Receiving Facilities Annex

All West Virginia Hospitals have an internal plan for a surge of patients due to mass casualty that details their process for receiving additional patients based on their maximum capacity; in addition there are regional plans for a surge of patients that outline the process for facility to facility support. Hospitals work within the state Emergency Medical Services (EMS) system to communicate frequently about the status and ability to receive patients.

The state EMS system is organized into regions that coordinate patient transport to the appropriate facility based on level of care and availability. During the Jamboree, the usual system will be followed with a few anticipated changes unique to Boy Scout patients. There is constant communication between EMS Regional Commands and hospital Emergency Departments. Again, using this established process during the Jamboree will provide the most accurate and real time picture for hospital availability.

Hospital Emergency Preparedness Coordinators are an established network coordinated through the West Virginia Hospital Association (WVHA) Hospital Preparedness Program (HPP), titled the Emergency Preparedness Taskforce. The Taskforce will serve as the method for disseminating information about the Jamboree throughout their hospitals to ensure awareness about the event, and planning for an increase in usual volume for the duration of event. The hospital Preparedness Coordinators will also serve as a point of contact for the State Health and Medical Command for information gathering.

The State system (SMARTT) that tracks bed and resource availability state wide is updated on a daily basis by all hospitals. It will be updated twice a day during the Jamboree and will be a tool for event Command. Additionally, all hospitals will be requested by the DHHR Center for Threat Preparedness (CTP) to complete and return a Situational Report daily. In turn, the CTP office will send out a compiled daily update to statewide network of hospitals. This process has

worked successfully during past emergency events and is a known and established process for hospitals.

Hospitals will receive all patients through the usual EMS process; in this case Region 1 – Regional Command or Region 3/4 – Charleston MedBase will notify the receiving hospital. (See BSA Patient Flow Chart)

Primary hospitals receiving Boy Scouts needing off site care are:

Raleigh General Hospital (Level lll Trauma Center) – Raleigh County, Beckley, WV

Beckley Appalachian Regional Hospital (Level lV Trauma Center) – Raleigh County, Beckley, WV

Charleston Area Medical Center (Level 1 Trauma Center General Division) – Kanawha County, Charleston, WV.

Cabell Huntington Hospital (Level ll Trauma and Burn Center) in Cabell County in Huntington, WV, and St.Mary's Hospital (Level ll Trauma Center)

West Virginia University Hospitals (Level 1 Trauma Center) in Monongalia County, Morgantown WV.

Secondary hospitals - Plateau Medical Center, Greenbrier Valley Medical Center, Princeton Community Hospital, Bluefield Regional Medical Center, Summersville Regional Medical Center, CAMC Womens and Childrens Hospital, CAMC Memorial Division Thomas Memorial Hospital and St. Francis Hospital.

All West Virginia hospitals could be considered a receiving facility for a catastrophic event. While the MCI plan is focused on visiting Boy Scouts, there will be thousands of family members and related tourists in the state during the same period that will also need medical care. These patients could be self-referred and show up in Emergency Departments, or go through the EMS medical command process.

Medical Records and Consent

All Boy Scouts will have completed medical history and consent forms prior to arriving at the Jamboree. The consent contains the necessary language for the treating hospital to talk with BSA staff and parents concerning treatment decisions, and parental consent for emergency treatment. The BSA will have an electronic Medical Record system for sending the necessary information to a receiving hospital. The records will not be encrypted, but are password protected. Hospitals will have an established and secure email address set up through their Emergency Department specifically for receiving Jamboree patient information.

Off Loading

In order to facilitate the off-loading of Boy Scout patients for EMS to allow the ambulance to return to site, Emergency Departments have been notified in advance to expect an increase in volume related to the Jamboree. Emergency Department staff will off load injured scouts as soon as possible to allow the ambulance to go. It is anticipated that there could be up to 70 transports per day from the Jamboree site, it will be important for receiving facilities to assist in facilitating the quickest possible turn around to allow the designated ambulance to return to the Jamboree site for additional trips. Please see Ground Transport Annex for additional detail.

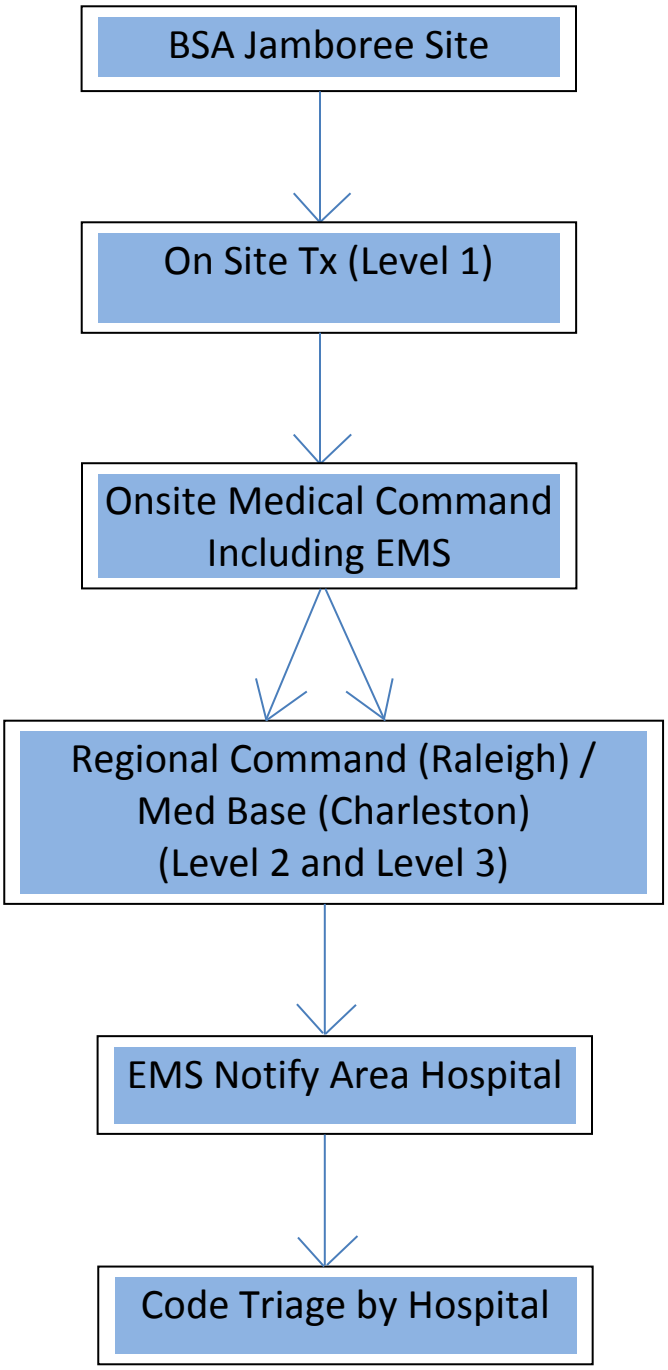
Boy Scout Patient Tracking

In advance of the Jamboree, and tested through Communications checks, BSA site Medical Command will provide phone numbers to call when a hospital receives a Boy Scout patient. BSA has two teams of 2 physicians each, known as the BSA Medical Care Team. This team visits each Boy Scout that is admitted to a hospital on a daily basis, and is responsible for coordinating care between the hospital and Jamboree guardians. They will communicate with scout families, and assist with patient transfers if needed. The Medical Care Team interfaces with site Medical Command to keep a census of off-site Boy Scouts, where they are, their treatment status, and discharge arrangements. Under most circumstances, Boy Scouts will return to the Jamboree site.

Discharge

The Medical Care Team ensures the pickup of scouts from an Emergency Department where they have received treatment and have been released, and scouts that have been admitted and discharged. On a daily basis, Boy Scouts will be picked up by van or other appropriate transport. Hospitals will call the provided numbers to notify site Medical Command that a scout is ready for pick up. In most cases there will not be a BSA representative with each scout. Hospitals are incouraged to develop an internal process for discharging scouts.

Hospital Planning Responsibilities

- ✓ An email account set up specifically for the electronic receipt of scout consent and medical information and an identified fax line for corresponding with BSA.
- ✓ Internal plan for staffing
- ✓ Internal Communication Plan for staff
- ✓ Identified triage process for off-loading scouts to facilitate ambulance return
- ✓ Completion of daily Situational Report to CTP
- ✓ Designated staff for Twice a day SMARTT System updates
- ✓ Awareness of Emergency Credentialing process if needed
- ✓ Discharge process that links with BSA for pick up

BSA Patient Surge Flow Chart