

Hospital Command Center (HCC)

Establishment, Setup, and Activation Guide

Purpose

The Hospital Command Center (HCC) serves as the central location for strategic decision-making, coordination, resource management, communication, and documentation during emergencies, disasters, and significant operational disruptions. The HCC supports the Hospital Incident Command System (HICS) by providing executive oversight and facilitating coordinated response efforts across all departments.

Objectives

Upon activation, the Hospital Command Center will:

- Protect patients, visitors, staff, and responders.
 - Coordinate hospital-wide incident management.
 - Maintain continuity of essential clinical services.
 - Manage resources, staffing, and logistics.
 - Coordinate with community response agencies.
 - Maintain situational awareness.
 - Document all significant actions and decisions.
 - Support recovery and restoration of normal operations.
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Activation Criteria

The Hospital Command Center may be activated for incidents including, but not limited to:

- Mass Casualty Incidents (MCI)
- Internal or external disasters
- Severe weather
- Infrastructure failures
- Hazardous materials incidents

- Fire or explosion
- Active assailant or law enforcement incidents
- Evacuation or shelter-in-place
- Infectious disease outbreaks
- Utility failures
- Information technology or cyber disruptions
- Community emergencies affecting hospital operations

Activation levels may include:

Level 3 – Monitoring

- Departmental response
- Increased situational awareness
- Limited command staffing

Level 2 – Partial Activation

- Selected Command Staff activated
- Multiple departments involved
- Moderate operational impact

Level 1 – Full Activation

- Full HICS activation
- Hospital-wide coordination
- Continuous command center operations

Hospital Command Center Location Requirements

The Command Center should have:

- Secure access
- Reliable emergency power
- Redundant communications

- Adequate workspace
- Climate control
- Minimal interruptions
- Access to restrooms and staff support

If the primary HCC is unavailable, activate the designated alternate Command Center.

Recommended Command Center Equipment

Communications

- ☐ Dedicated telephones
- ☐ Cellular phones
- ☐ Two-way radios
- ☐ Satellite phone (if available)
- ☐ Internet connectivity
- ☐ Video conferencing capability
- ☐ Public address access

Information Technology

- ☐ Computers
 - ☐ Electronic Health Record access
 - ☐ Internet access
 - ☐ Printers
 - ☐ Scanners
 - ☐ Multi-function copier
 - ☐ Wi-Fi connectivity
 - ☐ Backup power strips
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Displays

- ☐ Incident status board
 - ☐ Bed capacity dashboard
 - ☐ Staffing dashboard
 - ☐ Facility status board
 - ☐ Situation map
 - ☐ Weather monitoring
 - ☐ News monitoring
 - ☐ EMS status updates
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Supplies

- ☐ Office supplies
 - ☐ HICS forms
 - ☐ Incident Action Plan forms
 - ☐ Department contact lists
 - ☐ Facility maps
 - ☐ Emergency Operations Plan
 - ☐ Whiteboards
 - ☐ Dry erase markers
 - ☐ Flip charts
 - ☐ Name placards
 - ☐ Batteries
 - ☐ Flashlights
 - ☐ Extension cords
 - ☐ Chargers
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Hospital Incident Command Structure

Command Staff

Incident Commander

Public Information Officer

Safety Officer

Liaison Officer

Medical/Technical Specialists (as needed)

General Staff

Operations Section

Planning Section

Logistics Section

Finance/Administration Section

Additional Unit Leaders assigned according to the incident.

Initial Operational Priorities

Priority 1

Life Safety

- Protect patients
 - Protect staff
 - Protect visitors
 - Protect responders
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Priority 2

Incident Stabilization

- Control immediate hazards

- Coordinate operational response
 - Maintain clinical operations
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Priority 3

Property Conservation

- Protect facilities
 - Protect equipment
 - Protect supplies
 - Protect information systems
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Hospital Command Center Startup Checklist

Activation

- ☐ Incident Commander appointed
 - ☐ HICS activated
 - ☐ Command Center opened
 - ☐ Incident level established
 - ☐ Executive leadership notified
 - ☐ Department directors notified
 - ☐ Operational period established
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Staffing

- ☐ Command Staff assigned
- ☐ Operations Section Chief assigned
- ☐ Planning Section Chief assigned
- ☐ Logistics Section Chief assigned
- ☐ Finance Section Chief assigned

- ☐ Administrative support assigned
 - ☐ Documentation Unit assigned
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Communications

- ☐ Test telephones
 - ☐ Test radios
 - ☐ Test internet connectivity
 - ☐ Verify emergency contact lists
 - ☐ Establish communication schedule
 - ☐ Confirm agency contacts
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Situation Status

- ☐ Determine incident scope
 - ☐ Identify affected departments
 - ☐ Estimate operational impact
 - ☐ Review hospital census
 - ☐ Review available beds
 - ☐ Review staffing status
 - ☐ Review resource availability
 - ☐ Identify immediate priorities
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Clinical Operations

- ☐ Emergency Department status
- ☐ ICU capacity
- ☐ Operating Room status
- ☐ Inpatient bed availability

- ☐ Diversion status
 - ☐ Patient surge potential
 - ☐ Specialty service availability
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Facility Operations

- ☐ Power status
 - ☐ Water status
 - ☐ HVAC status
 - ☐ Medical gas status
 - ☐ Fire protection systems
 - ☐ Information technology systems
 - ☐ Security status
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Resource Management

- ☐ Staffing
 - ☐ PPE
 - ☐ Pharmaceuticals
 - ☐ Blood products
 - ☐ Medical supplies
 - ☐ Oxygen
 - ☐ Food
 - ☐ Water
 - ☐ Fuel
 - ☐ Transportation
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External Coordination

- ☐ EMS
 - ☐ Fire Department
 - ☐ Law Enforcement
 - ☐ Emergency Management
 - ☐ Public Health
 - ☐ Utility providers
 - ☐ Regional Healthcare Coalition
 - ☐ Partner healthcare facilities
 - ☐ Vendors
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Documentation

- ☐ Incident Action Log started
 - ☐ Resource requests documented
 - ☐ Situation reports initiated
 - ☐ Patient movement tracking initiated
 - ☐ Financial tracking initiated
 - ☐ Communications log initiated
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Operational Rhythm

Conduct Command Briefings every 30–60 minutes and review:

- Incident objectives
- Current situation
- Safety concerns
- Operational priorities
- Resource needs
- Staffing

- Communications
- External coordination
- Anticipated operational period objectives

Update the Incident Action Plan (IAP) at the beginning of each operational period or whenever significant incident changes occur.

Command Center Status Board

Incident Summary

Incident Name: _____

Operational Period: _____

Current Incident Level:

☐ Monitoring

☐ Partial Activation

☐ Full Activation

Incident Commander:

Clinical Status

Hospital Census: _____

ED Capacity: _____

ICU Beds Available: _____

Medical/Surgical Beds Available: _____

Operating Rooms Available: _____

Diversion Status:

☐ No

☐ Partial

☐ Full

Infrastructure Status

Power:

☐ Normal ☐ Generator ☐ Outage

Water:

☐ Normal ☐ Limited ☐ Outage

HVAC:

☐ Normal ☐ Limited ☐ Failed

Medical Gas:

☐ Normal ☐ Limited ☐ Failed

IT Systems:

☐ Operational ☐ Downtime

Communications:

☐ Operational ☐ Degraded ☐ Failed

Staffing Status

Clinical Staffing:

☐ Normal ☐ Shortage ☐ Critical

Support Staffing:

☐ Normal ☐ Shortage ☐ Critical

Staff Call-Back Activated:

☐ Yes ☐ No

External Agency Coordination

☐ EMS

☐ Fire

☐ Law Enforcement

☐ Public Health

☐ Emergency Management

☐ Healthcare Coalition

☐ Utility Providers

Operational Priorities

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
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Resource Requests

Significant Events Log

Time	Event	Decision	Responsible Leader
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Demobilization Checklist

☐ Incident objectives achieved

☐ Command staff notified of demobilization

- ☐ Final situation report completed
 - ☐ Resource inventory completed
 - ☐ Equipment returned to service
 - ☐ Outstanding resource requests resolved
 - ☐ Incident documentation finalized
 - ☐ Financial documentation completed
 - ☐ Staff debrief conducted
 - ☐ Hot wash completed
 - ☐ After Action Review (AAR) scheduled
 - ☐ Improvement Plan assigned
 - ☐ Hospital returned to normal operations
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Essential HCC Reference Documents

Maintain the following in printed and electronic form:

- Emergency Operations Plan (EOP)
- Hospital Incident Command System (HICS) forms
- Hospital emergency contact directory
- Department call-back rosters
- Facility and campus maps
- Utility shutoff diagrams
- Emergency procedures and job action sheets
- Patient transfer agreements
- Vendor and contractor contact lists
- Regional emergency contact information
- Communications plan
- Business continuity plan

- Downtime procedures
- Regulatory reporting requirements
- Resource request forms