

Checklists to assess vulnerabilities in health care facilities in the context of climate change

The WHO publication Checklists to Assess vulnerabilities in Health Care Facilities in the Context of Climate Change, along with other checklists, is available on the WHO website at www.who.int/publications/i/item/checklists-vulnerabilities-health-care-facilities-climate-change.

DROUGHTS

Checklist for assessing climate hazards

ARE THESE AREAS IMPACTED?

X Current observed impacts O Possible impacts with changed conditions

CLIMATE HAZARD TYPE	IS HAZARD OR EXPOSURE PRESENT? Yes/No	Health workforce	WASH and health care waste	Energy services	Infrastructure, technologies, products, processes
Flood					
Storm					
Sea-level rise					
Drought					
Heatwave					
Wildfire					
Cold wave					



DROUGHTS: checklist for assessing vulnerabilities

WORKFORCE	Vul	lnerak level	-
High: unprepared; unable to respond (Higher risk) Medium: basic or incomplete preparation; low level of response (Medium risk) Low: prepared; able to respond (Lower risk)	High	Medium	Low
Is the health workforce,			
(Human resources)			
participating in drought, water and climate change adaptation plan and policies?*			
equipped with a plan to identify minimum needs for health workers to ensure operational sufficiency care services?			
equipped with a plan for scheduling outdoor work for cooler time of the day and reducing physical demand during hot days?			
provided with sunscreen, hat and plenty of drinking water for staff carrying out outdoor activities?			
provided with drinking water and stimulated regularly for appropriate water intake?			
(Capacity development)			
trained to identify health conditions made worse by drought?			
equipped with knowledge, experience, training and resources to manage emergency preparedness plans and response measures to reduce drought risks and impacts at the facility and in the local communities?*			
trained in multihazard assessments?			
trained to manage hazardous chemicals?			
trained on how to treat stored water for human consumption?			
trained or prepared to quantify drought-sensitive diseases taking into account the special drought patterns?			
able to convey protective strategies for public health emergencies, in case of high temperature effects, and water and food contamination to patients, staff and communities?*			
trained to an appropriate standard to maintain the correct level of safety of electrical power supply, in both routine and emergency/disaster situations?*			
(Communication and awareness raising)			
aware of the different impacts of drought on human health?			
informed of air pollution advisories and warnings?			
prepared with clear messaging about water and food safety during and after a drought?			
informed on how to use and follow a surveillance system to track health outcomes?			
following guidance on risk assessments to assist in the identification, planning, monitoring and evaluation of risk reduction and adaptation strategies associated with direct and indirect impacts of drought?			
regularly participating in community disaster planning committees to: improve knowledge on how to reduce risks, as well as be prepared and respond to direct and indirect impacts of drought hazard through adaptation measures?*			



following an educational strategy to improve knowledge in the community on the social and economic aspects of drought impacts, and how to reduce health risks and impacts?		
provided with an effective emergency risk communication plan?*		
aware of keeping the facility environment cool (e.g. keep windows that are exposed to the sun closed during the day and open at night when the temperature has dropped; close curtains that receive morning or afternoon sun; turn off nonessential lights and electrical equipment that generate heat; sleeping in a cooler room or use electric fans for some relief if temperatures are below 35°C)?		

WATER, SANITATION AND HEALTH CARE WASTE	Vul	nerab level	ility
High: unprepared; unable to respond (Higher risk) Medium: basic or incomplete preparation; low level of response (Medium risk) Low: prepared; able to respond (Lower risk)	High	Medium	Low
Does the health care facility,			
(Monitoring and assessment)			
verify water safety conditions, which include updated risk assessments to map water resources and water supplies for the facility?*			
have an updated plan to map risks to the water and sanitation infrastructure to identify where services could be disrupted from water scarcity?*			
regularly inspect the rainwater harvesting system for damage and contamination?			
have an evaluation system to monitor water drips, leaks and unnecessary flows in bathrooms, laundry facilities, kitchen, etc.; and perform prompt repairs to avoid loss?			
verify safety conditions and proper functioning of all elements of the water distribution system in preparation for drought (e.g. storage tanks, cisterns, valves, pipes and connections, and water disinfection)?*			
have information on the water system installation that ensures lower risk of being contaminated?			
have a water quality monitoring plan for human consumption?			
have a monitoring plan for potable water?*			
(Risk management)			
have a water management plan to identify water contamination?*			
have a contingency plan for monitoring and reducing contaminant concentrations in the facility water system supplies?			
have a water management system to avoid or reduce vector breeding sites?			
have anti-mosquito breeding measures to avoid vectorborne diseases?			
have a rainwater catchment system with safe water storage?			
have water storage tanks with appropriate covers to prevent contamination?*			
have water storage that is protected from direct sunlight?			
have chemicals stored away from excessive heat?*			
provide sufficient drinking water to staff, patients and visitors?*			
have onsite water purification equipment to provide safe drinking water?			



have a surveillance system for diseases related to water quality and sanitation?*		
(Health and safety regulation)		
have a long-term drought management plan, including the identification of available alternative safe water sources?*		
have established procedures for procuring, transporting and safely storing water?*		
work with water utility agencies to prevent suspension of services?		
have a water safety plan in place, in case of water contamination?		
have a plan to conserve and manage water to reduce water usage, specifically in case of prolonged drought?		
have a cross-sectoral water management plan to conserve and protect local or alternative water sources?		
have a mechanism or regulation to carry out sanitary inspections of alternative forms of water supply (e.g. wells, dams, cisterns, fountains and water trucks), and when necessary, establish a temporary ban on use, until improvements are made to sanitary conditions?		
have a contingency plan to ensure effective and timely delivery of safe water during drought and emergencies over the short- and long-term?*		

ENERGY	Vul	nerak level	•
High: unprepared; unable to respond (Higher risk) Medium: basic or incomplete preparation; low level of response (Medium risk) Low: prepared; able to respond (Lower risk)	High	Medium	Low
Does the health care facility,			
(Monitoring and assessment) regularly assess its energy system to ensure it can cope with drought conditions?			
have an emergency backup generator (including fuel, where relevant) that is able to cover at least all critical service areas and equipment during and after the event?*			
periodically check the emergency backup generator (including fuel, where relevant)?*			
assess regularly heating, ventilation and air conditioning systems?			
assess whether renewable energy (if available, such as solar) is sufficient to power critical equipment?			
(Risk management)			
have appliance thermometers in the refrigerator and freezer to determine if food, vaccines and other essential refrigeration-dependent medical supplies are safe?			
have adequate daylight to ensure proper visibility during a power outage?			
work with energy utility agencies to prevent suspension of electricity services?			
have power-operated doors that can be opened manually to permit exit in case of power failure?			
have a clear guidance on heat-risk management for the maintenance of critical infrastructure (e.g. air-conditioning, medical devices, computers, diagnostic equipment, boiling water)?*			
(Health and safety regulation)			



have an emergency plan for power outages in the short- and long-term?			
have a plan or regulation to determine ways to reduce overall energy use?			
work with energy utility agencies to prevent suspension of electricity services?			
have an emergency plan to ensure availability of adequate lighting, communication and information systems, and refrigeration and sterilization equipment during a drought?*			
have a plan to evacuate patients to a cooling station if the facility has lost power and has no other source of energy?			
have a plan to ensure that the walls and roofs of the facility are insulated?			
INFRASTRUCTURE, TECHNOLOGIES, PRODUCTS AND PROCESSES	Vul	nerak level	-
		-	
High: unprepared; unable to respond (Higher risk)	- E 0	i.	≥
Medium: basic or incomplete preparation; low level of response (Medium risk) Low: prepared; able to respond (Lower risk)	High	Medium	Low
Does the health care facility,			
(Adaptation of current systems and infrastructures)			
have health workforce preparedness and training for periods of extreme drought in place?			
perform assessments of drought conditions – current, past trends and future changes			
 to implement preventive actions? assess the performance and vulnerabilities of each critical part of the facility 	$\overline{}$	П	$\overline{}$
(structural and nonstructural elements) that can be affected by hot temperatures?			
have a monitoring and early warning system integrated with other areas to manage risks related to drought impacts on the facility?			
have a mechanism to rapidly supply or restore water services to the facility?*			
conduct ongoing and postdrought evaluations to identify success and weakness to improve preventive measures?			
assess the capacity of heating, ventilation and air-conditioning systems to deal with increasing heat?*			
have exterior shading devices, trees or other architectural features that mitigate heat and dryness?			
have openable windows to provide for ventilation and to maintain habitable conditions?			
install reflective white roofs to reduce heat impacts?			
have pavements and roofs designed to withstand extreme temperatures or solar radiation?			
have a mechanism to filter indoor and ambient air pollutants?	\Box	П	П
have a system for cooling the environment?	$\overline{}$	$\overline{\Box}$	$\overline{\Box}$
identify vulnerabilities to implement actions to reduce impacts?	一	$\overline{\Box}$	$\overline{\Box}$
stimulate increase of water intake by staff and patients?	一		$\overline{\Box}$
store chemicals away from excessive heat?*	一		一
have a coordinated team across the health sector with a key stakeholder group including different levels of government to manage the risks of public health emergency related to			



droughts?			
have an effective risk communication plan to communicate clear messages of the	П	П	П
danger of heatwaves and dehydration emphasizing health protection as a priority?	ш	ш	ш
(Promotion of new systems and technologies)			
have an information system between the health sector and meteorological services to			
communicate about the climate hazard?*			
have a syndromic surveillance system for drought-related illnesses?			
have an assessment plan for identifying vulnerability conditions considering the			
degree or extent of potential damage or loss in the event of a drought?			
have identified capacities, resources and needs to better cope and manage a drought event?	Ш	Ш	Ш
have an established set of procedures to continually evaluate and implement risk	$\overline{}$		
management plans to stay responsive to the needs of the facility in ongoing and	ш	ш	ш
postdrought events?			
ensure information and communication flow between health workforce and policy	П	П	П
makers, particularly, during high stress situations and demands created by	_	_	
emergencies?			
have trees and plants which are resilient to drought surrounding the facility?			
have an information system for tracking and monitoring diseases following drought			
events?			
have measures that improve health performance, based on a history of climate			
variability in the region or locality?			
(Sustainability of health care facility operations)		_	
have procedures for procuring, transporting and safely storing water supplies?	Ш	Ш	Ш
have a defined and sustained budget as part of core budgeting for emergency			
preparedness and response to drought risks?	_	_	_
have established partnerships between the facility, community and local authorities to reduce vulnerabilities in the surrounding areas?	Ш	Ш	Ш
have trees and leafy plants near windows to provide natural cooling?	\Box	\Box	
			
have a plan to conserve and manage water to reduce water usage, specifically in case of prolonged drought?	Ш	Ш	Ш
have a plan for relocating supplies and services in case of outbreaks and epidemics	П	П	П
that may overwhelm the facility or increase demand due to severe drought?	ш	ш	ш
have established requirements or provide incentives to encourage water	П	П	П
conservation in the facility and also in the communities?			
have a coordinated plan with health municipal department heads to ensure			
appropriate preparations for ongoing drought conditions?*			
explore the relationship between social learning and adaptation measures in the face	Ш	Ш	Ш
of drought threats to identify and implement the best behavioural responses from successful health facilities?			
undertake risk assessments of the supply chain for essential medical and nonmedical	\Box	П	П
products?	Ш	Ш	Ш
have secure access to essential backup food sources via multiple agreements with	П	П	П
different vendors and through cooperative agreements with other health care			
facilities?*			

^{*}For further details see Hospital Safety Index (Reference 2 in the Checklist Guidance). For WASH and health care waste details see WASH FIT (Reference 3 in the Checklist Guidance).



DROUGHTS: checklist for assessing impacts

HEA	LTH WORKFORCE	
	Level of impact	
MAJOR	MODERATE	MINOR
□ Increased threat to the health workforce from infectious disease from water contamination and vector breeding sites □ Increased threat to the health workforce resulting in impacts to noncommunicable diseases (cardiovascular, respiratory diseases), from poor air quality and higher temperatures □ Drought-related illness to health workers requiring hospitalization □ Effects on mental health of staff leading to psychological stress □ Interruption of critical programmes or services availability with possible relocation to another facility (municipality or capital) □ Reduced performance capacity of health workforce □ Increased demand for health care due to drought-related infectious diseases (water-, food- and vector-borne diseases), cardiovascular, kidney and respiratory diseases, cancer (skin, bladder, lung), malnutrition and mental health issues	☐ Increased threat to the health workforce resulting in impacts related to high temperature, low air humidity and less water ingestion ☐ Possible illness to health workers requiring medical treatment ☐ Reduction of health workforce functions ☐ Reduced capacity of the health workforce to deliver health care due to lack of conditions to perform hygiene procedures and services (personal and work-related hygiene) ☐ Reduced productivity ☐ Possible increased risk of dustborne diseases (valley fever, meningococcal meningitis), leading to hospital admissions ☐ Increased risk of mortality associated with drought impacts (cardiopulmonary and respiratory diseases), and increasing demand for services from staff	□ Drought-related illness among health workers not requiring immediate medical treatment □ Service delivery and programme delays □ Restrictions to provide health care services and programmes □ Reduced capacity for health workforce to performs hygiene procedures compromising safety □ Possible reduced capacity and health workforce performance in case of outbreaks



WASH AND HEALTH CARE WASTE Level of impact **MAJOR MODERATE MINOR** ☐ Disruption of the water system supply ☐ Insufficient water ☐ Reduced water availability to provide availability to provide ☐ Shortage or lack of water health care services health care services ☐ Increased water pollution due to Low water quality ☐ Reduced capacity to pollutant concentration resulting from maintain hygiene of Reduced function of low flows and reduced water levels toilets, showers, etc. (arsenic, iron, manganese, fluoride) sanitation systems and ☐ Reduced capacity to hygiene practices (flush Increased water pollution due to access local agricultural toilets, showers, nutrient concentration (phosphorus) sewerage, hand washing, produce resulting from reduced dissolved medical procedures) oxygen levels caused by higher ☐ Possible increase in temperatures, and reduced flows that ☐ Reduced capacity to vector breeding sites increase phytoplankton activity provide cleaning services due to inadequate water (floor, toilets, patient storage in the facility or ☐ Increased water contamination by rooms, and other health surrounding areas cyanobacterial blooms due to increased care facility rooms) ☐ Unable to follow boil temperature ☐ Reduced capacity to water advisories ☐ Water contamination from metals provide water for laundry ☐ Increased water salinity in groundwater and dishwashing machines resources due to decreased recharge ☐ Reduced capacity to ☐ No access to potable water for drinking deliver health care and cooking services due to water Lack of water availability for washing, shortage cooking and hygiene compromising ☐ Reduced capacity to health service deliveries access drinking water for Likelihood of contamination of medical health workforce and devices, instruments and equipment patients ☐ Compromised complex and emergency ☐ Reduced capacity to health care services (surgery, urgent provide disinfection or care) sterilization Compromised routine health care ☐ Increased dependence on services such as ambulatory, less secure alternative immunization, maternity room, water sources dentistry, and other primary services Lack of safe water to ☐ Inadequate wastewater elimination provide complex health ☐ Increased rate of broken pipes care services Reduced efficacy of chemicals to treat water



	ENERGY	
	Level of impact	
MAJOR	MODERATE	MINOR
 □ Power failure □ Disruption in use of medical equipments that require electricity □ Shutdown of cold storage systems □ Interruption of health care services which require electricity such as dialysis, oxygen supplies, diagnosis equipment □ Loss of vaccines, laboratorial supplies, drugs, pharmaceuticals and other essential refrigeration-dependent medical supplies □ Unable to follow boil water advisories □ Disruption of the fuel supply chain □ Disruption of energy-dependent water pumping and treatment 	□ Intermittent power delivery □ Temporary power supply interruption □ Reduced capacity to use medical and diagnostic equipment that require electricity □ Disruption of cooling system for medicines, vaccines, and medical and laboratorial supplies □ Difficulty to provide critical health care service deliveries such as dialysis, oxygen supplies, diagnostic equipment, causing patient transfers to other health care facilities (municipal or regional) □ Reduced capacity to provide cleaning services that need electricity (laundry, dishwashing machines) □ Reduced capacity to provide disinfection services that need electricity (autoclave, microwave) □ Reduced capacity to boil water	 □ No ongoing compromise of energy supply □ No ambient cooling □ Loss of food or difficulty in keeping food refrigerated □ Interruption of internal access systems (elevators, automatic doors)



INFRASTRUCTURE, TECHNOLOGY, PRODUCTS AND PROCESSES

Level of impact **MAJOR MODERATE MINOR** ☐ Damage to vital equipment from power ☐ Reduced capacity to deliver ☐ Minimal impact on outages critical health care services local operations due to water shortage equipment, with no ☐ Interruption of health care services impact on health care ☐ Reduced capacity to deliver delivery and operation service deliveries basic health care services ☐ Disruption of internal communication ☐ Minimal impact on and information systems ☐ Temporary suspension of the supply chain service deliveries due to Reduced capacity of routine health care Reduced capacity to water shortage services such as ambulatory, provide local food ☐ Increase in temperature and immunization, maternity room, dental access service, and other primary services (from reduction in air quality ☐ Minor impact from reduced water supply) within the health care high temperatures facility ☐ Interruption of diagnostics due to and reduction in air ☐ No functioning air equipment damage quality within the conditioning system or ☐ Interruption of water and food supply facility due to lack of electric fans or appropriate chains air conditioning or window position ☐ Increased complex and emergency electric fans or ☐ Possibility of reduced food health care services (dialysis, complex appropriate window supply due to lower access treatments, outbreaks, cardiovascular position to food production and respiratory hospitalizations, etc.) ☐ Increased hospitalization ☐ Increased health care costs for attending rates requiring extra to all drought-related impacts medical supplies and health ☐ Decreased local food security workforce ☐ Disruption of local food supply Possibility of higher costs to health care facilities due to lower/reduced food supply and higher prices



DROUGHTS: proposed response actions

HEALTH WORKFORCE	
WASH AND HEALTH CARE WASTE	
WIGHT WAS TENED TO THE WIGHT	
ENERGY	
INFRASTRUCTURE, TECHNOLOGIES, PRODUCTS AND PROCESSES	