



# HOSPITAL ADMINISTRATOR POST DISASTER FUNCTIONAL CHECKLIST



Pan American  
Health  
Organization



World Health  
Organization

REGIONAL OFFICE FOR THE Americas



## Purpose

The document is meant as a simple checklist to be used by the Hospital Administrator or CEO within 24 hours, after the impact of a natural or man-made hazard. Its objective is to determine the immediate level of safety and functionality of the hospital. It does not replace a detailed post-disaster assessment, nor it is intended to be a description of minimum standards.

The decision whether or not to evacuate the hospital based on structural integrity should be following a detailed assessment undertaken by a structural engineer. The assessment will require experienced judgment to a considerable extent.

Similarly the decision to reconnect or use sensitive mechanical and biomedical equipment should be following an assessment and recommendations made by a mechanical/biomedical/electrical engineer.

From the Hospital Administrator's perspective, one needs to be able to answer the following questions post-disaster: Is the Hospital safe? The facility is assessed in three segments:

**S: Structural**

**N: Non structural**

**F: Functional Capacity**

## S: Structural

Visual assessment of the structure.

| Determine if the structure is safe |  |                          |                          |                                       |
|------------------------------------|--|--------------------------|--------------------------|---------------------------------------|
| #                                  | Safety checks  | Yes                      | No                       | Observations/Comments/Actions (*)     |
| S1                                 | Do we need to evacuate? Is there perceived imminent danger to patients and staff?  | <input type="checkbox"/> | <input type="checkbox"/> |                                       |
| S2                                 | Is the condition of the structure adequate to allow operations to continue of an acceptable quality and in a safe manner?                            | <input type="checkbox"/> | <input type="checkbox"/> |                                       |
|                                    | Are there significant cracks in the load-bearing walls and columns?  | <input type="checkbox"/> | <input type="checkbox"/> |                                       |
|                                    | Also check for cracks in slabs and/or stairs?  | <input type="checkbox"/> | <input type="checkbox"/> |                                       |
|                                    | Is the roof intact?  | <input type="checkbox"/> | <input type="checkbox"/> |                                       |
| S3                                 | Do we need to relocate a particular service(s) to another section of the facility or must the service(s) be discontinued in-house and be outsourced? | <input type="checkbox"/> | <input type="checkbox"/> | Identify the areas/services affected. |

(\*) Note: Observations/ Comments/ Actions: Identify the actions that must be carried out to ensure safe operations at the hospital. Provide practical recommendations based on available resources. Example, completely remove a wall that is partially collapsed; cover partially damaged roof with plastic available locally; etc.

## N: Non-Structural

| Assess integrity of the non-structural aspects and patient care areas |  |  |  |                                      |
|---|--|--|--|--------------------------------------|
| <b>N1</b>   | <b>Accessibility</b>   | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|   | <ul style="list-style-type: none"> <li>Is there safe and adequate vehicular access to the hospital?<br/><i>Check if there is adequate space for ambulances to turn.</i></li> <li>Is there safe pedestrian access to the hospital?</li> </ul>   | <input type="checkbox"/>   | <input type="checkbox"/>   |                                      |
| <b>N2</b>   | <b>Parking lots</b>  | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|   | <ul style="list-style-type: none"> <li>Are parking lots cleared and safe for usage?</li> </ul>   | <input type="checkbox"/>   | <input type="checkbox"/>   |                                      |
| <b>N3</b>   | <b>Safety of external areas</b>  | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|   | Check safety and security of hospital compound, external to buildings: <ul style="list-style-type: none"> <li>Boundary fence and gate(s) intact?</li> <li>Fallen trees/branches?</li> <li>Fallen power/telecomm lines and poles?</li> <li>External drains free from blockage?</li> <li>Are water tanks secured and intact?</li> <li>Are security personnel on site?</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                      |
| <b>N4</b>   | <b>Safety of internal areas</b>  | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
| 1.  | Check the building interior for any potential sources of injury: <ul style="list-style-type: none"> <li>Are ceilings and overhead fixtures intact?</li> <li>Are windows and doors secured to walls and able to close?</li> <li>Are shelves, equipment and materials secured from falling?</li> <li>Gases: Are bottles, tanks and gas links secure and without leaks?</li> <li>Electricals: Is the electrical supply safe and reliable? <i>Check correct electrical voltage supply and all phases.</i></li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |                                      |

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|   |  |  |  |                                      |
|---|--|--|--|--------------------------------------|
| 2.  | Determine if the following hazards are present: <ul style="list-style-type: none"> <li>• Smoke/ fire</li> <li>• Hazardous material spill</li> <li>• Damage to housed radioactive materials</li> <li>• Noxious fumes</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |                                      |
| <b>N5</b>   | <b>Assessment of major systems (lifelines)</b>   | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
| <i>Select YES, if system is functional and, NO, if the systems are non-functional</i> |  |  |  |                                      |
|   | <ul style="list-style-type: none"> <li>• Potable water             <ul style="list-style-type: none"> <li>▪ Is water available in adequate quantities?</li> <li>▪ Is the water safe for use?<br/><i>Check for chlorination, filtration of contaminants.</i></li> </ul> </li> <li>• Electrical generation<br/><i>Check the supports of generators.</i></li> <li>• Fire system</li> <li>• Chillers</li> <li>• Boilers</li> <li>• Fuel supplies<br/><i>Check for leaks in fuel storage tanks or lines.</i></li> <li>• Medical gases</li> <li>• Elevators<br/><i>Check the displacement of the elevator cables after an earthquake.</i></li> <li>• Hospital information system (HIS)<br/><i>Check telecomm lines and IT infrastructure.</i></li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                      |
| <b>N6</b>   | <b>Assessment of sanitation systems</b>  | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|   | <ul style="list-style-type: none"> <li>• Are all toilets functional?</li> <li>• Are all hand basin and washing facilities operational?</li> <li>• Is the wastewater system functional?</li> <li>• Is there a solid waste disposal system operational (for removal of debris)?</li> <li>• Is there a medical waste system operational (for sharps, etc.)?</li> </ul>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |                                      |

## F: Functional Capacity

Determine the functional capacity and capability of the institution. Identify the gaps. Please fill out the checklist for the departments that are present at the hospital.

| Assessment of critical areas including equipment functionality |   |  |  |                               |
|--|---|--|--|-------------------------------|
| F1   | Emergency Room  | Yes  | No   | Observations/Comments/Actions |
|  | Bed capacity: <ul style="list-style-type: none"> <li>• Has there been a reduction in bed capacity? (list number of beds currently available)</li> <li>• Is there capability to improvise or increase bed capacity? (list number of additional beds)</li> </ul>  | <input type="checkbox"/><br><br><input type="checkbox"/>   | <input type="checkbox"/><br><br><input type="checkbox"/>   |                               |
|  | Equipment: <ul style="list-style-type: none"> <li>• Vital sign monitors</li> <li>• Sphygmomanometer</li> <li>• Suction device and connective tubing</li> <li>• Medical gases and regulators</li> <li>• Stretchers with mattresses</li> <li>• Wheel chairs</li> <li>• Infusion pumps</li> <li>• ECG machine</li> <li>• Arterial blood gas machine with cartridges</li> <li>• Glucometer machine with strips</li> <li>• Otoscope</li> <li>• IV (intravenous) poles</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                               |
|  | Supplies: <ul style="list-style-type: none"> <li>• IV fluids</li> <li>• IV administration sets</li> <li>• Heplock</li> <li>• Intracaths</li> <li>• Needles</li> <li>• Cardiac electrodes</li> <li>• Resting ECG electrodes</li> <li>• Syringes</li> <li>• Nebulization sets</li> </ul>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |                               |



|  |  |  |  |                                      |
|--|--|--|--|--------------------------------------|
|  | Equipment and supplies: <ul style="list-style-type: none"> <li>• Ventilator</li> <li>• Vital sign monitor</li> <li>• Infusion pump</li> <li>• Medical gases</li> <li>• Medication refrigerator</li> <li>• Defibrillator</li> <li>• Ambu bags and mask</li> <li>• Blood gas machine</li> <li>• Suction device</li> <li>• Stocked crash cart</li> <li>• Others</li> </ul>                        | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                      |
| <b>F3</b>  | <b>Neonatal Intensive Care Unit (NICU)</b>   | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
| <i>Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional. If equipment was not available at hospital prior to event, leave blank.</i> |  |  |  |                                      |
|  | Bed capacity: <ul style="list-style-type: none"> <li>• Has there been a reduction in bed capacity? (list number of beds currently available)</li> <li>• Is there capability to improvise or increase bed capacity? (list number of additional beds)</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/>   |                                      |
|  | Equipment and supplies: <ul style="list-style-type: none"> <li>• Incubator</li> <li>• Medical gases</li> <li>• Vital signs monitors</li> <li>• Ventilator</li> <li>• Suction device</li> <li>• Potable water (Check for leaks in storage tanks)</li> <li>• Means of heating water (mixing of baby food)</li> <li>• Medication refrigerator</li> <li>• Infant warmer (billiblanquet)</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |                                      |

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| F4   | Operating Theatre (OT)   | Yes  | No   | Observations/Comments/Actions |
|--|--|--|--|-------------------------------|
| <p>Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional. If equipment was not available at hospital prior to event, leave blank.</p> |  |  |  |                               |
|  | <p>Equipment:</p> <ul style="list-style-type: none"> <li>• Anaesthetic machine</li> <li>• Operating theatre table</li> <li>• Defibrillators</li> <li>• Suction device</li> <li>• Airway equipment</li> <li>• Operating room lights</li> <li>• Surgical diathermy</li> <li>• Fluid warmer</li> <li>• Stocked crash cart</li> <li>• Medical gases</li> <li>• Autoclave</li> <li>• Air condition</li> <li>• Refrigerator</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |                               |
|  | <p>Supplies:</p> <ul style="list-style-type: none"> <li>• Laparotomy sets</li> <li>• Bladder retractor for C-sections</li> <li>• Self-retaining retractor</li> <li>• Delivery sets</li> <li>• Sterile drapes</li> <li>• Air way supplies</li> <li>• Medication</li> <li>• Sterile instruments</li> <li>• General &amp; fine surgical sets</li> <li>• Base bone set</li> <li>• Tension band wiring sets</li> <li>• External fixation devices</li> <li>• Tracheostomy sets</li> <li>• Craniotomy sets</li> <li>• Thoracic set</li> <li>• Ophthalmic set</li> <li>• Vascular set</li> <li>• Intermittent pneumatic compression device</li> <li>• Anti-embolism compression stockings</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                               |

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|  | <ul style="list-style-type: none"> <li>• Drugs for resuscitation</li> <li>• Surgical gowns</li> <li>• Sutures</li> <li>• Others</li> </ul>                                | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |  |                          |                               |
|--|---|--|--|--|--|--------------------------|-------------------------------|
| F5   | Wards   | Number of Beds   | Is there adequate staff?   |  | Is there adequate essential equipment? |                          | Observations/Comments/Actions |
|  |   |  | Yes  | No   | Yes                                    | No                       |                               |
|  | Female medical  |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
|  | Male medical  |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
|  | Female surgical   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
|  | Male surgical   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
|  | Other:  |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
|  |   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
|  |   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
|  |   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
|  |   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>               | <input type="checkbox"/> |                               |
| F6   | Sterilisation Department  |  | Yes  | No   | Observations/Comments/Actions          |                          |                               |
| <i>Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional.</i>   |   |  |  |  |  |                          |                               |
|  | <ul style="list-style-type: none"> <li>• Autoclave machines</li> </ul>  |  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                          |                               |
| F7   | Dialysis  |  | Yes  | No   | Observations/Comments/Actions          |                          |                               |
| <i>Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional. State in comments, if equipment was not available at hospital prior to event.</i> |   |  |  |  |  |                          |                               |
|  | <ul style="list-style-type: none"> <li>• Dialysis machine</li> <li>• Water</li> <li>• Water treatment (reverse osmosis) plant</li> <li>• All dialysis supplies</li> </ul> |  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |                          |                               |

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| F8 | Blood bank   | Yes  | No   | Observations/Comments/Actions |
|----|--|--|--|-------------------------------|
|    | <ul style="list-style-type: none"> <li>• Refrigerated storage</li> <li>• Blood warmers</li> <li>• Administration sets</li> <li>• Lab testing equipment and supplies</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                               |

### Assessment of ancillary services

| F9 | Radiology | Yes | No | Observations/Comments/Actions |
|----|-----------|-----|----|-------------------------------|
|----|-----------|-----|----|-------------------------------|

Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional. State in comments, if equipment was not available at hospital prior to event.

|  |  |  |  |  |
|--|--|--|--|--|
|  | Equipment: <ul style="list-style-type: none"> <li>• MRI</li> <li>• CAT Scan</li> <li>• Ultrasound</li> <li>• General radiographic/ fluoroscopic equipment</li> <li>• Film processor/ computerised radiography system (CR reader)</li> <li>• View boxes/ picture archiving communicating system</li> <li>• Mammography system</li> <li>• Computers</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
|  | Supplies: <ul style="list-style-type: none"> <li>• Films</li> <li>• Cassettes</li> <li>• Processing equipment &amp; chemicals</li> <li>• Contrast media</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |  |

| F10 | Laboratory | Yes | No | Observations/Comments/Actions |
|-----|------------|-----|----|-------------------------------|
|-----|------------|-----|----|-------------------------------|

Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional. State in comments, if equipment was not available at hospital prior to event.

|  |  |  |  |  |
|--|--|--|--|--|
|  | <ul style="list-style-type: none"> <li>• Immunology analyser</li> <li>• Hematology analyser</li> <li>• Chemistry analyser</li> <li>• Centrifuge</li> <li>• Blood bank cooler and freezer</li> <li>• Platelets</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
|--|--|--|--|--|

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|  |  |  |  |  |
|--|--|--|--|--|
|  | <ul style="list-style-type: none"> <li>• Agitator</li> <li>• Reagents and sample refrigerator</li> <li>• Microscope</li> <li>• Autoclave</li> <li>• MicroB incubator</li> <li>• Water purification system</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
|--|--|--|--|--|

| F11 | Pharmacy | Yes | No | Observations/Comments/Actions |
|-----|----------|-----|----|-------------------------------|
|-----|----------|-----|----|-------------------------------|

Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional.

|  |   |  |  |  |
|--|---|--|--|--|
|  | Equipment:<br><ul style="list-style-type: none"> <li>• Medication refrigerators</li> </ul>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
|  | Availability of general drugs:<br><ul style="list-style-type: none"> <li>• Broad spectrum antibiotics</li> <li>• Antihistamines</li> <li>• Steroids</li> <li>• Non-steroidal anti-inflammatory drugs (pain medication)</li> <li>• Narcotics</li> <li>• Broad spectrum anti-bacterial/ fungal ointments &amp; lotions</li> <li>• Tetanus toxoid</li> <li>• Proton pump inhibitors (acid reducing products)</li> <li>• Opiates</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
|  | Are there adequate sanitary kits:<br><ul style="list-style-type: none"> <li>• Male (adult)</li> <li>• Female (adult)</li> <li>• Child</li> <li>• Babies</li> </ul>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |  |

**Note on General Drugs:** Refer to WHO list of essential medicines on: <http://www.who.int/medicines/publications/essentialmedicines/en/> as it relates to your hospital's level of care.

**For the Caribbean,** refer to the OECS Guidelines on Medicines List on: <http://apps.who.int/medicinedocs/documents/s19546en/s19546en.pdf>.

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| <b>F12</b>   | <b>Mortuary</b>  | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|--|--|--|--|--------------------------------------|
| <i>Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional. State in comments, if equipment was not available at hospital prior to event.</i> |  |  |  |                                      |
|  | <ul style="list-style-type: none"> <li>• Refrigerator/ freezer room</li> <li>• Body trolley(s)</li> <li>• Autopsy room</li> <li>• All consumables</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                      |
| <b>F13</b>   | <b>Laundry</b>   | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
| <i>Select YES, if items are present and functional and, NO, if the items are insufficient or non-functional. State in comments, if equipment was not available at hospital prior to event</i>  |  |  |  |                                      |
|  | <ul style="list-style-type: none"> <li>• Washing machine</li> <li>• Dryer</li> <li>• Flat work ironer</li> <li>• Boiler</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                      |
| <b>F14</b>   | <b>Kitchen</b>   | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|  | Is there the ability to prepare, serve and distribute meals?   | <input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/>   |                                      |
| <b>F15</b>   | <b>Hygiene &amp; Infection control</b>   | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|  | <ul style="list-style-type: none"> <li>• Microcon unit: mobile hospital air purification; cleans the air in TB cases</li> <li>• Personal protective equipment (PPE)</li> <li>• Disinfectant</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |                                      |
| <b>F16</b>   | <b>Housekeeping &amp; Cleaning</b>   | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|  | <ul style="list-style-type: none"> <li>• Are there adequate supplies to undertake housekeeping activities?</li> <li>• Are there adequate supplies to undertake cleaning activities?</li> </ul>         | <input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/>   |                                      |
| <b>F17</b>   | <b>Medical records</b>   | <b>Yes</b>   | <b>No</b>  | <b>Observations/Comments/Actions</b> |
|  | <ul style="list-style-type: none"> <li>• Are patient records safe and accessible?</li> <li>• Is there capability to develop and store records for new patients?</li> </ul>                             | <input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/>   |                                      |

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# Summary

## Structural

Is the hospital structure safe to continue to be functional? Tick the appropriate box.

| Safe  | Partially safe | Unsafe/ need to evacuate |
|---|----------------|--------------------------|
|   |                |                          |
| <p><b>Comments:</b> <i>Identify specific areas that are deemed unsafe and immediate action to be taken:</i></p> |                |                          |

## Non-Structural

Assessment of the integrity of the non-structural aspects of the hospital; whether they are safe and functional, partially functional or unsafe or non-functional. Tick the appropriate box.

| Non-structural aspect           | Safe and functional | Partially safe/ partially functional | Unsafe/non-functional | Comments/immediate action |
|---------------------------------|---------------------|--------------------------------------|-----------------------|---------------------------|
| Accessibility                   |                     |                                      |                       |                           |
| External areas and parking lots |                     |                                      |                       |                           |
| Internal areas                  |                     |                                      |                       |                           |
| Major systems (lifelines)       |                     |                                      |                       |                           |
| Sanitation                      |                     |                                      |                       |                           |

## Functional

Assessment of the current functionality and capability of the hospital. If the department does not exist at the hospital, leave blank.

|   |  |
|---|--|
| <b>Overall bed capacity of the hospital:</b>  |  |
| Number of beds prior to the event:  |  |
| Number of beds after the event:   |  |
| Can bed capacity be increased? If yes, by how many beds:  |  |
| <b>Staff availability at the hospital:</b>  |  |
| <b>Comments:</b> <i>Identify immediate staff requirements (not currently available) per department to ensure normal operations:</i> |  |
|   |  |

| Critical functional areas  | Functional | Partially functional | Non-functional | Comments/immediate action |
|----------------------------|------------|----------------------|----------------|---------------------------|
| Emergency room, ER         |            |                      |                |                           |
| Intensive Care Unit, ICU   |            |                      |                |                           |
| Neonatal ICU (NICU)        |            |                      |                |                           |
| Operating theatre(s), OT   |            |                      |                |                           |
| Sterilisation department   |            |                      |                |                           |
| Dialysis                   |            |                      |                |                           |
| Blood bank                 |            |                      |                |                           |
| Auxiliary functional areas | Functional | Partially functional | Non-functional | Comments/immediate action |
| Radiology                  |            |                      |                |                           |
| Laboratory                 |            |                      |                |                           |
| Pharmacy                   |            |                      |                |                           |
| Mortuary                   |            |                      |                |                           |

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|                           |  |  |  |  |
|---------------------------|--|--|--|--|
| Laundry                   |  |  |  |  |
| Kitchen                   |  |  |  |  |
| Housekeeping and cleaning |  |  |  |  |
| Medical records           |  |  |  |  |
| Communication             |  |  |  |  |
| Other                     |  |  |  |  |

**Immediate action in order of priorities:**

# Notes





Pan American  
Health  
Organization



World Health  
Organization

REGIONAL OFFICE FOR THE **Americas**