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**Toolkit for Health Service Continuity Planning for Healthcare Facilities managed by RCRC Societies**

**Health Service Continuity Planning TEMPLATE**

Final version Feb 8, 2024

**Name of Red Cross or Red Crescent Healthcare Facility:**

**Date of Approval:**

**Approved by:**

**Steps in the development of an HSCP.** Consider that smaller healthcare facilities may only require going through some of the key steps (2, 3 and 5) while larger ones may benefit from carrying out all the steps.

**Instructions for filling out this template**

This template is a flexible guide to help your healthcare (HCF) through the creation of a tailored Health Services Continuity Plan (HSCP).

Please consult the Health Services Continuity Planning Guidelines (**HSCP Guidelines)** to help you fill out this template.

Consider the following:

You may not need to fill out all sections. Adapt this template to your needs. Smaller healthcare facilities can carry out a much simpler planning (see HSCP Guidelines for an example).

The tables provided in this document can be substituted by Excel sheets in the case of larger healthcare facilities, in which the operational setting exceeds the simple table structures presented here.

After completing the template, delete the instructions (this box and all texts in Italics) and examples (in light grey) that are provided throughout.

When creating this operational continuity plan it can be helpful to keep in mind the following guiding questions:

A diagram of a plan

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**Management Commitment (to sign after reading)**

A key part of the success of this Health Service Continuity Planning effort depends on the commitment of the HCF management. Leadership needs to clearly state its commitment to the plan and dedicate financial and human resources to it.

After reading the document, managers from all relevant departments sign below to acknowledge having read the HCF’s new HSCP and pledge their endorsement.

Table 1: Management Commitment to support the HSCP.

|  |  |  |  |
| --- | --- | --- | --- |
| **Department Represented** | **Name & Title** | **Signature** | **Date Endorsement** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**1. Prepare to develop your HSCP (see HSCP guidelines)**

This section is covered in the HSCP guidelines and includes four steps:

1.1 Set up a collaborative, multidisciplinary HCSP development team.

1.2 Carry out pre-workshop data collection for the HCF diagnosis and the risk assessment.

1.3 Plan the HSCP development workshop.

1.4 Establish trust and raise awareness.

**2. Assess capacities and risks**

2.1 Conduct or complete the HCF diagnostic.

This section can be filled out in advance of the HSCP development workshop and discussed/completed during the workshop.

This section of the template aims to create a detailed understanding of the current landscape in which your organization is working. It provides an overview of all the health services offered in a ‘normal situation’, at what capacity (in terms of staff and patients) it is running, the people in charge of the different departments, the neighboring health centers present, the amount of funding, etc. Add rows as needed to each table.

**2.1.1 Current Capacities of the Healthcare Facility**

Table 2: Diagnostic of Healthcare Facility - Clinical Staff & Bed Capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Services/Operations**  List all the current services your health facility offers in a ‘normal’ situation, See Annex I for a list of all potential services | **Human Resources Needed**  List the human resources that are needed (number and type of staff) to offer these services | **Human Resources Available**  List the human resources that you currently have available (number and type of staff) to offer these services | **Patient Capacity (in & out-patient care)**  Provide the in- and outpatient capacity per department | **Head of service/department**  Who oversees this service or department? (Include contact details) | **Other facilities in the area offering same service**  (public, private, not for profit) |
| Example: Neonatal ICU | 3 Full-time nurses (rotation), 1 Full-time doctor | 2 Full-time nurses (rotation), 1 Part-time doctor | 4 beds | Dr. ABC | Hospital XYZ Hospital DEF |
| Example: Outpatient department | 2 Full-time doctors  1 Full-time nurse | 2 Full-time doctors  1 Full-time nurse | 3 offices/cubicles | Dr. TXY | Hospital XYZ  Clinic KLF |

Table 3: Diagnostic of Healthcare Facility - Non-clinical (Support) Staff

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Services/Operations**  List all the current services your health facility offers in a ‘normal’ situation, including all its regular operations. See Annex I for a list of all potential services | **Resources Available (HR)**  List the human resources that you currently have at hand/available (number and type of staff) to offer these services/daily operations. | **Resources Needed (HR)**  List the human resources that are needed (number and type of staff) to offer these services/daily operations. | **Head of service/department**  Who is in charge of this service or department? (Include contact details) |
| Examples: Rapid Response teams / Community Health Workers/ Cleaning crews / Administrative personnel / Pharmacy staff, etc. |  |  |  |
|  |  |  |  |

Table 4: Diagnostic of Healthcare Facility - Medicines, Supplies and Equipment

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Location in Health Centre (Department)** | **Comments** |
| Examples: Drugs, Medical and other supplies, Equipment, Health information system, vehicles, ambulances (list categories of drugs or supplies) |  |  | E.g. considered essential, difficult to obtain, long supply times, etc |
|  |  |  |  |

Table 5: Diagnostic of Healthcare Facility - Funding and financial resources

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of funding** | **Uses** | **Type** | **Comments** |
| Example: MoH, out of pocket payments from patients, insurance, grants | Examples: Pay staff, medical equipment, drugs, pooled resources | Example: Fixed yearly, variable, one time, etc. | Example: payments tend to stop during emergencies, unreliable disbursements, etc. |
|  |  |  |  |

**2.1.2 Map Neighboring Healthcare Facilities – If it is feasible or useful to map services from nearby health facilities with which your HCF could collaborate in an emergency, fill out table in Annex 2. If not, delete this section.**

**2.1.3 HCF Organigram**

Copy-paste or fill out (by working from top-to-bottom) the organizational structure of your HCF in its current state. If you already have an organigram available, paste it here.

A diagram of health centre organization

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Figure 1: Health Centre Organisational Chart

2.2 Conduct risk assessment and prioritise risks

**2.2.1 Risk Assessment**

This section can be filled out in advance of the HSCP development workshop and discussed/completed during the workshop.

1. Use the spreadsheet in the link below to carry out a risk assessment. See instructions on the first tab.
2. Identify threats/hazards to the continuity of services in your healthcare facility.
3. For each hazard, analyze the likelihood of occurrence and the potential impact on the continuity of services of your healthcare facility.

[**RISK ASSESSMENT SPREADSHEET LINK**](https://docs.google.com/spreadsheets/d/1bB-xZrYG6ru6lR7pMCRKuDtSz-zU3hYB/edit?usp=sharing&ouid=110548678612148078300&rtpof=true&sd=true)

**Figure 1. Risk assessment matrix.** In the spreadsheet, you will identify hazards and assign a level of likelihood (low, sporadic, probable, frequent/imminent) and potential impact (minor, moderate, severe, critical) to each of them. The spreadsheet will automatically assign each hazard a risk level based on this table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Impact** | | Minor | Moderate | Severe | Critical |
| **Likelihood** | Frequent/Imminent | Disaster | Disaster | Catastrophic | Catastrophic |
| Probable | Emergency | Disaster | Disaster | Catastrophic |
| Sporadic | Emergency | Emergency | Disaster | Disaster |
| Low | Normal | Emergency | Emergency | Disaster |

**2.2.2 Risk prioritization and analysis of consequences**

Once the highest-level threats have been identified based on the risk assessment, the team can copy these (classified as catastrophic or disaster) into Table 7 below.

Discuss in detail the consequences of each prioritized hazard to the staff, infrastructure, medicines, and supplies (including supply chain), information systems and services, community, governance, and coordination. Add rows as needed for more hazards.

Table 7: Risk prioritization and analysis of consequences/impacts (This exercise can be done using cards

|  |  |  |
| --- | --- | --- |
| ***Priority hazards*** | ***Potential consequences of prioritised risks on the following areas, as examples (include other areas as needed)*** | |
| *Priority Hazard 1*  *Example: Acute watery diarrhoeal diseases e.g. cholera* | *Staff (clinical and non-clinical)* | *Example: Inadequate staffing to meet increased patient load* |
| *Infrastructure* | *Example: Contamination of the water supply* |
| *Medical equipment/supplies* | *Example: Shortage of medical equipment, such as intravenous (IV) fluids and rehydration solutions to meet the increased patient load* |
| *Information Systems* | *Example: Delayed reporting of new cases because of outdated or inefficient information system* |
| *Services* | *Example: Diverting resources from routine health services, such as vaccination campaigns and maternal care, increasing the risk of other health issues* |
| *Community* | *Example: Disruption of livelihoods and economic activities as businesses might have to close and people avoid public spaces* |
| *Governance and coordination* | *Example: Poor coordination between government, HCF and NGOs, causing an inefficient response* |
| *Priority Hazard 2* | *Staff (clinical and non-clinical))* |  |
| *Infrastructure* |  |
| *Medical equipment/supplies* |  |
| *Information Systems* |  |
| *Services* |  |
| *Community* |  |
| *Governance and coordination* |  |

**3. Develop the Healthcare Service Continuity Plan**

3.1 Determine Overall Objectives and Operational Priorities

**Step 1:** Continuing with the all-hazards approach from the two previous sections, set out the main objective(s) for your HCF during each type of emergency. The question you are asking is: What needs to be achieved by this HSCP in the event of Hazard 1?

**Step 2:** List the secondary objectives (if applicable).

**Step 3:** Agree on the HC’s operational priorities, based on the local demography and epidemiology, to reduce excess mortality and morbidity during the emergency. Setting these priorities helps to identify which services need to be maintained, reduced or redirected to other facilities, and which could temporarily be interrupted.

Repeat this process for each hazard you have listed in section 2.2.

Table 8: Objective and priority-setting according to hazards

|  |  |
| --- | --- |
| ***Prioritized Hazard 1:*** *Example**Conflict* | |
| ***Main Objective*** | *Provide both host communities and internally displaced people (IDP) with access to basic healthcare.* |
| ***Secondary Objective(s)*** | *Maintain 80% of current services offered by the HCF* |
| ***Operational Priorities*** | * *Ensure communication with IDPs to inform about access* |
| * *Increase human resources in HCF and redirect to basic healthcare services to cope with the influx* |
| * *Increment reference service system* |
| ***Prioritized Hazard 2:*** | |
| ***Main Objective*** |  |
| ***Secondary Objective(s)*** |  |
| ***Operational Priorities*** | *-...* |
| *-...* |

3.2 Continued activities during the response phase

In this section, you will decide on which activities will be maintained, which will be reduced or modified, and which could be temporarily discontinued (or redirected to other HCFs), based on your objectives stated above. The aim is to focus your attention on certain activities and identify what bed & personnel capacity will become available (due to the reduction or suspension of certain other activities/services).

**3.2.1 Decide on the status of each service during an emergency**: Copy the services identified during the diagnosis in Table 2 from section 2.1 “Diagnostic of Healthcare Facility”, into Table 9 below, and for each prioritized hazard, and based on your objectives, decide on which services/activities will be maintained (grey), reduced (blue), temporarily suspended (purple), or modified (yellow) The latter may be because services will be (partially) offered through teleservices, or you found a completely different solution. Fill out the second column with the status of the activity and corresponding colors for easy identification. Provide additional information on the strategy in the last column on the reduced, redirected or modified health service. Repeat the exercise for each hazard if the objectives and operational priorities differ.

**CONSIDER.** During an emergency, the healthcare staff could be under a lot of pressure. Consider adding Mental Health and Psychosocial support (MHPSS) strategies for staff to your operational priorities, if relevant. **Keep in mind MHPSS strategies needed throughout the development of this HSCP.** For example:

Include an MHPSS focal point in your new organigram for the emergency (or incident management system)

Include MHPSS activities in your plan.

Account for additional funding needed to cover MHPSS concepts.

**3.2.2. Identify gaps in clinical and nonclinical (support) resources and how to fill them.** Continue to fill out the columns in Table 9 with the clinical services and functions that are maintained or reduced, what they will include/offer in their reorganized form, the resources it will require, and additional resources that will be required. Conduct the same exercise for non-clinical (support) services and functions in Table 10 (use Table 3 in the Diagnostic of HCF section as a basis).

Think about all the departments, but also everyone who is involved in leadership, coordination and communication, surveillance and information management, administration, finance, business continuity, human resources, surge capacity, patient management, occupational health, mental health and psychosocial support, rapid identification and diagnosis, infection prevention and control, etc.

Table 9: Decision-making regarding current health services/activities + identification of additional resources needed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prioritized Hazard 1:** (name of hazard) | | | | |
| **Current Service** | **Status of Health Service** (Maintained Reduced Suspended Other/Modified) | **Description/ Objectives of service in emergency response form**  (if applicable) (How does this service change during an emergency? E.g. What will/won’t be offered?) | **Human resources capacity** a. Needed to achieve objective  b. Currently available  c. Additional recruitment needed to achieve objective | **Strategy, Action Points & (Person in charge)** (What needs to be done to achieve the requirements?  Which person/team is responsible to meet these?) |
| Example: Neonatal ICU | Reduced to 70% of regular capacity | Support infants who cannot be transferred elsewhere, and ensure capacity in catchment area is sufficient | a. 3 doctors + 5 nurses  b. 4 doctors + 6 nurses  c. none | * If a patient can handle the transfer, redirect it to hospital XYZ. * 1 Doctor & 2 nurses freed up to support outpatient department |
| Example: Outpatient department | Increased to 120% of regular capacity | Support influx of epidemic patients | a. 5 doctors + 10 nurses needed  b. 2 doctors + 4 nurses available (+ 1 doctor and 2 nurse from neonatal ICU)  c. 1doctor and 4 nurses to be recruited | * Strengthen and adapt IPC protocols (IPC focal point in charge) * Reconfigure office spaces to function as consultation spaces (Head of Logistics team in charge) * Start recruitment for additional immediately once the plan is activated (Head of HR team in charge) |
|  |  |  |  |  |
| **Priority Hazard 2:** (name of hazard) | | | | |
| Example: Neonatal ICU | 100% Suspended |  |  | * All patients redirected to hospital XYZ. * Doctors and nurses of this ward support the influx of IDPs. |
|  |  |  |  |  |

Table 10: Decision-making regarding current non clinical (support) services + identification of additional resources needed

**CONSIDER.**

* Where are patients redirected? How is this communicated?
* How will you repurpose staff and bed capacity? Will closing certain services free infrastructure or resources that can be used for other activities (e.g administrative office space that can be repurposed)?
* Can certain services be partially covered by telemedicine strategies?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prioritized Hazard 1:** (name of hazard) | | | | |
| **Current Non clinical (support) services** | **Status of Health Service** (Maintained Reduced Suspended Other/Modified) | **Description/ Objectives of service in emergency response form**  (if applicable) (How does this service change during an emergency? E.g. What will/won’t be offered?) | **Resource Capacity Needed for Continuity of Service**  **(Additional Needed Resources to achieve objective)** | **Strategy, Action Points & (Person in charge)** (What needs to be done to achieve the requirements?  Which person/team is responsible to meet these?) |
| Example: Administration team | Other- working from home 100% | Continue to support the needs of the HCF remotely at 100% | 3 staff (none) | * Ensure all staff members have internet dongles or data in their cell phones for connectivity (Head of HR in charge) * List phone numbers and responsibilities of each team member for easy contact (Head of HR in charge) * Reconfigure office spaces to function as consultation spaces (Head of Logistics in Charge) |
| Example: Cleaning crew | Maintained at 100% |  |  |  |
|  |  |  |  |  |
| **Priority Hazard 2:** (name of hazard) | | | | |
|  |  |  |  |  |
|  |  |  |  |  |

3.3 Staff planning for emergency response

Due to the revised portfolio of health services provided during the emergency, the organizational structure of your health facility may change. Create a new organizational structure with which your health center will operate during the emergency. This includes mapping out the lines of command and communication and clearly outlining which personnel will be critical, backup, or non-critical. Read Annex 3 for information on establishing an Incident Management Structure and the benefits this can provide.

**3.3.1. Emergency Management Structure Description**

Create a temporary organizational chart that will be used during the emergency using the one from 2.1.3 Diagnostic of HCF organizational chart as a starting point.

The emergency management organizational chart can be created on paper or on Microsoft Power Point or other software and then pasted here.

Think about the questions below and whether hierarchy or communications may need to be centralized. Ensure that each key position has a backup person (to the extent possible).

A diagram of emergency organization

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* Who will be in charge of leading the operational continuity plan?
* Who is responsible for which department?
* Will current managers in services that are closed take on a supporting role in other departments?
* Will teams be split up or merged?

Figure 2: Health Centre Organisational Chart in an Emergency

**3.3.2 Critical Incident Staff Matrix – If your HCF would like to analyse their staff needs using a Critical Incident Staff Matrix (See Guidelines) – Use instructions and table in Annex 4. Consider that in many HCF in constrained settings, sending staff home without pay is not an option, so using this matrix is irrelevant.**

**3.3.3 Key management roles and responsibilities.** Provide the current people in charge and their contact details. These people can be assigned or repurposed. Provide their defined roles and responsibilities whilst the plan is active. Separately include job action sheets and terms of references as needed.

Table 12: Management & Role definition during the emergency

|  |  |  |  |
| --- | --- | --- | --- |
| **First & Last Name** | **Job Title (in ‘normal’ situation)** | **Title of new role and Responsibilities during the Emergency/Activation of this plan** | **Contact Details** |
|  |  |  |  |
|  |  |  |  |

**3.3.4 Surge staff.** If you need potential surge staff, fill out Annex 5 to list which type of staff you need and what their responsibilities would be.

**3.3.5 Key external stakeholders.** Annex 6 allows you to list all other external stakeholders, including collaborating facilities (private health facilities, animal health facilities, and non-health partners (such as schools, community leaders, etc.) with their potential roles, designated persons and contact details.

3.4 Define financial needs, budget and funding sources

**3.4.1 Create a budget for the emergency**

Create a budget for the emergency based on the resources estimated to be needed for maintaining essential and reduced services, including staff, medicines, supplies and equipment. Use Table 2 from section 2.2 Conduct a HCF Diagnostic and Table 9 from section 3.2 Continued activities during response phase, as well as the HCF’s current budget, as a basis. Indicate current sources of funding that can cover those line items partially or in full.

Brainstorm about additional costs that could arise to ensure continuity of services during an emergency and provide information on them in the table below. Avoid double counting of costs.

The HSCP budget can be created in Table 13 below, or in Excel instead, if this is easier. If created in Excel or other spreadsheet software, copy the link to the HSCP document here.

Table 13: Budget for HSCP

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service/Activity** | **Personnel/Material resources** | **Quantity Needed** | **Price / Cost** | **Source** | **Additional Comment** |
| Example: Outpatient department | Example: Medicine, Medical Equipment, Health Information System, Personnel, Training… |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

**3.4.2. Map potential funding sources. (Optional).** Use Annex 7 to create a list of sources that could fund and/or support the continuity of healthcare services during emergencies, with their contact details and templates for proposals.

**TIPS**

Having a visible and updated contact list of all internal and external stakeholders that may be relevant in a crisis can save so much time once the emergency starts. Ensure. You also have a backup copy (whether physical or digital)

3.5 Define internal and external communication plans

**3.5.1. Internal communication plan**

Define your internal communication plan in Table 14. Internal communication includes direct line management, which has been clarified in your Emergency Management Structure description above, as well as general communication to staff from higher management to keep them updated on the situation of the emergency or crisis as well as actions from the HCF, and establishing emergency communication/meetings among key staff.

Table 14: Internal communication plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Communication channel** | **Purpose** | **Participants** | **Frequency and (length)** | **Responsible** |
| *Example: Incidence Management meeting* | *Discuss the situation and any new internal and external information, make decisions.* | *Emergency management team* | *Daily (30 min)* | *Head of incident management structure* |
| *Example: All staff meeting* | *Keep the staff informed of the external situation and internal decisions, challenges and responses. Give opportunities to ask questions and make suggestions.* | *All staff available at meeting time point (consider many may not be able to participate)* | *Weekly (30 min)* | *Head of HR* |
| *Example: Info board or blast Whatsapp* | *Keep the staff informed of the external situation and internal decisions, challenges and responses.* | *All staff* | *Weekly* | *Comms focal point* |

**3.4.2 External communication plan**

Include a list of external contacts to be notified in case of a public health emergency (e.g. national health authorities, hospital referrals, etc.).

Table 15: People to be contacted in case of an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Hazard** | **Person to be contacted in case of an emergency** | **Contact details** | **Optional: Notes**  *Why should this person be informed?*  *What should be included in the message?*  *When should this person be contacted?* |
|  |  |  |  |
|  |  |  |  |

**4. Activating and deactivating (optional) the plan**

4.1 Establish activation triggers for the plan

List the triggers that will activate this operational continuity plan and include the procedures on how to activate the plan, the person in charge, and the backup person. Two tables are provided; delete the table which is not applicable. (An example is provided in Annex 10.)

* Use Table 16A if there is no need to use a color-coding system to indicate different emergency alert phases.
* Use Table 16B (In Annex 8) if it is helpful to use a color-coding system to indicate the alert phase of the emergency and if there is a need to scale the HSCP up or down. (E.g. Green = Normal situation, Yellow = Emergency situation, Orange = Disaster situation, Red = Catastrophic situation).

Examples of triggers:

* The government closes schools or other public services.
* The government declares a state of emergency in some parts of the country or an epidemic outbreak.
* Security/health concerns.
* Several injuries or deaths, Increase in patient load in X department or service by more than Y%
* Unusual staff absence (internal trigger example)

Table 16A: Hazards & Triggers to activate plan

|  |  |
| --- | --- |
| **Hazard** | **All potential triggers** |
| Hazard 1: |  |
| Hazard 2: |  |

4.2 Define deactivation triggers for the plan – optional section

If you wish to define deactivation triggers, use Table 17 in Annex 9.

**5. Preparedness and Mitigation**

5.1 Test and train

**5.1.1. Develop your simulations (optional step).** In the last section of this chapter, it’s time to combine all the tables and create a simulation for each hazard. Fill out the tables in **Annex 11.** These simulations will be used in training sessions and might need refinement after you pilot them.

**5.1.2. Train staff**

The HSCP will have to be tested before an emergency occurs and might necessitate staff training. Use this section to consider the types of training and information sessions the teams need (Table 18).

Table 18: Planned training and Information Sessions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Training**  **/Info Session** | **Trainer/Person Responsible** | **Objective of the training** | **Audience & # of participants** | **Date** | **Feedback Notes** |
| E.g.: Short HSCP information session |  | Familiarize the staff with the contents of the HSCP | All staff |  |  |
| e.g. Full simulation and training on HSCP |  | Test the HSCP and provide input to improve it | Heads of departments and critical staff |  |  |
|  |  |  |  |  |  |

**Log of training and simulations** – Use **Annex 12** to keep a log of the types of simulations and training conducted and add to it the list of people trained, so at any point in time it is possible to know if there is too many new untrained staff and there might be need for a new training, simulation exercise or short information sessions.

5.2. Other preparedness and mitigation measures

**TIPS**

Examples of activities for preparedness and mitigation:

* Strengthen IPC and designate a focal point.
* Carry out community outreach to inform about the HSCP.
* Establish connections with partners identified in the HSCP and ensure regular contact.
* Apply for special funds for emergencies or familiarize staff with available funding options.
* Broaden your source of suppliers.
* Improve infrastructure to protect against floods or typhoons.

Fill out the table below with measures and activities that your HCF can implement to be better prepared for different hazards or mitigate exposure or impact. Check out the Tips for examples of activities.

Table 20. Preparedness and mitigation measures and activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name Activity** | **Purpose of Activity**  Why should the HCF carry out this activity?  How does it link to the HCSP? | **Details of activity** | **Timeline**  By when do you want to carry out the activity? Is it a one-off or will it be repeated every X amount of weeks/months? | **Person in Charge** |
| Priority Hazard 1 | | | | |
| Example. Strengthen infrastructure against flooding |  |  |  |  |
| Priority Hazard 2 | | | | |
| Example. Create PPE emergency supply |  |  |  |  |

**You have completed the Key sections of your HSCP!**

If you wish to add additional sections, please go to:

* Annex 13 to add a section on Monitoring and Evaluation
* Annex 14 to acc a section on Maintenance
* Annex 15 to add a section on Recovery.

**Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Business Continuity Guideline Checklist** | Y/N | Notes |
|  | ASSESS |  |  |
| Understanding the landscape of the HCF |
| 1 | Does your HCF have an overview of current services and operations -medical staff and bed capacity (including resources, the head of department, and other facilities offering the same services) at Own Health Facility? |  |  |
| 2 | Does your HCF have an overview of current services and operations - operational support staff (including resources and heads of departments) at Own Health Facility? |  |  |
| 3 | Does your HCF have an overview of current services and operations - equipment (including quantities and location in the HCF) at Own Health Facility? |  |  |
| 4 | Does your HCF have an overview of neighbouring health facilities, including their current services, resources available, capacity, and contact details of key stakeholders? |  |  |
| 5 | Does your HCF have a Health Centre Organisational Chart, depicting its current state? |  |  |
|  | Risk Assessment and prioritization |  |  |
| 1 | Has your organisation conducted a Risk Assessment? |  |  |
| 2 | Have the critical functions within your HCF been identified? |  |  |
| 3 | Have the types of risks that may impact your HCF been identified and analysed? |  |  |
| 4 | Has the likelihood for each type of risk been rated? |  |  |
| 5 | Have (worst-case) scenarios been created, including minimum requirements for the HCF to continue routine services? |  |  |
|  | DEVELOPING THE HSCP |  |  |
|  | Overall Objectives and Operational Priority-Setting |  |  |
| 1 | Have the main objectives and secondary objectives per hazard been determined for your HCF? |  |  |
| 2 | Have the main operational priorities per hazard, based on the local demography and epidemiology, for your HCF been determined? |  |  |
|  | Continued activities during response phase |  |  |
| 1 | Have the HCFs routine activities been classified according to their priority during an emergency (i.e. classified as maintained, reduced or temporarily suspended)? |  |  |
| 2 | Have the essential maintained services been mapped out (including resource capacities required and key contacts)? |  |  |
| 3 | Have reduced services during an emergency been mapped out (including resource capacities and key contacts)? |  |  |
|  | Staff planning |  |  |
| 1 | Does your HCF have a Health Centre Organisational Chart for an emergency situation, depicting the staff's (shift in) roles during an emergency? |  |  |
| 2 | Have the departments and people responsible for essential health functions been identified? |  |  |
| 3 | Have the departments and people responsible for support functions been identified? |  |  |
| 4 | Has task division for roles and responsibilities for personnel, departments and organisations (including contact details) been established? |  |  |
| 5 | Have communication pathways with contact details of staff been established? |  |  |
| 6 | Does your HCF have a list of people to be contacted in case of a public health emergency, including their contact details? |  |  |
| 7 | Does your HCF have a list of all the potential surge staff needed, with generic job descriptions? |  |  |
| 8 | Does the HCF have a list of key stakeholders, including collaborating facilities with their potential roles, designated persons and contact details? |  |  |
| 9 | Have potential sources of funding and support been identified? |  |  |
|  | Financial needs and budget |  |  |
| 1 | Has your HCF performed a needs assessment of personnel, materials and costs? |  |  |
| 3 | Have the materials needed for executing the continuity plan been identified? |  |  |
| 4 | Have the costs for executing the continuity plan been identified? |  |  |
|  | Communication |  |  |
| 1 | Has a strategy to communicate the continuity plan to all responsible parties been developed? |  |  |
|  | Activating the plan |  |  |
| 1 | Have the criteria been established for when the continuity plan should be activated? |  |  |
| 2 | Have the procedures on how to activate the plan been established? |  |  |
| 3 | Has a person been assigned with the responsibility to activate the plan? |  |  |
| 4 | Is the notification contact list complete and up to date? |  |  |
|  | Deactivating of the plan |  |  |
| 1 | Have criteria to deactivate the continuity plan been established? |  |  |
| 2 | Have the procedures on how to deactivate the plan been established? |  |  |
| 3 | Has a person been assigned with the responsibility to deactivate the plan? |  |  |
|  | Preparedness and Mitigation |  |  |
| 1 | Have preparedness measures and needs, including uninterruptible power supply and communications equipment? |  |  |
| 3 | Have critical and vital records been stored at an offsite storage facility? |  |  |
| 4 | How long can each business function operate effectively without normal data input storage processes? |  |  |
| 5 | What must be done to restore data to the same previous point in time within the recovery time objective? |  |  |
| 6 | Can any alternate data storage processes be used, after the initial data recovery, to speed the forward recovery to the present time? |  |  |
|  | Testing and Training |  |  |
| 1 | Have the types of training and information sessions the teams need before testing the plan been identified? |  |  |
| 2 | Has a log of the types of tests that were conducted and by whom been established? |  |  |
| 3 | Have the tests been evaluated and have changes been made where necessary? |  |  |
| 4 | Are the HSCP and appropriate Teams tested to reveal any weaknesses that require correction? |  |  |
| 5 | Have goals and expectations of testing and drills been established? |  |  |
| 6 | Are drills and tabletop exercises conducted on an annual basis? |  |  |
| 7 | Has responsibility for testing the BCP been assigned with consideration for establishing a test team? |  |  |
| 8 | Does test participation include various groups from the organisation and the public sector? |  |  |
| 9 | Have observers been assigned who will take notes during the test and critique the test at the conclusion of the exercise? |  |  |
|  | MONITORING AND EVALUATION |  |  |
| 1 | Have key performance indicators to monitor effectiveness of the plan in maintaining health services during emergencies been identified? |  |  |
| 2 | Have the method(s) to be applied in monitoring and evaluating implementation of the plan during emergencies been developed? |  |  |
| 3 | Is the HSCPmodified as needed based on test/exercise results? |  |  |
| 4 | Has your HCF established communication methods to distribute the test/exercise results? |  |  |
| 5 | Has your HCF created an After Action Review (AAR), including best practices and gaps? |  |  |
|  | MAINTENANCE |  |  |
| 1 | Has a person been assigned with the responsibility to update the plan? |  |  |
| 2 | Is the HSCP regularly reviewed and evaluated on a predetermined schedule? |  |  |
| 3 | Does HSCP maintenance reflect changes in the operation of the organisation? |  |  |
|  | MANAGEMENT COMMITMENT |  |  |
|  | Crisis Management and Response Team Development |  |  |
| 1 | Has a HSCP Team been appointed? |  |  |
| 2 | Has the HSCP been communicated throughout the organisation? |  |  |
| 3 | Have members of the HCF Management team acknowledged to have read the centre’s new operational continuity plan and promised their commitment? |  |  |

**Annexes**

**Annex 1. List of potential services/operations of a healthcare facility**

**Services/Departments**

**Primary Care Services:**

* General medical consultations
* Preventive care and health screenings
* Immunizations and vaccinations
* Family support services
* Family Planning
* Chronic disease management

**Emergency services:**

* Emergency Room Services
* First Aid and Resuscitation
* Ambulance services
* Trauma Care

**Specialist Medical Care:**

* Cardiology
* Dermatology
* Endocrinology
* Gastroenterology
* Gynaecology/Obstetrics
* Infectious Diseases
* Neurology
* Oncology
* Pediatrics
* Pulmonology
* Urology

**Inpatient services:**

* Short term Hospitalisation
* Intensive Care Units (ICUs)
* Paediatric care units
* Maternity and obstetric care units
* Neonatal department

**Surgical services:**

* General Surgery
* Orthopaedic surgery
* Gynaecological surgery
* Neurosurgery
* Cardiovascular surgery
* Plastic Surgery

**Diagnostic Services**

* Medical imaging (X-rays, CT-scans, MRI, ultrasound)
* Laboratory services (blood, urine, etc.)
* Pathology services

**Mental Health Services**

* Psychiatric evaluations
* Counselling and therapy
* Substance abuse treatment

**Rehabilitation Services**

* Physical therapy
* Occupational therapy
* Speech therapy

**Dental Services:**

* General dental check-ups
* Dental cleanings
* Dental treatments

**Pharmacy services:**

* Prescription dispensing
* Medication counselling

**Nutrition Services:**

* Dietary counselling
* Nutritional Assessments

**Home Health Services:**

* Home visits by healthcare professionals
* Home care assistance for elderly and disabled

**Community Health Programs**

* Health education and awareness campaigns
* Disease prevention programmes

**Telemedicine Services:**

* Remote consultations with healthcare providers

**Palliative and Hospice Care:**

* Pain management for terminally ill patients
* Emotional and psychological support

**Occupational Health Services**

* Employee health screenings
* Workplace safety programmes

**Operational/Support Services to Run a Hospital**

* Medical Record Department
* Human Resources and IT
* Cleaning Department

**Annex 2. Mapping neighbouring Healthcare facilities.**

**2.1.2 Map Neighboring Healthcare Facilities –**

Filling out the table below will create an overview of the other HCF in the catchment area. Include their service offerings and contact persons for potential coordination and referral during an emergency. In case such a map is already available, paste it here.

Table 6: Mapping Neighboring Healthcare Facilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name Healthcare Facility** | **Current Services** | **Patient Capacity (in & out-patient care)** | **Head of hospital/department & Contact details** | **Distance to neighbouring healthcare facility** |
| Example: Hospital XYZ | Maternity & Child | 40 out-patient / 20 inpatient | Dr. ABC / [abc@xyz.com](mailto:abc@xyz.com) / +12 34 56 78 910 | 30 km drive |
|  | Emergency Department | 36 patients |  |  |
| Example: Healthcare center ABC | Immunisations |  | Dr. KLP / klp[@str.com](mailto:abc@xyz.com) / +10 98 76 54 321 | 55 km drive |
|  | Outpatient services | 3 consultation offices |  |  |

**Annex 3. Incident Management Structure**

An Incident Management Structure (IMS) provides a framework for coordinating and organising resources, personnel, communication and services during an incident. It ensures a coordinated and efficient response, allowing healthcare facilities to effectively handle emergencies. An IMS has several key concepts and principles:

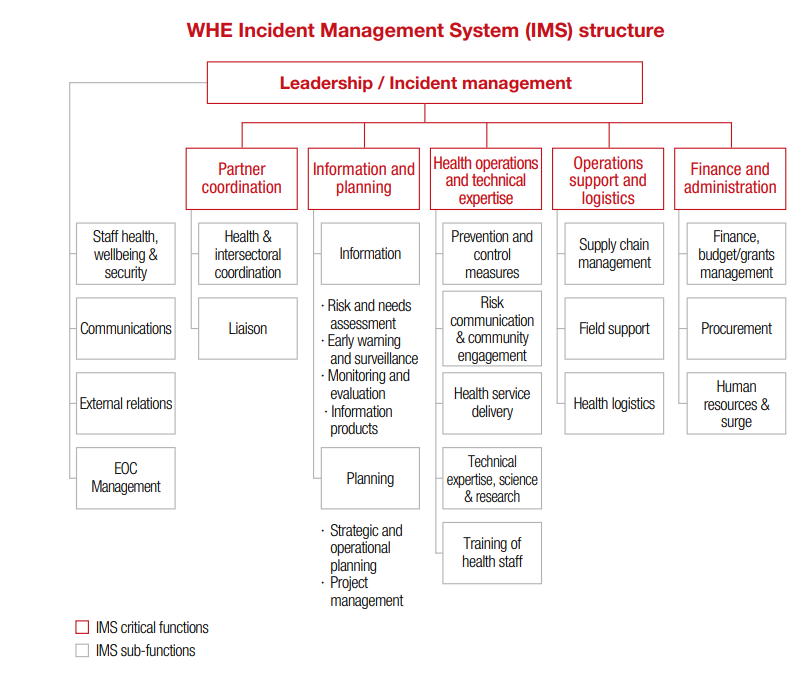
1. **Standardised emergency functions**. There are several key management structures that need to be undertaken in any emergency. For the WHO, these include for example Leadership, Partner coordination, Information and planning, Health operations and technical expertise, Operations support and logistics and Finance and administration. Another article on emergency preparedness (Christian, 2005) divides these essential functions into Operations, Planning, Logistics and Finance.
2. **Standardised terminology**. The use of common terms allows stakeholders from different levels to collaborate and understand each other.
3. **Flexibility, adaptability and scalability**. The IMS can be used for all types of emergencies. Subsections can be added or removed based on the changes in needs during an emergency. Moreover, the number of staff assigned to each function is flexible.
4. **Unity of command.** There is a clearly defined chain of command, in which every staff member reports to a single appointed person.
5. **Unified command structure**. Every incident has to be coordinated by a single incident commander.
6. **Incident Action Plans (IAPs)**. For every incident, a brief written plan has to be developed by the incident commander. IAPs describe the incident objectives, response strategies and available resources.
7. **Resource Management**: Implement a system for tracking and managing resources, including medical supplies, personnel, equipment, and other assets needed during the emergency.
8. **Action sheets.** These are short job descriptions of functions that need to be filled during an emergency. The objective of action sheets is to allow multiple people to fill in a specific role if someone becomes unavailable.

Examples can be found at:

WHO (2017). Emergency Response Framework. Second edition. Chapter 3. <https://www.who.int/publications/i/item/9789241512299>

Christian, M. D., Kollek, D., & Schwartz, B. (2005). Emergency preparedness: what every health care worker needs to know. Canadian Journal of Emergency Medicine, 7(05), 330–337. <https://doi.org/10.1017/s1481803500014548>

**Example of IMS structure by the WHO (WHO, 2017).**



**Annex 4. Critical Incident Staff Matrix**

**3.3.2 Critical Incident Staff Matrix – If your HCF would like to analyse their staff needs using a Critical Incident Staff Matrix (See Guidelines) – Use instructions and table in Annex 4.**

This section will allow you to create a detailed task division based on the decisions made in the priority-setting of activities, the maintained/reduced/disrupted services provided (from section 3.2) and the temporary organigram (from section 3.3.1). Identify staff who will be CIS, BCIS and NCIS and fill them out (by name, or preferably position) in Table 11.

NOTE: The critical incident staff matrix was originally developed to apply to clinical staff, but it can be expanded to include all staff (administrative, management, logistics, cleaning, etc).

|  |  |
| --- | --- |
| Siren with solid fill | **Critical incident staff (CIS)**. People who are responsible for carrying out a critical function. These people are the critical incident staff and are expected to maintain their regular work at the HCF throughout the emergency. |
| Open hand with solid fill | **Back up to critical incident staff (BCIS).** They do not come to the HCF, but are expected to be able to replace the critical incident staff in case they become unavailable and during planned breaks. They can also support the CIS remotely. They should therefore maintain contact with the CIS to stay up-to-date on working knowledge. |
| Home with solid fill | **Non critical incident staff (NCIS).** This staff will remain at home during the emergency. They should be available in case they are needed and be prepared to return to work as soon as the emergency is declared over. They may have a role supporting activities remotely (e.g. administrative or logistical staff), if relevant. |

Table 11: Critical Incident Staff Matrix

|  |  |  |  |
| --- | --- | --- | --- |
| ***Function/Department*** | ***Critical Incident Staff  (maintain regular work)*** | ***Back-up to Critical Incident Staff (at home as backup, maintain communication)*** | ***Non-Critical Incident Staff (remain at home)*** |
| *Hazard 1* | | | |
|  |  |  |  |
| *Hazard 2* | | | |
|  |  |  |  |

**Annex 5. Surge Staff & Responsibilities**

|  |  |  |
| --- | --- | --- |
| **Job Title of Surge Staff Needed** | **Main Responsibilities of Surge Staff** (Provide a short & generic job description or list the  main responsibilities in bullet points.) | (Optional: potential **names** of people who could take on this responsibility) |
|  |  |  |
|  |  |  |
|  |  |  |

**Annex 6: Stakeholders: roles and contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Stakeholder/Collaborating facility** | **Role of the stakeholder** | **Designated Contact Person** | **Contact Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Annex 7: Potential funding sources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Funding Source** | **Activities this organisation can support with during emergency** | **Contact details** | **Template for proposal**  (provide a link, name of the document, person to reach out to) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Annex 8. Hazards & Triggers to activate plan (including colour-coding for operational scaling

Table 16B: Hazards & Triggers to activate plan (including colour-coding for operational scaling

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **All potential triggers** | | | |
|  | Green = Normal situation (state the baseline or leave blank) | Yellow = Emergency situation | Orange = Disaster situation | Red = Catastrophic situation |
| Hazard 1: Epidemic outbreak | E.g. X patients seen in Y service per day (monthly average for the season) | 20% increase in patients | 40% increase in patients | 60% increase in patients |
| Hazard 2: Conflict | Not applicable | Government increases security in the area | Government establishes a state of emergency |  |

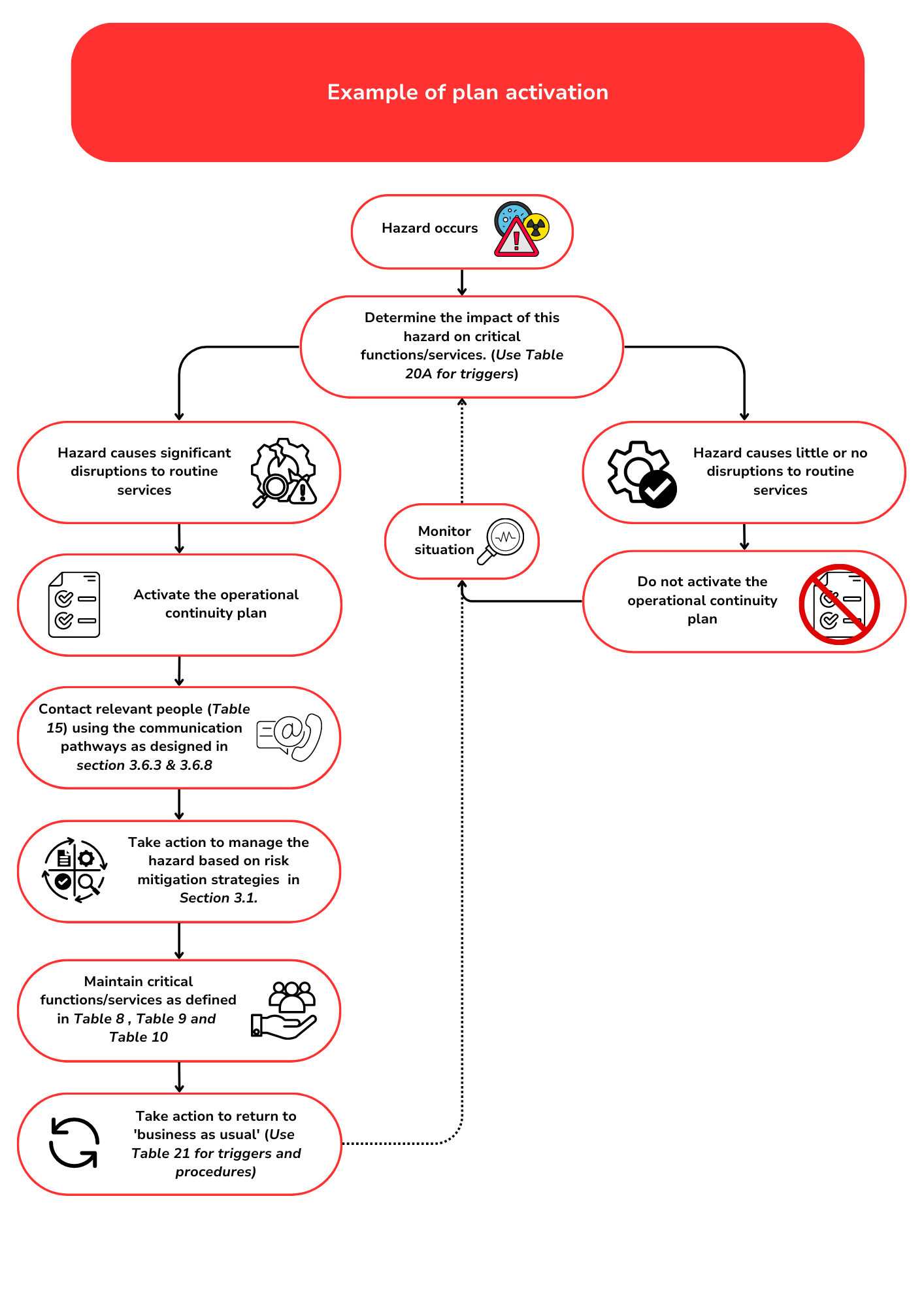
**Annex 9: Define de-activation triggers for the plan**

4.2 Define deactivation triggers for the plan – optional section

List the triggers for deactivation of the plan below, provide steps to follow for this procedure, and include the person who will be in charge, including their contact details.

Table 17: Triggers and procedure to deactivate the plan

|  |  |  |
| --- | --- | --- |
| **Triggers to Deactivate the Plan** | **Procedure to Follow** | **Person Responsible & Contact Details** |
|  |  |  |

**Annex 10. Example of Activation Plan**

**Annex 11: Simulations per Hazard**

**Simulation for Hazard(s):**

A. Overview of HSCP

1. **Management**

|  |  |  |
| --- | --- | --- |
| **Person in Charge + Contact Details** | **Back-up person in Charge + Contact Details** | **Responsibilities during Emergency** |
|  |  |  |

1. **Services and roles in the simulation**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service** | **Patient Capacity in emergency** | **Key Personnel Needed** | **Responsibilities Key Personnel** | **Support Personnel Needed** | **Responsibilities Support Personnel** | **Surge Staff Needed + Responsibilities** | **Where to find Surge Staff** | **Equipment (incl. Medicine) at hand** | **Additional Equipment (incl Medicine) Needed (and where to find it)** | **Total Budget needed** |
|  |  |  |  |  |  |  |  |  |  |  |

1. **Stakeholders**

|  |  |  |  |
| --- | --- | --- | --- |
| **Stakeholder** | **Responsibilities/Relationship** | **Contact Person + Contact Details** | **Comments/Notes** |
|  |  |  |  |
|  |  |  |  |

1. **Organisation Information System during Emergency**
2. **Activate & Deactivate plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Triggers to Activate Plan** | **Triggers to Deactivate Plan** | **Person in Charge + Contact Details** | **Back-up Person in Charge + Contact Details** | **Comments/Notes** |
|  |  |  |  |  |

B. Simulation flow and simulation roles (participants and facilitators)

**1. Simulation flow.** Define the steps of the simulation based on your HSCP and the specific hazard (or hazards) that the simulation is for

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What happens** | **Who receives the information** | **What should they do** | **What happens next** | **Comments/Notes** |
| E.g. Facilitator 1 sends a blast Whatsapp message warning of an emergency situation that affects the hospital | All staff | Heads of department should convene to an all hands-on deck meeting | Meeting happens and activation triggers are discussed. A decision is made on whether to activate the plan (it should be activated for the simulation). Facilitators observe the meeting |  |
| E.g. Heads of department communicate back to their teams | All teams | Change their roles based on the HSCP and support next steps based on the HSCP and their emergency role | Reorganization of infrastructure and equipement, people pretend to go home, set up of telemedicine services, activate recruitment, etc |  |
|  |  |  |  |  |

**2. Simulation roles and responsibilities.** Define the roles and responsibilities of facilitators and participants in the simulation

|  |  |  |  |
| --- | --- | --- | --- |
| **Person or position** | **Role** | **Responsibilities during simulation** | **Comments/Notes** |
|  | e.g. facilitator 1, facilitator 2, participant, observer |  |  |
|  |  |  |  |

**Annex 12. Log for traning and simulations.**

Use the table below to log all conducted training, information and simulation sessions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date implemented** | **Type of Hazard** | **Objective of Exercise** | **# people trained and link to list of names/positions** | **Person Responsible** | **Lessons Learned/**  **Action Needed** |
|  | **Hazard 1** |  |  |  |  |
|  | **Hazard 2** |  |  |  |  |
|  | **Hazard 3** |  |  |  |  |

**Annex 13. Monitoring & Evaluation**

Key indicators for routine monitoring and evaluation

Table 21 provides a grid where you can plug in the indicators of your choice to measure each objective of your HSCP. **Annex VIII** provides examples of indicators that you can choose from or use to prompt your thinking. If your objectives are the same for different hazards, then you might not need different indicators for each hazard.

Table 21: Key performance indicators to measure the service continuity plan

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority Hazard 1: (name of hazard) | | | | | | | | |
| **Objective** | **Indicator name** | **Indicator Definition** | **Data**  **Source** | **Frequency of collection** | **Responsible for collecting** | **Target set** | **Target achieved** | **Comments** |
| Objective 1 (copy here) | Key indicator 1 |  |  |  |  |  |  |  |
|  | Key indicator 2 |  |  |  |  |  |  |  |
| Objective 2 | Key indicator 1 |  |  |  |  |  |  |  |
|  | Key indicator 2 |  |  |  |  |  |  |  |
| Priority Hazard 2: (name of hazard) | | | | | | | | |
| **Objective** | **Indicator name** | **Indicator Definition** | **Data**  **Source** | **Frequency of collection** | **Responsible for collecting** | **Target**  **set** | **Target achieved** | **Comments** |
| Objective 1 | Key indicator 1 |  |  |  |  |  |  |  |
|  | Key indicator 2 |  |  |  |  |  |  |  |

Evaluation

If an emergency has occurred and this operational continuity plan was fully or partially implemented, or if a simulation was conducted, take the time to review what worked, what didn’t work, and how things can be improved the next time.

Note that evaluations can also be carried out after the first stage of an emergency or crisis, or whenever there is a change of circumstances.

**TIPS**

WHO tips for evaluations or After Action Reviews (AAR):

* Organize an evaluation early on after an emergency, to be able to pivot based on learnings.
* Ensure staff involvement in the AAR or evaluation.
* Clearly document and disseminate lessons learned, best practices and follow up actions.
* Assign funds for evaluations in the emergency budget.
* Engage community representation in the evaluation of the HSCP.
* Ensure that evaluation and revision processes do not disrupt routine functions and services.

Annex IX provides a template (that can be tailored) to convene and lead an After Action Review (AAR) type of evaluation to document the best practices and gaps.

**6.2.1**. For each priority hazard, reflect when would be appropriate times to carry out an evaluation (and what type) and set out a list: Use the examples in the table to prompt your thinking.

Table 22. Evaluation plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of evaluation** | **When will the evaluation be planned** | **Objective** | **Person in charge of organizing and leading it** | **Communication of results** |
| e.g. AAR | After first simulation | Understand what parts of the HCSP work well and what parts need to change, as well as gaps. |  |  |
| e.g. AAR | in an epidemic outbreak, after the first wave of patients | Learn what worked and what did not and pivot to be ready for second wave. |  |  |
| e.g. Full internal evaluation | After the HSCP has been activated and deactivated | Learn lessons from an actual emergency to improve the HSCP. |  |  |

Template to conduct After Action Reviews

Tailor this template to lead and document learnings from an AAR.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What was supposed to happen?** | **What actually happened?** | **Best Practices** | | **Gaps** | |
|  |  | **What went well?** | **Why did it go well?** | **What can we improve on?** | **How can we improve?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

M&E Communication

Monitoring and Evaluation findings should always be communicated with the appropriate stakeholders (internally and externally). Use the What/Where/When/To Whom questions to fill out the table below to have an overview of how findings will be communicated and used to inform decisions and actions.

Table 23: M&E Communication

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category of Message**  Action or decision?  Findings? | **Message Communicated**  What was communicated? | **How was the message communicated?**  (With a powerpoint presentation, through a workshop, with printed infographics?) | **Audience**  To whom was the message communicated? | **Date Communicated**  When was the message communicated? | **Lesson Learned / Feedback received**  What was the feedback that you received? Do you need to take information into consideration when adapting your plan? |
| Monitoring data | | | | | |
|  |  |  |  |  |  |
| Evaluation data | | | | | |
|  |  |  |  |  |  |

Examples of Key Performance Indicators

Note that these may be adapted to specific hazards

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective** | **Indicator name** | **Indicator Definition** | **Data**  **Source** | **Frequency** | **Person Responsible** | **Target set** | **Target achieved** | **Comments/**  **Notes** |
| IMPACT LEVEL INDICATORS | | | | | | | | |
| Patient outcomes | Patient mortality rates | Number of deaths in patient population in HCF during emergency vs normal situation | HCF health information system | Weekly |  |  |  |  |
| Patient morbidity rates | Incidence of specific disease in patient population during emergency vs normal situation |  |  |  |  |  |  |
| Case Fatality Rate in HCF (if an epidemic) |  |  |  |  |  |  |  |
| Recovery | Disruption duration | Average time taken to restore full services after an emergency. |  |  |  |  |  |  |
| Recovery quality | Quality of provided services after full recovery compared to normal situation |  |  |  |  |  |  |
| OUTCOME LEVEL INDICATORS | | | | | | | | |
| Adapt rapidly to the situation | Activation time | Time it takes to activate the continuity plan and mobilise required resources |  |  |  |  |  |  |
| Maintain key in patient services open (detail which ones) | Bed Capacity | #beds actually available for essential services |  |  |  |  |  |  |
| Bed Occupation | #beds occupied for essential services |  |  |  |  |  |  |
| % Patients Receiving Care | #patients receiving care / baseline (pre-emergency) (increase or decrease) |  |  |  |  |  |  |
| Patient satisfaction with services | % of patients declaring they are satisfied with the services / baseline (pre-emergency) |  |  |  |  |  |  |
| Provide essential services to the majority of the patients seeking care | % Patients declined care | #patients who were declined care due to suspended or reduced services / baseline (pre-emergency( |  |  |  |  |  |  |
| % Patients referred | #patients who were referred to other hospital during emergency /baseline (pre-emergency) |  |  |  |  |  |  |
| Ensure health and well-being of healthcare staff during emergency | % of staff negatively affected by the emergency | # of staff affected by the emergency / total staff |  |  |  |  |  |  |
| % of staff satisfied with HCF response | # of staff declaring themselves satisfied with the response / total staff |  |  |  |  |  |  |
| % of staff who became infected during an outbreak | # of staff who became infected /total staff |  |  |  |  |  |  |
| OUTPUT LEVEL INDICATORS | | | | | | | | |
| Ensure adequate staffing to maintain essential health services | % of planned personnel | #Staff working at HCF / # of staff in continuity plan |  |  |  |  |  |  |
| Ratio staff to patient | #patients per medical professional |  |  |  |  |  |  |
| % planned staff available | #Staff working at HCF (vs forecasted in continuity plan) |  |  |  |  |  |  |
| Ensure adequate financial resources to maintain essential health services | % of HR budget available | #HR budget (vs forecasted in continuity plan) |  |  |  |  |  |  |
| % of materials and equipment budget available | #Materials & Equipment budget (vs forecasted in continuity plan) |  |  |  |  |  |  |
| All resources | % of all resources available | Percentage of essential resources (medical supplies, personnel, equipment) available during an emergency compared to normal operations. |  |  |  |  |  |  |
| Ensure adequate training | Training | #trainings per year staff members receive |  |  |  |  |  |  |
|  | number of staff trained and oriented to use the health service continuity plan |  |  |  |  |  |  |
|  | number of simulation exercises conducted to test the plan within a specified period  (e.g. one year); |  |  |  |  |  |  |

**Annex 14. Maintenance**

**TIPS**

WHO tips for when updating your plan:

* Account for available supplies (e.g. from existing emergency response supplies)
* Account for current infrastructure situation.
* Update the plan based on lessons learned from evaluations.
* Include best practices on equity in the revised plan.

Changes made over time in the organisation such as personnel changes and evolutions in services will affect this continuity plan. It is therefore important to monitor these and update this plan accordingly for emergencies.

Adapting your plan to your HCF’s changing environment will strengthen its effectiveness once you need to activate it. Whenever you update this plan, always keep in mind innovative solutions other HCF or government structures have used and ways to build resilient communities.

**This continuity plan will be updated by**: (insert name of person(s) responsible for updates)

**This continuity plan will be update every:** (insert frequency)

**Next revision date:** (insert next planned date)

One challenge faced by healthcare facilities is keeping these plans up to date and ensuring there is an institutional memory of their existence, so they can actually be used in an emergency. Use the table below to map out strategies for maintenance and assign responsibilities for each.

Table 24. Strategies for maintenance and institutional memory.

|  |  |  |
| --- | --- | --- |
| **Strategy** | **Person responsible** | **Frequency (if appropriate)** |
| Example Decrease triggers for activation if the plan is not being activated every 1-2 years |  |  |
| Example: Review and send update plan to donor X together with yearly narrative and financial report |  |  |

**Annex 15. Recovery strategy**

Once governmental authorities have given the green light and your health service continuity plan can be deactivated, it’s time to get ‘back to normal’. Think through how this recovery process looks like, keeping in mind the idea is to ‘Build back better’. What corrective actions need to be taken? What investigations on damage assessments might need to be carried out? How will you communicate changes to internal stakeholders (e.g. staff) and external stakeholders (e.g. reinstalling all healthcare services for patients)?

Fill out the table below with potential challenges that the HCF may face after a particular hazard, the recovery strategy planned and action steps, as well as the person responsible, estimated recovery time and communication strategy.

Table 25: Recovery Strategy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority Hazard 1: (name of hazard)** | | | | |
| **Challenge identified** | **Recovery strategy and Action Steps** | **Estimated Recovery Time** | **Person/Team in Charge** | **Communication Strategy** |
| Damages to infrastructure | Damage Assessment (What infrastructures have been damaged and need repairing? Etc.) |  |  |  |
| **Priority Hazard 2: (name of hazard)** | | | | |
|  |  |  |  |  |

**Annex 16. All hazards approach and considerations for specific hazards**

The revised version of the International Health Regulations (2005), as well as the Sendai Framework for Disaster Risk Reduction 2015–2030, promote an “all-hazards” approach in emergency preparedness. This is an integrated approach to emergency management and planning focusing on critical capacities for a full spectrum of emergencies recognizing that there are common elements, and common capacities required, in the management of these risks The all-hazards approach allows for a unified plan with the flexibility to adapt to specific hazards and remove the need for multiple, often siloed, plans.

However, hazard-specific guidance can be factored into the integrated approach. For instance, accidents involving hazardous materials require an understanding of toxicology to minimise damage and protect lives; radiological accidents require special measures for decontamination; infectious disease outbreaks require extra attention to infection prevention and control. It is important to note that the all-hazards approach does not imply that authorities should prepare for all hazards; rather, it focuses on common needs that emerge from various types of emergencies. Although the all-hazards planning approach can provide a basic framework, service continuity planners should prioritise preparedness for hazards that pose a higher risk for the facility and services based on local, dynamic risk assessment. The all-hazards approach may also have the benefit of cost-effectiveness and enhance the efficiency of planning and operations.

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| **Hazard** | **Specific Requirement for Healthcare Facilities** |
| Fire | Installation of fire alarms and smoke detectors |
| Regular fire drills and staff training on evacuation procedures |
| Adequate fire extinguishers and fire suppression systems |
| Proper storage and handling of flammable materials |
| Fire-resistant construction materials and building design |
| Infectious disease outbreaks | Implementation of strict infection control protocols |
| Regular cleaning and disinfection of surfaces and equipment |
| Availability of hand sanitizers and personal protective equipment |
| Isolation rooms for infectious patients |
| Employee vaccination policies and monitoring |
| Natural Disasters | Design and construction to withstand earthquakes and hurricanes |
| Emergency response and evacuation plans for various disasters |
| Adequate stock of emergency supplies (food, water, medical) |
| Backup power generators to ensure continuous operation |
| Secure medical records and data backups |
| Chemical Spills | Proper storage and handling of hazardous chemicals |
| Availability of spill response kits and personal protective gear |
| Training staff on chemical spill protocols and clean-up procedures |
| Ventilation systems to prevent exposure to airborne chemicals |
| Regular inspections and maintenance of chemical storage areas |
| Radiological Accidents | Availability of personal protective gear |
| Training of healthcare staff in radiation safety and handling patients affected by radiological accidents |
| Decontamination protocols for affected individuals and materials |
| Power Outages | Backup power sources (generators, batteries, etc.) |
| Emergency lighting for critical areas |
| Temperature-sensitive equipment storage solutions |
| Prioritised patient care during power interruptions |
| Contingency plans for extended power outages |
| Cybersecurity | Regular data backups and secure data storage |
| Cybersecurity training for staff to identify and respond to threats |
| Incident response and recovery plans for cyber attacks |