ODEMSA
Mass Casualty Incident Plan

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2016

Old Dominion EMS Alliance, Inc.

1421 Johnston-Willis Dr Richmond VA 23235-4730

Members of the Old Dominion EMS Alliance (ODEMSA) Mass Casualty Incident (MCI) Committee oversee this plan as a cohesive team. The goal is to prepare on a regional basis for an interoperable response by prehospital and hospital agencies to effectively and safely manage a Mass Casualty Incident. All ODEMSA policies, procedures, and guidelines in this plan have received final approval from the ODEMSA Board of Directors.

Revised/Approved: June 2016

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Introduction

All disasters are considered local. All Virginia jurisdictions are required by the Code of Virginia to have an Emergency Operations Plan (EOP). The EOP for each jurisdiction will delineate the Scope, Jurisdiction and Authority of each entity in their plan. This planning tool is not meant to take the place of the jurisdiction's Emergency Operations Plan. This document is intended to be a supplement to planning already taking place and should be integrated into those efforts. The ODEMSA MCI Committee encourages EMS response agencies and hospitals to stay involved with their locality in developing and enhancing the jurisdictional Emergency Operation Plans. The committee also requests EMS response agencies and hospital's staff, to include the emergency department, stay current in the National Incident Management System training. The combination of these two efforts will produce a better prepared EMS system.

EMS efforts in a multiple or mass casualty incident will begin with the first arriving unit and expand to meet the needs of the incident. The first arriving unit should establish Incident Command. After establishing Incident Command, the unit is responsible for assessing scene safety, conducting a scene size-up and sending that information to the Emergency Communications/911 Center, establishing the triage and treatment areas, and beginning to triage victims.

The three priorities of incident management are:

1. Life Safety
2. Incident Stabilization
3. Property Conservation/Incident Mitigation

The incident command structure will expand or contract as necessary based on the size and complexity of the incident, and maintain the span of control. Only those functions/positions that are necessary will be filled and each element must have a person in charge.

In most multiple or mass casualty incidents (MCIs), the following ICS functions/positions should be staffed: incident command, staging area, extrication, triage, treatment, transportation, and safety officer. In a small scale incident, one person may assume more than one function, (i.e., triage and treatment may be done by the same person or transportation and staging may be handled by the same person). In a larger incident, the Incident or Unified Commander may establish a Medical Group or Medical Branch to oversee some or all of the above functions.

Larger agencies may be capable of managing greater numbers of patients without mutual aid whereas other agencies may need mutual aid resources from several jurisdictions to manage an incident of the same magnitude.

Success of the MCI Plan depends upon effective cooperation, organization and planning among health care professionals and administrators in hospitals and out-of-hospital agencies, state and local government representatives, and individuals and/or organizations associated with disaster-related support agencies in the planning district(s) and related jurisdictions which comprise the region.

The MCI Plan will be reviewed each year by the MCI Committee, referencing the MCI Plan Memorandum of Understanding. Updated copies will be provided by ODEMSA.

Adoption of Plan & Memorandum of Understanding

Participation in the plan shall be through the adoption by the appropriate governing body and signing by an authorized representative of the Central Virginia Mass Casualty Incident Plan Memorandum of Understanding, as most recently revised.

Hospital and prehospital components in the region should participate in regular training exercises of the MCI Plan.

Copies of the Memorandum of Understanding and this Mutual Aid Response Guide shall be provided to each locality and hospital by ODEMSA. A copy should be maintained by all licensed EMS agencies and within each Emergency Department in the ODEMSA region.

ODEMSA shall be responsible for providing the signatory agencies with copies of the most recent updated Memorandum and Mutual Aid Response Guide, and not more than 60 days following any revision(s).

Copies of the Memorandum and one copy of the Mutual Aid Response Guide shall be filed by ODEMSA with the Virginia Office of Emergency Medical Services.

Purpose

> √ *To provide a standardized action plan assisting in the coordination and/or management of any regional EMS mutual aid response to a MCI.*
>
> √ *To provide an effective utilization of the various human and material resources from various jurisdictions involved in a regional mutual aid EMS response or MCI that affects a part or the entire region.*
>
> √ *To maximize the number of survivors in mass casualty situations.*

The goal of the ODEMSA/Central Virginia Mass Casualty Incident Plan, as stated in the accompanying Memorandum of Understanding, is to prepare on a regional basis for an interoperable response by prehospital and hospital agencies to effectively and safely manage a Mass Casualty Incident (MCI).

This Response Guide, as most recently amended, will serve as the basis for out-of-hospital and in-hospital response under the ODEMSA/Central Virginia MCI Plan (hereafter referred to as the MCI Plan) Success of the MCI Plan depends upon effective cooperation, organization and planning among all stakeholders in the planning districts which comprise the ODEMSA Region.

The ODEMSA MCI Plan may be employed in the following circumstances:

√ An MCI is of such magnitude that it overwhelms the resources of the jurisdiction having authority.

√ The MCI is multi-jurisdictional and overwhelms the resources of one or more of these jurisdictions.

Scope

This Plan standardizes operations during multiple and mass casualty incidents. It is intended to be an "all hazards" plan to meet the needs of any multiple or mass casualty incident regardless of what caused the incident. If necessary, these procedures can be modified based on the number of patients, the cause or severity of injuries, and special circumstances involved in the incident. The initial response will be determined by the number of patients. Accordingly, the plan provides the framework for organizing the pre-hospital and hospital response systems to effectively respond to and assist in managing patients generated in any MCI situation in the ODEMSA region.

Authority & References

The Old Dominion EMS Alliance is one of eleven Regional EMS Councils established within the Code of Virginia, § 32.1-111.11. Created in 1980, ODEMSA is charged "with the development and implementation of an efficient and effective regional emergency medical services delivery system" to include the regional coordination of emergency medical disaster planning and response. ODEMSA is defined as the 9,000 square mile region made up of Virginia Planning Districts 13, 14, 15, and 19.

General Considerations and Assumptions

All agencies and other identities and/or jurisdictions will operate during an MCI under the National Incident Management System (NIMS).

The resources needed to mitigate multiple simultaneous incidents are dependent on the size and complexity of the incidents as well as their location. Expected mutual aid resources may not be available or may be significantly delayed. Providers should be prepared to sustain their patients for long periods of time. Non-traditional modes of transportation and alternate patient transport destinations should be considered.

Health Care Facility Considerations

Predetermined guidelines and the proximity and capabilities of appropriate health care facilities will be the primary considerations of MCI Medical Control and the Regional Healthcare Coordination Center when designating the health care facilities to which patients are sent during any local or regional emergency situation resulting in the activation of the MCI Plan. The healthcare facility Incident Commander, or designee, of a facility that needs to evacuate or emergently relocate patients from their facility should go through their local jurisdiction.

Local Assumptions

Jurisdictions with resource needs beyond their pre-established mutual aid agreements shall go through the Virginia Department of Emergency Management.

Concept of MCI Response and Regional Activation Structure

Types of MCI(s)

Mass Casualty Incidents are classified by types similar to the NIMS typing matrix:

√ **Type I-** 100 patients and greater

√ **Type II-** 50 to 99 patients

√　　**Type III-** 25 to 49 patients

√　　**Type IV-** 10 to 24 patients

√　　**Type V-** 5 to 9 patients

Authority for Plan Activation

The following individuals shall have the authority to activate the MCI plan:

- The Incident Commander, or designee, at the scene of an MCI, usually via the local ECC.

- The jurisdictional Emergency Manager, or designee, of a political subdivision having authority for the management of the incident.

Activation of the MCI Plan – Role of the Public Safety Answering Point

Upon notification from the scene Incident Commander to activate the regional MCI plan, the local PSAP should activate the pre-hospital component of the MCI plan through established internal procedures and mutual aid agreements. When making mutual aid requests for ambulances or other equipment, the PSAP shall emphasize that these resources are being requested in response to activation of the regional MCI plan.

In the early stages of an incident, the incident commander (or designee) may direct the local PSAP to contact MCI Medical Control with early initial information.

Activation and Role of MCI Medical Control, the Regional Healthcare Coordination Center, and Hospitals

MCI Medical Control

MCI Medical Control shall activate for all declared MCIs in the ODEMSA region. VCU Health System will serve as primary MCI Medical Control for the ODEMSA region. CJW Chippenham Medical Center and Southside Regional Medical Center shall be the designated backup MCI Medical Control hospitals. VCU Medical Center may temporarily designate either facility as primary MCI Medical Control for any appropriate reason, including better communications, better or closer geographical location to the MCI scene, or because of any other reason that would be in the best interest of patient care.

During declared MCIs, MCI Medical Control shall activate the Regional Healthcare Coordination Center. During large scale incidents (Type III MCI and larger), MCI Medical Control will collaborate with the Regional Healthcare Coordination Center (RHCC).

MCI Medical Control will be responsible for patient destination recommendations of MCI patients to receiving hospitals. With larger MCI events, it may be necessary to streamline destination recommendations for non-MCI-related patients in order to not overwhelm

facilities. During type III or larger MCI events, MCI Medical Control should be contacted to coordinate all transport destinations, including non-MCI transports, in order to achieve coordination and minimize impact to agencies. This may be guided through the use of hospital sectors, as noted in Annex C.

On-line medical direction will likely be impacted during an MCI.

In the absence of on-line medical direction, out-of-hospital adult and pediatric patient care will be in accordance with the responding agencies' Prehospital Patient Care Protocols, as most recently amended and approved by the respective Operational Medical Director.

MCI Medical Control shall assist with patient destination assignments, taking into consideration the required level of care, the capabilities of the receiving facility, and proximity to the patient location.

MCI Medical Control is activated by calling Virginia Commonwealth University Health System (VCUHS) at **804-828-8888**. Local PSAPs or the scene incident commander should be prepared to provide the following information:

- Lead Agency Name

- Exact location of the incident

- Locality name

- Point of contact and callback number

- Type of incident/patient generator (explosion, major car accident, chemical fire, etc.)

- Total number of patients to include number of Red-, Yellow-, and Green-tagged patients (if known).

Regional Healthcare Coordination Center (RHCC)

Via a memorandum of understanding with the Central Virginia Healthcare Coalition (CVHC), each acute care hospital in the ODEMSA region coordinates their emergency response and recovery operations with the Regional Healthcare Coordination Center (RHCC) through activation of the Regional Hospital Emergency Operations Plan (RHEOP). The RHCC may be activated 24 hours a day by calling **1-800-276-0683**.

During MCIs, the Regional Healthcare Coordination Center shall activate in support of CVHC hospitals and MCI Medical Control. MCI Medical Control is responsible for activating the RHCC.

The Central Virginia RHCC shall be responsible for:

- Activation of the Regional Hospital Emergency Operations Plan
- Incident alerting of all CVHC hospitals.
- Obtaining real-time emergency department bed availability / mass casualty capabilities from CVHC hospitals to support the confirmation and vetting of patient destination decisions.
- Establishing communications with MCI Medical Control.
- Providing ongoing situational awareness updates regarding the MCI to all CVHC hospitals.
- Alerting and notification of public health response partners.
- Coordinating the entry of all MCI patients into the VHASS Patient Tracking system.
- Requesting activation of the 2-1-1 Virginia Patient Locator call center for the purpose of family reunification at healthcare facilities.
- Coordinating with other RHCCs in the state for inter-region patient placement, as needed.

Due to the magnitude of an incident(s) it may become necessary to relocate large numbers of patients into or out of the ODEMSA region. Patient movement between regions within the Commonwealth of Virginia should be coordinated by the Regional Healthcare Coordination Center. Movement of patients outside of the Commonwealth of Virginia should be performed in accordance with the Central Virginia National Disaster Medical Systems (NDMS) Operations Plan.

Healthcare Facilities

Upon notification of an MCI, healthcare facilities shall indicate their emergency department mass casualty capabilities (the number of Red-, Yellow-, and Green-tagged patients that could be seen in the next 30 minutes) in the Virginia Healthcare Alerting & Status System. This information will be used to recommend patient destination decisions. Hospitals should make every attempt to report this information within 10 minutes of MCI notification.

Representatives of participating hospitals will establish Hospital Triage Categories and Mutual Aid Capability tables to support the first wave concept (first 30 minutes after an event has been identified) to be used in the absence of real-time bed availability data. These tables will be reviewed annually. The numbers and types of patients which member hospitals will be prepared to receive are suggested in predetermined Hospital Triage Levels and Mutual Aid Capability table – found in the Annex section of this plan.

Hospitals will be responsible for providing definitive patient care to the levels of their capabilities during and after the incident. Any change in the operational status or capabilities of a hospital during an MCI should be immediately reported to the RHCC.

Prehospital Roles and Responsibilities

Transportation of patients under the MCI Plan during an incident will be done by licensed prehospital EMS agencies guided by the Incident Commander or designee.

Units and personnel involved in mutual aid response to a regional MCI will be dispatched through the responding agency's PSAP.

***No agency or personnel will self-dispatch*.** Agencies or personnel shall respond as designated within their locality or agency's emergency operations plan.

Each prehospital agency will operate under their Operation Medical Director's (OMD) purview using their agency's protocols. Documentation will be done on an accepted Virginia Prehospital Patient Care Report and/or the Virginia Triage Tag.

Ideally, the personnel responding to an MCI will carry photo-identification, documentation of certification, and proof of affiliation.

Any agency or other entity responding to an MCI will be responsible for maintaining all medical and operational documentation. Documentation, both operational and medical, will be made readily available to the Incident Commander, or their designee.

The numbers and types of patients which member hospitals will be prepared to receive are suggested in predetermined Hospital Triage Levels and Mutual Aid Capability table – found in the Annex section of this plan.

Decision Making Authority

Agencies or personnel shall respond as designated within their locality or agency's emergency operations plan.

Response Procedures

Local Emergency Operations Plans

Each jurisdiction shall develop and implement, as part of their state-mandated Emergency Operations Plan as outlined in § 44-146.19, Letter E.

EMS Needs Outside of MCI

This MCI Plan assumes all licensed EMS agencies will respond to mutual aid requests for resources based on their home locality's dispatch protocols and operational procedures. No agency or other responder shall violate the policies, directives, rules, or other governing documents of their agency or jurisdiction.

Special Resources Response

If an agency requires additional resources beyond its capabilities (e.g. Technical Rescue Operations, Hazardous Materials, Health and Medical Emergency Response Team (HMERT), or Air Medical Operations), contact the Virginia Department of Emergency Management Emergency Operations Center at (804) 674-2400 or 1-800-468-8892.

Fatalities and Mass Fatalities Incidents

The Code of Virginia details the Chief Medical Examiner's responsibility for medical investigation of out-of-hospital deaths in the Commonwealth of Virginia.

It is critical that the Medical Examiner's Office be notified as early as possible in any mass casualty incident which involves fatalities.

Communication

EMS-to-Hospital Communication

Cellular or Radio (HEAR) communication will remain the primary method of EMS-to-Hospital communication during an MCI. Other radio communication options available to assist in facilitating the MCI response include the Statewide EMS Mutual Aid Frequency (155.025) and the UHF Med Channels.

Demobilization

Utilizing the NIMS model, the Incident Commander or his designee will develop a demobilization plan. Included within the demobilization plan is the notification of Medical Control that Incident is terminated and that operations may return to normal. Medical Control will then make notifications to all receiving facilities.

Training and Exercise

Training is an important part of the MCI process. Agencies need to recognize the importance of understanding the overall components of your MCI Plan. Jurisdictions should conduct regular training and exercise in accordance with The ***Homeland Security Exercise and Evaluation Program*** (***HSEEP***). Training exercise events should include scenarios involving diverse populations to include: children and adults with functional and access needs. More information can be found at ***https://hseep.dhs.gov***

Plan Maintenance

MCI Committee

The Central Virginia MCI Committee is a working Committee of the Old Dominion EMS Alliance. It is made up of representatives of the hospital and prehospital components that render emergency medical care in Planning Districts 13, 14, 15 and 19.

Other members of the Committee include, but are not limited to, representatives of related local, state and federal agencies (including law enforcement and emergency communications), disaster relief organizations, representatives of major industries, transportation and utilities companies, along with local businesses and other individuals whom members of the committee may call upon from time to time for advice and expertise.

Revisions and Amendments to the Plan

The Central Virginia MCI Committee is responsible for reviewing each year the MCI Plan in line with the Central Virginia MCI Plan Memorandum of Understanding, for proposing revisions and/or amendments to the Mutual Aid Response Guide as necessary to maintain its effectiveness, for reviewing and evaluating any activation of the MCI Plan, and for planning annual MCI exercises in the region.

Revisions and/or amendments will be acted upon by the Committee no sooner than 45 days, and not longer than 120 days, after all signatories have been notified of the proposed changes and have had an opportunity to respond.

Revisions and/or amendments to the Plan will require the approval of the pre-determined quorum of the MCI Committee, as outlined in the MCI Committee By-Laws, in order to be enacted.

Annexes

A. Glossary of Terms

E.M.S. Provider: Any person "responsible for the direct provision of EMS in a given medical emergency" as described in the Code of Virginia.

Health Care Facility: For the purposes of this plan, this is any acute care hospital or freestanding emergency department.

Health Care Facility Evacuation (Evacuation): An event resulting in the need to evacuate any number of patients from a health care facility.

Host Jurisdiction or Jurisdiction Having Authority: The jurisdiction to which the incident "belongs" - the jurisdiction responsible for the planning, response, recovery and mitigation of the incident or event.

Incident Command System: ICS is a fundamental form of management established in a standard format. It represents organizational "best practices" It allows responders to meet the needs of incidents of any kind or size by:

- Allowing personnel from a variety of agencies to meld rapidly into a common management structure.

- Providing logistical and administrative support to operational staff.

- Avoiding duplication of efforts thereby reducing costs.

- Ensuring the safety of all stakeholders.

ICS consists of procedures for controlling personnel, facilities, equipment, and communications. It is a system designed to be used or applied from the time an incident occurs until the requirement for management and operations no longer exists.

Mass Casualty Incident (MCI): Sometimes called a Multiple-Casualty Incident, an MCI is an incident or event resulting from man-made or natural causes which results in illness and/or injuries which exceed the capabilities of a hospital, locality, jurisdiction and/or region.

M.C.I. Medical Control: The medical facility, designated by the hospital community, which provides overall medical direction of the MCI or Evacuation according to predetermined guidelines for the distribution of patients throughout the healthcare community.

National Incident Management System (NIMS): provides a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless

of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment. This document is NIMS compliant as directed by Presidential Directive # 5. NIMS Components include:

- Preparedness

- Communications and Information Management

- Resource Management

- Command and Management (ICS)

- Ongoing Management and Maintenance

Patient- A patient is someone who was injured by the Patient Generator and requires care.

Patient Generator (PG): PG is the hazard, action or situation that creates patient volume. *Patient Volume (casualties) = Human Vulnerability x Patient Generator.* There are two kinds of PG's:

- **Static:** The PG is inactive and no further casualties are expected. Examples: bleacher collapse, auto into the crowd, etc.

- **Dynamic:** Situation where the PG is still active and may have to be mitigated before care begins. Examples: Active shooter, environmental, flu epidemic, etc.

Prehospital EMS Agency: Any agency licensed by the Commonwealth of Virginia to render prehospital emergency care and provide emergency transportation for sick and/or injured people as described in the Code of Virginia.

Regional Healthcare Coordination Center (RHCC): The RHCC is the emergency operations arm of the Central Virginia Healthcare Coalition. It is responsible for coordinating the emergency response and recovery activities of healthcare facilities in the ODEMSA region.

Victim- A victim is someone that may have been exposed to the Patient Generator but has no injury.

Virginia Triage System: The Triage system adopted by the Virginia Office of EMS where patients are assessed and evaluated on the basis of the severity of injuries and assigned emergency treatment priorities.

Committee Approved Plan

B. Central Region First Wave Capabilities

Central Region First Wave Capability *Updated February 2016*		Red Patients	Yellow Patients	Green Patients
HOSPITAL:				
CMC	Chippenham Medical Center	4	8	30
CSCH	Southside Community Hospital	2	4	10
HDH	Henrico Doctor's Hospital	3	6	27
HRH	Halifax Regional Hospital	1	2	8
JRMC	John Randolph Medical Center	3	6	12
JWH	Johnston-Willis Hospital	2	6	20
MGVA	McGuire VA Hospital	1	4	7
MRMC	Memorial Regional Medical Center	2	4	12
PDH	Parham Doctors' Hospital	2	5	25
RCH	Richmond Community Hospital	1	3	5
RDH	Retreat Doctors' Hospital	1	3	10
SFMC	St. Francis Medical Center	1	4	6
SMH	St. Mary's Hospital	3	6	12
SRMC	Southside Regional Medical Center	2	4	6
SVRMC	Southern VA Reg. Med. Cent.	1	1	3
VCU-CMH	VCU Community Memorial Hospital	1	3	5
VCU-MC	Virginia Commonwealth University Medical Center	6	12	36
Swift Creek	Chippenham at Swift Creek (CJW)	0	3	5
Hanover	Hanover Emergency Center (HDH)	0	3	5
Watkins	Watkins Free Standing ED (SFMC)	0	2	4
West Creek	West Creek Free Standing ED (HDH)	0	3	5
TOTALS:		**36**	**94**	**253**

C. Primary Hospital Sectors for the ODEMSA Region

At times, MCI Medical Control may need to coordinate all patient transport destinations, including non-MCI transports. To minimize impact to agencies, every effort will be made to keep agencies within their hospital sectors; however, there may be times where agencies will be sent outside these sectors.

Hospital Sectors	
Henrico/Hanover East Sector	**Henrico/Hanover West Sector**
• Hanover Freestanding ED • John Randolph Medical Center • Memorial Regional Medical Center • Parham Doctors' Hospital • Richmond Community Hospital • VCU Medical Center (Level I)	• Hanover Freestanding ED • Henrico Doctors' Hospital (Level II) • Memorial Regional Medical Center • Parham Doctors' Hospital • St. Mary's Hospital • VCU Medical Center (Level I) • West Creek Freestanding ED
Richmond Sector	**Chesterfield Sector**
• Chippenham Hospital (Level II) • Henrico Doctors' Hospital • McGuire VA Hospital • Retreat Doctors' Hospital • Richmond Community Hospital • St. Mary's Hospital • VCU Medical Center (Level I)	• Chippenham Hospital (Level II) • Chippenham at Swift Creek Freestanding ED • Johnston-Willis Hospital (Level III) • John Randolph Medical Center • Southside Regional Medical Center (Level III) • St. Francis Medical Center • VCU Medical Center (Level I) • Watkins Centre Freestanding ED • West Creek Freestanding ED
Tri-Cities Sector	**Rural Sector**
• Chippenham Hospital (Level II) • John Randolph Medical Center • Southside Regional Medical Center (Level III) • VCU Medical Center (Level I)	• Southside Community Hospital • VCU Community Memorial Hospital • John Randolph Medical Center • Halifax Regional Medical Center • Southern Virginia Regional Medical Center • Southside Regional Medical Center (Level III) • VCU Medical Center (Level I)

D. Regional Acute Care Hospitals – Contact Information

CJW Medical Center-Chippenham **LEVEL 2 TRAUMA CENTER** **7101 Jahnke Road** **Richmond, VA 23225** **804-320-3911, Main** **804-323-8900, ED**	**CJW Medical Center-Johnston-Willis** **LEVEL 3 TRAUMA CENTER** **1401 Johnston Willis Drive** **Richmond, VA 23235** **804-330-2000, Main** **804-330-2266, ED**
EMERGENCY CONTACTS: *ED Nursing Director:* 804-323-8342 Kelly Grindstaff kelly.grindstaff@hcahealthcare.com *EMS Coordinator:* 804-228-6558 Brad Taylor brad.taylor@hcahealthcare.com *Director, Trauma & EMS Services:* 804-228-6801 Heather Davis heather.davis@hcahealthcare.com *Chief Nursing Officer:* 804-323-8804 Trula Minton trula.minton@hcahealthcare.com	**EMERGENCY CONTACTS:** *ED Nursing Director:* 804-330-2275 Brandi Shumaker brandi.shumaker@hcahealthcare.com *EMS Coordinator:* 804-228-6558 Brad Taylor brad.taylor@hcahealthcare.com *Director, Trauma & EMS Services:* 804-267-6837 Katherine Challis katherine.challis@hcahealthcare.com *Chief Nursing Officer:* 804-330-2007 Sandy Aderholt Sandy.aderholt@hcahealthcare.com
WebEOC CONTACT: *Director of Emergency Coordinator:* 804-327-4169 Ken Smith Kenneth.smith3@hcahealthcare.com	**WebEOC CONTACT:** *Director of Emergency Coordinator:* 804-327-4169 Ken Smith Kenneth.smith3@hcahealthcare.com
ADMINISTRATIVE CONTACTS: *Chief Operations Officer:* 804-323-8803 Chad Christianson chad.christianson@hcahealthcare.com	**ADMINISTRATIVE CONTACTS:** *Chief Operations Officer:* 804-323-2369 Roy Hawkins Jr. roy.hawkins@hcahealthcare.com

C. Regional Acute Care Hospitals – Contact Information – continued

Henrico Doctors' Hospital 1602 Skipwith Road Richmond, VA 23229 804-289-4500, Main 804-289-4605, ED	John Randolph Medical Center 411 W. Randolph Road Hopewell, VA 23860 804-541-1600, Main 804-541-7505, ED
EMERGENCY CONTACTS: *Director, Emergency Department:* 804-289-5670 Nathan Kerrick nathan.kerrick@hcahealthcare.com *Nursing Supervisor:* 804-289-4692 Nursing Supervisor on duty will answer *Hospital Administrator:* 804-289-4500 "Ask Operator to page Administrator on call"	**EMERGENCY CONTACTS:** *Director, Emergency Services:* 804-541-7505 Rhonda Mueller rhonda.mueller@hcahealthcare.com *Nursing Supervisor:* 804-541-1600 Nursing Supervisor on duty will answer *Hospital Administrator:* 804-541-1600 "Ask Operator to page Administrator on call"
WebEOC CONTACT: *Emergency Management Coordinator:* 804-254-5590 Lee Wood carl.wood@hcahealthcare.com	**WebEOC CONTACT:** *Director, Emergency Services:* 804-541-7505 Rhonda Mueller Rhonda.Mueller@hcahealthcare.com
ADMINISTRATIVE CONTACTS: **804-289-4800, Administration** *Chief Executive Officer:* William Wagnon William.wagnon@hcahealthcare.com *Chief Nursing Officer:* Ben Warner ben.warner@hcahealthcare.com *Chief Operating Officer:* David Donaldson david.donaldson@hcahealthcare.com	**ADMINISTRATIVE CONTACTS:** **804-541-1600, ask for Administration:** *Chief Executive Officer:* Suzanne Jackson suzanne.jackson@hcahealthcare.com *Chief Operations Officer:* Position Vacant *Chief Nursing Officer:* Frankye Myers frankye.myers@hcahealthcare.com *Chief Financial Officer:* Tom Steslicki

C. Regional Acute Care Hospitals – Contact Information - continued

McGuire VA Medical Center **1201 Broad Rock Rd.** **Richmond, VA 23249** **804-675-5000, Main** **804-675-5527, ED**	**Memorial Regional Medical Center** **8260 Atlee Road** **Richmond, VA 23116** **804-764-6000, Main** **804-764-6300, ED**
EMERGENCY CONTACTS: *Associate Director, Emergency Management:* 804-675-5501 David Budinger david.budinger@va.gov	**EMERGENCY CONTACTS:** *Administrative Director, Emergency Services:* 804-764-6916 Jill Russell jill_russell@bshsi.org *Nurse Manager:* 804-764-7561 Virginia McGhee virginia_mcghee@bshsi.org *EMS Coordinator:* 804-519-1452 Mike Harmon mike_harmon@bshsi.org
WebEOC CONTACT: *As shown above*	**WebEOC CONTACT:** *As shown above*
ADMINISTRATIVE CONTACTS: *Director:* 804-675-5000 Charles Sepich charles.sepich@va.gov *Associate Director of Patient Care Services:* 804-675-5000 Rita Duval rita.duval@va.gov *Associate Director of Emergency Management:* 804-675-5000 David Budinger david.budinger@va.gov *Chief of Staff* 804-675-5511 Dr. Julia Beales julia.beales@va.gov	**ADMINISTRATIVE CONTACTS:** *Chief Executive Officer:* 804-764-6102 Mark Gordon mark_gordon@bshsi.org *Chief Nurse Executive:* 804-764-6101 Robin Johnson robin_johnson@bshsi.org *Administrative Director, Emergency Services:* 804-764-6916 Jill Russell jill_russell@bshsi.org

C. Regional Acute Care Hospitals – Contact Information - continued

Parham Doctors' Hospital	Retreat Doctors' Hospital
7700 East Parham Rd. **Richmond, VA 23294** **804-747-5600, Main** **804-747-5770, ED**	**2621 Grove Avenue** **Richmond, VA 23220** **804-254-5100, Main** **804-254-5433, ED**
EMERGENCY CONTACTS: *Director, Emergency Department:* 804-967-5244 Missy Hinkle melissa.hinkle2@hcahealthcare.com *Nursing Supervisor:* 804-747-5613 Nursing Supervisor on duty will answer *Hospital Administrator:* 804-747-5600 "Ask Operator to page Administrator on call"	**EMERGENCY CONTACTS:** *Director, Emergency Department:* 804-254-5468 Geoff Wilson geoff.wilson@hcahealthcare.com *Nursing Supervisor:* 804-254-5150 or 804-997-6177, pager Nursing Supervisor on duty will answer *Hospital Administrator:* 804-254-5100 "Ask Operator to page Administrator on call"
WebEOC CONTACT: *Emergency Management Coordinator:* 804-254-5590 Lee Wood carl.wood@hcahealthcare.com	**WebEOC CONTACT:** *Emergency Management Coordinator:* 804-254-5590 Lee Wood carl.wood@hcahealthcare.com
ADMINISTRATIVE CONTACTS: **804-747-5600, Administration** *Chief Executive Officer:* Zack McCluskey zachary.mccluskey@hcahealthcare.com *Chief Nursing Officer:* Brenda Woodcock brenda.woodcock@hcahealthcare.com *Chief Operating Officer:* Beth Matish elizabeth.matish@hcahealthcare.com	**ADMINISTRATIVE CONTACTS:** **804-254-5101, Administration** *Chief Executive Officer:* Terika Richardson terika.richardson@hcahealthcare.com *Chief Nursing Officer:* Crystal Farmer crystal.farmer@hcahealthcare.com *Chief Operating Officer:* David Donaldson david.donaldson@hcahealthcare.com

C. Regional Acute Care Hospitals – Contact Information - continued

Richmond Community Hospital 1500 North 28th Street Richmond, VA 23223 804-225-1700, Main 804-225-1780, ED	Halifax Regional Hospital 2204 Wilborn Avenue South Boston, VA 24592 434-517-3100, Main 434-517-3660, ED
EMERGENCY CONTACTS: *Administrative Director, Emergency Services:* 804-764-6916 Jill Russell jill_russell@bshsi.org *Nurse Manager:* 804-545-2335 Antigone Branch antigone_branch@bshsi.org	**EMERGENCY CONTACTS:** *Emergency Management Coordinator* 434-517-8003 Brian Epperson brian.epperson@halifaxregional.com
WebEOC CONTACT: *As shown above*	**WebEOC CONTACT:** *Emergency Management Coordinator* 434-517-8003 Brian Epperson brian.epperson@halifaxregional.com
ADMINISTRATIVE CONTACTS: *Chief Executive Officer:* 804-764-6102 Mark Gordon mark_gordon@bshsi.org *Chief Nurse Executive:* 804-225-1701 Michelle Dickerson michelle_dickerson@bshsi.org	**ADMINISTRATIVE CONTACTS:** *Chief Executive Officer:* 434-517-3199 Chris Lumsden chris.lumsden@halifaxregional.com *Chief Operations Officer:* 434-517-3198 Tom Kluge tom.kluge@halifaxregional.com *Chief Nursing Officer:* 434-517-3196 Patricia Thomas patricia.thomas@halifaxregional.com *Chief Financial Officer:* 434-517-3193 Stewart Nelson stewart.nelson@halifaxregional.com

C. Regional Acute Care Hospitals – Contact Information - continued

Southern Virginia Regional Medical Center 727 North Main Street Emporia, VA 23847 434-348-4400, Main 434-348-4500, ED	Southside Community Hospital 800 Oak Street Farmville, VA 23901 434-392-8811, Main 434-315-2530, ED
EMERGENCY CONTACTS: *ED Charge Nurse (24/7):* 434-348-4500 *Director of Emergency Services:* 434-348-4525 Kandy Poarch kandy_poarch@chs.net *Nursing Supervisor:* 434-594-4453, cell (24/7) 434-348-4400 (ask Operator for Nursing Supervisor) *Administrator on Call:* 434-348-4400 (ask Operator for Administrator on Call)	**EMERGENCY CONTACTS:** *ED Charge Nurse:* 434-315-2532 *ED Nurse Director:* 434-315-2533 Kathi Manis kathi.manis@centrahealth.com *Nursing Supervisor:* 434-392-8811 *Administrator on Call:* 434-392-8811
WebEOC CONTACT: *Director of Emergency Services:* 434-348-4525 Kandy Poarch kandy_poarch@chs.net	**WebEOC CONTACT:** *ED Nurse Director:* 434-315-2533 Kathi Manis kathi.manis@centrahealth.com
ADMINISTRATIVE CONTACTS: *Chief Executive Officer:* 434-348-4444 Britton Phelps britton_phelps@chs.net *Chief Nurse Executive:* 434-348-4445 Linda Burnette linda_burnette@chs.net	**ADMINISTRATIVE CONTACTS:** **434-392-8811, ask for Administration** *Chief Executive Officer:* Tom Angelo *Chief Nursing Officer:* Claudia Meinhard claudia.meinhard@centrahealth.com

C. Regional Acute Care Hospitals – Contact Information - continued

Southside Regional Medical Center	St. Francis Medical Center
Southside Regional Medical Center **LEVEL 3 TRAUMA CENTER** **200 Medical Park Boulevard** **Petersburg, VA 23805** **804-765-5000, Main** **804-765-5565, ED**	**St. Francis Medical Center** **13710 St. Francis Blvd.** **Midlothian, VA 23114** **804-594-7300, Main** **804-594-7950, ED**
EMERGENCY CONTACTS: *ED Charge Nurse* 804-765-6371, portable phone (24/7) *Director of Emergency Services:* 804-765-5388, office 804-765-6846, portable phone Karen Lea karen_lea@chs.net *Nursing Supervisor* 804-765-6822, portable phone (24/7) or *Administrator on Call:* 804-765-5000 Ask Operator to page Admin on call	**EMERGENCY CONTACTS:** *Nursing Supervisor:* 804-261-2126, pager or 804-893-8503, Cisco # "Supervisor on call will answer" *Administrative Director* 804-518-5277 Michelle McLaskey michelle_mclaskey@bshsi.org *EMS Coordinator* 804-218-5100 Al Thompson albert_thompson@bshsi.org
WebEOC CONTACT: *Assistant Chief Nursing Officer:* *(also responsible for Disaster Management)* 804-765-5997 Ellen Buchanan ellen_buchanan@chs.net	**WebEOC CONTACT:** *Patient Safety/Emergency Management* 804-248-1042 Barbara Overton barbara_overton@bshsi.org *Interim Nurse Manager* 804-594-7945 Sara Cannon sara_cannon@bshsi.org
ADMINISTRATIVE CONTACTS: *Chief Executive Officer:* 804-765-5902 Doug Moyer doug_moyer@chs.net *Chief Nursing Officer:* 804-765-5381 Beverly Smith beverly_smith@chs.net	**ADMINISTRATIVE CONTACTS:** *Chief Executive Officer:* 804-594-7407 Christopher Accashian christopher_accasshian@bshsi.org *Chief Nursing Executive:* 804-594-7404 Barbara Gesme barbara_gesme@bshsi.org *VP, Medical Affairs:* 804-594-7400 John McCurley john_mccurley@bshsi.org

C. Regional Acute Care Hospitals – Contact Information - continued

St. Mary's Hospital 5801 Bremo Rd. Richmond, VA 23226 804-285-2011, Main 804-281-8184, ED 804-281-8357, PEDS ED	VCU-Community Memorial Healthcenter P. O. Box 90 125 Buena Vista Circle South Hill, VA 23970 434-447-3151, Main 434-447-3427, ED
EMERGENCY CONTACTS: *Administrative Director, Emergency Services:* 804-281-8084 Cindy Gumm cindy_gumm@bshsi.org *Nurse Manager:* 804-281-8184 Casey Shinault casey_shinault@bshsi.org *EMS Coordinator:* 804-512-8999 Amy Howard amy_howard@bshsi.org	**EMERGENCY CONTACTS:** *Administrative Rep:* 434-447-3151 "ask for rep on duty" *Assistant Nursing Director, Emergency Svcs:* 434-447-3151, ext. 3433 Patty Mayer pmayer@cmh-sh.org
WebEOC CONTACT: *Administrative Director, Emergency Services:* 804-281-8084 Cindy Gumm cindy_gumm@bshsi.org *Nurse Manager:* 804-281-8184 Casey Shinault casey_shinault@bshsi.org	**WebEOC CONTACT:** *Administrative Rep:* 434-447-3151 "ask for rep on duty" *Assistant Nursing Director, Emergency Svcs:* 434-447-3151, ext. 3433 Patty Mayer pmayer@cmh-sh.org
ADMINISTRATIVE CONTACTS: *Chief Executive Officer:* 804-281-8136 Francine Barr francine_barr@bshsi.org *Chief Nurse Officer:* 804-281-8030 Nellie League eleanor_league@bshsi.org	**ADMINISTRATIVE CONTACTS:** *Chief Executive Officer:* 434-447-3151 Scott Burnette sburnette@cmh-sh.org *Vice President, Nursing* 434-447-3151 Ursula Butts ursulabutts@cmh-sh.org

C. Regional Acute Care Hospitals – Contact Information - continued

VCU Health System **LEVEL 1 TRAUMA CENTER** **1250 East Marshall Street** **Richmond, VA 23298** **804-828-9000, Main** **804-828-0996, ED**
EMERGENCY CONTACTS: *Emergency Dept. Communications Room:* 804-828-8888 *Clinical Coordinator:* 804-525-3686
WebEOC CONTACT: *Director, Communications and Emergency Management:* 804-628-0084 or 804-291-8538 Robin Manke robin.manke@vcuhealth.org
ADMINISTRATIVE CONTACTS: *Chief Executive Officer* (804) 828-0938 John Duval john.duval@vcuhealth.org

FREE STANDING EDS:

Chippenham at Swift Creek Freestanding Emergency Department 14720 Hancock Village Street Chesterfield, Virginia 23832	Hanover Emergency Center Freestanding Emergency Department 9275 Chamberlayne Road Mechanicsville, VA 23116
EMERGENCY CONTACTS: *Nurse Station:* 804-818-7750 *Nurse Manager* 804-539-8471 Robyn Maass Robyn.Maass@hcahealthcare.com	**EMERGENCY CONTACTS:** *Nurse Station:* 804- 417-0298 *Nurse Manager* 804-417-0285 Keith Adams keith.adams@hcahealthcare.com
WebEOC CONTACT: *Emergency Management Coordinator:* 804-327-4169 Kenneth Smith Kenneth.Smith3@hcahealthcare.com	**WebEOC CONTACT:** *Emergency Management Coordinator:* 804-254-5590 Lee Wood carl.wood@hcahealthcare.com
ADMINISTRATIVE CONTACT: *Associate Administrator:* 804-330-2004 Ryan Deweese Ryan.Deweese@hcahealthcare.com	**ADMINISTRATIVE CONTACT:** *Associate Administrator:* 804-289-4800 Joe Rudisill joseph.rudisill@hcahealthcare.com

St. Francis Watkins Center **Freestanding Emergency Department** **15521 Midlothian Turnpike** **Midlothian, VA 23113**	West Creek Emergency Center **Freestanding Emergency Department** **12720 Tuckahoe Creek Parkway** **Richmond, VA 23238**
EMERGENCY CONTACTS: *Administrative:* Same as St. Francis Medical Center *Nurse Manager* 804-893-8452 Karen Bridgforth karen_bridgforth@bshsi.org	**EMERGENCY CONTACTS:** *Nurse Station:* 804- 784-1060 *Nurse Manager* 804-784-1054 Laurie Jones laurie.jones@hcahealthcare.com
WebEOC CONTACT: *Administrative Director-ED* 804-518-5277 Michele McLasky michele_mclasky@bshsi.org	**WebEOC CONTACT:** *Emergency Management Coordinator:* 804-254-5590 Lee Wood carl.wood@hcahealthcare.com
ADMINISTRATIVE CONTACT: *Same as St. Francis Medical Center*	**ADMINISTRATIVE CONTACT:** *Associate Administrator:* 804-289-4800 Joe Rudisill joseph.rudisill@hcahealthcare.com

E. Regional Healthcare Coordination Center – Contact Information

Central Virginia Regional Healthcare Coordination Center (RHCC) 830 E. Main Street, Suite 2000 Richmond, VA 23219 1-800-276-0683, (24 Hour Activation)
RHCC CONTACTS: *RHCC Manager* 804-251-0429 Andrew Slater andrew.slater@central-region.org *Regional Hospital Coordinator* 804-683-5419 Gray Corbett gray.corbett@central-region.org