



Organization and Delivery of Burn Care Committee

Crisis Standards of Care for the Care of the Burn Injured Patient during the COVID-19 Crisis

The burn care workforce is limited in normal times, and ICU beds and ventilators are expected to be at a premium during the upcoming weeks of the COVID-19 crisis. The COVID-19 pandemic is fluid, and the length of the potential crisis period is unknown, but could possibly last several weeks or longer.

Therefore, the American Burn Association Organization and Delivery of Burn Care Committee has assembled these principles of contingency care of burn patients when the work force at a burn center is at risk for depletion due to illness or other factors, or burn beds are scarce.

1. As a burn provider, protect yourself and your family, practicing social distancing and hand hygiene, even at home if indicated. Each person should follow all institutional and CDC recommendations if they become ill or sustain a significant exposure.
2. Each institution will need to assess its own crisis standards of care procedures and coordinate those plans within their hospital system, healthcare coalition and state. Burn providers are likely to be called on to assist their colleagues in the care of COVID-19 patients due to their expertise in critical care and ventilator management.
3. Likewise, each burn center will need to assess the capability of trauma and/or other plastic or general surgery colleagues (doctors, nurses and others) who do not routinely perform burn care to assist in the care of these patients, if needed, due to personnel shortages. The ABA has a variety of resources to support just-in-time training.
4. Preferentially use telemedicine for visits, if available, whenever possible, thereby limiting patient travel to the hospital.
5. Consider postponing elective surgery. This decreases hospital throughput of potentially infected but asymptomatic individuals and their accompanying persons and frees up anesthesia machines for ventilators. This would also protect staff and preserve personal protective equipment in case of shortage.
6. Consider transfer to other burn centers within the state or the respective regional burn resource if necessary, consulting with the regional burn coordinator.



7. Push out burn prevention and first aid messages by all available media channels in an ongoing campaign (resources available at www.ameriburn.org).
8. Consider rapid transition to and education about the proper use of long-term dressings to decrease the frequency of dressing changes, and to preserve personal protective equipment and staff time required to conduct such dressing changes.
9. Consider reducing daily staff requirements to minimize risk of COVID-19 transmission, including reserving a portion of available immediately ready staff to replace.
10. Follow hospital/national guidelines on operative management of COVID-19 patients.
11. Review burn supply reserves at your burn center. Identify and communicate upcoming needs and challenges to suppliers, hospital administration and the ABA if needed.
12. Participate in disaster planning including national bed counts, surveys and regional activities.

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These guidelines do not constitute medical advice. The judgment of the individual healthcare practitioner based on all relevant circumstances should take precedence over these guidelines.

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