



Region 8 Medical Coordination Center

24/7 Emergency Activation Line

888-535-5806

Activation Checklist:

During your call, include the following Essential Elements of Information

- ☐ Your Name
- ☐ Your Contact Number
- ☐ Organization Name
- ☐ Reason for Emergency Assistance
- ☐ Type of Assistance Needed
- ☐ If requesting a physical resource-
 - ☐ Exact location where resource is to be delivered
 - ☐ Who will accept and sign for the resource
 - ☐ Contact information for individual accepting/signing for resource

--- Hospital Essential Elements of Information ---
--- Data Collection Sheet on next page ---

Essential Elements of Information (EEI) Request - Hospitals

Medical Surge Incident

For the Regional Medical Coordination Center (MCC) to complete.

Below is the information requested by the Community Health Emergency Coordination Center (CHECC) to maintain situation awareness for a medical surge incident.

| | | |
|--|----------------|--|
| Region: | Date and Time: | |
| Point of Contact at Region Submitting: | | |
| Facility Name: | | |
| Address: | | |
| Name and Title: | | |
| Phone Number: | | |
| Email: | | |
| Facility Report Section | | |
| Briefly Describe the Situation: | | |
| Estimated number of impacted adult patients: | | |
| Estimated number of impacted pediatric patients: | | |
| Total number of staff/personnel at facility: | | |
| Total licensed number of beds at facility: | | |
| Has the hospital? <div style="display: flex; justify-content: space-between;"> <div> Activated their emergency response plan? Suspended elective surgeries? Activated IBA/CEDOCS? Step down patients where possible? Use unused space? Activated internal surge capacity? Other </div> <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> </div> | | |
| Contacted local staffing agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when were they contacted? If yes, who was contacted? | | |
| What support is the facility requesting? <div style="display: flex; justify-content: space-between;"> <div> Staffing Support: Patient Movement: Activation of Alternate Care Site: Activation of MI-TESA: Equipment/Supplies: Other: </div> <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> </div> | | |
| What has the MCC done to meet the needs: | | |
| Additional Comments: | | |

SUBMIT FORM TO: Ed.Unger@region8.org