

ANNEX 7

QUESTIONNAIRE

In order to prepare the Health Disaster Coordinators meeting, the Health Disaster Coordinator is requested to fill out and return to this office the attached form by **May 25, 1994**.

As the meeting will be based essentially on their input, they are requested to fill out the form the best way possible.

Thank you for your cooperation.

Mitigation

- **Describe the approximate vulnerability of the country's health facilities** (answer eg. There is one main hospital which will collapse in an earthquake of VI in the modified Mercalli scale. One of the two small hostpitals gets flooded every twenty years. The Health Centers are designed for a "category two" hurricane).

- **Do(es) the person(s) in charge of the health facility maintenance intend to decrease the buildings vulnerability when maintaining/repairing the building.** (answer eg. Yes, the zinc sheet roof of the hospital is checked once a year and the generator every month. There is no special budget provision for disaster reduction. There is a medium term plan for providing hurricane shelter for all place openings).

- Do you or your Ministry of Health Engineers have the PAHO publication "Disaster Mitigation Guidelines for Hospitals and other Health Care Facilities in the Caribbean, 1991" .

Yes _____ No _____

Has anyone read it? _____

Do you have any comments. _____

- Describe any major work in terms of refurbishing, construction or modification to your health facilities that is planned to be implemented in the next three (3) years and how much will it cost.

Planning

- When was your:

A. National Health Sector Plan last reviewed? _____.

I don't know _____ Comments: _____

B. Hospital Plan last reviewed? _____.

Hospital Name: _____ Year of
Last Review: _____

Hospital Name: _____ Year of
Last Review: _____

Hospital Name: _____ Year of
Last Review: _____

Hospital Name: _____ Year of
Last Review: _____

C. Parish/County/District Plans last reviewed? _____

Name: _____ Last review _____

Name: _____ Last review _____

Name: _____ Last review _____

Name: _____ Last review _____

Name: _____ Last review _____

Name: _____ Last review _____

Name: _____ Last review _____

Name: _____ Last review _____

Name: _____ Last review _____

Name: _____ Last review _____

■ Do you have a Mass Casualty Disaster Plan? _____

Other Plans? _____

■ Describe the main issues that you have encountered in Disaster Planning and also the ones that you would like to share or discuss at the Health Disaster Coordinators meeting.

■ Do you participate in field simulation exercises.

If Yes, at what Frequency? _____

No _____

Role of the Health Disaster Coordinator

The Role of the Health Disaster Coordinator is to assist the Ministry of Health in Disaster Management.

- Describe your main responsibilities (roles and functions) as Health Disaster Coordinator.

- What percentage (%) of your professional time is dedicated to your function as Health Disaster Coordinator. _____

- What would you like to see modified in your roles and responsibilities in order to ensure a satisfactory Disaster Management capability of the Health Sector.

SUMA

- More than 120 persons have been trained in the Caribbean. Describe the arrangements made in your country to ensure that relief supplies are being properly sorted, classified and distributed (specially to the health sector).

- What would you like to improve in the SUMA procedures for your country.

CHEMICAL DISASTERS

- Describe briefly any chemical disasters that have occurred in your country.

- What arrangements, from the health point of view, have been taken by your country in order to prevent or respond to chemical disasters.

OTHER TOPICS

- Describe other topics or issues that you would like to discuss with the Health Disaster Coordinators and/or Permanent Secretaries.

ANNEX 8

SUMMARY OF RESPONSES TO DISASTER PREPAREDNESS QUESTIONNAIRE

Twelve (12) of nineteen (19) questionnaires were returned (63%).

PLANNING.

1. Everyone has National and Major Facilities Disaster Response Plans with periodic reviews (with one exception).
2. While most have District Plans, these are lacking by some or are not reviewed periodically.
3. Most have Mass Casualty Plans (three exceptions with no plans).
4. All (with three exceptions) have Field Simulation Exercises at periodic intervals ranging from once per quarter to occasionally.
5. The main problems (64%) encountered in Disaster Planning were:
 - lack of interest
 - lack of commitment
 - absence of resources
 - low priority given to Disaster Preparedness by Officials
6. Other problems encountered in Disaster Planning were:
 - lack of a Communication Network
 - need for more training in Disaster Planning
 - need for more support from External Agencies
 - need for an Office dedicated to Disaster Preparedness
 - need for advice on simulation exercises and information dissemination
 - inherent bad layout of hospital.
 - difficulty in developing an acceptable program with a budget

MITIGATION.

1. Useful information on vulnerability of facilities is severely lacking by almost everyone. (SLU had vulnerability analysis done on major facilities).
2. No one has a budget for preventive maintenance/mitigation measures. Maintenance is mainly a process of repair financed from within other budget allocations.
3. Generally, there is a fairly extensive program of refurbishment, reconstruction and new construction of facilities across the region. All twelve (12) reports

indicated construction activities. Only five (5) reported dollar amounts. This totalled 368 million US dollars.

4. Everyone has copies of the Mitigation Guidelines Booklet and have read it (with two exceptions). This booklet was very well received by being reported to be interesting, well written and clear, but application of the recommendations in the booklet seems to be very difficult.

ROLE OF HEALTH DISASTER COORDINATOR.

1. **Percentage of time spent on Disaster Preparedness Activities** ranged from 2% to 25%.(0%?). The average was just over 10%.
2. **Responsibilities:** these varied widely. However there are four major areas which were consistently mentioned.
 - **Plans:** develop, prepare, review/update, (coordinate or assist)
 - **Simulation Exercises:** plan, conduct, coordinate, organize.
 - **Training:** plan, conduct, coordinate, organize, assist.
 - **Liaison:** National Coordinator/Committee, Ministry of Health, other sectors/agencies, district personnel.

Other areas were also mentioned:

- Mobilization of health team, disaster response.
- Education of public.
- Maintenance of health supplies and equipment.
- Evaluation of needs and response.
- Coordination of Mass Casualty management, all disaster response activities.

3. Modification in the Role and Responsibilities of HDC.

- no modification needed (3 responses, 27%).
- more dedicated time and assistance needed (5 responses, 30%) in the form of personnel (deputy/assistant HDC).
- need of more time for training.
- need of a team rather than an individual HDC.
- need a resource or reference centre.

- one HDC was unclear regarding role & responsibilities.

SUMA.

All HDC's reported various personnel have received training on SUMA. The need for more training (to overcome lack of awareness), country sites for storage of supplies and a workable distribution system were most frequently mentioned to improve SUMA procedures. One request for copies of the SUMA software and manual as well as portable hardware was made.

CHEMICAL DISASTERS.

1. Chemical Disasters that have occurred were:

- no chemical disasters
- small oil spills
- fish kills
- nighttime chemical spill
- major fire at aerosol insecticide & household cleaner plant
- hazardous industrial waste storage
- smoke stack discharges
- oil rig explosions on land
- natural gas installations explosions at sea
- oil shipping terminal discharges & explosions
- chlorine gas leakages
- ammunition dump explosion
- explosion involving drums of oleum

2. No chemical disasters was the most common response. Chemical disasters were limited to six countries (Jamaica, Trinidad & Tobago, Barbados, Saint Lucia, The Bahamas, and Belize).

3. Measures taken in response to Chemical Disasters were:

- no consideration given to Chemical Disasters.
- establishment of a Chemical Control Board.
- establishment of inventory of hazardous chemicals in use.
- development of a protocol for management of chemical disasters.
- establishment of cooperation by government and private industry.
- mandatory involvement of oil companies in National Plans.
- inclusion of chemical disasters in national plan & mitigation program.
- working with Occupational Health & Safety Officers.

OTHER TOPICS REQUIRING DISCUSSION.

1. How to sensitize policy makers on the importance of disaster preparedness and mitigation activities.
2. Vulnerability assessment.
3. Allocation of some of the HDC duties to others.
4. Improvement of linkage with National Disaster Office.
5. Establishment of wireless communication network.
6. Plan review and improvement.
7. Environmental issues in disaster management.
8. Obtaining a budget for disaster preparedness activities.
9. Ways and means of educating the public on Disaster Preparedness.
10. Improvement of communication between the HDC's in the region.
11. Methods of damage assessment and procedures.
12. Establishment of a reference/resource centre and data base.

ANNEX 9

PAHO Workshop
Pegasus Hotel, Kingston, Jamaica
16th June 1994

Joint Session

Permanent Secretaries and Health Disaster Coordinators

Outline of Presentation by Tony Gibbs

1. Introduction to the Session

- Colour slides and commentary
- The role of the client
- Cost implications
- Other issues

2. Colour slides and commentary illustrating damage to health facilities and other structures caused by hurricanes and earthquakes

- The presentation

3. The Role of the Client

- Demonstrate interest in having facilities designed, built and maintained to function properly during and immediately after hurricanes, earthquakes, torrential rains and other natural hazardous events
- Do not be fatalistic about damage and destruction due to natural hazards
- Responsibility and implications of failure
- Selection of consultants
- Briefing and monitoring of consultants
- Procurement of goods and equipment
- Dialogue between the Permanent Secretaries and the Health Disaster Coordinators
- Dialogue with the Ministries of Works
- Other issues

4. Selection of Consultants

- Qualifications and experience of principal players
- Experience of the firm
- Capacity and work load
- Specific knowledge of designing against natural hazards
- Local knowledge and presence
- Cost

5. Briefing and Monitoring of Consultants

- Briefing of Consultants
 - The usual things
 - Specific discussion on natural hazards and performance expectations
 - Discuss sequence of work and timetable
- Monitoring of Consultants and Approvals
 - Inception report
 - Preliminary design and cost estimates
 - Tender documents
 - Contract awards
 - Monthly reports during construction
 - Taking possession
 - The maintenance period
 - Final certification

6. Cost Implications of Natural-Hazard-Resistant Construction

- The presentation (notes and transparencies attached)

7. Other Important Issues

- Support for code development and enforcement
- Support for research into natural hazards
- Support for educational programmes for construction industry practitioners
- Natural hazard impact assessments
- The relationships with donor and lending agencies
- Independent audits

ANNEX 10

Summary of disaster management activities, 1994-1995
PAHO\WHO Caribbean Subregion

The Caribbean priority areas in health disaster management are based on requests of the Health Disaster Coordinator's made through the Ministry of Health and on the priorities as reflected in the Caribbean Cooperation in Health and the Pan American Health Organization (PAHO) Directing Council documents.

The overall objective of the PAHO program is to assist the region and each country in enhancing its capability to prevent, prepare and respond to disasters.

Three major expected results were identified for the 1994-1995 PAHO Cooperation Program.

1. Strengthen National Disaster Preparedness Programs at the national and regional level

A. Disaster Planning

It is expected that at least ten (10) countries will review in depth their Health Disaster Response Plan. This will be done in cooperation with the senior health staff. Countries will be encouraged and assisted in organizing simulation exercises which are the most efficient evaluation tool.

Countries will also be assisted in disaster planning at parish/county, district and community levels. All plan reviews will be done with the National Disaster Committee and using a multi-sectoral approach.

B. Training

This biennium, emphasis will be put on assisting Health Disaster Coordinators and universities/schools in disaster planning and assessment of needs. The University of the West Indies (UWI) will be the center of a sustained cooperation.

PAHO will assist the UWI Cave Hill Campus in strengthening its two-month Intensive Course in Disaster and Emergency Medicine. By the end of 1995 two (2) physicians will be trained in at least four (4) OECS countries.

Since 1990 the Master in Public Health program has been organizing an intensive course on "Public Health Disaster Management". The reference material for this module will be finalized by the end of 1995. It is expected that the course will be self-sustaining by the end of this biennium.

Assistance will be provided to Nursing Schools throughout the region to improve their disaster management curriculum. A specific effort is being made to review the role of nurses in disaster management in a sub-regional meeting in Antigua 25-27 May 1994.

C. Training material

Several guidelines and technical materials will be produced. Among them, a "Guide on the Mass Casualty Management System" and one on the "Use of the Media in Disaster Response" will be prepared.

PAHO will continue to extensively distribute material from its regional disaster documentation center based in Costa Rica.

D. SUMA

The SUPPLY MANagement methodology has now been adopted officially by ten (10) countries. More than 150 persons will be trained and at least 80 of them will be updated annually in order to maintain the regional response capability. During this period, the SUMA training will be directed to the national level to make the distribution system operational.

E. Research

PAHO has been promoting research through the Master in Public Health. Each year, field assignments will take place and research papers prepared in disaster management.

F. Mass Casualty Management System

Six (6) of the smaller Caribbean Territories will have a strengthened Accident and Emergency department. This Department will be designed to play a pivotal role in Mass Casualty Management. Several simulation exercises will be organized and the Mass Casualty Management System is being updated.

The proposed Mass Casualty Management System is based on a regional approach. It is not likely that countries will have a full capability to respond with national resources to mass casualty events in the next few years. However, it is expected that the outline of a Mass Casualty System based on the utilization of inter-island resources will be set up by the end of this period.

G. Regional activities

The Memorandum of Understanding with CDERA is the major guide for the Caribbean PAHO Disaster Management Program. This not only includes disaster response but also disaster preparedness activities. PAHO will participate in several regional meetings and simulation exercises such as Tradewinds.

Assistance is also being provided to the OECS Secretariat in strengthening their internal disaster response plan. The opening of a PAHO sub-office in the Saint Lucia OECS Secretariat aims to provide additional support to the most vulnerable areas of the Caribbean (the OECS Territories).

The CARICOM Health Desk will continue to be involved specifically in the regional program activities.

PAHO will also, through its contact with national, regional, and international agencies, promote a coordinated cooperation in the area of Disaster Management.

2. Strengthen Disaster Mitigation Capabilities at National and Regional Level.

A. Promotion of Mitigation Activities

A substantial effort was made in promoting the IDNDR World Conference, including seeking additional resources to allow Caribbean Representatives to attend the IDNDR World Conference in Japan and preparing a regional document in which Caribbean IDNDR issues are reflected.

Assisting countries in promoting mitigation activities and setting up a preventive maintenance program.

B. Training

Publications and guides on Hospital Mitigation will be prepared and distributed throughout the region. A similar effort will be done for the Water Sector.

A Workshop on Disaster Mitigation for Medium-Sized Buildings will be organized in conjunction with the University and other regional and international institutions.

By the end of the biennium the basic topics in disaster mitigation should be developed in coordination with the Caribbean countries, universities, and regional institutions.

C. Vulnerability study

Assist countries in preparing vulnerability studies of health services in countries that decided to embark on a retrofitting

program of health facilities or construction of new buildings. These studies are pilot studies aiming to study the process of vulnerability reduction and document the experience for neighboring countries.

D. Research

A large number of disaster mitigation concepts are identified but not always feasible. The assistance brought in that area will aim to identify mitigation measures that can be implemented in the Caribbean in its present context.

3. Strengthened health disaster response

The PAHO Disaster Response Team will be further trained for any type of disaster that could occur in the region and with health implications.

The SUMA team, the telecommunications equipment and the PAHO team will be quickly mobilized to assist Caribbean affected countries in case of a disaster.

In the event of a disaster, PAHO will also assist countries in seeking funds for rehabilitation and reconstruction.

ANNEX 11

DRAFT

**REPORT ON
CONSULTATION ON THE ROLE OF
NURSING STAFF IN MASS CASUALTY MANAGEMENT
ANTIGUA, MAY 25 - 27, 1994
(Funded by the Eastern Caribbean Disaster Project)
Maria Barker, Nurse Advisor
PAHO/WHO**

Thirty-six nursing personnel from Antigua, the British Virgin Islands, Dominica, Grenada, Saint Lucia, St. Kitts and Nevis and St. Vincent and the Grenadines met in Antigua May 25 - 27, 1994, to examine the Role of the Nurse in Mass Casualty Management in the Eastern Caribbean countries and to formulate recommendations and strategies to improve this role.

The participants of the meeting included Chief Nursing Officers, Principal Nursing Officers, Tutors, Matrons, Casualty Department Nurses, representatives from the General Nursing Council and Regional Nurses Associations.

The Workshop covered topics such as "Pre-Hospital and Hospital Management of Mass Casualties" and "Introduction to Mass Casualty Management System". Group work and a desktop simulation exercise were important methodologies used in coming to the consensus that the role of nursing staff in Mass Casualty Management is currently poorly defined and special skills needed are lacking among staff. It was also recognized that training in Mass Casualty Management should be institutionalized as a post-basic course with certification, since the nurse must possess medical and nursing skills if he/she is to function at the required level as a member of the Disaster Preparedness and Mass Casualty Management Team.

RECOMMENDATIONS

1. Ministries of Health should approach UWI, Barbados and the Disaster Preparedness Project PAHO/WHO to develop, support and institutionalize a post-basic certified course for nurses working in Accident and Emergency Departments and Tutors in Mass Casualty Management similar to the course that Caribbean Physicians attend annually in Barbados.
2. Accident and Emergency Departments, playing a key role in Mass Casualty Management should be classified as specialized areas and staffed with a core of nurses trained in Emergency Care and Mass Casualty Management to allow coverage of, at least, one nurse with these skills on each shift, including the night shift.
3. The General Nursing Council in each country should update its regulations by 1995 to include the expanded role of the nurse in Hospital and Pre-Hospital Mass Casualty Management, and maintain a list of trained persons, since necessary skills will encompass medical and nursing activities, such as intravenous therapy, advanced life support systems and intubation.
4. Principal Nursing Tutors in Schools of Nursing should review and update the module/unit on Disaster Preparedness to include Mass Casualty Management, activity with support from PAHO/WHO by October 1994.
5. Ministries of Health must ensure that trained nursing personnel participate in the development of protocols for Pre-Hospital and Hospital Mass Casualty Management by 1995.

ANNEX 12

ORGANISATION OF EASTERN CARIBBEAN STATES (OECS)
PROGRESS REPORT ON THE DISASTER MANAGEMENT PROGRAM OF THE OECS
SECRETARIAT

The Meeting Participants are invited to note the attached paper which attempts to give an up date on progress made in structuring a framework in which the OECS Secretariat, using its own resources, can carry out its role in the regional system of Disaster Management.

June 1994

THE SETTING UP OF A DISASTER MANAGEMENT UNIT
IN THE
OECS SECRETARIAT

INTRODUCTION:

Disaster Management in the OECS sub-region is an area which deserves high priority attention.

This is largely because the islands which make up this sub-region are prone to disasters of sometimes quite staggering magnitude such as that wrought by hurricanes (Janet in 1955, David in 1979, Allen in 1980, and Hugo in 1989); volcanic eruptions (Martinique in 1902 Guadeloupe in 1976 and St.Vincent in 1979) or the less forceful but equally disruptive effects of flooding, drought and landslides.

Man made disasters also affect the region with increasing regularity and threaten to spoil the pristine waters of sea, river and lake, change the topography and even climatic conditions. The incautious use of chemicals in agriculture, the felling of forests, and the removal of sandy beaches affect both land and marine resources, disrupt the pattern of life for man and animals and threaten the sustainability of life itself.

Considering that the economies of the countries of the sub-region depend largely on natural resources and the environment (agriculture and tourism) for their gross domestic product (GDP) it is only natural that there should be keen interest in preventing disasters where possible, in reducing their effects and in managing the responses to disasters, efficiently and effectively, by whatever means available.

A disaster is an event which overwhelms the response capacity of the affected country at the time of the disaster. The response to such a disaster supposes a vast mobilization of human, technical and material resources. Further, a disaster demands that extraordinary measures are taken to preserve life, limb and property. It is these facts which have led the governments of the OECS sub-region to take action to ensure that mechanisms at all levels - community, national, sub-regional and regional - are put in place.

BACKGROUND:

The countries of the Organisation of Eastern Caribbean States (OECS) spread in an arc from Grenada at latitude 12 degrees north to the British Virgin Islands near Puerto Rico at 18 degrees north, which puts them directly in the path of hurricanes spawned in the Atlantic. The islands are formed from the tops of submerged

volcanoes uplifted millennia ago but which still pose a threat in terms of earthquakes, volcanic eruptions and tsunamis.

The size and resources of each island are such that a country affected by a disaster will face insuperable problems without regional and international assistance. In such a case, the mobilisation and co-ordinated use of all local, national and regional resources should be resorted to automatically.

At present, the sub-region depends on several external sources to respond in times of disaster. These are:

Formal Response Mechanisms:

Caribbean Disaster Emergency Response Agency (CDERA)

Regional Security System (RSS)

Pan American Health Organization (PAHO)

Informal Response Mechanisms:

International Funding Agencies

Foreign governments

Currently, the immediate response will come from the affected country. The regional responder will be the Regional Security System, using its own resources and mobilizing regional military resources. CDERA will organise the international assistance which will constitute the third response.

However, in this scenario, a response capacity is bypassed: the OECS Secretariat and its specialised Units.

DISASTER RESPONSE RESOURCES OF THE SECRETARIAT:

Several of the Units of the Secretariat have a direct role to play in disaster response and mitigation. However, a look at recent past experiences shows that while the Secretariat was expected to carry out certain functions in times of disaster, the responses, though admirable, had been done in the absence of a proper framework of disaster management. Among the various units of the Secretariat, some may be extremely useful in disaster response, and it would be a waste of both technical and human resources to ignore this potential.

ECDS: drug supplies assessment
 supplies management (SUMA)
 technical expertise

NRMU: immediate post disaster environmental assessment
 risk mapping (mitigation)

Fisheries Unit:
 search and rescue
 post disaster assessment
 coastal risk mapping

ADCU: post disaster assessment
 risk mapping

INFONET: collection and diffusion of all information per-
 taining to disaster preparedness and response

ECDP: technical expertise
 training of other units
 mobilisation of health resources
 (see Annex 1)

AERADIO: radio communications

A workshop held in May 1993 to discuss the role of the Secretariat and its Units in disaster management highlighted the necessity for a framework to allow them to systematise these response activities which they will be inevitably called upon to do. Also, in the light of the United Nations International Decade of Natural Disaster Reduction (IDNDR) the time was right to promote better preventative and mitigative actions.

At the 22nd Meeting of the Authority of the Organisation of Eastern Caribbean States (OECS) in June 1993, the Heads of Government agreed that there should be a process of regularising the participation of the OECS Secretariat in disaster management. The Communication/Policy Officer and Technical Officer in charge of Disaster Management was given the responsibility of carrying out this process.

Another meeting was held in February 1994, which brought together the heads of OECS units. During this meeting, the participants concurred that the OECS sub-region should make full use of its own disaster preparedness and response capacity. The roles of the Units in this approach were outlined. The meeting was followed by visits by the technical officer and the disaster expert to each Unit individually to discuss development of each Unit's potential capacities into a set of activities and actions.

PROPOSED DISASTER RESPONSE FRAMEWORK: (see Annex 2)

In cases of disaster, the Director General will mobilise the Heads of designated Units located in Saint Lucia (ECDS, ECDP, INFONET and NRMU) to constitute around him a Disaster Management Group.

Following pre-established and tested procedures, this Group will mobilise and manage appropriate resources pertaining to the OECS Secretariat, while remaining in permanent contact with the affected country and other regional or international response agencies (CDERA, RSS, PAHO...).

PROPOSED STEPS TOWARDS THE ESTABLISHMENT OF THE SYSTEM:

1. Individual consultation with concerned units.
Status: partially completed by the Communication/Policy Officer and the Director of ECDP.
2. Setting up of a Disaster Management Group.
Status: This should be completed before the 1994 hurricane season.
3. Development of Internal Mobilisation Procedures.
Status: To be initiated by the Disaster Management Group and completed by June 1995.
4. Development of Disaster Response Plans by each pertinent unit.
Status: To be completed by June 1995.

PROPOSED TECHNICAL AND FINANCIAL SUPPORT:

1. Development Phase: the ECDP will provide technical and financial support for setting up the DMG, for training, planning and development of procedures
2. Maintenance Phase: the ECDP will assist in maintaining the system (planning and training). Since the project ends in July 1996, provisions should be made to ensure the continuation of these activities.
3. Intervention Phase: in cases of disaster, the mobilisation of OECS Secretariat's resources to the affected country will require contingency funding from specific donor sources (for example, PAHO funding for the mobilisation of Medical Disaster Rescue Teams).

GLOSSARY

ECDS--Eastern Caribbean Drug Service
NRMU--Natural Resources Management Unit
ADCU--Agricultural Diversification Co-ordinating Unit
INFONET--Information Network
ECDP--Eastern Caribbean Disaster Project
RSS--Regional Security System
OECS Central Secretariat
June 1994

ANNEX 1

EASTERN CARIBBEAN DISASTER PROJECT

A Disaster Preparedness and Mitigation Project for OECS

The Eastern Caribbean Disaster Project (ECDP) is a joint project between OECS, the Pan American Health Organization and the French Co-operation.

This project is managed by PAHO in co-operation with OECS Ministries of Health, National Rescue Services, National Disaster Committees, Red Cross Societies and Regional Universities.

This project was developed in order to assist OECS countries in the setting up of a specific disaster response organization, mainly for the health sector, adapted to regional realities such as

- small population
- limited resources
- difficulties of communications
- insularity
- limited health facilities

The ECDP uses a two-level approach to reach its goals :

- a national multi-sectoral approach for
 - * the identification of risks and existing resources
 - * the implementation of National Mass Casualty Management System
 - * the development of institutionalised training in Emergency and Disaster Management
 - * the development of mitigation measures for critical structures (hospitals, command centres..)
- a regional approach for the development of :
 - * inter island mutual assistance agreements
 - * inter island radiocommunication network
 - * inter university diploma in Emergency and Disaster Medicine
 - * emergency care protocols
 - * regional medical disaster response team

The project office, located on the premises of the OECS Secretariat in Saint Lucia, will also take part in the setting-up of the OECS Secretariat Disaster Management Group.

ANNEX 13

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"Group Recommendations" (draft). Red Cross Societies Sub-regional Disaster Preparedness Workshop, (St. Lucia) 1994.

Report on Consultation on the Role of Nursing Staff in Mass Casualty Management, Antigua, 1994

Introduction to Mass Casualty Management System, PAHO, 1994

UN World Conference on Natural Disaster Reduction, Outcome of the Conference, Including a Plan of Action for Natural disaster Reduction, 1994

"Reaching the Public during Disasters: Guidelines for Disaster Managers on Preparing and Disseminating Effective Health Messages", PAHO, 1994.

Disaster Mitigation Guidelines for Hospitals and Other Health Care Facilities in the Caribbean, PAHO, 1992

"Summary of Responses to Disaster Preparedness Questionnaire, PAHO", 1994.

Seismic Safety of Federal and Federally Assisted or Regulated New Building Construction (Exec. Order 12699, January 1990, United States).

"Practical Approaches to Mitigation through Building Codes and other Aspects of Construction," working document (PAHO, Alwyn T. Wason, 1994)

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CANUTEC, Dangerous Goods, Initial Emergency Response Guide, 1992

"Progress Report on the Disaster Management Program of the OECS Secretariat", Organisation of Eastern Caribbean States (OECS), June 1994.

"Report on the fire at McBride (Caribbean) Ltd., Barbados" (Presented by Dr. Ferdinand, MOH, Barbados).

Disaster Mitigation Guidelines for Hospitals and Other Health Care Facilities in the Caribbean, Emergency Preparedness Program, PAHO, 1993.

A World Safe from Natural Disasters: The Journey of Latin America and the Caribbean, Emergency Preparedness Program, PAHO, 1994.

Disasters: Prevention and Mitigation in Latin America and the Caribbean (Newsletter, Emergency Preparedness Program, PAHO).

ANNEX 14

Health Disaster Coordinators Meeting

**Kingston, Jamaica
14-17 June 1994**

List of Participants

Anguilla

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