



SPECIAL EVENTS HOSPITAL INTEGRATION AND COORDINATION CHECKLIST

Major special events can place sudden pressure on hospitals, EMS transport systems, and regional healthcare coordination. Fire service leaders cannot wait until game day to find out which hospitals can receive patients, how bed status will be shared, who will coordinate distribution, or whether the patient tracking system works across partners. This checklist is intended to drive coordination months in advance, validate it in the weeks leading up to the event, and confirm it each operational period so hospital integration is usable during a major incident.

Months Prior

- ❑ Identify all likely receiving hospitals, trauma centers, pediatric centers, burn centers, and specialty destinations.
- ❑ Confirm primary and alternate points of contact for hospital leadership, emergency management, ED operations, and regional healthcare coordination.
- ❑ Determine what patient tracking platform will be used and ensure all partners are aligned on the same system.
- ❑ Coordinate regional patient distribution concepts with hospitals before the event, not during it.
- ❑ Share venue locations, fan zones, transportation routes, and projected surge patterns with hospital partners.
- ❑ Include hospitals in tabletop exercises, workshops, and full-scale drills tied to the event footprint.
- ❑ Clarify who will coordinate patient distribution decisions during a major incident.
- ❑ Establish how hospital status, diversion, specialty capability, and bed availability will be reported regionally.

Weeks Prior

- ❑ Reconfirm hospital contacts, notification pathways, and escalation procedures.



- Test patient tracking, bed reporting, and hospital status systems with all partners.
- Review ambulance routes, alternate routes, and traffic impacts with EMS and hospitals.
- Confirm destination plans for trauma, pediatric, burn, cardiac, and other specialty patients.
- Review surge staffing, discharge acceleration, and Emergency Mass Critical Care concepts if applicable.
- Identify thresholds for saturation, diversion, or specialty overload and how those conditions will be communicated.
- Provide hospitals updated event calendars, maps, and expected high-attendance dates.

Operational Period

- Conduct daily hospital status checks and share significant changes across partners.
- Confirm current operational period contacts for hospitals, EMS, and emergency management.
- Verify patient tracking system access and functionality.
- Review destination guidance for routine transport versus incident-driven distribution.
- Push out daily situational updates that may affect hospital demand, including weather and crowd size.
- Confirm any changes to hospital capability, construction impacts, or temporary service limitations.

During an Incident

- Notify hospitals early with what is known, what is anticipated, and what may change.
- Use the agreed patient tracking platform and common terminology across agencies.
- Coordinate patient distribution regionally rather than allowing proximity alone to drive transport decisions.
- Maintain communication with hospitals as incident conditions evolve, not just at initial notification.



- Track specialty patient movement separately when needed to preserve trauma, burn, pediatric, and cardiac access.

Recovery

- Confirm hospital status after the incident and identify any continuing impacts.
- Reconcile patient tracking data, transport destinations, and surge outcomes.
- Capture lessons learned with hospital partners before the next operational period.
- Update contact lists, routing plans, and notification procedures based on what was learned.