✅ ChecklistGuro

Healthcare Emergency Preparedness Checklist: Response & Recovery

Risk Assessment & Planning

Initial assessment of potential emergencies and development of preparedness plans.

Describe potential natural disasters relevant to the facility's location.

Write something...

Identify potential human-caused emergencies (e.g., fire, active shooter, hazardous materials incident).

Write something...

Estimated patient capacity during a disaster scenario.

Enter a number...

Which facility areas are at highest risk (e.g., electrical room, pharmacy, lab)?

☐ Electrical Room

☐ Pharmacy

☐ Lab

☐ Radiology

☐ Patient Records Storage

☐ Other (Specify)

Date of last comprehensive risk assessment.

Enter date...

Summary of identified vulnerabilities and associated risks.

Write something...

Communication Protocols

Establishing clear communication channels and procedures for internal and external stakeholders.

Primary Communication Method

☐ Phone

☐ Email

☐ Pager

☐ SMS/Text

Emergency Contact List

Write something...

Designated Communication Lead

Number of Active Communication Channels

Enter a number...

Last Communication Protocol Review Date

Enter date...

Communication Methods for External Agencies

☐ Radio
☐ Fax
☐ Secure Messaging
☐ Direct Line

Staff Training & Roles

Ensuring staff are trained on emergency procedures and understand their assigned roles.

Emergency Response Training Completion

☐ Completed
☐ In Progress
☐ Not Started

First Aid/CPR Certification Status

- ☐ Current
- ☐ Expired
- ☐ Not Certified

Last Training Date (MM/DD/YYYY)

Enter a number...

Designated Role in Emergency Response

- ☐ Incident Commander
- ☐ First Responder
- ☐ Communication Liaison
- ☐ Evacuation Coordinator
- ☐ No Designated Role

Specific Training Notes (e.g., modules completed, refresher dates)

Write something...

Next Certification Renewal Date

Enter date...

Proof of Certification (e.g., copy of certificate)

⬆ Upload File

Resource Management

Inventorying and securing essential resources like medical supplies, equipment, and backup power.

Backup Generator Fuel Level (Gallons)

Enter a number...

Medical Supplies - PPE Stock (N95 Masks)

Enter a number...

Medical Supplies - IV Fluids Stock (Units)

Enter a number...

Emergency Power Source Status

☐ Operational

☐ Needs Maintenance

☐ Offline

Copy of Emergency Resource Inventory Document

⤒ Upload File

Date of Last Resource Inventory Check

Enter date...

Critical Resources Secured?

☐ Medications

☐ Oxygen

☐ Equipment

☐ Patient Records

Evacuation & Shelter-in-Place Procedures

Planning and practicing evacuation and shelter-in-place strategies.

Evacuation Route Designated?

☐ Yes

☐ No

☐ N/A

Shelter-in-Place Location Identified?

☐ Yes

☐ No

☐ N/A

Estimated Evacuation Time (minutes)

Enter a number...

Date of Last Evacuation Drill

Enter date...

Scheduled Time for Next Drill

Areas Requiring Assistance During Evacuation?

☐ Patients with Mobility Issues

☐ Patients with Cognitive Impairments

☐ Infants/Children

☐ Other (Specify)

Notes/Specific Considerations for Evacuation

Write something...

Patient Safety & Care

Protocols for patient safety and continuity of care during and after an emergency.

Patient's Immediate Medical Needs Addressed?

☐ Yes

☐ No

☐ Partial

Detailed Notes on Patient Condition and Care Provided

Write something...

Vital Signs Monitoring Frequency (minutes)

Enter a number...

Date of Last Vital Signs Assessment

Enter date...

Time of Last Medication Administration

Necessary Support Services Provided?

- [ ] Respiratory Support
- [ ] IV Fluids
- [ ] Pain Management
- [ ] Psychological Support
- [ ] Other

Nurse Signature

Data Backup & IT Recovery

Protecting and restoring critical data and IT systems.

Last Full Backup Timestamp (Epoch Seconds)

Enter a number...

Next Scheduled Full Backup Date

Enter date...

Backup Storage Location (Primary)

☐ On-site Server
☐ Cloud Storage (Specify Provider)
☐ Off-site Data Center

Systems Included in Backup

☐ EHR/EMR System
☐ Financial Systems
☐ Patient Portal
☐ Billing System
☐ Imaging Systems

Backup Retention Period (Days)

Enter a number...

Recovery Point Objective (RPO) - Detailed Explanation

Write something...

Recovery Time Objective (RTO) - Detailed Explanation

Write something...

Last Disaster Recovery Drill Date

Enter date...

Facility Security & Access Control

Maintaining security and managing access to the facility during an emergency.

Number of Security Personnel on Duty

Enter a number...

Access Control System Status (Active/Deactivated/Maintenance)

☐ Active

☐ Deactivated

☐ Maintenance

Last Security System Inspection Date

Enter date...

Security Breach Points Identified (e.g., Front Entrance, Loading Dock, Windows)

☐ Front Entrance

☐ Loading Dock

☐ Windows

☐ Back Door

☐ Perimeter Fencing

Location of Security Camera Recordings

📍 Set My Current Location

Map data ©2025 Google

Details of Recent Security Incidents (if any)

Write something...

Visitor Log Status (Active/Inactive)

☐ Active

☐ Inactive

Post-Emergency Evaluation & Improvement

Reviewing the emergency response, identifying areas for improvement, and updating the preparedness plan.

Date of Incident Review

Enter date...

Summary of Emergency Event

Write something...

Assessment of Plan Effectiveness - What worked well?

Write something...

Assessment of Plan Effectiveness - Areas for Improvement

Write something...

Staff Performance Feedback – select all that apply

☐ Demonstrated Proficiency

☐ Required Additional Guidance

☐ Followed Procedures Effectively

☐ Showed Initiative

☐ Required Further Training

Estimated Downtime (hours)

Enter a number...

Overall Rating of Emergency Response

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Recommendations for Future Preparedness

Write something...