

Burn Disasters in NC:

Lessons & Resources



C. Derek Miller, MSN, RN, CBRN, CCRN
Burn Outreach & Prevention Educator
North Carolina Jaycee Burn Center

3.25.2025

Objectives

- Identify lessons from key burn disasters in NC
- Identify existing stakeholders
- Identify existing BMCI plans and owners
- Delineate expertise & resources specific to Burn Centers

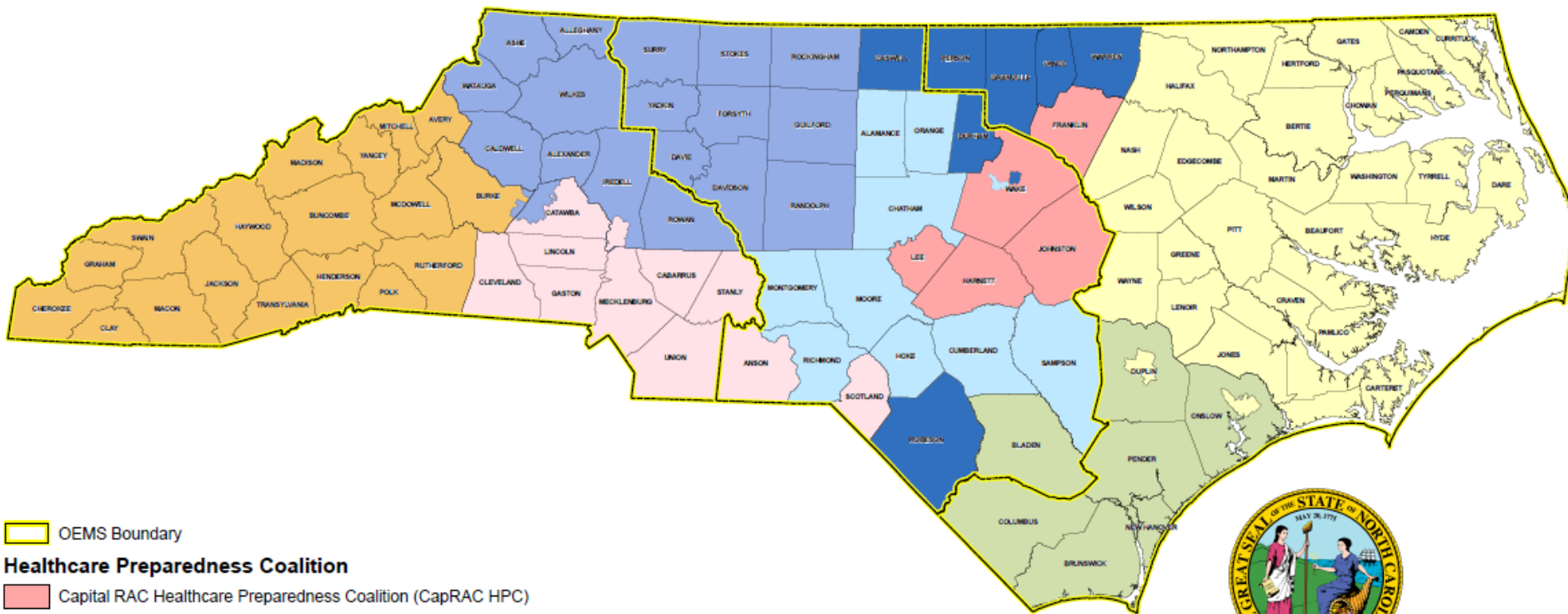
Key Burn Disasters in NC

- Hamlet Chicken Plant Incident (1991)
25 fatalities, 50+ injured
- “Green Ramp” Incident -- Pope Air Force Base (1994)
24 fatalities, 50+ injured
- West Pharmaceutical Fire – Kinston (2003)
6 fatalities, 36 injured
- ConAgra Foods Plant Fire – Garner (2009)
4 fatalities, 70+ injured

Burn Disaster (BMCI) Stakeholders

- NCOEMS
- Healthcare Preparedness Program
- State Medical Response System
- State Emergency Response Team (SERT)
- HHS Region IV
- ESF-8
- Burn Centers?

North Carolina Healthcare Preparedness Coalitions



OEMS Boundary

Healthcare Preparedness Coalition

- Capital RAC Healthcare Preparedness Coalition (CapRAC HPC)
- Duke Healthcare Preparedness Coalition (DHPC)
- Eastern Healthcare Preparedness Coalition (EHPC)
- Metrolina Healthcare Preparedness Coalition (MHPC)
- Mid Carolina Regional Healthcare Coalition (MCRHC)
- Mountain Area Healthcare Preparedness Coalition (MAHPC)
- Southeastern Healthcare Preparedness Region (SHPR)
- Triad Healthcare Preparedness Coalition (THPC)



0 15 30 60 90 120 Miles

This map was prepared for inventory and graphical purposes only and does not represent a legal survey. This map is not intended to and does not indicate the authoritative location of property boundaries, rights of way, easements, shape or contour of the earth, or fixed works.

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Burn Disasters > Capability

- Scenarios with high casualty numbers:
 - Natural disasters
 - Industrial explosions
 - Terrorist attacks
 - Nightclub fires
- Limited number of burn centers in US
 - ~130 burn centers (~70 are ABA-verified)
 - ~2200 specialty burn beds (> 95% occupancy)
 - ~300 burn surgeons
- Trauma Centers and regional hospitals are **KEY** to initial stabilization & subsequent triage/transport

Staged Burn Disaster Response

Stage I:

Local burn center
resources sufficient

Stage II:

Local burn center
resources
supplemented by
regional burn centers.

Incident requires
unified command.

Stage III:

Regional resources
overwhelmed.

Federal assistance
required.

Roles of Burn Centers (BC)

- Assist with patient triage and transfer decisions
 - Survivability
 - Resource allocation
- Provide definitive care of burn injuries.

Key expertise in:

- Burn physiology
- Operative management
- Rehabilitation

ABA Resources

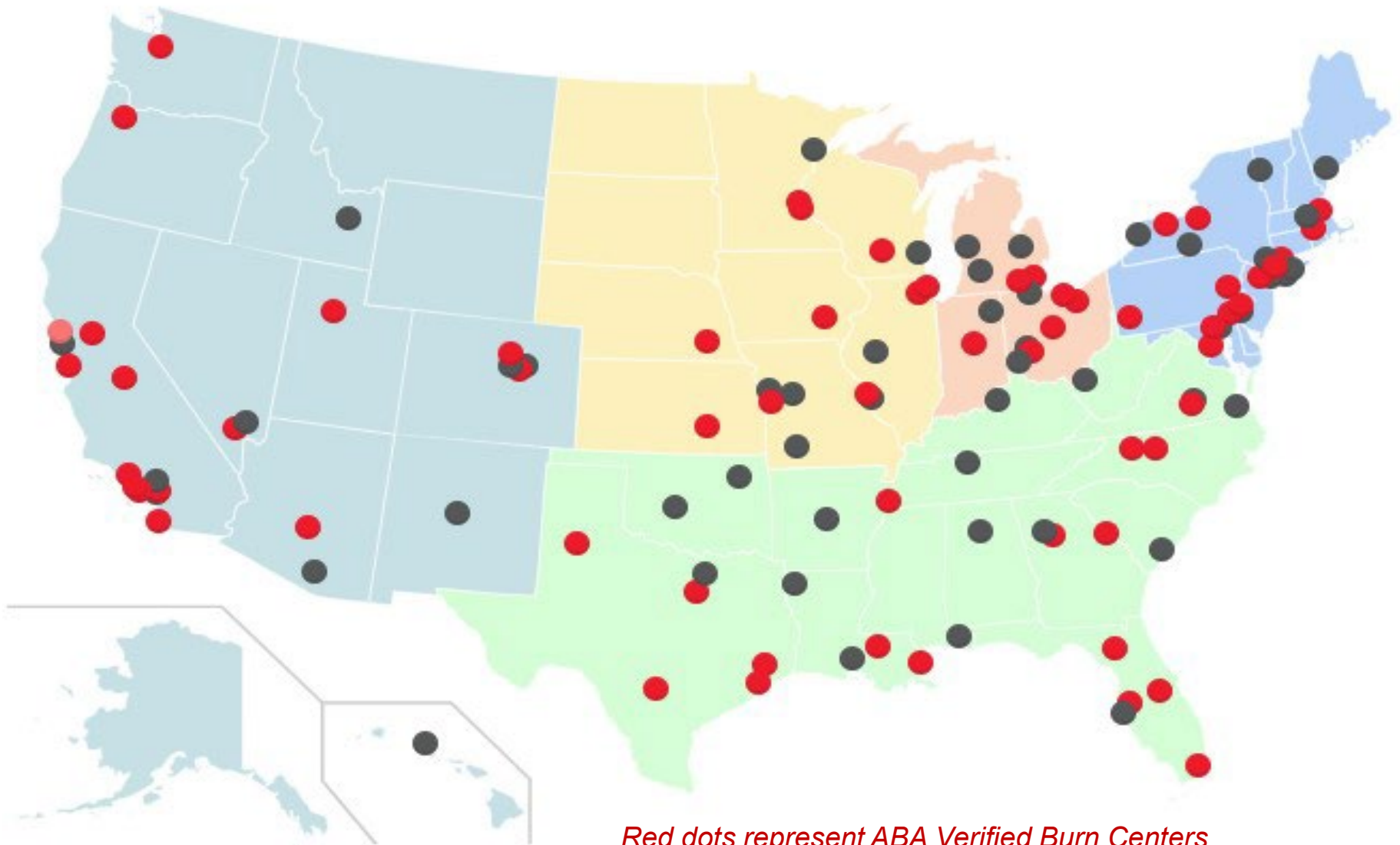
- Disaster Plans
- Healthcare Emergency Preparedness Information Gateway ([TRACIE](#))
- ABA Disaster Webinar Series
- Guidelines for Care in Austere Conditions

ABA Burn Disaster Regions

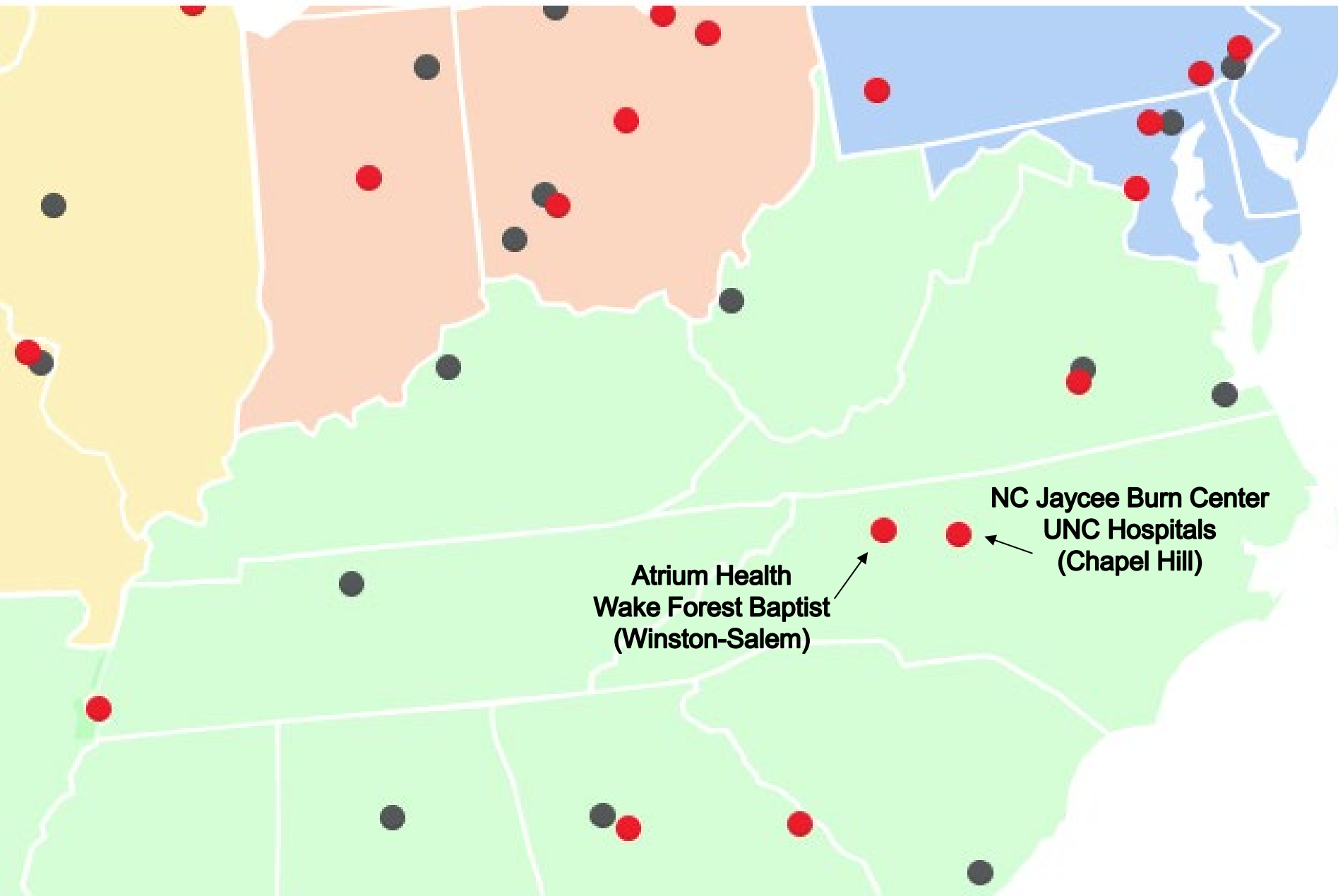
- Northeast Region
- Midwest Region
- Great Lakes Region
- Southern Region
- Western Region

Burn Disaster Regional Emergency Hotline Numbers can be found on the American Burn Association website at www.ameriburn.org

~130 Burn Centers, ~2200 burn beds



Burn Centers in NC



NC Jaycee Burn Center

Transfer Center – (800) 806-1968

For Inpatient Admission or Consultation

Burn Clinic - (984) 974-0150

For Outpatient Appointments (M-F)

Not walk-in, but new patients seen in 24-48 hours.

Patients may call directly, no referral needed.

Burn Aftercare - (919) 962-8427

Programs & resources are for ALL burn survivors and families, regardless of when/where injured/treated!

Atrium Health Wake Forest Baptist

Transfer Center - (800) 277-7654

For Inpatient Admission or Consultation

Burn Clinic - (336) 716-3813

For Outpatient Appointments

*No referral needed

Aftercare:

BurnOutreachTeam@wakehealth.edu

Questions?

C. Derek Miller, MSN, RN, CBRN, CCRN
Burn Outreach & Prevention Educator

Derek.Miller@unchealth.unc.edu
(919) 274-3150 (cell)