



# Special Event Checklist for Hospitals

This checklist is designed to assist you and your hospital in preparing for large special events. Some of the topics may not be relevant to your hospital. Feel free to disregard items that do not apply and customize the list to better suit your hospital's specific needs. This is not a directive; rather, it is intended to serve as a reminder of important concepts that may not be encountered in day-to-day operations.

## STAFF

- Evaluate the need for scheduling additional staff or maintaining on-call availability during and around the event to manage increased demand and potential emergencies.
- Consider implementing a policy to limit staff vacation requests during the week of the special event to ensure adequate coverage and minimize disruptions to operations.
- Identify and communicate alternate transportation routes, ingress and egress options for staff in the event of heavy traffic or road blockages to ensure timely arrival/departure from facility.

## HOSPITAL INCIDENT COMMAND CENTER

- Notify the C-suite/executive leadership of ongoing plans and activities related to the special event.
- Consider reserving the room designated for incident command at your hospital for the duration of the event to ensure its availability for coordination and decision-making.
- Evaluate different command center approaches, such as virtual vs. in-person meetings.
- Consider pre-established communications/virtual meetings set up prior to the event with key team members (ex. Teams meeting at scheduled cadence throughout the event to be activated if needed).
- Ensure the command center has supplies and that equipment is working to support effective operations.
- Consider adding an IT staff member to the command center to ensure connectivity and address technical issues.
- Ensure that command center staff are prepared for their roles and responsibilities:
  - Verify that staff have completed hospital's recommended Incident Command System (ICS) courses. Typically includes ICS [100](#), [200](#), [700](#), and [800](#)
  - Conduct training and orientation sessions to familiarize staff with their assigned duties
  - Pre-identify [command center staff](#) members in advance to streamline activation and deployment
- Identify specific triggers for activating the incident command center, such as increased patient volume, critical incidents, or external emergencies, to ensure timely response and coordination.

## MEDICAL SURGE EVENT

- Establish specific triggers for declaring a medical surge event based on predetermined criteria, such as patient volume, resource utilization, or external factors like disasters.
- Determine whether your facility will suspend or cancel non-essential procedures during a surge event to allocate resources efficiently.
- Review protocols for discharging patients who are medically stable and able to be safely discharged to create bed capacity for incoming patients during a surge event.
- Ensure that your staff is familiar with the [START/JumpSTART disaster triage model](#) used in Chicago to effectively prioritize patient care and resource allocation during a surge event.
- Establish a reception area to address surge of concerned family/friends in a large event.



## INTERNAL HOSPITAL PLANS & PROCEDURES

Review internal response plans/procedures as well as consideration of event-specific plans/procedures:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mass Casualty Incident | <input type="checkbox"/> Perimeter Lockdown | <input type="checkbox"/> Incident command    |
| <input type="checkbox"/> VIP Procedures         | <input type="checkbox"/> CHEMPACK           | <input type="checkbox"/> Hospital Media Plan |
| <input type="checkbox"/> Fatality Management    | <input type="checkbox"/> Civil Disturbance  | <input type="checkbox"/> HazMat/Decon        |

## DECONTAMINATION TEAM

- Ensure frontline staff recognize triggers for initiating the decontamination team.
- Review/update chemical and radiation response procedures to [ensure compliance with safety standards](#).
- Consider first receiver decontamination courses to enhance team skills in CBRN incident response.
- CHSCPR has many just in time training resources for [chemical](#) and [radiation](#) emergencies that can be used to prepare your staff or in response to a disaster.
- Regularly check the integrity and expiration status of decontamination equipment:
  - Verify that the decontamination shower or tent is in working order and free from damage or defects
  - Ensure that water [reaches recommended temperatures](#) for decontamination procedures
  - Check Personal Air-Purifying Respirator (PAPR) filters to ensure they are not expired and appropriate for filtering organophosphate and corrosive vapors
  - Inspect PAPR batteries to ensure they are properly charged and functional
  - Ensure radiation survey equipment is calibrated and functional
- Consider deploying portable or inflatable decontamination tents and staging decontamination equipment for ease of deployment and rapid response in emergency situations.
  - Other common contaminants: Riot control agents, gasoline, human waste, etc.

## CHEMPACK Preparedness

- Facility Status: Determine if your hospital serves as a CHEMPACK Storing facility or non-storing.
- Storing:
  - Identify the location of the CHEMPACK container in your facility
  - Review the "[Updates to the CHEMPACK Program for Chicago Storing Hospitals](#)" document from Chicago Department of Public Health (CDPH)
  - Ensure pharmacy and ED staff are trained on purpose, location, and internal CHEMPACK procedures
- Non-Storing:
  - Review "[Updates to the CHEMPACK Program for Chicago Non-Storing Hospitals](#)" from CDPH
  - Understand when and how to request assets [from Illinois Poison Control \(IPC\)/Office of Emergency Management and Communications \(OEMC\)](#)
- Review CDPH videos about CHEMPACK for [Emergency Department](#), [Pharmacy](#), and [Non-Storing Hospitals](#).

## DOWNTIME PLANNING

- Define and document downtime procedures.
- Identify and prepare necessary downtime forms and documentation required by staff during system outages or IT failures to facilitate manual processes and documentation.
- Identify specific triggers for initiating downtime charting protocols, such as power outages or during medical surges/disasters.
- Ensure that all staff members are familiar with the facility's downtime procedures and protocols through regular training, communication, and drills to promote preparedness and response readiness.
- Consider strategically staging downtime paperwork in or near key areas within the facility for quick deployment during an IT failure or system downtime.

## MEDICAL SUPPLIES

- Consider increasing inventory of medical supplies with a priority focus on burn and trauma response. Facilities that have prepared for these types of events in the past have recommended that levels be increased 2–3 times over PAR. These items include, but are not limited to:

<input type="checkbox"/> Tourniquets	<input type="checkbox"/> Pharmaceutical caches
<input type="checkbox"/> Burn supplies	<input type="checkbox"/> Lab testing supplies
<input type="checkbox"/> Coagulating agents/wound dressing	<input type="checkbox"/> Blood administration supplies
<input type="checkbox"/> Surgical trays	<input type="checkbox"/> Oxygen supplies
<input type="checkbox"/> Blood products	<input type="checkbox"/> Telemetry Supplies



## Info Sharing

### Website

The [CHSCPR](#) website serves as a repository for essential documents, resources, and educational offerings. It features both a Member Portal and a public-facing section. Certain information is exclusively accessible to designated members of your organization. However, many individuals from your facility may be registered on the site to receive updates.

- Ensure key leaders are registered through the website to be included on situational awareness invitations and updates by [registering here](#).
- Review the [Educational and Training Resources Library](#) for pertinent education and resources. You will be able to find all EMResource, EMTrack, and radio-related resources in the Library.

### EMResource

EMResource will serve as a primary means of communication and data collection for hospitals.

- Review, update, and verify the contact information listed in your [facility's detailed view](#) in EMResource.
  - Ensure ED Leadership phone numbers are updated and a direct line to ED/Charge nurse
- Facilities should ensure staff have user access to EMResource.
  - While in [EMResource](#), go to your hospital's detail view page, scroll down to bottom for user list
  - To create new users: email new user's name AND email to [chscpr@team-iha.org](mailto:chscpr@team-iha.org) and the Regional Contact listed in EMResource (found by clicking on the address book icon next to user name in right upper corner)
- Encourage staff, particularly ED leaders and those involved in incident command, to update their accounts with phone numbers and [notification preferences for receiving alerts](#) via email and phone.
- Ensure your facility's EMResource users are knowledgeable in the use of the system, and available to respond to any alerts that may arise during events.
  - CHSCPR has [several educational opportunities](#) to enhance staff knowledge of EMResource
  - [EMResource Document Library](#) also available: Regional Info/Document Library/.User Resources
- Update EMResource HAVBed query every day by 10am.  
*Certain events may require more frequent bed updates per IDPH/CDPH*
- Review [ICS 213 Resource Request Form](#) including how and when to utilize with key staff.
- Review [ICS 205 Communication Form](#) prior to event and ensure 205 form is submitted prior to event.

### EMTrack

EMTrack will be utilized if an incident should occur that requires MCI patient transports to and from a receiving facility. First responders, hospital receivers, family reunification staff, and emergency management organizations are encouraged to participate in patient tracking.

- Facilities will need to ensure users have access to the EMTrack system.
  - How to check who has access: while in [EMTrack](#), go to System Settings, click on Users, search your organization for a list of users associated with your hospital
  - To create new users: email new user's name AND email to [chscpr@team-iha.org](mailto:chscpr@team-iha.org) and the Regional Contact listed in EMTrack (found by clicking Contact below Juvare logo in right upper corner)
- Ensure your facility's EMTrack users are knowledgeable in the use of the system, and available to input and arrive any patients presenting to your hospital.
  - CHSCPR has [several educational opportunities](#) to enhance staff knowledge of EMTrack
  - [EMResource Document Library](#) also available: Regional Info/Document Library/.User Resources
- Identify who at your facility will be responsible for entering data into EMTrack.

### Radio

The STARCOM21 radio serves as a means of redundant communication for Illinois hospitals. STARCOM21 radios shall be used to support communications between CDPH, other hospitals, and partners during major disaster events and large-scale incident responses.

- Identify the location of the STARCOM21 radio in your hospital.
- Ensure that the radio is always plugged in, volume up, and set to Zone B, Channel 15 (B EMS R11).
- Identify who is responsible for monitoring and answering the radio during the event.
- Participate in Region 11/CHSCPR radio drills.
- Review your [hospital's past participation in radio drills](#) and provide education if necessary.
- Review the [Healthcare Partners Radio Guide](#) and the [STARCOM21 Radio Basics](#) video.
- Any concerns with radios, contact [chscpr@team-iha.org](mailto:chscpr@team-iha.org).