

F O R E W O R D

BY MINISTER OF HEALTH

DISASTER MANAGEMENT PLAN

Developed by the

GrandBay Health Team

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AMENDMENTS TO GRANDBAY DISTRICT DISASTER PLAN

DATE OF REVIEW	AMENDMENTS/ADDITIONS	AURHORIZED BY

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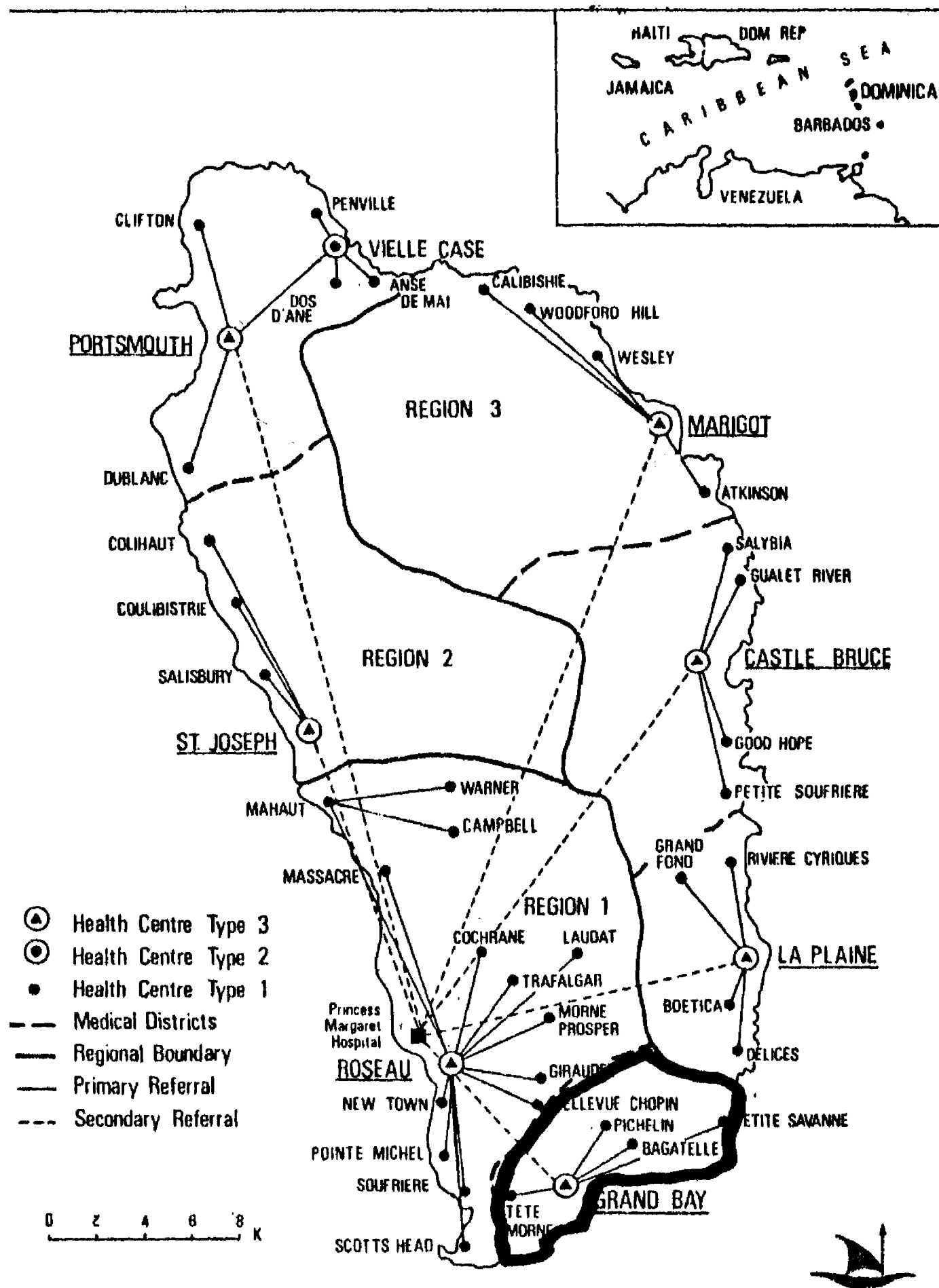
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MAP SHOWING REALTIONSHIP OF GRANDBAY
TO OTHER DISRICTS IN THE PRIMARY HEALTH CARE SYSTEM

DOMINICA



DISTRICT PROFILE

The Grandbay Health District with an area of forty-five (45) square miles is situated towards the southern end of Dominica about ten miles from the capital Roseau. It is bounded as follows: To the north by Paix Bouche, South by Grand Soufriere Ridge, East by the Atlantic Ocean and West by the end of Soufriere Ridge.

Grandbay is a rural community with mountainous terrain and winding roads, situated between mountains on one side and valleys on the other.

The District comprises of five (5) main villages and several hamlets. The main villages are:

1. Grandbay Centrally located
2. Tete Morne to the West
3. Petite Savanne to the East
4. Bagatelle to the South-east and
5. Pichelin to the North

The entire district of Grandbay is primarily agricultural, with one or two villages in which there is more fishing than agriculture. Each village has its own special characteristics and topography which makes it prone to a particular kind of natural or man-made disaster.

The district of Grandbay is subject to landslides and fallen rocks which can completely block access on roadways. Dubic/Stowe are situated along the sea. The road can easily be cut off, completely isolating the two villages of Bagatelle and Petite Savanne.

Fond St. Jean a little fishing hamlet, part of Bagatelle is very close to the sea. A rising tide could completely flood the village.

Tete Morne an agricultural area, as well as the upper part of Grandbay, would be the first to be affected should there be a volcanic eruption at Soufriere which is part of Roseau District.

The Grandbay Health District is located in Region I and is one of seven districts in Dominica. It is the fourth largest district with a population of six thousand and fifty (6050). The population by village and age group is as follows:

Table 1 : POPULATION OF VILLAGE BY AGE GROUP

VILLAGE	0-4	5-15	15-44	45-60	60+	TOTAL
Grandbay	250	614	1246	344	319	2771
Pichelin	75	125	305	71	46	617
Tete Morne	98	250	399	201	110	1064
Bagatelle	97	184	366	124	76	817
Petite						
Savanne	92	186	318	119	66	781
TOTAL	612	1354	2634	859	617	6050

SOURCE: GRANDBAY DISTRICT REPORT 1986

Because of the geographical configuration and topography of the district, the winding network of roads, and its closeness to the sea, Grandbay Health District is vulnerable to natural and manmade disasters which can completely isolate one village from the others within the districts; isolate the entire district from the rest of the country; resulting in severe injury and loss of life as well as destruction to property. In 1978, there was a landslide in Bagatelle in which thirteen (13) people lost their lives.

Disasters which may affect the area are:

NATURAL

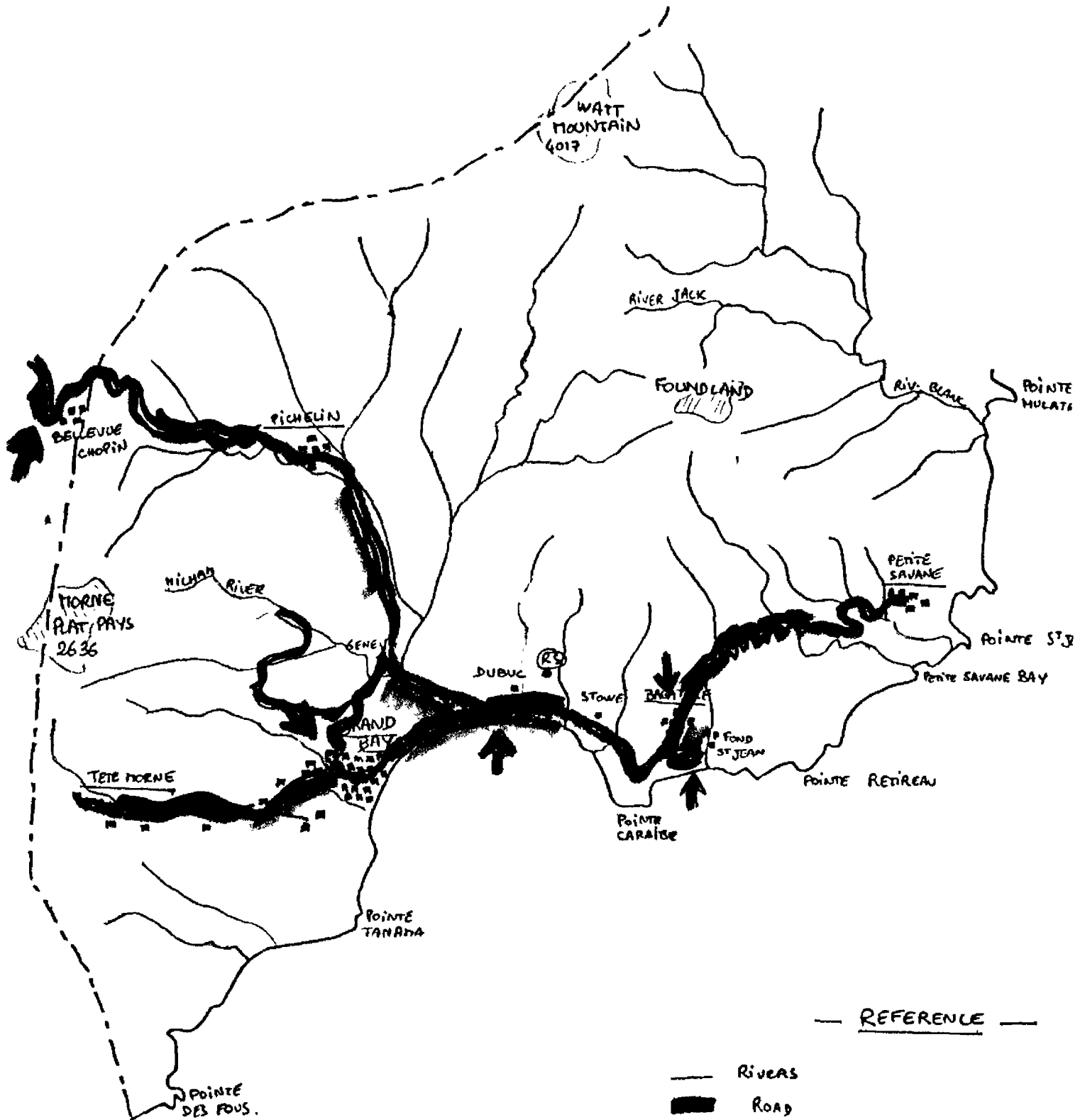
Hurricanes
Floods from rivers and rising tides
Volcanic Eruptions
Landslides
Fallen Rocks

MAN-MADE

Traffic Accidents
Fires
Large scale food poisoning
Chemical poisoning
Occupational Accidents

The Map of Identified Hazards is to follow:

MAP OF GRANDBAY WITH HAZARD MAPPING



REFERENCE

- RIVERS
- ROAD
- Risk of LANDSLIDES
- ➔ High Risk of LANDSLIDES
- Risk of FLOODS
- ➔ High Risk of FLOODS / HIGH SEAS

SHELTERS

Most of the shelters identified for the area are structurally unsafe to withstand natural disasters.

THE HEALTH SYSTEM

In the Grandbay Health District, there is one (1) Type III Health Centre staffed by:

- 1 District Medical Officer
- 1 Family Nurse Practitioner
- 1 Community Health Nurse
- 2 Registered Nurses
- 1 Primary Care Nurse
- 1 Dental Auxillary
- 1 Environmental Health Officer
- 1 Pharmacist
- 1 Field Worker
- 1 Driver

The building is sturdy and has been designated a 10-bed hospital. However, apart from the ten beds, there are no other facilities to accommodate in patient services.

In each of the other four (4) villages, there is a Type I health centre managed by a Primary Care Nurse or District Nurse Midwife with scheduled supervisory and support visits from the health team at the Type III health centre in-GrandBay.

The nurse at the Type I health centre provides primary health care to the community which she serves. Among these services are:

- Prenatal Care
- Child Health Care
- Health Education
- Care to Hypertensive and Diabetic and patients with other chronic conditions
- Family Planning Services
- Household visits
- Care for casualties and emergencies

Although the nurses provide basic care in their health centres, more severe health problems are referred to Grandbay Health Centre which serves as the referral centre for the entire district. More complex problems are referred from the Grandbay Health Centre to Princess Margaret

VULNERABILITY OF HEALTH CENTRES

With the exception of Grandbay all the health facilities seem structurally vulnerable to natural disasters.

COMMUNICATION

Communication is by means of telephone located in the nurses' quarters of the Health Centre. There are no radios.

TRANSPORTATION

There is no ambulance in the district, but there is a 4 wheel-drive vehicle based at Grandbay which serves the entire district.

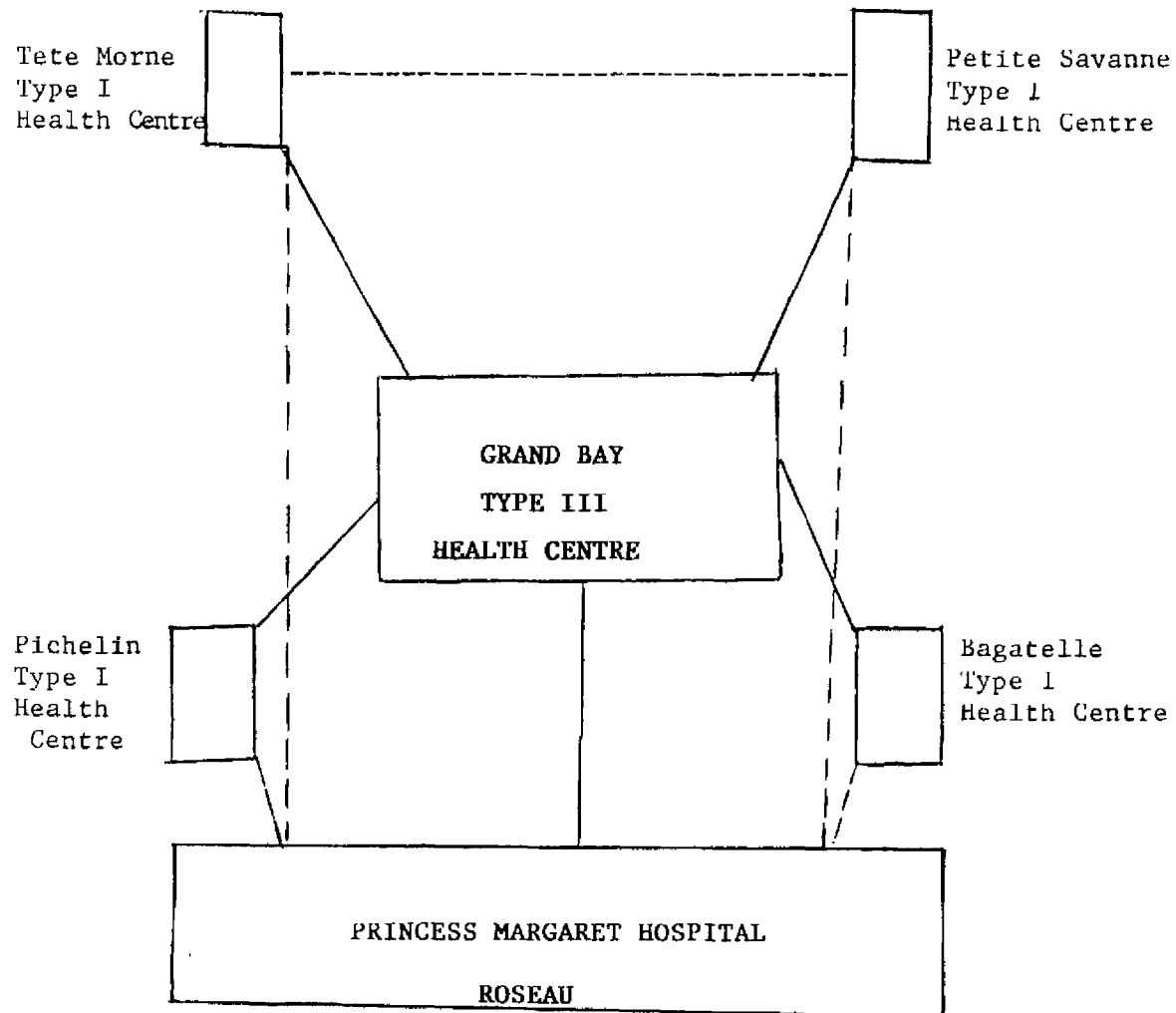
Referred emergencies must either find their own transportation to Grandbay, or wait until the District Health Team vehicle can transport them to the Doctor or Family Nurse Practitioner. People who are referred to the Princess Margaret Hospital must wait on the ambulance from Roseau which may take from 25 minutes to 3 hours depending on the work load and state of roads.

DRUGS AND SUPPLIES

All essential drugs and supplies are kept in Grandbay - about one months' supply as well as extra stocks of I.V. Fluids and injectable drugs.

Each Satellite Health Centre (type I) has its own supply of first line drugs. Material such as splints, stretchers and surgical equipment for suturing wounds are not available at all health centres. There are no oxygen cylinders or ambu masks available. Not all health centres have refrigerator facilities to store perishable drugs, e.g. insulin, vaccines.

The Diagram below shows the relationship between health facilities in the Grandbay District and with the Princess Margaret Hospital in Roseau.



KEY:

———— direct relationship

----- indirect relationship

Diagram I : relationship between Type I and Type III health centres in Grandbay district, and with Princess Margaret Hospital in the event of a disaster.

The distribution of health personnel by health facilities, population and area is shown at TABLE II.

GRANTBAY HEALTH DISTRICT

LIVABLE FACILITIES AND ITS' TH PERSONNEL BY AREA 1920 ACTION.

[illegible]

BASIC HEALTH

These data indicate the morbidity pattern in Grandbay District and are useful in recognizing unusual disease occurrence. They also serve as a guide in estimating the number of persons who may need health care unrelated to the disaster; e.g. pregnancies, pediatric emergencies, chronic conditions. The normal pattern of referrals to Princess Margaret Hospital will be taken into account since most likely these conditions will persist during a disaster.

1. **POPULATION DATA (1988)**

VILLAGE	POPULATION
GRANDBAY	3228
TETE MORNE	1226
PICHELIN	615
BAGATELLE	806
PETITE SAVANNE	750
TOTAL	6625

2. **BIRTHS AND DEATHS (1988)**

Number of live births	- 138
Birth Rate	- 20.8
Number of Deaths	- 40
Death Rate	- 6.0

3. **CHRONIC CONDITIONS (1988)**

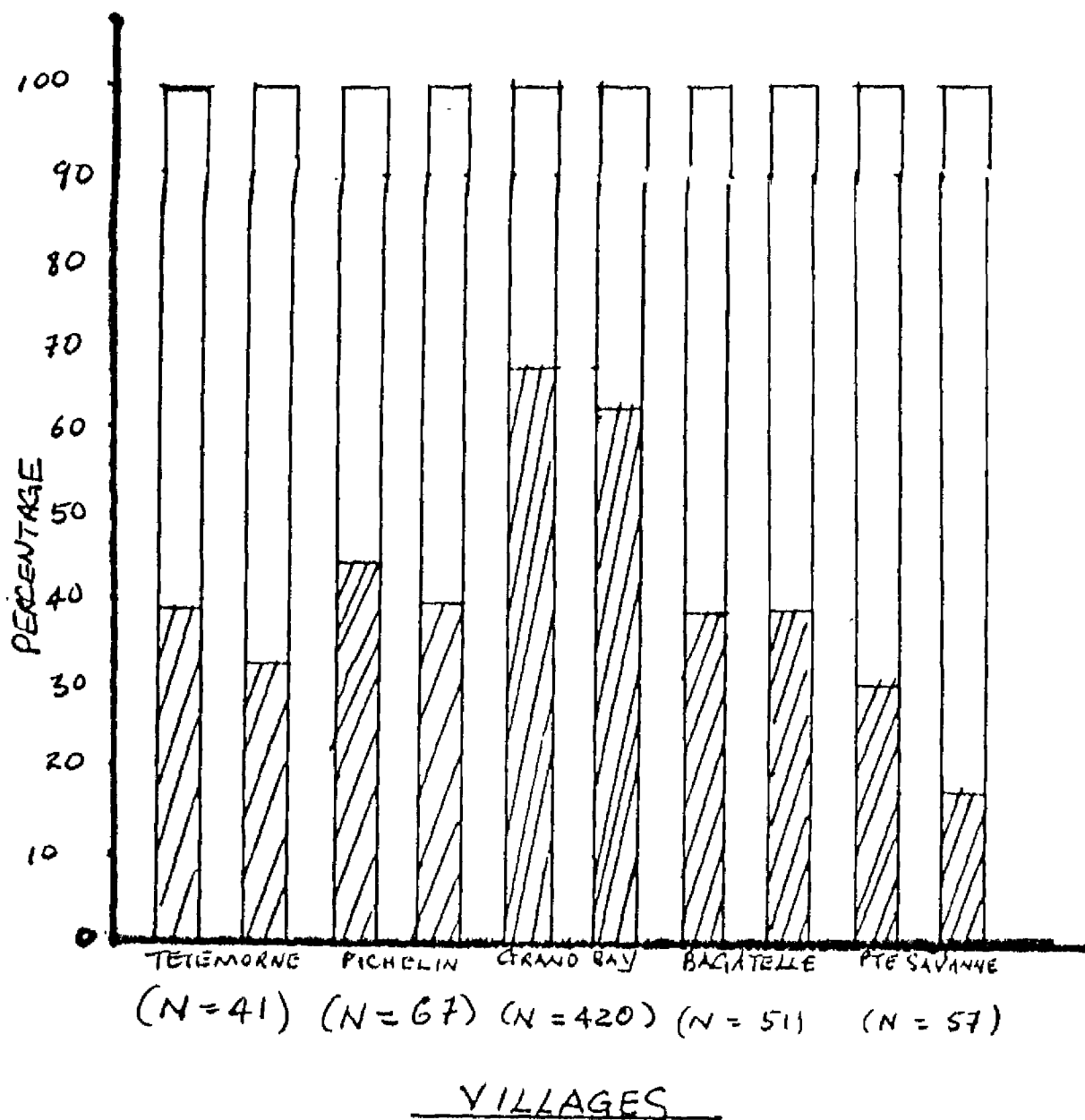
Hypertension	- 266 patients
Diabetics	- patients seventeen (17) of whom are Insulin dependent. this number 52 or 59% diabetic patients live in Grandbay and twelve (12) are dependent on insulin.


4. **COMMUNICABLE DISEASES**

Typhoid	- 1 or 2 cases in past years
Tuberculosis	- 2 or 3 cases per year
Gastroenteritis under five (5) years	- 30 to 40 cases per year
Scabies	- Quite common

TABLE IV

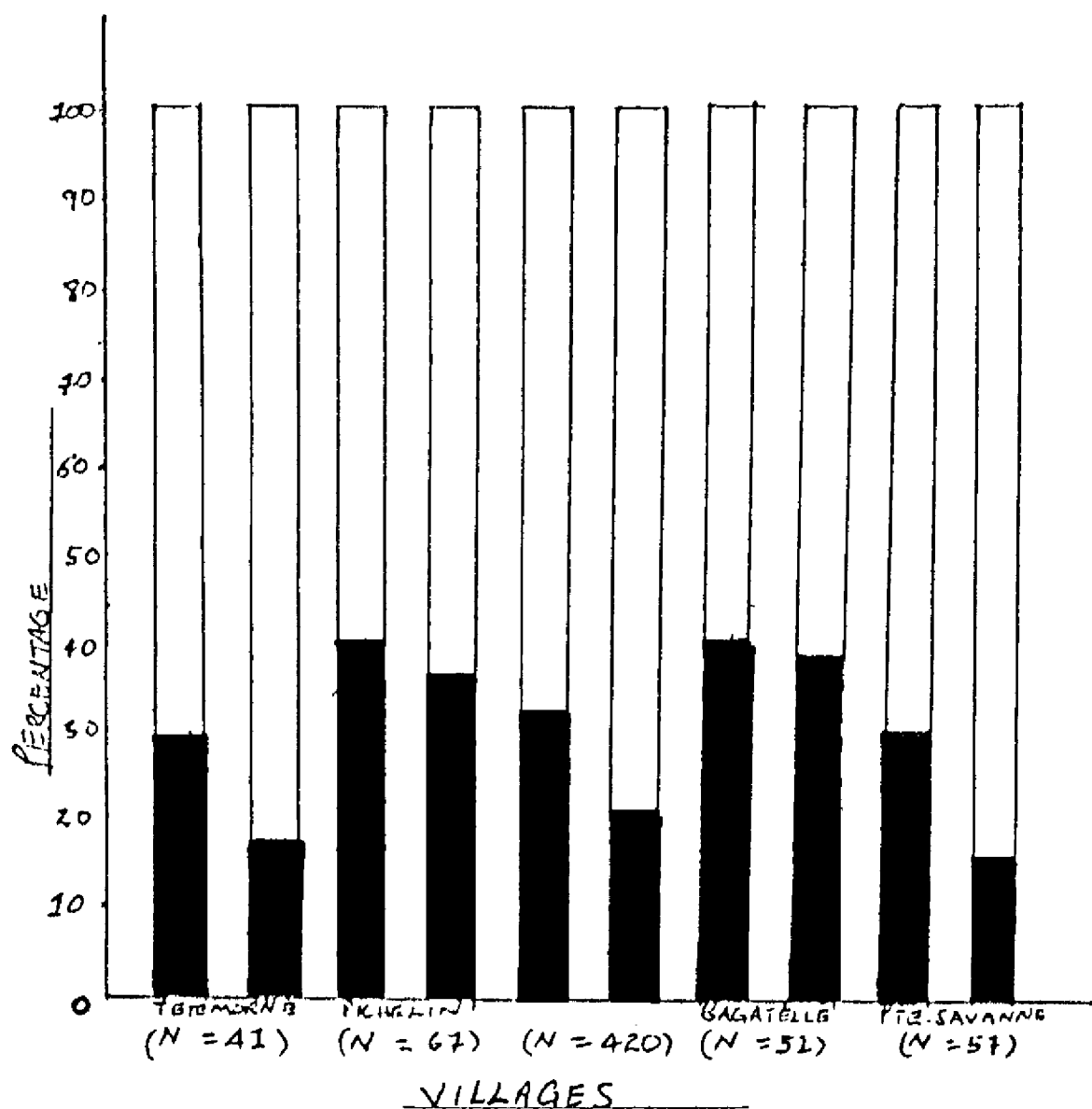
STATUS OF REFUSE DISPOSAL AT HOMES IN 24 VILLAGES (Oct 88 - June 89)



 UNSATISFACTORY DISPOSAL

FIRST COLUMN REFERS TO OCTOBER 1988, SECOND COLUMN TO
 JUNE 1989 FOR EACH VILLAGE

TABLE V

STATUS OF EXCRETA DISPOSALAT HOMES BY VILLAGES (Oct 88 - June 89)

UNSATISFACTORY METHOD

FIRST COLUMN REFERS TO OCTOBER 1988, SECOND COLUMN TO JUNE 1989
FOR EACH VILLAGE

BASIC ENVIRONMENTAL HEALTH STATISTICS**VECTOR CONTROL**

Some villages have a very high index of Aedes Aegypti see Table II below:

Table II: Distribution by villages of House Index of Aedes Aegypti
October 1988 to June 1989.

VILLAGES	NUMBER OF HOMES INSPECTED	NUMBER WITH AEDES AEGYPTI	PERCENTAGE
GRANDBAY	420	64	15.2
PICHELIN	67	11	16.0
TETE MORNE	41	10	24.0
PETITE SAVANNE	57	8	14.0
BAGATELLE	51	4	8.0
TOTAL	636	97	15.0

REFUSE AND EXCRETA DISPOSAL

These are among the main health problems in the district. Many sections of various villages including Grandbay have no access to water facilities. Solid and sewage disposal facilities are inadequate. See Tables IV and V.

RATIONALE FOR DISASTER MANAGEMENT PLAN

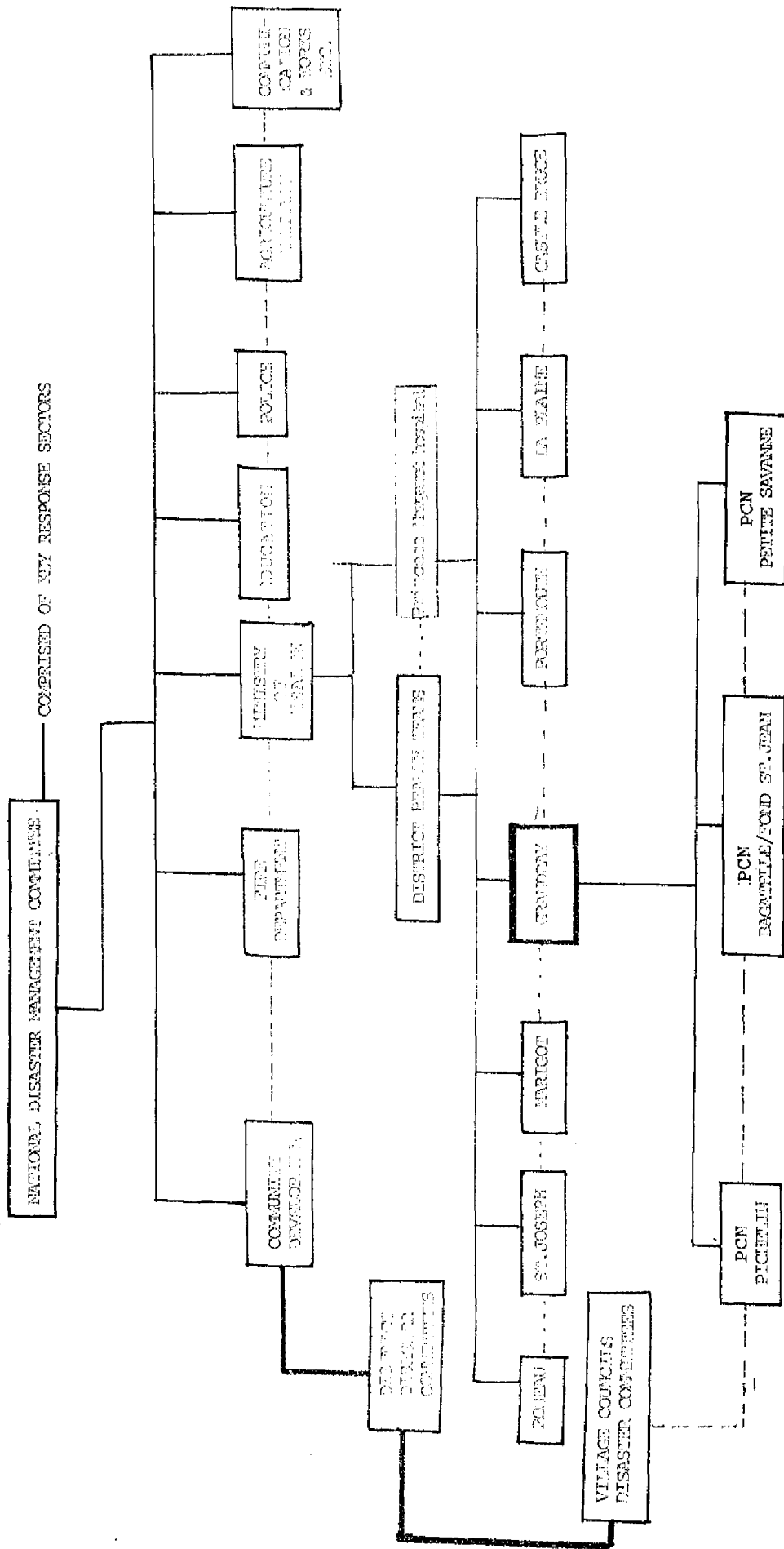
It is recognized that the geographical location and topography of the Grandbay District contributes significantly to its vulnerability to natural disasters. Road accessibility can be disrupted by landslides and fallen rocks, hence the need to identify helicopter landing sites which might be the only means of evacuating persons from this high risk area, or providing supplies and equipment to people who might be cut off from the rest of the island.

In the light of the foregoing, it is necessary for the health team and the community to be prepared to respond appropriately, and manage efficiently in the event of a disaster.

Consequently, a plan for Disaster Management by the Grandbay District Health Team has been developed.

TABLE VI

ORGANIZATION OF DISASTER MANAGEMENT AND RELATIONSHIP OF GRANDPRAIR HEALTH TEAM TO DISTRICT DISASTER COMMITTEES AND THE MINISTRY OF HEALTH



PURPOSE

The Purpose of the Grandbay District Health Sector Disaster Management Plan is to guide the District Health Team and the Community in the appropriate actions to be taken in the preparedness, response and recovery phases in the event of a disaster.

ORGANIZATIONAL RELATIONSHIPS

The Plan is designed to interface with the District Disaster Management Plans (DDPC) and the Village Council Disaster Management Plans. It also is in consonance with the National Health Sector (Ministry of Health) Disaster Management Plan and interfaces with the Health Sector Disaster Management Plans of the six other districts and the Princess Margaret Hospital. (See Organization Chart at Table VI.)

DEFINITION OF DISASTER

Any event which causes destruction and distress resulting in demands which exceed the response capacity of the affected community(ies).

Disaster Management is a Program area of Community Health Services and the Program is managed within the context of existing Primary Health Care Services and referral network to Secondary levels of care. The existing Health Sector Management Committee of Grandbay comprising the District Medical Officer, Family Nurse Practitioner, Community Health Nurse, Pharmacist and Environmental Health Officer will be the Health Sector "DISASTER MANAGEMENT COMMITTEE" with specific **Terms of Reference** for DISASTER MANAGEMENT.

I. PREPAREDNESS PHASE

- * Collaborate with other key sectors and NGOs including district disaster committee in:
 - (i) Preparing a district profile
 - (ii) Identification and mapping of hazards and potential risks
 - (iii) Hazard reduction
 - (iv) Selection of shelters and evacuation areas
 - (v) Developing disaster management Plan for the parish/district
- * Develop Health Sector component of district disaster management plan
- * Maintain inventory of resources locally and nationally

- * Procure and store essential supplies, equipment, drugs etc.
- * Ensure Vulnerability Analyses of Health facilities and remedial action as necessary.
- * Arrange/confirm mutual aid agreements
- * Ensure education/training of health personnel
- * Ensure education/training of community groups in first aid
- * Ensure simulation exercises, and drills at least annually to test the effectiveness of the plan.

1.1 WARNING PHASE

- * Responsible for the dissemination of information during the pre-alert and alert phases to all Community Health Workers
- * Call meeting of District Management Team in Command Centre
- * Collaborate with District Disaster Committee
- * Review Action Plans
- * Advise personnel to prepare themselves, families, and health facilities and to review the emergency procedures for their area.
- * Security and Storage of files in Command Centre (Grand Bay)
- * Arrange for distribution of supplies and equipment to other areas
- * Ensure adequate communication and transportation and identify alternative, sources and systems
- * Arrange for deployment of staff
- * Arrange for Evacuation of high risk and vulnerable groups e.g. pregnant women, children, the elderly, disabled to shelters or hospital.

1.2 RESPONSE AND RECOVERY PHASES

- * Establish and Maintain Command Centre
- * Collect and analyze information for decision making, and disseminate information on needs/damage assessment to Ministry of Health and appropriate agencies
- * Arrange visits of the Command Centre Team to the disaster area for first hand information
- * Deploy health personnel including volunteers, supplies and equipment
- * Coordinate with District/Parish Disaster Management Committee and other

key sectors

- * Coordinate Health Sector Activities:
 - Management of Casualties
 - Epidemiological Surveillance
 - Vector surveillance and control
 - Environmental Health and Safety
 - Nutrition Surveillance
 - Provision of health services to shelters
 - Continued management of chronic diseases and pediatric and medical emergencies.
- * Ensure maintenance of adequate transportation and communication
- * Public Health Information/Education
- * Restoration of Primary Health Care Services as soon as possible
- * Rehabilitation of health facilities
- * Documentation of activities and experiences and utilization of lessons learnt to improve disaster management.

FREQUENCY OF MEETINGS

The Health Sector Disaster Management Committee will meet every three (3) months to monitor the acquisition of equipment, material and supplies necessary for plan implementation, and to implement activities planned for the preparedness phase.

The District Medical Officer is the Chairperson of the committee and will ensure that meetings are held as scheduled. In the absence of the District Medical Officer, the Community Health Nurse will coordinate the activities of the committee. The Health Sector Disaster Management Plan will be reviewed annually and updated as necessary.

FRAMEWORK OF HEALTH SECTOR DISASTER MANAGEMENT PLAN

The plan outlines actions to be taken in the following phases:

- Preparedness
 - * Warning
- Response
- Recovery and is developed within the framework of four (4) types of situations namely:

1. **DISTRICT DISASTER** an occurrence affecting the entire district e.g volcanic eruption, hurricane or earthquake.
2. **NATIONAL DISASTER** affecting the entire or most of the country e.g hurricane. It is possible that the main hospital - Princess Margaret Hospital may be damaged and services disrupted. Grandbay Health centre may have to be transformed to a hospital and receive casualties, or personnel and material from Grandbay may have to be redeployed to other areas.
3. **LOCALIZED DISASTER** affecting one area, or one in which there are few casualties e.g. landslides, fire, traffic accidents, occupational hazards.
4. **CRISIS SITUATION** e.g. if the road is blocked/closed and patients/casualties have to be evacuated.
The approach and plan for each would differ in some respect.

For types 1 and 2 disasters, all phases are important - preparedness, warning, response and recovery.

For type 3 emphasis is on preparedness and response.

For type 4 emphasis is on response.

1. **PREPAREDNESS PHASE**

Preparedness is a continuous activity and in this phase the major activities are:

- Education/Training of Health Personnel with particular reference to resuscitation and life maintenance procedures and techniques.
- Education/Training of Community Members in First Aid and Rescue.
- Collaboration with other key response sectors (District Disaster Preparedness Committee).
- Development of Plans and Procedures.
- Procurement of essential supplies and equipment.
- Inventory of resources
- Simulation Exercises and Drills

1.2 **WARNING PHASE**

The focus is on:

- Dissemination of information on situation and also to remind community for safety measures to be taken
- Review of emergency procedures
- Ensuring that systems planned for are in place and in working order
- Supervision of evacuation to shelters.

2. **RESPONSE**

The emphasis is on :

- Management of Casualties
- Evacuation/Referrals
- Assessment of immediate damage/needs
- Health Care in shelters
- Collection and Dissemination of information
- Monitoring of environmental health
- Epidemiological Surveillance
- Public Health information/education
- Emotional/Psychological Support

3. **RECOVERY**

The emphasis is on :

- Restoration of normal health (primary care) systems
- Needs Assessment
- Rehabilitation of health facilities and services.

OPERATIONAL PROGRAM AREAS ARE:

Health Care

- Management of Casualties
- Continued management of diabetics and hypertensives
- Maternity Care
- Pediatric and medical emergencies
- Emotional/Psychological Care

Control of Communicable Diseases

Environmental Sanitation

Management of communications, supplies and transport

Epidemiological Surveillance

Shelter Management (Health Status and environmental safety)
Food and Nutrition

MANAGEMENT OF CASUALTIES

Management of casualties will be at two levels:

1. The Village level at Tete Morne, Petite Savanne, Pichelin and Bagatelle
2. The District level at Grandbay Health Centre

Depending on the nature and magnitude of the disaster, the primary care nurse at the village level will either go to the scene or receive casualties at the Health Centre.

The nurse with the help of volunteer first aiders will sort casualties into three categories namely:

- (i) Severe: Red Tag e.g. cranial injuries, severe haemorrhage, thoracic perforations or deep abdominal injuries, injuries to the cervical vertebrae, pelvis or thorax, third degree burns.
- (ii) Moderate: Yellow Tag e.g. second degree burns, fractured limb(s)
- (iii) Minor: Green Tag e.g. minor lacerations, punctured wounds

Severe injuries will be stabilized, identified, tagged and transported immediately to the Grandbay Health Centre to be seen by the Medical Officer or Family Nurse Practitioner.

Moderate injuries will be stabilized, given initial treatment and sent to Grand Bay Health Centre.

Minor injuries will be treated by volunteer first aiders.

Depending on the magnitude of the disaster and if the situation warrants the Medical Officer or Family Nurse Practitioner from Grandbay Health Centre will be transported by helicopter to the affected village.

At the District Level, the Grandbay Health Centre will be prepared for in-patient care. Patients arriving will be given 2nd Triage in the Reception Area, then sent to the Treatment Area for Stabilization and treatment.

Depending on the severity of the condition they will either remain in the hospital section or be transferred to Princess Margaret Hospital in Roseau.

HELICOPTER MANAGEMENT

If helicopters are the only means of transportation, coordination will be through the Grandbay Health Centre.

COMMUNICABLE DISEASE CONTROL

The diseases for which the health team should be particularly alert are:

- Infantile gastro enteritis
- Upper respiratory tract infection
- Leptospirosis
- Dengue fever
- Infection Skin conditions particularly scabies

Unusual occurrence of any of these diseases (i.e. more than occurring during normal times) should be reported immediately and control measures activated.

There will be no mass vaccination programs.

Routine immunization programs will be established at Primary Health Care clinics as soon as possible.

EPIDEMIOLOGICAL SURVEILLANCE

The health status of individuals in shelters particularly, and in the community in general, as well as sanitary conditions will be monitored by community health nursing staff and the Environmental Health Officer.

Shelters will be visited daily by health staff and information collected on health problems of individuals see Form at ANNEX IV. Persons suffering from any communicable disease will be treated and referred as appropriate.

IMMEDIATE DAMAGE/NEEDS ASSESSMENT

The information immediately required on which to base decisions for priority health needs are:

- The Geographical area affected by the disaster
- Degree of physical damage to (i) Health facilities
(ii)Homes
(iii)Shelters
- Physical condition of health workers

- Number of casualties, type and severity of injuries
- Disposition/Referral of casualties
- Number of homeless persons
- State of roads and communication network
- Status of power supply
- Status of water supply and sewage and solid waster disposal
- Number of dead and missing persons
- Occurence of communicable diseases
- A standardized reporting form will be used (See ANNEX V)

A more detailed damage/needs assessment will be carried out during the post disaster period.

ENVIRONMENTAL HEALTH AND SAFETY

The priorities are to ensure :

- (i) Damage/Needs Assessment
- (ii) That the affected population has a water supply of acceptable quality and quantity
- (iii) The level of sanitation is adequate to avoid an increase in the risk of disease transmission from pre-disease levels
- (iv) Reinforce Community Information and Education

FOOD AND NUTRITION

Severe shortage of food is not anticipated but the distribution and transportation systems may be disrupted.

The priorities would be:

- Evaluation of available stocks
- Equitable distribution of food supplies to those in need
- Food inspection
- Community Education e.g. food preservation, storage
- Prevention of food poisoning
- Monitoring the nutritional status of vulnerable groups viz pregnant and lactating women, infants and young children and the elderly

COMMUNICATION

It is recognized that telephone connections and communication by road could be non-existent in the event of a disaster. In the absence of VHF radios, the health facilities will have to rely on communication if possible through the:

Fire Station
Police Station
Voice of Life Radio Station
Ham Radio at Bellevie

COMMUNICATION MAPS

Health Centres : are marked in Red
Shelters : are marked in Blue

TRANSPORTATION

Due to the vulnerability of Grandbay District to landslides and rockfalls, it is envisaged that in a severe disaster impact helicopters may be the only means of transportation.

Consequently, helicopter landing zones have been identified.

CRITERIA FOR SELECTING HELICOPTER LANDING ZONES

Safety from hazards such as electrical lines on poles, clear of buildings or trees.

- close to main relief centres such as the health centres or main shelters
- close to a road if necessary to transport people or supplies by vehicles
- ground area should be wide and flat
- identifiable from the sky even in bad weather e.g. a colored circle marked on the ground bearing an H for helicopter in its centre

Helicopter Landing Zones identified are: (see ANNEX VI)

GRANDBAY	:	in front of the Health Centre on the playingfield at the back of the Police Station and in front of the school.
TETE MORNE	:	playingfield in Grand Coulibrie
PICHELIN	:	the Basket Ball Court
BAGATELLE	:	Naranathe Square behind the school
PETITE SAVANNE	:	Due to geographical conditions, it would be difficult for a helicopter to land in this village.

PRIVATE TRANSPORTATION

Other means of transportation in the community - cars, buses, trucks, boats which could be made available in the event of a disaster have been identified (see Annex VII)

SHELTERS

Identification and preparation of shelters are the responsibility of the District Disaster Preparedness Committee. However, the District Health Team has recommended a list of shelters by areas taking into account location, size, safety, water supply, solid and sewage waste disposal facilities (See Annex VI)

NEEDS OF THE DISTRICT HEALTH TEAM

The District Health Team will have needs which must be met. Some of them may be victims of the disaster or may have relations in the disaster area. Conflict of roles may arise between personal and professional responsibilities. Where possible, allowance will be made for staff who have been affected to take time off even briefly for urgent personal problems. Opportunities will be provided for emotional and psychological support/counselling.

Attention will be given to the physical needs of staff who will be working long hours under considerable stress. Arrangements will be made for food, accommodation and relief.

THE COMMAND CENTRE

If a disaster is preceded by a warning period, or if a disaster has occurred the District Medical Officer will give instructions for the establishment of a Command Centre.

Location : Grandbay Health Centre
(with the school as an alternative)

Staffing

The Command Centre will be staffed by the District Medical Officer, Family Nurse Practitioner, Community Health Nurse, Environmental Health Officer, Pharmacist and Driver. The District Medical Officer will be the coordinator of activities and in his absence, the Community Health Nurse will deputize.

HOURS OF OPENING

Depending on the nature and magnitude of the disaster, the Command Centre will be operational on a 24 hour basis in the immediate post disaster period. The Disaster Management Team will decide when the 24 hours is no longer necessary and for what hours the command centre shall remain operational.

They will also decide when the emergency has ceased and give instructions for the closure of the command centre.

SUPPLIES/EQUIPMENT

A standby generator and VHF radio are essential to the functioning of the Command Centre.

Other supplies and equipment include:

- Water containers preferably plastic
- Flashlights and batteries
- Maps and drawing board Pins
- Flip Chart
- Stationery
- Non-perishable food

MANAGEMENT OF INFORMATION

Information supplied by the Primary Care Nurse in the four other districts will be recorded by area on a flip chart in terms of identified needs and action taken.

The District Medical Officer is responsible for compiling data and reporting to Ministry of health on appropriate form.

FUNCTIONS AND RESPONSIBILITIES OF THE DISTRICT HEALTH TEAM BY CATEGORY OF PERSONNEL HAS BEEN IDENTIFIED AS FOLLOWS:

Preparedness
Warning
Response and
Recovery Phases