

**ENVIRONMENTAL HEALTH MANAGEMENT IN SHELTERS;
GUIDELINES AND TRAINING TOOLS FOR
SHELTER MANAGERS IN THE CARIBBEAN**

**AVA AUGUSTE
HEALTH DISASTER COORDINATOR, St. LUCIA**

After most disasters, people need to be provided with temporary shelter. However, during the pre-disaster preparation stage, it must always be emphasized that shelter with relatives and friends be sought prior to entering a shelter. Displacing families from their homes, and environment, and grouping them with other families in a confined place, with little privacy, often leads to psychosocial problems. Added to that, the post disaster "dependance syndrome" can result in difficulty moving people back to their homes.

When it becomes necessary to open the shelter for distressed persons and families, the Shelter Management Team is responsible for the overall organization and management of the shelter. It is the team's responsibility to co-ordinate all the functions into a smoothly working operation.

REGISTRATION OF SHELTER OCCUPANTS

All persons housed at the shelter must be registered. Information concerning the name, age, sex, marital status, predisaster address, telephone number, medical problems and all items brought to the shelter must be included in the registration form, see appendix 12.

The medical problems as above mentioned could include:
a) Hypertension, b) Diabetes, c) Epilepsy, d) Arthritis, e) Heart ailments, f) Disablements and special medication and diets (low salts, sugar and carbohydrates).

These registration forms must be filed, and in a secured place, and all information is confidential. Should the occupants bring in any other items to the shelter, it must be entered on the registration form. On leaving the shelter, the registration form must be checked, to ascertain the items that are going out, correspond with what is on the registration forms.

The Management Team must keep a daily shelter report, as included in appendix 13. This reports records:

1. The total number of people in the shelter
Number of male and female in age groups of:
Under 1 year, 1 - 4 years, 5 - 14 years, 15 - 19 years
20 - 49 years and 50 - 65 years.

2. The number of cases of the following symptoms per age group:
Fever, Fever (with diarrhoea), Fever (with cough), Fever (with jaundice), Diarrhoea, Vomitting, Diarrhoea and Vomitting, Rash

This information must be given to the health personnel who visits, and or to Local Emergency Committee.

If there are persons on medication, and not capable of keeping, and taking it on their own, same should be secured in a place and administered when necessary, or prescribed.

During post disaster period, people should not indulge in weight reduction diets, they should concentrate on eating foods that will provide energy, to enable them to commence and continue the rehabilitation period. However, the special food needs of the infants, the elderly and the sick must be met.

There must be a good working relationship between the Management Team, and the staff of the nearest health centre or health team. Health Services must be accessible to the shelter occupants. The Community Health Aide, Nurse, Family Nurse Practitioner or District Medical Officer, must visit the shelter daily, twice weekly or weekly, to assess the health status, hygiene practices, and living conditions of the occupants, and also to disseminate health information.

Personal hygiene must be insisted upon, and maintained by all. Those elderly persons who cannot take care of themselves, should be cared for, and necessary arrangement made to transfer them to a geriatric institution as soon as possible.

The Manager should personally enquire of the occupants health and welfare from them on a daily or regular basis.

ACTIVITIES :

In order to keep the occupants of the shelter occupied (those who do not go out to work), planned activities within and without the shelter should begin as soon as possible. e.g., caring for infants, helping with the elderly, singing, inspirational talks, health education, and keeping the shelter and immediate environ clean. Such activities raise morale and reduce anxiety. They also control undesirable and unproductive behaviour, such as quarreling, gambling, aimless wandering and alcohol and drug abuse.

SECURITY :

Living in a shelter is not a situation to be envied. People with different standards are forced to live together. Social behaviour varies with every family. Many may be upset by the effects of the disaster, the disruption of living patterns, and the uncertainty of the future. Some may be worried about the safety of family members who are not with them, and with whom they cannot make contact. A few may have been emotionally or

psychologically disturbed, prior to the disaster, and their problems may now be aggravated. All of this is compounded by the unfamiliar, and restrictive nature of living in a Shelter.

It is, therefore essential for the Management Team, to establish basic rules, and regulations for the shelter, and to see that they are enforced.

1. There must be no chain smoking in the shelter
2. No one must lie down (go to bed) smoking
3. No gambling in the shelter
4. No obscene language must be used at the shelter
5. Alcohol must not be used at the shelter.
6. Persons not living at the shelter must not loiter in and out.
7. The shelter must not be used as a thorough fare
8. There must be no fighting in the shelter
9. After 6pm no one should be allowed to leave the shelter without special permission.
10. No visitors must be allowed at the shelter
11. The supplies and equipments must be appropriately used.

Persons not complying with rules and regulations, must be expelled from the shelter.

It is easier to monitor what comes into the shelter, than what goes out, especially in the dark. It must be remembered that occupants bring their valuables with them to the shelter, and the shelter represent their home. Visitors must not be allowed in the shelter, but occupants should be free to visit friends and relatives.

An inventory of all supplies and equipments received, used, missing borrowed and lent must be kept.

LEAVING THE SHELTER:

During the first 72 hours, a total assessment of the occupants needs should be made. After that, the government should assist occupants to relocate to their home environment. This could be made possible by supplying tents, which could be pitched next to near to their damaged or demolished house, thereby enabling them to rescue their property and valuables, and stimulate the need to reconstruct their lives.

On leaving the shelter, persons should be given at least one week's supply of food stuff.