

Climate and Health Emergency Risk Assessment

Standard operating procedure (SOP) | FAC-SOP-003

Document type	Standard operating procedure (SOP)
Title	Climate and Health Emergency Risk Assessment
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Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
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Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	Uses SOP-N16 (risk management) and SOP-N17 (emergency preparedness)
Standards and criteria supported	Standard 2C, criterion 2C.7
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Assess the emergencies relevant to the location: heatwave, flood, storm, power loss, water loss, outbreak.
2. For each, assess the effect on services and patients.
3. Record the assessment and the actions in the continuity plan (FAC-PLN-002).
4. Review each year and after any emergency.

Stop and get help straight away if: the assessment was never done, or the continuity plan was never tested.

1. Purpose

To identify climate and health emergencies that could disrupt services, and to plan how the service keeps running [EC].

2. Scope

Applies to	Chief executive, facilities manager, clinical leads, emergency and infection prevention leads
Locations	The whole facility at {{facility.legal_name}}
When	Yearly; after any emergency; when local risk information changes
Does not apply to	Routine facility risks, covered by FAC-SOP-001

3. Definitions and abbreviations

Term	Meaning in this SOP
Climate and health emergency	Event such as extreme heat, flood, storm, or infectious outbreak that can disrupt services
Continuity	Keeping essential services running during an emergency

4. Background and rationale

Heat, flood, storm and outbreak can close a facility or cut its power and water. Criterion 2C.7 asks for planning that anticipates these, not an assumption they are too remote.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Chief executive	Approves the assessment and plan	Executive
Facilities manager	Leads the assessment; keeps the plan	Facilities risk
Clinical leads	Assess the effect on patients and services	Clinical management
Infection prevention lead	Assesses outbreak risk	Infection prevention

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Local hazard information (national or regional sources)	Latest available	Cited in the assessment
Assessment template (within FAC-SOP-003)	Current	Available
Continuity plan (FAC-PLN-002)	Current	Reviewed yearly

7. Safety and infection prevention

- Emergency actions must protect people first, then services.

8. Before you start

- Collect the latest local hazard information.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	List the hazards.	- List the emergencies relevant to the location, using local information. - Include heat, flood, storm, power loss, water loss, and disease outbreak.	Use local information, not a generic list.
2	Assess the effect.	- For each hazard, assess the effect on power, water, medical gases, ventilation, staffing, access and patients. - Rate the likelihood and impact (EC scale).	Think about the chain of effects, such as heat, then power, then cooling of medicines.
3	Plan the response.	For each high-rated hazard, write the response in FAC-PLN-002: early warning, action, owner and patient protection.	Each response needs an owner and a trigger.
4	Review.	Review the assessment each year, and after any emergency or change in local risk.	Risk changes; the assessment must follow.

Decision points

- If a high-rated hazard has no response, the facilities manager escalates to the chief executive within 14 days.

10. Special situations

Situation	What to do
Declared national emergency	Activate FAC-PLN-002 and the national plan at once.

11. Problems and escalation

- Emergencies affecting patients are reported to the chief executive at once.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Assessment done yearly	Yes	Yearly	Facilities manager	Escalate to chief executive
High-rated hazards with a response	100%	Yearly	Facilities manager	Escalate
Review after each emergency	Yes	Each event	Chief executive	Review

13. Records

Record	Where it is kept	Kept for
Climate and health emergency risk assessment	Governance file	{{facility.records_retention_years}} years

14. Training and competence

- Managers are briefed on the assessment at appointment and yearly (EC).

15. Related documents

ID	Title	Relationship
FAC-PLN-002	Climate and Health Emergency Continuity Plan	Plan based on this assessment
SOP-N17	Emergency Preparedness and Response Plan (generic)	Emergency planning
SOP-N16	Risk Management and Business Continuity Policy (generic)	Risk policy
FAC-PLN-001	Critical Services Testing and Back-up Plan	Back-up services

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Hazard list, thresholds and local information sources to be agreed with the committee.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee