

THE JAMAICA RED CROSS SOCIETY
DISASTER PREPAREDNESS AND RELIEF

(By Kitty Moulton-Campbell)

The Red Cross in its endeavour to prevent and alleviate human suffering considers it a fundamental duty to bring relief to all disaster victims.

In principle Red Cross help is of an auxiliary and complementary nature and operates basically in the emergency phase the first seventy-two hours. However, if circumstances require and provided the Red Cross is assured of the necessary resources and means, it may undertake longer term assistance programmes.

Red Cross assistance is given free of charge and without any distinction as to nationality, race, religion, social condition or political opinions.

When disaster threatens it is the responsibility of the Red Cross to:

- Open and staff the Red Cross Headquarters
- Assign liaison to disaster co-ordination centre
- Mobilise Red Cross Volunteers
- Assist in disseminating official warnings
- Assist in care of evacuees.

When disaster strikes Red Cross has in the past assisted in meeting the needs of disaster victims by:

- Distribution of food and clothing
- Distribution of blankets and other necessities
- Operation of Red Cross Feeding Station
- Assistance with temporary shelter
- Provision of information and Social Welfare Services
- Provision of First Aid and Nursing Care in Red Cross shelters.

The Red Cross also has the responsibility to:

- Assist in making detailed survey of disaster area
- Inform the League of Red Cross Societies of effects of disaster and actions taken.
- Undertake special relief projects within the capabilities of Red Cross.
- Co-ordinate relief actions with those of Government and other voluntary agencies.
- Prepare a final report for the league summarizing Red Cross activities, gifts received from other Red Cross Societies and how they were utilized.

Under the National Disaster Plan as organized by the Government of Jamaica, the Red Cross has been given special responsibilities for:

- (a) Registration, Enquiry and Tracing
- (b) Blood Transfusion Service and First Aid
- (c) Medical and Nursing Care
- (d) Food supplies, Clothing and Shelter
- (e) Services for the prevention of Epidemics
- (f) Co-ordinating International Red Cross assistance
- (g) Assistance to other Welfare Organizations.

It is the duty of every National Red Cross Society to prepare itself to give assistance in the event of a disaster and simultaneously with the Government's new thrust in Disaster Preparedness, the Jamaica Red Cross Society under its new Five Year Development Plan has an overall objective to provide a comprehensive Red Cross Disaster Relief Plan for Jamaica.

(See Appendix d Page 2 - Five Year Development Plan Jamaica Red Cross Society) - DISASTER RELIEF PROGRAMME

Over the years we have had a relatively close working relationship with the Ministry of Health through its representative on our Central Committee which is the policy making organ of our Society. The Ministry provides us with a small subvention for the up-keep of our Ambulance which of course is available for disaster relief activities.

We have worked jointly on the production of a Health Education Pamphlet during the June Floods of 1979 and Red Cross has been instrumental in obtaining drugs, water purification tablets, first aid materials, etc. which are passed on to the Ministry of Health for distribution.

ROLE OF MEDICAL OFFICER (HEALTH) IN HEALTH DISASTER
MANAGEMENT - (Dr. J. McHardy, Chief Medical Officer)

The major areas of responsibility of the Ministry of Health in Disaster are broadly:

1. Rapid and efficient management of Casualties;
2. Maintaining a health environment.

These two objectives can only be adequately achieved after a disaster if there has been good pre-disaster planning with a good flexible and well rehearsed disaster plan. The pre-disasters are best exemplified as Hurricane precautions.

The handling of casualties, especially when there are a large numbers, has not so far loomed very large in our contemplations this weekend, partly because there are not usually many casualties in flood, and partly no doubt because this is concerned as mainly a primary care exercise, but there may of course be numerous following earthquake and some man made disasters.

The handling of large number of casualties is a major consideration in all Hospital disaster plans, since it is a limiting factor and the assessment of maximum number of serious casualties that a hospital can handle is important in the overall community plan. The system of triage and of assessing, providing resuscitative measures if necessary at the Casualty Disaster site and tagging patients so that those requiring urgent treatment can be moved as a first priority is a basic concept in their management. It has to be co-ordinated by the senior medical individual on the site, which may well be the Medical Officer of Health. For smooth efficient evacuation, there must be one person in command at the site and communication from the site to the local and regional hospitals is desirable so that severely injured patient could if necessary be moved directly by helicopter to the more sophisticated hospital environment he requires.

1 The local hospital and layer referral hospitals will be alerted and bring their disaster plans into action as soon as it is recognized that there are a number of seriously injured involved. These plans have to be worked out at hospital level usually having in common, discharge of all patients who can go, designation of areas of sorting of casualties, areas for relatives to receive information, resuscitation areas and crowd control. Each division head has a clearly define role with which he is familiar and disaster drills should be held to ensure that this is the case.

Extra staff, drugs, medical sundries and other supplies have to be mobilised in the emergency, and where these needs cannot be met from the Medical Stores have to be sought from other sources - namely internationally.

MAINTAINING A HEALTHY ENVIRONMENT

1. Under this heading must come the provision of shelter and food, though provision of these is not a primary responsibility of health, except in so far as the provision of food supplements for mothers and children normally undertaken by health should continue. It is necessary to ensure that the food in shelters is prepared under hygienic conditions.
2. Provision of health care, including psychological, for those not requiring evacuation from the area and for those moved to shelters is an important function of the Ministry of Health staff.
3. Provision of potable water which under disaster conditions will need to be boiled or chlorinated, is our prime responsibility.
4. Disposal of notable solid waste and human excretion often constitutes a serious problem where large numbers of refugees are crowded together in school rooms or other buildings with inadequate facilities for the number of people housed there. The provision of pit or chemical latrines is usually necessary and as in Hurricane Allen this may be complicated by the high level of flood waters.
5. Epidemiological Surveillance with Sentinel Stations for monitoring pyrexia of unknown origin, gastro-enteritis and skin diseases must be put in place by the third post-disaster day so that there will be the earliest possible recognition of epidemics such as typhoid, although experience is that even under most unsatisfactory conditions serious epidemics do not often follow disaster. Prophylactic inoculation against typhoid which was a standard practice some years ago has now been abandoned by most countries including Jamaica. Our Epidemiologist feels that we can ride on the backs of the disaster to boost the level of DPI inoculations in children, and these are the only ones indicated in the post-disaster solution.
6. It is very important that the nation's health disaster plan is well coordinated with the plans of other sectors and that the community and hospital integrate well into the National Disaster Plan so that what resources there are are used efficiently.

The various sector plans are well integrated and carried out by ODIPERC and this entails representation of Health at a high level in this way. The Honourable Minister represents Health at Cabinet level and the Permanent Secretary at the highest executive level.

7. It is appropriate at this point to mention the role of health in our relationship with international and other agencies, eg. Red Cross, and PAHO, offering help after a disaster. The donation of drugs and Medical Supplies must be monitored and controlled where possible by Health, so that we are not lumbered by large quantities of drugs and Medical Supplies we cannot use. It has been our practice to requisit through UNDRO that we prepare a list of our requirements as quickly as possible and ensure that these get to the donors and also how these donations be addressed to the Permanent Secretary, Ministry of Health, so that we can more easily clear, handle and monitor the drugs.

GROUP WORK

GROUP I

REPORTING FORMS

- L. A reporting form has been designed for use in the event of disaster to facilitate the transfer of information from Parish to Ministry Command Centre. The idea being that both Parish and Command Centre would have copies:

Do you consider that this would be a useful tool?

If so,

Comment on the Draft distributed and suggest revisions; if not,

Suggest an alternative.

2. An Epidemiological Surveillance Report Form has been designed for use in the post-disaster period.
Comment on the Form and suggest revisions.

REPORTING FORM FOR MEDICAL OFFICER (HEALTH)

Parish: _____ Reporting Officer: _____

Parish Emergency Committee Coordinator: _____

Location: _____

Tel. No./Means of Communication: _____

Nature of Disaster: _____

Boundaries of Disaster: _____

Number of people affected: _____

Casualties - number: _____

type(s): _____

Deaths - number: _____

Emergency Shelter - number: _____

location: _____

population sheltered: _____

tel. no./means of communication: _____

Health Needs

1. Environment

1.1 Water states of sources

number affected: _____ (%)

supply of chlorine - available: _____

required: _____

1.2 Sewerage status

plants damaged number: _____ (%)

units damaged number: _____ (%)

1.3 Other pollutants: _____

specify: _____

2. Medical needs and other supplies

drug types: _____ analgesics: _____

antibiotics: _____

immunization vaccines: _____ group: _____

supplies bandages other: _____

supplies bandages: _____

splints: _____

laboratory supplies: _____

others: _____

Personnel adequate yes: _____ no: _____

needed (type and number) _____

Hospital Services

At Post	Beds	Personnel	Operating Theatre Facilities
Required			
Total			

Other Needs

Clothing: _____

Bedding: _____

Linen: _____

Utensils: _____

Lighting: _____

Handtools: _____

Communication: _____

Transport: _____

Lanterns: _____ Torches: _____

Shovels: _____ Other: _____

Specify

Adequate

Inadequate

SENTINEL REPORTING FORM

(GROUP 1)

Epi No.: _____

PARISH: _____

Reporting Officer: _____

Date: _____

Location of Station/Relief Centre: _____

Tel.No.: _____ Other: _____

DAYS	DATES	DISEASES						Total
		G.E.	Fibrile ill- ness	Jaun- dice (Speci)	Skin Infec- tion	G.R.T. (Chil- dren)		
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

Signature: _____

GROUP WORK

GROUP 2

EMERGENCY DRUG SUPPLIES

1. On the Flip Chart there is a copy of the request for drugs and medical supplies sent to Kingston by the Medical Officer (Health), Wertmoreland in the Simulation Exercise,
 - a) Comment on this;
 - b) Prepare guidelines for the Medical Officer (Health) to use in preparing a requisition for drugs and medical supplies in the event of a disaster or other emergency.
2. Prepare a list of emergency drugs and medical supplies which should be held in each Parish.

EMERGENCY DRUGS AND SUPPLIES

(GROUP 3)

G.I. DRUGS

Federgel

ORAL REHYDRATION

Kaolin Mixture (Adults)

Lomatil (Adults)

On INFECTIONS

Erethromycin - Tablets/Suspension 250mg.

Tetracyclines Capsules only - 250mg

Antibiotic Ophthalmic Ointment

Chloramphenicol

Antibiotic Skin Ointment

RESPIRATORY TRACT

Franol/Tedral/Asmal - Tablets/Syrup

D.P.H. Expectorant

Cough Suppressant - Liquid

Sallutamol - Tablets/Syrup

ANALGESIC

Aspirin

Paracetamol - Tablets/Elixir

Antispasmodics

C.N.S. DRUGS

Diazepam - Tablets/Injection

Atropine - Injections

Aromatic Spirit of Ammonia

Adrenaline

Antihistamines - Tablets/Syrup/Injection

ANTI-INFLAMMATORY AGENTS

Hydrocortisone Hemisuccinate - Injection

METABOLISM

Iron Vitamins Syrup/Tablets

Iron Tablets

ANTISEPTICS

Savlon Hospital Concentrate

Alcohol - 70%/95%

Acraflavine Solution

Sanitizers eg. pine disinfectant

Betadine for cleaning wounds

Mercurachrome

BURNS

Alphamel

Cectavlex

Soframycin Tulle

IMMUNOLOGICAL PRODUCTSIMMUNOLOGICAL PRODUCTS

Tetanus Toxoid

Tetanus Vaccine

DRESSINGS & SUNDRIES

Elastic Adhesive Bandage

Disposable Needles & Syringes

Zinc Oxide Dressing

Gauze

Cotton Wool

Splints

Band Aid - Air Breathing

Bandages - Gauze/Calico

Forceps

Scissors and Emergency Sutures

DIAGNOSTIC AGENTS

Uristicks

Dextrosticks

Labstix

LIFE SUPPORT

Ambu Brg

Airways

Endotracheal Tubes

Tongue Depressors

MISCELLANEOUS

Water Boots

Flashlight and Batteries

Plastic Containers, Envelopes and Labels

Kerosene Oil

WATER PURIFICATION

Halozone Tablets

Commercial Chlorine Tablets

Drums and Plastic Containers

PEST CONTROL

Malathion

Coopers Anti-Mosquito Capsules

TRANSPORT

Gas and Gas Oil Coupons

Tubes and Tyres

Form:
DP.GS III.

GENERAL SUPPLIES AND EQUIPMENT

(GROUP 2)

(WHITE)

GROUPING OF ITEMS	DESCRIPTION	AMOUNT REQUIRED	AMOUNT SUPPLIED	REMARKS
Tools and Implements				e.g. SUBSTITUTE BY X For 28,000 people for 7 days
Supplies for Transport				
Water Related Supplies				
Pest Control Supplies				

Form:

D.P.F.1

FOOD

(GREEN)

(GROUP 2)

ITEM	DESCRIPTION	AMOUNT REQUIRED	AMOUNT SUPPLIED	REMARKS
1	Rice/Flour/Cornmeal	24,500 lbs		7 Days Supply
2	Cooking oil	12,000 ozs		
3	Corned Beef/Sardines	12,250 lbs		
4	Sugar	24,250 lbs		
5	Milk Powder	49,000 lbs		

GROUP WORK

GROUP 3

DISASTER DIRECTORY

A "Disaster Directory" is needed which will contain information needed in a hurry in disaster management for health. Prepare a list of the information which should be included in the Disaster Directory.

(HEAD OFFICE)		<u>DISASTER DIRECTORY</u>			(GROUP 3)	
LOCATION	LIST OF KEY PERSONNEL	NAMES	OFFICE ADDRESS	TEL. NOS.	HOME ADDRESS	TEL. NOS.
a) COMMAND CENTRE	Members of Health Action Team					
b) ALTERNATE COMMAND CENTRE	a) Permanent Secy. b) C.M.O. c) P.M.O. (P.C.) d) P.M.O. (S & T) e) Epidemiologist f) P. N. O. g) Dir. Finance h) Dir. of Admin. i) Dir. B. H. Education j) Environ. Control k) Phar. Services ODIPERC J.D.F. Police Public Works A.P.I. Fire Brigade Jan. Tele. Company JAMINTEL Red Cross JPSCo. Dept. of Supplies Min. of Social Security Min. of Local Govt.					
OTHER AGENCIES						

PARISH DISASTER DIRECTORY

LOCATION	KEY PERSONNEL	NAMES	HOME ADDRESS	TEL. NO.	
CONVAND PARISH POST	Secy. - Parish Council				
COTWUND POST HEALTH	Medical Officer (Health)				
HOSPITALS	S. M. Os. Matrons Hosp. Admins. Exec. Officers				
OTHER AGENCIES	Supt. P.W.D. Supt. Parish Council Police (Supt.) Fire Brigade Poor Relief Tele. Co. JPSCO. Mayor Vet. Officer Agr. Ext. Officer JAS Officer Red Cross St. John. Amb. EDUCATION - School Boards Local JAMAL Residents - Serv. Clubs Local Chamber of Commerce				

G
GROUP WORK

GROUP 4 SHELTERS FOR THE HOMELESS

Prepare guidelines for the selection of a suitable building to serve as a shelter for the homeless after a disaster, include such things as:

- the amount of floor space required per person
- sanitary facilities and their maintenance
- arrangements for bathing
- water supply
- laundry facilities
- requirements for storing, preparing, cooking and serving food
- emergency lighting
- garbage disposal
- cleaning

GUIDELINE FOR SELECTION OF SHELTER

(GROUP 4)

PERSONNEL

- 1) Superintendent of Road and Work
- 2) Superintendent of Public Works
- 3) Parish Officer - Ministry of Housing
- 4) Public Health Inspectors
- 5) Fire Department - Superintendent

BUILDING

The site should be:

- 1)
- 1) Easily accessible by road
- 2) Closely located to the Community intended to be served
- 3) Safety: should be less prone to disaster, eg/ flood, and should be solid structurally.

Floor Space - 12 x 12 room for four people or 36 Sq. Feet per person.

Sanitary Facilities

- a) Four seat for each 100 people or one seat for 25 people.
- b) Chemical Toilet - one for 12 people.

MAINTENANCE COMMITTEE

To be formed and maintained by evacuees - under the supervision of Public Health Inspectors.

BATHING FACILITIES

Provide field showers, elevated drums, bucket, etc. where bath is unavailable.

WATER SUPPLIES

Adequate and potable. If not available, arrange for truckage. Adequate and potable.

LAUNDRY

Select areas for washing clothes. Suitable drainages. Provide tubs, washing pans, etc.

FOOD STORAGE

Cupboards insect and rodent and dust proof.

KITCHEN

Provide stove, pots and other utensils, also fuel - Refrigerator.

ARRANGEMENT COMMITTEE

For supervisors of cooking and serving meals and Housekeeping.

EMERGENCY LIGHTING

Stand-by Plant, Flashlight, Storm Lantern and Fuel.

GARBAGE DISPOSAL

Provide bins. Daily collection, removal and disposal of garbage.

CLEANING

General cleaning and housekeeping of building and compound. Provide mops, bass brooms and disinfectant and insecticide, also shovels, rakes, buckets and water boots.

Arrange Committee to:

1. See that cleanliness is maintained;
- 2) Regular supervisory visit by the Health Teams (Public Health Inspectors, Public Health Nurse, Community Health Aide).

GROUP WORK

GROUP 5

RECORDS TO BE MAINTAINED IN THE COMMAND CENTRE

1. Identify the records to be maintained in the Command Centre, identify what information should be mapped, what should be charted and what should be logged.
2. Prepare a suggested format for each of the above.

(GROUP 5)

- A. Records - Command Centre
 - 1. Maps - Flip Charts, Log Sheets, Message Sheets
 - 2. Areas, Parish, District, Towns
 - 3. Action Sheets (See Samples)
 - 4. Miscellaneous, Pens, Pins, Thumb Tacks
 - 5. Electoral District Population.
- B. Maps to Show:
 - 1. Affected Areas - Coded with different symbols
 - 2. Relief Centre
 - 3. Facilities:
 - a) Health
 - b) Key Institutions, eg. sewage, utility areas
 - c) Parish Command Posts
 - d) Rescue Teams
 - e) Transportation - Availability
- C. Chart on Map:
 - a) Casualties
 - b) Dead
 - c) Injuries
 - d) Homeless
 - e) Number of Relief Centres - Location
- D. Information Required:
 - a) Status of Health Facilities
 - b) Status of Health Staff
 - c) Surveillance Data
 - i) Health Problems - Disease Pattern
 - ii) Environmental Problems
 - d) See 'C' above
- E. Aid Required
- F. Aid Offered
- G. Aid Dispatched
- H. Action Sheets:
 - i) Basic Chart
 - ii) Information Gathering Sheet

COMMAND CENTRE RECORDS

(GROUP 3)

INFORMATION REQUIRED BY HEAD OFFICE ON SHELTERS, ETC

1. Who is Calling
2. Date and time of calling
3. Where are you calling from
4. Your base - location of center
5. Information you are sending
6. Health resources needed
7. Other requirements
8. Location of shelters
9. Occupancy of Shelter: No. in residence.....
 Capacity of Residence
10. Where did the people come from (area affected) No. being fed but not sleeping in
11. Any Casualties? No....., Names.....

BASIC DATA SHEET

DATE	TIME	SOURCE	INFORMATION	RESPONSE	ACTION	REMARKS

(GROUP 5)

(Flip Chart)

- a) Rescue/Relief/Shelters
- b) Food
- c) Health Resources Needed
- d) Clothing and Bedding
- e) Disease Surveillance

DATE	TIME	SOURCE	INFORMATION

No. of cases	DATE	
	Day 1	2
FEVER		
G/E		

Date _____

Note: Supplemented by precise mapping of areas where cases occurring

GROUP WORK FOR H.Q. GROUP

1. INDIVIDUAL WORK ASSIGNMENT:

Review your own role in disaster management and prepare a revised draft of your role for the plan.

2. GROUP WORK:

Review the role and composition of the Health Action Committee for Disaster Relief and make a revised version of the plan for future use.

GROUP WORK FOR ST. JAMES AND WESTMORELAND

PARISH DISASTER PLAN FOR HEALTH:

Prepare guidelines for the content of a Parish Plan for Disaster Preparedness and Relief for Health.

State clearly how the health relief activities should relate to other relief activities at Parish level.

GUIDELINES FOR PARISH DISASTER PLAN

ST. JAMES' GROUP

(a) PRE - DISASTER

Preparatory Phase

COMPONENTS

- 1) Roles and Functions
Staff

- 2) Information
Gathering, Recording

- 3) Preparation, Maintenance
of Emergency Equipment
and supplies.

- 4) Preparation for Evacuation
and Sheltering

ACTIVITIES

- a) Identify trigger mechanisms
of Disasters.

- b) Defines roles and functions
of staff

- a) Identify and map disaster
prone areas.

- b) Map shelters and critical
information, eg. health
facilities, water supplies,
Police, communication links,
Fire, Red Cross.

- c) Identify and list parish
resources, eg. personnel,
equipment, funds (including
private sector and voluntary
agencies).

- a) Develop check list of
essential items

- b) Acquire and maintain items.

- c) Prepare and initiate procedures
for maintenance.

- a) Identify suitable facilities
for shelter.

- b) Do periodic review of shelters
eg. roads and work and health.

- c) Prepare list of shelters,
access roads and transportation
for information of staff and
public.

- 5) Distribution of Food, Water and Relief Supplies
 - a) Identify source of food inside and outside of parish.
 - b) Identify central and peripheral storage areas in parish and personnel to do them.
 - c) Devise mechanism for distribution of items - including transport.
- 6) Public Education and Training
 - a) Identify messages, prepare materials and devise mechanisms for dissemination of information.
 - b) Train staff in disaster preparedness and management (including disaster history, triggering situations, knowledge of plan, data, reporting, recording, compilation, analysis and action).
 - c) Train staff in communication, interpersonal relationships, understanding roles - how it relates to others and importance to plan.
- 7) Liaison with other Agencies such as:
 - a) Public Works Department, Roads and Works, Police
 - b) Private and Voluntary Agencies
 - c) Parish/District Committees
 - a) Arrange periodic meetings to verify state of preparedness of other agencies eg. status of communication links with disaster prone areas.
 - b) Review functional status of parish and district committees.
 - c) Update periodically the information given to committees
- 8) Establish Command Centres
 - a) Identify location of Command Centre with alternatives.
 - b) Identify personnel and arrange roster
 - c) Determine mechanism for contacting personnel (addresses, telephone numbers, etc.
9. Preparation of Budget and Funds
 - a) Identify budget items and cost.
 - b) Devise mechanism to obtain imprest and contingent funds.
10. Have Contingency Plan
 - a) Prepare contingency plan for specified disaster (eg. earthquake)

B) ALERT PHASE

- 1) Activate Committees
- 2) Brief all Committee Leaders and Supervisory Staff
- 3) Secure all emergency equipment, supplies, documents, etc.
- 4) Secure vehicles and locate them in pre-identified places.
- 5) Notify and evacuate persons in high risk areas.
- 6) Activate Command Centre(s) and stock with food, water, alternate lighting, eg. lanterns (see check list).

C) DURING DISASTER

- 1) Monitor situation. Plot information on maps and charts
- 2) Establish communications with National Command Centre and District Centres.
- 3) Report to national levels at intervals - frequency depending on situation.
- 4) Categorize information, eg. urgent, confirmed/unconfirmed, inaccurate, to be verified.
- 5) Determine priorities.
- 6) Arrange to deploy resources based on above.

PARISH DISASTER PLAN - WESTMORELAND GROUP

Identification of Problems:

1. Lack of planning
2. Lack of adequate preparation
3. Constraints re implementation
4. Failure to utilise previous experiences
5. Problems of Intersectoral Coordination

Activities:

I. Intersectoral collaboration -

1. Sectors

- a) Parish Council Departments
 - Roads and Works (including water)
 - Poor Relief
 - Fire
 - Public Health
 - Public Cleansing
- b) National Water Commission
- c) Security
 - Army
 - Police
- d) Agriculture
- e) Public Works
- f) Health - Primary and Secondary Care
- g) Voluntary Agencies
- h) Private Sector
- i) Utilities
 - Jamaica Public Service
 - Jamaica Telephone Company

2. How to Stimulate Collaboration

- a) Central directive
- b) Local directive
- c) Selection of local leader
- d) Secretarial and other support services
- e) Meetings
- f) Training e.g. workshops
- g) Develop strategies to enhance collaboration in day-to-day activities.

3. Sub-committees

- a) Health care - Health Department, Hospital, Health Committees.
- b) Water and Sanitation - Water Agencies,
- c) Rescue and communications - Police, Fire, Military, Voluntary Agencies.
- d) Distribution of Aid - Poor Relief, Red Cross, Ministry of Social Security (which group has ultimate responsibility)?

e) Shelters

- Identification - Councillors, Community Groups, Public Health Inspectors.
- Certification - Public Health Inspectors, Ministry of of Housing, Roads and Works.
- Management - Ministry of Local Government, Ministry Social Security, Social Development Corporation (who is in charge)?

f) Assessment and certification of damage and needs - Poor Relief, Ministry of Social Security, Ministry of Agriculture, Health Department.

g) Resource and Review - SPC, Health Department Librarian.

PRE-DISASTER

General for all Disasters:

Sub-committee

1. Establishment of command centre and alternative with support services and adequate access. Parish Committee
2. Historical Analysis
 - Frequency and distribution Mapping, review of records/ Survey (Oral Records) Resource and Review
3. Review of location of installation Communication
4. Mapping of -
 - Demographic information Health Department and Roads and Works
 - Animals
 - Roads, rivers
 - Installations including sewerage plants.
5. Resource Audit
 - Shelters, food, clothing and bedding, communication personnel services, forms for registration and identification, transportation and heavy duty equipment, hospital and other health services, drugs and supplies. Resource and Review
6. Education
 - Staff education and training (e.g. drills) public education N.B. Local Public Address System. Inhouse Parish Committee
7. Epidemiological Surveillance Health Department
8. Specific predisaster preparation for
 - a) Hurricane
 - i) Met warnings Met Office
 - ii) Precaution and maintenance e.g. clear drains, cut trees, secure, stocking Householders, community, Public agencies.
 - iii) Predisaster meeting of committees Parish committee
 - b) Floods
 - i) Identification of flood prone areas and evacuation Resource and Review
 - ii) As above for hurricane.

- c) Earthquake
 - i) Building codes Parish Council
 - ii) Geological mapping Survey Department
 - iii) Survival technique training Parish committee
- d) Accidents
 - i) Regulation re construction, roads, rail Ministry of Works, Parish Council
 - ii) Airport preparedness AA
- e) Epidemic
 - i) Surveillance Health Department
 - ii) Health education
 - iii) Immunization
- f) Fire
 - i) Building code and inspection Parish Council
 - ii) Maintenance of fire fighting) equipment) Fire Department
 - iii) Building evacuation plan.

DURING DISASTER

1. General:

Listen to Radio and follow instructions

Public

2. Specific:

- a) Hurricane (see handout Appendix I)
- b) Flood - Move to high, safe ground
- c) Earthquake (See handout - Appendix II)
- d) Accidents - Adopt safety posture
- e) Epidemics - Secondary prevention
- f) Fire - Evacuate

POST DISASTER

(Relief First 72 hours)

1. General:

- a) Implement plan
- b) Search and Rescue
(no sightseeing)
- c) Surveys and assessment of damage
Loss of life/Post Mortem
Injury
Loss of property
Loss of Livestock/Crops
Environmental Status
Resource Audit.
- d) Communication of reliable information
logging of incoming information and
grading reliability.
- e) Assess ability to cope using local
local resources and seek assistance
where necessary.

Parish Committee
Rescue and
Communication

Assessment and
certification of
needs

Command Centre
Secretariat

Parish Committee

2. Specific:

- a) Hurricane) evacuate if necessary
- b) Flood)
- c) Earthquake - search for live burials
- d) Accidents - Screen and sap
resuscitation and First Aid
Transport
- e) Fire - Search for bodies and disposal

Rescue and communication

Health
Rescue and Communication

Rescue and communication

POST DISASTER

Relief (after 72 hours)

- a) Maintenance of evacuation centres:- registration and identification, personal health services.
- b) Control of incoming resources
- c) Disease surveillance
- d) Specific health education
- e) Reliable information flow in and out
- f) Field relief services

POST DISASTER - Rehabilitation

Finance, Roads, Housing, Agriculture, Water and Sanitation, Restoration of service facilities e.g. health, schools, dealing with psychological stress on victims.