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Table S1. Selected measures and their approval process

Code	Measure	First round	second round	Importance	Feasibility
Standard 1: Quantitative and qualitative supply of resources required to provide services related to disaster management					
1-1	The staff required to carry out disaster-related activities is well-suited.	✓		8	8
1-2	Staff in this area received primary and ongoing training.	✓		8	8
1-3	Disaster management personnel have the skills and experience to perform their assigned tasks.	✓		9	8.5
1-4	The financial resources required for disaster management are provided and used appropriately.	✓		9	8
1-5	Disaster management is financed with a justifiable approach based on health priorities.		✓	9	7
1-6	The crisis management area has created and expanded information infrastructure management, such as computer systems, the Internet, software, and programs required for proper investment.	✓		9	7.5
1-7	Health centers produce and disseminate health information well in collaboration with higher management levels.	✓		7	8
1-8	The physical spaces of the health centers are being used to carry out disaster management activities and are well used.	✓		7.5	8.5
1-9	Equipment is required to properly operate with the necessary quality and quantity.		✓	8	8
1-10	The raw materials required to perform properly and the quantity and quality are supplied and used.	✓		8	9
Standard 2: Assessment and promotion of preparedness in health centers					
2-1	A complete and up-to-date list of health centers with their features and technical capabilities is provided.	✓		9	9
2-2	All possible hazards, such as geological hazards, climate, biological hazards, technology, and social phenomena that can interfere with the function of comprehensive health services are carefully identified and prioritized	✓		9	8
2-3	The vulnerability level of comprehensive health services is carefully assessed against any type of hazard (especially high-risk).	✓		9	8
2-4	Functional Safety Function of Comprehensive Health Services Centers in areas such as the organization of the Hospital Crisis Committee, an operational plan for responding to internal and external hazards, potential medical plans, an operational plan for preserving and restoring vital services, access to medicines and equipment, and other reserves. Emergency requirements are carefully evaluated, and major deficiencies are identified and prioritized.	✓		9	8
2-5	Non-structural safety status of comprehensive health services centers in areas such as vital, electrical, communication systems, water and fuel supply systems, medical gases, thermal systems, refrigeration and ventilation, fixed and mobile office equipment, medical and laboratory equipment And the reserves for diagnosis and treatment, the components of the architecture are carefully evaluated, and major deficiencies are identified and prioritized.	✓		9	8
2-6	The structural safety status of comprehensive health services centers has been carefully evaluated, focusing on components such as geological conditions, pillars, walls, ceilings, stairways, corridors, doors, windows, and other structural components. This evaluation identifies major deficiencies and priorities.	✓		9	8
2-7	Corrective and safety improvement measures are taken based on the priorities set in the above areas.		✓	8.5	7
2-8	Corrective actions and interventions have increased the physical safety of the comprehensive	✓		9	8.5

	health centers and their sustainability in the event of disasters.				
Code	**Measure**	**First round**	**second round**	**Importance**	**Feasibility**
Standard 3: Assessing and improving the preparedness of households and public places against disasters					
3-1	The resistance of the building to the location of the household and the public places against earthquakes is assessed by the experts.	✓		8	7.5
3-2	If a building is not resistant to earthquakes, a suitable step has been taken to retrofit it.	✓		8.5	8
3-3	The vulnerability of buildings to earthquakes is carefully assessed.		✓	8	7
3-4	Appropriate measures have been taken to reduce the vulnerability of unauthorized occupants of homes and public places.	✓		8	8.5
3-5	The emergency pack and disaster situations in households and public places are full of contents.	✓		8	8
3-6	In emergencies and disasters, households and public places have an evacuation plan.	✓		8	8
3-7	Family members and public places personnel are familiar with the initial warnings of major regional threats such as floods, storms, etc.	✓		9	8
3-8	There are firefighting products available at home and in public places.	✓		9	8.5
3-9	At least one household member and some public-place personnel have received adequate training and skills to provide first aid effectively.	✓		9	8
3-10	All households are public places in disaster management plans.		✓	9	7.5
3-11	All households and public places have been trained in disaster preparedness this year.	✓		9	8
3-12	All households and public places have been evaluated for disaster preparedness this year.	✓		9	8
3-13	Households and public places annually practice emergency and disaster.	✓		8	9
3-14	Indicators related to this field are calculated continuously and accurately.	✓		8.5	8
3-15	The calculated indicators indicate the continuous improvement of activities and indicators related to this area.	✓		9	7.5
Standard 4: Perform appropriate measures in the pre-disaster stage					
4-1	All planning to deal with potential disasters has occurred before they occur.	✓		9	8
4-2	All specialist government forces, organizations, people, institutions, and public forces have the necessary equipment and facilities to deal with disasters.	✓		9	8
4-3	In the Comprehensive Disaster Preparedness Program, all necessary steps are taken to reduce potential risks.	✓		9	8
4-4	In addition to covering all comprehensive health centers, an extensive effort has been made to promote the culture of insurance in the covered community.	✓		9	8.5
4-5	Improvement of human resource capacity by implementing educational programs and exercises in this field.	✓		9	7.5
4-6	The development of inter-departmental and inter-sectional, regional, and international health departments in management and disaster risk reduction has been considered in the form of the health committee's health committee in incidental accidents.	✓		9	8
4-7	Health promotion measures are well implemented.	✓		8	8
4-8	Public awareness about risk assessment and disaster management strategies is done desirably.	✓		8	8
4-9	Public participation has been drawn to implement health-centered disaster risk reduction programs.	✓		8	8.5
4-10	The coordinated and effective response plan is developed and implemented with the participation of other departments.	✓		9	8.5
4-11	Primary health service supplies and supplies are stored in the response phase.		✓	9	7
4-12	Establishing the primary warning system process for hazardous health facilities is well underway.	✓		8	7
4-13	Special education programs are implemented for health managers and employees.	✓		9	7.5

Code	Measure	First round	second round	Importance	Feasibility
4-14	Disaster preparedness exercises in health facilities and the community are appropriately implemented.	✓		9	7.5
4-15	The care system, public education, and the training of health and medical personnel of the public and private sectors, as well as other government departments and official relief workers, are well established.	✓		9	8
4-16	The list of drugs, vaccines, supplies, materials, and equipment needed for the disease-care system is well-prepared and provided.	✓		9	8
4-17	Health centers and reference laboratories are located in different parts of the country.	✓		9	7.5
4-18	Adequate education is provided to the general public, and all people in the community have gained sufficient skills in this regard.	✓		8	8
4-19	In building construction, flood and earthquake safety must be respected per engineering regulations, and old buildings must be earthquake-resistant.	✓		9	8
4-20	The construction of the building near the lakes, ponds, rivers, slopes, etc. has been avoided.	✓		9	8
4-21	Building stones, warheads, and chimneys of hearths and fireplaces have been investigated and restored regarding the possibility of a collapse during an earthquake.	✓		9	8
4-22	Heavy and long-lasting objects, such as refrigerators, water heaters, coffins, etc., are firmly fixed.	✓		8	8.5
4-23	The air conditioner's location outside the building is checked and secured if necessary.	✓		8.5	8
4-24	Heavy objects and chemicals are placed on lower shelves.	✓		9	8
4-25	Broken glass and cracked doors and windows have been replaced.		✓	9	7.5
4-26	The sleeping places of the family have been removed from the window, underlayer, chandelier, etc.	✓		9	8
4-27	Note the emergency phone numbers and a fire extinguisher in the kitchen on the wall.	✓		9	7
4-28	Identification cards, valuable documents, and money should be held in a safe or fireproof box.	✓		8	7.5
4-29	There should be easy access to emergency equipment such as blankets, towels, a radio, flashlights, and primary care boxes.	✓		9	8
4-30	The measures in this area have contributed to improving preparedness and reducing the vulnerability of health resources and facilities in crises.	✓		9	8
4-31	The measures in this area have led to increased preparedness and reduced vulnerability of households to disasters.	✓		9	8
4-32	Indicators related to this field are calculated continuously and accurately.	✓		8	8.5
4-33	The calculated indicators indicate the continuous improvement of activities and indicators related to this area.	✓		8	8
Standard 5: Take appropriate measures during the disaster					
5-1	The alert system and monitoring during the disaster are predicted and work properly.	✓		9	8
5-2	The tranquility of the people is preserved and avoided by fear.	✓		9	8
5-3	The people inside the building move away from the windows and mirrors and carefully rub the rubble.	✓		9	8
5-4	People get safe in the right place, such as under the bed and tight door frame.	✓		9	8
5-5	Individuals in flats do not run to the exit of the building and cover their heads when they leave the building.	✓		9	8
5-6	People do not use the elevator, so they close the gas immediately.	✓		9	8
5-7	People in public places like cinemas, etc., refrain from invading.	✓		9	8.5
5-8	People are working to evacuate the victims and resettle them at temporary sites.	✓		9	8
5-9	People cut off electricity and gas flow.	✓		9	8

Code	Measure	First round	second round	Importance	Feasibility
5-10	People prepare for their possible aftershocks.	✓		9	8
5-11	If possible, people will take enough water and close the flames.	✓		9	8
5-12	In a fire, people control the fire with water or a fire extinguisher.	✓		9	7.5
5-13	People listen to the radio and receive news and reports.	✓		9	7
5-14	The people outside the building will take themselves to an open and distant place.	✓		9	7
5-15	The people outside the building will take themselves to an open and distant place.	✓		9	7
5-16	If people are on the flood stream, they will accelerate to high points.	✓		9	7.5
5-17	Discharge operations are carried out at the right time and after the risks are eliminated correctly.	✓		9	8.5
Standard 6: Take appropriate measures after the disaster					
6-1	Rapid and continuous evaluation of the extent of the damage to society, particularly health care facilities, is done promptly.	✓		9	8
6-2	The needs of the affected population are continuously evaluated in a precise and timely manner.	✓		8.5	8
6-3	Relief officials well receive the scene management command.	✓		9	8
6-4	The continuity of service, supply of human resources, and alternative space are guaranteed to compensate for the financial losses incurred.	✓		9	8
6-5	The management of financial assistance and volunteers is well on the scene of the incident.	✓		9	9
6-6	The safety of the lives and property of the injured people is guaranteed.	✓		9	8
6-7	In case of fire or explosion, appropriate response measures are taken.	✓		8	7.5
6-8	Recovery involves the physical and mental rehabilitation and repair of the injured.	✓		9	7.5
6-9	Training on personal and public health is needed to avoid the spread of epidemics to the general public.	✓		9	7
6-10	Environmental health facilities such as safe drinking water, proper bathroom and toilet facilities, waste disposal, food hygiene, etc., are considered.	✓		9	8
6-11	Transportation-related activities are carried out to carry casualties or other facilities appropriately.	✓		9	8
6-12	The number of vulnerable populations affected (those urgently needing relief supplies).	✓		9	8
6-13	The number of injured and dead people in the area is affected by the impact.	✓		9	8
6-14	The health facility rehabilitation program has a sustainable development approach and has been well developed and implemented.	✓		9	8.5
6-15	Reconstruction of facilities and rehabilitation of damaged health plans are done correctly.	✓		9	7
6-16	Participation in the compilation and implementation of psychosocial rehabilitation of the community is well implemented.	✓		8	8
6-17	The necessary health measures, including in the field of environmental health, are provided.	✓		9	9
6-18	The required medical and therapeutic measures are ongoing.	✓		7	8
6-19	The exact implementation of the infectious diseases and epidemic control surveillance system has been established.	✓		9	8
6-20	Control measures related to insects and vermin are effective.	✓		9	8
6-21	Vaccination-related measures have been taken.	✓		9	8
6-22	Laboratory services are required.	✓		9	8
6-23	The proper organization of human and non-human resources is well done.	✓		9	8
6-24	The exact building inspection is done.	✓		8	8.5
6-25	Avoid gathering in the streets and blocking the passage of a relief vehicle.	✓		8	8

Code	Measure	First round	second round	Importance	Feasibility
6-26	Approaching damaged and high-rise buildings is avoided.	✓		8	7.5
6-27	Passing through narrow streets is avoided.	✓		9	7
6-28	Avoiding the power cord and the iron or metal parts.	✓		9	7
6-29	Standing along the river, the edge of the rocks and the damaged buildings are avoided.	✓		8	7
6-30	Avoid walking and standing under electric wires and in the vicinity of the electric shaft.	✓		9	8
6-31	Avoid moving any building materials.	✓		9	8
6-32	The health instructions provided to humans are strictly and carefully observed.	✓		9	8
6-33	Indicators related to this area are calculated continuously and accurately.	✓		9	8.5
6-34	The calculated indicators indicate continuous improvement of indicators related to this area.	✓		9	8
Standard 7: The Effectiveness of Disaster Management-Related Programs and Activities					
7-1	The disaster management unit's (DMU) operation has led to a rapid assessment of the health status.	✓		9	9
7-2	The operation of the DMU has effectively reduced the casualties and injuries of people in disasters.	✓		9	8
7-3	The operation of the DMU has led to a significant reduction in the financial loss of society in disaster.	✓		9	8
7-4	The operation of the DMU has reduced the losses incurred by domestic animals in disasters.	✓		7.5	7
7-5	The operation of the DMU has reduced the severity of public service interruptions, such as electricity, gas, communications, sewage, food, and so on.	✓		8	8
7-6	The DMU's management has effectively reduced the number of injuries to homes, public places, and health facilities in disasters.	✓		8	8
7-7	The operation of the DMU has reduced the loss and damage of public and private property in disasters.	✓		8	8
7-8	The operation of the DMU has reduced the spread of communicable diseases in disasters.	✓		8	8
7-9	The operation of the DMU has prevented the spread of non-communicable diseases in disasters.	✓		9	7.5
7-10	The operation of the DMU has reduced the disruption of normal activities in disasters.	✓		9	8
7-11	The operation of the DMU has reduced the social response to disasters.	✓		9	8
7-12	The operation of the DMU has reduced the population displacement in disasters.	✓		9	7.5
7-13	The operation of the DMU has led to food shortages and nutritional disturbances in disaster.	✓		9	7.5
7-14	The operation of the DMU has reduced the psychological problems caused by disasters.	✓		8	7
7-15	The operation of the DMU has reduced the problems associated with environmental health in disasters.	✓		9	7
7-16	The operation of the DMU has reduced the problems of communication and transportation in disasters.	✓		8	8
7-17	The operation of the DMU has improved the management of international assistance in disasters.	✓		9	8
7-18	The operation of the DMU has improved the management of temporary accommodation and refugee camps in disasters.	✓		8	8
7-19	The operation of the DMU has led to better preparedness for unexpected accidents.	✓		8	8.5
7-20	The operation of the DMU has improved the information recording and reporting system in disasters.	✓		8	8
7-21	The operation of the DMU has led to the provision of supplies, including materials and drugs, in disasters.	✓		8	8

Code	Measure	First round	second round	Importance	Feasibility
7-22	There is a well-designed program to implement interventions related to mental health in disasters.	✓		9	8
7-23	Good public participation, especially from community members, is provided at times of crisis to provide mental health assistance.	✓		9	9
7-24	Suitable mental health and treatment facilities are provided in times of disaster.	✓		9	7.5
7-25	Special attention is paid to vulnerable groups, especially children, during disasters.	✓		9	8
7-26	The services provided in this area have reduced the prevalence of psychological complications in unexpected events.	✓		9	8
7-27	The services provided in this area have prevented the progression and exacerbation of psychological complications in unexpected accidents.	✓		9	8
7-28	The services provided have led to an increase in the adaptation and survival capacity of the survivors.	✓		8.5	7.5
7-29	The services provided in this area have contributed to strengthening the social skills of the survivors and helping the community to reorganize self-help and rebuild the community.	✓		9	8
7-30	Indicators related to this field are calculated continuously and accurately.	✓		8	8
7-31	The statistics show that there is a continuous improvement in activities and indicators related to this area.	✓		9	7.5