

**VIII MEETING OF CARIBBEAN
HEALTH DISASTER CO-ORDINATORS.**

**Meeting of Health Disaster Co-ordinators and
Permanent Secretaries of the Ministries of Health.**

Kingston, Jamaica

14 - 17 June, 1994

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I. ACKNOWLEDGEMENTS

This VIII Meeting of the Health Disaster Co-ordinators of the CARICOM Caribbean Countries was made possible thanks to the support and collaboration of a number of agencies and governments.

As the organizers of this meeting, the Pan American Health Organization, Regional Office for the Americas of the World Health Organization, would like to express sincere appreciation to:

- * The Government of Jamaica for hosting this meeting.
- * The Overseas Development Authority of the United Kingdom and the Government of Great Britain.

II. INTRODUCTION

During the last ten years the concept of disaster management has changed significantly. While at the beginning of this period, the CARICOM countries focused mainly on disaster preparedness with the elaboration of disaster plans and public education on disaster issues, the countries are now progressively upgrading this approach to a national management program which includes disaster mitigation, post-disaster supply management and other relevant activities. Further, it has become clear that a team approach to health disaster management must be developed and that this team should include the Permanent Secretary.

It was with this scenario in mind that the VIII Meeting of Caribbean Health Disaster Co-ordinators and the first which included the participation of the Permanent Secretaries of the Ministries of Health, was organized by PAHO in collaboration with the Government of Jamaica, from 14 to 17 June 1994 in Kingston, Jamaica, with the following main objectives:

- (i) Review of the status of Health Disaster Preparedness in the region with the Health Disaster Co-ordinators and the Permanent Secretaries of Ministries of Health;
- (ii) Establishment of a new approach to disaster management;
- (iii) Clarification of the expanding role of the Health Disaster Co-ordinators.

III. SUMMARY OF SESSIONS INCLUDING WORKGROUPS

Day 1 (June 14, 1994)

A) WELCOME BY PAHO AND GOVERNMENT OF JAMAICA.

Mr. David Taylor, on behalf of the Pan American Health Organization (PAHO), and Dr. Marion Bullock-Ducasse, Health Disaster Co-ordinator in the Ministry of Health, welcomed the participants and indicated that the formal Opening Session would take place at the end of the second day when the Permanent Secretaries of the Ministries of Health will be present.

B) INTRODUCTION: Health Disaster Plans and Health Disaster Programs.

Dr. Jean Luc Poncelet (PAHO) after presenting the agenda for the meeting, briefed the participants on the major issues relevant to Disaster Management in the Health Sector.

He indicated that there is a need in the region for having a well defined Health Disaster Management Program and on the other hand to have an operational Disaster Response Plan.

C) DISCUSSION OF HEALTH DISASTER PLANS

■ National Health Disaster Plan of Jamaica.

Dr. Marion Bullock-Ducasse gave a brief overview of the National Health Disaster Plan of Jamaica. In order to keep the presentation clear and simple, an outline of the plan was presented since the plan is quite complex with many components. A short discussion followed during which questions were answered and various points clarified.

■ Victoria Hospital Disaster Plan (Saint Lucia).

Dr. James St. Catherine, Health Disaster Co-ordinator in Saint Lucia, first presented the philosophy behind the development of Hospital Disaster Planning which is now in effect in Saint Lucia. This prompted brisk and intense discussion on the subject during which almost everyone made a contribution regarding the way disaster programs should be managed and the importance of having a Response Plan based on the real life situation on hand.

D) OVERVIEW OF CHEMICAL ACCIDENTS AND DISASTERS.

Dr. Sterling Mungal (PAHO) presented an overview of Chemical Accidents. The evidence in support of the increasing importance and incidence of Chemical Accidents in the Caribbean region was presented. The overview, of this broad, and technologically complex topic was presented with the following points briefly discussed:

- The Definition of a Chemical Accident.
- The Caribbean Perspective.
- The different types of Chemical Accidents (Classification).
- The Concept of Risk from Chemical Accidents.
- General Points for consideration in Management of Chemical Accidents.
- Accident Prevention.
- Preparedness Activities.
- Emergency Response.
- Recap of important points and concepts.

Two examples of recent Chemical Accidents in the Caribbean served to stimulate discussion and facilitate appreciation of the increasing importance of Chemical Accidents in the Caribbean context and also, the broad disaster management issues related to Chemical Accidents.

Dr. Elizabeth Ferdinand, Health Disaster Co-ordinator in Barbados, described a chemical accident which occurred in Barbados on a Friday evening in December 1993. This accident was a fire which took place at a commercial factory manufacturing and processing aerosol insecticides and household cleaners. This example demonstrated in vivid fashion the problems encountered and the issues which arise when Chemical Accidents occur. Rapid notification, inter-sectoral communication, multi-sectoral Command and Control, information availability and dissemination, evacuation of nearby population, the nonchalance and curiosity of the public, the role of the media, and political issues were all clearly in evidence in this real example.

Mr. Timothy James, (PAHO Resource Person), described the circumstances surrounding a fire at a banana boxing plant in Saint Lucia in 1994 where initially, the Fire Department had to fight the fire without any knowledge of what materials were burning. During the course of putting out the fire it was discovered, quite by accident, that pesticides and insecticides were stored inside the depot which was on fire. The implications and issues relating to this discovery were vividly presented.

E) MASS CASUALTY MANAGEMENT SYSTEM.

Dr. Jean Louis Bordonado (PAHO) presented the Basics of a Mass Casualty Management System where it was clear that this must be a multi-sectoral operation. The importance of each country having an effective Mass Casualty Management System in place was made clear. With limited resources, a properly planned and efficient system could enable maximum effectiveness of the health response to save lives and reduce injuries.

The Mass Casualty Management System definition, framework, and activities were discussed. The steps required and the sectors involved as well as their responsibilities were also discussed. An outline of this presentation can be found in Annex 4.

F) WORKGROUPS: **The Role and Responsibilities of the Health Disaster Co-ordinator.**

There were three workgroups with members as follows:

Group 1: Barbados, Belize, Bermuda, Cayman Islands, Guyana, St. Vincent & the Grenadines, and the OECS Secretariat.

Group 2: Antigua & Barbuda, Bahamas, Grenada, Jamaica, Saint Lucia, and OFDA/USAID

Group 3: Anguilla, Belize, Grenada, Montserrat, Trinidad & Tobago, Turks & Caicos Islands, and PAHO.

The workgroups were invited to explore the role and responsibilities of the Health Disaster Co-ordinator paying particular attention to the following issues:

- Overall function of the Health Disaster Co-ordinator in relation to team work and program management including budget and training issues.

- Disaster Preparedness and Response in relation to national activities, mass casualty management, chemical accidents, supply management, and public awareness activities.
- Mitigation activities relating to promotion, implementation, and fostering of public and political awareness.
- Relationship with the Permanent Secretary of the Ministry of Health, the National Disaster Co-ordinator and other relevant parties concerned with disaster preparedness and response.
- Criteria to be used when selecting the Health Disaster Co-ordinator.

RECOMMENDATIONS OF THE WORKING GROUPS:

The Role and Function of the Health Disaster Co-ordinator.

- 1) The Health Disaster Co-ordinator should ensure the promotion, education, co-ordination and integration of all health disaster related matters;
- 2) The Health Disaster Co-ordinator should be the Team Leader and the Health Disaster Program Manager;
- 3) The Health Disaster Co-ordinator should work closely with all relevant persons and agencies for the mitigation or reduction of the effects of disasters through activities such as annual inspections of health facilities;
- 4) The Health Disaster Co-ordinator should prepare and present to the Permanent Secretary/Chief Medical Officer an annual program plan with relevant budget for disaster management activities;
- 5) The Health Disaster Co-ordinator should draft and submit the disaster policy statement of the Ministry of Health to the Permanent Secretary or via appropriate channels;
- 6) The Health Disaster Co-ordinator should gather and prepare relevant information on disasters and ensure that this be disseminated to targeted groups and to the general public;
- 7) The Health Disaster Co-ordinator should meet monthly with the Permanent Secretary/Chief Medical Officer as well as with the National Disaster Co-ordinator on all disaster related matters;

- 8) The Health Disaster Co-ordinator should promote the implementation and up-dating of the Disaster Response Plans - including Mass Casualty Management, Chemical Emergencies, Hospital and Health Centre Disaster Plans, etc - involving both public and private sectors. These plans should be tested and updated at least every two years;
- 9) The Health Disaster Co-ordinator should take the responsibility for promoting and implementing education/training programs for the health sector (nursing/medical school, in-service training) and for other key response agencies involved in health disaster management (such as Police, Fire Department, NGOs);
- 10) The Health Disaster Co-ordinator should create and monitor the inventory of all human, material and other resources of the health sector to be used in disasters;
- 11) The Health Disaster Co-ordinator should be a member of and advisor to the National Health Response Committee in order to ensure the proper management of health sector relief activities and assessment of needs ;
- 12) The Health Disaster Co-ordinator should liaise, through the nationally established coordination mechanisms, with International Relief Agencies during post-disaster situations;
- 13) The Health Disaster Co-ordinator should ensure that staff is adequately trained and deployed for the proper functioning of SUMA (SUpply MAnagement Project);
- 14) The Health Disaster Co-ordinator should participate in rehabilitation activities in health facilities to ensure the implementation of mitigation measures;
- 15) The Health Disaster Co-ordinator should be provided with an alternate/deputy Health Disaster Co-ordinator and have adequate administrative support;
- 16) The Health Disaster Co-ordinator should benefit from Regional Training Activities and share experiences on a regional level through participation in regional meetings and regional networks.

SELECTION CRITERIA FOR HEALTH DISASTER CO-ORDINATORS.

The following criteria must be taken into account when selecting the Health Disaster Co-ordinator in the Ministry of Health:

- **Position**

Senior enough in the hierarchy of the Ministry of Health to have an efficient line of communication to the Permanent Secretary of Health and the Chief Medical Officer and delegation of authority in decision making

- **Training**

Trained in public health disaster management (Mitigation, Preparedness, Response, Rehabilitation)

- **Personal Qualities and Skills**

Skills to manage the disaster management program (Program Management, Crisis Management, Leadership, Inter-personal Relationships).

Day 2 (June 15, 1994)

A) PRESENTATION OF GUIDE TO REACH THE POPULATION IN DISASTER SITUATIONS THROUGH THE MEDIA

Dr. Jean Luc Poncelet introduced the important topic of effective communication with the public in the event of a disaster. The difficulties encountered when this is necessary were discussed and several examples from recent occurrences were cited. He introduced Ms. Mary Elizabeth Stonacker, PAHO, who was closely involved in the Publication of the Booklet: "Reaching the Public During Disasters. Guidelines for Disaster Managers on Preparing and Disseminating Effective Health Messages." She briefly covered the process of developing effective messages for the public. She examined the importance of identifying the right person to deal with health messages and gave a short overview of the contents of the booklet. A copy of the booklet can be found in Annex 5.

Mr. Timothy James, (PAHO Resource Person), presented interesting local examples and anecdotes relating to the media and information for the public. Mr James then informed the gathering of the intention of producing a Caribbean Disaster Preparedness Newsletter where all countries would have the opportunity of sharing information with one another. Discussion of ideas on this subject took place and it was decided that the logistics for economic production of the Newsletter would be made known at a later date.

B) WORKGROUPS: Major Issues in Disaster Management at National and Regional Levels.

The three workgroups were then invited to meet again to explore the major issues in Disaster Management at National and Regional levels focusing on three specific areas of importance. Each group concentrated on one area as follows:

Workgroup 1: Training and Disaster Management.

Workgroup 2: Budget and Disaster Management.

Workgroup 3: Communications and Disaster Management.

WORKGROUP PRESENTATIONS:

Workgroup 1: Training and Disaster Management

This group examined the issue of training and concluded that there is need for training of disaster management personnel as follows:

- **Health Disaster Co-ordinators should be trained in:**
 - Management of disaster and emergency situations
 - Human relations management
 - Damage needs assessment
 - Simulation exercises

- **Members of Health Teams should be trained in:**
 - Statistics gathering and analysis
 - Epidemiology operations centre management
 - Incident and command post management
 - Air and water quality control
 - Vector control
 - Triage Management Workshop
 - Mass casualty management
 - Trauma workshops
 - Mental health aspects of disasters
 - Use of communication equipment and reception and transmission of information
 - Identification and disposal of corpses
 - Supplies management

- **Response Teams, Community Groups, and NGOs, should be trained in:**
 - Interdisciplinary relationships
 - Basic First Aid and CPR
 - Transportation of the injured
 - Management of hazards
 - Mass casualty response

Workgroup 2: Issues related to Budget and Disaster Management.

Workgroup 2 presented in detail the necessity of having a budget for a Disaster Management Program and the areas where expenditure would be required, both recurrent and capital. An extensive list of possible sources of funding for a Disaster Management Program was also presented. This list included sources from the public sector, the private sector, external agencies and non governmental organizations.

Workgroup 3: Issues related to Communications and Disaster Management.

This group examined the issues relating to communications and emphasized the importance of having an effective communications system which will be operational before as well as after a disaster. This system must allow communication within the Health Sector as well as outside of the Health Sector with all parties involved in Disaster Management.

C) DISASTER MITIGATION IN THE HEALTH SECTOR I.

Mr. Tony Gibbs (PAHO Resource Person) presented information on mitigation for facilities. Types of hazards, their intensity, frequency, and area of distribution were discussed. Designing against specific hazards was detailed covering elements of location, design layout, construction materials, construction and building practice/codes, retrofitting, vulnerability analysis, and preventive maintenance. Much of this information is contained in the booklet published by PAHO: Mitigation. Disaster Mitigation Guidelines for Hospitals and other Health Care Facilities in the Caribbean.

D) OPENING SESSION.

The activities of the first two days of the meeting involved the Health Disaster Co-ordinators. On the following two days the Permanent Secretaries participated in the meeting's activities with the Health Disaster Co-ordinators.

It was at this juncture of the two sections of the Meeting, when both the Health Disaster Co-ordinators and the Permanent Secretaries were first present at the same time, that the Official Opening Session was held.

A copy of the Programme for the Official Opening Session is attached in Annex 3.

The evening's proceedings were chaired by Mr. Sam Aymer, PAHO/WHO Representative, Jamaica. In his opening remarks, the Chairman welcomed all present making special mention of the representative from the ODA, the Organization which provided support and was instrumental in making the meeting possible.

The Chairman explained the close working relationship which exists between the PAHO/WHO Office in Jamaica and the Ministry of Health in Jamaica.

Mr. Paul Saunders of the Office of Disaster Preparedness & Emergency Management (ODPEM) in Jamaica, made a few remarks of welcome to Jamaica mentioned the main functions of the ODPEM.

Mr. Elon Beckford, the Board Chairman of the ODPEM, traced the history of his Organization from it's beginning to it's present day status of a full Statutory Body operating within the Government of Jamaica. He also described the initial activities concerned mainly with Response to the present day expansion including the activities of Preparedness.

Dr. Jean Luc Poncelet, Regional Advisor in Disaster Preparedness, PAHO/WHO, welcomed all present, explained the rationale leading to the decision to hold such a unique meeting, with both Health Disaster Co-ordinators and Permanent Secretaries of the Ministries of Health, and elaborated on the Objectives of the Meeting. A summary of the objectives of the Meeting is attached in the annex.

Mrs. Sadie Keating, Permanent Secretary, Ministry of Health, Jamaica, began the opening address by welcoming all to her country on behalf of the Government and People of Jamaica and the Minister of Health.

Mrs. Keating described her experience in 1993 when in Cabinet being sternly questioned about the Ministry's expenditure and budget, Jamaica experienced an earthquake and the frightened reactions of all present. This experience had a lasting and profound effect on her such that Disaster Preparedness has become a priority in the activities of her Ministry. She also described her close working relationship with her Health Disaster Co-ordinator. She expressed indebtedness and admiration for the hard work of her Health Disaster Co-ordinator and offered encouragement and continued support for all activities concerned with Disaster Preparedness.

Mrs. Keating also gave an overview of the role, duties and function of a Permanent Secretary in a Ministry such as Health. This was described as overwhelming and she called for an Association of Caribbean Permanent Secretaries of Ministries of Health to facilitate collaboration, encourage exchange of ideas, and provide moral and social support for each other.

Mrs. Keating wished the participants and organizers a successful outcome for the meeting and thanked all present for listening.

The Chairman closed the evening's presentations by thanking the speakers, welcoming all present and wishing the gathering successful deliberations and achievement of all objectives.

Day 3 (June 16, 1994)

A) ELECTION OF CHAIRPERSONS AND RAPPORTEUR.

It was decided that the Chair would rotate from one session to the next with the Permanent Secretary from the host country chairing the first session, followed by the Permanent Secretary from Barbados, the Permanent Secretary from St. Vincent & the Grenadines and finally the Permanent Secretary from Belize.

B) REPORT ON IDNDR WORLD CONFERENCE, JAPAN MAY 1994.

Dr. José Luis Zeballos (PAHO) presented a report on the World Conference on Natural Disaster Reduction which took place in Yokohama, Japan from 23-27 May, 1994. Wide ranging Recommendations for Action were made by this Conference and the report: "Outcome of the Conference, including a Plan of Action for Natural Disaster Reduction" can be found in Annex 6.

C) OVERVIEW OF HEALTH DISASTER MANAGEMENT IN THE CARIBBEAN.

Dr. Jean Luc Poncelet (PAHO) traced the history of National Disaster Management Activities in the Caribbean, from ad hoc response in the 1960's, through creation of National Disaster Committees to the present where all countries have National Disaster Plans and Disaster Preparedness Activities with designated staff and specific responsibilities. It was clear that much work was left to be done.

Dr. Sterling Mungal (PAHO) presented a summary of the responses to items on a questionnaire (sample attached in Annex 7) which was sent by PAHO to all the participating countries to collect up to date information on the status of their Disaster Management Programs and Activities. The areas covered in the questionnaire were Disaster Planning, Mitigation Activities, the Role of the Health Disaster Coordinator, the SUMA Project, Chemical Disasters, and any other topics requiring discussion. This summary report provided an overview of the present situation regarding Disaster Management in the Caribbean and can be found in the Annex 8.

D) DISASTER MITIGATION IN THE HEALTH SECTOR II.

Mr. Tony Gibbs, (PAHO Resource Person), presented the concept of mitigation as a cost effective one which planners, decision makers and purchasers of facilities, equipment, and services must have sufficient knowledge about to enable them to ask the right and pertinent questions of any contractor being considered for award of a contract. An outline of this presentation can be found in Annex 9.

E) DISASTER MITIGATION ACTIVITIES AT VICTORIA HOSPITAL (SAINT LUCIA).

Mr. Percival McDonald (Permanent Secretary, Ministry of Health, Saint Lucia) presented the activities and plans of the Ministry of Health in Saint Lucia regarding Mitigation, Public Education, Disaster Preparedness, Prevention and Response. The Mitigation activities at the Victoria Hospital in Saint Lucia were discussed. The report on the Vulnerability Analysis performed on the hospital in conjunction with PAHO was presented and the course of corrective action to be followed was also described.

F) WORKGROUPS: Disaster Mitigation. Identification of Policy Statement for the Ministry of Health in Disaster Mitigation.

These recommendations can be found in the Section "General Recommendations".

Day 4 (June 17, 1994).

A) MAJOR ISSUES IN DISASTER MANAGEMENT.

Dr. Marion Bullock-Ducasse Health Disaster Co-ordinator in Jamaica, reported to the Permanent Secretaries the recommendations of the Health Disaster Co-ordinators on the Role and Responsibilities of the Health Disaster Co-ordinator and the selection criteria for same. These recommendations can be found above on pages 6, 7 and 8 of this report.

B) STATUS OF THE SUMA PROJECT.

Dr. Jean Luc Poncelet (PAHO) described the history of the SUPply Management Project (SUMA) in the Caribbean, the number of persons trained in this project and the participating Countries as well as the future plans for SUMA.

C) WORKGROUPS: Roles of the Health Disaster Co-ordinators and the Permanent Secretaries of Ministries of Health in Disaster Management in the Caribbean Countries.

Guidelines for discussion by the workgroups were suggested as follows:

There should be exploration of the Role of the Permanent Secretaries in assisting the Health Disaster Coordinators in the implementation of their main Disaster Management functions with special emphasis on:

- Lines of authority and coordination.
- Resources allocation (human and financial).
- Internal administrative procedures to strengthen the key functions of the Health Disaster Coordinators.
- The position of the Health Disaster Coordinator in the organizational structure of the Ministry of Health.

The Recommendations from these workgroups can be found in the section "General Recommendations".

D) SUMMARY OF PAHO/WHO DISASTER MANAGEMENT PLAN OF ACTIVITIES, 1994-95, IN THE CARIBBEAN SUBREGION.

Dr. Jean Luc Poncelet presented the document: "Summary of Disaster Management Activities, 1994-95. PAHO/WHO Caribbean Subregion." The three areas of activity are:

- National Disaster Preparedness Programs at the National and Regional Level.
- Disaster Mitigation Capabilities at National and Regional Level.
- Health Disaster Response.

The document containing the details of the plan of activities can be found in Annex 10.

E) REPORT ON RECOMMENDATIONS FROM OECS NURSING MEETING (ANTIGUA, MAY 1994).

Dr. Jean Louis Bordonado (PAHO) presented a report from the Meeting of OECS Nurses held in Antigua, May 1994. The meeting examined the Role of Nursing Staff in Mass Casualty Management. Five recommendations were made by the meeting and the details of these can be found in Annex 11.

F) PROGRESS REPORT ON THE DISASTER MANAGEMENT PROGRAM OF THE OECS SECRETARIAT.

Mrs. Deirdre Lewis-Philip (OECS Co-ordinator, Disaster Management) presented the document: Progress Report on the Disaster Management Program of the OECS Secretariat. The Formal and Informal Response Mechanisms were described along with the Disaster Response Resources of the OECS Secretariat: the ECDS, the NRMU, the Fisheries Unit, the ADCU, INFONET, ECDP and AERADIO. The contributions made by each of these resources were highlighted and the interaction of these components were described. This report can be found in Annex 12.

IV. GENERAL RECOMMENDATIONS.

A) RECOMMENDATIONS OF THE VIII MEETING OF HEALTH DISASTER CO-ORDINATORS IN THE CARIBBEAN AND PERMANENT SECRETARIES OF THE MINISTRIES OF HEALTH

The Health Disaster Co-ordinators and the Permanent Secretaries of the Ministries of Health of Anguilla, Antigua & Barbuda, Bahamas, Barbados, Belize, Bermuda, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Lucia, St. Vincent & the Grenadines, Trinidad & Tobago, and the Turks & Caicos Islands,

Having met in Kingston, Jamaica from 14 - 17 June, 1994,

Recalling the significant achievements realized by Caribbean member countries in improving the organizational framework for disaster management, the strengthening of national disaster co-ordination, the promotion of community awareness, and the establishment of intercountry and regional co-operation in disaster management,

Recognizing the complexity inherent in disaster management and the need to share responsibility for decision-making in each Ministry of Health,

Being aware of the progress made in the field of disaster mitigation, the level of development in health services gained in the last decade and the need to maintain this momentum,

Recognizing that in spite of these achievements, significant deficiencies exist in disaster prevention, mitigation, preparedness, relief, and rehabilitation,

Recommend that:

- 1) Health Disaster Management constitute an integral component of the Ministry of Health's program and that Permanent Secretaries take responsibility for monitoring their respective National Health Disaster Programs, supporting their implementation and continuously advising the Ministers of Health in this area.
- 2) The Health Disaster Co-ordinator post be assigned at a very senior level within the Ministry of Health's organizational structure in countries where this has not yet been accomplished, and an effective line of communication to the Permanent Secretary through the Chief Medical Officer or directly to the Permanent Secretary where appropriate, be established.

- 3) Appropriate human and financial resources be allocated to the National Health Disaster Management Program and that the necessary administrative and support mechanisms be instituted.
- 4) Health Disaster Co-ordinators be given the degree of flexibility and delegation of authority to ensure co-ordination among health institutions and inter-sectoral co-operation and collaboration.
- 5) The Ministry of Health ensure, not only, the provision of emergency response resources in the post-disaster period, but also the institutional mechanisms and mitigation measures aimed at reduction of the impact of future disasters during the rehabilitation and reconstruction phase.
- 6) The Ministry of Health broaden the scope of its Disaster Management Program by the inclusion of mitigation activities with special emphasis on vulnerability analysis, preventive maintenance, resource management, and specialized training.
- 7) The Ministry of Health strengthen public awareness programs with the collaboration of the media and other institutions, and promote social mobilization and active participation of the community in disaster mitigation, preparedness, and response.
- 8) The Ministry of Health ensure improvement and consistent reliable operation of its radio communication system between health facilities, and the regular updating of disaster plans at all levels with specific reference to Mass Casualty Management, Supply Management and Chemical Disasters and also ensure a broad participation of the public and private sector.
- 9) Greater intercountry co-operation and collaboration be established by the Ministries of Health in the region through the formalization of agreements and the increase of intercountry technical cooperation.
- 10) PAHO assist the countries in implementing the above recommendations by providing the appropriate technical co-operation and taking the responsibility for periodically convening similar meetings.

V. ANNEXES

ANNEX 1

HEALTH DISASTER COORDINATORS MEETING

Date: June 14 - 17, 1994

Venue: Pegasus Hotel - Kingston, Jamaica

Organizer: Pan American Health Organization (PAHO) in collaboration with the Ministry of Health of Jamaica and with the support of the Overseas Development Agency (ODA).

AGENDA

June 13: Arrival of Participants
Registration

June 14:

8h30 Welcome by PAHO and Government of Jamaica

8h45 Introduction to Health Disaster Plan and program -
(Dr. J.L Poncelet)

10h00 B R E A K

10h15 Discussion of disaster Plans:
• National Health Disaster Plan - (Dr. M. Ducasse)
• Hospital Disaster Plan - (Dr. J. St. Catherine)

11h15 Overview of Chemical Disasters based on Caribbean cases - (Dr. Sterling Mungal + Mr. T. James + Dr. E. Ferdinand)

12h15 L U N C H

14h00 Basics of Mass Casualty Management System - (Dr. J.L Bordonado)

15h30 Workgroup - Role of the HDC

17h30 End of group session.

After Sessions: Country work plan discussions
with PAHO advisors.

June 15:

- 8h30 Presentation and discussion of workgroup recommendations
- 9h15 Presentation of guide to reach the population in disaster situation through the media. - (Dr. J. L. Poncelet + Miss L. Stonacker + Clare Forester)
- Public Awareness Program - (Mr. T. James)
- 10h00 B R E A K
- 10h15 Introduction to work group - (Dr. J. L. Poncelet)
- Work Group-
- Identify major issues in disaster management at national and regional level (budget, training, communications).
- 12h30 L U N C H
- 14h00 Work group presentation and discussion.
- 15h00 Disaster Mitigation in the Health Sector I - (Mr. T. Gibbs)
- 17h30 End of session
- 18h30 Official opening Session of HDC and PS meeting

June 16:

- 8h30 • Election of Chairman and Rapporteur
- IDNDR World Conference - (Dr. J. L. Zeballos)
- Overview Health Disaster management in the Caribbean - (Dr. J. L. Poncelet + Dr. S. Mungal)
- 10h00 B R E A K
- 10h15 Disaster Mitigation II - (Mr. T. Gibbs)
- Example of the Victoria Hospital - (Mr. P. Mc Donald)
- 12h30 L U N C H
- 14h00 Workgroup Disaster Mitigation
- Identification of policy element for the Ministry of Health in disaster mitigation
- 16h00 Plenary

June 17:

8h30 Major issues in Disaster Management:
• Recommendations of HDC Meeting - (HDC Rapporteur)
• Status of SUMA project - (Dr. J. L. Poncelet)
• Nursing meeting recommendations - (Dr. J. L. Bordonado)

10h00 B R E A K

10h15 Workgroup on the Role of Health Disaster Coordinators and Permanent Secretaries in the Caribbean countries.

12h30 L U N C H

14h00 Presentation and discussion of Work group recommendations

16h30 Outline of PAHO Disaster Program Workplan.

June 18

10h30 Leave for Airport

ANNEX 2

OBJECTIVES

- (1) Update Health Disaster Coordinators on new approaches of Disaster Management.**
- (2) Review with Coordinators and Permanent Secretaries the state of Health Disaster Preparedness in the region and the expanding role of the Health Disaster Coordinators.**
- (3) Prepare recommendations to be presented and approved at the "XIV Meeting of the Conference for Ministers of Health of the English Speaking Caribbean".**

HDC Meeting Specific objectives

By the end of the Meeting the Role of the HDC will be clarified on the following:

Overall function

Team work approach
Program Management (including budget, training)

Disaster Preparedness and Response

National
Mass Casualty management
Chemical accident
SUMA
Public awareness

Mitigation

Promoting the implementation of mitigation measures
Public and political awareness

Relationship with:

Permanent Secretaries of Health
National disaster coordinator

ANNEX 3

HEALTH DISASTER COORDINATORS MEETING

OPENING SESSION

6.30 P.M. WEDNESDAY, 15 JUNE 1994

Pegasus Hotel,
Kingston,
Jamaica.

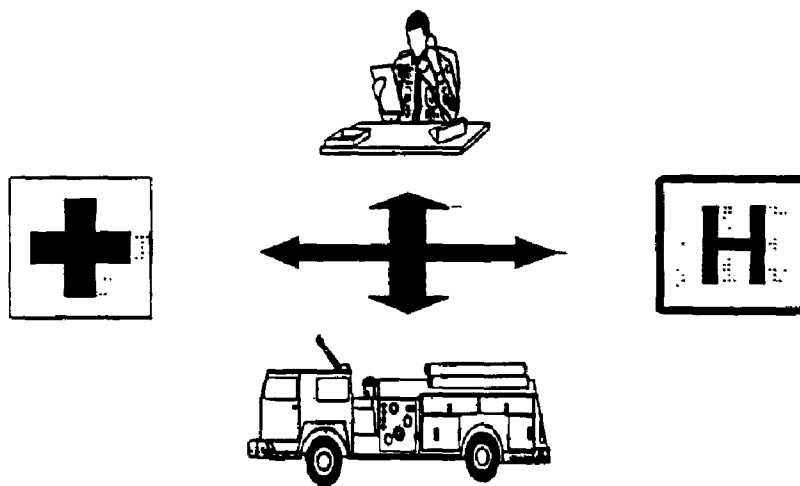
PROGRAMME

6.30 p.m.	Chairman's Opening Remarks	Mr. Sam Aymer, P A H O / W H O Representative, Jamaica.
6.40 p.m.	Greetings	Mr. Elon Beckford, Board Chairman, Office of Disaster Preparedness and Emergency Management.
6.55 p.m.	Meeting Objectives	Dr. Jean Luc Poncelet, Regional Advisor in Disaster Preparedness, PAHO/WHO.
7.05 p.m.	Welcome and Opening Address	Mrs. Sadie Keating, Permanent Secretary, Ministry of Health.
7.25 p.m.	Chairman's Closing Remarks	

LIGHT REFRESHMENTS WILL BE SERVED FOLLOWING THE OPENING SESSION

ANNEX 4

INTRODUCTION TO MASS CASUALTY MANAGEMENT SYSTEM



PAN AMERICAN HEALTH ORGANIZATION 1994

MASS CASUALTY MANAGEMENT SYSTEM

Definition :

The Mass Casualty Management System (MCMS) is a multisectoral System, designed to provide prompt and efficient Health Care Management for a large amount of victims, from the site/time of the incident to the termination of in-hospital emergency care.

This System is based on the maximization of the use of existing resources, from sectors necessarily involved in Disaster Management as : Health, Police, Fire Brigade, Volunteers, Transport, Communications, ...

It includes pre-planned and coordinated actions on disaster field, during transfer and at the hospital.

MCMS Framework :

It is a "Rescue Chain" : starting on disaster site (where take place activities as initial assessment, field organization, field command and control, search and rescue, field care, ...), continuing by transfer of victims from field to adapted facilities (as shelters, health centers or hospitals) using a transport organization (adapted vehicles, communication, regulation of transfer), passing by reception areas, which are supposed : to be informed of the type and number of victims they will receive (radiocommunications) and to have activated their disaster response plan, ending only when the victim will have received all emergency care needed (in-hospital management) or will be correctly sheltered.

As in any chain, the strength of the system depends on the strength of each link : if one is failing, the whole system will collapse.

MCMS supposed, as basic requirement, existence of efficient A&EDs, radiocommunications, and coordination procedures between all sectors involved.

MCMS Activities :

1/ On Field Activities :

- * Alert Procedures
- * Initial Assessment
- * Field Organization
- * Command and Control
- * Security and Safety
- * Search and Rescue
- * First Aid
- * Medical Care
- * Communications
- * Information

2/ Transfer Activities :

- * Information
- * Communications
- * Security and Safety
- * Evacuations' control
- * Transport
- * Care

3/Reception Activities :

*** At the Hospital :**

- Hospital Disaster Respons Plan
- A&ED organization
- In-Hospital Care Organization
- Secondary Evacuation
- Communications
- Information
- Security (Safety?)

*** In an Health Center :**

- Community Disaster Respons Plan
- Care
- Communications

*** In a Shelter :**

- National disaster plan
- Nursing assistance

Setting up of a MCMS :

As obvious per the activities' list, numerous sectors are involved in a MCMS.

However, as the main target is to reduce the numbers of death by providing efficient care, the key role is on Health sector.

1/ Health Sector :

Setting up of a MCMS start by the adaptation of Health Disaster Plans and by the restructuration of Health facilities.

The only one Health facility supposed to be able to respond 24 hours a day, 365 days by year to any emergency is the A&ED. Knowing this, it is logical to build the health answer to an emergency starting from the restructuration of this departement. Then, MCMS will be develop upstream to field care and downstream to in-hospital care.

So, the interface between field/tranfer and hospital will be the Accident and Emergency Department, first to react to a disaster (PreHospital Emergency Care Teams) and/or to receive victims (A&E Department Disaster Plan).

MCMS includes topics from :

1.1 Prehospital Organization:

- * Field Care organization] involving Police,
- * Community Care organization] Fire Brigade, Red
- * Transfer organization] Cross, ...

1.2 Hospital Organization :

- * A&ED
- * X-Ray
- * Laboratory
- * Surgery
- * Administration
- *

1.3 Health Sector Disaster Plan

- * Mobilization
- * Coordination
- * Command and Control
- * International assistance

1.4 National Organization :

- * Assist in coordination

MCMS includes hospital disaster respons plan, but is itself included in, and articulated with, the Health Sector Disaster Plan, which is part of the National Disaster Plan.

2/ Police :

2.1 Prehospital Organization :

- * Overall Coordination
- * Security
- * Crowd Control
- * Communications
- * Search and Rescue
- * Traffic Control
- * Transport

2.2 Hospital Organization :

- * Security

2.3 National Organization :

- * General Coordination (depending on National Disaster Plan)

3/ Fire Services :

3.1 Prehospital Organization :

- * Initial Assessment
- * Field Organization
- * Safety
- * Search and Rescue
- * Field Care
- * Communications
- * Transport

3.2 Hospital Organization :

- * Safety

3.3 National Organization :

- * Assist in coordination

4/ Volunteers :

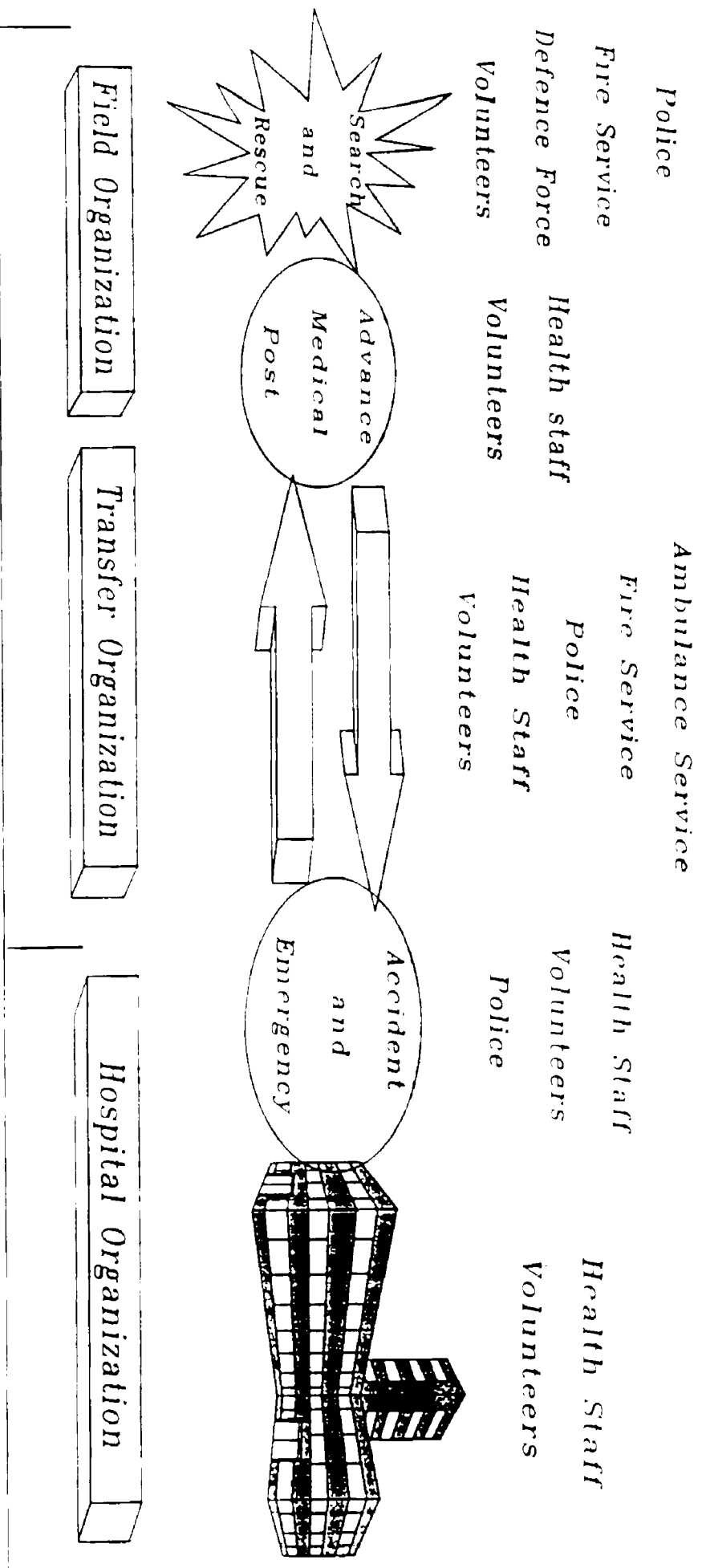
4.1 Prehospital organization :

- * Search and Rescue
- * Field Care
- * Transport

4.2 Hospital Organization :

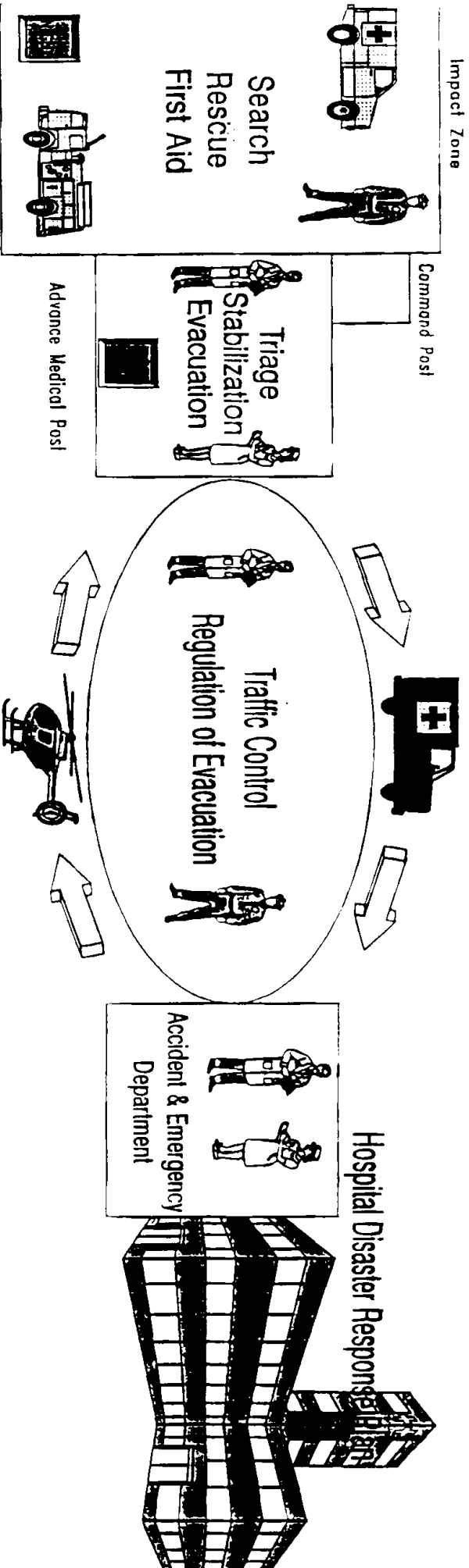
- * Assist in basic care

A MULTI SECTORAL ORGANIZATION



MASS CASUALTY MANAGEMENT SYSTEM

A Multi-Sectoral Rescue Chain



PRE HOSPITAL ORGANIZATION

HOSPITAL ORGANIZATION