DISASTER PREPAREDNESS CHECKLIST AND GUIDANCE

Guide for health system representatives of replication sites

WHAT IS THIS TOOL?

This tool is a structured checklist designed to support health system representatives in assessing disaster preparedness at the local level. It combines a standardized assessment format with evidence-based guidance, allowing representatives to evaluate their system's preparedness according to specific criteria.

SCOPE AND PURPOSE

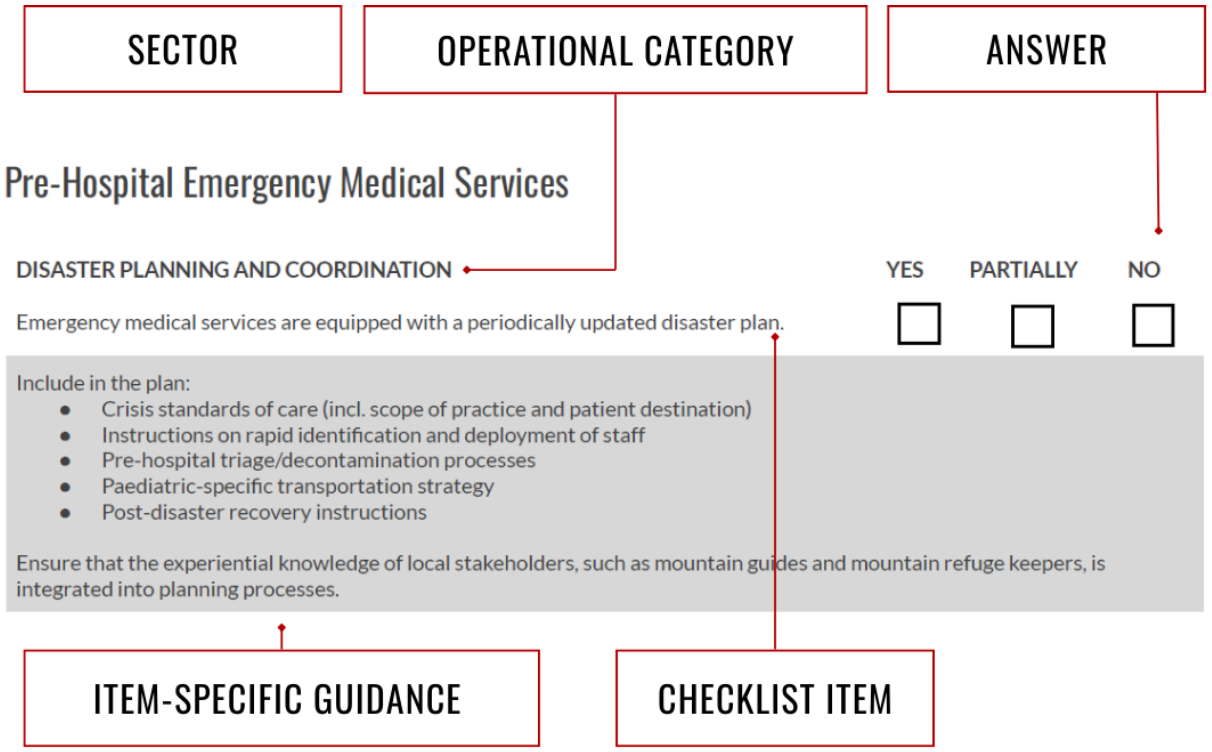
This checklist is intended for use by managerial-level health professionals responsible for local health system oversight. Its purpose is to provide a systematic, comparable, and actionable overview of disaster preparedness across:

→ Five sectors: pre-hospital, hospital, primary and elderly care, pharmacies, and public health

→ Seven operational categories: disaster planning and coordination, staff training and human resources, infrastructure and resource management, communication and early warning, partnerships and community integration, patient care and service continuity, and recovery, monitoring and evaluation

HOW TO USE THIS TOOL

The checklist is designed to be completed in a single, structured session. The tool is organized by sector and by operational category, with one or multiple items for each category.



Each item should be answered using one of three response options:

Y	P	N
Yes	Partially	No

If unable to respond, the item can be left blank.

RECOMMENDED PROCESS

The recommended approach for completing the checklist consists of three main phases. Following these steps will ensure a valid, complete, and representative assessment.

1 PLAN THE SESSION

Before completing the checklist, identify the stakeholders you wish to involve and schedule a dedicated meeting. Confirm that participants cover the five sectors assessed by the checklist.

- → Review the checklist in advance to understand its structure and domains
- → Identify one facilitator familiar with the tool to guide the session
- → Allocate sufficient time for a complete, uninterrupted session (suggested: 1.5 hours)
- → Ensure only one version of the checklist is completed per site

2 CONVENE THE MEETING AND EXPLAIN THE TOOL

Open the session by presenting the tool to all participants. The facilitator should walk the group through the purpose, structure, and response options before beginning.

- → What the tool is and why it is being piloted
- → How the Y / N / P response options work
- → The role of the guidance for selected items
- → That responses should reflect the current, actual state of preparedness

3 COMPLETE THE CHECKLIST TOGETHER

Work through the checklist as a group, sector by sector and domain by domain. The facilitator guides discussion while participants with relevant expertise contribute their knowledge.

- → Encourage discussion before selecting a response: aim for consensus
- → Read the guidance when clarification is needed on a specific item
- → Flag items where information is unavailable or uncertain for follow-up

WHO TO INVOLVE

To ensure a valid and comprehensive assessment, the session should bring together professionals with direct, operational knowledge of each sector covered by the checklist.

KEY REMINDERS

→ Complete only one checklist per site: multiple parallel responses are not intended and would compromise comparability.

→ Involve professionals with direct knowledge of the domains being evaluated, as responses should reflect real, operational experience.

→ A facilitator familiar with the tool is strongly recommended to guide the session and support consistent understanding of items.

→ Complete the checklist in a single, uninterrupted session where possible to maintain consistency across responses.

→ **Please, also complete the open boxes with details on your replication site and the KPI survey!**

EXPECTED OUTPUTS

Completion of the checklist produces a scored preparedness profile of the local site, highlighting strengths and gaps across key disaster preparedness domains. The process of collaboratively completing the checklist across sectors is, in itself, a key result that can spark ongoing dialogue. We advocate for the sustainability of this tool, encouraging health systems to use it autonomously. It enables identification of priority areas to support periodic meetings with key stakeholders and can inform decision-making.

This output can be used to:

- Establish a baseline for improvement planning
- Inform resource allocation decisions within the health system
- Support reporting or accountability processes at higher levels of the health system
- Identify priority domains requiring immediate attention

SESSION DETAILS

To be completed at the start of the assessment session

A. SESSION INFORMATION

Please complete the fields below with details about the assessment session and the health system being evaluated.

Date of assessment session

Site

Region

Country

B. FACILITATOR DETAILS

Record the details of the person coordinating and facilitating the assessment session.

Name

Role

Organisation

Email address

Phone (optional)

C. STAKEHOLDERS BY SECTOR

For each sector, record the name, role, organisation, and contact details of all participating stakeholders. Add rows as needed for sectors with more participants.

PRE-HOSPITAL CARE			
Name	Role	Organisation	Email

HOSPITAL			
Name	Role	Organisation	Email

PRIMARY HEALTH AND ELDERLY CARE			
Name	Role	Organisation	Email

PHARMACIES			
Name	Role	Organisation	Email

PUBLIC HEALTH			
Name	Role	Organisation	Email

D. ADDITIONAL NOTES AND OBSERVATIONS (optional)

Use this section to record any contextual information, limitations, or follow-up actions identified during the session.

Notes (e.g., recent events, known constraints, health system specific characteristics, limitations identified)

Disaster Preparedness Checklist and Guidance

Table of Contents

Pre-hospital emergency medical services

DISASTER PLANNING AND COORDINATION	YES	PARTIALLY	NO
Emergency medical services (EMS) have a disaster plan that is periodically updated.	❑	❑	❑

If the plan needs to be developed or upgraded, include in the plan:

- Crisis standards of care (incl. scope of practice and patient destination)
- Instructions on rapid identification and deployment of staff
- Pre-hospital triage/decontamination processes
- Paediatric-specific transportation strategy
- Post-disaster recovery instructions

Ensure that the experiential knowledge of local stakeholders, such as mountain guides and mountain refuge keepers, is integrated into planning processes.

The local EMS disaster response system is part of a larger disaster response mechanism at the regional and national levels.	❑	❑	❑

To foster a cohesive, unified system, participate in coalitions to promote interdisciplinary collaborations for disaster response.

EMS periodically conduct Hazard Vulnerability Assessment.	❑	❑	❑

Promote:

- Mapping specific risks for EMS (incl. identification of high-risk areas prone to isolation due to heavy snowfall, avalanches and landslides)
- Using these assessments to prioritise measures to reduce risk

STAFF TRAINING AND HUMAN RESOURCES			
EMS are equipped with an Incident Command System to respond to disasters, which defines roles and legal responsibilities.	❑	❑	❑

If the Incident Command System needs to be developed or upgraded, include:

- An updated list of staff contacts (primary and secondary telephone numbers)
- A process to track staff availability and location, response times and mobilisation of additional staff, including standby volunteers
- A strategy with neighbouring providers to enable impacted staff to work at alternative locations during disasters

EMS staff attend training and simulations to test protocols and surge capacity procedures in case of a disaster.	❑	❑	❑

Include in the training:

- Evacuation-specific exercises and drills (incl. paediatric evacuations)
- Lessons learned from after action reviews of past disasters
- Psychological first aid educational materials for staff
- Modules on occupational safety and health (incl. Post-Traumatic Stress Disorder management)
- Modules on public health and climate change hazards
- Modules on managing hazardous chemicals during disasters
- Procedures for using supplies and accessing alternative sources
- Cross-training to address staff shortages and expertise backup
- Training to work in hostile environments (incl. walking on steep slopes, ice and water, as well as operating in cold,

windy and rainy conditions)			
EMS staff are involved in planning and preparing for disasters. For instance, they collaborate to develop disaster plans or their subsequent periodical revisions.	❑	❑	❑
EMS have a post-disaster employee recovery assistance programme to activate in case of need.	❑	❑	❑
Consider establishing: ● A system to determine whether staff have been affected by the disaster and to assess individual needs (incl. shelter, transportation, food and hygiene, childcare, funding and flexible schedules) ● A crisis counseling assistance program including physical, emotional, and psychological support			
INFRASTRUCTURE AND RESOURCE MANAGEMENT			
EMS create, maintain and update an inventory of essential drugs and supplies, along with their sources, including public and private affiliations, local pharmacies and drug companies.	❑	❑	❑
Include in the plan a Memorandum of Understanding with retail stores to ensure immediate access to pharmacies and supplies (incl. personal protective equipment)			
COMMUNICATION AND EARLY WARNING			
EMS system is linked to a meteorological service for updates and early warnings (incl. a cross-country weather monitoring system if needed).	❑	❑	❑
EMS are equipped with notification procedures for key staff and response team members.	❑	❑	❑
If the system needs to be developed or upgraded, include in the system: ● The dissemination of clear guidance on safety measures ● Action points for immediate response according to the type of event Ensure that: ● Staff is appropriately trained in the interpretation of notifications ● Communications effectively reach those who are visually or hearing impaired			
EMS record electronic patient health information that can be made available to receiving facilities in case of evacuations.	❑	❑	❑
EMS of a cross-border region have a system to communicate and coordinate with emergency medical services in the neighbouring country.	❑	❑	❑
Develop and formalize: ● Communication protocols with the neighbouring country ● Joint action plans with the neighbouring country ● The implementation of cross-border emergency drills and exercises			
PARTNERSHIPS AND COMMUNITY INTEGRATION			
EMS system coordinates with hospitals, local disaster management agencies and healthcare coalitions for centralised patient transport and distribution in case of evacuations.	❑	❑	❑
Ensure that the evacuation system: ● Identifies access-to-care challenges in rural, hard-to-reach areas			

- Utilises essential patient transfer information
- Notifies patient families and providers of evacuation destinations
- Establishes strategic evacuation points in mountainous regions

EMS have ongoing collaborative relationships such as Memorandum of Understanding and cooperation strategies with traditional and non-traditional partners.	❑	❑	❑

Consider partnerships with public health agencies, private providers, healthcare coalitions, mountain refuge keepers, ski resorts, schools, and transportation services.

PATIENT CARE AND SERVICE CONTINUITY

EMS have continuity of operations plans for delivering services in the event of a disruption, including alternative transportation options.	❑	❑	❑

If such plans need to be developed or updated, include in these plans:
- Contingency procedures to ensure that staff can continue providing services at alternative locations
- Identification of additional vehicles to be converted for patient care (incl. helicopters, off-road vehicles, and snowmobiles for accessing isolated areas)

RECOVERY AND MONITORING & EVALUATION

The disaster plan for EMS includes guidelines for disaster recovery.	❑	❑	❑
The disaster plan for EMS includes guidelines for Monitoring & Evaluation.	❑	❑	❑

If you are in the process of establishing such guidelines, they should:
- Establish a protocol to ensure a comprehensive after action review
- Assign responsibility for completing such after action review
- Use after action reviews to inform future preparedness plans

Hospital

DISASTER PLANNING AND COORDINATION	YES	PARTIALLY	NO
The hospital has a disaster plan that is periodically updated.	❑	❑	❑
If the plan needs to be developed or upgraded, include in the plan: ● Process to activate surge capacity (incl. triggers) ● Crisis standards of care ● Instructions for emergency medication stockpiling and distribution ● Plan for occupational health and safety ● Ward-specific considerations (incl. OB/GYN, dialysis, paediatric, intensive care unit) ● Post-disaster recovery instructions **Ensure that the experiential knowledge of local stakeholders, such as mountain guides and mountain refuge keepers, is integrated into planning processes.**			
The hospital disaster response system is part of a larger disaster response mechanism at the regional and national levels.	❑	❑	❑
To foster a cohesive, unified system, participate in coalitions to promote interdisciplinary collaborations for disaster response.			
The hospital is equipped with a periodically updated evacuation plan.	❑	❑	❑
If the plan needs to be developed or upgraded, include in the plan: ● Facility-wide and ward-specific triggers to signal the need for evacuation ● Contingency plans for access and egress during a disaster for staff and patients ● Procedures for transferring critical equipment and supplies, staff, and patients to another facility, secure storage or units receiving relocated patients ● Contracts with transportation providers for vehicle supply ● Options for alternative vehicles' use for evacuations (incl. helicopters, off-road vehicles and snowmobiles), considering the possibility of narrow paths and heavy snow			
The hospital periodically conducts Hazard Vulnerability Assessment.	❑	❑	❑
Promote: ● Mapping of risks to the facility's structural and non-structural elements ● Using these assessments to prioritise measures to reduce risk			
STAFF TRAINING AND HUMAN RESOURCES			
The hospital is equipped with an Incident Command System to respond to disasters, which defines roles and legal responsibilities.	❑	❑	❑
If the Incident Command System needs to be developed or upgraded, include: ● An evacuation decision-making algorithm clarifying legal authority, responsibilities and planned vs immediate evacuation criteria ● An up-to-date list of staff contacts (primary and secondary telephone numbers) ● A process to track staff availability and location, response times and mobilisation of additional staff, including standby volunteers ● A strategy with neighbouring providers to enable impacted staff to work at alternative locations			

• The appointment of a disaster recovery office			
Hospital staff attend training and simulations to test protocols and surge capacity procedures in case of a disaster.	❑	❑	❑
Include in the training: • Ward-specific exercises and drills (incl. evacuation procedures, alternative routes) • Triage protocols • Lessons learned from after action reviews of past disasters • Psychological first aid educational materials for staff • Modules on occupational safety and health (incl. Post-Traumatic Stress Disorder management) • Modules on public health and climate change hazards • Modules on managing hazardous chemicals during disasters • Procedures for using supplies and accessing alternative sources • Cross-training to address staff shortages and expertise backup			
Hospital staff are involved in planning and preparing for disasters. For instance, they collaborate to develop disaster plans or their subsequent periodical revisions.	❑	❑	❑
The hospital has a post-disaster employee recovery assistance programme to activate in case of need.	❑	❑	❑
Consider establishing: • A system to determine whether staff have been affected by the disaster and to assess individual needs (incl. shelter, transportation, food and hygiene, childcare, funding and, flexible schedules) • A crisis counseling assistance program including physical, emotional, and psychological support			
INFRASTRUCTURE AND RESOURCE MANAGEMENT			
The hospital is designed to minimise structural vulnerability to the impacts of disasters.	❑	❑	❑
If the hospital is undergoing restructuring or repurposing of sites, implement the following measures: • Relocate generators, fuel pumps, and related electrical equipment out of basements • Pre-design evacuation areas with secure access • Establish a safe storage location for healthcare waste • Ensure the hospital has separate spaces for lower-priority and critical patients • Integrate “Safe Hospitals” and “Smart Hospitals” initiatives into the health system strategic plan and use the Hospital Safety Index to periodically assess hospital disaster preparedness			
The hospital has a strategy to address disruption to critical utilities (incl. backup energy solutions).	❑	❑	❑
Make sure this strategy encompasses the following: • A backup generator capable of covering at least all critical service areas and equipment during and after a disaster • Identification of priority areas within the facility that require emergency power during and after a disaster • A plan to ensure the availability of adequate lighting, communication and information systems (e.g., analogic backup, satellite and radio systems) • Instructions on how to provide and maintain adequate cleaning and disinfection supplies for water safety • Instructions for the maintenance and restoration of waste management systems • Installation of thermometers in refrigerators and freezers to determine if food, vaccines, and other essential refrigeration-dependent medical supplies are safe during a power outage			
The hospital has an inspection mechanism in place to assess the facility regularly, both internally and externally, for signs of deterioration.	❑	❑	❑

The hospital establishes, maintains and updates an inventory of essential drugs and supplies, along with a register of suppliers, including public and private affiliations, local pharmacies and drug companies.	❑	❑	❑

Consider for the inventory:
- Memorandum of Understanding with nearby retail stores for immediate access to groceries, pharmacies and medical supplies
- A process to maintain a 72-hour supply of essential drugs in case of shelter-in-place
- A procedure to maintain an adequate supply of personal protective equipment
- A process to identify and secure a storage space for stockpiling additional supplies

The hospital has a plan to accommodate staff, if shelter-in-place is required. The plan encompasses the availability of adequate food, transportation, crisis counselling, and rest.	❑	❑	❑

Besides sheltering staff, consider preparing the hospital for possible displaced community members seeking refuge during a disaster

The hospital has adequate resources, supplies and spaces for mass fatality management.	❑	❑	❑

Implement:
- Morgue capacity
- Portable refrigerated trailers
- Spaces with the capability for additional cooling

COMMUNICATION AND EARLY WARNING

The hospital system is linked to a meteorological service for updates and early warnings (incl. a cross-country weather monitoring system if needed).	❑	❑	❑
The hospital is equipped with notification procedures for staff and a system in place to alert patients.	❑	❑	❑

If the system needs to be developed or upgraded, include in the system:
- The dissemination of clear guidance on safety measures
- Action points for immediate response according to the type of event
- A system to communicate with families

Ensure that:
- Staff is appropriately trained on the interpretation of notifications
- Communications effectively reach those who are visually or hearing impaired

The hospital has a surveillance system for infectious diseases.	❑	❑	❑
The hospital records electronic patient health information that can be shared with receiving facilities in case of evacuations.	❑	❑	❑

PARTNERSHIPS AND COMMUNITY INTEGRATION

The hospital has ongoing partnerships with regional disaster response teams, public health agencies, private physicians, healthcare coalitions, schools, and transportation services for disaster management.	❑	❑	❑
The hospital has active plans and other documentation, such as Memorandum of Understanding, in place to help facilitate evacuations in case of a disaster.	❑	❑	❑

Consider partnerships with:
- neighbouring hospitals, public health agencies, private physicians, healthcare coalitions, dialysis providers, ski resorts, schools, and transportation services

Consider collaborative networks between:
- mountain hospitals and urban centres to manage patient surges effectively

PATIENT CARE AND SERVICE CONTINUITY

The hospital has triage protocols for disaster events and designated triage areas.	❑	❑	❑

Include reverse triage protocols for early discharge of non-critical patients

The hospital has continuity of operations plans that anticipate prolonged disruption of care.	❑	❑	❑

If such plans need to be developed or updated, include in these plans:
- Contingency procedures to ensure that the staff can continue providing services at other facilities or in local communities
- A list of core health services to be provided during disasters and those to be suspended (incl. surgeries and elective procedures)
- Identification of additional spaces to be converted for patient care
- Specific strategies to guarantee continuity of essential therapies (incl. dialysis)

RECOVERY AND MONITORING & EVALUATION

The hospital has established processes for incident demobilisation and the restoration of systems to normal operations.	❑	❑	❑

Make sure these processes:
- Include a step-by-step process for returning to normal operations (incl. recovery plan to catch up on missed procedures and surgeries)
- Clear indication of when to begin the recovery phase
- Include communication protocols to keep all stakeholders informed

The disaster plan for hospitals includes guidelines for Monitoring & Evaluation.	❑	❑	❑

If you are in the process of establishing such guidelines, they should:
- Establish a protocol to ensure a comprehensive after action review
- Assign responsibility for completing such after action review
- Use after action reviews to inform future preparedness plans

Primary care and elderly care systems

DISASTER PLANNING AND COORDINATION	YES	PARTIALLY	NO
The primary care and elderly care systems have disaster plans that are periodically updated.	❑	❑	❑
If the plans need to be developed or upgraded, include in the plans: • Process to activate surge capacity (incl. plan to extend working hours) • Crisis standards of care (incl. phone triage or telehealth) • Instructions for medication stockpiling and distribution • Plan for occupational health and safety • Instructions on managing an influx of patients (incl. paediatric) • Post-disaster recovery instructions **Ensure that the experiential knowledge of local stakeholders, such as mountain guides and mountain refuge keepers, is integrated into planning processes.**			
The primary care and elderly care disaster response systems are part of a larger disaster response mechanism at the regional and national levels.	❑	❑	❑
To foster a cohesive, unified system, participate in coalitions to promote interdisciplinary collaborations for disaster response.			
The primary care and elderly care systems are equipped with periodically updated evacuation plans.	❑	❑	❑
If the plans need to be developed or upgraded, include in the plans: • An updated registry of vulnerable patients incl. medically fragile individuals with pre-existing conditions (e.g., disabilities, chronic illnesses, and mental health disorders), as well as those who are socioeconomically vulnerable or marginalised, and individuals facing challenges related to housing, location, or transportation) • Procedures for sheltering patients, volunteers and staff • Facility-wide and ward-specific triggers to signal the need for evacuation • Contingency plans for access and egress during a disaster for both staff and patients (incl. specific considerations for fragile patients) • Procedures for transferring critical equipment and supplies, staff, and patients to another facility, secure storage or units receiving relocated patients • Contracts with transportation providers for vehicle supply • Options for alternative vehicles' use for evacuations (incl. helicopters, off-road vehicles and snowmobiles), considering the possibility of narrow paths and heavy snow			
The primary care and elderly care systems periodically conduct Hazard Vulnerability Assessment.	❑	❑	❑
Promote: • Mapping of risks to the facility's structural and non-structural elements • Using these assessments to prioritise measures to reduce risk			
STAFF TRAINING AND HUMAN RESOURCES			
The primary care and elderly care systems have active, functional disaster response committees with clearly defined roles.	❑	❑	❑
Designate alternates/backup personnel for each role			

The primary care and elderly care systems' staff attend training and simulations to test protocols and surge capacity procedures in case of a disaster.	❑	❑	❑

Include in the training:
- Exercises and drills on evacuation procedures and alternative routes
- Paediatric surge capacity exercises and drills
- Lessons learned from after action reviews of past disasters
- Psychological first aid educational materials for staff
- Modules on occupational safety and health (incl. Post-Traumatic Stress Disorder management)
- Modules on public health and climate change hazards
- Modules on managing hazardous chemicals during disasters
- Procedures for utilising supplies and accessing alternative sources
- Cross-training to address staff shortages and expertise backup
- Triage, basic or advanced life support, bleeding control and management of disaster-specific injuries or diseases
- Infectious disease outbreaks, Infection Prevention and Control standards, surveillance/early warning, and case management for relevant public health threats
- Cross-training for handling medical equipment and alternative methods for care delivery in resource-limited settings

The primary care and elderly care staff are involved in planning and preparing for disasters. For instance, they collaborate to develop disaster plans or their subsequent periodical revisions.	❑	❑	❑
The primary care and elderly care systems have family support programs for staff and a post-disaster employee recovery assistance program to activate in case of need.	❑	❑	❑

Consider establishing:
- A system to determine if staff have been affected by the disaster and to assess individual staff needs (incl. shelter, transportation, food and hygiene, childcare, funding, flexible schedules)

The primary care and elderly care systems have a structured workforce retention strategy to ensure staff continuity.	❑	❑	❑

If such strategy needs to be developed or upgraded, include in the strategy:
- Details on workers' competencies, contact information, availability, and roles non-physicians can assume in case of need.
- A roster of volunteers who can support health promotion, outreach and preventive measures

INFRASTRUCTURE AND RESOURCE MANAGEMENT

The primary care and elderly care facilities are structured and designed to minimise structural vulnerability to the impacts of disasters.	❑	❑	❑

If the facility is undergoing restructuring or repurposing of sites, implement the following measures:
- Relocate generators, fuel pumps, and related electrical equipment out of basements
- Pre-design evacuation areas with secure access
- Establish a safe storage location for healthcare waste
- Ensure the facility has separate spaces for lower-priority and critical patients

The primary care and elderly care systems have a strategy to address disruption to critical utilities (incl. backup energy solutions).	❑	❑	❑

Make sure this strategy encompasses the following:
- A backup generator capable of covering at least all critical service areas and equipment during and after a disaster
- Identification of priority areas within the facility that require emergency power during and after a disaster
- A disaster plan to ensure the availability of adequate lighting, communication and information systems (e.g., analogic backup, satellite and radio systems)

- Instructions on how to provide and maintain adequate cleaning and disinfection supplies for water safety
- Instructions for the maintenance and restoration of waste management systems
- Installation of thermometers in refrigerators and freezers to determine if food, vaccines, and other essential refrigeration-dependent medical supplies are safe during a power outage

The primary care and elderly care system have an inspection mechanism in place to regularly assess the facility, both internally and externally, for signs of deterioration.	❑	❑	❑
The primary care and elderly care systems create, maintain and update an inventory of essential drugs and supplies and their sources, including public and private affiliations, local pharmacies and drug companies.	❑	❑	❑

Include in the inventory:
- Memorandum of Understanding with nearby retail stores for immediate access to groceries, pharmacies and medical supplies
- A process to maintain a 72-hour supply of essential drugs, including paediatric ones, in case of shelter-in-place
- A procedure to maintain an adequate supply of personal protective equipment
- A process to identify and secure a storage space for stockpiling additional supplies

COMMUNICATION AND EARLY WARNING

The primary care and elderly care systems are linked to a meteorological service (incl. a cross-country weather control system if needed) for updates and early warnings.	❑	❑	❑
The primary care and elderly care systems are equipped with notification procedures for key staff and response team members along with a system to alert patients.	❑	❑	❑

If the system needs to be developed or upgraded, include in the system:
- The dissemination of clear guidance on safety measures
- Action points for immediate response according to the type of event
- A system to communicate with families

Ensure that:
- Staff is appropriately trained on the interpretation of notifications
- Communications effectively reach those who are visually or hearing impaired

The primary care and elderly care systems record electronic patient health information that can be made available to receiving facilities in case of evacuations.	❑	❑	❑

To be able to do that, ensure that:
- Computer systems are regularly backed up off-site and key information is kept in hard copy (e.g. contact lists and medical details)
- Specific continuity plans for patients dependent on medical equipment (e.g., O2 concentrators, Continuous Positive Airway Pressure machines) are in place

The primary care and elderly care facilities have communication mechanisms in place to communicate status and availability of services to the population in case of a disaster.	❑	❑	❑

Consider establishing separate information channels for routine status updates to prevent the overloading of emergency response lines.

Ensure that:
- The practice's ability to communicate proactively with patients and their relatives is tested

PARTNERSHIPS AND COMMUNITY INTEGRATION

The primary care and elderly care systems have active collaborations, such as Memorandum of Understanding, to formalise relationships for evacuations and surge capacity.	❑	❑	❑

Establish collaborations with:
- Hospitals
- Local primary care paediatricians
- Companies providing life-support devices
- Local childcare and school directors
- Hospices
- EMS
- Public health agencies
- Healthcare coalitions
- Wellness centers
- Public transportation and school transportation services
- Private providers
- Mountain refuge keepers and ski resorts

Patients are involved in risk reduction management, policy making, planning and implementation.	❑	❑	❑

Make sure this strategy encompasses the following:
- Discussions over disaster plans and preparedness strategies during every clinical encounter, especially with vulnerable patients
- Support in the creation of preparedness plans for patients and families (e.g., emergency contact numbers, safe meeting point)

The primary care and elderly care systems are equipped with a community health educational programme on disaster risk reduction practices.	❑	❑	❑

Instruct patients and their families on:
- How to make a disaster evacuation plan or a disaster go-bag
- How to keep a stock of their essential medications
- How to self-administer treatments (i.e., insulin, antibiotics)
- How to use home medical devices
- How to properly store medications in extreme temperatures
- How to ensure basic WASH (Water Sanitation and Hygiene) standards

PATIENT CARE AND SERVICE CONTINUITY

The primary care and elderly care systems have specific triage protocols for different disasters that consider clinical needs and vulnerabilities.	❑	❑	❑

Develop different disaster triage protocols tailored to the specific health consequences of hazards in the specific area

The primary care and elderly care systems maintain a registry of vulnerable patients and conduct periodic interdisciplinary assessments to address all factors contributing to vulnerability (e.g., homebound, knowledge of local language).	❑	❑	❑

Undertake regular patient health needs assessments in order to identify risk factors that influence patient wellbeing (e.g., medical examination, current medications, immunisation status, physical, psychological and social functioning)

Consider the specific needs of those with visual or hearing impairments, physical disabilities, etc.

The primary care and elderly care systems have continuity of operations plans that anticipate prolonged loss of essential infrastructure.	❑	❑	❑

If such plans need to be developed or updated, include in these plans:

- Possibility to write prescriptions in bulk so that patients can have at least a month's worth of medication available
- Mechanisms to proactively contact patients whose services were interrupted
- Instructions for dealing with loss of power, water, gas, communications, cooking and laundry facilities
- Measures to continue operations in alternative facilities (incl. neighbouring buildings), in-home assistance or telemedicine
- A plan for drive-up options for testing, screening and distribution of medical countermeasures
- A list of core health services to be provided during disasters and those to be suspended
- Identification of additional spaces to be converted for patient care
- Conventional, contingency and crisis resource allocation strategies and related ethical considerations

RECOVERY AND MONITORING & EVALUATION

The primary care and elderly care systems have established processes for incident demobilisation and the restoration of systems to normal operations.	❑	❑	❑

Make sure these processes:

- Include a step-by-step process for returning to normal operations
- Set clear indication of when to begin the recovery phase
- Include communication protocols to keep all stakeholders informed

The primary care and elderly care systems disaster plan includes guidelines for Monitoring & Evaluation.	❑	❑	❑

If you are in the process of establishing such guidelines, they should:

- Establish a protocol to ensure a comprehensive after action review
- Assign responsibility for completing such after action review
- Use after action reviews to inform future preparedness plans

Pharmacies

DISASTER PLANNING AND COORDINATION	YES	PARTIALLY	NO
Pharmacies have a disaster plan that is periodically updated.	❑	❑	❑

If the plan needs to be developed or upgraded, include in the plan:

- Process for medication distribution
- Post-disaster recovery plan
- Seasonal plans for peak winter and summer hazards, such as avalanches, floods, and wildfires

Ensure that the experiential knowledge of local stakeholders, such as mountain guides and mountain refuge keepers, is integrated into planning processes.

The pharmacy disaster response system is part of a larger disaster response mechanism at the regional and national levels.	❑	❑	❑

To foster a cohesive, unified system, participate in coalitions to promote interdisciplinary collaborations for disaster response.

STAFF TRAINING AND HUMAN RESOURCES			
Pharmacists attend training and simulations to test protocols and surge capacity procedures in case of a disaster.	❑	❑	❑
Pharmacists are involved in planning and preparing for disasters. For instance, they collaborate to develop disaster plans or subsequent periodical revisions.	❑	❑	❑
Pharmacists are aware of laws and regulations and know how to request a waiver to expand the scope of practice in case of a disaster.	❑	❑	❑
INFRASTRUCTURE AND RESOURCE MANAGEMENT			
Pharmacies are designed to minimise structural vulnerability to the impacts of disasters.	❑	❑	❑

If the facility is undergoing restructuring or repurposing of sites, implement the following measures:

- Relocate generators, fuel pumps, and related electrical equipment out of basements and plan for backup energy solutions
- Installation of thermometers in refrigerators and freezers to determine if vaccines and other essential refrigeration-dependent medical supplies are safe during a power outage
- Foresee warming devices for medications that may freeze in extreme cold conditions in cold spells and snowstorms

COMMUNICATION AND EARLY WARNING			
Pharmacies have communication mechanisms in place to communicate status and availability of services to the population in case of a disaster (incl. alternative pickup points).	❑	❑	❑

Consider establishing separate information channels for routine status updates to prevent the overloading of emergency response lines.

Pharmacies can securely access patients' prescription information during disasters in case of power outages.	❑	❑	❑
Complete a backup of all databases and store the information on a remote server and/or removable media			
PARTNERSHIPS AND COMMUNITY INTEGRATION			
Pharmacies have active plans and other documentation, such as Memorandum of Understanding, in place for potential evacuation support and to ensure continuity of care in case of a disaster.	❑	❑	❑
Consider partnerships with: ● neighbouring hospitals, public health agencies, private physicians, long-term care facilities, healthcare coalitions, dialysis providers, ski resorts, schools, and transportation services Create collaborative networks between: ● Mountain hospitals and urban centres to manage patient surges effectively			
Pharmacies have a contact list of sources for additional medications, including public and private affiliations, nearby pharmacies and drug companies.	❑	❑	❑
PATIENT CARE AND SERVICE CONTINUITY			
Pharmacies have continuity of operations plans that anticipate prolonged loss of essential infrastructure.	❑	❑	❑
If such plans need to be developed or updated, include in these plans: ● Flexible approaches to medications delivery (e.g., dispensing prescriptions in advance, larger-than-usual supplies, alternative locations like mobile pharmacy units, use of drones) ● Mechanisms to ensure that the refrigerator/freezer is supported by emergency backup power or that plan are in place to relocate refrigerated medications to an alternative location during power outages ● Conventional, contingency and crisis resource allocation strategies and related ethical considerations			
RECOVERY AND MONITORING & EVALUATION			
The disaster plan for pharmacies includes guidelines for disaster recovery.	❑	❑	❑
The disaster plan for pharmacies includes guidelines for Monitoring & Evaluation.	❑	❑	❑
If you are in the process of establishing such guidelines, they should: ● Establish a protocol to ensure a comprehensive after action review ● Assign responsibility for completing such after action review ● Use after action reviews to inform future preparedness plans			

Public health system

DISASTER PLANNING AND COORDINATION	YES	PARTIALLY	NO
The public health system has a plan for how it will accommodate increased demand for service in case of disaster. Such plan is periodically updated.	❑	❑	❑
If the plan needs to be developed or upgraded, include in the plan: ● A strategy for mass vaccination event ● Decontamination ● Infection Prevention and Control ● Personal protective equipment distribution			
The public health disaster response system is part of a larger disaster response mechanism at the regional and national levels.	❑	❑	❑
To foster a cohesive, unified system, participate in coalitions to promote interdisciplinary collaborations for disaster response			
For heatwaves, public health measures are guided by a Heat-Health Action plan established at the institutional level.	❑	❑	❑
STAFF TRAINING AND HUMAN RESOURCES			
Public health staff attend training and simulations to test protocols and surge capacity procedures in case of a disaster.	❑	❑	❑
Include in the training: ● Lessons learned from after action reviews of past disasters ● Modules on occupational safety and health ● Modules on public health and climate change hazards ● Modules on managing hazardous chemicals during emergencies			
The public health system educates all staff on syndromic surveillance and mandatory reporting procedures.	❑	❑	❑
The public health workforce is involved in planning and preparing for disasters. For instance, they collaborate to develop disaster plans or subsequent periodical revisions.	❑	❑	❑
COMMUNICATION AND EARLY WARNING			
The public health system is linked to a meteorological service for updates and early warning (incl. a cross-country weather monitoring system if needed).	❑	❑	❑
The public health system is equipped with notification procedures for key staff and response team members along with a system to alert the population.	❑	❑	❑
Ensure: ● Appropriate interpreter services ● Clear messaging about food and water safety ● That communications effectively reach those who are visually or hearing impaired If necessary, establish partnerships with local law enforcement, environmental health, social services, and other community-based partners to reach all community members.			

PARTNERSHIPS AND COMMUNITY INTEGRATION

The public health system has active partnerships with regional and disaster response teams, public health agencies, private physicians, healthcare coalitions, schools, and transportation services for disaster management.	❑	❑	❑
The public health system has guidelines in place to preserve the health of spontaneous, non-organized volunteers in response to significant damage in affected areas.	❑	❑	❑

If such guidelines need to be developed or upgraded, include in the guidelines:
- Instructions on the use of personal protective equipment
- Suggested clothing
- Suggested measures to avoid poisoning and contamination

PATIENT CARE AND SERVICE CONTINUITY

The public health system can activate Infection Prevention and Control and other safety measures in shelters.	❑	❑	❑

Ensure public health measures in shelters (e.g., disease prevention, food safety) and connect residents to offsite care services (e.g., drug treatment programs)

The public health system has continuity of operations plans addressing how it will continue to deliver essential services in the event of a disaster.	❑	❑	❑

If such plans need to be developed or upgraded, include in these plans:
- A strategy to identify services that are essential under various circumstances
- Alternative sites from which it can provide essential services
- Contingency procedures to ensure the staff can continue providing services at other facilities or in local communities
- Plans to address the loss of power, water, communication and information technology services

Ensure:
- Conventional, contingency and crisis resource allocation strategies and related ethical considerations

Public health surveillance systems integrate outbreak data with meteorological information for climate-related analysis.	❑	❑	❑

RECOVERY AND MONITORING & EVALUATION

Public health staff conducts ongoing research and evaluation of health system preparedness and identifies priority climate change impacts specific to the area of interest.	❑	❑	❑

Research should encompass the following:
- Assessment of how different disasters impact healthcare services
- Assessment of community resilience and vulnerability (considering the specific needs of those with visual or hearing impairments, physical disabilities, etc.)
- Guidance for the performance of Hazard Vulnerability Assessments

The public health disaster plan includes guidelines for Monitoring & Evaluation.	❑	❑	❑

If you are in the process of establishing such guidelines, they should:
- Establish a protocol to ensure a comprehensive after action review
- Assign responsibility for compiling the after action review
- Use after action reviews to inform future preparedness plans

The public health system has established processes for incident demobilisation and the restoration of systems to normal operations.	❑	❑	❑

Make sure these processes:

- Include a step-by-step process for returning to normal operations
- Set clear indication of when to begin the recovery phase
- Include communication protocols to keep all stakeholders informed

The public health system has a surveillance plan to monitor and identify health issues arising in the aftermath of extreme weather events after the disaster has ended.	❑	❑	❑

Ensure:

- Implementation of a system to track and monitor health issues that may arise in the aftermath of extreme weather events (incl. emerging and re-emerging infectious diseases)
- Public health inter-agency collaboration to analyse health trends and ensure timely interventions
- The development of protocols for conducting post-event health assessments and screenings

Additional resources

The checklist was developed based on established knowledge from diverse sources, incorporating insights from multiple sectors within the health system. For more detailed information on each component, refer to the original sources.

General preparedness	Planning and Caring for Pediatric and Neonatal Patients in Disasters Inpatient and Outpatient Guidelines
	Quality Criteria for Health National Adaptation Plan
	Continuity of Operation Plan
	Climate Change and Healthcare System Considerations
	A Community Checklist for Health Sector Resilience Informed by Hurricane Sandy
	Neonatal Disaster Preparedness
	A Handbook to Assist Home Health Care Providers in Emergency Preparedness Planning
	Pre-Storm Checklist
Evacuations	Emergency Sheltering, Relocation and Evacuation Plan
Hospitals	Pediatric Readiness in the Emergency Department
	Hospital-based emergency preparedness: evacuation of the neonatal intensive care unit - the smallest and most vulnerable population
	Guide de préparation hospitalière face à un afflux massif de victimes
	Pediatric and Obstetric Emergency Preparedness Toolkit: A Guideline for Hospitals
	Hospital Repopulation after Evacuation: Guidelines and Checklist
	Pediatric Disaster Preparedness Guidelines for Hospitals
	Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Policies
	Planning and Caring for Pediatric and Neonatal Patients in Disasters

Primary and elderly care	Preparedness Checklist for pediatric practices
	Toolkit for Assessing Disaster Resilience for Aged Care Facilities
	Assessing Preparedness For Disasters at the Primary Health Care Level The Prepared Primary Care (PPC) Tool
	Development Planning and Compliance Checklist for FQHCs
	Emergency Preparedness for Hospice Providers
	Home Care and Hospice Workplace Safety Checklist (OSHA ETS)
Infrastructure	Primary Protection: Enhancing Health Care Resilience for a Changing Climate
	Checklists to Assess Vulnerabilities in Health Care Facilities in the Context of Climate Change
Specialized services	Disaster preparedness and contingency plan for dialysis facilities
	Dialysis Facility Disaster Plan Checklist
	Emergency Power Planning for People Who Use Electricity and Battery-Dependent Assistive Technology and Medical Devices
	Emergency Planning Checklist: Recommended Tool for Persons in Long-Term Care Facilities and Their Family Members, Friends, Personal Caregivers, Guardians and Long-Term Care Ombudsmen.

HOW TO CITE THIS TOOL

If you use this checklist in your work (eg: in a report, publication, presentation, policy document) please use one of the citation formats below:

FULL CITATION

CRIMEDIM (2025). *Disaster Preparedness Checklist and Guidance*. MOUNTADAPT Horizon Europe Project (Grant Agreement No. 101155958).

SHORT REFERENCE

CRIMEDIM (2025). *Disaster Preparedness Checklist and Guidance*.

IN-TEXT CITATION

CRIMEDIM (2025).