



MODULE 0, 1, 2

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Infrastructure / Assets / People (IAP)

<u>In a nutshell</u>

Description of the health facility. This comprises the asset registry and the location characteristics of the facility. As such, the infrastructure can be distinguished in various parts of the that have properties and characteristics. Moreover, location characteristics are essential, such as the latitude and longitude, the height in meters or floor building, building orientation etc., to be considered in the assessments.





Module0







Infrastructure / Assets / People (IAP)

INPUT



• User input

• Assets



- Attributes
- Properties

OUTPUT

<u>Database</u> of hospital characteristics under study



Climate Hazard (CH)

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<u>In a nutshell</u>

The scope of module 1 is to build a climate scenario based on the user parametrization. The user defines type of hazard, timespan, socioeconomic/ climate scenario. Statistical analysis over the data is performed to calculate the return period of the event, probability of occurrence.

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Climate Hazard (CH)

INPUT

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Infrastructure / Assets / People (IAP)

Module 0 point of hospital

• Type of hazard

- Timespan
- socio-economic/ climate scenario

OUTPUT

- Contour map of average frequency of the hazard in the area
- Statistical analysis per year & per month
- Return period at point



Risk & vulnerability (RV)

<u>In a nutshell</u>

A series of steps can be followed to assess the vulnerability and risk under climate pressure of a health facility. The process incorporates direct and indirect actors, such as experts and stakeholders, engineers etc., via the Community of Practice (CoP) concept LIFE

TERMINOLOGY





Vulnerability

The conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards. This implies that vulnerability extends beyond climate change and may exist before a climate hazard manifests.

Exposure

Relates to the presence of health care workers, patients, services and infrastructure in the location of current or future climate hazards. Understanding exposure requires knowledge of whether people, housing, production capacities and other tangible human assets are located in hazard-prone areas

Impacts

The consequences of realized risks on natural and human systems, where risks result from the interactions of climate-related hazards (including extreme weather and climate events), exposure, and vulnerability. Impacts generally refer to effects on livelihoods. health lives. and wellbeing, ecosystems and species, economic, social and cultural assets, services (including ecosystem services), and infrastructure"









CHECKLIST FOR ASSESSING VULNERABILITY TO HEATWAVES

н		Vulnerability level		
High: unprepared; unable to respond (Higher risk) Medium: basic or incomplete preparation; low level of response (Medium risk) Low: prepared; able to respond (Lower risk)		High	Medium	Low
LTH WORKFORCE	Is the health workforce,			
	(Human resources)			
	equipped with a plan to identify and protect health workers at risk of heat stress?			
	provided with appropriate clothes (e.g. light, loose-fitting cotton clothes, and when necessary, a hat)?			
HEA	provided with sunscreen, hat and plenty of drinking water for staff carrying out outdoor activities?			
	provided with safe weiter during a heatwave event and stimulated regularly for appropriate water intake?			
	provided with a cool space or a shower room for staff?			
	provided with an information system to manage occupational safety and health in the facility during a heatwave, including rest for staff?			
	(Capacity development)			
	trained on public health and climate change hazards, including health impacts related to heatwaves?			
	trained to manage hazardous waste (chemical, biological, radiological)?			
	prepared and able to follow-up a contingency plan for emerging health workforce heat stress, water- and air-borne diseases, and cardiovascular and respiratory problems?			
	able to implement a contingency plan for public health emergencies, in case of high temperature effects, and water and food contamination?			
	trained and have specific and clear guidance on actions to reduce heat risk factors for staff?*			
	aware of the need for an alternative action plan for the health workforce with outdoor functions to limit their activity to morning and evening hours or reduce their activity demands during the hottest part of the day or try alternate work and rest periods, with rest periods in a cooler area? (more frequent work-rest cycles are better)			
	(Communication and awareness raising)			
	aware about impacts of hot temperatures on human health via water quality and quantity (including water- and food-borne diseases) and air quality?			
	aware of the type of patients and symptoms expected during a heatwave?			

IMPACTS CHECKLIST FOR HEATWAVES

HEALTH WORKFORCE							
LEVEL OF IMPACT							
	MAJOR	MODERATE	MINOR				
	 Danger of life-threatening heat stroke Increased likelihood of heat stress effects (heat exhaustion and heat stroke) Increased threat to staff with pre-existing health conditions such as heart conditions, cardiovascular diseases, diabetes, lung diseases, respiratory diseases, fluid/ electrolyte disorders and some neurological disorders Increase in number of respiratory diseases due to elevated ozone levels Loss of work capacity and reduced productivity Increased workforce absenteeism Increased hospital admissions and emergency services overwhelming health workers 	 Increased heat stress effects (heat syncope, heat cramps) Increased threat to health workforce due to individual level risk factors (age, sex, culture, body weight; fitness; behaviour; drug treatment; body acclimatization) Excessive heat exposure resulting in effects related to cardiovascular and renal systems, and dehydration Diseases requiring medical treatment, specifically for those with pre-existing health conditions such as asthma, COPD, respiratory tract Infections, diabetes, heart sonditions, renal conditions Significantly reduced performance capacity Increased heat affecting day and nocturnal conditions that heighten health workforce exposures 	 Increased thirst and headaches Increase in infectious disease cases among the health workforce from water and food contamination Reduction of health workforce functions 				

WASH AND HEALTH CARE WASTE								
LEVEL OF IMPACT								
MAJOR	MODERATE	MINOR						
 Increased water demand Water source contamination Shortage of safe water No access to drinking water in the premises Reduced effectiveness of chemicals used for water treatment 	 Reduced capacity to provide sanitation and hygiene services (floor, toilets, patient rooms, emergency room and other health care facility rooms) Reduced capacity to provide water for drinking and cooking Reduced capacity to use laundry and dishwashing machines 	 Reduced function of sanitation systems and hygiene practices (flush toilets, showers, sewerage, treatment, hand washing, medical procedures, etc.) Increased demand for drinking water from health workers engaged in outdoor activities 						















Risk & vulnerability (RV)

INPUT

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Module 0 type of hazard

Module 1 likelihood of hazard

User answer to questionnaire

Infrastructure / Assets / People (IAP)

Climate Hazard (CH)



OUTPUT

- Vulnerability of hospital
- Level of impacts of hospital
- Risk matrix of hospital







Climate data