

# Disaster Subcommittee

## North Carolina Trauma System Five Year Strategic Plan

Mission: To develop systems to enhance the provision of trauma care to the victims of major events, when such events exceed the capacity of the local trauma system.

STRATEGY	TACTICAL PLAN	TIMEFRAME	LEADS	PARTNERS	FUNDING IMPLICATIONS
Develop a comprehensive plan to deal with burn victims. A statewide surge plan that allows trauma and other centers to manage burn victims in the acute period until they can be transferred to burn centers	<ol style="list-style-type: none"> <li>1. Develop draft plan</li> <li>2. Seek input</li> <li>3. Revise Plan</li> <li>4. Table Top Plan</li> <li>5. Revise Plan</li> <li>6. Functional Exercise</li> <li>7. Revise plan (repeat 2-7 periodically)</li> </ol>	2008-09	UNC Burn Center, WFU Burn Center	NCOEMS STAC Hospital Association, Trauma Centers	<p>Funding may be needed for coordinator, exercises and addition of bed tracking in SMARTT</p> <p>Costs associated with developing training program to include but not limited to CME costs, hosting and monitor costs, and web access</p>
Development of Blood availability tracking system to provide real time listing of available products	<ol style="list-style-type: none"> <li>1. Develop process</li> <li>2. Evaluate costs associated with linking to SMARTT</li> <li>3. Develop IS support to link with SMARTT</li> </ol>	2008-2010	Carolinas Regional Blood System	OEMS	Expenses related to the IS support to match with SMARTT
Training of EMS Personnel, ED Personnel and Surgical Staffs in the management of Burn, Blast and Crush Injuries	<ol style="list-style-type: none"> <li>1. Evaluate options for Burn, Blast and Crush Injury training programs</li> <li>2. Secure Funding for either developing a hybrid course or delivering an existing course</li> <li>3. Develop Burn Training Program</li> <li>4. Develop Blast and Crush Component</li> <li>5. Develop face to face educational component</li> <li>6. Develop online component for programs</li> </ol>	2009-2013	OEMS – education staff	STAC RAC's	<p>Cost of Courses: ABLs. CDC blast injury and ACEP/NAEMSP Blast injury courses on line</p> <p>Ongoing expense</p> <p>Costs associated with developing training program to include but not limited to CME costs, hosting and monitor costs, and web access</p>
Integration of Destination triage system and Disaster triage system to effectively match	<ol style="list-style-type: none"> <li>1. Develop triage program for Burn program that will integrate with new Smart Triage System</li> <li>2. Revise Burn destination triage documents to reinforce the nature of the triage guidelines to assure these are understood as destination triage guidelines</li> <li>3. Develop online aspect of Burn and Disaster Triage to provide access for ongoing training</li> </ol>	2008-2010	OEMS STAC	NC Hospital Association, Smart Triage Systems	<p>Currently Smart Triage is funded through ASPR funds</p> <p>Potential funding shortfall is based on ASPR funding future</p> <p>Costs associated with developing training program to include but not limited to CME costs, hosting and monitor costs, and web access</p>

Interface with Pediatric Plan	<ol style="list-style-type: none"> <li>1. Identify pediatric hospitalization, prehospital and critical care resources for events where the prevalent numbers of patients are pediatric in nature (information should be available in the Pediatric Plan)</li> <li>2. Develop an Annex/Appendix for medical disaster planning to reflect the pediatric considerations</li> <li>3. Exercise and revise plan interface with disaster and significant numbers of pediatric patients to include triage</li> </ol>	2009	OEMS	STAC	
Development of Dialysis Triage Plan for Crush and Blast Syndrome	<ol style="list-style-type: none"> <li>1. Identify Dialysis centers, hours of operation and contact information</li> <li>2. Include information in the SMARTT System</li> <li>3. Develop interagency MOA/MOU for disaster plan Create annex/appendix for dialysis access during time of disaster</li> <li>4. Exercise and revise plan interface with disaster and significant numbers of pediatric patients to include triage</li> </ol>	2009	STAC	OEMS Dialysis Centers	Cost of coordination and plan development. Coordinator time?