

ELEMENT 4 CHECKLIST

ESSENTIAL CLINICAL CARE SERVICE DELIVERY PLANNING

Yes = Action completed Somewhat = Action in progress or incomplete No = No action planned or taken Unknown = Status or action unknown N/A = Does not apply

STEP 1: Determine Clinical Care Needs		Value	Rank
4.1.1	Have you developed planning metrics for extreme weather related events?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.1.2	Determine the appropriate length of time for self-sustaining care within the facility without re-supply of equipment, supplies and staff <i>(96 hours is a common default)</i>		<input type="radio"/> Unknown <input type="radio"/> N/A
4.1.3	Determine the appropriate length of time with no mutual aid from the local community that will be used for planning purposes <i>(96 hours is a common default)</i>		<input type="radio"/> Unknown <input type="radio"/> N/A
4.1.4	Determine Average Daily Occupancy (census) <i>(the average daily number of occupied beds over the preceding year)</i>		<input type="radio"/> Unknown <input type="radio"/> N/A
4.1.5	Determine average number of patients that qualify for early discharge; check number periodically		<input type="radio"/> Unknown <input type="radio"/> N/A
4.1.6	Determine factors for community surge		
	• Is this facility the place of refuge for community long term care, assisted living, or other medical residential care uses?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Are there particular health vulnerabilities in the community that will likely increase admissions during an extreme event?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.1.7	Set target for surge capacity <i>(for example: 5%, 10%, 20% of bed totals)</i>	%	<input type="radio"/> Unknown <input type="radio"/> N/A
4.1.8	Do you have a plan for Mass Fatality management and accommodation associated with extreme weather events?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Morgue Capacity		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Portable Refrigerated Trailers		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Spaces capable of additional cooling		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.1.9	Assess your overall understanding of clinical care needs and patient surge in an extreme weather event.	<input type="radio"/> 3 (Exemplary) <input type="radio"/> 2 (Functional) <input type="radio"/> 1 (Marginal) <input type="radio"/> 0 (None) <input type="radio"/> N/A	

STEP 2: Determine Personnel Availability		Value	Rank
4.2.1	Have you calculated the number of personnel that will not likely report to work due to inability to travel, illness or safety concerns <i>(e.g., 40% or 200 out of 500)?</i>		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.2.2	Have you prepared a Staffing Strategy during surge? <i>(who can work from home, who can work from an alternate location; who is necessary at the hospital?)</i>		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.2.3	Does your health care facility disaster plan include a protocol to receive external assistance from outside partners <i>(e.g. other health care facilities, community, provincial agency, federal agency)</i> in the event of climate-related emergency?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.2.4	Assess your overall understanding of personnel availability in an extreme weather event based on your answers to the questions above.	<input type="radio"/> 3 (Exemplary) <input type="radio"/> 2 (Functional) <input type="radio"/> 1 (Marginal) <input type="radio"/> 0 (None) <input type="radio"/> N/A	

STEP 3: Identify Clinical Care and Support Space Vulnerabilities		Value	Rank
4.3.1	Inventory the locations of critical medical care departments, support services and diagnostic equipment listed below. Are these departments or services accessible and out of harm's way in an extreme weather event?		
	• Urgent Care		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Emergency Services		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Main Lobby/ Building Entrances		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Helipad		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Imaging		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Critical Care and/or Bed Units		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Pharmacy		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Medical Records/ IT		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
	• Emergency Command Center		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A

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• Kitchen/ Food and Potable Water Storage	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Clinical Supplies accessible	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Clinical Laboratories	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Hazardous Waste Storage	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Morgue	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Ambulance Fleet Refueling/ Garage	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Internal building connecting corridors/links	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Assess your vulnerability to extreme events based on your responses above.	<input type="radio"/> 3 (Exemplary) <input type="radio"/> 2 (Functional) <input type="radio"/> 1 (Marginal) <input type="radio"/> 0 (None) <input type="radio"/> N/A
4.3.2 Based on your inventory above, do you have workaround and/or contingency plans for possible disruption of vulnerable services and functions related to an extreme weather related event?	
• Urgent Care	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Emergency Services	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Main Lobby/ Building Entrances	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Helipad	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Imaging	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Critical Care and/or Bed Units	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Pharmacy	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Medical Records/ IT	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Emergency Command Center	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Kitchen/ Food and Potable Water Storage	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Clinical Supplies accessible	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Clinical Laboratories	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Hazardous Waste Storage	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Morgue	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Ambulance Fleet Refueling/ Garage	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Internal building connecting corridors/links	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Do you have workarounds for services listed below?	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Assess your contingency plans for vulnerable locations based on your responses above.	<input type="radio"/> 3 (Exemplary) <input type="radio"/> 2 (Functional) <input type="radio"/> 1 (Marginal) <input type="radio"/> 0 (None) <input type="radio"/> N/A
4.3.3 A climate-related emergency may affect waste management practices at your health care facility. Does your health care facility have a contingency waste management plan if primary waste management processes are limited or unavailable in an climate-related emergency scenario?	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.3.4 Assess your overall clinical care and support vulnerabilities in an extreme weather event based on your answers to the questions above.	<input type="radio"/> 3 (Exemplary) <input type="radio"/> 2 (Functional) <input type="radio"/> 1 (Marginal) <input type="radio"/> 0 (None) <input type="radio"/> N/A

STEP 4: Identify Locations for Anticipated Patient Surge	Value	Rank
4.4.1 Identify the number of unoccupied beds (<i>total capacity - average census</i>)		<input type="radio"/> Unknown <input type="radio"/> N/A
4.4.2 Identify number of early discharge recoverable beds (<i>see 4.1.4</i>)		<input type="radio"/> Unknown <input type="radio"/> N/A
4.4.3 Have you inventoried and assessed Expanded Treatment Areas (ETA) (<i>additional areas on campus or off-campus at locations owned or operated by the hospital</i>) for treating lower acuity patients, either admits or transfers from the hospital? See Element 4 Resources for an APC Checklist for Expanded Treatment Areas.	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A	
4.4.4 Have you inventoried and ranked Alternate Care Sites (<i>off-campus locations owned or operated by businesses other than the hospital</i>) to which lower acuity hospital patients may be transferred for treatment by attending hospital staff? (<i>These may be churches, schools, hotels/motels, etc., not large regional community-wide alternate care sites established by the community.</i>) See Element 4 Resources for an APC Checklist for Alternate Care Sites.	<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A	
4.4.5 Assess overall provisions for anticipated patient surge during and following extreme weather events based on your responses to the questions above.	<input type="radio"/> 3 (Exemplary) <input type="radio"/> 2 (Functional) <input type="radio"/> 1 (Marginal) <input type="radio"/> 0 (None) <input type="radio"/> N/A	

STEP 5: Personnel and their Accommodation	Value	Rank
4.5.1 Have you identified Temporary Staffing Sources - ie, Red Cross, Emergency Response Teams, etc?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.5.2 Have you identified and equipped Essential Staff Sleeping Area(s)?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.5.3 Do you have a Dependent Care Plan that Identifies essential staff dependent care options, both on and off-site? <i>See Element 4 Resources for APC model plan.</i>		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.5.4 Do you have a Pet Care Plan that in part encourages employees to anticipate and proactively find accommodations for pets before the emergency? <i>See Element 4 Resources for APC model plan.</i>		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.5.5 Do your response and recovery plans for climate-related emergencies or disasters include the provision of psychological support to address mental health impacts of health care facility staff in the short term and long-term?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.5.6 Do you have a system to manage professional and allied healthcare and non-healthcare volunteer personnel?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.5.7 Rank overall provisions for personnel and their accommodation during and following extreme weather events based on your responses to the questions above.	<input type="radio"/> 3 (Exemplary) <input type="radio"/> 2 (Functional) <input type="radio"/> 1 (Marginal) <input type="radio"/> 0 (None) <input type="radio"/> N/A	

STEP 6: Health Care Resources and Supplies	Value	Rank
<i>Procurement of health care resources and supplies is critical for any health care facility to provide care. Climate variability and extreme weather events may affect access to these resources. This includes “just in time delivery” of supplies in emergency situations. Consider the questions below and assess your supply chain resilience.</i>		
4.6.1 At planning venues with community partners, do you discuss how institutional changes in combination with climate variability might affect delivery and/or access to health care resources or supplies?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.6.2 Do you have a plan to accommodate increased supply storage for the extended period of time that the facility will be self-sufficient?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.6.3 Do you currently have access to sufficient inventories of essential supplies and resources to continue to provide care during one or more climate-related emergencies? Please respond according to essential back-up supplies listed below.		
• Medications, treatments, drugs, pharmaceuticals, vaccines		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Medical equipment: dialysers, etc.		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Food		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Water		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
• Non-medical materials, such as bed linens, cleaning supplies		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.6.4 Rank your overall supply chain preparedness, based on your answers to the questions above	<input type="radio"/> 3 (Exemplary) <input type="radio"/> 2 (Functional) <input type="radio"/> 1 (Marginal) <input type="radio"/> 0 (None) <input type="radio"/> N/A	

SUMMARY	Value	Rank
<i>Based on your responses above, develop a list of action items to address Clinical Care Service Delivery issues identified.</i>		
4.7.1 Have you determined key clinical care improvement strategies for each building and campus from this checklist?		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A
4.7.2 Have you mapped priority strategies for this Element across a timetable for implementation? <i>Refer to the Getting Started section of the Climate Resilience Toolkit toolkit.climate.gov.</i>		<input type="radio"/> Yes <input type="radio"/> Somewhat <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A

This checklist is one component of a five element framework and toolkit for improving healthcare facility climate resilience. The full set of checklists, companion resources and case studies are available at toolkit.climate.gov. This document is provided to the public for informational purposes and voluntary use. It does not represent official HHS policy.