**Hospital Command Center Checklist**

**High-Risk Pathogen (HRP) and Communicable Disease Patient Response**

Purpose: This checklist is designed for Hospital Command Center (HCC) use during the identification, evaluation, treatment, and management of patients with a suspected or confirmed High-Risk Pathogen (HRP) or other communicable disease. It supports coordination of clinical operations, infection prevention, logistics, communications, and regulatory reporting while maintaining staff, patient, and community safety.

**Examples of HRPs:**

- Viral Hemorrhagic Fevers (Ebola, Marburg, Lassa Fever)
- Novel respiratory pathogens (MERS-CoV, SARS, novel influenza)
- Mpox
- Highly pathogenic avian influenza
- Other CDC- or public health-designated Special Pathogens

**Examples of Communicable Diseases:**

- COVID-19
- Measles
- Tuberculosis
- Meningococcal disease
- Pertussis
- Varicella
- Seasonal influenza
- Other diseases requiring transmission-based precautions

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**I. Incident Recognition & Command Center Activation**

**Patient Identification**

☐ Suspected or confirmed HRP/communicable disease identified

☐ Screening criteria met

☐ Travel/exposure history obtained

☐ Isolation initiated immediately

**Notifications**

☐ Emergency Department Leadership

☐ Infection Prevention & Control

☐ Nursing Supervisor

☐ Administrator on Call

☐ Hospital Epidemiologist/Infectious Disease Physician

☐ Occupational Health

☐ Environmental Services

☐ Laboratory Director

☐ Security

☐ Facilities Management

**Command Center**

☐ Determine need to activate Hospital Incident Command System (HICS)

☐ Establish Incident Commander

☐ Open Hospital Command Center

☐ Initiate incident documentation

☐ Schedule operational briefings

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**II. Incident Command Structure**

**Assign Leadership**

☐ Incident Commander

☐ Operations Section Chief

☐ Planning Section Chief

☐ Logistics Section Chief

☐ Finance/Administration Section Chief

☐ Safety Officer

☐ Liaison Officer

☐ Public Information Officer

☐ Medical/Technical Specialist (Infectious Disease)

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**III. Clinical Operations**

**Patient Care**

☐ Appropriate isolation room assigned

☐ Airborne Infection Isolation Room (AIIR) if indicated

☐ Dedicated clinical team assigned

☐ Dedicated equipment assigned

☐ Limit staff entry

☐ Visitor restrictions implemented

☐ Clinical treatment plan established

☐ Escalation pathway established

**Specialty Consultations**

☐ Infectious Disease

☐ Critical Care

☐ Pulmonary

☐ Laboratory Medicine

☐ Pharmacy

☐ Respiratory Therapy

## IV. Infection Prevention & Control

### Isolation

☐ Transmission-based precautions verified

☐ Isolation signage posted

☐ Isolation log initiated

☐ Dedicated restroom available

☐ Restricted patient movement

### PPE

☐ PPE requirements verified

☐ Donning/doffing stations established

☐ Trained observer assigned

☐ PPE competency verified

☐ Hand hygiene monitored

### Exposure Prevention

☐ Aerosol-generating procedures minimized

☐ Exposure reporting process activated

☐ Staff monitoring initiated

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## V. Laboratory Coordination

☐ Laboratory notified before specimen collection

☐ Appropriate collection supplies available

☐ Specimen packaging verified

☐ Chain of custody maintained

☐ Reference laboratory identified

☐ Public Health Laboratory notified if required

☐ Specimen transport coordinated

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**VI. Logistics & Resource Management**

**PPE Inventory**

☐ N95 respirators

☐ PAPRs

☐ Isolation gowns

☐ Gloves

☐ Eye protection

☐ Face shields

☐ Shoe covers (if indicated)

☐ Head covers (if indicated)

**Medical Supplies**

☐ Isolation carts stocked

☐ Dedicated equipment available

☐ Ventilators available

☐ IV pumps

☐ Portable monitors

☐ Waste containers

**Facility Resources**

☐ Isolation bed capacity reviewed

☐ ICU capacity assessed

☐ Negative pressure rooms verified

☐ Surge staffing evaluated

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**VII. Employee Health & Safety**

☐ Occupational Health notified

☐ Staff exposure log initiated

☐ Symptom monitoring established

☐ Post-exposure evaluation process available

☐ Vaccination/prophylaxis reviewed (if applicable)

☐ Behavioral health resources available

☐ Staff fatigue management reviewed

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**VIII. Environmental Services**

☐ EVS leadership notified

☐ Approved disinfectant available

☐ Cleaning frequency established

☐ Terminal cleaning plan developed

☐ Biohazard waste disposal coordinated

☐ Linen management implemented

☐ Spill response procedures reviewed

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**IX. Security**

☐ Isolation area secured

☐ Visitor access controlled

☐ Media access restricted

☐ Patient privacy protected

☐ Secure transport route established

☐ Crowd management plan available

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**X. Communications**

Internal Communications

☐ Executive Leadership

☐ Department Directors

☐ Medical Staff

☐ Nursing Leadership

☐ Unit Managers

☐ Employee Health

☐ Infection Prevention

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**External Communications**

☐ Local Health Department

☐ State Health Department

☐ EMS Agency

☐ Receiving facility (if transferring)

☐ Reference laboratory

☐ Emergency Management Agency

☐ Regional healthcare coalition (if activated)

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**Public Information**

☐ Public Information Officer activated

☐ Internal staff messaging distributed

☐ Media statement approved

☐ Family communication coordinated

☐ Social media monitoring initiated

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**XI. Patient Movement & Transport**

☐ Determine if transport is necessary

☐ Receiving department notified

☐ Transport team in appropriate PPE

☐ Route secured

☐ Patient masked when appropriate

☐ Equipment disinfected after transport

☐ Documentation completed

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**XII. Contact Investigation**

☐ Identify exposed healthcare personnel

☐ Identify exposed patients

☐ Identify visitors

☐ Review registration records

☐ Review staffing assignments

☐ Coordinate with Public Health

☐ Maintain contact log

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**XIII. Regulatory & Reporting**

☐ Reportable disease requirements reviewed

☐ Local Public Health notified

☐ State reporting completed

☐ CDC consultation coordinated (through Public Health when appropriate)

☐ Regulatory documentation completed

☐ Incident documentation maintained

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**XIV. Operational Planning**

**Situation Status**

☐ Current patient census

☐ Number of exposed staff

☐ Available isolation beds

☐ PPE inventory status

☐ Staffing status

☐ Laboratory status

☐ Supply chain assessment

☐ Operational objectives established

Planning Cycle

☐ Incident Action Plan (IAP) completed

☐ Operational period established

☐ Situation Report (SitRep) completed

☐ Resource requests submitted

☐ Next briefing scheduled

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**XV. Recovery & Demobilization**

☐ Patient disposition completed

☐ Isolation discontinued per clinical/public health guidance

☐ Staff monitoring completed

☐ Environmental decontamination completed

☐ Supplies replenished

☐ Financial documentation completed

☐ Incident debrief conducted

☐ After Action Report (AAR) completed

☐ Corrective Action/Improvement Plan developed

☐ Policies and procedures updated

☐ Staff education completed

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**Command Center Status Dashboard**

| Operational Area | Status |
|---|---|
| HICS Activated | ☐ |
| Incident Commander Assigned | ☐ |
| Patient Isolated | ☐ |
| Appropriate Isolation Room Available | ☐ |
| Infection Prevention On Scene | ☐ |
| Public Health Notified | ☐ |
| PPE Supply Adequate | ☐ |
| Staff Exposure Monitoring Active | ☐ |
| Laboratory Testing Initiated | ☐ |
| Contact Investigation Started | ☐ |
| Communications Released | ☐ |
| Incident Action Plan Complete | ☐ |

| Operational Area | Status |
| --- | --- |
| Situation Report Complete | ☐ |
| Recovery Planning Initiated | ☐ |

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**Operational Priorities**

1. Protect patients, staff, and visitors by implementing appropriate transmission-based precautions and ensuring proper use of personal protective equipment (PPE).
2. Rapidly identify and isolate patients with suspected or confirmed HRPs or communicable diseases to reduce the risk of transmission.
3. Coordinate clinical care while limiting unnecessary exposures through dedicated teams, equipment, and controlled patient movement.
4. Maintain situational awareness through regular Command Center briefings, resource tracking, and Incident Action Plans.
5. Coordinate with public health authorities for reporting, testing, contact investigation, and guidance.
6. Support business continuity and recovery through documentation, after-action review, and improvement planning.