HOSPITAL RESILIENCE CHECKLIST

Hospital Name: _____   Date: _____

Location: _____

PART 1: Hazard Exposure

HAZARD TYPE	FREQUENCY	IMPACT	
		Community	**Hospital**
NATURAL HAZARDS ☐ Earthquake ☐ Flood ☐ GLOF ☐ Drought ☐ Wildfire ☐ Storm ☐ Landslide ☐ Avalanche ☐ Extreme Temperature ☐ Others Comments:	☐ Every Year ☐ Every 2-3 Years ☐ Every 5 Years ☐ Every 10 years or more	☐ Injuries ☐ Death ☐ Structural Damage (buildings/houses/bridges/roads) ☐ People Displacement ☐ Disease Outbreak ☐ Disruption of Basic Services (e.g. Power, water, communication, etc.) ☐ Lack of Food Supply ☐ Loss of livelihoods ☐ Others please specify Comments:	☐ Structural Damage ☐ Structural Collapse ☐ Equipment Damage ☐ Equipment Loss ☐ Mass Casualty ☐ Mass Deaths ☐ Contamination (Hazmat) ☐ Infection ☐ Disruption of Normal Operations ☐ Disruption of Lifeline (Power, water, communication, etc.) ☐ Loss of income ☐ Psychosocial ☐ Injury (staff/patient/visitors) ☐ Death (staff/patient/visitors) ☐ Others please specify Comments:

TECHNOLOGICAL HAZARDS			
☐ Transport Accidents ☐ Industrial Accidents ☐ Chemical ☐ Radio-nuclear ☐ Structural Fire ☐ Others Comments:	☐ Every Year ☐ Every 2-3 Years ☐ Every 5 Years ☐ Every 10 years or more	☐ Injuries ☐ Death ☐ Property Damage (buildings/houses/bridges/roads) ☐ People Displacement ☐ Mass Contamination ☐ Disruption of Basic Services (e.g. Power, water, communication, etc.) ☐ Lack of Food Supply ☐ Loss of livelihoods ☐ Others please specify Comments:	☐ Structural Damage ☐ Structural Collapse ☐ Equipment Damage ☐ Equipment Loss ☐ Mass Casualty ☐ Mass Deaths ☐ Contamination (Hazmat) ☐ Disruption of Normal Operations ☐ Loss of income ☐ Psychosocial ☐ Injury (staff/patient) ☐ Death (staff/patient) ☐ Others please specify Comments:

SOCIETAL HAZARDS			
☐ Conflict ☐ Demonstration ☐ Sporting Event ☐ Festival ☐ Others Comments:	☐ Every Year ☐ Every 2-3 Years ☐ Every 5 Years ☐ Every 10 years or more	☐ Injuries ☐ Death ☐ Structural Damage (buildings/houses/bridges/roads) ☐ People Displacement ☐ Disease ☐ Disruption of Basic Services (e.g. Power, water, communication, etc.) ☐ Lack of Food Supply ☐ Loss of livelihoods ☐ Others please specify Comments:	☐ Mass Casualty ☐ Mass Deaths ☐ Contamination (Hazmat) ☐ Disruption of Normal Operations ☐ Loss of income ☐ Psychosocial ☐ Injury (staff/patient) ☐ Death (staff/patient) ☐ Others please specify Comments:

BIOLOGICAL HAZARDS	☐ Infectious Disease Type: ☐ Insect Infestation Type: Comments:	☐ Every Year ☐ Every 2-3 Years ☐ Every 5 Years ☐ Every 10 years or more	☐ Death ☐ People Displacement ☐ Disease ☐ Disruption of Basic Services (e.g. Power, water, communication, transport, banking, etc.) ☐ Lack of Food Supply ☐ Loss of livelihoods ☐ Others please specify Comments:	☐ Overcrowding ☐ Mass Deaths ☐ Infection ☐ Disruption of Normal Operations ☐ Loss of income ☐ Psychosocial ☐ Death (staff/patient) ☐ Others please specify Comments:

PART 2A: HARD Hospital Resilience Elements

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
SPACE *including structural (constructive) and non- structural (infrastructural) elements*	**Structural Mitigation** *reduce or eliminate long-term risk to life and property by lessening the impact of disasters.* ☐ Retrofitting ☐ Base Isolation ☐ Fire Wall ☐ Flood Barriers ☐ Building Design ☐ Anchoring critical equipment ☐ Flexible piping ☐ Laminated Glass ☐ Others please specify ☐ None Comments: *Reference: page 12 of the guidelines for more information.*	**Identify and test key operational areas for hospital readiness and response.** *Signages, procedures, testing* Evacuation Area ☐ Proper location ☐ Alternative Site ☐ Not identified Comments: *Note: Training, exercise, and procedures are important aspects to operationalize this action that is linked to systems.* *Reference: page 24 of the guidelines for more information.*	**Damage Assessment of critical infrastructure** *To determine the nature and extent of damage to hospital structure, facilities and equipment caused by the hazard impact.* ☐ Assigned roles and responsibilities. ☐ Procedure / SOPs ☐ Forms / Checklist ☐ Reporting & Documentation ☐ None Comments: *Reference: page 44 of the guidelines for more information.*	**Cleaning & Repair** *begins immediately if there is no threat to life safety for the affected area to continue operating.* ☐ Assigned roles and responsibilities. ☐ Procedure / SOPs ☐ Forms / Checklist ☐ Reporting ☐ None Comments: *Reference: page 61 of the guidelines for more information.*

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
	Critical Lifelines & Alternate Sources *(Infrastructural and Backup Systems) e.g. Protection of critical hospital equipment including quality and functionality, facilities, and lifelines.* ☐ Power ☐ Water ☐ Communication ☐ Sewage ☐ HVAC ☐ Fuel ☐ Medical Gas ☐ Waste Management ☐ Fire Protection Comments: *Reference: page 12 of the guidelines for more information.*	<u>Area for Patient Reception & Triage for Mass Care</u> ☐ Proper location ☐ Signages / Markings ☐ Ability to expand space ☐ Alternative Site ☐ Not identified Comments: *Reference: page 24 of the guidelines for more information.*		**Restoration of Critical Hospital Lifelines** *lifeline to support continuous operation of critical services in the aftermath of disaster.* ☐ Assigned roles and responsibilities. ☐ Procedure / SOPs ☐ Forms / Checklist ☐ Reporting ☐ None Comments: *Reference: page 61 of the guidelines for more information.*
	Accessibility (Internal) *Factors that affect movement inside the hospital.* ☐ Emergency exits ☐ Ramps	<u>Decontamination</u> ☐ Safe Location ☐ Water Supply ☐ Runoff water management		

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
☐ Signages ☐ Others please specify Comments: *Reference: page 13 of the guidelines for more information.*	☐ Not identified Comments: *Note: Training, exercise, procedures, and availability of PPEs are important aspects to operationalize this action* *Reference: page 24 of the guidelines for more information.*		
Accessibility (External) *Factors that hinder hospital access of disaster affected population.* ☐ Access Roads ☐ Bridges ☐ Entrance / Exit Gates ☐ Signages ☐ Others Comments: *Reference: page 13 of the guidelines for more information.*	Emergency Treatment Expansion ☐ Proper location ☐ Signages / Markings ☐ Flexibility of available spaces ☐ Not identified Comments: *Note: Training, exercise, procedures, and availability of equipment and supplies are important aspects to operationalize this action*		

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		Reference: page 24 of the guidelines for more information.		
	Access of People with Special Needs *Facilities to support access to medical services of people with special needs* ☐ Inclusive Alarm System ☐ Rails ☐ Non-Slippery Stairs ☐ Ramps ☐ Others please specifiy ☐ None Comments: *Reference: page 13 of the guidelines for more information.*	Hospital Emergency Operations Center ☐ Proper location ☐ Signages / Markings ☐ Security ☐ Alternative Site ☐ Maps ☐ Communication Equipment ☐ Signages / Markings ☐ Display Boards ☐ Identification Vest ☐ Signages / Markings ☐ Job Action Sheets ☐ Not identified Comments: *Note: Training, exercise, procedures, and availability of equipment and supplies are important aspects to operationalize this action.*		

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		Reference: page 24 of the guidelines for more information.		
		Alternative Care Site ☐ Pre identified location ☐ Signages / Markings ☐ Ample and flexible space ☐ Human Resources ☐ Not identified Comments: *Note: Training, exercise, procedures, and availability of equipment and supplies are important aspects to operationalize this action.* *Reference: page 24 of the guidelines for more information.*		

PART 2B: SOFT Hospital Resilience Elements

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
STRATEGIES *Policies, Plans, and Coordination including on diversity, equity, and inclusion*	**Hospital Accreditation** *Entry point to enhance hospitals' ability to adapt to and recover from disasters as part of a regulatory process.* ☐ National System ☐ International ☐ Include DRM indicators ☐ Re-Certification ☐ None Comments: *Reference: page 14 of the guidelines for more information.*	**Emergency Preparedness Program** *The knowledge and capacities developed to effectively anticipate, respond to and recover from the impacts of disasters.* ☐ Annual Work Plan ☐ Budget ☐ Assigned roles & responsibilities. ☐ Risk Assessment ☐ Planning ☐ Training & Exercise ☐ Partnership & Coordination ☐ Resources ☐ Research ☐ None Comments: *Reference: page 24 of the guidelines for more information.*	**Activation of Response Plan** *Triggers, 24/7 authority, SOPs* ☐ Triggers ☐ Authority ☐ Procedures / SOPs ☐ None Comments: *Reference: page 45 of the guidelines for more information.*	**Damage and Loss Assessment** *Critical information to support recovery planning.* ☐ Assigned roles and responsibilities ☐ Procedure / SOPs ☐ Forms / Checklist ☐ Reporting ☐ None Comments: *Reference: page 63 of the guidelines for more information.*

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
Disaster Management Committee *Core group that is responsible for all facets of DRM (before, during and after emergencies) represented by key hospital departments.* ☐ Multi-Disciplinary ☐ Regular Engagement ☐ Terms of Reference ☐ Policy Appointment ☐ Annual program and budget ☐ None Comments: *Reference: page 14 of the guidelines for more information.*	**Disability, Equity, and Inclusion** *Mainstream in preparedness, engagement* ☐ Plans and Programs ☐ Staff Training & Capacity Building ☐ Consultations ☐ Community Mapping ☐ Coordination ☐ Partnership ☐ Not mainstreamed Comments:	**Assessment of Response Needs** ☐ Assigned roles and responsibilities. ☐ Procedure / SOPs ☐ Forms / Checklist ☐ Reporting ☐ None Comments: *Reference: page 49 of the guidelines for more information.*	**Step Down Facility** *used to transition patients who no longer require the level of care provided by a hospital but still need ongoing medical attention for the purpose of maximizing resources.* ☐ Accessible and safe location ☐ Adequate Staffing ☐ Safe and Comfortable Facility ☐ Protocols and procedures ☐ Food and water ☐ Sanitation ☐ Basic Medical Care ☐ Security ☐ None Comments: *Reference: page 64 of the guidelines for more information.*

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
Risk-informed business development plans *To ensure that development activities don't create new risks but rather provide opportunities to reduce risks.* ☐ Use updated risk assessment data. ☐ Development activities that contribute to reducing disaster risks. ☐ Monitoring and make adjustments based on evolving risk landscape. ☐ DRR not considered in the plan. Comments: *Reference: page 15 of the guidelines for more information.*	**Service Continuity Plan and SOPs** *Arrangement to facilitate uninterrupted hospital operations.* ☐ Planning team & focal point ☐ Identification of critical services and functions ☐ Alternate care sites & delivery ☐ Data backup system ☐ Training & Exercise ☐ No plan Comments: *Reference: page 25 of the guidelines for more information.*	**IPC Referral Pathways (Internal/External)** *Pathways that encompass reception, triage, intake, treatment and care, and discharge* ☐ Clear communication channels (healthcare workers, IPC teams, laboratory staff, and administrators) ☐ Clear Referral Criteria ☐ Standardized reporting form ☐ None Comments: *Reference: page 48 of the guidelines for more information.*	**Rehabilitation Services** *Measures that assist disaster affected population to achieve and maintain optimal functioning in interaction with their environments.* ☐ Mobility/assistive devices ☐ Physical Therapy ☐ Occupational Therapy ☐ Prosthetic and orthotic services ☐ Accessible infrastructure ☐ Appropriate space (Min. 12m^2) ☐ None Comments: *Reference: page 65 of the guidelines for more information.*

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
Emergency Unit Operations *Coordination with other hospital departments (e.g. Management of trauma, communicable disease, routine triage)* ☐ Established procedures & SOPs ☐ Triage ☐ Isolation ☐ Referral System ☐ Equipment & Supplies Comments: *Reference: page 15 of the guidelines for more information.*	**Incident Management Team (IMT)** *Core team that leads response coordination that provides leadership and control during emergencies.* ☐ Flexible Organizational Structure ☐ Roles and Responsibilities ☐ Job Action Sheets (JAS) ☐ Assigned Positions ☐ Training & Exercise ☐ None Comments: *Reference: page 27 of the guidelines for more information.* **Hospital Emergency Operations Center (EOC)** *A central pre identified facility inside the hospital where IMT coordinates emergency response operations.* ☐ Activation triggers ☐ Authority ☐ Location ☐ Alternate Location		

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		☐ Roles & responsibilities (Setting up) ☐ Safety & Security ☐ Communication Procedures & SOPs ☐ Communication Equipment ☐ Assessment / Data Gathering ☐ Equipment & Supplies ☐ Display Boards ☐ Maps ☐ Training & Exercise ☐ None Comments: *Reference: page 28 of the guidelines for more information.*		

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
Green Hospital Operations *Plans, strategies, and coordination mechanism for decarbonization of routine hospital operations* ☐ Renewable Energy ☐ Waste Recycling ☐ Purchasing Sustainable Products ☐ Water Conservation Strategies ☐ Waste Management ☐ Chemical Safety ☐ None Comments: *Reference: page 15 of the guidelines for more information.*	**Communicable Disease Plan** *Response arrangements in managing infectious disease emergencies.* ☐ Surveillance System ☐ Surge Capacity ☐ Rapid Identification & Diagnosis ☐ Isolation ☐ Patient Management ☐ Infection Prevention & Control ☐ Occupational Health / Mental Health ☐ Risk Communication ☐ Coordination & Communication ☐ Training & Exercise ☐ No plan Comments: *Reference: page 27 of the guidelines for more information.*		

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
	Hospital support services *Updated operational procedures and capacity development plans for routine operations.* ☐ Maintenance / engineering ☐ Dietary ☐ Radiology ☐ Laboratory ☐ Security ☐ Administration ☐ Central supply ☐ Pharmacy ☐ Housekeeping Comments: *Reference: page 15 of the guidelines for more information.*	**Mass Casualty Management Plan** *Arrangements to manage influx of large number of patients.* ☐ Patient Reception & Triage ☐ Mass Care ☐ Surge Capacity (space, materials, and staff) ☐ Volunteer Management ☐ Patient Referral Pathway ☐ Management of family members ☐ Management of media and VIPs ☐ Security ☐ Coordination (Internal/External) ☐ Training & Exercise ☐ No plan Comments: *Reference: page 26 of the guidelines for more information.*		
	Capacity Development Plans *Routine hospital services including leadership.*	**Mass Fatality Plan** *Arrangements to manage large number of dead bodies.*		

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
	☐ DRM Integration ☐ Annual Work Plan ☐ Budget ☐ Strategy ☐ Not included Comments: *Reference: page 17 of the guidelines for more information.*	☐ Coordination ☐ Identification ☐ Body Storage ☐ Staff Safety ☐ Return to Family Members ☐ Training & Exercise ☐ No plan Comments: *Reference: page 27 of the guidelines for more information.*		

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY

SYSTEMS

Leadership and Coordination, Information Management, Risk Communication and Community Engagement including on M&E, Accountability and Learning

Risk Communication and Community Engagement
linkages with local media/ accessible information and communication / engage in routine public relations activities.

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
Reinforce Safety Messages *posters, information campaign, flyers, etc.* ☐ Fire Safety ☐ Infection Prevention & Control ☐ Hazardous Materials ☐ Communicable Disease ☐ Others ☐ None Comments: *Reference: page 17 of the guidelines for more information.* *Understandable information for **populations with special needs** (e.g. PWD, indigenous people)* ☐ Adapted materials available. ☐ Consultations & inputs integrated from vulnerable groups.	**Community Outreach Programs** *support preparedness of local communities including engaging vulnerable groups and ensure community is aware of alternate plans.* ☐ Risk Assessment ☐ Training ☐ Exercise ☐ Community Planning ☐ Other activities ☐ None Comments:	**Crisis Communication (internal/external)** *Processes and approach in sharing information to staff, public and media during emergencies.* ☐ Public Information Officer ☐ Clear roles and responsibilities ☐ Press Statement ☐ Media Interviews / Briefing ☐ Risk Communication Messages ☐ Reporting ☐ Information Sharing ☐ None Comments: *Reference: page 54 of the guidelines for more information.*	**Stand Down Procedure** *Initiate transition to the return to normal hospital operations.* ☐ Identified Triggers to Deactivate ☐ Information Management ☐ Documentation ☐ Debriefing ☐ After Action Review (AAR) ☐ None Comments: *Reference: page 67 of the guidelines for more information.*

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
☐ Tested & validated information. ☐ Message using various delivery modes. ☐ None Comments:			
Hospital Information Management System (HIMS) *Data sets that can be used for DRM planning, emergency response and recovery, and M&E* ☐ Patient Census ☐ Bed Availability ☐ Resources ☐ Staff Capacity ☐ Building blueprints ☐ Facility map ☐ None Comments:	**Risk Communication** *exchange of information, advice and opinions between experts or officials and people who face a hazard or threat to their survival, health, or economic or social wellbeing.* ☐ Updated & Tested Messages ☐ Available for each target Groups including those with special needs ☐ Use of various delivery modes ☐ Training & Exercise ☐ None Comments: *Reference: page 35 of the guidelines for more information.*	**Inform communities on alternate service platforms** *Alternate ways how medical services will be delivered during emergencies.* ☐ Available alternative service delivery ☐ Procedures for informing public ☐ Monitoring ☐ None Comments: *Reference: page 53 of the guidelines for more information.*	**Recovery Planning** *Activities to maintain or re- establish infrastructure and systems following a disaster* ☐ Assigned role as Recovery Focal Point ☐ Recovery work plan and timeframe ☐ Cost Benefit analysis of Resource Needs ☐ Build Back Better Principle ☐ Local stakeholder engagement ☐ None Comments: *Reference: page 68 of the guidelines for more information.*

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
	Reference: page 19 of the guidelines for more information.			
		Preparedness to operationalize emergency systems. *Activities to enhance the initiation of response actions during emergencies* ☐ Training ☐ Resourcing ☐ Coordination ☐ Partnership ☐ Exercises ☐ Research ☐ None Comments: *Reference: page 36 of the guidelines for more information.*	**Early Warning System (EWS)** *set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities and organizations threatened by a hazard to prepare and to act appropriately and in sufficient time to reduce the possibility of harm or loss.* ☐ Linkages with local EOC ☐ Access to National EWS ☐ Disease Surveillance System ☐ EW information sharing ☐ Linkages with Plan Activation ☐ None Comments:	

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
			Reference: page 45 of the guidelines for more information.	
			Hospital Incident Management System *Facilitate command, control, communicate and coordinate response operations.* ☐ Incident Action Planning ☐ Reporting & Documentation ☐ Resource Mobilization ☐ Information Management ☐ Communication & Coordination ☐ None Comments: *Reference: page 49 of the guidelines for more information.*	

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
			Hospital Emergency Operations Center *Facility to provide centralized command and control by the Hospital Incident Management Team to gather, assess and disseminate information and to make decisions for response and recovery.* ☐ Activation ☐ Linkages with Local EOCs ☐ Extended Operations ☐ Security ☐ Staff Welfare ☐ Situation Monitoring ☐ None Comments: *Reference: page 52 of the guidelines for more information.*	

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
Strengthening of routine Management of Equipment and Supplies ☐ Preventive maintenance program ☐ Supply chain & logistics ☐ Inventory management system ☐ Procurement system ☐ Financial Management ☐ Tracking and monitoring ☐ None Comments: *Reference: page 20 of the guidelines for more information.*	**Stock and inventory management of emergency medicines and supplies** *process of tracking emergency medications and materials in the hospital* ☐ Vulnerabilities identified of key supply chain infrastructure. ☐ Updated central inventory. ☐ Monitoring expiry dates and recall ☐ Alternate stocks/supplies from new vendors ☐ Maintain buffer inventory. ☐ Training & Exercise ☐ None Comments: *Reference: page 36 of the guidelines for more information.*	**Rapid Needs Assessment** *Identifying what resources are necessary for response operations.* ☐ Assigned roles and responsibilities. ☐ Procedure / SOPs ☐ Forms / Checklist ☐ Reporting ☐ None Comments: *Reference: page 56 of the guidelines for more information.*	**Update inventory and restocking of supplies.** ☐ Inventory procedure ☐ System for replenishing supplies Comments: *Reference: page 70 of the guidelines for more information.*

MATERIAL RESOURCES

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
	Emergency Procurement Procedures *ensuring that necessary goods and services are quickly acquired to help those affected by the crisis.* ☐ Criteria for emergency procurement ☐ Threshold for different procurement methods ☐ Alternative sources of goods and services ☐ Procedure for expediting approval process ☐ Transparency and accountability (clear documentation, auditable, open communication, and regular reporting on procurement activities) ☐ Risk mitigation measures to address fraud and corruption. ☐ None Comments: *Reference: page 37v of the guidelines for more information.*	**Timely and flexible resource mobilization** *ensuring that necessary resources are quickly and efficiently mobilized to help those affected by the crisis.* ☐ Plan resources that may be needed and the procedure to quickly acquire them ☐ Coordination with government agencies, aid organizations, and other stakeholders. ☐ Resource mapping and tracking (location and status of available resources, and mapping out areas of need) ☐ Innovation and technology (social media platforms to communicate resource needs and availability, or using drones to deliver resources to hard-to-reach areas) ☐ None Comments: *Reference: page 58 of the guidelines for more information.*	**Equipment** *Inspect, replace damage parts, cleaning, repair and refurbish and storage* ☐ Assess / inspect equipment. ☐ Repair and restoration coordinating repair efforts with manufacturers, suppliers, and local service providers. ☐ Replace damage parts. ☐ Procurement to replace equipment. ☐ Cleaning, refurbish and storage. ☐ Documentation of damage, repairs, and replacements for future reference and to aid in insurance claims. ☐ None Comments: *Reference: page 70 of the guidelines for more information.*

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
	Emergency Supply List *ensuring that necessary goods and services are quickly acquired to help those affected by a disaster.* ☐ Needs assessment to determine the types of supplies needed. ☐ Prioritize the items based on their importance and criticality ☐ Standard criteria for selecting and procuring emergency supplies. (Identifying specific brands, models, and specifications for each item on the list) ☐ Procurement strategy for acquiring supplies (identifying sources for each item and establishing contracts with suppliers) ☐ Inventory management to ensure that emergency supplies are properly stored, tracked, and maintained. (Regular inspections, expiration date monitoring, and stock rotation) ☐ Training to staff and volunteers on the use and storage of emergency supplies ☐ Regular review and update the list based on changing needs and circumstances. (Evaluating effectiveness of the list after each	**Needs-based and Risk-adjusted standards** *for allocation, distribution, and use of supplies and medicines.* ☐ Needs assessment to identify the needs of the affected population, including vulnerable groups. ☐ Standard criteria for assessing needs and risk, including indicators and thresholds for determining the severity of the emergency. ☐ Prioritize resources based on the severity of the emergency, the needs of the affected population, and the level of risk ☐ Allocation: transparent and equitable allocation process for distributing resources, including identifying the most effective means of delivery and distribution, such as through local organizations and community networks. ☐ Monitoring and evaluation: system to determine effectiveness of the standards, including tracking the allocation and distribution of resources and assessing the impact on the affected population. ☐ Regular review and update the standards based on changing needs and circumstances, as well	

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		disaster response and making necessary adjustments) ☐ None Comments: *Reference: page 37 of the guidelines for more information.*	as feedback from the affected population and stakeholders. ☐ None Comments: *Reference: page 57 of the guidelines for more information.*	
		Vendor and Service Agreements *ensure the timely and efficient acquisition of goods and services during a crisis* ☐ Needs assessment to identify the types of goods and services that will be needed during an emergency. ☐ Vendor selection that can provide the necessary goods and services, taking into account their availability, reliability, and cost-effectiveness. ☐ Service level agreements (SLA) that define the scope of work,		

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		deliverables, timelines, and quality standards for each vendor.		
		☐ Contract negotiation that include terms and conditions, such as pricing, payment terms, performance metrics, and dispute resolution mechanisms.		
		☐ Performance monitoring to ensure vendors meet the SLAs and contractual obligations.		
		☐ Contingency plans for supply chain disruptions, vendor failure, and other unforeseen events.		
		☐ Regular review of vendor and service agreements based on changing needs and circumstances, as well as feedback from stakeholders.		
		☐ None		
		Comments:		
		Reference: page 38 of the guidelines for more information.		

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
	Emergency flexible and sustainable finance mechanism *critical for ensuring that funds are available to support emergency response efforts* ☐ <u>Needs assessment</u> to determine the types of emergency response activities that require funding. ☐ <u>Resource mapping</u> to identify potential sources of funding, including government grants, donations, and international aid and own resources. ☐ <u>Budget</u> that outlines the costs associated with emergency response activities. ☐ <u>Funding strategies</u> for securing funding, such as grant applications, corporate sponsorships, fundraising events and facilitate quick access of own resources. ☐ <u>Partnerships</u> with other organizations, including government agencies, non-profits, and private sector entities, to leverage resources and funding. ☐ <u>Flexible finance mechanism</u> to respond to changing needs and circumstances, such as the scale		

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		and severity of the disaster, and the emergence of new threats. ☐ Sustainable finance mechanism that can be used over the long-term, including strategies for maintaining funding and attracting new sources of support. ☐ Accountability system for tracking and reporting on the use of funds, including regular audits and performance evaluations. ☐ Processes and procedures to ensure timely access to funds during a disaster response. ☐ None Comments: *Reference: page 38 of the guidelines for more information.*		
HUMAN RESOURCES	**Integration in HR development strategy, plans, and programs** *crucial for enhancing the capacity of healthcare workers to prepare for and respond to disasters* ☐ Assess existing capacity to identify gaps and opportunities for improvement on DRM	**Staff competencies of application of response protocols, plans and roles** *Key to mobilize a response and perform tasks quickly to save lives during emergencies.* ☐ Assess training needs of the knowledge, skills, and abilities of hospital staff related to	**Safety, security, health and welfare of staff and families** ☐ Rest facilities ☐ Food ☐ Health Monitoring (stress/burnout) ☐ PPEs	**Mental health and psychosocial support** *Help support mental health and psychosocial well-being of hospital staff, who may experience stress, anxiety, and burnout as a result of their work during a disaster.*

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
knowledge, skills, and attitudes of healthcare workers	emergency response to identify gaps and areas that need improvement.	☐ Immunization	☐ Monitoring of warning signs. Mental health screening to identify hospital staff who may be experiencing mental health issues that that may need additional support and connect them with appropriate services.
☐ Capacity & Skills Mapping for monitoring and maintenance	☐ Training programs tailored to the needs and roles of hospital staff. (e.g. emergency response plans and procedures, incident command systems, triage and patient management, communication protocols, and PPE)	☐ Insurance	
☐ DRM training programs as routine training and development of healthcare workers.		☐ Safety & Security	
		☐ Adequate Staffing to prevent overworking and fatigue, which can compromise staff safety and health.	☐ Reporting & Referral to higher level of care if needed.
☐ DRM competencies in job description and performance evaluations			
☐ Inclusion in new staff orientation	☐ Annual exercise program supported by hospital policy directives for staff to practice and do hands-on training in a realistic setting.	☐ Mental health support services including counseling, stress management, and peer support.	☐ Psychological First Aid (PFA) to help people cope with the immediate aftermath of a disaster that aims to provide practical and emotional support to those affected.
☐ Updated staff directory			
☐ Training scholarship			
☐ DRM working Group or committee from different departments to oversee the integration of DRM into human resource development.	☐ Regular refreshers training to maintain competencies and knowledge of emergency response protocols and roles.	☐ Family support plans to ensure that the families of hospital staff are informed, prepared, and cared for during emergencies. (e.g. providing information on emergency response plans, communication protocols, shelter, and support services)	☐ Employee Assistance Program (EAP) that provides confidential counseling services to help staff cope with stress, anxiety, and other mental health issues.
	☐ Develop roles and responsibilities of staff during emergencies.		
☐ Partnership with DRM experts and organizations to provide technical support and guidance.	☐ Emergency response competencies into performance evaluation to ensure that they are accountable for their roles and responsibilities during emergencies.	☐ Partnerships with local emergency management agencies and other organizations to share resources, expertise, and support during emergencies.	☐ Peer Support Programs to provide emotional support to one another. It can be effective in reducing stigma and providing a safe space for staff to discuss their experiences.
☐ Evaluate and update regularly the effectiveness of DRM training programs and update them based on feedback and changing needs and circumstances.			
		Comments:	☐ Training and Education on mental health and psychosocial support to hospital staff that can include training on stress management, coping skills, and communication strategies.
	☐ Develop Job Action Sheets (JAS) as a quick reference guide for staff on their specific task during emergencies.	*Reference: page 60 of the guidelines for more information.*	
Comments:			

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
	Reference: page 22 of the guidelines for more information.	☐ Foster a Culture of Preparedness through ongoing communication and engagement with staff, patients, and community partners. (e.g. awareness campaigns, community outreach, and partnerships with local emergency management agencies) ☐ None Comments: *Reference: page 39 of the guidelines for more information.*		☐ Resilience Building Programs to develop skills and strategies to cope with stress and adversity that can include mindfulness, meditation, and yoga. ☐ Promote work-life balance to help manage stress and prevent burnout that may include flexible work schedules, time off, and access to childcare and other support services. ☐ None Comments: *Reference: page 71 of the guidelines for more information.*
		System to mobilize Human Resource for Response Strategies quickly organize human resources to perform priority response actions ☐ Human resource management plan that outlines the roles and responsibilities of staff during disasters, identifies the skills and competencies needed.		**Financial and non-financial incentives** *recognize and reward hospital staff for their hard work and dedication. (e.g. leave insurance/benefit claims)* ☐ Additional Pay in the form of overtime pay or hazard pay. ☐ Performance Bonuses for those who demonstrated exceptional performance during the disaster response.

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		☐ Mapping of Staff Availability & competencies (Staffing Matrix) that outlines the number and types of staff needed for different types and levels of disasters. Consider factors such as the number of patients, the severity of injuries, and the availability of resources. ☐ Call-down system to notify and mobilized staff quickly during emergencies using various modes. ☐ Protocols & procedures for mobilizing and managing staff (contacting staff, verifying their availability, recall of off duty staff, and deploying them to the appropriate locations) ☐ Clear tasks and roles ☐ Updated staff directory ☐ Staff Support (incentives, renumeration, rest, insurance, etc.) ☐ Volunteer accreditation ☐ None Comments:		☐ Grants or scholarships who want to further their education or training in disaster response or related fields. ☐ Reimbursement For Expenses they incurred during the disaster response, such as transportation or lodging. ☐ Public Recognition through press releases, social media posts, or other forms of recognition. ☐ Time off (Additional Leave) to rest and recover. ☐ Professional Development Opportunities such as conferences or training programs related to disaster response. ☐ Peer Recognition by allowing hospital staff to nominate and recognize their colleagues for their contributions during the disaster response. ☐ None Comments: *Reference: page 71 of the guidelines for more information.*

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		Reference: page 41 of the guidelines for more information.		
				Demobilization of Staff & Volunteers *after a disaster response is an important phase that must be carried out with care and attention.* ☐ <u>Debriefing Sessions</u> of individuals or group to discuss their experiences and any lessons learned including health debriefing on signs and symptoms to monitor and actions needed if health effects are experienced. ☐ <u>Wellness check (Medical Surveillance)</u> process and monitor the behavioral health needs (e.g. staff absenteeism or even resignation) ☐ <u>Demobilization Plan</u> that outlines the steps to be taken and the timeline for demobilization including procedures for returning any borrowed equipment or supplies. ☐ <u>Clear roles and responsibilities</u> for the demobilization process that can include tasks such as packing equipment and supplies, cleaning

PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
			up the hospital facility, and returning any borrowed items.
			☐ <u>Safety and Security</u> during the demobilization process that can include providing PPEs, ensuring adequate lighting in the hospital facility, and having security personnel on site.
			☐ <u>Mental Health Support</u> during and after the demobilization process that can include counseling services, peer support groups, and other resources to help manage stress and trauma.
			☐ <u>Exit Interviews</u> to gather feedback on their experience during the disaster response and the demobilization process that can be used to improve future disaster response efforts.
			☐ Incentives / Recognition
			☐ Financial & medical care support
			☐ None
			Comments:
			Reference: page 72 of the guidelines for more information.

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
				After Action Review (AAR) & Lesson Learned Process *structured approach to evaluating the effectiveness of disaster response efforts, learning from the experience and improving future response* ☐ Clear AAR Scope & Objectives should be specific, measurable, and relevant to the disaster response effort. ☐ AAR Team composed of diverse group of stakeholders, such as hospital staff, volunteers, first responders, and other organizations involved in the disaster response effort. ☐ AAR Team roles & responsibilities ☐ Data Collection & Analysis such as response times, communication protocols, and resource through surveys, interviews, document review, and observations ☐ AAR Design and Methodology focusing on systems rather than individuals. ☐ Strengths and challenges of the disaster response effort based on the data collected and analyzed. This can help to identify areas for improvement and areas of success

	PREVENTION & MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
				☐ <u>Recommendations</u> based on the strengths and weaknesses identified that should be specific, actionable, and aimed at improving future disaster response efforts. ☐ <u>Corrective Action Plan & Timeline</u> to implement the recommendations that may involve changes to policies, procedures, or training programs. ☐ <u>Policy Endorsement</u> and communicate the results to stakeholders for wider buy-in and support to implement recommendations for improvements. ☐ <u>Critical Incident Registry</u> as a database of incident reports that can drive organizational improvement, facilitate identification and sharing of best practices. ☐ None Comments: *Reference: page 73 of the guidelines for more information.*