the participating entities). This section may also describe elements *not* addressed in the plan and refer the reader to the relevant organizational documents and/or other specialty annexes such as burn, pediatrics, chemical, radiological (also covered in Section 2.5- Special Considerations).	
1.3 Overview/ Background of	This section should include a **general overview** of the HCC and the community relative to burn resources, including:	

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HCC and Situation	• HCC members. • Community demographics. • Health care facilities, including regional burn centers, trauma centers, other coalition hospitals, and any related transfer agreements. • A description of the health care system and potential roles in a BMCI that include ABA verified and other burn centers, acute care facilities and their trauma designation). • Local risks for BMCI (e.g., rail, industrial, mass gathering, wildfire, pipeline, terrorist, transportation accidents and others). • Burn resources or capabilities represented in the coalition (e.g., burn/specialty burn centers or hospitals that may need to stabilize and provide temporary burn care treatment and supportive care to patients). • Burn centers and resources external to the coalition that will be key partners (e.g., ABA regional coordinating center, regional burn centers, burn watch boards, telemedicine support). • Patient transport resources to include critical care/ground assets suitable for burn patients for inter-facility transfers. This section may also include a comparison of health care facilities' inpatient projected capacity under normal conditions and projections under surge conditions.	
1.4 Assumptions	This section should outline the key points/assumptions of the plan, such as: • All hospitals providing emergency care may receive burn patients and should be able to provide initial assessment and stabilization. • Agencies within the jurisdiction that will have primary responsibility for response (e.g., emergency medical services [EMS], HCCs, public health, emergency management, behavioral health, family reunification) should address initial casualty distribution and subsequent triage of patients for forward movement.	

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	• Agencies or facilities that will have primary support responsibilities (e.g., public health, emergency management) may assist with the coordination of transfers with the closest burn center/ABA regional coordinating facility in accordance with established regional protocols. • State burn plan expectations for preparedness and coordination (if applicable). • Burn centers and Level 1 and Level 2 trauma centers should plan for a major role in the receipt and care of burn patients and understand their role in a BMCI in their community or state. • Care of critical burns is extremely resource-intensive and requires specialized staff, expert advice, and critical care transportation assets. • Severe burn patients often become clinically unstable within 24 hours of injury, complicating transfer plans after this time frame. • While federal resources such as ambulance contracts and National Disaster Medical System (NDMS) teams may be available to support response efforts, they should not be expected to mobilize or deploy within the first 72 hours. Health systems with internal response teams may be able to activate and deploy more rapidly, offering earlier support. Selected situations may involve both thermal burns and traumatic or radiation injury which may require referencing other HCC plans and involving other resources and expertise to consider coincident injuries/needs.	

2. Concept of Operations

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.1 Activation	This section should include details on the annex activation process (including relevant levels) and the indicators/triggers that would initiate the plan (e.g., burn patients presenting to multiple hospitals, multiple burn patients requiring transfer to a regional burn center). This section should also define who would be contacted to initiate the coordination response and mechanisms for how that is done.	ABA Advanced Burn Life Support ASPR TRACIE Mass Burn Event Overview ASPR TRACIE Disaster Available Supplies in Hospitals (DASH) Tool DC Emergency Healthcare Coalition Mass Burn Incident Specific Annex Illinois Department of Public Health Burn Surge Annex Los Angeles County Emergency Medical Services Agency Burn Resource Manual Michigan Burn Mass Casualty Incident Surge Plan Western Region Burn Disaster Consortium Burn Mass Casualty Operations Plan
2.2 Notifications	This section should include the alerting and notification strategies specific to a BMCI, including who will be notified, by whom, and how. Content should address communication systems and information management needs, to include details on how notification and coordination strategies will work with specialty facilities.	
2.3 Roles and Responsibilities	This section should provide an outline of roles and responsibilities under the annex for applicable HCC members and partners. This should include the expected burn care capabilities of each facility and define a specific institution or agency to coordinate the response. This may be the same agency listed in an all-hazards plan or an entity (such as a burn center) that can assist with burn patient movement coordination and consultation. This section should also explain the integration of crisis standards of care (CSC) principles and how resources are allocated across a region or how clinical policy will be developed during a crisis situation. This section should define HCC, agency, and specialty facility support and coordination roles specific to a BMCI, to include: • Defining expectations of EMS regarding initial patient distribution from an BMCI and mutual aid for secondary transfers.	

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	• Establishing who has responsibility for patient movement activities including matching patients to available resources in a BMCI. • Emphasizing and discussing coordination with regional burn centers to identify local, regional, and national sub-specialty experts both within and outside the community who would be available to support a response or provide consultation (e.g., what coordination mechanisms are in place with ABA centers/region). If applicable/available, note burn center mass casualty disaster plan capabilities, gaps, MOUs, protocols, contact information, etc. • Describing how burn treatment expertise is obtained and integrated into longer-term incidents requiring proactive CSC decision-making (which should be consistent with facility, HCC, and state CSC plans). • Describing initial coordination mechanisms and information gathering strategies to determine impact and specialty transportation and inpatient needs. This should include essential elements of information to be gathered on all patients according to coalition needs. • Documenting available local, state, and interstate resources and activation procedures that can support the specialty response as well as key resource gaps that may require external support (including inpatient and outpatient resources). This should also include behavioral health support for patients, families, and staff. • Describing specialty clinical support for care in place via in-person or telemedicine consultation to support staff in non-burn centers caring for burn patients. Note: Baseline information sharing, coordination, and other all-hazards roles should be defined in the base response plan.	
2.4 Logistics	This section should outline strategies for how the HCC and member facilities will address resource shortages and resource allocation needs, including how they will be requested and potential sources for burn incident-specific resources (e.g., transportation, supply vendors, and caches). Information on the request process through the jurisdiction/state for burn treatments from the Strategic National Stockpile	ASPR TRACIE Hospital Wildfire Evacuation Considerations

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	(SNS) should be included. This section should include a mechanism for resource allocation when supplies are inadequate to meet demand consistent with the HCC CSC plans.	ASPR TRACIE Medical Operations Coordination Centers Toolkit, Appendix D: Burn Considerations for MOCCs
2.4.1 Space	This section should include information on available space (e.g., inpatient burn and burn surge resources), to include strategies and regulatory considerations.	
2.4.2 Staff	This section should detail strategies for increasing and maintaining staffing levels, including specialty care staff, burn injury care training of staff, and the use/allocation of burn-trained staff, as applicable. Considerations can also include providing basic burn training, just-in-time training to staff from the American Burn Association, or other resources.	
2.4.3 Supplies	This section should document the coalition-level equipment expectations of member health care facilities- relevant to a BMCI, to include what coalition-level strategies exist to ensure adequate levels of supplies and equipment are readily available. This section may also include a description or list of coalition-level resources (e.g., burn specific medical supplies), state or interstate assets, and SNS assets.	
2.5 Special Considerations		
2.5.1 Behavioral Health	This section should include considerations for access to a continuum of stepped care in mental health services for patients, caregivers, and providers with emphasis on burn survivor support. General behavioral health response issues should be addressed in the all-hazards coalition response plan.	ASPR TRACIE Disaster Behavioral Health Resources NCTSN Taking Care of Yourself Pheonix Society Support for Burn Survivors
2.5.2 Pediatric	This section should include considerations specific to caring for pediatric burn cases including triage, specialty care/resources/supplies, and transport needs. Decision-making for patients with both traumatic and burn injuries should be included. Determine if the regional burn center that receives children is	ASPR TRACIE Burn Topic Collection: Pediatric Considerations

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	capable of caring for trauma patients, and if not, what criteria will determine the level of care (e.g., injury pattern, BSA burns/types) and the appropriate facility to receive a pediatric patient.	ABA Guidelines for Burn Care Under Austere Conditions DC Emergency Healthcare Coalition Initial Management Guidelines for Pediatric Burn Patients State of Michigan Burn Coordinating Center Pediatric Annex for Burn Surge Western Region Burn Disaster Consortium Burn Injury Guidelines for Care
2.5.3 Combined Injury	This section should address how expert clinical input to support decision-making will be obtained, to include decontamination considerations if chemical agents are involved. Radiation combined injury is possible in nuclear power, nuclear detonation, and radiation dispersion device detonation incidents. Reference specific chemical, radiation, and trauma annexes as necessary. Initial triage by EMS should always focus on traditional trauma triage guidelines when trauma is present; and secondary triage providers will need to consider the combined injury. Note: Combined injury (i.e., burns with trauma or radiation or chemical injuries) markedly increases mortality; these patients may be better served at trauma and other specialty care centers, depending on the severity of each injury.	
2.6 Operations – Medical Care		
2.6.1 Triage and Secondary Triage	This section should include considerations for triage of burn patients and expectations for hospital transport including patient allocation by number of patients, age, and severity priority for burn and non-burn hospitals. Secondary triage of patients to an appropriate center for continued care will be critical and may have to be delegated to burn experts outside the immediately affected area, due to competing demands for direct patient care and available resources within the coalition. Though triage predictors for burn injuries are available, decisions about expectant management for patients with catastrophic burns should involve expert consultation. Decision tools should not be used in isolation but combined with expert input. This section should also document how consultation will be obtained to support transport/transfer and care prioritization.	ABA Burn First Aid ABA Guidelines for Burn Patient Referral ABA Triage Decision Table (only to be used during CSC in collaboration with burn SMEs) ASPR TRACIE Burn Mass Casualty Incidents: Triage, Assessment and Treatment Considerations HHS Burn Triage and Treatment: Thermal Injuries

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2.6.2 Treatment	This section should include system considerations for treatment of burn patients, including how information on patients will be shared. It should also describe how ongoing burn care specialty consultation will be obtained by hospitals that are temporarily caring for complex patients and/or a large number of burn patients to ensure burn injury-specific care is provided (e.g., reaching out to specialty providers from a referral facility for consultation). This section could also describe how just-in-time training will be conducted to support care of patients at burn surge facilities and how related information will be circulated to those facilities.	University of Michigan State Emergency Burn Triage and Management Western Region Burn Disaster Consortium Burn Injury Guidelines for Care
2.7 Transportation	This section should include considerations for safe inter-facility transport of stable, unstable, and potentially unstable burn patients, to include: • Prioritization methods for specialty patient transfers (e.g., which patients are suited for transfer to a specialty facility). • Details on incorporation of critical care air/ground assets that are suitable for burn patient transfer. This section should also include regional resources for ground and air transport for the movement of seriously impacted burn patients (with potential reference to all-hazard or trauma annexes).	Western Region Burn Disaster Consortium Burn Injury Guidelines for Care Western Region Burn Disaster Consortium Burn Mass Casualty Operations Plan
2.8 Tracking	This section should include coalition-level strategies for patient tracking, including any specific burn information that needs to be entered into a system.	ASPR TRACIE The Big Picture: Using the Nevada Hospital Association's Burn Watch Board to Understand Capacity National Capital Region Burn MCI Response Plan - Attachment 5: Patient Reporting and Transfer Request Form Western Region Burn Disaster Consortium Burn Mass Casualty Operations Plan

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2.9 Rehabilitation and Outpatient Follow Up Services	This section should discuss burn rehabilitation services, outpatient follow-up services, and coordination of continued care following a surge event, including procedures for repatriation of patients transferred out of the area as needed.	
2.10 Deactivation and Recovery	This section should include considerations for deactivation of the annex, continuity of recovery efforts, the after-action report process, reimbursement, and analysis and archiving of incident documentation.	

3. Appendices

Section Headers/ Subheadings	Description and Considerations	Sample Resources
3.1 Training and Exercises	This appendix should include relevant baseline or just-in-time training to support burn surge care and evaluation and exercise planning for a burn surge incident.	ABA Just-in-Time Summary Sheet Patient Care Priorities for the First 24 Hours in Burn Mass Casualty for non-burn Physicians ASPR TRACIE Burn Topic Collection: Education and Training ASPR TRACIE Step-by-Step Guide to Implementing the Coalition Burn Surge Annex TTX Template

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		ASPR TRACIE The Big Picture: Using the Nevada Hospital Association's Burn Watch Board to Understand Capacity State of Michigan Burn Coordinating Center Emergency Burn Triage and Management University of Utah Crisis Standards of Care (request access) Western Region Burn Disaster Consortium Burn Surge TTX Template WRAP-EM Burn Buddy Badge WRAP-EM Burn Injury Poster
3.2 Legal Authorities	This appendix should list applicable legal authorities and regulatory information specific to MCBIs and Health Insurance Portability and Accountability Act (HIPAA) rules. This may refer back to the all-hazard coalition response plan unless burn-related issues need to be covered in this section. Inter-state issues of staff licensure/sharing, burn consultation, or patient transport may be particularly relevant for burn incidents when both providers and patients may cross state lines.	ASPR TRACIE Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy Topic Collection
3.3 Burn Care Referral Resources	This appendix includes resources specific to burn surge planning, referrals, and consultation.	ABA Mass Casualty

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3.4 Additional Resources/ References	This appendix lists applicable plans, tools, templates, and/or resources used to develop the HCC burn surge annex. This may include: • Patient data forms • Medical Operations Coordination Center (MOCC) plans or specific burn incident language in MOCC policies/operational guidance • Patient transport forms • Clinical guidance tip sheets (e.g., escharotomy, inhalation injury, fluid resuscitation, wound care, or nutrition) or other clinical information • Media packages related to first aid/bystander care, and public messaging on what to do and how to take care of a burn patient	Burn Disaster Response: A Plan for New Jersey National Capital Region Burn MCI Response Plan - Attachment 5: Patient Reporting and Transfer Request Form Western Region Burn Disaster Consortium Burn Mass Casualty Operations Plan

Appendix A: Health Care Coalition Burn Surge Annex Outline Example

1. Introduction

1.1 Purpose
1.2 Scope
1.3 Overview/Background of HCC and Situation
1.4 Assumptions

2. Concept of Operations

2.1 Activation
2.2 Notifications
2.3 Roles and Responsibilities
2.4 Logistics
2.4.1 Space
2.4.2 Staff
2.4.3 Supplies
2.5 Special Considerations
2.5.1 Behavioral Health
2.5.2 Pediatric
2.5.3 Combined Injury
2.6 Operations- Medical Care
2.6.1 Triage and Secondary Triage
2.6.2 Treatment
2.7 Transportation
2.8 Tracking
2.9 Rehabilitation and Outpatient Follow Up Services
2.10 Deactivation and Recovery

3. Appendices

3.1 Training and Exercises
3.2 Legal Authorities
3.3 Burn Care Referral Resources
3.4 Additional Resources/ References