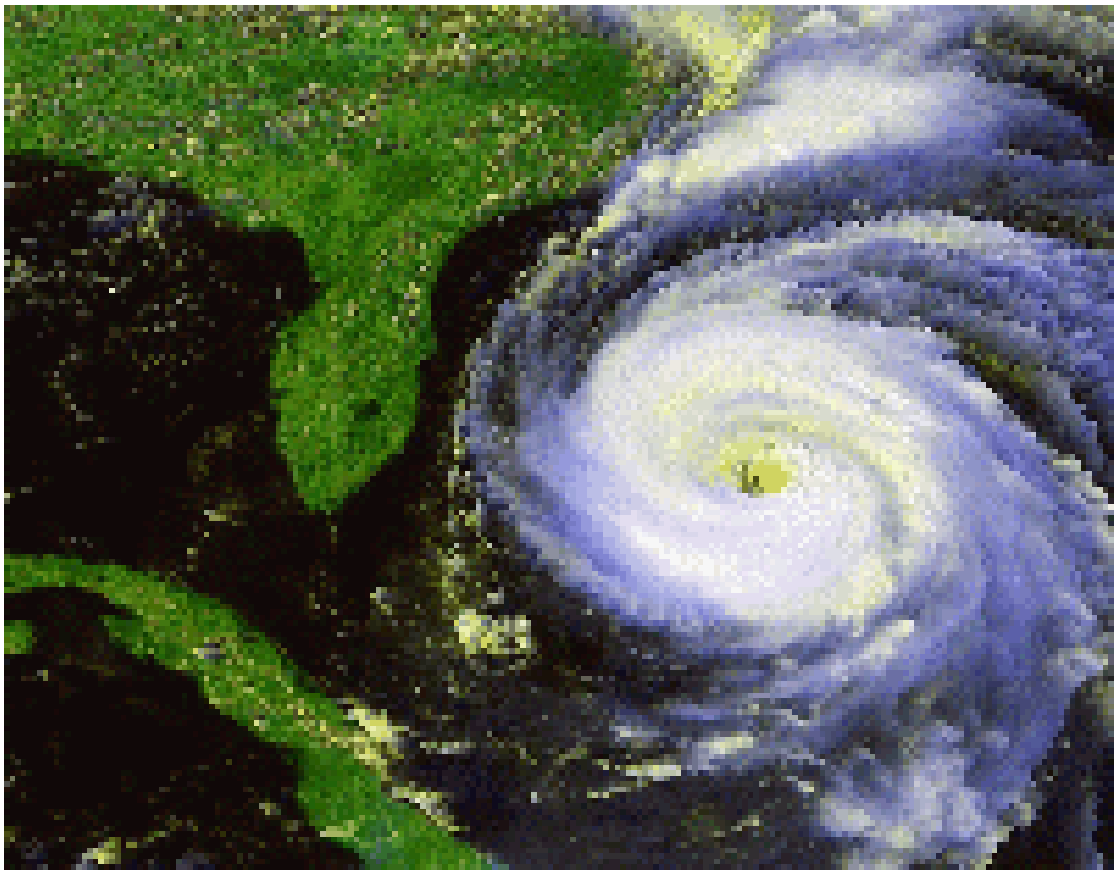
HURRICANE DISASTER PLAN



NATIONAL MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (NMCPHC)
MINISTRY OF HEALTH AND THE ENVIRONMENT

Pan American Health Organization
Regional Office of the World Health Organization

MINISTRY of HEALTH
equal health for all

Revised August, 2004

HURRICANE DISASTER PLAN

NATIONAL MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (NMCPHC)
MINISTRY OF HEALTH AND ENVIRONMENT

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FORWARD

Natural and Human-made disasters could seriously affect the health and well being of the people of Belize, and indeed, in the world at large.

Because every disaster is so unique, rigid norms and protocol shave proven to be impractical. However, experience in this discipline have also proven that if one fails to prepare to fail, hence the need for the health sector to be prepared for any disaster, whether they be natural or human-made.

The measures adapted in this plan to mitigate against the effect of hurricane can only be effective if all concerned are familiar with them, and are committed to executing their respective roles and responsibilities accordingly, in the event of a hurricane. The plan's effectiveness would also be further strengthened, if, as anticipated, it is incorporated into the country's National Hurricane Disaster Plan. The publication of the hurricane disaster plan does not represent an end to our preparedness measures. In fact, it represents the beginning of a dynamic and comprehensive process of developing a Health Sector Disaster Management Plan, which will provide guidelines for the management of victims of Road Traffic Accidents (RTAs), victims of floods, chemical spills and other disasters that plagues our country.

As disasters have no political and religious boundaries, it is hoped that in the event this plan has to be activated, it is done in coordination with other sector plans, and in accordance with the National Hurricane Management Plan

I pledge my full support to ensure the effectiveness of this plan, but with the hope that the need for its implementation will never arise.

Honourable Vildo Marin
Minister of Health and Communications

REMARKS FROM THE BELIZE PAHO/WHO REPRESENTATIVE

It is now an established fact that the effects of catastrophic events could be minimized and mitigated if care is taken to anticipate these events, where they are likely to wreak havoc and to take pre-emptive action to ensure that the consequences, in terms of human loss and suffering are as little as possible. A National Disaster Management Plan therefore, seeks to forecast and employ strategic approaches to mitigate the effects of natural or man made events that could seriously dislocate life and living for vast numbers of people; destroy the economic base of entire countries; and plunge nations into a state of chaos from which they could take a very long time to recover.

It is for these reasons that the Ministry of Health through the National Disaster Management Program and in collaboration with other partners, developed a Health Sector Hurricane Management Plan. This plan is very comprehensive and demonstrates the leadership role of the Ministry of Health in the area of disaster management and the dedication of health professionals to the implementation of the Plan.

The Pan American Health Organization/World Health Organization remain committed to the national health authorities, other partners and the Belizean population to the operationalization of this Plan and the achievement of its objectives.

Dr. Kathleen Israel
PAHO/WHO Representative

PREFACE

The Hurricane Disaster Plan sets out the emergency management procedures of the Ministry of Health in ensuring the continuity of health services in the most efficient way possible.

The plan defines the various tasks and procedures to be undertaken by each district, programme and associate of the Ministry of Health. The procedures outlined should afford guidance and direction before, during and immediately after a hurricane. Best results can only be achieved through orientation of all to the plan and cooperation.

This plan has been authorized and accepted by the National Emergency and Management Organization.

Definition of Terms:

Hazard: A phenomenon which when it manifests itself in a given area, over a specific period of time, has the potential for severe social disruption, trauma, property damage and loss. (PAHO, 1992)

Hurricane: A low pressure, large-scale weather system, which derives its energy from latent heat of condensation of water vapor over warm tropical seas, (may have a diameter of 93 to 621 miles, with sustained winds exceeding 116 mph, near the center with still higher gusts). (PAHO, 1992)

Disaster: Natural or human-caused event, which causes intense negative impact on people, goods, services and or the environment, exceeding the affected community's capability to response. (PAHO, 1992)

Hazard Analysis:

EFFECTS OF A HURRICANE

Short Term Effects of A Natural	**H U R R I C A N E**
Deaths	Few
Severe Injuries Requiring Intensive Treatment	Moderate
Increased Risk of Communicable Diseases	Potential Risk, with probability rising with over-crowding and Deteriorating Sanitation
Damage to Health Facilities	Severe
Food Scarcity	Rare

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE CATEGORIES
Hurricane Intensity Scale

A scale* from one to five based on the hurricane's present intensity which gives an estimate of the potential flooding and damages to property form a hurricane is as follows:

One: Winds 119-153 km h^1 (74-95 mph)

No real damage to building structures; damage primarily to unanchored mobile home, shrubbery and trees.

Two: Winds 154-177 km h^1 (96-110 mph)

Some roofing, door and window damage to buildings; considerable damage to vegetation, expose mobile homes, and piers. Small craft in unprotected anchorage's break moorings.

Three: Winds 178-209 km h^1 (111-130 mph)

Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures, mobile home are destroyed.

Four: Winds 210-249 km h^1 (131-155 mph)

More extensive curtain wall failures with some complete roof structure failure on small residences.

Five: Winds greater than 249 km h^1 (155 mph)

Complete roof failure on many residences and industrial buildings, some complete building failures with small utility buildings blown over or away.

- **This scale was developed by Saffir and Simpson and is commonly known as the Saffir/Simpson Hurricane Scale (SSH) and was submitted by the National Meteorogical Service.**

CATEGORY 1 – **Storm surge – up to 5 feet of water**
CATEGORY 2 – **Storm surge – 9 to 12 feet of water**
CATEGORY 3 – **Storm surge – 15 to 18 feet of water**
CATEGORY 4 – **Storm surge – 18 to 21 feet of water**
CATEGORY 5 – **Storm surge – 18 to 24 feet of water**

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE WARNINGS

The system of hurricane warnings is divided into four phases.

Phase I – Preliminary – One Red Flag – 21 N 80 W

This Phase is declared by the Prime Minister after a tropical depression, tropical storm, or hurricane moves into or develops anywhere in the quadrant south of **21 degrees North Latitude and west of 80 degrees west Longitude.**

Phase II – Red 1 – One Red Flag with Black Center – 20 N 84 W (24 – 36 hours)

This Phase is declared by NEMO when a tropical storm, or hurricane moves into or develops anywhere in the quadrant south of **20 degrees North Latitude and west 84 degrees west Longitude.**

Phase III – Red 2 – Two Red Flags with Black Center – 20 N 85 W (Likely to strike in a few hours)

This Phase is declared by NEMO when a tropical storm, or hurricane moves into or develops anywhere in quadrant south of **20 degrees North Latitude and west of 85 degrees West Longitude and appears likely to strike the coast of Belize in a matter of hours.**

Phase IV – Green – Green Flag ALL Clear (has passed)

This Phase is declared by NEMO after a tropical depression, tropical storm, or hurricane has passed, or no longer poses a threat to Belize and coastal waters.

HURRICANE WARNING FLAGS

Warning flags shall be flown by the staff of the Police Department on flag poles at the following places in Belize City which shall be known as **"SIGNAL CENTERS":**

North Side
Police Station, Queen Street
Flagpole, Belcan Roundabout
Body 2000 Building

South Side
Courthouse Flagpole
Customs House, Port Loyola
Police Station, Raccoon Street
Administration Building, Lake Independence

Belmopan

Warning flags shall be flown at the:
Administration Building (where the House of Representatives meet)
Police Station

District Towns

Warning Flags shall be flown at the:
Police Stations

District Villages

Warning Flags shall be flown at the:
Police Stations
Community Centers or Village Council Chairperson's home

EMERGENCY HOSPITALS

Mormons Church, San Ignacio Town
Western Regional Hospital, Belmopan
Northern Regional Hospital, Orange Walk Town
Corozal Community College, Corozal Town
Agricultural Natural Resource Institute, Stann Creek District
Novitiate Nazarette Convent, Forest Home, Toledo District
St. Michael's College, Dolphin Street, Belize City

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ADMINISTRATION SECTION

National Medical Care and Public Health Committee

1.0 INTRODUCTION

NAME OF PLAN

The name of the Plan shall be the Belize National Medical Care and Public Health Plan, hereafter called the NMCPHC Plan.

PURPOSE

The National Medical Care and Public Health Plan (NMCPH PLAN) will serve as a guide for Medical Care and Public Health Response in Belize. It outlines procedures and structures for coordination of NMCPH response to events in Belize.

GOAL

The Goal of the NMCPH Plan is to:

> Mobilize and coordinate timely and effective medical care and public health response to the effects of disasters, manmade or naturally occurring.

1.1 SCOPE

Activities under this plan will commence when there is notification that the NMCPH Teams are to be mobilized and deployed, and will continue until deactivation. This plan outlines coordination activities at national level and Regional/District levels. Operational details are also included in this plan.

1.2 AUTHORITY

The NMCPH Plan is a Volume of the Hazard Management Plan for Belize and will be executed in accordance with it.

1.3 RESPONSIBILITY

The responsibility for the maintenance of this plan rests with the Chairperson of the NMCPHC/ Chief Executive Officer of the Ministry of Health. He is therefore responsible for the updating , review and the testing of this Plan. This responsibility, however, is shared with the Health Regions, the Technical Advisors and the Chief Executive Officer, Karl Heusner Memorial Hospital.

1.4 ASSUMPTIONS

1. Existence of a National Disaster Organization, NEOC, National Disaster Plan, setting a framework for the NMCPH Plan
2. Availability of trained emergency medical response personnel,
3. NMCPH team members are familiar with existing plans and procedures,
4. Trained personnel will be available for plan implementation,
5. Local volunteers and assistance will be under the command and control of the NMCPHC,
6. Access to disaster areas will be by trained and qualified health personnel,
7. Teams may be deployed to hazardous areas and operate in hazardous conditions,
8. Adequate training and equipping of NMCPH Team is essential for their protection and will be priority,
9. Some MCPH situations will require immediate response and this will be provided by highly trained and equipped health professionals

1.5 STANDAD OPERATING PROCEDURES

Standard operating procedures are those as set out in this Plan under the Operational Aspect and as delegated by the chairperson of the NMCPHC.

1.6 CONCEPT OF OPERATIONS

Any agency receiving a report of a possible need for MCPH, will elicit as much information as possible from the reporter and complete Incident Form (Appendix 3).

If the NEOC is activated, on receiving notification of an incident requiring MCPH, the NEOC Director/Operations Officer will inform the NMCPH representative in the NEOC who will notify NMCPHC EOC. For local incidents, designated as Level 1, District resources will be tasked by the DEOC and its MCPH Sub-committee.

If the NEOC is not activated, Chairperson NMCPHC will either direct commencement of MCPH or initiate operations and inform the NEC.

Response will be according to the procedures that are set out in this plan.

Situations in which teams will be deployed are - all disaster events that warrant the deployment of MCPH team.

The lead agency for the particular MCPH operation will assume the role of Incident (or On - Scene) Commander.

1.7 WARNING, ALERTING AND CALL-OUT

These are the responsibility of the CEO – Chairperson NMCPHC, his deputy or his nominee

1.8 ACTIVATION

a) Events with warning:

Once the NEOC is activated, the Chairman, NMCPHC will call out its committee members and activate the Plan and Committee EOC. A representative will be sent to the NEOC.

At District level, MCPH Sub-Committees and plans will be activated by their chairpersons once the DEOC is activated, or on instruction of Chairperson NMCPHC.

The Plan will be activated under the authority of the Chairperson of the National Medical Care and Public Health Operational Committee (NMCPHC).

b) Events without warning

NMCPH operations can be implemented without activation of the NEOC or DEOCs. In such cases the NMCPHC can respond to emergency situations and launch MCPH operations upon receiving notification from reliable source. The NMCPH Plan activation will follow once Chairperson NMCPHC has been appraised of the situation and the response shall be as set out in the procedures in this plan.

1.9 DEACTIVATION

Deactivation of the Plan will be by the Chairperson, NMCPHC, when all MCPH operations are complete. Deactivation may be on a phased basis depending on the circumstances.

There will be circumstances when partial deactivation of the Plan may be warranted. The Committee EOC will be stood down, but monitoring will take place from the NMCPHC Head office.

Note: NEOC will be deactivated by the NEC

1.10 RELATIONSHIP TO OTHER PLANS – This plan may be activated in coordination with

any other emergency plan

1.11 ADMINISTRATIVE ASPECTS

- Financial Arrangements:

  Authority for expenditure rests with the Accounting Officer for the Ministry of Health who delegates this authority to the Regional Health Manager. Procedures for reimbursement will be in accordance with Financial Orders and other Government Financial Regulations.

- Mutual Aid Agreements for Access to Non-Government Resources:

  Red Cross will provide assistance as required upon request by Regional Health Manager.

- Procedures for Accessing Government Resources:

  These are in accordance to existing Government Regulations and Procedures in place by NEMO and DEMO.

- Reporting Arrangements:

  The CHR-MCPHC-EOC will keep the Chief Executive Officer – Ministry of Health, DEMO and NEMO informed through timely reports from the Regional Health Manager.

- Accessing Additional Human Resources:

  Additional Human Resources will be provided through the Chief Executive Officer, Ministry of Health.

B OPERATIONAL ASPECTS

The CEO – Chairperson NMCPHC is responsible for the dministration of this plan

The Disaster

Under Statutory Instrument No.80 of 2000, the liaison officer under section 11 of the Act for every Ministry and Department shall in the event of the threatened disaster alert provide the National Coordinator promptly with such information as the National Coordinator requests on the state of preparedness of the Ministry or Department, as the case may be, to meet the threatened disaster.

Section 5 of the said S.I. states that every public Officer shall cooperate with the

National Coordinator in the discharge of any responsibilities assigned to that officer under the National Disaster Preparedness Response Plan and in the implementation of the procedures under that plan for the Ministry or Department of Government in which that officer serves

Lead Agencies

The designated Lead Agency for medical care and public health response in Belize is the Ministry of Health.

OPERATIONAL ASPECT

CHIEF EXECUTIVE OFFICER

The Chief Executive Officer is the chairperson of the National Medical Care and Public Health Committee. His deputy is the Director of Health Services

National Medical Care and Public Health Committee: Lead Agency: Ministry of Health

(I) Terms of Reference:

Ensure that an adequate supply of emergency medical supplies is available.

a) To have in place a plan for the effective distribution of medical supplies wherever needed.

b) To make provision for the establishment of field hospital units at designated areas if required.

c) To monitor post-disaster public and environmental health conditions and maintain public health standards including within shelters

d) To identify an effective method for dispatching medical teams to accident or disaster sites.

e) To develop guidelines for the identification and disposal of the dead.

f) To develop a program for prevention and management of epidemics

g) To develop plans for management of mass casualty situations and stress management in disasters.

h) To organize, staff and manage Committee EOC.

(II) Members:

a) CEO, Ministry of Health… Chairperson
b) Director of Health Services…Deputy Chairperson
c) Deputy Director of Health Services (Public Health)
d) Deputy Director of Health Services (Nursing)
e) Technical Adviser – Environmental Health
f) Technical Adviser – Medical Supplies
g) Technical Adviser – Mental Health
h) Technical Adviser – Maternal and Child Health
i) Technical Adviser – HECOPAB
j) Technical Adviser – Epidemiology
k) Technical Adviser – Pharmacy
l) Technical Adviser – Vector Control
m) Inspector of Midwives – Maternal and Child Health
n) CEO Karl Hauser Memorial Hospital
o) Director Belize Emergency Response Team
p) Representative Belize Red Cross
q) Representative Veterinary Officer
r) Representative PAHO/WHO
s) Representative Belize Medical and Dental Association

For the organogram see Annex 1

MEMBERS OF THE NMCPHC RAPID ASSESSMENT TEAM:

1. Minister of Health
2. CEO/Chairman-NMCPHC
3. Director of Health Services
4. Director of Health Services (Nursing)
5. PAHO/WHO Representative
6. Executive Secretary-Belize Health Authority
7. TA – Environmental Health
8. Disaster Focal Point, PAHO/WHO Office
9. PAHO – Health Services Adviser

CHIEF EXECUTIVE OFFICER / DIRECTOR OF HEALTH SERVICES

The Chief Executive Officer/Director of Health Services is the Medical Coordinator. As the medical coordinator, he is responsible for the following:

1. To monitor public health and responds to threats
2. To monitor medical status in shelters
3. To coordinate medical assistance for victims and response personnel
4. To coordinate mortuary services and advises NEMO on procedures for the identification of and disposal of the dead
5. To ensure vector control and disease prevention

The medical coordinator may delegate this responsibility

PRE-HURRICANE ACTIVITIES

- Attend relevant meetings
- Convene meeting with the National Medical Care and Public Health Committee if necessary
- Ensure that the emergency supplies list is submitted
- Ensure that the relevant duty lists are developed and submitted

PHASE I

- Convene emergency meeting with the NMCPHC upon the Prime Minister declaration
- Activate the M.O.H. NMCPHC Hurricane Disaster Plan utilizing specific equipment, supplies and forms (See annexes 2 t o 19).
- Keep the Minister of Health informed of developments and response to the situation
- Establish contact with the PAHO/WHO Representative (PWR) and the Red Cross General
- Delegate duties to administrative staff and Deputy Director of Nursing and Deputy Director of Public Health
- Secure important files in the office

PHASE II

- Ensure the smooth activation of the NMCPHC – NHD - Plan
- Update the Minister / CEO Ministry of Health
- Ensure that members of staff activate their family plans
- Make preparation for the operation of Ministry of Health NMCPHC EOC in Belmopan

PHASE III

- Assessment of MCPH in disaster affected areas (team member)
- Coordinate the operation of the NMCPHC - EOC
- On rotation duty at the NEMO – EOC & NMCPHC – EOC
- Continue to monitor the situation
- Stay indoor and tune in to official bulletins

PHASE IV

- Maintain contact with Districts
- Coordinate the receipt of reports (damage etc.)
- If necessary establish contact with PWR and the Red Cross General
- Activate rapid assessment teams utilizing the appropriate forms (see annexes 10 to 13)

NB: All members of the NMCPHC will operate out of the NMCPHC-EOC on declaration of PHASE II on a rotation basis or otherwise as directed by the CEO/Chairman-NMCPHC.

DEPUTY DIRECTOR OF HEALTH SEVICES - NURSING

PRE-HURRICANE ACTIVITIES

- Attend relevant meetings
- Ensure that duty list for Nursing Countrywide is developed and submitted
- Assist the DHS where possible

PHASE I

- Attend emergency meeting
- Establish contact with the Matrons and Sisters-in-charge of District Hospital
- Activate Nursing Hurricane Emergency Plan
- Assist DHS where possible
- Secure important files in the office

PHASE II

- Ensure smooth activation of Nursing Emergency Plan
- Update DHS on Nursing status
- Ensure that members of staff activate their family plans
- Make necessary preparation to work out of the NMCPHC - EOC

PHASE III

- On rotation duty at NEMO – EOC & MCPHC - EOC

PHASE IV

- Maintain contact with district staff and those of Emergency Hospital
- Coordinate the deployment of nurses in the event of emergencies

DEPUTY DIRECTOR OF HEALTH SERVICES – PUBLIC HEALTH

PRE-HURRICANE ACTIVITIES

- Attend relevant meetings
- Ensure that duty list for Environmental Health Program (Public Health Inspectorate & Vector Control) is developed and submitted
- Assist the DHS where possible

PHASE I

- Attend emergency meeting
- Establish contact with the RHM &DRHM
- Activate Environmental Health (PHIs & VC) Hurricane Emergency Plan
- Assist DHS where possible
- Secure important files in the office

PHASE II

- Ensure smooth activation of Environmental Health Emergency Plan
- Update DHS on Environmental Health status
- Ensure that members of staff activate their family plans
- Make necessary preparation to workout of the MOH NMCPHC Command Post-EOC in Belmopan

PHASE III

- On rotation duty at NEMO – EOC & MCPHC - EOC

PHASE IV

- Maintain contact with district staff
- Coordinate the deployment of Environmental Health in the event of emergencies
- Be prepared to deputize for the DHS on the first and subsequent NMCPHC assessments after the all clear is declaration

TECHNICAL ADVISER – MATERNAL AND CHILD HEALTH

National Level Staff

Name	Address	Phone
Emiliana Osorio	19 Dangriga St. O/W	3020032 / 6011855
Dorla McKenzie	Ortanique St. BMP	6088998
Felicia Mencias	Sarstoon St., 3263, Belize C.	
Natalia Largaespada	# 6 Moho St. Belmopan	6057810

Prior to the beginning of the hurricane season the <u>MCH Director and Staff</u> will meet to review the following:

1. Update staff address and phone number
2. Delegate duties and responsibilities
3. Encourage staff to have their family plan in place
4. Identify safe area for storage of electronic equipment and files
5. Leave applied for during the time that the hurricane is expected to strike will be deferred
6. Update inventory of cold chain and supplies in the different regions
7. Coordinate with regional managers EPI activities to be carried out at the local level
8. Ensure that electrical staff in maintenance units assist in the checking of the generator for the cold chain at all levels.
9. Provide support to the regions in the safeguarding of vaccines from the different health post

EPI Manager

Pre- hurricane activities:

1. Define minimum stock of vaccines, syringes, safety boxes to be allocated by district during hurricane season (June to November)

2. Vaccines will be supplied for up to two months at first, and replacement subsequently according to usage
3. Monitor that all refrigerators at district and rural level are functioning well
4. Encourage PHN to deliver to Rural Health Nurses supplies of vaccines for only one month
5. Coordinate with PHN the rural health centers that need to mobilize vaccines to urban health centers, this effort have high economic cost and probably the amount of vaccines is little.

PHASE I : Preliminary alert – single red flag

1. Meeting with MCH staff and update on the situation and assess pre hurricane activities
2. Assigned duties and responsibilities
3. EPI Manager will request inventory of vaccines per health center in each region. Will ensure the regions have a 2 months stock of DT for adults and children.
4. EPI manager will encourage the safe storage of syringes and safety boxes in each region.
5. Inspector of Midwives will ensure that all regions have Nevirapine and milk supplements in stock for infants born from HIV positive mothers.

PHASE II –
Red I Warning – single red flag with black centre –

1. MCH Director will contact all staff to present to work station.
2. Ensure materials necessary for packing of files and equipment
3. Ensure proper back up of electronic files
4. Files and equipments will be packed, labeled and ready to be moved to designated area for safe storage
5. Ensure the packing and labeling of syringes and safety boxes by districts
6. EPI Manager will request that each region send to the national cold room all vaccines except the DT for adults and children.
7. Make necessary preparation to workout of the MOH NMCPHC Command Post-EOC in Belmopan

PHASE III
Red II Warning – 2 red flags with black centre

1. Relocation of files and equipment to safe area

2. Staff activate their family plan and stay tuned to the designated media house for further instruction.
3. Make necessary preparation to workout of the MOH NMCPHC Command Post-EOC in Belmopan
4. Assist with the operation of the MOH NMCPHC Command Post –EOC
5. On rotation duty at NEMO – EOC & NMCPHC - EOC

PHASE IV

- Maintain contact with district staff
- Coordinate the deployment of Public Health Nursing Staff in the event of emergencies
- Ensure the effective implementation of the Public Health Nursing Hurricane Emergency Plan

TECHNICAL ADVISER – PHARMACY

AIM:

To ensure that staff is equipped to provide continuity of services in the aftermath of a hurricane.

OBJECTIVES:

1. To ensure the safety of staff and their family
2. To prepare hurricane kits for distribution to shelters within the country
3. To ensure that KHMH hurricane emergency kits are completed
4. To ensure that the dispensers have all the hurricane kits prepared for their respective districts
5. To ensure that all staff are familiar with the current hurricane plan
6. To ensure the continuity of dispensing medical supplies during and after the hurricane

STRATEGY

- All requisition for Hurricane Supplies must be submitted to Central Medical Stores (CMS) BEFORE April 15th (Ref. CMS Plan)

- The requested supplies should be delivered by May 31st (Ref. CMS Plan)

- All kits, countrywide are to be COMPLETED ON or BEFORE June 30th

- All kits for Belize District are to be prepared and properly stored by the end of June. The Senior Dispenser is responsible to ensure that all kits are prepared. The staff is to assist in preparing the kits

- Obtain 2 X 20 ft. containers to secure all equipment and supplies from the Government Pharmacies (KHMH and OBCH) in Belize City during the preliminary phase

PRE-HURRICANE ACTIVITIES:

- Attend relevant meetings
- Develop staff duty roster
- Conduct meetings with staff to discuss duty roster

RESPONSIBILITY

Director of Health Services is responsible for the activation of the plan. The following should become effective immediately.

In the absence of the Chief Pharmacist the Senior Dispenser should assume the role of the Chief Pharmacist

Preliminary

- Alert all pharmacy staff of the activation of the plan
- Ensure that all hurricane kits are prepared and the name of the shelter designated is clearly labeled on the outside of the kit
- Ensure that a comprehensive list of the content and quantity supplied is placed inside each kit and a copy is secure on file

PHASE II

- Continue the implementation of the plan. Obtain the 2 X 20 ft. containers requested. Also request manpower assistance to load pharmaceuticals and supplies from OBCH and KHMH into container.

- Ensure that container is secured and transported to Belmopan

PHASE III

- Continue the implementation of the plan.
- Deploy pharmacy staff to the emergency hospital (s)

PHASE IV

- Ensure that the staff deployed to the respective places are in position and capable of rendering assistance
- Supervise the collection of the emergency kits

EVACUATION PLAN

In the event of a category 4 or category 5 hurricane, Belize will be evacuated
The following will have to be carried out:
- The emergency kits for Belize District will to be divided equally and distributed to Belmopan and Orange Walk Hospitals.
- Staff deployment plan will be activated
- Efforts will be made to ensure the smooth and efficient function of the Belmopan Pharmacy

N.B. Upon completion of tasks (Phase II), join family to activate family hurricane plan

TECHNICAL ADVISER – VECTOR CONTROL

General objectives

1. To minimize the effects of the Vectors and Vector Borne diseases on the population after a hurricane/flooding.
2. To ensure the safety of the Vector Control personnel and equipment and their readiness for prompt response before and after a hurricane/disaster.
3. To ensure the assignment of specific tasks to every staff member.
4. To ensure the continuity of services after the hurricane disaster.

Director of Health Services activates plan:

PHASE I

- Attend emergency meetings
- Pack, label and secure computers, photocopiers, files and other office equipment in boxes and garbage bags.
- Secure boxes or containers, so that they do not get damaged while being transported
- Secure insecticides

PHASE II

- Ensure all vector control motor vehicles are fuelled and serviced
- The transport all office and spray equipment including vehicles to prearranged locations (Belmopan/Orange Walk) in the event of a category 4 or 5 hurricane.
- Upon completion of the tasks in Phase I and II, staff should go home to secure the families and homes.
- Ensure that all spraying equipment are serviced and ready for example:
    a. Hudson X-part sprayers, back packs sprayers
    b. ULV vehicle mounted sprayers
    c. Swing foggers
    d. Back pack ULV sprayers

- Ensure that all equipment that will be used after the storm is stored at a safe, secure and easily accessible place.

N.B. If the storm is on a weekend or Public and Bank holiday all staff are expected to report to the Vector Control Offices

PHASE III

- On rotation duty at the NMCPHC – EOC
- Staff will remain indoors
- Each staff will tune in to official radio bulletin
- All equipment should be in storage at the locations away from danger awaiting the storm. Staff remains indoors and tuned into the official Radio Source for update weather bulletin.

PHASE IV

All Vector Control personnel to report to their Supervisor for specific assignment relating to the control of Vector Borne Diseases.

The following persons are the Human Resources of the Vector Control Programme to work in the event of disaster.

Technical Adviser – Vector Control	Statistical officer
Environmental Assistant	
Evaluators	Microscopists
Supernumery	ULV
Driver/Operator	

PHASE IV

- Staff will report to designated area of work to conduct damage assessment
- Staff will prepare for post disaster emergency response (if need arises)

N.B. If the need arises the emergency fogging unit, will be mounted to one of the spray team's vehicles and used where necessary.

TECHNICAL ADVISER – ENVIRONMENTAL HEALTH

The Technical Adviser for Environmental Health is a member of the NMCPHC and is presently the disaster focal point and the liaison officer for the Ministry of Health. The liaison officer's responsibility includes the following:

1. Assists in the coordination of the NEOC
2. Assists with the education, communication and warning to the respective Ministry/Department staff
3. Ensures the development and updating of the Ministry/Department Emergency plans
4. Ensures the training of the Ministry's personnel in the use of the plans
5. Liaises with NEMO for all matters (Emergency Management)

OVERALL OBJECTIVE OF ENVIRONMENTAL HEALTH

The overall objective of environmental health in relation to disaster is the prevention of disease outbreak, during and after such disaster.

To achieve this objective the Public Health Inspectors focus on **six main areas**: -

1. Potable Water
2. Food Safety
3. Excreta and Liquid Waste
4. Solid Waste
5. Vector Control
6. Housing and Personal Hygiene

STRATEGIES

1. All hurricane supplies, forms, and equipment (annexes) must be procured by 15th May.

2. Review of the disaster plan with the Public Health Bureau (PHB) staff.

3. Review of the daily shelter/community environmental health disaster Surveillance report forms with the Public Health Bureau staff.

4. Ensure the provision of the health regions with the necessary supplies, forms, and equipment (see annexes 10 to 13 and annex #5CHR) before 1st June of each year.

5. Package, label and secure Environmental Health equipment, files and supplies at the Environmental Health Office, Ministry of Health, Belmopan on declaration of phase II

6. Ensure through the regional health managers the assessment/inspection of hurricane shelters and environment before and after the Hurricane.

7. Ensure through the regional health managers, the assessment/inspection of sanitary district after the hurricane.

8. Ensure the daily submission of shelter and community environmental health status report to the NMCPHC EOC

RESPONSIBILITIES

Director of Health Services is responsible for the activation of the plan. The following should become effective immediately upon the activation of the plan.

In the absence of the Principal Public Health Inspector (PPHI) the most senior of the Senior Public Health Inspector should assume the role of the Principal Public Health Inspector.

PRE –DISASTER ACTIVITIES

- Reviews Environmental Health Hurricane Disaster Management Plan
- Orders the Environmental Health Disaster Surveillance Report forms (shelter manager and Public Health Inspectors) and other relevant forms in coordination with Supplies Office, Chief Pharmacist and Finance Officer and the National Housing and Shelter Committee.
- Reviews shelter inspection reports and takes appropriate action.
- Secure the relevant forms, equipment and supplies for the operation of the NMCPHC-EOC

PHASE I PRELIMINARY

- Ensures the state of readiness of the environmental health personnel in the regions through the regional health managers to respond to the disaster.
- Ensures that all environmental health equipment, files, materials and supplies are properly packaged, labeled and secured at the Ministry.

- Ensures that the necessary forms, equipment and supplies for the environmental health program for use during and after the disaster are available at the designated points and offices.
- THE TECHNICAL ADVISER – ENVIRONMENTAL HEALTH IS EXPECTED TO OPERATE OUT OF THE NEMO – EOC
- Ensure the availability of all necessary forms, equipment, supplies for the operation of the NMCPHC-EOC

PHASE II

- Assist with the coordination the NMCPHC EOC
- Continues the implementation of the plan
- Ensures that the environmental health program equipment, files, materials and supplies are packaged, labeled and secured in rooms designated for their safe storage
- Ensures that the environmental health office is secured
- THE TECHNICAL ADVISER – ENVIRONMENTAL HEALTH IS EXPECTED TO OPERATE OUT OF THE NEMO - EOC

Phase III - HURRICANE

- On rotation duty at NEMO- EOC & NMCPHC-EOC
- During a hurricane, shelter managers will daily monitor the environmental health conditions in the shelters and report to the coordinating center.

This will be done by completing the daily shelter environmental health disaster surveillance form (see annex).

- **THE TECHNICAL ADVISER – ENVIRONMENTAL HEALTH IS EXPECTED TO OPERATE OUT OF THE NEMO - EOC**

PHASE IV

- Assessment of MCPH situation in the disaster affected areas (team member)
- The Principal Public Health Inspector is also a member of the National Housing and Shelter Committee and the Search, Rescue and Evacuation Committee. After the hurricane he may be attached to either or all of these Committees.

- **THE TECHNICAL ADVISER – ENVIRONMENTAL HEALTH IS EXPECTED TO OPERATE OUT OF THE NEMO - EOC**

TECHNICAL ADVISER – MEDICAL SUPPLIES

Objective: To provide the necessary Medical Supplies to health facilities in case of a hurricane and to ensure the continuity of Medical Supplies for distribution.

Activities:

PRE AND DURING HURRICANE SEASON ACTIVITIES

The Supply Officer is a member of the NMCPHC and in times of emergency operates out of the NMCPHC EOC

The supply officer is responsible for ensuring that the below listed activities are carried out. In the absence of the Supply Officer, the Assistant Supply Officer is the responsible Officer.

- Secure list of required medical supplies from each pharmacist by mid-April
- By May 15th send reminder form for supplies
- Procure medical supplies by mid May
- Distribute Medical Supplies to all seven (7) government hospital pharmacist by the end of May
- By the end of June check to ensure that all hurricane boxes are prepared, stored and ready for distribution
- Beginning of July, distribute two months supply of medical supply to all District Hospital. (**This is to minimize the stock level at Central Medical Stores.)**
- Collect four 40 ft. shipping containers by mid August
- Label, pack and store medical supplies, intended to be secured at the Ministry of Works compound in Belmopan and the Orange Walk Hospital Compound, in 40 ft. shipping containers by September. These containers will be transported to their designated areas in Phase II, in the event of a hurricane.
- Prepare an inventory of what supplies are stored in each container by number. A copy of the inventory shall be placed inside the door of each container for ease of reference.

PHASE I

The Director of Health Services will activate the Medical Response Plan at which time the Supply Officer will activate the Central Medical Stores Hurricane Mitigation and Preparedness Plan. In the absence of the Supply Officer the Assistant Supply officer will activate the plan.

The supply Officer or his/her designate shall undertake to see that**:**

- Attend emergency meetings
- Convene emergency meeting with staff
- Preparation of Medical Supplies to be stocked in 4 – 40ft. shipping containers
- Establish stand by contact with the commandant of the Belize Defence Force (BDF) for the man power of 36 BDF officers in the event there is the need

- Establish contact with Lopez Equipment Company for (4) toe heads to pull 1 – 40 ft. shipping container to Orange Walk, and 3 – 40ft. shipping containers to Belmopan, in the event there is the need.
- Establish contact with Regional Health Manager – Northern Health Region
- Establish contact with Police Department in Belmopan
- Establish contact with Chief Pharmacist to ensure that all hurricane kits are prepared and ready for distribution to hurricane shelters in the event there is the need (see annexes 8 to 12).
- Establish contact with Ministry of Works to assist with the distribution of Hurricane First Aid Kits to hurricane shelters in the event there is the need

PHASE II

Coordination of Staff activities

- Establish contact with BDF Commandant at Belize Defence Force Camp to arrange for man power to assist with the packing of supplies in shipping containers, and to accompany the stores clerk with the supplies to Orange Walk and Belmopan respectively
- Establish contact with Lopez Equipment Company for (4) toe heads to pull 1- 40 ft. shipping container to Orange Walk Hospital Compound and 3 – 40 ft. shipping container to Ministry of Works compound in Belmopan
- Establish contact with Chief Pharmacist to ensure that all hurricane kits are prepared and ready for distribution to hurricane shelters
- Establish contact with Ministry of Works to assist with the distribution of Hurricane First Aid Kits to hurricane shelters

PHASE III

- On rotation duty at the NMCPHC – EOC
- Stay indoors
- Stay tuned to official hurricane update

PHASE IV

- If possible, prepare for normal operations

TECHNICAL ADVISER - LABORATORY SERVICES

Introduction

The laboratory services are essential and vital to the continuous provision of quality health care. In conjunction with other support staff, laboratory personnel must therefore always be prepared to function in any emergency situation. In order to ensure this the laboratory personnel has developed a plan of action for providing efficient and effective services during and after any disaster.

In event of any disaster or at the threat of a hurricane, Laboratory personnel MUST REPORT to the Director of Laboratory Services or District Medical Officer immediately. Should the pattern of the impending hurricane be erratic (like Mitch, October 1998), personnel who were not on active duty during the impending hurricane must liaise with DLS/DMO for assignment and or advice.

OBJECTIVE

To safeguard the physical structure and contents of the laboratory including furniture, equipment, reagents and supplies; and to facilitate the provision of diagnostic laboratory support services before, during and after a hurricane.

General Activities

Before the start of the Hurricane Season ABOUT MID MAY the District Technologists will prepare "**TWO HURRICANE BOXES**". These boxes will contain all the necessary supplies for performing emergency tests during and after a hurricane or other disaster. One box will contain supplies, which are stored at room temperature, and the other will contain supplies, which must be refrigerated. Technologists will monitor and rotate stocks as necessary to ensure availability and to prevent expiration of reagents/supplies.
PLEASE NOTE that No attempt will be made to dispatch Supplies to the Emergency Hospitals and district laboratories upon the notification of a hurricane.

Should the declaration of Phase 1 occur outside of normal working hours ALL PERSONNEL MUST REPORT FOR DUTY IMMEDIATELY.

ALL Personnel on leave and present in the country MUST report for duty and Must participate in all activities.

Upon notification of the Preliminary stage, only the emergency laboratory tests listed will be offered throughout the storm (see annex #21 CHR).

RESPONSIBILITIES

During the first trimester of the year the Director Laboratory Services will convene a meeting with laboratory services personnel to review and update the CML Hurricane Plan. The Director will ensure that revised plans are distributed to ALL members of staff.

Pre Hurricane Season

By the middle of May the Director Laboratory Services will review the Laboratory's

hurricane plan with senior staff.

The Director of Health Services will activate the Medical Response Plan. The Director Laboratory Services will monitor and supervise the coordination of the laboratory services response.

Phase I

- Within one hour after the declaration of Phase 1, the DLS will convene an emergency meeting to activate the Laboratory's hurricane plan.
- Continue updating staff as necessary
- Activate Family Plan

Phase II

- Liaise with the Maintenance Engineer to effect the securing of the building
- Oversee the storage of lab equipment, reagents and supplies (see annexes #22 CHR and #24 CHR).
- Disconnect office equipment, wrap in plastic and store on floor under desk
- Oversee the storage of catalogues and priority books from the conference room
- Oversee the dispatching of Blood Supplies to Emergency Hospitals
- Seek shelter

Phase III

- Remain indoor
- On rotation duty at the NMCPHC- EOC

Phase IV

- Liaise with DLS
- If the Laboratory is in satisfactory condition commence preparation for resumption of laboratory services
- Oversee the reinstallation of equipment
- Oversee the initiation of QC for resumption of normal duties

TECHNICAL ADVISER – NUTRITION

Objectives:

1. To provide guidelines on food services in time of disaster, to the Ministry of Health and the Collection and Control and Distribution of Food and Materials Committee.

2. To secure office supplies and equipment in the Nutrition Office.

PRE-HURRICANE Activities:

- Research and provide the necessary information on food service in times of hurricane, to the Ministry of Health and the Collection and Control and Distribution of Food and Materials Committee.
- Conduct sessions with the food service department in the hospitals (especially Belmopan, Orange Walk and KHMH)
- Prepare inventory of office furniture and equipment
- Request garbage bags

PHASE I

- Attend emergency meeting
- Secure and label important files and books in garbage bags and arrange for their storage at the upper flat medical Administration building
- Unplug, pack and label computer and arrange with the transport officer, its transfer to KHMH upper flat.

PHASE II

- Ensure that the necessary tasks are completed
- Join family to activate family hurricane plan

PHASE III

- Stay indoors
- Listen to official radio station for official updates
- On rotation duty at the NMCPHC-EOC

PHASE IV

- Report to area to be announced via official radio announcement.
- On rotation duty at the NMCPHC-EOC

TECHNICAL ADVISER - HECOPAB

The objectives of the plan are:

1. To minimize the effects of a hurricane on the health of staff, and on the office and its equipment and furniture
2. To initiate public education strategies before, during and after a hurricane
3. To restore some level of normalcy, where possible

Strategies:

1. Staff orientation
2. Staff training
3. Public Education Campaign

4. Coordination with other relevant agencies

APRIL – MAY PRE-HURRICANE ACTIVITIES

- Ensure that the relevant health education materials to be included in the emergency kits are available in sufficient quantities.
- Ensure the availability of other relevant materials such as cholera treatment protocol, malaria treatment schedule, etc.
- Select appropriate video and audiocassettes and arrange with the media houses for their airing. Coordinate the procurement and distribution of medical supplies for Community Nurses' Aides.
- Develop staff responsibility cards
- Attend relevant meetings
- Call meetings to up-date staff
- Secure tracking maps

IN THE EVENT OF A HURRICANE

PHASE I:

- Activate the Bureau's Plan, through emergency meetings
- Make contact with District Coordinators
- Attend emergency meetings
- Update staff on hurricane path by using tracking chart
- Activate family plan
- Establish contact with members of the NMCPHC
- Issue responsibility cards to staff

PHASE II:

- Coordinate evacuation of office
- Assist with the preparation for evacuation
- Take vehicle to Belmopan Hospital
- Stay in tuned to official weather forecast
- Maintain contact with NMCPHC, if possible

PHASE III:

- Report to Ministry of Health Command Center
- Prepare for post hurricane response
- On rotation duty at the NMCPHC-EOC

PHASE IV

- Establish contact with staff
- Establish contact with members of NMCPHC

- On rotation duty at the NMCPHC-EOC

TECHNICAL ADVISER – DENTISTRY

DENTAL HEALTH

DENTIST

PRE-HURRICANE

- Attend relevant meetings
- Identify areas to secure equipment and other important documents and files
- Prepare inventory of equipment, supplies, documents, etc.

PHASE-I

- Attend emergency meeting
- Convene meetings with staff
- Pack, label and secure equipment, documents and files
- Coordinate transportation with transport officer (if necessary)

PHASE-II

- Secure building
- Activate family plan

PHASE-III

- Stay indoors
- Listen to official weather bulletin

Phase-IV

- Report to official place of work (if possible), if not listen to radio announcement as to where to report to
- Conduct immediate damage assessment
- Be prepared to be deployed as the Chairperson, National Medical Care and Public Health Committee / CEO – Ministry of Health sees it fit

DENTAL ASSISTANT

PRE-HURRICANE ACTIVITIES

- Assist Senior Dental Surgeon in the preparation of inventory
- Assist Senior Dental Surgeon in identifying storage area

PHASE I

- Attend emergency meeting
- Pack, label and secure equipment, documents and files

PHASE II

- Help to secure building
- Activate family emergency plan

PHASE III

- Stay indoors
- Listen to official weather update

PHASE IV

- Report to usual place of work (if possible) if not listen for radio announcement as to where to report to
- Assist with immediate damage assessment for the dental clinic

ADMINISTRATION SECTION

MINISTRY OF HEALTH/DIRECTOR OF HEALTH SERVICES' OFFICE

DUTIES OF ADMINISTRATIVE STAFF

ADMINISTRATIVE OFFICER

Pre-Hurricane:

- Conduct meeting with Administration Staff to review Hurricane Preparedness Plan. (March)
- Develop list of staff with addresses and emergency numbers
- Back-up Files

- Secure Hurricane Tracking Chart

PHASE I

- Supervise the selection and securing of important files
- Attend Emergency Meeting
- Track Hurricane Path
- Coordinate transportation for Administration Department
- Update Administrative Staff on status of Hurricane
- Supervise the activation of Plan

PHASE II

- Supervise the completion of Administrative Plan
- Dismiss Administrative Staff
- Activate family plan

PHASE III

- Stay indoors
- Stay tuned to Official Weather Forecast
- On rotation duty at the NMCPHC-EOC

PHASE IV (All Clear)

- Report to designated Office or Building

ADMINISTRATIVE ASSISTANT

Pre-Hurricane Activities with Office Assistant:

- Coordinate movement of Filing Cabinets
- Back-up Files
- Secure Diskettes from Accounts Section

PHASE I

- Attend Emergency Meeting
- Establish contact with Regional Health Managers and Deputy Regional Health Managers
- Unplug, Label and Secure Computer within the Ministry's offices
- Unplug Air Condition Unit
- Request transportation through Administrative Officer
- Request Garbage Bags to secure Files
- Secure Files in Cabinets.
- Request assistance to take Filing Cabinets to secure offices within the Ministry's offices

PHASE II

- Report to Administrative Officer
- Activate Family Hurricane Preparedness Plan

PHASE III

- Stay indoors
- Tune in to Official Weather Bulletin
- On rotation duty at the NMCPHC-EOC

PHASE IV - (All Clear)

Report to designated office or building

SENIOR SECRETARY

Pre-Hurricane:

- Make requisition to Accounts Section for Garbage Bags.
- Back-up Files

- Request Diskettes from Accounts Department
- Make requisition for Supplies: Nails and Hammers

PHASE I

- Call Technical Advisers for Emergency Meeting with Director of Health Services
- Attend Emergency Update Meeting
- Establish contact with Regional and Deputy Regional Health Managers
- Unplug, Label and Secure Computer within Ministry's offices
- Request assistance to move files and equipment through Administrative Officer
- Secure Files and Filing Cabinets within the Ministry's offices
- Unplug Air Condition Unit

PHASE II

- Report to Administrative Officer
- Activate Family Hurricane Preparedness Plan

PHASE III

- Stay indoors
- Tune in to Official Weather Bulletin
- On rotation duty at the NMCPHC-EOC

PHASE IV - (All Clear)

- Report to designated Office or Building

SECRETARY I

Pre-Hurricane:

- Back-up Files
- Secure Diskettes
- Request Garbage Bags
- Attend Meeting

PHASE I

- Attend Emergency Meeting
- Unplug, Label and Secure Computer within the Ministry's offices
- Request Transportation through Administrative Officer
- Secure Files in Garbage Bags

PHASE II

- Report to Administrative Officer
- Activate Family Hurricane Preparedness Plan

PHASE III

- Stay indoors
- Tune in to Official Weather Bulletin
- On rotation duty at the NMCPHC-EOC

PHASE IV - (All Clear)

- Report to designated office or building

SECRETARY II

Pre-Hurricane

- Back-up Files
- Request Garbage Bags from Secretary I
- Secure Diskettes

- Secure Box for Computer
- Attend Meetings

PHASE I

- Attend Emergency Meeting
- Unplug, Label and Secure Computer within the Ministry's offices
- Request Transportation through Administrative Officer
- Request assistance to move Filing Cabinet to designated Ministry's offices
- Secure Files in Garbage Bags
- Unplug Air Condition Unit

PHASE II

- Report to Administrative Officer
- Activate Family Hurricane Preparedness Plan

PHASE III

- Stay Indoors
- On rotation duty at the NMCPHC-EOC
- Tune in to Official Weather Bulletin

PHASE IV - (All Clear)

- Report to designated Office or Building

SECRETARY III

Pre-Hurricane:

- Attend Meeting
- Secure boxes for Photocopier, Typewriter and Fax Machine
- Make request for Garbage Bags

PHASE I

- Assist Secretary I in calling Technical Advisers for meetings
- Attend Emergency Meeting
- Unplug and Secure Microwave
- Unplug, Label and Secure Photocopier, Typewriters and Fax Machine
- Assist Secretary I in securing Files
- Unplug Refrigerator

PHASE II

- Report to Administrative Officer
- Activate Family Hurricane Preparedness Plan

PHASE III

- Stay indoors
- Tune in to official Weather Bulletin
- On rotation duty at the NMCPHC-EOC

PHASE IV - (All Clear)

- Report to designated Office or Building

MEDICAL ACCOUNTS UNIT

The Objectives of the plan are:

1. To minimize the effects of a hurricane on the health of staff, and on the office and its documents, equipment and furniture.
2. To restore some level of normalcy, whenever and wherever possible.

Strategies:

1. Staff orientation.
2. Coordination with other relevant departments.

FINANCIAL CONTROLLER / FINANCE OFFICER III

PRE-HURRICANE:

- Prepare inventory of office equipment, furniture and supplies
- Attend relevant meetings
- Prepare and submit duty roster to the DHS
- Conduct meetings with staff to discuss duty roster
- Ensure that important files are being backed-up

PRELIMINARY PHASE

- Attend emergency meetings
- Convene emergency meeting with staff
- Supervise the preparation of computers to be secured within the Ministry's offices
- Make request to transport officer for assistance in transporting equipment

- Establish contact with NEMC (National Engineering & Maintenance Center) to secure the building (if necessary)
- Supervise the collection and distribution of supplies (e.g. sundries) on hand

PHASE II

- Ensure that all assigned tasks are completed
- Ensure that members of staff activate their family hurricane plan

PHASE III

- Stay indoors
- On rotation duty at the NMCPHC-EOC
- Listen to official weather forecast

PHASE IV

Report to designated area, to be announced via official radio station

NB: Finance Officer III provides support to the NMCPHC

FIRST CLASS CLERK

PRELIMINARY PHASE

- Ensure that backup of important information of the accounts department is being carried out.
- Forward diskettes to Finance officer III for safe keeping within the Ministry's offices
- Attend emergency meetings
- Unplug, dismantle, secure and label computer, and prepare it to be secured within the Ministry's offices

PHASE II

- Ensure that all assigned tasks are carried out
- Join family and activate family hurricane plan

PHASE III

- Stay indoor
- Stay tuned to official radio forecast
- On rotation duty at the NMCPHC-EOC

PHASE IV

- Report to designated area, to be announced via official radio

SECOND CLASS CLERK I

PHASE I

- Attend emergency meeting
- Unplug, dismantle, label and secure computers and other equipment within Ministry's offices
- Supervise the packing and storage (in garbage bags) of important files and documents
- Assist with the supervision and securing of the computer and other equipment

PHASE II

- Ensure that assigned tasks are carried out
- Join family and activate family hurricane plan

PHASE III

- Stay indoors
- Listen to official radio station for weather update
- On rotation duty at the NMCPHC-EOC

PHASE IV

- Report to designated area, to be announced via official radio station

SECOND CLASS CLERK II

PHASE I

- Attend emergency meeting
- Unplug, dismantle, label and secure computer and other equipment within the Ministry's offices
- Assist with the securing of files
- Assist with unplugging of electrical appliances

PHASE II

- Ensure that tasks assigned are completed
- Join family and activate family hurricane plan

PHASE III

- Stay indoors
- Tune in to official radio station for weather update
- On rotation duty at the NMCPHC-EOC

PHASE IV

- Report to designated area, to be announced via official radio station

SECRETARY III/CLERICAL ASSISTANT/OFFICE ASSISTANTS

PHASE I

- Attend emergency meeting
- Unplug, dismantle, label and secure computer and other equipment within the Ministry's offices
- Assist with the securing of files
- Assist with the unplugging of electrical appliances
- Collect all sundries on hand and hand over to supply officer

PHASE II

- Ensure tasks assigned are completed
- Join family and activate family hurricane plan

PHASE III

- Stay indoors
- Tune into official radio station for weather update
- On rotation duty at the NMCPHC-EOC

PHASE IV

- report to designated area, to be announced via official radio station

MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

CENTRAL HEALTH REGION
MEDICAL CARE AND PUBLIC HEALTH COMMITTEE
(CHR-MCPHC)
HURRICANE DISASTER PLAN

Revised August, 2004

A. ADMINISTRATIVE SECTION

1.0 INTRODUCTION

The Central Health Region Hurricane Disaster Plan sets out the emergency procedures for the Central Health Region to respond to Hurricane Disasters in the most efficient possible way. This plan follows the general outline for hurricane emergency plans as prescribed by NEMO – April 11, 2002.

Central Health Region
Hurricane Disaster Preparedness Plan

Purpose:

The purpose of this plan is to ensure the continuity of medical care and public health services before, during and after a hurricane disaster.

Structure*:*

This plan outlines the emergency management procedures for the Central Health Region in ensuring the continuity of medical care and public health services for the purposes of a hurricane disaster. It clearly sets out the roles of the individual Units.

Actors:

The Central Health Region Management Team will be involved in implementing the Hurricane Disaster Plan. The plan will detail roles and responsibilities of everyone involved.

Hazard Analysis:
Effects of a Hurricane

Short Term Effects of A Natural	H U R R I C A N E
Deaths	Few
Severe Injuries Requiring Intensive	Moderate

Treatment	
Increased Risk of Communicable Diseases	Potential Risk, with probability rising with over-crowding and Deteriorating Sanitation
Damage to Health Facilities	Severe
Food Scarcity	Rare

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE CATEGORIES

Hurricane Intensity Scale

A scale* from one to five based on the hurricane's present intensity which gives an estimate of the potential flooding and damages to property form a hurricane is as follows:

One: Winds 119-153 km h^1 (74-95 mph)

No real damage to building structures; damage primarily to unanchored mobile home, shrubbery and trees.

Two: **Winds 154-177 km h^1 (96-110 mph)**

Some roofing, door and window damage to buildings; considerable damage to vegetation, expose mobile homes, and piers. Small craft in unprotected anchorage's break moorings.

Three: **Winds 178-209 km h^1 (111-130 mph)**

Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures, mobile home are destroyed.

Four: **Winds 210-249 km h^1 (131-155 mph)**

More extensive curtain wall failures with some complete roof structure failure on small residences.

Five: **Winds greater than 249 km h^1 (155 mph)**

Complete roof failure on many residences and industrial buildings, some complete building failures with small utility buildings blown over or away.

- This scale was developed by Saffir and Simpson and is commonly known as the Saffir/Simpson Hurricane Scale (SSH) and was submitted by the National Meteorogical Service.

CATEGORY 1 – Storm surge – up to 5 feet of water
CATEGORY 2 – Storm surge – 9 to 12 feet of water
CATEGORY 3 – Storm surge – 15 to 18 feet of water
CATEGORY 4 – Storm surge – 18 to 21 feet of water
CATEGORY 5 – Storm surge – 18 to 24 feet of water

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

1.1 SCOPE

This Hurricane Disaster Plan covers the Central Health Region's adequate response at the time of hurricane threat to the country of Belize. The main objective being that of ensuring the continuity of medical care and public health services before, during and after a hurricane disaster. This includes working along with other staff from other health region should the need arise.

1.2 AUTHORITY

The authority for implementing the Hurricane Disaster Plan lies with the Chairperson of the CHR-MCPHC (Deputy Regional Health Manager-Central Health Region) or her nominee in her absence).

1.3 RESPONSIBILITY

The Chairperson is charged with the overall responsibility for maintaining the plan.

1.4 ASSUMPTIONS

The plan is based on the assumptions that the Central Health Region remains operational at the present site for hurricane of categories I, II & III. For any category greater that III, the Region's operations will be evacuated and emergency centers become operational.

1.5 STANDARD OPERATING PROCEDURES

Standard Operating Procedures are detailed in the plan for each Unit including Nursing Services, Medical Services, Out patient Clinics, Maternal & Child Health Services, Chest Clinic, Sexually Transmitted Infections, Pharmacy, Urban and Rural Health Centers and Environmental Health Program (Public Health Inspection & Vector Control)

1.6 CONCEPT OF OPERATIONS

The Regional Health Manger is charged with the responsibility of activating the hurricane emergency plan for the Region once the preliminary phase/warning has been declared.

The Regional Health Manger liaises with the City Emergency Management Organization (CEMO) and coordinates activities at the CHR-MCPHC-EOC from which the emergency team will respond.

Once the preliminary warning phase has been declared, the CHR-MCPHC-EOC at the Central Health Region becomes fully functional. The different units will accordingly put into effect their plans.

1.7 WARNING, ALERTING, CALL OUT

Warning Flags shall be flown by the Police Department as follows:

Phase I – Preliminary – One Red Flag – 21 N 80 W

Phase II – Red 1 – One Red Flag with Black Center–20 N 84 W
(24-36 hours)

Phase III – Red 2 – Two Red Flags with Black Center – 20 N 85 W
(Likely to strike in a few hours)

Phase IV – Green – Green Flag All Clear (has passed)

1.8 ACTIVATION

The Central Health Region Hurricane Disaster Preparedness Plan shall be activated by the Regional Health Manager. Heads of Units will alert all staff.

1.9 DEACTIVATION

The Regional Health Manager will deactivate the plan after the "all clear" Phase IV has been declared, and the staff and services return to "normal".

1.10 RELATIONSHIP TO OTHER PLANS

The Central Health Region Hurricane Emergency Plan is an integral part of the National Medical Care and Public Health Committee Hurricane Disaster Plan.

1.11 ADMINISTRATIVE ASPECTS

- Financial Arrangements:

  Authority for expenditure rests with the Accounting Officer for the Ministry of Health who delegates this authority to the Regional Health Manager. Procedures for reimbursement will be in accordance with Financial Orders and other Government Financial Regulations.

- Mutual Aid Agreements for Access to Non-Government Resources:

  Red Cross will provide assistance as required upon request by Regional Health Manager.

- Procedures for Accessing Government Resources:

  These are in accordance to existing Government Regulations and Procedures in place by NEMO and DEMO.

- Reporting Arrangements:

  The CHR-MCPHC-EOC will keep the Chief Executive Officer – Ministry of Health, DEMO and NEMO informed through timely reports from the Regional Health Manager.

- Accessing Additional Human Resources:

  Additional Human Resources will be provided through the Chief Executive Officer, Ministry of Health.

B. *OPERATIONAL ASPECTS*

Plans included from individual Units address the following areas:

COMMITTEE MEMBERS
CENTRAL HEALTH REGION MEDICAL CARE AND PUBLIC HEALTH

Chairperson	Regional Health Manager	Dr. Jose Lopez
Vice Chairperson	Deputy Regional Health Manager	Mrs. Joan Flowers
Other members:	Finance Officer III	Miss Lupita Fabro
	Director – CWHC	Dr. K. Ghazy
	NHI Coordinator - South Side	Mrs. K. Godinez
	Senior Public Health Inspector	Mr. Mark Bernard
	Public Health Inspector	
	San Pedro & C/Caulker	Mr. John Bodden
	Coordinator, Mental Health	Mrs. A. Elijio
	Coordinator, HECOPAB	Mrs. Erica McGregor
	Coordinator, Maternal & Child Health	Mrs. M Guerra
	Transport Officer	Mr. Edgar Chable

The team will meet on a monthly basis to review and update plans and activities for the Region. At Phase I of the hurricane, the team will be stationed at the EOC, Nursing School, second floor, room # 9 where plans and activities will be activated and coordinated.

DUTIES OF ADMINISTRATIVE STAFF

CENTRAL HEALTH REGION MEDICAL CARE AND PUBLIC HEALTH

FUNCTIONS

Regional Health Manager

Pre-hurricane season activities:

1) Implements disaster mitigation measures in the region
2) Up-dates Hurricane Disaster Plan
3) Emphasizes on Family Disaster preparedness plans.
4) Ensures Associates are sensitized and knowledgeable of the Disaster plan.
5) Ensures provision of emergency first aid kits and medicine boxes to every Community Nurses Aids, Health Centers and Policlinic.

Phase I:

1) Liaises with the District and City Emergency Committees and National Medical Care and Public Health Committee.
2) Activates the Hurricane Disaster Plan.
3) Ensures implementation of emergency work schedule for all medical personnel.
4) Co-ordinates and communicates with Health Centers, Polyclinic
5) Ensures readiness for evacuation if necessary.
6) Monitors activities at the CHR-MCPHC-EOC and continuous communication with the NMCPHC and DEMO AND CEMO EOCs.
7) Activates family plan

Phase II:

1) Continues to liaise with the District and City Emergency Committees and National Medical Care and Public Health Committee.
2) Verifies the implementation of emergency work schedule for all medical personnel.
3) Continues to co-ordinate and communicate with Health Centers, Polyclinic.
4) Oversee the evacuation of CHR office if necessary.
5) Continue to monitor activities at the CHR-MCPHC-EOC and continuous communication with the NMCPHC and DEMO and CEMO EOCs.

Phase III:

1) Remains indoor at D/CEMO EOC or CHR-MCPHC-EOC
2) Follows up on official releases / bulletins
3) Monitors the impact of the storm.

Phase IV:

1) Establishes contact with CHR-MCPHC-EOC / NMCPHC / DEMO EOC
2) Gets briefing on Medical Care and Public Health conditions
3) Coordinates Medical Care and Public Health response / recovery activities.
4) Ensures return to normal functions as soon as possible.

ADMINISTRATIVE SECTION - CENTRAL HEALTH REGION

DUTIES OF ADMINISTRATIVE STAFF

ADMINISTRATIVE ASSISTANT

Pre-Hurricane Activities with Office Assistant:

- Coordinate movement of Filing Cabinets and Computers
- Back - up Files
- Secure Diskettes (Admin Section)
- Develop list of staff with addresses and emergency numbers
- Secure Hurricane Tracking Chart

PHASE I

- Attend Emergency Meeting
- Unplug, Label and Secure Computers to be transported to Second Floor Central Health Region's Building
- Unplug Air Condition Unit
- Request Garbage Bags to secure files.
- Coordinate transportation for Central Health Region
- Supervise the securing and movement of files and computers to the second floor Central Health Region's Building
- Secure files in cabinets.

PHASE II

- Ensure that all assigned tasks are completed
- Report to Central Health Regional Manager
- Activate Family Hurricane Preparedness Plan

PHASE III

- Stay indoors
- Tune in to Official Weather Bulletin

PHASE IV (All Clear)

- Report to designated officer

SECRETARY III

Pre-Hurricane

- Back-up Files
- Request garbage bags from (Administrative Assistant)
- Secure Diskettes
- Secure Box for Computer
- Attend Meeting

PHASE I

- Attend Emergency Meeting
- Unplug, Label and Secure Computer to be store on second Floor Central Health Region's Building
- Request assistance to move Computer.
- Secure files in garbage bags
- Unplug Air Condition Unit

PHASE II

- Report to Administrative Officer
- Activate Family Hurricane Preparedness Plan

PHASE III

- Stay Indoors
- Tune in to Official Weather Bulletin

PHASE IV – (All Clear)

- Report to designated Officer or Building

CLERICAL ASSISTANT

Pre – Hurricane:

- Attend meeting

- Request for Garbage Bags

PHASE I

- Attend emergency meeting
- Supervise the packing and storage (in garbage bags) of all files in preparation for it to be transported to the Upper Floor

PHASE II

- Ensure that all assign tasks are carried out.
- Join family and activate family hurricane plan

PHASE III

- Stay indoor
- Listen to official radio station for weather updates

PHASE IV

- Report to designates area, to be announced via official radio station.

ACCOUNTS DEPARTMENT

The objectives of the plan are:

1, To minimize the effect of the hurricane on financial documents and files, office equipment & furniture and to ensure the health of staff.

2. To restore some level of normalcy, whenever and wherever possible.

Strategies

1, Staff orientation

2. Coordination with other relevant departments

3, Attending hurricane disaster preparedness meetings.

FINANCE OFFICER III

PRE HURRICANE:

- Attend relevant meeting
- Prepare inventory of office equipment, furniture & equipment and supplies
- Conduct meeting with staff to discuss duty roster
- Prepare & submit duty roster to the Manager
- Ensure that important files are being backed up

PRELIMINARY PHASE

- Attend emergency meeting
- Convene emergency meeting with staff
- Supervise the preparations for the removal of all computers and its accessories to the upper floors of the Nursing School Building
- Request the necessary man power for the removal of computer equipment and its accessories to the upper floors
- Liaise with National Engineering & Maintenance Centre (NEMC) to secure building if necessary
- Supervise the collection and distribution of sundries on hand

PHASE II

- Ensure that all assigned tasks are carried out.
- Join family and activate family hurricane plan.

PHASE III

- Stay indoor
- Stay tuned to official radio forecast

PHASE IV

- Report to designated area, to be announced via official radio

FIRST CLASS CLERK

PRELIMINARY PHASE

- Ensure that backup of important files & information of the accounts department is being carried out.
- Forward diskettes to Statistics Officer for safe keeping in Belmopan.
- Attend emergency meeting.
- Unplug, dismantle, label and secure computer and its accessories in preparation for its removal to upper floors of Nursing School Building
- Supervise the packing and storage (in garbage bags) of important files and documents
- Assist with the supervision of the removal of equipments and ensure files are properly safeguarded

PHASE II

- Ensure that all assign tasks are carried out.
- Join family and activate family hurricane plan.

PHASE III

- Stay indoor
- Stay tuned to official radio forecast

PHASE IV

- Report to designated area, to be announced via official radio

SECOND CLASS CLERK 1

PHASE I

- Attend emergency meeting
- Unplug, dismantle, label and secure computer and its accessories, in preparation for its removal to upper floors of Nursing School Building
- Supervise the packing and storage (in garbage bags) of important files and documents
- Assist with the supervision of the removal of equipments and ensure files are properly safeguarded

PHASE II

- Ensure that assigned tasks are carried out

- Join family and activate family hurricane plan

PHASE III

- Stay indoors
- Listen to official radio station for weather update

PHASE IV

- Report to designated area, to be announced via official radio station

SECOND CLASSS CLERK II

PHASE I

- Attend emergency meeting
- Unplug, dismantle, label and secure computer and its accessories, in preparation for its removal to upper floors of Nursing School Building
- Supervise the packing and storage (in garbage bags) of important files and documents
- Assist with the supervision of the removal of equipments and ensure files are properly safeguarded

PHASE II

- Ensure that tasks assigned are completed
- Join family and activate family hurricane plan

PHASE III

- Stay indoors
- tune in to official radio station for weather update

PHASE IV

- Report to designated area, to be announced via official radio station

SECRETARY III

PHASE I

- Attend emergency meeting

- Unplug, dismantle, label and secure computer and its accessories in preparation for its removal to upper floor of Nursing School Building
- Assist with safeguarding important files
- Assist with the unplugging of electrical appliances
- Collect all sundries on hand and hand over to supply officer

PHASE II

- Ensure tasks assigned are completed
- Join family and activate family and family hurricane plan

PHASE III

- Stay indoors
- Tune into official radio station for weather update

PHASE IV

- Report to designated area, to be announced via official radio station

DRIVER

PRELIMINARY PHASE I

- Attend emergency meetings
- Put furniture on top of tables

PHASE II

- After transportation matters have been addressed, vehicles are to be refueled, and driven to appointed parking area/s.
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

SECRETARY

PRELIMINARY PHASE I

- Attend emergency meetings
- Prepare extra backup of Information system to store outside of building
- All drawers out of filing cabinets to be on second shelves in main storage

PHASE II

- Staff goes home to attend to family, and assist the Northern Regional or Belmopan Hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Participate in damage assessment exercise

STOREKEEPER

PRELIMINARY PHASE I

- Attend emergency meetings
- Ensure that an inventory of supplies in the store is prepared

PHASE II

- Staff goes home to attend to family, and assist the Northern Regional or Belmopan Hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Participate in damage assessment exercise

ENVIRONMENTAL HEALTH PROGRAM

Hurricane Preparedness Plan

OVERALL OBJECTIVE

The overall objective of environmental health in relation to disaster is the prevention of disease outbreak, during and after such disaster.

To achieve this objective the Public Health Inspectors focus on six main areas: -

1 potable Water
2. Food Safety
3. Excreta and Liquid Waste
4. Solid Waste
5. Vector Control
6. Housing and Personal Hygiene
7. Public Health Information/Education

STRATEGIES

1 Al! hurricane supplies, forms, and equipment (annexes 12, 13 and #5 CHR) must be procured
by 15th May 2004.
2. Review of the disaster plan with the Environmental Health Unit (PHB) staff.
3. Review of the daily shelter/community environmental health disaster Surveillance report forms with the Environmental Health Unit staff.
4. Package, label and secure Environmental Health Unit equipment, files and Supplies at the Environmental Health Unit Office Belize City/Ministry of Health Office, Public Health Inspector's Office — Belmopan on declaration of phase II
5. Assessment/Inspection of hurricane shelters and environment before and after

the Hurricane.

6. Assessment/Inspection of sanitary district after the hurricane.
7. Daily submitting of shelter and community environmental status report to the **Central Health Region Manager**

RESPONSIBILITIES

The Regional Health Manager is responsible for the activation of the plan. The following should become effective immediately.

The Senior Public Health Inspector/Co-coordinator Environmental Health, Central Region is responsible to ensure implementation of the plan.

PRE- DISASTER ACTIVITIES

Senior Public Health inspector	-	Reviews Environmental Health Hurricane Disaster Management Plan
	-	Ensures the Environmental Health Disaster Surveillance Report forms are available (see annexes 10 to 13)
	-	Reviews shelter inspection reports and takes appropriate actions
Public Health Inspectors	-	Inspection of designated shelters. Submit shelter reports with recommendations to Senior Public Health Inspector Advise on site selection for burial of the dead.
	-	Advise on methods and site selection for solid waste disposal.
Water Analyst	-	Ensures water-testing kits are available.
Secretary Ill	-	Production of back-up files

- Secures diskettes.

PHASE I PRELIMINARY — ONE RED FLAG

POSTS	RESPONSIBILITIES
Senior Public Health Inspector	- Informs all staff members Public Health Inspectors, Water Analyst, and Secretary Ill of the activation of the plan.
	- Ensures that all Environmental Health Unit equipment, files, materials and supplies are properly packaged and labeled.
	- Ensures that the necessary forms, equipment and supplies for the Public Health Inspectors and shelter managers use during and after the disaster are available at the Office
	- Supervise the Public Health Inspectors, Water Analyst, Secretary III at property packaging and labeling the Environmental Health Unit's equipment, files, materials, and supplies.
Public Health inspectors, Water Analyst Secretary III Vector Control personnel	- Package and label all Environmental Health Unit's equipment, files, materials and supplies. A copy of the list of content of each package should be given to the Senior Public Health Inspector.
	- All Vector Control Personnel will assist in the above mentioned.

Phase II — RED — One Red Flag
With Black Center

Senior Public Health Inspector	-	Continues the implementation of the plan. All staff members report at the Environmental Health Unit, Bliss School of Nursing — Belize City
	-	Ensures that the Environmental Health Unit's packaged and labeled equipment, files, materials and supplies are secured in rooms designated for their safe storage at the Environmental Health Unit — Belize City. Ensures that the Environmental Health Unit— Belize City is secured by the Maintenance Unit.
	-	In the event that equipment, files, materials must be transported to Belmopan. The Senior Public Health Inspector will ensure that Environmental Health Unit equipment, files, material and supplies are transported to the Ministry of Health Office in Belmopan.
	-	Supervise the loading of the equipment, files, materials and supplies onto designated motor vehicles/transport bound for Belmopan.
Public Health Inspectors Vector Control Personnel	-	Under the supervision of the Senior Vector Public Health Inspector, the Public Health Inspectors and Vector Control personnel, will load equipment, files, materials and supplies onto motor vehicles for transport or into designated areas at the Environmental Health Unit office.

Water Analyst	-	With the assistance of the chairperson of the Health Sector Disaster Management Committee/C.E.O. Public Service, with manpower, two PHIs will ensure the off loading and storage of the Bureau's equipment, files, materials and supplies at the Ministry of Health Office - Belmopan/Orange Walk Hospital

Phase III Red — 2 Two Flags with
Black Centers flying one above the other

HURRICANE

During a hurricane, shelter managers will daily monitor environmental health conditions in the shelters and report to the co-coordinating center.

This will be done by completing the daily shelter environmental health disaster surveillance form (see annexes 10 to 13).

Phase IV - One single Green Flag — all clear

HURRICANE HAS PASSED

The specific objective of environmental health management after natural disaster is to restore environmental health conditions and services to approved Public Health Standards.

Senior Public Health Inspector (SPHI)	-	Ensures that all Environmental Health Unit staff report at Environmental Health Unit Office Belize City or other pre-determined
	-	The Senior Public Health Inspector is a member of the

		Belize District Medical Care and Public Health Committee. After the hurricane he will be attached to this Committee initially.
Public Health Inspectors	-	Daily evaluation of environmental Health conditions in designated shelters and their respective sanitary districts (using the Surveillance Form (see annexes 10 to 13). Monitor domestic water supply at shelters.
	-	Report to Senior Public Health Inspector.
	-	Inspection of public food supply, storage, preparation areas in shelters and sanitary district.
	-	Monitor mass burial of the dead at designated sites. (with Citco MOW & Police.)
	-	Monitor solid waste management (with Citco, Belize Waste Control Control, MOW, DOE.)
Water Analyst-	-	Ensures that water quality equipment and supplies are available.
	-	Assists with water treatment at the shelters/community along with Public Health Inspectors.
	-	Carry out free residual chlorine tests on BWSL's supplied water supply at shelters, within communities (in tankers etc.) and

on BWSL's water distribution system.

COMMUNICATION:-

The ability to properly communicate before, during and after a disaster such as hurricane is of paramount importance and is a fundamental requirement to effectively carry out any plan of action. Communication links between the Senior Public Health Inspector and staff will be through ordinary telephone, cellular phones, public radio and other means where necessary. The Senior Public Health Inspector should be equipped with a mobile radio set.

All staff must stay tuned to the approved radio station and television station throughout the different phases of the hurricane.

Normal environmental health services will be resumed as soon as it is practical.

Attached also, please find the following annexes:-

Annex #3 CHR	-	Environmental Health Central Region Staff List
Annex No. 2	-	Environmental Health Central Region Shelter Assignment

DENTAL HEALTH

DENTIST

PRE-HURRICANE

- Attend relevant meetings
- Identify areas to secure equipment and other important documents and files
- Prepare inventory of equipment, supplies, documents, etc.

PHASE-I

- Attend emergency meeting

- Convene meetings with staff (see annex # 7 CHR)
- Pack, label and secure equipment, documents and files
- Coordinate transportation with transport officer (if necessary)
- Secure dentistry emergency supplies (see annex #6 CHR)

PHASE-II

- Secure building
- Activate family plan

PHASE-III

- Stay indoors
- Listen to official weather bulletin

Phase-IV

- Report to official place of work (if possible), if not listen to radio announcement as to where to report to
- Conduct immediate damage assessment

DENTAL ASSISTANT

PRE-HURRICANE ACTIVITIES

- Assist Dentist in the preparation of inventory
- Assist Dentist in identifying storage area

PHASE I

- Attend emergency meeting
- Pack, label and secure equipment, documents and files

PHASE II

- Help to secure building
- Activate family emergency plan

PHASE III

- Stay indoors
- Listen to official weather update

PHASE IV

- Report to usual place of work (if possible) if not listen for radio announcement as to where to report to
- Assist with immediate damage assessment for the dental clinic

PHARMACY DEPARTMENT

HURRICANE EVACUATION PLAN

Aim:
To ensure that staff is equip to provide continuity of service in the after math of a hurricane.

Objectives:

1. **To prepare hurricane kits for distribution**
2. **To ensure that all dispensers/ Pharmacists have pharmaceuticals properly stored and accounted for.**
3. **To ensure that all staff members are familiar with the current hurricane plan.**
4. **To ensure the safety of staff and their family.**
5. **To ensure the continuity of dispensing medical supplies during and after the hurricane.**

Strategies:

- All requisition for hurricane supplies must be submitted to Central Medical Region Stores before April 15th (Ref. CMS Plan)
- The requested supplies should be delivered by May 31st (Ref. CMS Plan)
- All kits are to be completed on of before June 30th and should be properly stored.
- Obtain 2 $_X$ 20$_{ft}$ containers if possible to secure all equipment and supplies from the Pharmacy during the preliminary phase.

Note: the Senior Dispenser/Pharmacy Coordinator is responsible to ensure that all kits are prepared. The staff is to assist in preparing the kits.

PRE- HURRICANE ACTIVITIES

Senior Dispenser/ Pharmacy Coordinator

***PRELIMINARY PHASE*:**

⇒ Assist the Chief Pharmacist/ Technical Advisor in activation of the plan.

⇒ Label all Hurricane kits with the name of the shelter designated and place comprehensive lists of contents and quantity supplied inside each kit.

⇒ A copy of the list of contents should be given to the Chief Pharmacist.

PHASE II:

⇒ Assist the Chief Pharmacist in continuing the implementation of the plan.

⇒ Ensure that premises and stock is adequately secured.

⇒ Stock should be properly labeled for easy identification.

⇒ Supervise the loading of the container of supplies from the Pharmacy.

PHASE III:

⇒ Supervise the removal of the hurricane kits from the Pharmacy and ensure that the person(s) collecting the kits are aware of designated shelters the kits are to be delivered.

PHASE IV:

⇒ Assist the Chief Pharmacist in ensuring the staff deployed is equipped with the necessary pharmaceuticals and medical supplies to function.

⇒ Ensure that kits are recovered and the pharmaceuticals accounted for.

EVACUATION PLAN

Belmopan Hospital- Supervise the distribution of the hurricane kits to the additional centers.

N.B. Upon completion of task-PHASE II, join family to activate family Hurricane Plan.

- ❖ Make sure there is a contact number for each Pharmacist if possible and also place of shelter.

Dispenser/Pharmacist OBCH

PRELIMINARY PHASE:

⇒ Assist in labeling the hurricane kits and identifying the contents thereof.

PHASE II:

⇒ Assist the senior Dispenser in the securing of stock and premises and supervising the removal of supplies from the Pharmacy.

⇒ Have an emergency stock of medication prepared (e.g. Hypertensive, Diabetics, Asthma, and Cardiac to give quick pharmaceutical services after the hurricane).

PHASE III:

⇒ Assist the Senior Dispenser in supervising the removal of Hurricane Kits from the Pharmacy and securing stock and premises (see annexes #8 CHR to #12 CHR).

PHASE IV:

⇒ Assist the Senior Dispenser in ensuring that pharmaceuticals are recovered and accounted for.

BELMOPAN HOSPITAL:

⇒ Assist Dispenser/ Pharmacist in maintaining the smooth and efficient pharmacy services at the hospital.

N.B. Completion of task; join family to activate family Hurricane Plan.

DISPENSER MRCH, CWHC, QSHC, PLHC, WHC, SAN PEDRO

PRELIMINARY PHASE:

⇒ Ensure that pharmaceuticals are secured, as well as the premises.

⇒ Make sure the Outpatient nurses are provider with an extra supply of medication (e.g. dressing materials, injections, Hypertensive, Diabetics, Asthma, and Cardiac to give fast and efficient pharmaceutical service after the hurricane.

⇒ Await instructions from Chief Pharmacist/ Senior Dispenser.

PHASE II:

⇒ Maintain dialogue with Head Office (Central Region Pharmacy/ National Pharmacy) if possible.

PHASE III:

⇒ Make efforts to re-open premises and begin to offer pharmaceutical services.

N.B. Upon completion of task-PHASE II, join family to activate family Hurricane Plan.

⇒ After the all clear, report to the nearest Government Pharmacy for work, if unable to reach official post.

APPRENTICE DISPENSER/ PHARMACY ASSISTANT

PRELIMINARY PHASE:

⇒ Assist with the preparation of Emergency Kits (hurricane kits) and secure stock for removal if necessary.

PHASE II:

⇒ Assist with the distribution of kits and secure stock for removal if necessary.

N.B. Upon completion of task- PHASE II, join family to activate family Hurricane Plan.

Health Education & Community Participation Bureau (HECOPAB) Central Health Region Hurricane Preparedness & Management Plan

The objectives of the plan are:

1. To minimize the effects of a hurricane on the:
   - health of the Belizean population in Belize District,
   - health and well-being of health associates of HECOPAB,
   - office equipment, materials and furniture.

2. To initiate public education strategies before, and after a hurricane to reduce the possibility of injuries and disease outbreak.

3. To restore some level of normalcy, where possible in the day-to-day operations of HECOPAB.

Strategies:

5. Staff orientation

6. Staff training

7. Public Education Campaign

8. Coordination with other relevant agencies

PRE-HURRICANE ACTIVITIES
APRIL – MAY

Coordinator HECOPAB/Health Educator I:

- Ensure that the relevant health education materials to be included in the emergency kits are available in sufficient quantities.
- Ensure the availability of other relevant materials such as cholera treatment protocol, malaria treatment schedule, etc.
- Select appropriate video and audiocassettes and arrange with the media houses for their airing. Coordinate the procurement and distribution of medical supplies for Community Nurses' Aides.
- Develop staff responsibility cards
- Attend relevant meetings
- Call meetings to up-date staff on their roles and responsibilities and recommended actions by Central Health Region team.
- Develop Family Hurricane Plan

Health Educator II: (Two Health Educators Operate in this Capacity)

- Assist with the preparation of Emergency Medical Supplies for CNAs of the Belize District.
- Coordinate the airing of public education information.
- Assist in the preparation of health education packages for the emergency kits for hurricane shelters.
- Develop Family Hurricane Plan

Belize Rural Coordinator:

- Meet with CNAs to develop disaster preparedness plans for their communities.
- Prepare and distribute Belize District CNA's medical bags.
- Prepare health education packages and deliver to the Chief Pharmacist, to be included in the Belize District Emergency Kits
- Develop Family Hurricane Plan

Visual Aids Officer:

- Identify and coordinate the distribution of Health Education Materials to the Pharmacy Department for inclusion in emergency kits.
- Assist in identifying videos and audiocassettes for with appropriate messages.
- Prepare inventory of office equipment and other office supplies
- Develop Family Hurricane Plan

Driver Mechanic:

- Ensure vehicle is serviced and that fuel is available at all times.
- Assist other staff members with duties that may be assigned.
- Keep abreast of information regarding the area designated for the storage of Government vehicles.

IN THE EVENT OF A HURRICANE

The Coordinator HECOPAB/Health Educator I:

PHASE I:

- Activate the Bureau's Plan, through an emergency meeting
- Attend emergency meeting(s)
- Update staff on hurricane path by using tracking chart
- Activate family plan
- Establish contact with members of the Central Health Region Disaster Preparedness Committee (CHRDPC).
- Issue responsibility cards to staff
- Coordinate evacuation of office
- Assist with the preparation for evacuation
- Ensure that vehicle is taken to designated site for storage
- Stay in tuned to official weather forecast
- Maintain contact with CHRDPC, if possible

PHASE II:

- Assist were possible in the EOC for Central Region

PHASE III:

- Stay in doors and if possible prepare for post hurricane response

PHASE IV

- Establish contact with staff
- Establish contact with members of CHRDPC
- Begin plans to do mass public education based on existing conditions

Health Educator II will at: (Two Health Educators Operate in this Capacity)

PHASE I

- Attend emergency staff meetings
- Secure video and audiocassettes
- Assist other staff members with the preparation of evacuation
- Activate family preparedness plan
- Unplug all computers, microwave, refrigerator and cover properly with water proof materials

- Secure diskettes with important files
- Return to family in Corozal and La Democracia

PHASE II

- Join family at home
- Stay tuned to official weather update

PHASE III

- Stay indoors
- Listen to official weather bulletin

PHASE IV

- Establish contact with Coordinator HECOPAB
- Return to Belize City as soon as possible
- Assist in drafting public advisories or identifying existing ads for airing.

The Rural Health Educator will at:

PHASE I

- Attend emergency staff meetings
- Secure remaining medications for CNAs
- Assist other staff members with the preparation of evacuation
- Secure all health education materials in office by properly storing in waterproof containers.
- Activate family preparedness plan
- Return to family in Orange Walk

PHASE II

- Secure family
- Stay tuned to official weather update

PHASE III

- Stay indoors
- Stay tuned to official weather bulletin

PHASE IV

- Return to Belize City (if possible) if not, report to Regional Health Manager Orange Walk

Visual Aids Officer will at:

PHASE I

- Attend emergency staff meetings
- Secure TV/VCR's combination, LCD Projector, Laptop
- Secure other office equipment where possible
- Activate family preparedness plan

PHASE II

- Join family and activate family hurricane management plan
- Stay tuned to official weather update

PHASE III

- Stay indoors
- Listen to official weather bulletin

PHASE IV

- Return to Belize City (if possible) if not, report to Regional Health Manager in charge of Belmopan Hospital

Driver/Mechanic will at:

PHASE I

- Attend emergency staff meetings
- Carryout quick service to the vehicle
- Full vehicle fuel tank
- Assist staff with preparation of evacuation
- Assist in transporting personnel, equipment, materials for other Central Region Departments from health centers to Nursing School building

PHASE II

- Join family in Lord's Bank
- Stay tuned to official weather update

PHASE III

- Stay indoors
- Listen to official weather bulletin

PHASE IV

- Return to Belize City (if possible) if not, stay tuned to the Official Radio Station for announcements to Public Officers

N.B. IN THE EVENT THE HURRICANE THREATENS ON A WEEKEND, STAFF LIVING IN BELIZE CITY WILL NEED TO ASSUME THE RESPONSIBILITIES OF THE STAFF MEMBERS LIVING IN THE DISTRICTS

MATERNAL AND CHILD HEALTH PROGRAM
Hurricane Preparedness Plan

Coordinator Maternal and Child health - Central Region

1. Attend meeting with Deputy/Regional Health Manager and Heads of Unit
2. Identify area to secure files and other equipment
3. Ensure that all members of staff are conversant with hurricane plan and conduct meetings for revision of plans. This should be done by middle of May.
4. Liaise with Maintenance Department/ Regional Manager to discuss security of Centre, especially those in the Rural Areas.
5. Ensure that Nurses in Rural Areas meet with respective Village Disaster Committee to revise disaster plan
6. Get staff family plan; present address/phone number and in case of evacuation address and phone number of where will spend event.
7. Familiarize staff on use of Surveillance form.

Doctors/Public Health Nurses/ Rural Health Nurses – Urban Area

1. Attend staff meetings to revise hurricane plan.
2. Liaise with Administration to ensure adequate staff for Emergency Clinics
3. Attend Meeting with Clinic Administrator to discuss plan of action for Area (Know Liaise persons in each area get contact numbers, address)
4. Plan, disseminate information and delegate responsibilities among all staff
5. Identify storage areas.
6. Ensure have/request emergency equipment supplies: Delivery Kit , First Aid Kit, Emergency Tray
7. Familiarize clients' especially guardians/parents of children 0-5 years, pregnant women (identify especially high risk mothers) and the elderly to seek shelter where health care could be accessed, and importance of keeping all important records securely with them.
8. Have an inventory of all material, equipment and supplies (including vaccines) available at your health center.

Phase I

1. The MCH Coordinator will attend emergency meeting within one hour (1 hour) after declaration of phase 1 and in turn update Heads of Unit on status of hurricane.

2. Public Health Nurse / Rural Health Nurse to supervise the transportation and securing of equipment and files after selection to designated area.

3. Vaccines from urban health centers - Port Loyola and Cleopatra White to be transported to Matron Roberts Health Center; label and record information on vaccine log book

4. VACCINES to be transported to either Belmopan City or Orange Walk Town – vehicle for transportation of vaccine needed

5. Have an inventory of all material, equipment and supplies (including vaccines) Availiable at your health center.

6. **Matron Roberts Health Center** to store equipment and supplies at Former Nursing School Building- MCH Office / **Cleopatra White** to store equipment and supplies at the Nurses Lounge - CWHC. All items to be **labeled** prior to transportation.
   Manpower and a vehicle will be needed to be assigned to Maternal and Child Health

Refrigerators without vaccine and Generator (Emergency Center will store Tetanus Toxoid)
Supplies
Emergency Medication
Pack Records in plastic bags
Scales
Washing Machine and Dryer

7. **Port Loyola** to transport **labeled** Supplies, Equipment, and Material to Former Nursing School Building, MCH Office
8. Transport all MCH Computers to MCH Office Labeled
9. Arrange for evacuation of staff from clinic

Phase II

1. Supervise the completion of the Plan - Staff to evacuate clinic

2. Activate family plan

Phase III

1. Stay Indoors
2. Stay tuned to official weather forecast

Phase IV

9. Ensure that all staff is in good health
10. After the all clear report is given, report to place of work (even those on vacation), if not report to your nearest emergency center/health center also listen to radio announcement as to where to report
    NB. If Health Center destroyed nurses to report to designated area for Emergency Clinic
11. Nurses in Rural Areas should work closely with their Village Chairman to restore normalcy as quickly as possible
12. Please Note: Nurses either will be asked to move within the region or render services to another region as the emergency merits
13. Surveillance Form is used.

Doctors / Rural Health Nurses

1. Attend staff meetings to revise hurricane plan.
2. Liaise with Administration to ensure adequate staff for Emergency Clinics
3. Attend Village Council Meeting to discuss plan of action for Rural Areas
   (Know Liaise persons in each village get contact numbers address)
4. Identify storage areas.
5. Ensure have/request emergency equipment supplies: Delivery Kit , First Aid Kit Emergency Tray
6. Familiarize clients' especially guardians/parents of children 0-5 years, pregnant women (identify especially high risk mothers) and the elderly to seek shelter where health care could be accessed, and importance of keeping all important records securely with them.
7. Have an inventory of all material, equipment and supplies (vaccines will be kept at area if possible) available at your health center.

Phase I

1. Ensure that all equipment, files and supplies are being stored in a safe place.
2. Ensure clinic is safe by putting on shutters where possible (if available)
3. Ensure that elderly and pregnant women are placed in a shelter where health care could be assessed
4. Nurses in rural area to arrange for evacuation of staff, especially those in low lying areas – Burrell Boom, Crooked Tree, Maskall, Double Head Cabbage and coast line- San Pedro and Caye Caulker.

Phase II

1. Supervise the completion of plan - Staff to evacuate clinic

2. Activate family plan

Phase III

1. Stay Indoors

2. Stay tuned to official weather forecast

Phase IV

1. Ensure that all staff is in good health
2. Liaise with Administration to ensure adequate staff for Emergency Clinics
3. After the all clear report is given, report to place of work (even those on vacation), if not report to your nearest emergency center/health center also listen to radio announcement as to where to report
   NB. If Health Center destroyed nurses to report to designated area for Emergency Clinic
4. Nurses in Rural Areas should work closely with their Village Chairman to restore normalcy as quickly as possible
5. Please Note: Nurses either will be asked to move within the region or render services to another region as the emergency merits
6. Surveillance Form is used.

MENTAL HEALTH
HURRICANE DISASTER PLAN

1. General Objective of the Plan

The main objective of this plan is to ensure continuity of psychiatric to all in-patients of the Rockview Hospital (RH) and all out-patients using the Psychiatric Outpatient Clinic (POC) during and after the hurricane.

This will be achieved through:

1.1 Maintaining communication with the coordinator of the Health Sector Hurricane Preparedness Committee

1.2 Ensure psychiatric care for patients who remain at Rockview Hospital (RH).

1.3 Provide continued psychiatric care for patients who attend the psychiatric clinic.

1.4 Continuing to manage psychiatric emergencies as they arise, before, during and after the hurricane.

2. ROLES AND RESPONSIBILITIES

The roles and responsibilities will be delegated according to the staff position (see annexes #13 CHR, #14 CHR and 319 CHR) and Job description. The following is the specification of their roles and responsibilities.

2.1 Mental Health Coordinator

- Chair of the Mental Health Emergency Committee
- Liaison with Central Regional Health Manager
- In-Charge of activation of the MHEC Plan
- Sets up office for dealing with psychiatric emergencies
- Coordinate and manage the request for assistance with transportation and shelter
- Conduct meetings with MHEC and ongoing of the plan
- Clinical management of psychiatric patients
- Supervision of Psychiatric Nurse Practitioners
- Coordinates emergency discharge round
- Coordinator of the relocation and evacuation of RH patients and the RH staff emergency shelter
- Coordinates preparation and safeguarding of patients record and other papers
- Visit shelter at the start of hurricane season
- Assist Mental Health Program Director with evaluation exercise
- Ensure the request of medication, materials and supplies (see annexes #15CHR to #18 CHR)

2.2 Out-Patients

Psychiatric Nurse Practitioners (PNP)

- Convene meeting with OPD staff
- Direct and coordinate all activities pertaining Out Patients Psychiatric care
- Pack and store relevant dockets, documents equipment at designated area
- Supervision of Social Workers activity
- Prepare 2 weeks medication supply for patients

2.2b Social Workers

- Assist in packing and storage of dockets, documents, equipments at designated area
- Convey medication to out patients
- Liaise between Rockview Hospital and family members on treatment plan or discharge for assigned in and out patients

2.2c In-Patients

Psychiatric Nurse Practitioner (PNP)

- Direct all activities pertaining to psychiatric nursing care of patients
- Supervision of the aides, attendants, psychiatric nurse, HAD, security
- Prepare two (2) weeks medication supply for each patient
- Liaison with Social Workers about possible discharges
- Assist Psychiatrist in patients triage
- Conduct staff assignments to cover two (2) shift during and after the disaster

2.3 Hospital Clerk

- Secretary to the Mental Health Emergency Committee
- Keep records of all meetings
- Prepare an address and phone list of all personnel of RH and POC for the MHEC. This is to be updated quarterly in April, July, October and January
- Will assist HA to check food and water for transfer to Belmopan
- Assist HA with preparation and safeguarding of patients records and other paper records held at Rockview Hospital
- Safeguard computers and other secretarial equipments
- Down loading documents and files from computer

2.4 **Practical Nurse and Senior Attendant**s

- Will be responsible to pack in a large box or separate box the following items: a) Boxes of assorted syringes
  b) All dressings and suturing packs
  c) Sterile dressings
  d) Alcohol swabs
  e) Emergency kits
- Assist with the evacuation of patients from RH to the emergency shelter
- Prepare on one sheet of paper, a summary of acute patients docket and treatment card to accompany patients being send to the emergency shelter

2.5 Attendants

- Will be responsible to pack in large box or separate boxes the following items: blankets, sheets, pillowcases, pillow, mackintosh, bedpans urinals and other equipments from the ward for transfer to emergency shelter
- Assist patients with their personal hygiene and daily routines
- Assist in cleaning and securing the wards
- PN in-charge of the storeroom will check the flashlights, kerosene oil, etc.

2.6 Social Worker

- Provide an on-going assessment of the patient's social needs
- Contact the relatives of patients that receive monthly medications during street visits
- Prepare radio announcements for patient relatives
- At the POC will assist to store all papers and equipment in a safe place

2.7 Domestic Staff

- Preparation and distribution of meals for patients
- Organize and pack cooking utensils to be transported to the shelter
- Liaison HA about food and water supply
- Organize and pack patients clothing and linens
- Organize and pack sundries and household items
- Assist in cleaning of the hospital

2.8 Security Guard and Grounds man

- Keep the yard clean and cut the trees that can interfere with the electric lines (every month during the hurricane season)
- Secure RH psychical facilities, board and nail up the windows and doors
- Assist in the transporting the mattresses and the necessary cooking and cleaning utilities
- Assist in securing the patients during and after the disaster
- Provide ongoing security to patients during and after the disaster
- Store equipment and all electrical appliances in safe places
- Visit shelter at the start of hurricane season

3. REQUEST FOR ASSISTANCE

Transport

The Mental Health Program will need a transport to be utilized around the emergency shelter, to transport utilities from the hospital. Other requirements are for transportation of approximately 130 person and all supplies and equipment to de transferred to the emergency shelter. The Mental Health Program therefore request the following:

a) Two (2) 65 seater buses with drivers
b) Two (2) covered trucks to transport supplies and equipments
c) One pick-up for errands

Shelter

In the past the Belmopan Junior School has been allocated for the disaster shelter. It is recommended that the shelter remains the same.

3.3 Materials

- Material needed for securing the windows and doors of the RH will be requested from the Maintenance Department, as the materials for the POC (see annexes #15 CHR to #18 CHR)
- Cleaning products (broom, mop, disinfectant, clorox, etc.)
- Medication - Anti-Psychotic, sedatives, mood stabilizers, anti-depressants
  - Analgesic (500 tabs Paracetemal [500mgs])
    (500 tabs Ibuprofen [400mgs])
  - Cough/Cold (500ml Benadryl Suspension)
    (500ml Mist Expectorant)
  - Anti-histamine

- First Aide Kits

4. INTERNAL EXERCISE

4.1Rockview Hospital

Following the radio announcement, the MHEC meets to:

- Check that there is sufficient storage water, food and all essential non-food supplies to last throughout the evacuation period (4 – 5 days)
- Check personnel assigned to the POC and RH
- Ensure that all heads of section have a copy of the Hurricane Preparedness Plan to inform them of their roles and responsibilities and those of there staff in each phase
- Staff will be summoned through the radio to assemble at the Psychiatric Clinic at the signaling of Phase 1. During the first 12 hours, families of staff should be prepared at home to travel either to general shelter or to travel from POC in Belize City to the emergency shelter designated for RH in Belmopan. Families of staffs are to provide their own food supplies and water. Staff will be transported from POC in Belize City to RH as soon as possible at RH to the emergency shelter in Belmopan. Transport will be in position at RH by the time Phase 2 is signaled.
- Relatives who wish to take patients home from Rockview until after the emergency has passed will be able to do so, providing that the patient is considered by the psychiatrist to be well enough to go home
- Relatives or other agencies who want to admit patients in acute state to the hospital must take them to the nearest hospital or to the acute unit at the Belmopan hospital.

4.2 Psychiatric Out- Patient Clinic

- The Social Worker and Practical Nurse will inform all patients and patient's families of how psychiatric services will be provided during the emergency by, posting up sign, radio, television. This will include giving details of how the emergency office can be contacted and how it can be accessed.
- The Psychiatric Nurse Practitioner from POC and Social Workers will arrange for all electrical and communications equipment (computer, printer, fax machine, copier, microwave, TV, VCR, telephones) to be removed to safe storage at the clinic or at the Old School of Nursing will also prepare an emergency kit to transport to the shelter and will pack all paper records into plastic sacks; these will be stored at the Old School of Nursing Building.

5. PHASE 1
PRELIMINARY ALERT (21˚N 80 ˚W) – ONE RED FLAG – May threaten within 72hrs.

On notification of the Preliminary Phase, the Regional Manager (Central) will undertake to see that the internal exercises are carried out, activation of the plan will be ongoing, the responsibilities of each staff member during this phase is as follows:

5.1 Mental Health Coordinator

- Participate at the meetings organized by the Health Sector Coordinator
- Keep log of meetings
- Informed the staff of progress and other information discussed at the meetings
- Participate at the meetings organized by the Health Sector Coordinator
- Check storage of food, water and non-food stores
- Make sure boxes and bags are available for storage

- Contact the staff off duties to get ready and to bring family along if they wish to do so. Bring along some food and water to last at least 48 hours
- Contact transport
- Contact Belmopan City Council.

5.2 Consultant Psychiatrist and PNP on duty

- Will conduct an emergency ward round to determine which patients are eligible for discharge. Patients will be categorized in three (3) groups:
    A) Those that can be discharged without assistance to go home. Their beds will be marked "HOME"
    B) Those that can go home but need assistance . Their beds will be labeled "HOME ASSISTANCE"
    C) Those that will be taken to shelter. Their beds will be labeled "SHELTER"
    D) Make a list of clients which are to be taken on the emergency shelter
- Will contact POC, Social Worker to informed families of all patients to be discharge to arrange transfer home and ensure all nursing staff is aware of arrangements made for each patients.
- Will discharge those patients whose bed are marked "HOME" and assist those whose beds are marked "HOME ASSISTANCE"
- Practical Nurse Practitioner must make sure that all medication are sorted out for the shelter and develop an emergency card for patients.

5.3 Hospital Clerk

- Contact by phone the members of the MHEC to convene at the MHEC Headquarters (POC) at the Cleopatra White Health Center
- Type radio messages if needed
- Assist to check food and other supplies
- Secure and label patients dockets
- Equipment (office supplies)

5.4 Social Worker

- Will assist in sending radio messages to the staff if necessary
- Will assist in calling relatives of the patients discharge
- Organize a list of patients that need monthly medications and deliver these medication.

The rest of staff will prepare to travel to the shelter.

5.5 Attendants/ PNP

- Attendant and PNP on vacation and not on duty should report to the hospital to be de-briefed
- Assist in the package of patients belonging and necessary equipment
- Assist in triaging
- Meet patients hygiene needs

- Prepare patients for mobilization

5.6 Practical Nurse (PN)

- Nurses on vacation and not on duty should report to the hospital to be de-briefed
- Assist in making the list for patients during triaging
- Pack patients dockets and medication
- Prepare for mobilization

6. PHASE 2
HURRICANE WATCH (20 ˚N 84 ˚W) – 1 RED FLAG WITH BBLACK CNTER – May threaten within 36hrs.

Once Phase 2 has been declared all members of staff will be required to report on duty to their respective centers. Preparation for transportation will be initiated by the coordinator. The procedure is as follows:

The first bus is to transport the members of staff off duty along with their relatives and relatives of staff on duty to the shelter. That will allow the staff the opportunity to get the shelter ready to receive the patients who will be traveling with the staff on duty.

The second bus will transport the patients and staff on duty

Covered truck will be transporting the food and cleaning supplies and equipment including the washing machine(s), dryer, stove, tanks, and mattresses. These are needed to prepare meals and laundry which will be done on a daily basis.

6.1 Mental Health Coordinator

- Liaise with Central Regional Manager for Transport
- Assist in evacuation of Rockview Hospital
- Supervision of PNP and relevant staff
- Ensure that they are adequate amount of medication
- Contact Ministry of Health (MOH) to activate cellular phone to be use by the program during the emergency
- Coordinator of the relocation and evacuation of patients, staff and supplies

6.2 Psychiatric Nurse Practitioner

- Make sure all patients whose beds were marked “SHELTER” are accounted for and aboard the bus
- Keep log with relative name and contact numbers
- See that acute cases are properly medicated
- Make sure e that they are adequate supplies of medication

6.3 Security Guards/Grounds man

- Secure Rockview Building against hurricane damage
- Make sure relevant supplies and equipment are transferred to the emergency shelter

- Make a list of equipment leaving the compound

TRANSFER

A roll call will be taken aboard and on arrival at the shelter. This will ensure that all staff and patients are accounted for.

6.4 Hospital Administrator

- Will coordinate set up of hospital within the emergency shelter.
- Delegate areas of the shelter to each section (kitchen, washing and sleeping areas for staff and patients)
- Delegate responsibility for set up of each section to section heads

6.5 **Attendant**

- Will make sure all patients are accounted for and help in making them as comfortable as possible

6.6 Security Guard/Grounds man

- Will make sure that all equipment are accounted for and set up in respected area.

7. PHASE 3
HURRICANE WARNING (20 *N 85 *W) – 2 RED FLAGS WITH BLACK CENTERS – Likely to strike 24 hrs.

At this stage of the emergency, the Hospital will function within the shelter.

The psychiatrist and Rockview staff will set up office to deal with psychiatric emergencies arising during the evacuation period. There are two psychiatrists, one at the national ministry and the other at the shelter to treat at emergency see referral.

The MHEC will meet frequently to discuss the situations at the shelter and to evaluate the plan.

8. PHASE 4

ALL CLEAR – 1 GREEN FLAG – The hurricane has passed

The MHEC will convene at the emergency shelter to coordinate the plan after the disaster.

Damage Assessments:

1. Visit the Rockview Hospital facilities, before moving patients (need to request a transport)
2. Personnel to do inspection (a) Coordinator
   (b) Grounds man
   (c) Securities
3. If the hospital is accessible, contact will be made with the Public Health and Fire Departments, to assess the health conditions (Public Health Dept.) and (fire dept.) to wash interior of the building.

8.1 REQUESTS

Transportation

The first bus is to take staff off duty and their relatives directly to Belize City. The second bus is to transport patients and staff on duty to the Rockview Hospital. The trucks are to take the remaining supplies and equipments to the Rockview Hospital.

8.2 Mental Health Coordinator

- Liaise with the BDF for a 4-toner truck to inspect Rockview Grounds
- Ensure transportation for patients and staff travel back to RH and Belize City, if there is no flooding at RH and the conditions are suitable for patients care
- In the event of flooding or inaccessibility to RH, the Belmopan Civic Center will be activated as a post-disaster temporary shelter
- Conduct and emergency ward round prior to transporting patients
- Ensure proper referrals of patients seen during the disaster

8.3 Mental Health Coordinator/Security Guards

- Travel to RH to ensure that it is in a condition to receive patients
- Prepare damage assessment and help in preparation of RH to receive patients.

8.4 Psychiatric Nurse Practitioners/Practical Nurse and Attendants

- Organize patients in different groups
- Pack and organize all medications and dockets
- Assist patients in getting ready for travel
- Assist patients with their personal hygiene
- Ensure that patients are properly medicated to travel

8.5 Domestic Staff

- Clean up of shelter before departure to RH
- Pack and organize all cooking and cleaning items utilized the emergency

8.6 Security Guards/Grounds man

- Assist in transporting of patients, staff, supplies and equipments to the RH

8.7 Psychiatric Nurse Practitioner and other POC Staff

- Will be available to relieve staff at the RH if necessary
- Prepare assessment damage for Psychiatric Out-patient Clinic

8.8 Driver

- Transport HA and Security Guards to inspect RH grounds

9. DAMAGE ASSESSMENT/EVALUATION

9.1 MH Coordinator/Psychiatrist

- Organize the damage assessment and evaluation team
- Lead the damage assessment of RH and the POC
- Facilitate the evaluation of the implementation of the Hurricane Plan
- Submit a damage assessment report to the Central Regional Manager

9.2 PNP/PN/SG/CT

- Participate in the damage assessment of RH
- Prepare the damage assessment report for the Rockview Hospital
- Participate in the evaluation of the Hurricane Plan

9.3 PNP/Social Worker

- Participate in the damage assessment of POC
- Prepare the damage assessment report for the Psychiatric Clinic
- Participate in the evaluation process

Once the damage assessment had been completed a budget and schedule of the works will be requested from the Maintenance Department for submission to the Ministry of Health.

A.1 Human Resources

The staff of Rockview Hospital (RH) and the Psychiatric Outpatient Clinic (POC) to work in the event of a hurricane is as follow:

In the event of an evacuation the following number of staff of the Rockview Hospital will report to duties

NATIONAL ENGINEERING & MAINTENANCE CENTER

Objective:

- To secure NEMC assets, including equipment, documentation and building
- To familiarize each member of NEMC staff with their duties and responsibilities during a threat
- To assist KHMH secure their assets as well as carry out KHMH evacuation plan
- To coordinate with external agencies to minimize downtime or losses during a threat

- To cooperate with Ministry of Health Senior Officers in carrying out general plan, especially when unusual conditions require unusual solutions

  NEMC will coordinate with KHMH and the two Emergency Hospitals; Belmopan Hospital and the Northern Regional Hospital in Orange Walk
  KHMH Hospital Administrator will activate the plan

Head of NEMC will alert all staff to report to the NEMC.

1. Technicians and Electricians will move all movable equipment in NEMC above flood level according to plan

2. Technicians and electricians will assist with the disconnection of movable equipment at other department and KHMH and moving it above flood level

3. NEMC Driver, Technicians and medical equipment operators will assist in transporting medical equipment to emergency center and setting up of equipment

4. Head of NEMC will coordinate with the Transport Officer and the Transport Section, the transporting of hospital equipment to emergency center

5. NEMC Technicians will assist with KHMH evacuation exercise through ensuring that all electrical main switches in CPM's at ground level are turned off with the assistance of the Electricians

6. All Medical vehicles will be directed to safer grounds, either Belmopan or Orange Walk Town, by the Transport Officer

7. Carpenters will secure buildings as best as possible to protect glass windows and doors, as well as securing loose members

8. The Plumber will deal with potable water issues, by securing reservoirs and closing off all supply lines valves, section valves, etc. to avoid or minimize contamination

9. After the ALL CLEAR, all NEMC staff will report to the Command Center for further assignment (which include assessment of damages to the Karl Heusner memorial Hospital)

   Detailed Instructions in case of Hurricane Warnings (after plan is activated)

DIRECTOR NEMC

PRELIMINARY PHASE I

- Attend emergency meetings
- Conduct emergency meetings with staff

PHASE II

- Close front door shutter (keep handle outside building)
- Check if building is fully secured
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Check the damage outside of the building
- Enter building through the small door in steel shutter of mechanical building
- Check the damage inside, make notes in order to prepare a report

TRANSPORT OFFICER

PRELIMINARY PHASE I

- Attend emergency meetings
- Ensure that updated list of MOH vehicle is available

PHASE II

- After transportation matters have been addressed, vehicles are to be refueled, and driven to appointed parking area/s.
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

TECHNICIAN I

PRELIMINARY PHASE I

- Attend emergency meetings
- Prepare extra backup of Information System to store outside of building

- Disconnect office equipment, computer, printers and photocopier
- Drawers in worktables located in medical and Electronic Workshops to be taken out and placed on top of worktable shelves

PHASE II

- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

TECHNICIAN II

PRELIMINARY PHASE I

- Attend emergency meetings
- Put office equipment, overhead projector, measuring and test equipment to top shelves (11 feet above ground level) in main storage (94.5 sq. ft.)
- Special tools, other equipment, spare parts and office supplies to be on second shelves (9 feet) in main storage

PHASE II

- Lock front door, tape around frame of front door and place small sandbags in front of threshold (outside)
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane Strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

TECHNICIAN III

PRELIMINARY PHASE I

- Attend emergency meetings
- In mechanical workshop, put all drawers and tools cabinets on table tops; compressors, drills, on top Shelves

PHASE II

- Switch off incoming electrical breakers in mechanical workshop
- Close shutter of mechanical workshop
- Lock small door in shutter
- Tape around small door
- Put sacks of sand as high as possible
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane Strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

TECHNICIAN IV

PRELIMINARY PHASE I

- Attend emergency meeting
- Drawers in worktables located in medical and Electronic Workshops to be taken out and placed on top of worktable shelves
- Put office equipment, overhead projector, measuring and test equipment to top shelves (11 feet above ground level) in main storage (94.5 sq. ft.)

PHASE II

- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane Strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

BOILER TECHNICIAN I

PRELIMINARY PHASE I

- Attend emergency meeting
- Disconnect officer equipment, computers, printers and photocopier
- All drawers out of filing cabinets to be on second shelves in main storage

PHASE II

- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane Strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

BOILER TECHNICIAN II

PRELIMINARY PHASE I

- Attend emergency meeting
- Documents in Documentation Center on top of top shelves and book cabinets, drawers out of filing cabinets to be put on top of book cabinets

PHASE II

- Tape door between mechanical workshop and corridor and put sacks of sand in front of threshold
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane Strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

ELECTRICIAN I

PRELIMINARY PHASE I

- In mechanical workshop, put all drawers and tool cabinets on the table tops; compressors, drills on top shelves

PHASE II

- Lock front door, tape door frame of front door and place small sandbags in front of threshold (outside)
- Switch off incoming electrical breakers in mechanical workshop. Lock small door in shutter. Tape around small door. Put sacks of sand as high as possible.
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane Strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

ELECTRICIAN II

PRELIMINARY PHASE I

- Attend emergency meeting
- Assist with the disconnection of movable equipment at the KHMH and move them to an area considered to be above sea level

PHASE II

- Switch off incoming electrical breakers in mechanical workshop. Lock small door in shutter. Tape around small door. Put sacks of sand as high as possible.
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane Strikes

PHASE IV

- Enter building through the small door in steel shutter of mechanical building
- Connect the portable generator to panel box in main storage. (capacity is for only lights and few outlets)

CARPENTER I

PRELIMINARY PHASE I

- Attend emergency meeting
- Commence the securing of NEMC and KHMH building

PHASE II

- Use 22 sheets of plywood to cover all windows
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

CARPENTER II

PRELIMINARY PHASE I

- Attend emergency meeting
- Assist with the securing of NEMC and KHMH building

PHASE II

- Use 22 sheets of plywood to cover all windows
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

DRIVER

PRELIMINARY PHASE I

- Attend emergency meetings
- Put furniture on top of tables

PHASE II

- After transportation matters have been addressed, vehicles are to be refueled, and driven to appointed parking area/s.
- Staff goes home to attend to family, and assist the Northern Regional or Belmopan hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Report to Command Center (to be announced) to assist with damage assessment and to carry out duties based on needs, at hospitals and emergency centers

SECRETARY

PRELIMINARY PHASE I

- Attend emergency meetings
- Prepare extra backup of Information system to store outside of building
- All drawers out of filing cabinets to be on second shelves in main storage

PHASE II

- Staff goes home to attend to family, and assist the Northern Regional or Belmopan Hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Participate in damage assessment exercise

STOREKEEPER

PRELIMINARY PHASE I

- Attend emergency meetings
- Ensure that an inventory of supplies in the store is prepared

PHASE II

- Staff goes home to attend to family, and assist the Northern Regional or Belmopan Hospital, as pre-arranged

PHASE III

- Hurricane strikes

PHASE IV

- Participate in damage assessment exercise

MECHANIC AND STORE KEEPER
MEEDICAL GARAGE

PHASE I

- Mechanic and storekeeper will put tools and small equipment in boxes
- Boxes and ensure that they are transported to NEMC for safekeeping

KHMH SERVICE BUILDING

PHASE II

After the service building is secured as far as possible, NEMC staff will, after instruction from the Command Center:

Boiler Technician I

- Stop operation of boilers

Electrician II

- Put standby generator in OFF position, since they are at ground level and may create short circuits
- Disconnect Main Switch of Hospital from BEL power (to avoid short circuits in High Voltage transformers and electrical panels)

Plumber II

- Switch OFF chiller, chiller pumps and water supply pumps
- Switch OFF Central Vacuum System
- Switch OFF Compressor Medical Air

Key People in NEMC Department, Hospital and External Entities

NAME	DUTY
Director NEMC	Call all Staff Supervise execution of plan
Sanitation Supervisor liaises with WASA System Supervisor	Water Supply Mechanical building
Electrical Supervisor liaises with BEL Control Room or T & D	Electrical supply Mechanical building
Biomedical Technician Liaises with BTL Customer Relations	Telecommunication
Transport Officer	MOH vehicles Organizes, allocates, services
Storekeeper	Stores Management Receives, manages, disburses supplies and spares
Senior carpenter	Secures buildings
Elevator Technician	Services elevators

CENTRAL MEDICAL STORES

Objective: *To provide the necessary Medical Supplies to health facilities in case of a hurricane and to ensure the continuity of Medical Supplies for distribution.*

Activities:

PRE AND DURING HURRICANE SEASON ACTIVITIES

THE SUPPLY OFFICER

The supply officer is responsible for ensuring that the below listed activities are carried out. In the absence of the Supply Officer, the Assistant Supply Officer is the responsible Officer.

- Secure list of required medical supplies from each pharmacist by mid-April
- By May 15th send reminder form for supplies
- Procure medical supplies by mid May
- Distribute Medical Supplies to all seven (7) government hospital pharmacist by the end of May
- By the end of June check to ensure that all hurricane boxes are prepared, stored and ready for distribution
- Beginning of July, distribute two months supply of medical supply to all District Hospital. (**This is to minimize the stock level at Central Medical Stores.)**
- Collect four 40 ft. shipping containers by mid August
- Label, pack and store medical supplies, intended to be secured at the Ministry of Works compound in Belmopan and the Orange Walk Hospital Compound, in 40 ft. shipping containers by September. These containers will be transported to their designated areas in Phase II, in the event of a hurricane.
- Prepare an inventory of what supplies are stored in each container by number. A copy of the inventory shall be placed inside the door of each container for ease of reference.

PHASE I

The Director of Health Services will activate the Medical Response Plan at which time the Supply Officer will activate the Central Medical Stores Hurricane Mitigation and Preparedness Plan. In the absence of the Supply Officer the Assistant Supply officer will activate the plan.

The supply Officer or his/her designate shall undertake to see that:

- Attend emergency meetings
- Convene emergency meeting with staff
- Preparation of Medical Supplies to be stocked in 4 – 40ft. shipping containers
- Establish stand by contact with the commandant of the Belize Defence Force (BDF) for the man power of 36 BDF officers in the event there is the need

- Establish contact with Lopez Equipment Company for (4) toe heads to pull 1 – 40 ft. shipping container to Orange Walk, and 3 – 40ft. shipping containers to Belmopan, in the event there is the need.
- Establish contact with DMO Orange Walk District
- Establish contact with Police Department in Belmopan
- Establish contact with Chief Pharmacist to ensure that all hurricane kits are prepared and ready for distribution to hurricane shelters in the event there is the need.
- Establish contact with Ministry of Works to assist with the distribution of Hurricane First Aid Kits to hurricane shelters in the event there is the need

PHASE II

Coordination of Staff activities

- Establish contact with BDF Commandant at Belize Defence Force Camp to arrange for man power to assist with the packing of supplies in shipping containers, and to accompany the stores clerk with the supplies to Orange Walk and Belmopan respectively
- Establish contact with Lopez Equipment Company for (4) toe heads to pull 1- 40 ft. shipping container to Orange Walk Hospital Compound and 3 – 40 ft. shipping container to Ministry of Works compound in Belmopan
- Establish contact with Chief Pharmacist to ensure that all hurricane kits are prepared and ready for distribution to hurricane shelters
- Establish contact with Ministry of Works to assist with the distribution of Hurricane First Aid Kits to hurricane shelters

ASSISTANT SUPPLY OFFICER

PHASE I

- Assume the role of the Supply Officer if he/she is out of the country
- Assist with the preparation of Medical Supplies to be stocked in – 40 ft. shipping containers
- Assist with the distribution of emergency kits to Belize District shelters

PHASE II

- Assist the stores clerk/porters with the labeling of the items that are placed in all the 4 - shipping container (by labeling charts)
- Pack, labeled all Dangerous Drugs for safe storage in Belmopan at Belmopan hospital, Pharmacy Department.
- Activate family hurricane plan
- Make necessary arrangements to travel and work in Belmopan

PHASE III

- Stay indoors

- Listen to official hurricane update

PHASE IV

- Assist with the restocking and distribution of medical supplies where needed

STORE CLERK

PHASE I

- Attend emergency meeting
- Assist with the preparation of supplies to be stored in containers

PHASE II

- Label all supplies that are to be packed in shipping container and to accompany BDF officers to Orange Walk and Belmopan respectively
- Activate family plan
- Make necessary plans to travel and work in Orange Walk

PHASE III

- Stay indoors
- Stay tuned to official hurricane update

PHASE IV

- If possible, prepare for normal operations

DATA ENTRY CLERK

PRE-HURRICANE

- Ensure that important files are being backed-up

PHASE I

- Attend emergency meeting
- Assist with the preparation of the inventory of the supplies to be stocked in shipping container
- Deliver diskettes with files to Statistical Officer

PHASE II

- Unplug, label and packed computers and fax machine in labeled boxes to be transported to second floor Karl Heusner Memorial Hospital. Packed stationeries and relevant

documents in labeled boxes, to be transported to Karl Heusner Memorial Hospital (KHMH).
- Join family and activate family plan
- Make preparation to travel to Belmopan

PHASE III

- Stay indoors
- Listen to official hurricane update

PHASE IV

- Report to area of work, to be determined by Supply Officer

CUSTOM BROKER

PHASE I

- Attend emergency meeting
- Assist with the preparation of supplies to be packed in containers

PHASE II

- Shall, label and pack all Custom Brokerage Documents. Shall unplug, pack and label all office equipment
- Shall assist with the packing, labeling and storing of documents, equipment into shipping containers that will be stored in Belmopan. Assist with the packing, labeling and storing of supplies into shipping containers A & B.
- Activate family hurricane plan
- Make necessary arrangements to travel to Belmopan

PHASE III

- Stay indoors
- Listen to official hurricane update

PHASE IV

- Report to area of work, to be determined by Supply Officer

PORTERS

PHASE I

- Attend emergency meeting

- Assist with the preparation of supplies to be packed in container

PHASE II

- Assist with the unplugging and packing of equipment, documents, stationary and supplies.
- Assist the Store Clerks with the packing and labeling of supplies, and with the transfer of supplies into the container
- Prepare full tanks of medical gasses to be transported and stored at Orange Walk Hospital compound and Belmopan Hospital compound
- Shall assist the BDF officers with packing of supplies into containers
- Join family and activate family plan
- Make preparation to travel to pre-determined assigned district

PHASE III

- Stay indoors
- Listen to official hurricane update

PHASE IV

- Assist with the restocking of supplies (if possible)
- Assist with the preparation of medical supplies to de distributed to areas of need

DRIVER

PRE-HURRICANE

- Coordinate with Driver/Mechanic at the Belmopan Hospital for the Safe keeping of the CMS vehicle

PHASE I

- Attend emergency meeting
- Assist with the preparation of supplies to be transported to Belmopan and Orange Walk Hospital

PHASE II

- Service vehicle
- Assist with the deliveries of oxygen to Orange Walk Hospital (1st) and Belmopan (2nd)
- Join family and activate family plan
- Make preparation to take vehicle to Belmopan Hospital Compound

- Establish contact with Driver/Mechanic at Belmopan Hospital

PHASE III

- Stay indoors
- Listen to official hurricane update

PHASE IV

- Report to area of work, to be determined by Supply Officer

Stocks that shall be stored in shipping containers while in Orange Walk and Belmopan are:

DISTRICT	CONTENT	40 FT SHIPPING CONTAINER BY #
Belmopan	I.V. Solution	A
Belmopan	Medical Supplies	B
Belmopan	Pharmaceuticals	C
Orange Walk	I.V. Solution, Medical Supplies, Pharmaceuticals	D

Oxygen from Central Medical Stores will be stored in Belmopan, on Belmopan Hospital compound at the garage.

Oxygen from Central Medical Stores will be stored in Orange Walk, on Orange Walk Hospital compound at the end of the maternity ward.

VEHICLE

Central Medical Stores vehicle shall be serviced and ready for use. This shall be done by the Driver.

BELMOPAN:

Supply Officer
Assistant Supply Officer
Driver
Custom Broker
Porter
Data Entry Clerk

ORANGE WALK:

Stores Clerk (2)
Typist
Porter

LABORATORY SERVICES

Introduction

The laboratory services are essential and vital to the continuous provision of quality health care. In conjunction with other support staff, laboratory personnel must therefore always be prepared to function in any emergency situation. In order to ensure this the laboratory personnel has developed a plan of action for providing efficient and effective services during and after any disaster.

In event of any disaster or at the threat of a hurricane, Laboratory personnel MUST REPORT to the Director of Laboratory Services or District Medical Officer immediately. Should the pattern of the impending hurricane be erratic (like Mitch, October 1998), personnel who were not on active duty during the impending hurricane must liaise with DLS/DMO for assignment and or advice.

OBJECTIVE

To safeguard the physical structure and contents of the laboratory including furniture, equipment, reagents and supplies; and to facilitate the provision of diagnostic laboratory support services before, during and after a hurricane.

General Activities

Before the start of the Hurricane Season ABOUT MID MAY the District Technologists will prepare "**TWO HURRICANE BOXES**". These boxes will contain all the necessary supplies for performing emergency tests during and after a hurricane or other disaster. One box will contain supplies, which are stored at room temperature, and the other will contain supplies, which must be refrigerated. Technologists will monitor and rotate stocks as necessary to ensure availability and to prevent expiration of reagents/supplies.

PLEASE NOTE that No attempt will be made to dispatch Supplies to the Emergency Hospitals and district laboratories upon the notification of a hurricane.

Should the declaration of Phase 1 occur outside of normal working hours ALL PERSONNEL MUST REPORT FOR DUTY IMMEDIATELY.

ALL Personnel on leave and present in the country MUST report for duty and Must participate in all activities.

Upon notification of the Preliminary stage, only the emergency laboratory tests listed will

be offered throughout the storm (see annex #21 CHR).

STAFF RESPONSIBILITIES

Director Laboratory Services

During the first trimester of the year the Director Laboratory Services will convene a meeting with laboratory services personnel to review and update the CML Hurricane Plan. The Director will ensure that revised plans are distributed to ALL members of staff.

Pre Hurricane Season

By the middle of May the Director Laboratory Services will review the Laboratory's hurricane plan with senior staff.

The Director of Health Services will activate the Medical Response Plan. The Director Laboratory Services will monitor and supervise the coordination of the laboratory services response.

Phase I

- Within one hour after the declaration of Phase 1, the DLS will convene an emergency meeting to activate the Laboratory's hurricane plan.
- Continue updating staff as necessary
- Activate Family Plan

Phase II

- Liaise with the Maintenance Engineer to effect the securing of the building
- Oversee the storage of lab equipment, reagents and supplies
- Disconnect office equipment, wrap in plastic and store on floor under desk
- Oversee the storage of catalogues and priority books from the conference room
- Oversee the dispatching of Blood Supplies to Emergency Hospitals
- Seek shelter

Phase III

- Remain Indoors

Phase IV

- Liaise with DLS
- If the Laboratory is in satisfactory condition commence preparation for resumption of laboratory services
- Oversee the reinstallation of equipment

- Oversee the initiation of QC for resumption of normal duties

Supervisor KHMHL/Blood Bank

Pre Hurricane Season

The Supervisor KHM Lab/Blood Bank will ensure that each member of the KHM Laboratory and the Blood Bank has a current copy of the Laboratory's hurricane plan. Before June 1, the Supervisor KHM Lab/Blood Bank will review the plan with the KHM Laboratory and Blood Bank personnel.

The Supervisor will monitor and supervise the response of the KHM Laboratory and Blood Bank personnel.

Phase I - Preliminary

- Within one hour after the declaration of Phase 1, attend the emergency meeting to activate the Laboratory's hurricane plan.
- Convene meeting with the executive committee of the Belize Volunteer Blood Donor Service shall convene. They will be briefed and will remain on call.
- Check the quantity of units of blood on hand to determine if more units are required.
- If more units are required, start informing donors of this need begin collection to make up the deficiency.
- Continue updating staff as necessary
- Activate Family Plan

Phase II

- Oversee the disconnection and storage of equipment
- Oversee the storage of reagents and supplies
- Ensure that blood units are packed and transported to the emergency Hospitals
- Oversee the disconnection and storage of KHML equipment, reagents and supplies
- Oversee the dispatching of personnel to Emergency Hospitals or Centers
- Seek shelter

Phase III

- Remain Indoors

Phase IV

- Liaise with DLS
- If Laboratory is in satisfactory condition commence preparation for resumption of laboratory services
- Oversee the reinstallation of equipment
- If Blood bank is in satisfactory condition for work, request return of Blood units to Belize City

- Store Blood units in appropriate Blood Banks
- Reinstall equipment and QC for resumption of normal duties.

Phlebotomist Blood Bank

Pre Hurricane Season

Before June 1, review the hurricane plan

PHASE I

- Check the quantity of units of blood on hand to determine if more units are required.
- If more units are required, start informing donors of this need begin collection to make up the deficiency.
- Activate Family Plan

PHASE II

- Disconnect equipment, wrap in plastic and place on floor under work benches
- Pack blood units for transportation to the emergency Hospitals
- Secure files and records, wrap in plastic and store on floor under work benches
- Seek shelter

PHASE III

- Remain Indoors

PHASE IV

- Liaise with Supervisor for advice as to the status of laboratory and resumption of services
- If Laboratory is in satisfactory condition commence preparation for resumption of laboratory services
- Reinstallation of equipment
- Store Blood units in appropriate Blood Banks

Medical Technologists KHMHL (ALL)

In event of an impending hurricane, ALL Technologists assigned to the KHML (including technologists on leave and in the country) MUST report to the Supervisor for briefing and participate in the activation of the hurricane plan.

Pre Hurricane Season

Before June 1, review the hurricane plan

PHASE I - Preliminary

- Communicate with supervisor
- Be in readiness to activate the Laboratory's hurricane plan.
- Tune in to weather updates
- Activate Family Plan

PHASE II

With the assistance of other KHML technologists the technologist on duty will
- Discontinue the performance of routine laboratory tests
- Initiate emergency services as indicated in emergency tests list in appendix
- Disconnect all electrical equipment
- Pack equipment, label and wrap in plastic and take to CML for storage
- Pack reagents and supplies and take these to CML for storage
- Pack files and other records in boxes, label boxes and wrap in plastic take to CML
- Proceed to assigned Emergency Hospitals or Center

PHASE III

- Liaise with District Lab Tech
- Remain Indoors

PHASE IV

- Liaise with Supervisor
- If Laboratory is in satisfactory condition commence preparation for resumption of laboratory services
- Reinstall equipment and QC for resumption of normal duties.

Supervisor CML

Pre Hurricane Season

The Supervisor CML will ensure that each member of the CML STAFF has a copy of the current Laboratory hurricane plan. Before June 1, the Supervisor CML will review the plan with the CML personnel.

The Supervisor will monitor and supervise the response of the CML personnel.

PHASE I - Preliminary

- Within one hour after the declaration of Phase 1, attend the emergency meeting to activate the Laboratory's hurricane plan.
- Alert CML staff
- Tune in to weather updates
- Continue updating staff as necessary
- Activate Family Plan

PHASE II

- Disconnect equipment **NOT REFRIGERATORS**, wrap in plastic and store in the Cytology section, under the workbenches.
- Pack Microbiology files and other records in boxes, label boxes and wrap in plastic and store in the Cytology sections, under the workbenches.
- Cover large equipment with plastic
- Disconnect computer and printer pack, label and wrap in plastic bags and store in DLS office
- Seek shelter

PHASE III

- Remain Indoors

PHASE IV

- Liaise with DLS
- If Laboratory is in satisfactory condition commence preparation for resumption of laboratory services
- Oversee the reinstallation of equipment
- Reinstall equipment and QC for resumption of normal duties.

Medical Technologists CML

Pre Hurricane Season

Before June 1, review the hurricane plan

PHASE I - Preliminary

- Communicate with supervisor
- Be in readiness to activate the Laboratory's hurricane plan.
- Tune in to weather updates
- Activate Family Plan

PHASE II

- Disconnect equipment **NOT REFRIGERATORS**, wrap in plastic and store under the workbenches.
- Pack files and other records in boxes, label boxes and wrap in plastic and store under the workbenches (Microbiology staff = store in Cytology lab) .
- Cover large equipment with plastic
- Disconnect computer and printer pack, label and wrap in plastic bags and store under the workbenches.
- Seek shelter

PHASE III

- Remain Indoors

PHASE IV

- Liaise with Supervisor
- If Laboratory is in satisfactory condition commence preparation for resumption of laboratory services
- Reinstall equipment and QC for resumption of normal duties.

Office & Domestic Personnel

Pre Hurricane Season

Before June 1, review the hurricane plan

PHASE I - Preliminary

- Communicate with supervisor
- Be in readiness to activate the Laboratory's hurricane plan.
- Tune in to weather updates
- Activate Family Plan

PHASE II

- Disconnect office equipment wrap in plastic and store under desk in DLS office
- Pack files and other records in boxes, label boxes and wrap in plastic and store on floor in second floor corridor.
- Seek shelter

PHASE III

- Remain Indoors

PHASE IV

- Liaise with Supervisor
- If Laboratory is in satisfactory condition commence preparation for resumption of laboratory services
- Return equipment and files to office and reorganize office
- Resume normal duties.

KARL HEUSNER MEMORIAL HOSPITAL

RESPONSIBILITY FOR INITIATING PLAN

The C.E.O. will activate the hurricane emergency plan for the hospital once the preliminary warning phase has been declared.

C.E.O. will alert Hospital Department Heads including Medical Chief of Staff and Nursing Administrator.

Heads of Department will alert and summon all staff to report to report to duty.

COMMAND CENTER

The C.E.O. upon the preliminary phase being declared will begin to prepare the hospital Administrator's office for function as the Administrative Control Center, coordinator activities in the hospital and remain there until the emergency plan is operational.

DEPARTMENTAL ARRANGEMENTS

Departmental arrangements will be supervised by respective Heads of Department whose duty is to ensure that the various activities to be undertaken by the department are carried out with dispatch. It is expected that all activities will be undertaken during the preliminary and second phases ensuring the entire hospital is prepared for the third phase.

Expect for those personnel with specific duties and responsibilities scheduled to be on duty during the emergency, all other staff could be released to leave the premises upon completion of emergency preparation by the end of the second phase.

KARL HEUSNER MEMORIAL HOSPITAL

PHASE I

- The Karl Heusner Memorial Hospital will be evacuated regardless of the strength of the hurricane
- All elective admissions will cease
- All units will activate their disaster plan

- Doctors will conduct ward rounds to determine those patients who can be discharged and other requiring continued medical care. Patients will be categorized into three (3) groups, namely:

1. Discharge without assistance – tagged bed – white
2. Discharge with assistance – tagged bed – green
3. Critical patients to remain – tagged bed – red and attached ID bands

- Each patient transferred, must be accompanied with one week medication

- All discharge patients will go home
- Patients relatives will be contacted via phone by the Nursing Supervisor
- Patients from the North and Belize City will be transferred to Orange Walk
- All neonates will be transferred to Belmopan

Extra manpower from Belize Defense Force (approximately 30 personnel) and Prison to move equipment, install shutters, secure building.

Belize Defense Force Trucks to move equipment/supplies to Emergency Center

EMERGENCY CENTER – Belize City Social Security Building

Will serve for trauma/minor surgery/triage/possibly obstetric injuries anticipated include:

Trauma of any type
Cuts/bruises
Blunt injuries abdomen/chest
Head injuries
Respiratory Tract problems
Bronchial Asthma
Skin conditions
Nail punctures
Snake bites
Near Drowning
Shock Syndrome
Deliveries
Chronic Diseases
Psychiatric Conditions

For lists of instruments, equipment, supplies (medical, food, cleaning, stationery) to be supplied to emergency centers, hospitals and hurricane shelters see annexes #25 CHR to #39 CHR.

MEDICAL CHIEF OF STAFF

PRE-HURRICANE SEASON ACTIVITIES

- Attend relevant meetings
- Conduct meeting with physicians to develop duty roster and to determine what arrangements need to be made especially for physicians that will be deployed to the two emergency hospital
- Through the CEO, communicate plans with the DMO of Belmopan and Orange Walk Hospital
- Submit duty roster to Hospital Administrator by June 1st

Personnel required (on shifts)

1 Security Guard
1 Paramedic
1 Dietary/Housekeeping
3 Nursing Staff including Midwife
1 Physician
1 Attendant
1 Housekeeping

Back up facilities for emergency center:

1 Stand-by electric generator
3 100 gallons plastic water vats
1 TableTop Gas Stove and butane gas tank
2 Fire Extinguisher (to be relocated from KHMH)
3 Communication Radios

PHYSICIANS

PHASE I

- Medical Chief of Staff activates plan
- Summons all specialists to conduct discharge rounds. Medical Practitioner will assist in setting up the emergency center at the Social Security Building; they will also assist in transfer of remaining critical patients to Belmopan and Orange Walk Hospital.
- Medical Chief of Staff responsible for the medical arrangements for the Emergency Hospitals and Emergency Center at the Belize City social Security Building.
- Medical Chief of staff will alert District Medical Officers of the Emergency Hospitals of plans to transfer patients
- Begin to re-deploy staff as necessary and coordinate preparedness activities for emergency operation of hospital and emergency center

PHASE II

- Physicians will report to the Emergency Hospital/Center assigned to them

NURSING

Nursing Administrator/Matron I is responsible for coordinating all nursing activities in connection with the emergency plan.

Nurses will not be assigned to shelters

Each nursing staff is advised to develop his/her own disaster plan

PRE-DISASTER

- Staff deployment list will be submitted to all nursing unit by May 15th, 2000
- All unit managers will develop their individual Pre and Post Disaster Preparedness plan and submit to the nursing Administrator by April 30th, 2000.
- Nursing Administration will develop two Staff Deployment plans in the event of a hurricane. These deployment plans are one, for Category 1- 3 and the other for Category 4 and 5
- NEMO's sub-committees will identify personnel providing assistance. A listing of their names, location and phone numbers will be submitted to all units by May 15th, 2000

Nurses will be identified to perform the following duties:

- Accompanying patients to designated emergency hospitals, pre and post disaster
- Coordinate the transfer of nursing staff to emergency hospitals
- Register nursing staff and relative who are being provided with shelters and transportation
- Commence working immediately on transferring of patients to emergency centers
- Be in-charge of each delegation of nursing staff deployed to emergency regions
- All nursing staff will work a twelve hour shift
- All staff on leave and in-country must report on duty
- Each unit will identify the nurse responsible for the secure storage of supplies and equipment pre and post disaster
- Submit a listing of nurses and their dependants who will require shelter and transportation

PHASE I

- The Karl Heusner Memorial Hospital will be evacuated regardless of the strength of the hurricane
- All elective admission will cease
- All units will activate their disaster plan
- Doctors will conduct ward rounds to determine those patients who can be discharged and other requiring continued medical care. Patients will be categorized into three (3) groups, namely:
    - Discharge without assistance – tagged bed – white

    - Discharge with assistance – tagged bed – green
    - Critical patients to remain – tagged bed – red and attached ID bands
- All discharge patients will go home
- Patients relative will be contacted via phone
- Patients from the North and Belize City will be transferred to Orange Walk
- All neonates will be transferred to Belmopan

- Staff will de deployed to designated emergency hospital to facilitate the continued management of patients

All supplies and equipment from the first floor will label and secured in designated areas on the second floor. Below outlined designated areas for storage.

Unit	**Storage areas**
Pediatric	Medical Clean utility linen room
Labour and Delivery	Treatment room – medical
Specialist Clinic	Locker room – medical
OB/Gyn	Surgical – Nurse's room
Accident and Emergency	Surgical
Special Care Baby Unit	Matron's Office – Surgical Treatment Room
Post Anaesthetic Recovery	Surgical – Staff Room – Administration
Operating Theatre	Nursing Administration Conference
Central Sterilizing Unit	Conference Room – Staff Dining Room
Milk Room	Matron's Office
National Health Information Centers	Surgeon's Office – Administration Section
Rockview	Surgeon's Office – Administration Section
Medical	Medical
Surgical	Surgical

- Equipment and supplies that will be transferred to Regional Hospitals are to be labeled. Labeling will be duplicated
    - place of origin
    - destination
    - serial number
- Listing of equipment and supplies will be duplicated. Copy to be forwarded to Matron II and the destination site, pre and post disaster
- Nursing Supervisor will submit to Matron II, a listing of the following:
    - nurses accompanying patients
    - patients transferred
    - keys stored
    - equipment and supplies transferred
    - others
- Key box from nursing supervisor's office will be transferred to the Office of Matron II

After all patients have been transferred to Regional Emergency Center nurses in-charge of each unit will hand over the DDA keys to the Pharmacist

Nurse in-charge of each unit will ensure that all lights and fans are tuned off; all windows and doors are closed.

Staff and dependants will be transferred to designated Regional Centers

PHASE II

At the beginning of this phase, all staff will be deployed at Regional Centers.

PHASE III

Staff will work at respective Regional Centers

PHASE IV

Staff remains at Regional Centers until Karl Heusner Memorial Hospital can resume operations.

PHARMACY

Upon activation of emergency plan all staff members including students to report to Pharmacy for preparation of evacuation to assigned area on upper floor.

Safeguard drug supplies by removing stocks at low levels to higher levels of storage in Pharmacy room. Box up other supplies and relocate to assigned room in Medical Ward upstairs.

Properly store all inventory, administrative records and electrical appliance.

Prepare emergency box for dispatch to Emergency Center

Staffs to remain at post and await further instruction from Head of Department

STAT-LAB

Pre-hurricane activities:

- Director of Laboratory Services is to prepare staff and assign staff to cover emergency lab.
- Ensure that water containers and reservoir are filled and bottled water is purchased

PHASE I & II

- Ensure that electrical equipment is disconnected except for those necessary for emergency tests
- Prepare reagents, supplies , and equipment to be used at laboratories
- Pack and secure records, supplies and equipment, and cover with plastic
- Transport laboratory blood reagents, supplies and emergency laboratories
- Install equipment and do Quality Control
- Blood and blood products will be transferred with patients being referred to Emergency Hospitals

RADIOLOGY

PHASE I

- Secure all portable machines including the C-arm in Operating Theater and place on the upper floor
- Secure all files, documents, films in locked cabinet above flood level
- Secure all potential flying objects, ensure windows and doors are properly closed
- Wrap expensive supplies in plastic and store on high level

PHASE II

- Secure up radiology services in designed room at the emergency center
- The Radiographer on-call and the Senior Radiographer will be on duty until the green phase is declared
- Remain at post and await further instructions from Head of Department
- X-ray supplies and equipment to be transferred up to administrative area

PHYSIOTHERAPY

PHASE I & II

- Ensure that Short-wave Diathermy Machine and Ultrasound Machine is disconnected and taken to second floor for protection from water
- Ensure that all records, stationeries etc. are locked away in drawers and filing cabinets
- Ensure that all windows are secured and shutters are in place
- Remain posted and await further instructions

MEDICAL RECORDS

PHASE I & II

- Secure medical records, bill books, register and other records from wards for safeguarding
- Medical records on low level shelves will be tied up and relocated to higher shelving or upstairs to Administration
- Ensure shutters are in place on windows and doors in clinic areas and main entrance

- Remain at post and await further instructions from Head of Department

PARAMEDICS & AMBULANCE SERVICES

- Have Ambulances available to transport discharged patients needing assistance and be on stand by for emergencies

- Personnel (attendants and paramedic) to assist with relocation of patients
- Have Ambulances checked, fueled and ready to move to safe place as required. If more that one functional Ambulance each must move for shelter in Belmopan, Ladyville (Airport) and/or Orange Walk
- Safeguard equipment/supplies by removing to higher level of storage above flood level
- Clear work area of all documents and records, and lock away in desk or cabinet
- Ensure windows and doors in Paramedic room are properly secured before leaving the area
- Assist other Departments in setting up emergency services at the emergency center at the Social Security Building in Belize City
- Remain at post and await further instructions from Head of Department

SUPPLIES STOREROOM

Storeroom Clerk:

Ensure safe storage of medical supplies from flood level.

Item used daily will be removed to the Emergency Center (Cat. 1-3 hurricane)

Flashlights	Kidney dish	suture (all size)
Syringes (all sizes)	Oxygen regulator	Gauze roll
Oxygen bottles	Toilet tissue	Needles (all sizes)
Splints	Oxygen cannula & mask	Adhesive tape 1”& 2”
Paper towel	Catheters (all sizes)	Cotton wool
Bandages (different size)	Cord clamps	Intra-catheter (all size)
Sterile gloves (all sizes)	Pampers (all size)	Examination gloves
Urine bags	Ambu-bags (all size)	Thermometers
Colostomy bags	Surgical blades (all sizes)	Stethoscopes
Traction Kit	Melolin	Airway (all size)
Plasters (all size)	Surgical masks	Blood pressure apparatus
Batteries (all sizes)	N/G tubes (all size)	Glucofilm
Razor blades	Speculum disposable	Vaporizers
Nebulizers	Endotracheal tubes (all size)	Disposable sheets

- Other supplies will be stored in boxes and placed on highest level shelves
- The two nursing wards i.e. surgical and medical will be stocked with at least one week’s supply
- Safeguard store inventory records and electrical equipment

- Ensure doors and windows are locked and shutters installed
- Storeroom Clerk will remain posted and await further instructions

ATTENDANTS/PORTERS

PHASE I & II

- Attendants to assist with relocating patients
- Help other Departments transport equipment and supplies needed to set up Emergency Center at the B.S.S.B building.
- Help patients who are discharged to be sent home
- Ensure collection of bodies from morgue by relatives of the deceased as quick as possible
- Ensure all medical waste and other garbage are collected and properly disposed of
- Make available Attendants to be on duty at Belize City Emergency Center
- Make sure Emergency Center has adequate oxygen supplies
- Secure furniture/equipment in morgue to high levels
- Remain at post and await further instruction from Head of Department

DIETARY

Pre-hurricane activities

Head of Department

- Develop duty roster and submit to C.E.O. Karl Heusner Memorial Hospital
- Orient staff to the Emergency Dietary plan
- Responsible for ensuring continuity of food services to the Emergency Center in Belize City during the hurricane emergency period in the event of a Cat. 1-3 hurricane

Preliminary Phase

- Food Service Supervisor will alert all off duty staff of the Dietary Department to report immediately to duty
- Begin to prepare stock of equipment, utensils and food supplies for the emergency hospitals and emergency center
- Continue to prepare food in kitchen if necessary
- All remaining belongings of the Dietary Department should be placed at higher levels from flood, at the Karl Heusner Memorial Hospital

PHASE II

- Send emergency food supplies and eating utensils to Emergency Center. Have appropriate staff assigned for hospital and Emergency Center for food preparation and securing during emergency.
- Deploy all staff and assign as necessary
- All staff to remain at post and await further instructions from Head of Department

FOOD STOREROOM (Incorporate cleaning supplies & utensils materials)

Preliminary Phase

- Take out whatever is in storage in Walk in freezer, and distribute as appropriate
- Place padlock on movable freezer

PHASE II

- All bottles and canned goods should be stocked in boxes for distribution at the Emergency Hospital and Center
- All perishable items in stock in dry goods store room must be sent to emergency hospital and must be used as quickly as possible

HOUSING KEEPING (CLEANING)

Pre-hurricane activities

Head of Department

- Develop duty roster and submit to C.E.O. Karl Heusner Memorial Hospital
- Orient staff to the Emergency Housekeeping plan

PHASE I & II

- Ensure that housekeeping services are provided to Emergency hospital and Emergency Center during the emergency
- Dispatch sufficient amount of linens for use at the emergency hospitals and emergency center
- Remove sewing machines and raw materials to upper floor in corridor
- Have ready all necessary supplies to continue routine chores e.g. buckets, mop broom, cleaning agents, garbage bags
- Transfer housekeeping items to higher area for storage
- Assist nursing with stripping of beds, pack and label dirty linen and send to Belize Laundromat
- Deploy Domestic Auxiliaries to do duties in the Emergency Hospital (Orange Walk & Belmopan) and Emergency Center at B.S.S.B. Building (in the event of Cat. 1-3)
- A senior and reliable person will be made responsible for Emergency Center and shall liaise with Domestic Supervisor and nursing personnel
- Prepare emergency box of linens and cleaning supplies and dispatch to Emergency Center
- Domestic Supervisor checks to see all is operational at and Emergency Center, in the event of Cat. 1-3)
- Remain t post and await further instructions from Health of Department

Chief Security

Pre-hurricane activities

- Prepare duty roster for staff to be deployed to Emergency Hospitals and Emergency Center

PHASE I & II

- Ensure security of building by checking that windows and doors are securely closed
- Assist other staff with emergency procedure activities
- Remain at post and await further instructions from Supervisor

ADMINISTRATION

- Administration will forward public advisory messages through radio announcements canceling all appointments for Specialist Clinics and other medical appointment
- Clear individual desks and work areas and secure files, records, stationeries in drawers or filing cabinets
- Ensure all electronic and electrical equipment (computers, typewriters, fans etc.) are turned off and unplugged from electrical outlets. Where dust and water proof covers are available they will be used to cover all electronic and electrical equipment
- Clear work areas of all personal belongings and to remove them from the hospital premises
- Ensure that all windows and doors in their respective offices are locked and bolted before leaving their respective areas
- In the event it becomes necessary, employees must be prepared to report to the office on holidays or weekends to secure the objective herein stated
- Administration staff will be expected to offer assistance to other areas in removing equipment/supplies from lower flat to upper flat
- Remain at post and await further instructions from Head of Department

ACCOUNTS

- All office equipment, files, records to be placed on high levels or relocated to upper floor in Administration
- Clear desk and secure files, records, stationeries in drawers or filing cabinets
- Clear ward areas of all personal belongings and remove them from hospital premises

- Ensure that all electronic and electrical equipment are turned off and unplugged from electrical outlets. Where dust and water proof covers are available they must be used to cover equipment
- Accounts staff will be expected to offer assistance to other areas if necessary
- Remain at post and await further instructions from Head of Department

LIBRARY

- Ensure all electrical equipment i.e. computers/printers, photocopying machine, television, video and air conditioning unit are disconnected and covered where appropriate
- Ensure that Maintenance Department secure shutters on windows
- Clear work area of all personal belongings and take them from hospital premises
- Clear desks and secure all records and stationeries in drawers or file cabinets
- Remain at post and await further instructions from Head of Department

SWITCHBOARD

- Staff will secure equipment from flood level by raising at higher levels if possible
- Switchboard room is to be cleared of all flying objects, and personal belongings
- Operators will continue on shifts manning the telephones until communication is down or flood water starts to rise
- When vacating switchboard ensure all records, files etc. are stored away and room is locked
- All staff to remain at post and await further instructions from Head of Department

MAINTENANCE – ENGINEERING DEPARTMENT

- Ensure adequate transportation requirements are met in relation to hospital plans
- Provide for the availability of adequate backup emergency power and water supply at hospital and emergency center.
- Assist with the physical logistics arrangements of setting up Emergency Center (St. Ignatius School) for its operation
- Store all movable equipment e.g. Incubators in Conference Room

CONTINGENCY PLAN

For Categories 4 and 5 types hurricane

- The Karl Heusner Memorial Hospital will transfer all remaining critical patients to Belmopan and Orange Walk Hospitals for maximum safety
- Medical Chief of staff will alert District Medical Officers at those district hospitals to expect patients
- Ambulances will transfer patients accompanied by a nurse and or Paramedic
- Depending on information from Central emergency organization based on updated weather bulletin the decision will be made to completely close hospital or have emergency staff on stand-by

GENERAL

- Staff must note that the hospital cannot be used as a shelter for families. It is important therefore that staff make prior arrangements for the safety of their families from the onset of the hurricane season

- All employees have an obligation to respond to emergency measures even if it is on a public holiday, weekends or if on vacation leave
- All staff should report to clean up and reorganize operations as quick as possible after the all clear phase is declared
- Following a hurricane and after the All Clear Phase an assessment team will evaluate the extent of damages. The team will comprise:

Chief Executive Officer
Director of Health Services
Hospital Administrator
Engineer Maintenance Department
Medical Chief of Staff
Matron I

The plan should be reviewed annually and updated as deem necessary. All members of staff must be familiar with the plan and it is incumbent on each Head of Department to ensure this happens.

MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

BELMOPAN CITY
MCEDICAL CARE AND PUBLIC HEALTH COMMITTEE
(BC-MCPHC)
HURRICANE DISASTER PLAN

REVISED AUGUST, 2004

A. ADMINISTRATIVE SECTION

1.0 INTRODUCTION

The Belmopan City Hurricane Disaster Plan sets out the emergency procedures for the Belmopan City area of the Western Health Region to respond to Hurricane Disasters in the most efficient possible way. As a preamble to the Hurricane Emergency Plan, it should be noted that in the event that Belize City and Coastal Towns are threatened by a hurricane, the Belmopan Hospital because of its inland location, will be designated one of the main Medical-Surgical Centers in the country.

The Hospital will serve as one of the main referral centers and will be prepared to accommodate certain types of patients evacuated from the Karl Heusner Memorial Hospital or the Southern Regional Hospital.

GENERAL OBJECTIVE OF THE PLAN

To ensure the continuity of Medical Care and Public Health services before, during and after a hurricane.

This plan will work in harmony with the specific guidelines set out by the Ministry Of Health of Belize and with the Disaster Management Plan for Belize formulated by the National Emergency Management Organization (NEMO).

Belmopan City

Hurricane Disaster Preparedness Plan

Purpose:

The purpose of this plan is to ensure the continuity of medical care and public health services before, during and after a hurricane disaster.

Structure:

This plan outlines the emergency management procedures for the Belmopan City Area of the Western Health Region in ensuring the continuity of medical care and public health services for the purposes of a hurricane disaster. It clearly sets out the roles of the individual Units.

Actors:

The Belmopan City Area of the Western Health Region Management Team will be involved in implementing the Hurricane Disaster Plan. The plan will detail roles and responsibilities of everyone involved.

Hazard Analysis:

Effects of a Hurricane

Short Term Effects of A Natural	**H U R R I C A N E**
Deaths	Few
Severe Injuries Requiring Intensive Treatment	Moderate
Increased Risk of Communicable Diseases	Potential Risk, with probability rising with over-crowding and Deteriorating Sanitation
Damage to Health Facilities	Severe
Food Scarcity	Rare

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE CATEGORIES

Hurricane Intensity Scale

A scale* from one to five based on the hurricane's present intensity which gives an estimate of the potential flooding and damages to property form a hurricane is as follows:

One: Winds 119-153 km h^1 (74-95 mph)

No real damage to building structures; damage primarily to unanchored mobile home, shrubbery and trees.

Two: Winds 154-177 km h^1 (96-110 mph)

Some roofing, door and window damage to buildings; considerable damage to vegetation, expose mobile homes, and piers. Small craft in unprotected anchorage's break moorings.

Three: Winds 178-209 km h^1 (111-130 mph)

Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures, mobile home are destroyed.

Four: Winds 210-249 km h^1 (131-155 mph)

More extensive curtain wall failures with some complete roof structure failure on small residences.

Five: Winds greater than 249 km h^1 (155 mph)

Complete roof failure on many residences and industrial buildings, some complete building failures with small utility buildings blown over or away.

- **This scale was developed by Saffir and Simpson and is commonly known as the Saffir/Simpson Hurricane Scale (SSH) and was submitted by the National Meteorogical Service.**

CATEGORY 1 – **Storm surge – up to 5 feet of water**
CATEGORY 2 – **Storm surge – 9 to 12 feet of water**
CATEGORY 3 – **Storm surge – 15 to 18 feet of water**
CATEGORY 4 – **Storm surge – 18 to 21 feet of water**
CATEGORY 5 – **Storm surge – 18 to 24 feet of water**

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

1.1 SCOPE

This Hurricane Disaster Plan covers the Belmopan City Area of the Western Health Region's adequate response at the time of hurricane threat to the country of Belize. The main objective being that of ensuring the continuity of medical care and public health services before, during and after a hurricane disaster. This includes working along with other staff from other health region should the need arise.

1.2 AUTHORITY

The authority for implementing the Hurricane Disaster Plan lies with the Chairperson of the BC-MCPHC (Regional Health Manager-Western Health Region) or her nominee in her absence).

1.3 RESPONSIBILITY

The Chairperson is charged with the overall responsibility for maintaining the plan.

1.4 ASSUMPTIONS

The plan is based on the assumptions that the Belmopan City Area of the Western Health Region remains operational during and after a hurricane.

1.5 STANDARD OPERATING PROCEDURES

Standard Operating Procedures are detailed in the plan for each Unit including Nursing Services, Medical Services, Out-patient Clinics, Maternal & Child Health Services, Chest Clinic, Sexually Transmitted Infections, Pharmacy, Urban and Rural Health Centers and Environmental Health Program (Public Health Inspection & Vector Control)

1.6 CONCEPT OF OPERATIONS

The Regional Health Manger is charged with the responsibility of activating the hurricane emergency plan for the Region once the preliminary phase/warning has been declared.

The Regional Health Manger liaises with the City Emergency Management Organization (CEMO) and coordinates activities at the BC-MCPHC-EOC from which the emergency team will respond.

Once the preliminary warning phase has been declared, the BC-MCPHC-EOC at the Western Regional Hospital becomes fully functional. The different units will accordingly put into effect their plans.

1.7 WARNING, ALERTING, CALL OUT

Warning Flags shall be flown by the Police Department as follows:

Phase I – Preliminary – One Red Flag – 21 N 80 W

Phase II – Red 1 – One Red Flag with Black Center–20 N 84 W
(24-36 hours)

Phase III – Red 2 – Two Red Flags with Black Center – 20 N 85 W
(Likely to strike in a few hours)

Phase IV – Green – Green Flag All Clear (has passed)

1.8 ACTIVATION

The Belmopan City Hurricane Disaster Plan shall be activated by the Regional Health Manager. Heads of Units will alert all staff.

1.9 DEACTIVATION

The Regional Health Manager will deactivate the plan after the "all clear"
Phase IV has been declared, and the staff and services return to "normal".

1.10 RELATIONSHIP TO OTHER PLANS

The Belmopan City Hurricane Disaster Plan is an integral part of the National Medical Care and Public Health Committee Hurricane Disaster Plan.

1.11 ADMINISTRATIVE ASPECTS

- Financial Arrangements:

  Authority for expenditure rests with the Accounting Officer for the Ministry of Health who delegates this authority to the Regional Health Manager. Procedures for reimbursement will be in accordance with Financial Orders and other Government Financial Regulations.

- Mutual Aid Agreements for Access to Non-Government Resources:

  Red Cross will provide assistance as required upon request by Regional Health Manager.

- Procedures for Accessing Government Resources:

  These are in accordance to existing Government Regulations and Procedures in place by NEMO and DEMO.

- Reporting Arrangements:

  The BC-MCPHC-EOC will keep the Chief Executive Officer – Ministry of Health, DEMO and NEMO informed through timely reports from the Regional Health Manager.

- Accessing Additional Human Resources:

  Additional Human Resources will be provided through the Chief Executive Officer, Ministry of Health.

B. *OPERATIONAL ASPECTS*

Committee Members:

Chairperson:	Mrs. Pearl Ellis **Regional Health Manager**
Vice-Chairperson:	Nurse Vionney Sheppard Ag. Ward Sister

Other Members:

Noreen Kerr	Hospital Administrator
Dr. Javier Magaña	Chief of Staff
Christine Palacio	Matron
Carlos Contreras	First Class Clerk
Corrette Elijio	Pharmacist
Alfonso Manzanero	X-ray Technologist
Jose Guerra	Medical Technologist
Gaynell Collins	Theater Sister
Dr. Sree Meenavalli	Anesthesiologist
David Diego	Public Health Inspector
Gilbert Rhaburn	Head of Attendants
Antonio Aldana	Chief Driver-Mechanic
Lisette Abarca	Medical Statistical Clerk

Dr. Bridarkere Dinesh	Dentist
Flora Serano	Public Health Nurse
Marion Casey	Psychiatric Nurse Practitioner
Eugene Lisbey	Vector Control
Eufemia Waight	Public Health Nurse
Javier Alpuche	Sr. Public Health Inspector
Edward Arthurs	Driver

DUTY ASSIGNMENT

BELMOPAN CITY, MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (BC-MCPHC)

Pearl Ellis
Regional Health Manager
Command Post

Noreen Kerr
Hospital Administrator
Communication/Evacuation

Dr. Javier Magaña
Chief of Staff
Medical Personnel/Triage Team/
Emergency Hospital

Christine Palacio
Matron
Nurses/Domestic Staff/Polyclinics

Carlos Contreras
First Class Clerk
Water/Fuel/Food

Corrette Elijio
Pharmacist
Medical Supplies

Alfonso Manzanero
X-ray Technology

Jose Guerra
Medical Technology

Gaynell Collins
Theater Sister-in-charge
Operating Theater & Staff

Dr. Sree Meenavalli
Anaesthesiology

Javier Alpuche
Public Health Inspection

Gilbert Rhaburn
Head of Attendants
Generator/Attendants

Edward Arthurs
Driver-Mechanic

Transportation

Lisette Abarca
Medical Statistical Clerk
Records

Dr. Bridarkere Dinesh
Dentistry

Eufemia Waight
Public Health Nurse
Maternal and Child Health

Marion Casey
Psychiatric Nurse Practitioner
Acute Psychiatry

Eugene Lisbey
Vector Control

BELMOPAN CITY, MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (BC-MCPHC) AND THEIR FUNCTIONS

REGIONAL HEALTH MANAGER

Phase I

- Direct Western Regional Hospital to activate plan
- Contact Belmopan Emergency Committee (BEC) to receive more information about the expected disaster
- Contact Ministry of Health Command Post
- Initiate contact with Deputy Regional Manager in San Ignacio
- Schedule BEC Health Representatives (Regional Health Manager, Public -
- Health Inspector, Ward Sister, Public Health Nurse) for coverage at BEC Headquarters
- Coordinate with all Heads of Departments and receives updates of all preparations according to Plan.

- Ensure the provision of staff list (annex #41 BMP and list of hurricane shelters (annex #40BMP)

Phase II

- Continual coordination of coverage at BEC HQ
- Constant communication with Deputy Regional Manager
- Check readiness Emergency Hospital in case of evacuation

Phase III

- Meet with Heads of Department to make final preparations for impact
- Continued contact with MOH Command Post and Deputy Regional Manager

Phase IV

- Meet with all Heads of Departments to Evaluate Damages
- Contact with MOH Command Post and Deputy Regional Manager
- Complete Report to BEC and MOH

HOSPITAL ADMINISTRATOR

Phase I

- Activation of Belmopan Hospital Hurricane Emergency Plan at the direction of the Regional Manager.

- Set up the Command Post and preside over meetings with Hospital Management Team (Hospital Administrator, Chief of Staff, Matron-in-charge, First Class Clerk).
- Meet with all Heads to coordinate plans

- Coordinate with Department of Transport for extra vehicles
- Contact Administrator at KHMH and Southern Regional Hospital

Phase II

- Maintain contact with Administrator at KHMH and Southern Regional Hospital
- Supervises continued functioning of Command Post.

- Supervises continued updates from Heads of Department.
- Is responsible for the overall functioning of the Hospital and External Outpatient Clinic.

Phase III

- Meet with all Heads to prepare for impact

Phase IV

- Return to Normal Operations (if possible)
- Make Damage Assessment of Hospital

MATRON-IN-CHARGE

Phase I

- Assists in meetings of Hospital Management Team
- Develop roster in coordination with Matron KHMH and prepare hospital for arrival of patients from KHMH
- Coordinate with Matron KHMH for additional materials, linen packages and specialized equipment
- Meets with staff and designates domestic staff duties (Driver, attendants, Domestic Auxiliary, cooks, laundress).
- Assigns duty for 2 Polyclinics with 2 shifts (Staff Nurse, Nurses Aide, Practical Nurse Midwife, Attendant). There would be a 12-hour shift starting at phase II.
- Assigns duties to Psychiatric Nurse Practitioner, Family Nurse practitioner, and Public Health Nurses and deploys them as necessary.

Phase II

- Deploys Polyclinic Staff
- Receive staff from KHMH and other areas
- Supervises that Wards, Operating Theater, and Triage Area are fully Staffed

Phase III

- Ensure the continued rotation of staff
- Ensure that supplies are replenished

Phase IV

- Re-establish Normalcy (if possible)

MEDICAL CHIEF OF STAFF

Phase I

- Assists meeting of Hospital Management Team
- Instructs all Specialists to discharge all non-critical patients in preparation for admission of injured and transferred patients.
- Prepares roster of Medical Officers designated to the wards, operating theatre, and full-time coverage of the Casualty department (Emergency Triage Center), and 2 Polyclinics (2 Medical Officers each).
- Supervises that all areas are stocked with emergency materials and equipment.
- Coordinates with Chief of Staff of KHMH and Southern Regional Hospital on patient and medical staff deployment.

Phase II

- Responsible for the deployment of incoming support technical and medical staff.
- Implements Triage Classification and Tagging of injured as follows:

  MILD ------ GREEN
  MODERATE ------ YELLOW
  SEVERE ------ RED
  DEAD ------ BLACK
- Designates Officer in charge of Emergency Triage Center (Casualty Unit).

Phase III

- Prepare for impact.

Phase IV

- Set Up Hospital for normal operations (if possible)

FIRST-CLASS CLERK

Phase I

- Assists meeting of Hospital Management Team
- Makes an updated inventory of resources

- Responsible for the procurement, supervision of storage (stockpiling) and distribution of food, fuel (Diesel and Kerosene), other emergency hospital supplies, medication and equipment for polyclinics (annexes #42 BMP to #44 BMP)materials and additional water storage tanks.
- Responsible for the safeguarding of all documents, files and office equipment.
- Safeguards all documents, files and office equipments.
- Prepares roster for backup personnel who will operate the phones, radio at the command post.

Phase II, III

- Ensure replenishment of supplies

Phase IV

- All Clear. Prepare for normal operations (if possible)

PHARMACIST

Phase I

- Responsible for the procurement of emergency supplies from Central Supplies.
- Prepares Hurricane Emergency Boxes for the Polyclinics and Triage reas, which will include the items listed in the Hurricane Polyclinic Consignment.
- Prepares and inspects (4) emergency Crash Carts for three areas, namely: (2) Triage, General Ward and Maternity ward.
- Responsible for the distribution of emergency materials, drugs to the different areas within the Hospital and ensures continuous restocking of supplies as required.

Phase II

- Informs First-Class Clerk of additional materials needed.
- Continues providing necessary pharmacy services

Phase III

- Prepare for impact.

Phase IV

- All Clear. Prepare for normal operations (if possible)

X-RAY TECHNOLOGIST

Phase I

- Responsible for the procurement and safeguarding of Films and Developer fluid.
- Ensures that X ray equipment are fully operational.
- Suspends all non-emergency procedures.
- Is on standby for emergencies.

Phase II, III & IV

- Stay in doors
- Stay tune to official bulletin
- Stay on Standby for emergencies

MEDICAL TECHNOLOGIST-IN-CHARGE

- Prepares emergency roster of Medical Technologists.
- Suspends all non-emergency testing
- Replenishes lab materials, reagents and ensures functionality of all laboratory equipment.
- Responsible for the stocking of additional screened blood.

Phase II

- Coordinate with Central Medical Lab to set-up emergency lab

Phase III & IV

- Stay in doors
- Stay tune to official bulletin
- Stay on Standby for emergencies

THEATER SISTER-IN-CHARGE

Phase I

- Prepares roster for theater staff.

- Responsible for the stocking additional amounts of packages, linens, instruments.
- Oversees sterilization of all materials and safeguarding of same.
- Ensures that all Operating Theater equipment are fully functional.
- Cancels all Elective surgical procedures.
- Responsible for the security of the OT.

Phase II

- Places the Operating Theater on full alert.
- Sets up backup operating theater.

Phase III & IV

- Stay in doors
- Stay on Standby for emergencies

ANESTHESIOLOGIST

Phase I

- Ensures that Anesthesia Machine is fully operational.
- Responsible for stocking additional anesthetic drugs, materials and gases in the specified locations in the OT building.
- Ensures that a backup Anesthesia machine is available and operational.
- Prepares roster for all anesthesia personnel.
- Places anesthesia staff on full alert for management of cardio respiratory arrest within the Hospital.

Phase III & IV

- Stay in doors
- Stay on Standby for emergencies

HEAD OF ATTENDANTS

Phase I

- Responsible for the placement of shutters by all attendants and grounds man and additional available personnel.
- Prepares emergency roster of attendants.
- Deploys attendants to respective areas of need to assist in the stockpiling of materials by all departments.
- Responsible for the overall security of the compound in lieu of ad-hoc-security personnel.
- Ensures operation of generators and replenishes stocks of fuel

Phase II, III & IV

- Stay on Standby for emergencies

CHIEF DRIVER-MECHANIC

Phase I

- Responsible for all vehicles. Ensures that they are in proper working condition, fuel tanks are full and ambulances are equipped with emergency supplies.
- Supervises storage of diesel fuel.
- Coordinate with Matron for transportation of ill and injured persons
- Coordinate with First Class Clerk for moving staff to and from areas of need.
- Coordinates duty roster of drivers with Administrator
- Assists with the operation of the generator.

Phase II, III, IV

- Replenish fuel for vehicles as needed
- Stay on Standby for emergencies

PUBLIC HEALTH INSPECTOR

Phase I & II

- Responsible for ensuring adequate supply of potable water by acquisition of additional water tanks, chlorination of stored water in the reservoirs
- Ensures food safety
- Implements measures against epidemics
- Supervises the hygiene of shelters
- Responsible for the disposal of bodies by burial, cremation as may be necessary.

Phase III

- Prepare for impact. On Standby.

Phase IV

- Implement measures against epidemics
- Monitor food and water supply
- Conduct epidemiological surveillance in the shelters
- Advise on the disposal of the dead
- Prepare to be deployed as necessary

BELMOPAN CITY, MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (BC-MCPHC)

HURRICANE DISASTER PLAN

ACTIVATION OF PLAN

GENERAL

PHASE I

- Hospital Command Post (Hospital Management Team) is set up at the Administration Office. Members of the Command Post are: Hospital Administrator, Matron-in-Charge, First Class clerk, and Medical Chief of Staff.
- Western Regional Hospital Hurricane Emergency Sub-committee meets at the Hospital.
- Alert all staff. Same are to report to Command Post for deployment according to roster. All staff on leave is recalled.
- Medical Officers, Nurses, and other staff designated to Polyclinics are informed where they will be placed and are responsible for obtaining emergency kits prepared by the Pharmacist.
- Water reservoir is checked and chlorinated if necessary by Public Health Inspector. Additional storage tanks are obtained and filled.
- First Class Clerk Supervises stockpiling of food, diesel fuel, kerosene. Stocks for a minimum of two months.
- Backup Hospital is identified: Roman Catholic Elementary School
- External Outpatient Clinics (Polyclinics) are identified. These are Red Cross and Belmopan Comprehensive School.
- Generator is checked. Sufficient fuel is sourced.
- All hospital vehicles are fueled, parked in the compound, checked and are on standby alert.
- The Outpatient and Casualty Departments are designated Triage Center for classification and management of injuries. Nurses designated to casualty are responsible for stocking materials, medications to be used during the emergency.
- The operating theater is fully stocked and placed on standby. All elective surgeries are cancelled.
- Storage capacity for Blood is enhanced by placement of additional coolers. The bank is open for additional donations.
- Coordinate with KHMH for **updated** list of personnel to be deployed to Belmopan. Only these persons will be catered for.
- Coordinate with KHMH for additional materials, linens, packages and specialized equipment.
- Areas for incoming staff are identified and prepared.
- Discharge all non-critical patients in preparation for admission of injured and transferred patients.
- All equipment are checked, repaired or replaced as necessary.
- Coordinate with MOH Command Post and liaise with NEMO.
- Head Attendant to secure all buildings with Shutters

PHASE II

_ Head Attendant to complete the securing of all buildings with Shutters

- Medical Statistical Clerk to relocate and secure records
- Head of Attendants to assist in relocating equipment and supplies at Wards, Theater, Laboratory, Pharmacy and X-ray Departments.

- Emergency Triage Unit is manned, opened and placed on full alert.

Green Area	--	Mild injuries	--	Public Health Department
Yellow Area	***--***	***Moderate injuries --***		***Surgical Clinic***
Red Area	***--***	***Severe injuries--***		***Casualty Unit***

Cadavers are to be taken to the morgue area (Black)

Temporary tags are constructed for color code. These are to be clipped around the patients.

Security personnel and Groundsman to coordinate traffic flow to triage area. (1) Medical Officer, (1) Nurse Aide, and (2) Attendants are set at the initial point of the Mass Casualty Area to meet the inflow with trolleys, wheel chairs, and colored tags. After Doctor assesses patients, the nurses aide tags them and the attendants wheel the patients to the designated area as indicated above. The Green Area would be equipped with an Emergency kit and respirators and staffed with Family Nurse Practitioner, (2) Practical Nurses, and (1) Nurses Aide. Yellow area would be a fully equipped emergency room with stocked emergency crash carts and staffed with (2) Medical Officers, (2) Staff Nurses, (2)Nurses Aide, (1) Attendant. The Red area would be fully equipped emergency room with stocked emergency crash carts and staffed with Specialists (Pediatrician, Gynecologist, Internist, Orthopedist), (2) Staff Nurses, (2)Nurses Aide, (2) Attendant

- Deploy personnel and equipment to shelters and Polyclinics.
- Re-check for adequate/additional supplies at shelters and Polyclinics

PHASE III

- Make final preparations.
- Continued contact with Regional Manager at BEC
- Prepare for incoming Mass Casualty cases
- Triage still on full alert

PHASE IV (ALL CLEAR)

- Reception and management of injured.
- Re-check personnel deployed in and out of the Hospital and coordinate other staff with them.
- Allocate other staff as may be necessary.
- The Public Health Inspector implements and supervises measures against epidemics, ensure food safety, safe water supply, supervise burial/cremation of cadavers as may be necessary.

- Assessment of damages and urgent repairs to ensure proper functioning of the Hospital.
- Re-establish normal activities as early as possible.
  - Continue coordination with NEMO and other organizations.

EXTERNAL SUPPORT

BELMOPAN RED CROSS SUPPORT TO MEDICAL PERSONNEL:

- **Assist the Health Team in the field and in institutions.**

- **Assist in transportation of the injured.**

- **The clinic in the Multipurpose Center will be available to Medical Personnel to conduct outpatient clinics after the storm.**

- **Supply the Hospital with clothing and supplies as necessary.**
- **Our BERT personnel will assist with search and rescue operations as necessary.**

PRE- HURRICANE ACTIVITIES

AREAS TO BE ADDRESSED PRIOR TO THE HURRICANE SEASON

Belmopan- Police Department

- ***Introduce adequate Communication system with CB Radios***
  A proper system needs to be set in place to ensure stable communication between hospital and BEC. Furthermore, it is recommended that a main antenna be placed at the hospital so as to communicate with ambulances and remote locations such as polyclinics.

Technical Adviser- Vector Control

- ***Removal of DDT container from Hospital compound***
  During the simulation a scenario came up involving the DDT container. The container holds chemicals that form a possible hazard. Furthermore, in normal circumstances the chemical causes nausea and irritation to patients and staff.

Belmopan-Hospital Administrator

- ***Procure functioning fire extinguishers and smoke detectors for all departments***
  Fire extinguishers and smoke detectors should be placed at all departments. The hospital building is an old building with old wiring. Fire extinguishers and smoke detectors in all departments would limit the spreading of fire to other sections.

Belmopan-Regional Manager

- ***Identify Back-up Hospital and investigate possibility of using back-up hospital for KHMH transferals***
  The Roman Catholic Elementary School building has been identified as a possible back-up hospital. It is recommended that relative personnel from KHMH and Belmopan Hospital visit the site and make a comprehensive plan for the use of the building as a hospital for transferred patients. Critical patients would still be brought to Belmopan Hospital accompanied by supporting staff and specialists.

KHMH- Financial Controller

- ***Procure sufficient food and proper accommodations for Staff and Relatives from KHMH***
  A suitable location has to be identified for staff and relatives of people coming from KHMH. Food procurement and distribution needs to be identified. It is recommended that the Infant School be used for this function. Also, that a Medical Officer be placed in case of emergencies.

Housing and Shelter Committee

- ***Ensure proper inspection of Belmopan Hospital and Back-up Hospital by engineer***

The Hospital needs to be assessed by an engineer so that necessary structural preparations can be made prior to the hurricane season. From previous experience we can attest that our roofs are in need of repair or replacement.

Education Committee

- ***Investigate feasibility of opening a new road utilized for Mass Casualty situations***
  In order for there to be a proper flow of traffic in a mass casualty situation, an additional road has to be opened whereby traffic flowing in will not interfere with traffic leaving the hospital. The most feasible area for the road needs to be identified.

Communication Committee

- ***Inform public on personal items needed in case of evacuation***
  It is recommended that BEC and NEMO run education campaigns to inform the public on the personal items needed in the event of an evacuation. Further, it is also recommended that Ministry of Health be involved in the education campaign to inform the public on medication necessary for Diabetic, Hypertensive, and so on.

Belmopan-Hospital Administrator

- ***Proper communication with KHMH to ensure that plans are in coordination***
  KHMH will have a significant impact on Belmopan Hospital. With this in mind there must be a proper plan in place with KHMH to ensure that transferals are done with as little conflict as possible.

Belize Emergency Response Team

- ***An Emergency Response Team to be established on-call 24 hr per day.***
  The training of all staff in First Aid and Triage and set a team dedicated for emergency response.

MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

SAN IGNACIO MEDICAL CARE AND PUBLIC HEALTH COMMITTEE
(SI-MCPHC)

HURRICANE DISASTER PLAN

2004

A. ADMINISTRATIVE SECTION

1.0 INTRODUCTION

The San Ignacio Medical Care and Public Health Committee Hurricane Disaster Plan sets out the emergency procedures for the San Ignacio Medical Care and Public Health personnel to respond to Hurricane Disasters in the most efficient possible way. This plan follows the general outline for hurricane emergency plans as prescribed by NEMO – April 11, 2002.

SAN IGNACIO MEDICAL CARE AND PUBLIC HEALTH COMMITTEE
Hurricane Disaster Preparedness Plan

Purpose:

The purpose of this plan is to ensure the continuity of medical care and public health services before, during and after a hurricane disaster.

Structure:

This plan outlines the emergency management procedures for the San Ignacio Medical Care and Public Health personnel in ensuring the continuity of medical care and public health services for the purposes of a hurricane disaster. It clearly sets out the roles of the individual Units.

Actors:

The San Ignacio Medical Care and Public Health Committee Management Team will be involved in implementing the Hurricane Disaster Plan. The plan details the roles and responsibilities of everyone involved.

Hazard Analysis:

Effects of a Hurricane

Short Term Effects of A Natural	**H U R R I C A N E**
Deaths	Few
Severe Injuries Requiring Intensive Treatment	Moderate
Increased Risk of Communicable Diseases	Potential Risk, with probability rising with over-crowding and Deteriorating Sanitation
Damage to Health Facilities	Severe
Food Scarcity	Rare

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE CATEGORIES

Hurricane Intensity Scale

A scale* from one to five based on the hurricane's present intensity which gives an estimate of the potential flooding and damages to property form a hurricane is as follows:

One: **Winds 119-153 km h^1 (74-95 mph)**

No real damage to building structures; damage primarily to unanchored mobile home, shrubbery and trees.

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Some roofing, door and window damage to buildings; considerable damage to vegetation, expose mobile homes, and piers. Small craft in unprotected anchorages break moorings.

Three: **Winds 178-209 km h^1 (111-130 mph)**

Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures, mobile home are destroyed.

Four: **Winds 210-249 km h^1 (131-155 mph)**

More extensive curtain wall failures with some complete roof structure failure on small residences.

Five: **Winds greater than 249 km h^1 (155 mph)**

Complete roof failure on many residences and industrial buildings, some complete building failures with small utility buildings blown over or away.

- **This scale was developed by Saffir and Simpson and is commonly known as the Saffir/Simpson Hurricane Scale (SSH) and was submitted by the National Meteorogical Service.**

CATEGORY 1 – **Storm surge – up to 5 feet of water**
CATEGORY 2 – **Storm surge – 9 to 12 feet of water**
CATEGORY 3 – **Storm surge – 15 to 18 feet of water**
CATEGORY 4 – **Storm surge – 18 to 21 feet of water**
CATEGORY 5 – **Storm surge – 18 to 24 feet of water**

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

1.1 SCOPE

This Hurricane Disaster Plan covers the San Ignacio Medical Care and Public Health Committee's adequate response at the time of hurricane threat to the San Ignacio Area of the country of Belize. The main objective being that of ensuring the continuity of medical care and public health services before, during and after a hurricane disaster. This includes working along with other staff from other health region should the need arise.

1.2 AUTHORITY

The authority for implementing the Hurricane Disaster Plan lies with the Chairperson of the SI-MCPHC (Deputy Regional Health Manager-Western Health Region) or her nominee in his absence).

1.3 RESPONSIBILITY

The Chairperson is charged with the overall responsibility for maintaining the plan.

1.4 ASSUMPTIONS

The plan is based on the assumptions that the San Ignacio Medical Care and Public Health services remain operational at the present site for hurricane of categories I, II & III. For any category greater that III, the Region's operations will be evacuated and emergency centers become operational.

1.5 STANDARD OPERATING PROCEDURES

Standard Operating Procedures are detailed in the plan for each Unit including Nursing Services, Medical Services, Out patient Clinics, Maternal & Child Health Services, Sexually Transmitted Infections, Pharmacy, Urban and Rural Health Centers and Environmental Health Program (Public Health Inspection & Vector Control)

1.6 CONCEPT OF OPERATIONS

The Deputy Regional Health Manger is charged with the responsibility of activating the hurricane emergency plan for the Region once the preliminary phase/warning has been declared.

The Deputy Regional Health Manger liaises with the District Emergency Management Organization (DEMO) for the San Ignacio Area and coordinates activities at the SI-MCPHC-EOC from which the emergency team will respond.

Once the preliminary warning phase has been declared, the SI-MCPHC-EOC in San Ignacio Town becomes fully functional. The different units will accordingly put into effect their plans.

1.7 WARNING, ALERTING, CALL OUT

Warning Flags shall be flown by the Police Department as follows:

Phase I – Preliminary – One Red Flag – 21 N 80 W

Phase II – Red 1 – One Red Flag with Black Center–20 N 84 W
(24-36 hours)

Phase III – Red 2 – Two Red Flags with Black Center – 20 N 85 W
(Likely to strike in a few hours)

Phase IV – Green – Green Flag All Clear (has passed)

1.8 ACTIVATION

The San Ignacio-Medical Carte and Public Health Committee Hurricane Disaster Preparedness Plan shall be activated by the Deputy Regional Health Manager. Heads of Units will alert all staff.

1.9 DEACTIVATION

The Deputy Regional Health Manager will deactivate the plan after the “all clear” Phase IV has been declared, and the staff and services return to “normal”.

1.10 RELATIONSHIP TO OTHER PLANS

The San Ignacio-Medical Care and Public Health Committee Hurricane Hurricane Emergency Plan is an integral part of the Western Health Region's Medical Care and Public Health Committee Hurricane Disaster Plan and that of the National Medical Care and Public Health Committee Hurricane Disaster Plan.

1.11 ADMINISTRATIVE ASPECTS

- Financial Arrangements:

  Authority for expenditure rests with the Accounting Officer for the Ministry of Health who delegates this authority to the Regional Health Manager. Procedures for reimbursement will be in accordance with Financial Orders and other Government Financial Regulations.

- Mutual Aid Agreements for Access to Non-Government Resources:

  Red Cross will provide assistance as required upon request by Regional Health Manager.

- Procedures for Accessing Government Resources:

  These are in accordance to existing Government Regulations and Procedures in place by NEMO and DEMO.

- Reporting Arrangements:

  The SI-MCPHC-EOC will keep the Chief Executive Officer – Ministry of Health, RHM, DEMO and NEMO informed through timely reports.

- Accessing Additional Human Resources:

  Additional Human Resources will be provided through the Chief Executive Officer, Ministry of Health or the Regional Health Manager.

B. ***OPERATIONAL ASPECTS***

SAN IGNACIO MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

MEMBERS

Chairperson:	Dr. BidarSwamy	Deputy Regional Health Manager
Deputy Chairperson:	Dr. Lesbia L. Guerra	Medical Chief Of Staff
Other members:		
	Mrs. Alva Gentle	Sister-In-Charge
	Lilia Middleton	Public Health Nurse
	Dr. Mercedes Ruiz	Dentist
	Carmen Dacak	HECOPAB

Emilio Carlos	Public Health Inspector
Carlos Mas	Assistant Radiographer
Lily Guerra	Pharmacist
Marion Mena	Medical Technologist
Carol Tennyson	Psychiatric Nurse Practitioner
Thomas Conrad	Supervisor Vector Control
Karen Arnold	Second Class Clerk
Claudia Manzanero	Statistical Clerk

SAN IGNACIO MEDICAL CARE AND PUBLIC HEALTH COMMITTEE MEMBERS

FUNCTIONS

TERMS OF REFERENCE:

1. Ensure that an adequate supply of emergency medical supplies is available.
2. To have in place a plan for the effective distribution of medical supplies wherever needed.
3. To make provision for the establishment of emergency hospital units at designated areas.
4. To ensure that adequate resources are available for the transportation of those in need of immediate medical attention.

5. To identify an effective method for dispatching medical teams to accident or disaster sites.
6. To make adequate provisions for the disposal of the dead.
7. To develop a program that would prevent the outbreak of disease that is related to disaster conditions.

DEPUTY REGIONAL HEALTH MANAGER

Pre-hurricane season:

Ensures:

- The provision of telephone for the emergency hospital
- Availability of radios for the emergency hospital
- Security for the San Ignacio and Emergency hospital
- Availability of transport for the Medical emergency team
- Inspection and road worthiness of all medical vehicles
- Ensure the availability of staff list (see annexes #45 SI, #46 SI and #48 SI)
- Ensure the availability of motor vehicle fleet list (see annex #47 SI)
- Ensure the availability of shelter list (see annex #53 SI)

Phase I

- Convene meetings of the San Ignacio Medical Care and Public Health Committee
- Activates the San Ignacio Medical Care and Public Health Committee Hurricane Disaster Plan
- Attends meetings of the San Ignacio Disaster Emergency Management Organization
- Contact Ministry of Health National Medical Care and Public Health Committee
- Keep in contact with Regional Health Manager
- Ensure that duty roster for staff in updated (see annexes #49 SI to #52 SI and #61 SI to #64 SI)
- Ensure the provision of emergency medical, lab, pharmacy dental etc supplies for emergency hospitals etc. (see annexes #54 SI to #60 SI)
- Ensure the availability of shelter list (see annex #53 SI)

Phase II

- Ensure continued meetings and coordination of SI-MCPHC and the operation of the SI-MCPHC -EOC
- Ensure continued communication with the Regional Health Manager
- Ensure readiness of all unit's and implementation of their plans including the emergency Hospital in case of evacuation

Phase III

- All staff remain indoor
- Stay tuned to official bulletin
- Ensure continued coordination of SI-MCPHC-EOC
- Ensure continued communication with the Regional Health Manager
- Ensure continued communication with the Ministry of Health NMCPHC-EOC
- Ensure continued communication with and meeting with Heads of units-

Phase IV

- Meet with all Heads of Units to assess the situation
- Contact with Ministry of Health NMCPHC-EOC
- continued communication with the Regional Health Manager
- Complete Report to SI-DEMO, RHM and MOH

MEDICAL OFFICERS

MEDICAL CHIEF OF STAFF

PHASE I: PRELIMNARY:

1. Attend meetings as alternate of DRHM with DEMO at the Command Post, San Ignacio, Cayo. DEMO calls meetings with all Members and Head of Department of the different Ministries. Presided by the Most Senior Minister in the District and other Area Representatives.
   DEMO gives relevant and official information (Shelters, water, food, etc.)
2. Report to the Hospital. Meet with the Health Subcommittee to activate the Emergency Plan, coordinate activities, to give pertinent information and implement plan of action.
3. All medical personnel, including those on vacation, will report to the San Ignacio Hospital. Shifts (rotation roaster) will be established and copies distributed (annexes #49 SI, #52 SI and #61 SI to #64 SI).
4. Contact and keep communication with La Loma Luz Hospital, Mopan Clinic, Georgeville and health posts.

PHASE II

1. Will meet with Health Subcommittee to continue plan and receive pertinent information.
2. Inspect and prepare the Emergency Hospital (Mormon church). Install generator and communication equipment at the Command Post.(Emergency Hospital).
3. General ward rounds to discharge patients. Only critical patients will be evacuated to the Emergency Hospital. Assign Doctors for the Emergency Hospital and shelters. Emergencies will be assisted.
4. Prepare to receive patients and health professionals from KHMH.
5. Doctors will need to continue working at the Emergency Hospital until the Green Phase is declared
6. Ensure that food, water, medical supplies and equipment are transferred to the Emergency Hospital.
7. Ensure that Personnel transfer all equipment and perishable items to HECOPAB Office.

THIRD PHASE:

1. Ensure that all Personnel are at their assigned post until the All Clear is given. Only emergencies.
2. Triage of patients arriving at the Emergency Hospital.
3. Ensure all casualties are given medical assistance.

4. Keep records of patients and events to hand to the next shift to the receiving medical officer.

PHASE FOUR

1. All medical officers report to the Emergency Hospital.
2. Evaluate damages.
3. Meet with District Medical Team to discuss results and course of action..
4. Meet with the Public Health Inspector to evaluate environmental hazards and diseases.
5. Monitor epidemiological control along with the Public Health Inspector and Personnel from Vector Control.
6. Decide return to San Ignacio Hospital after technical inspection of the building.

HURRICANE PREPAREDNESS EMERGENCY PLAN

ADMINISTRATION

Second Class Clerk

Phase I

1. Second Class Clerk with support Staff to report to duty immediately.
2. Secure all equipment and supplies.
3. Purchase and distribute food items and other necessary supplies (lanterns, batteries, flashlights, etc. to Emergency Hospital and health centres.
4. Ensure that all vehicles are supplied with fuel.
5. Purchase or request for drums and fill with diesel and super.

Phase II

1. Assist with the management of safe storage of equipment and files.
2. Ensure the transfer all supplies to Emergency Hospital and health centres; ensure that all necessities are in place.
3. Assist with the management of kitchen and the supplying of food for Patients and Staff.

Phase III

1. Assist in arranging work area of Emergency Hospital.
2. Recheck with DRHM and health centres for any other necessities.

Phase IV GREEN PHASE

1. Pack up supplies.
2. Clean and rearrange shelter.
3. Ensure that building is secure.

NURSING AND AUXILIARY STAFF

Phase I: Preliminary Alert

1. All nursing and Auxiliary Staff (HDA's attendants, Drivers, relief) including those on vacation will report in person to the San Ignacio Hospital.
N.B. This is mandatory.

2. Sister in charge will report to the San Ignacio Hospital to coordinate activities.

3. **Appropriate patients will be discharged from the hospital by orders of Chief of Staff.**

4. **Packing of emergency medical supplies**
   Note: All nurses need to check with Sister in charge which area is their responsibility for packing.

5. **Allocated Auxiliary staff will be sent to the emergency hospital for cleaning.**

Phase II Red I Watch

1. **Sister in charge will inform all nursing and auxiliary personnel of implementation of phase II.**

2. **Medical supplies and designated equipment will be transferred to the emergency Hospital (Mormon Church).**

3. **Nursing personnel will be deployed to the emergency hospital as per normal Roster.**

4. **Remaining patients will be transferred to the emergency Hospital, along with final necessary medical equipment.**

5. **Ensure safe storage of electrical medical equipment that will remain in the San Ignacio Hospital.**

Phase III Likely to Strike

1. **Immediate Implementation of Emergency call roster (presence of all staff assigned is mandatory.)**

Phase IV All Clear Green Flag

1. **Review of emergency Roster by sister in charge.**

2. **All Staff need to continue with emergency shift hours until otherwise directed by Sister in charge.**

3. **Await instructions from Sister in Charge concerning transfer back to the San Ignacio Hospital.**

4. **Cleaning of the San Ignacio Hospital prior to moving back. Packing of supplies and transferring of patients back to the San Ignacio Hospital as directed by the Sister in Charge.**

5. **Cleaning and rearranging of the Emergency Hospital (Mormon Church).**

PUBLIC HEALTH INSPECTOR

The overall objective of environmental health in relation to disaster is the prevention of disease outbreak, during and after such disaster.

To achieve this objective the Public Health Inspectors focus on **six main areas**: -

7. Potable Water
8. Food Safety
9. Excreta and Liquid Waste
10. Solid Waste
11. Vector Control
12. Housing and Personal Hygiene

PRE –DIASTER ACTIVITIES

- **Reviews Environmental Health Hurricane Disaster Plan**
- Orders the Environmental Health Status Disaster Surveillance Report forms (shelter manager and Public Health Inspectors) in coordination with the DRHM's office
- Inspection of designated shelters.
- Submit shelter reports with Recommendations to Senior Public Health Inspector
- Advise on site selection for burial of the dead.
- Advise on site selection for solid waste disposal.

PHASE I PRELIMINARY

- Informs staff of the activation of the plan.
- Ensures that all Public Health Bureau equipment, files, materials and supplies are properly packaged and labeled.
- Ensures that the necessary forms, equipment and supplies for the District Public Health Inspectors and Shelter Managers use during and after the disaster are available at the Public Health Bureau's Offices.

PHASE II

- Continues the implementation of the plan
- All staff members report at the Public Health Bureau Office
- Ensures that the Public Health Bureau's packaged and labeled equipment, files, materials and supplies are secured in rooms designated for their safe storage
- Ensures that the Public Health Bureau Offices are secured

Phase III

HURRICANE

- Stay in door

- Listen to official bulletin
- Stay on stand-by for emergency duties
-

During a hurricane, shelter managers will daily monitor the environmental health conditions in the shelters and report to the coordinating center.

This will be done by completing the DAILY SHELTER ENVIRONMENTAL HEALTH STATUS DISASTER SURVEILLANCE REPORT form

PHASE IV

The specific objective of environmental health management after natural disaster is to restore environmental health conditions and services to approved Public Health Standards.

- Daily evaluation of environmental Health conditions in designated Shelters and their respective sanitary districts (using the Surveillance Form).

- Report to the Senior Public Health Inspector
- Monitor domestic water supply at shelters
- Carry out free residual chlorine tests on BWSL – supplied water supply at shelters, within communities (in tankers etc.) and on BWSL water distribution system.
- Inspection of the public's food supply, storage, preparation areas in shelters and sanitary district.
- Monitor mass burial of the dead at designated sites. (With town councils M.O.W.)
- Monitor solid waste management (With town councils, waste control, M.O.W./D.O.E.)

VECTOR CONTROL

The Vector Control Hurricane Disaster Plan is coordinated by the Supervisor of the Vector Control Program

Objectives:

5. To minimize the effects of the Vectors and Vector Borne diseases on the population after a hurricane/flooding.

6. To ensure the safety of the Vector Control personnel and equipment and their readiness for prompt response before and after a hurricane/disaster.

7. To assign specific tasks to staff members.

8. To ensure the continuity of services after the hurricane disaster.

NB: NB: All personnel working out of the office of the office of the supervisor – vector control will assist the supervisor in carry out his functions or otherwise as directed by the chairperson of the SI-MCPHC

Pre-hurricane season activities:

- Liaise with the Deputy Regional Health Manager
- Attend SI-MCPHC meetings convened by chairperson
- Secure relevant forms:

PHASE I

- Pack and secure files and other office equipment in boxes and garbage bags.
- Secure boxes or containers, so that they do not get damaged while being transported
- Secure insecticides
- Activate family plan
- Personnel to assist with the transfer to the Emergency Hospital.

PHASE II

- Ensure the safe transportation of Vector Control equipment, files and medical supplies to safe location
- Carry out duties as assigned by the chairperson , SI-MCPHC
- Ensure that Vector Control equipment and supplies are in readiness should there be need for their utilization immediately after the storm
- Ensure safety of family

N.B. If the storm is on a weekend or Public and Bank holiday all staff are expected to report to the Vector Control Office

PHASE III

- **All equipment should be in storage at the locations away from danger awaiting the storm.**
- **Staff remains indoors**
- **Stay tuned to official bulletin**

PHASE IV

- All vector control personnel report to the supervisor for duty assignment
- Be prepared to be part of the district emergency response team within the region or to be sent to another region to assist in vector control activities
- Attend SI-MCPHC meeting.

- Liaises with the Public Health Inspector for any Public Health needs and problems.

LABORATORY DISASTER PLAN

The laboratory had been designated as "Essential services" meaning that it must be available for every hour of each day. In case of any disaster the lab tech report to the Deputy Regional Health Manager for immediate duty or as advised at the threat of a hurricane. Stocks will be monitored by the Lab Tech and rotated as necessary to ensure their availability and prevent expiration of reagents.

PRELIMINARY PHASE (PHASE I)

Report to duty immediately to be briefed by the DRHM on emergency measures.

1. Recheck "Hurricane Boxes"(supplies for performing emergency tests during and after a hurricane or any disaster) (see annexes #58 SI and #59 SI). One box will be stored refrigerated.
2. Recheck Blood Supply.

RED 1 (PHASE II)

1. All files and records will be packed in boxes, covered with plastic and stored under workbenches.
2. Install and connect emergency equipment.
3. Transport equipment to designated Emergency Hospital (Mormon church)
4. Perform duties as necessary and as listed in emergency laboratory test list.
5. All electrical equipment – except refrigerator will be disconnected covered with plastic and where possible transported to Deputy Regional Health Manager's office for storage.
6. Secure Building.
7. Ensure that adequate power supply is available at the Emergency Hospital.

RED 11 (PHASE III)

1. Perform duties as necessary and as listed in emergency test list.

GREEN PHASE (PHASE IV)

1. Liase with DRHM.
2. If laboratory is in satisfactory condition for work, pack and label equipment for return to laboratory. If conditions are unsatisfactory for work, DRHM will advise on situation.
3. Reinstall equipment for resumption of normal duties.

DENTAL UNIT

Personnel available

Dr. Mercedes Ruiz – Dental Surgeon
Ms. Dinora Lopez – Dental Assistant

Phase I

1. Report to Deputy Regional Health Manager

1. Secure equipment.

PhaseII

1. Move files and perishable supplies to DRHM Office
2. Relocate Dental Instruments and emergency equipment to Emergency Hospital to be used.
3. Ensure that all equipment and supplies are available at the Emergency Hospital.

Phase III

1. Emergency extraction.
2. Extraction to alleviate pain.

Phase IV GREEN PHASE

Resume normal duties and/or post disaster.

PHARMACY

Personnel available: Lily Guerra
Ruby Contreras

Shifts: Twelve hourly

TASKS: PREPARE EMERGENCY KITS FOR SHELTERS

Contents of kits:

Kit # 1: essential medications limited to basic First Aid such as Tylenol tablets and syrup, Benadryl, Aspirin, Antiseptic solution, Antibiotic cream, Oral Rehydration Salts, Antidiarrheal, splints, adhesive tapes, band aids, cotton roll, gauze, bandages etc. In addition one gallon each of water, alcohol, disinfectant, and Clorox

Kit # 2: essential materials needed such as: flashlights, buckets, blankets, soap, hand towels, wash rag, , notebook and pens to record casualties.

Phase I: Preliminary.

1. Report to the San Ignacio Hospital.
2. Ensure kits are properly labelled with contents and names of designated shelters clearly legible and noticeable.
3. Manufacture fresh mixtures of Tylenol, Benadryl, etc. as may be needed.

Phase II:

1. Deputy Regional Health Manager will alert us on the activation of plan.
2. Relocate to Emergency Hospital. (Mormon church)
3. Only pharmaceuticals that are considered vital in an emergency will be dispensed; ensuring availability of pharmaceuticals for aftermath of disaster.
4. Liase by phone with Pharmacist at Belmopan Headquarters on situation.

Phase III:

1. Organize work area making sure stock is in secure and dry area.
2. Dispatch kits to shelters where need is present.
3. Keep in touch with Deputy Regional Health Manager concerning progression of plan.

Phase IV: GREEN PHASE

1. Recover unused medications and non-consumable supplies.
2. Return these items to the San Ignacio Hospital.
3. Re-open and offer normal services.

MENTAL HEALTH

Phase I

Report to hospital and assist in general management and securing of important materials, equipments and documents in the clinic and hospital. Assist in maintaining calmness and order during this time.

Phase II

Report and meet with DRHM to receive pertinent information. Remain in contact with the Emergency Hospital at all times.

Phase III

Be in Emergency Hospital to do tagging along with HECOPAB Nurse. Do mental Health management to maintain as calm and orderly as possible the groups in that area.

Phase IV

Remain with the post disaster victims or persons in need of crisis management. Post disaster mental health assessment.
Rotate in areas where mental health counselling is needed.

X RAY DEPARTMENT

Phase I:

1. Report to duty
2. Meet with Deputy Regional Health Manager for instructions.

Phase II:

1. Attend emergencies only.
2. Secure files and perishable supplies and equipment. Move perishable equipment to Deputy Regional Health Manager's office.
3. Cover, with plastic, radiographic equipment that cannot be moved.
4. Remain at the Hospital for further instructions.

Phase III:

1. On stand by for further instructions from Deputy Regional Health Manager.

Phase IV:

1. Evaluate radiographic equipment and accessories.
2. Resume normal duties and responsibilities.

HECOPAB

Phase I

1. Report to the hospital immediately.
2. Assist in the general management and securing of equipment, documents and materials.

3. Ensure that all Community Nurses' Aides have a stock of medicines and other First Aid supplies in their respective areas.
4. Inform and educate the general public of health issues related to disaster preparedness.

Phase II

1. Report and meet with DRHM to receive pertinent information.
2. Report to the Emergency Hospital and remain there until further notice.
3. Support Health Subcommittee activities.

Phase III

1. Try to keep everyone as calm and orderly as possible.

Phase IV

1. Remain with post disaster victims or persons in need of crisis management.
2. Rotate in all areas where counselling is needed.
3. Remain there until the all clear is given.
4. District Coordinator will get in touch or visit the rural areas to do an assessment of the situation as soon as possible.

For a list of activities to be undertaken before the activation of the DEMO Plan see annex #65 SI.

MEDICAL CARE AND PUBLIC HEALTH COMMITTE

NORTHERN HEALTH REGION

MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (NHR-MCPHC)
HURRICANE DISASTER PLAN

Revised August, 2004

NORTHERN REGIONAL HOSPITAL

HURRICANE DISASTER PREPAREDNESS PLAN

Revised August, 2004

A. ADMINISTRATIVE SECTION

1.0. INTRODUCTION

The Northern Regional Hospital Hurricane Emergency Plan sets out the emergency procedures for the Northern Regional Hospital to respond to Hurricane Disasters in the most efficient possible way. This plan follows the general outline for hurricane emergency plans as prescribed by NEMO – April 11, 2002.

Northern Regional Hospital

Hurricane Disaster Preparedness Plan

Purpose:

The purpose of this plan is to ensure the continuity of health care services before, during and after a hurricane disaster.

Structure:

This plan outlines the emergency management procedures for the Northern Regional Hospital in ensuring the continuity of health care services for the purposes of a hurricane disaster. It clearly sets out the roles of the individual Hospital Sections/Departments.

Actors:

The Northern Regional Hospital Management Team will be involved in implementing the Hurricane Disaster Plan. The plan will detail roles and responsibilities of everyone involved.

Hazard Analysis:

Effects of a Hurricane

Short Term Effects of A Natural	**H U R R I C A N E**
Deaths	Few
Severe Injuries Requiring Intensive Treatment	Moderate
Increased Risk of Communicable Diseases	Potential Risk, with probability rising with over-crowding and Deteriorating Sanitation
Damage to Health	Severe

Facilities	
Food Scarcity	Rare

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE CATEGORIES

Hurricane Intensity Scale

A scale* from one to five based on the hurricane's present intensity which gives an estimate of the potential flooding and damages to property form a hurricane is as follows:

One: Winds 119-153 km h^1 (74-95 mph)

No real damage to building structures; damage primarily to unanchored mobile home, shrubbery and trees.

Two: Winds 154-177 km h^1 (96-110 mph)

Some roofing, door and window damage to buildings; considerable damage to vegetation, expose mobile homes, and piers. Small craft in unprotected anchorage's break moorings.

Three: Winds 178-209 km h^1 (111-130 mph)

Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures, mobile home are destroyed.

Four: Winds 210-249 km h^1 (131-155 mph)

More extensive curtain wall failures with some complete roof structure failure on small residences.

Five: Winds greater than 249 km h^1 (155 mph)

Complete roof failure on many residences and industrial buildings, some complete building failures with small utility buildings blown over or away.

- **This scale was developed by Saffir and Simpson and is commonly known as the Saffir/Simpson Hurricane Scale (SSH) and was submitted by the National Meteorogical Service.**

CATEGORY 1 – **Storm surge – up to 5 feet of water**
CATEGORY 2 – **Storm surge – 9 to 12 feet of water**
CATEGORY 3 – **Storm surge – 15 to 18 feet of water**

CATEGORY 4 – **Storm surge – 18 to 21 feet of water**
CATEGORY 5 – **Storm surge – 18 to 24 feet of water**

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

1.1 SCOPE

This Hurricane Disaster Plan covers the Northern Regional Hospital's adequate response at the time of hurricane threat to the country of Belize. The main objective being that of ensuring the continuity of health care services before, during and after a hurricane disaster. This includes working along with the staff deployed from K.H.M.H. in an effort to adequately provide care for patients (including those transferred from K.H.M.H.) at the time of any hurricane threat (Category I to Category V).

1.2 AUTHORITY

The authority for implementing the Hurricane Disaster Plan lies with the Hospital Administrator.

1.3 RESPONSIBILITY

The Hospital Administrator is charged with the overall responsibility for maintaining the plan.

1.4 ASSUMPTIONS

The plan is based on the assumptions that the Northern Regional Hospital will remain operational at the present site for hurricane of categories I, II & III. For any category greater that III, the hospital will be evacuated and emergency centers become operational.

1.5STANDARD OPERATING PROCEDURES

Standard Operating Procedures are detailed in the plan for each Section/Department including Nursing Services, Medical Services, Radiology, Pharmacy and Maintenance.

1.4 CONCEPT OF OPERATIONS

The Hospital Administrator is charged with the responsibility of activating the hurricane emergency plan for the hospital once the preliminary warning plan has been declared.

The Hospital Administrator will alert the Chief of Staff and Matron as well as all Hospital Heads of Sections. The Chief of Staff will assist the Hospital Administrator in implementing this plan and is in the capacity of assuming full responsibility for the implementation of this plan once the authority is delegated to him.

Once the preliminary warning phase has been declared, the command center at the Northern Regional Hospital becomes fully functional. Matron and Chief of Staff will put into effect their plans through prior liaison with their counterparts at K.H.M.H.

The Administration Section plan will be implemented and so will all the other Hospital Departments/Section as per the respective Departments/Section plans.

1.5 WARNING, ALERTING, CALL OUT

Warning Flags shall be flown by the Police Department as follows:

Phase I – Preliminary – One Red Flag – 21 N 80 W

Phase II – Red 1 – One Red Flag with Black Center–20 N 84 W
(24-36 hours)

Phase III – Red 2 – Two Red Flags with Black Center – 20 N 85 W
(Likely to strike in a few hours)

Phase IV – Green – Green Flag All Clear (has passed)

1.8 ACTIVATION

The Northern Regional Hospital Hurricane Disaster Preparedness Plan shall be activated by the Regional Hospital Administrator and Regional Health Manager. Once the preliminary warning phase has been declared. The Regional Hospital Administrator will alert the Chief of Staff and Matron. Heads of Departments/Sections will alert all staff.

1.9 DEACTIVATION

The Regional Hospital Administrator will deactivate the plan after the “all clear” phase has been declared, and the staff and services return to “normal”.

1.10 RELATIONSHIP TO OTHER PLANS

The Northern Regional Hospital Hurricane Emergency Plan is an integral part of the Northern Health Region Plan, which includes both Orange Walk and Corozal Districts.

1.11 ADMINISTRATIVE ASPECTS

- Financial Arrangements:

  Authority for expenditure rests with the Accounting Officer for the Ministry of Health who delegates this authority to the Regional Health Manager and Regional Hospital Administrator. Procedures for reimbursement will be in accordance with Financial Orders and other Government Financial Regulations.

- Mutual Aid Agreements for Access to Non-Government Resources:

  Red Cross will provide assistance as required upon request by Hospital Management Committee.

- Procedures for Accessing Government Resources:

  These are in accordance to existing Government Regulations and Procedures in place by NEMO and DEMO.

- Reporting Arrangements:

  The Northern Regional Hospital Command Centre will keep the Chief Executive Officer – Ministry of Health, DEMO and NEMO informed through timely reports to the Regional Health Manager.

- Accessing Additional Human Resources:

  Additional Human Resources will be provided in the form of transferal of varied levels of staff from KHMH.

B. *OPERATIONAL ASPECTS*

Plans included from individual Departments/Sections address the following areas:

Regional Health Manager

Pre-hurricane season activities:

- Implements disaster mitigation measures in the region
- Up-dates Hurricane Disaster Plan
- Emphasizes on Family Disaster preparedness plans.
- Ensures Associates are sensitized and knowledgeable of the Disaster plan.
- Ensures provision of emergency first aid kits and medicine boxes to every Community Hospital, Health Centers and Policlinic.

Phase I:

- Liaises with the District Emergency Committees and National Medical Care and Public Health Committee.
- **Activates the Hurricane Disaster Plan.**
- Ensures implementation of emergency work schedule for all medical personnel.
- Co-ordinates and communicates with Hospital, Health Centers, Polyclinic
- Ensures readiness for evacuation if necessary.
- Monitors activities at the NHR-MCPHC-EOC and continuous communication with the NMCPHC and DEMO EOCs.
- Activates family plan
- Ensures provision of relevant form, see annexes 10 to 13, #70 OWK, #71 OWK and #78 OWK
- Ensures provision of motor vehicle fuel, water supply, see annexes #73 OWK to #76 OWK
- Ensures provision of list of zones with emergency centers, see annex #84 OWK
- Ensures provision of hurricane kits, see annex #83 OWK
- Ensures provision of contact list, see annexes #79 OWK to #82 OWK

Phase II:

- Continues to liaise with the District Emergency Management Organization and National Medical Care and Public Health Committee.
- Verifies the implementation of emergency work schedule for all medical personnel.
- Continues to co-ordinate and communicate with Hospital, Health Centers, Polyclinic.
- Oversee the evacuation of NHR office if necessary.
- Continue to monitor activities at the NHR-MCPHC-EOC and continuous communication with the NMCPHC and DEMO EOCs.

Phase III:

- Remains indoor at DEMO EOC or NHR-MCPHC-EOC
- Follows up on official releases / bulletins
- Monitors the impact of the storm.

Phase IV:

- Establishes contact with NHR-MCPHC-EOC / NMCPHC / DEMO EOC
- Gets briefing on Medical Care and Public Health conditions
- Coordinates Medical Care and Public Health response / recovery activities.
- Ensures return to normal functions as soon as possible.

2.0 ***PREPAREDNESS***
Medical Services:

- Attendance of Hurricane preparedness meetings by Chief of Staff
- Advise staff – Medical Officers of deployment.
- Coordinates deployment of Karl Heusner Memorial Hospital Medical Staff.

PREPAREDNESS
Nursing Services:

To ensure continuity of nursing and housekeeping services before, during and after a hurricane/disaster.

PREPAREDNESS
Administration Section:

During a disaster, the administration section is immediately in charge of its administrative staff, drivers, attendants, security, and maintenance and for the coordination between the different sections and with the other government offices.

PREPAREDNESS
Radiology Department:

To maintain the Radiology Department functional and operational before, during and after a natural disaster and to provide these services to the Northern Region on an ***emergency basis***.

PREPAREDNESS
Pharmacy Department:

Pharmacy co-ordinates with Central Medical Stores for deployment of drugs and pharmaceutical supplies to prepare first aid kits, emergency hospital kits, replenish stocks

for wards and for preparation of mobile team drug kits. All of which are to be distributed to different hurricane shelters in both rural and urban areas of the district.

PREPAREDNESS
Maintenance Section:

Responsibility for securing building and equipment. Ensuring that the generator and water reservoir are functional. Check for drainage/sewer blockage.

3.0 MITIGATION
Medical Services:

The Chief of Staff has the responsibility of organizing in consultation with the Regional Hospital Administrator and the Matron the overall response of the Northern Regional Hospital to any disaster/mass casualty. He also *participates in meetings at DEMO* on behalf of the Regional Manager or the Hospital Administrator.

MITIGATION
Nursing Services:

- To ensure assigning of associates to a 12 hour shift rotation:
- 7:00 AM to 7:00 PM and 7:00 PM to 7:00 AM see annexes #66 OWK to #69 OWK, #72 OWK and #85 OWK

- To ensure safe and comfortable working conditions for associates during a disaster.

- To ensure that materials and equipment have been secured to be able to function adequately before, during and after a disaster.

- To co-ordinate with Nursing Administrator, K.H.M.H and Departmental Sister, Corozal Hospital on patients being transferred to Northern Regional Hospital

- To obtain list of associates assigned to Northern Regional Hospital from K.H.M.H.

MITIGATION

Administration Section:

- Safety and security of all patients and staff should be assured.
- Ensure that all Departments/Sections have staff in place and that they know how to respond.
- Dissemination of Hurricane Disaster Plan to all associates.

MITIGATION
Radiology Department:

- The serviceability of the X-Ray Units.
- Ensure in co-ordination with the maintenance department:
    - Proper functioning of the stationary X-Ray machine.
    - Proper functioning of the portable X-Ray Unit.
    - Proper functioning of the ultrasound unit.
- Ensure that the stand-by generator has a direct electrical supply to the stationary X-Ray Unit (this is a priority).
- Ensure that the Manual Processing Unit is operational.
- Safe keeping of radiology equipment and files wrapped up in plastic bags and transported to a safe place.
- Ensure film and reagent supply for a 2 month period.
- Corozal Technician to be transported to the Northern Regional Hospital and accommodation to be available for this person.

MITIGATION
Pharmacy Department:

- To alleviate situation and be prepared one should stay tuned to radio and wait for latest weather report.
- Based on reports and when placed on alert all pharmacy personnel should report to work.
- Pharmacist co-ordinates with Miss Angelita Sanchez to distribute first aid kits to respective hurricane shelters.
- All drugs, equipments and records should be safeguarded from damage by identifying well-shuttered and high-grounded shelters.

MITIGATION
Maintenance Section:

- Ensure that building and equipment remain in a serviceable condition.
- Systematic mobilization of equipment to safer and more secure place.
- Ensure that the drains are clear of garbage to prevent blockage.

4.0 RESPONSE

Medical Services:

PHASE I – 21° NORTH 80° WEST

Emergency Orange Walk Medical Committee Meeting.

- Coordinate with Karl Heusner Memorial Hospital personnel to be deployed to Northern Regional Hospital.

- Request Doctors to reduce numbers of admissions to the wards and discharge patients that can go home.

- Verify the status of surgical and medical equipment, reagents, materials etc., etc.

- Check availability of staff and cross-check plans for shifts to cover the services.

- Check Department Heads of:

  Laboratory – Stop or limit performance of non-urgent Work.
  - Safeguard/replenish hurricane boxes.
  - Ensure that there is sufficient stock of reagents.

  X-Ray - Limit performance of non-urgent work.
  - Check availability of personnel to cover services during disaster.
  - Ensure that there is a sufficient stock of reagents and films.

  Pharmacy - First Aid kits on hand – ready to go.
  - Check availability of personnel to cover services during disaster.

- Inspection of possible emergency hospital and prepare for possible transfer of hospital services.

- Ensure stock of emergency materials/equipments.

- Clean/prepare Operating Theatre and A & E Services areas.

- Supervise implementation of Medical Services emergency plans.

- Conduct meetings with Medical Staff.

RED I WATCH – PHASE II – 20° NORTH 84° WEST

All staff at the different Medical Emergency Centers will report on duty to the assigned Health personnel in that Health facility.

- Liaise with Department Heads – Lab
  X-Ray
  Pharmacy
- Discharge qualifying patients.
- All Members are allowed to take care of their families. The staff on duty should alternate in caring for their family members and return to work A.S.A.P.
- Deploy Medical Staff implement shifts/post.
- Coordinate staff deployed to Northern Regional Hospital from Karl Heusner Memorial Hospital with physician responsible for the group.

RED II WARNING – PHASE III – 20° NORTH 85°WEST

Every staff member should be at their respective Emergency Center as per the personnel distribution list

- AWAIT STORM –

RESPONSE
Nursing Services:

Matron is responsible to activate emergency plan when authority is delegated to her. Monitors the implementation of the plan during and after a disaster with the assistance of the Ward Sister. Co-ordinates and assigns nurses from K.H.M.H. to designated sections of Northern Regional Hospital Nursing Services.

Preliminary Alert

Phase I – 21 Degree North 80 Degree West

1. Check stock of materials, medical supplies, instruments etc.
2. Shift Rotation of 12 hours to be available for nurse, attendants and domestic associates.

Red I Watch

Phase II– 20 Degree North 84 Degree West

1. All associates are allowed to take care of their immediate family. The staff on duty will alternate in taking time to care for their family members and return to work as soon as possible.

2. Await directive from Hospital Administrator to initiate emergency plan.

3. Tagging of patients as follows:

    a. green tag – ambulatory patient (to go home)
    b. yellow tag – patients to go home with assistance
    c. red tag – patient needs to stay in hospital

This task will facilitate the discharge of patients in collaboration with the Medical Team.

4. Identify units where patients will be placed on transfer from Corozal and K.H.M.H.

5. Attendants will secure equipment and check for availability of oxygen and anaesthetic gases for the Operating Theatre.

6. Assign Domestic Auxiliaries to assist laundresses with ensuring of adequate supply of clean linens; securing of cleaning supplies; assisting with meal preparation; and assisting nurses as necessary.

Red II Warning

Third Phase – 20 Degree North 85 Degree West

Remain in designated areas.

RESPONSE
Administration Section:

PHASE I

All administrative personnel will first report to the administration office. They will proceed to secure records and equipment.

The Regional Hospital Administrator, Chief of Staff and Matron will work at the Hospital Command Centre as per details of the *MEDICAL RELIEF COMMITTEE PLAN*.

PHASE II

All staff will be posted to work at the hospital on shifts.

The ADMINISTRATION STAFF will be divided into three groups to be posted at the Command Centre on 8 hours shifts.

GROUP I ***7:00 AM – 3:00 PM***	***GROUP II*** ***3:00 PM – 11:00 PM***	***GROUP III*** ***11:00 PM – 7:00 AM***
ZURI GARCIA	TABITHA PADILLA	ADRIAN TUYU
SILVIA CABRERA	LUISA CHAN	FELIPE MUNOZ
HIGINIO HERNÁNDEZ	ABIGAIL ALMENDAREZ	ELVIRA BRICENO
DRIVERS		

GROUP I ***7:00 AM – 3:00 PM***	***GROUP II*** ***3:00 PM – 11:00 PM***	***GROUP III*** ***11:00 PM – 7:00 AM***
JORGE CHUC	GODWIN TURNER	EWAN MARTINEZ
ORLANDO MENCIAS		
SECURITY		

GROUP I ***6:00 AM – 6:00 PM***	***GROUP II*** ***6:00 PM – 6:00 AM***	***GROUP III*** ***Relieving Team***
ISMAEL TAMAI	WILLIAM TILLETT	JESUS ESCARRAGA
MARCUS ASH	GREGORIO BUL	BENIGNO CHABLE

The Hospital Administrator, Chief of Staff, and Matron III will alternate 8 hours shifts at the Hospital Command Centre, with support as shown.

GROUP I ***7:00 AM – 3:00 PM***	***GROUP II*** ***3:00 PM – 11:00 PM***	***GROUP III*** ***11:00 PM – 7:00 AM***
HOSPITAL ADMINISTRATOR	MATRON III	CHIEF OF STAFF
SISTER ARCHIBONG	1ST CLASS CLERK	S/N SHARON RAMSEY

RESPONSE
Radiology Department:

- Time should be given in a rotation basis for family emergency plan to be put in place.
- Arrange schedule to rotate in shifts to maintain the radiology department functional.

Time	Radiographer
7am-7pm	Uriel Briceno
7pm-7am	Enrique Carvajal

- **X-Ray personnel should be placed in a safe accommodation.**
- **The ultrasound equipment and the portable unit should be transported to A&E and placed in an accessible area.**
- **The Manual Processing Unit should be installed and functional in an area close to A&E service.**
- **Reactivation of the X-Ray Department in co-ordination with the maintenance department; especially in conjunction with the electrical section.**
- **Stand-by for incoming patients.**

RESPONSE
Pharmacy Department:

- **Pharmacy personnel are allowed time to implement family emergency plan.**
- **Pharmacists arrange schedule where they rotate in shifts so as to take care of personal belongings and maintain services at pharmacy.**
- **Pharmacist is placed in safe emergency center until the all clear is declared.**
- **Pharmacists prepare medicine kits for mobile teams so as to be able to provide medical care for prevalent afflictions.**

	ne
00 PM	**aeza**
00 AM	**elo**
	Sanchez

RESPONSE
LaboratorySection:

a. **Shifts will be maintained to keep a 24 hours service.**
b. **All Lab Technicians will be responsible for:**

A. Securing equipments
B. Packing of records in boxes, which will be labeled and stored,
C. Disconnection of all electrical equipments, except refrigerators
D. Ensure adequate storage of blood units.
E. Recheck hurricane supplies.

c. **Only emergency laboratory tests will be offered until after the green phase**
d. **Perform duties as necessary.**

0 pm	
0 pm	**les**
0 pm	**no**
0 am	

RESPONSE
Maintenance Section:

1ST PHASE

- Putting up of shutters
- Check/Clean drains and sewerage
- Test - run generator and water tank

2ND PHASE

- Generator and water tank working

- Move equipment as planned

3RD PHASE

Staff assigned to shifts as per schedule:

GROUP I ***7:00 AM – 3:00 PM***	***GROUP II*** ***3:00 PM – 11:00 PM***	***GROUP III*** ***11:00 PM – 7:00 AM***
ROY MENCIAS	OFRACIO NORALEZ	LUIS CORDOVA
RENE AUGUST	RICHARD ALVAREZ	ANTONIO MELENDEZ

5.0 RECOVERY/REHABILITATION
Medical Services:

ALL CLEAR – PHASE 4

- Supply emergency medical services i.e. Trauma.
- Maintain contact with DEMO.
- Damage Assessment.
- Re-deploy Medical Staff as needed.
- Return Medical Services to normal operations.

RECOVERY/REHABILITATION
Nursing Services:

All Clear

Fourth Phase – Hurricane has passed

- Transfer patients back to their respective hospital
- Rearrange wards as soon as possible to their former functioning capacity if possible.
- Rearrange staff rotation to normal working hours.

RECOVERY/REHABILITATION
Administration Section:

After the "all clear" has been declared the Administration Staff will be expected to:

- Replace files and other office equipment as best as possible and as soon as possible to the original offices.
- Return as soon as possible to normal work schedules.

RECOVERY/REHABILITATION
Radiology Department:

- Full service of the radiology department should be re-instated in a 12 hours period if possible.

RECOVERY/REHABILITATION
Pharmacy Department:

- Refill medical kits for mobile teams so as they can continue providing medical assistance until community slowly returns to better conditions.
- Pharmacy keeps co-coordinating with Central Medical Stores for deployment of medications until necessary.

RECOVERY/REHABILITATION
Maintenance Section:

- Remove Hurricane Shutters
- Assist with moving equipment back to original areas where possible.
- Damage assessment.
- Urgent repairs by priority area.

ENVIRONMENTAL HEALTH DISASTER PLAN

Introduction:

Public Health Services are essential and vital to the continuous provision of quality health care. In conjunction with other support stuff, Public Health Personnel must therefore always be prepared to function in any emergency situation. In order to ensure this, the Public Health Bureau – Northern Health Region has developed a plan of action for providing efficient and effective public health services before and after the disaster.

In the event of a disaster or at the threat of a hurricane, Public Health Personnel must report to the Coordinator Environmental Health – Northern Health Region immediately. Should the pattern of the impending hurricane be erratic, personnel must liaise with CEH for advice.

General Objectives:

1. To prevent and control disease outbreak during and after a hurricane disaster.

2. To ensure the continuity of services after a hurricane disaster.

3. To minimize the effect of vectors and vector borne diseases on the population after hurricane disaster.

4. To ensure the safety of Public Health and Vector Control Personnel and equipment and their readiness for prompt response before and after a hurricane.

In achieving our objectives the Public Health Bureau will focus on the following areas:

- Monitoring of water supplies for acceptable level of quality and quantity.
- Food sanitation
- Excreta disposal
- Solid waste management
- Liquid waste management
- Stray Dogs Eradication
- Public Health Information/Education
- Vector Control

Adulticiding – Ultra low volume fogging of pesticides with pressurized dispensers and the use of portable ULV backpack sprayers.

Larviciding – with appropriate larvicide

Fever case survey

House-to-House inspection

Chemo-prophylactic treatment where needed

General Activities:

- The staff of the Public Health Bureau and other Vector Control will review the Hurricane Disaster Management Plan for Orange Walk Sanitary District. They will also review the forms for Daily Shelter Reports and Disaster Surveillance Report and other relevant forms, see annexes 10 to 13 during the fourth of July.

- The Public Health Bureau Personnel will inspect the designated hurricane shelter for Orange Walk Town and the villages in the Orange Walk District to ensure adequate sanitary facilities, safe water supply, adequate receptacles for the temporary collection and storage of garbage, and structurally safe shelters in good sanitary conditions.

- The Regional Health Manager, Coordinator of Environmental Health and the Senior Vector Control Personnel will carry out assessments and evaluation of the Sanitary District after the hurricane.

- The Public Health Bureau Personnel will re-inspect the hurricane shelters in Orange Walk Town and in the villages after the hurricane.

- The staff of the Public Health Bureau will carry out food warehouse inspection before and after the disaster in order to protect stored food from attacks by rodents insects and other vermin and to safeguard foods from exposure to chemicals contaminants such as pesticides and to physically protect the food from mechanical and thermal damage.

- The Northern Regional Health Manager and Coordinator for Environmental Health will ensure that sufficient Residual Free Chlorine Kits with reagent Chlorax Bleach, Chlorination Manual, Flash Lights, disinfectant, Insecticide (Malathion, K-othrine, Ficam Diazinon,) rodenticide (Storm, Klerat) etc. are provided.

STAFF RESPONSIBILITIES

Pre Disaster Activities:

During the month of July the Coordinator Environmental Health (CEH) will convene a meeting with Public Health Inspectors and Vector Control Personnel to review the Environmental Health Hurricane Disaster Management Plan. The CEH will ensure that plans are distributed to all members of staff.

The CEH has the responsibility for reviewing the shelter inspection reports and make the necessary and appropriate recommendations to the District Emergency Organization (DEMO).

The CEH is charged with the responsibility to liaise with the Belize Water Services Ltd., the Town Council and Garbage Collecting Agency on areas of safe water supply proper solid waste management and disposal of the dead.

The Public Health Staff has the responsibility for the inspection of designated hurricane shelters in the Urban and Rural Communities as well as the inspection of food warehouses.

Phase I (One Red Flag)

- Within one hour after the declaration of Phase I the CEH will convene an emergency meeting to activate the Environmental Health Hurricane Disaster Management Plan.

- CEH will continue to update staff as necessary.

- Activate Family Hurricane Preparedness Plan immediately.
- CEH will attend emergency meetings.
- CEH will track the hurricane path.
- The next senior officer will carry out quick service to vehicle and fill vehicle tank.

Phase II (Red Flag with a Black Center)

- Staff will pack files & other records in boxes, labels boxes and wrap in plastic and stored in CEH office.
- CEH will liaise with the Maintenance Section to effect the security of Vector Control Building, PHI and CEH office.

Phase III (2 Red Flags with Black Center Flying)

- Remain indoors
- Stay tuned to official weather bulletins
- Shelter managers will monitor the environmental health conditions in shelters

Post Disaster Activities:

Phase IV (Green Flag – all clear)

- CEH will ensure staff reports for duty
- Resume normal duties
- Staff will return equipment and files to office and reorganize office
- Public Health Staff will monitor water supply, solid waste management, carryout Residual Free Chlorine test, inspection of food supply, and conduct Health Education Sessions at Shelters
- Public Health Staff and Vector Control Personnel will be placed in Mobile Teams along with Hospital staff and carry out their respective duties
- Briefing each morning before Mobile Team leave for the affected areas

MATERNAL AND CHILD HEALTH
DISASTER PLAN

Introduction:

Disaster management is a collective term encompassing all aspects of planning for responding to disasters including both pre and post disaster activities. As health professionals we must be acquainted with the health disaster plan to reduce to a minimum level possible the loss of human lives and damage to the organization through prompt and efficient actions of response and rehabilitation.

Aims and Objectives:

To reduce (avoid, if possible) the potential losses, the negative impact or consequences from hazards.

To establish and define clearly the responsibility and role of each member of the Maternal and Child Health team.

Assure prompt and appropriate assistance to the victims when necessary

Achieve rapid and durable recovery.

Authority
The NEMO plan or any part thereof shall be activated by the Prime Minister on the advice of the officer responsible for the mobilization in the event of a disaster.

Mitigation Strategies
The Rural Health Nurse will coordinate with the village health committee to assist in the development of a disaster preparedness plan.

Rural Health Nurse (in charge of Rural Health Center) will liaise with the village health committee to identify a proper and safe shelter for her and staff and also for the storage of documents, medication and equipment.

Conduct training of MCH Staff on disaster preparedness, mitigation and recovery.

To conduct desktop assimilation exercises and also participate in the natural assimilation exercises.

Preparedness
Communicate effectively the disaster preparedness plan to each member of MCH.

Ensure the availability of adequate supplies of vaccines, essential drugs, maternal and equipment.

Maintain immunization coverage of at least 90% on all immuno-preventable diseases.

Identify a safe area in the Northern Regional Hospital for the transportation of refrigerator used for storage of vaccines.

Ensure adequate supply of forms used for the surveillance of communicable disease.

Distribution of forms to Hospitals private/public, Health Centers, Health Posts, shelters for surveillance of communicable diseases and diseases related to disasters.

Training of staff on disaster preparedness.

Response
Conduct continuous health education to minimize or prevent diseases in shelters.

Conduct active and passive surveillance of communicable diseases.

Provide psychological and emotional support to persons in shelters.

Conduct rapid risk health assessment (post disaster) in Health Centers, Health Post and communities assess.

Recovery/Rehabilitation
Provide Maternal and Child Health care as soon as possible.

Conduct mobile clinics to flooded and affected areas.

Continuous health education to be provided in shelters, health centers on health issues such as contaminated water, hygiene, excreta disposal, and the prevention of illnesses related to disaster conditions.

Activate Plan (flooding) where instructed by Regional Health Manager.

Roles and Responsibilities
In the event of a threat for a disaster the Public Health Nurses will be responsible to activate the MCH plan after being instructed by the Hospital Administrator.

Each Rural Health Nurse in charge of a rural health center is responsible to pack all vaccines in an iced igloo and have it ready to be transported to the Northern Regional Hospital.

The Rural Health Nurses and caretakers in each health center are responsible for the safe storage of documents, equipments and supplies.

The PHN is responsible to store all vaccines coming in form the rural health areas, Belize City and Corozal Health Center.

The RHN and PHN are responsible to conduct activities and passive surveillance of communicable diseases in their respective areas and report daily to the EPI clerk in the district.

The MCH driver is responsible to collect all vaccines from the rural health centers in the Orange Walk District and transport it to the Northern Regional Hospital.

RHN and caretaker assigned to the urban health centers are to report to the NRH to carry out duties assigned by the Matron (This is only effective during Phase III).

MCH driver to report to Hospital Administrator for further instructions.

PHN, RHN and MCH driver will form part of the Mobile Health Team. The team will visit the communities to conduct a rapid risk assessment of the health facilities and shelter and provide assistance and support to RHN, Community Nurses Aides.

Conduct health education on hygiene, vector borne, water borne and communicable diseases.

Visits shelters in town to conduct health education sessions on illnesses associated with disasters to prevent or control disease outbreak.

Conduct Maternal and Child Health clinics as soon as possible in health centers.

Disaster Preparedness

Psychiatric Clinic

Pre Hurricane:

At the beginning of the hurricane season:

1. Provide list/checklist for patients to assist with preparation for hurricane
2. Re-assure patients who exhibits anxiety/concern about possible hurricane.

After Hurricane:

1. Check on regular patients
2. Check on medications
3. Offer counseling (individual and family)
4. Mental Health education - educate on stress
   - Individual and family counseling
5. Referral to Dr. Lopez or Medical Doctors.
6. Do post traumatic stress session (school, clinic, home)

Resources

1. Need checklist for patients
2. Transportation
3. Medication - Extra
   a. Anti depressant - amnitriptilline, Imipramine
   b. Multivitamins
   c. Chlorpromazine Meleril, Haldol, Modecate injections
   d. Artane, Kemadrin
   e. Delanten, Phenobarb

HECOPAB
DISASTER PLAN

Hecopab Purpose:

To develop a plan of action to be prepared to provide health education and promotion in the prevention and control of diseases, before, during and after a hurricane.

This will be implemented in collaboration with PHI, PHN, RHNs and CNAs.

Mitigation

As hurricane season opens June, human resources in each rural community of Orange Walk District are available in the form of Community Nurses Aids. These resources will actually carry out activities such as providing basic first aids, Health Education and referrals to eliminate or reduce the effects of a disaster.

Activities

- Coordinate disaster preparedness for CNAs, so as to develop information so as to reduce and prevent damage of property and loss of life.
- Attend relevant hurricane preparedness meeting and trainings.
- Ensure CNAs are equipped with hurricane key/specific shelter and provide necessary support.
- Listen to weather report and continue monitoring of forecastings and warnings.
- CNAs to conduct home visits/village meeting to disseminate information in a timely manner to alert and warn community members.
- CNAs are to establish link and dialogue with their respective chairman in order to ensure they are utilized.

Preparedness

In order to respond effectively in the event of a disaster, the following activities will be carried on:

- CNAs will assist community members with basic information on how to formulate a plan for the family.
- CNAs will assist community members to recognize and consider needs/resources that are available.

- E.g. Questions to be considered:

1. Recognize, Do you live in an area that might have to be evacuated?
2. Have you planned/arranged where you will go?

   e.g. (a) To a designated shelter in your area

   (b) Out of Community

   (c) To a friend/family home in a safe area

If, there is no need to evacuate, before the storm be sure to secure roofing with hurricane proofing straps, cover windows with board/shutters

- Secure equipment and materials
- Continue listening to weather report/monitoring of forecastings and warnings
- Join family to activate family preparedness plan.
- Check hurricane supplies, making sure you have enough food/water and clothes for 3 days.
- CNAs to contact their local village Emergency Community to be aware of resources available e.g. shelters.

Response

After hurricane and in order to respond effectively and to reduce secondary damage activities to be carried on are as follows:

- Continue to listen to public communication means e.g. radio/TV whereby the general public will be warned about impending emergency situations.
- Be prepared to be part of mobile team to provide immediate public safety by visiting shelters to provide health education on water borne illnesses, personal hygiene, household hygiene and environmental hygiene. These sessions will be held at shelters, schools, and through community meetings and home visits.

Recovery/Rehabilitation

Meanwhile recovery & restoration slowly returns to better conditions the following activities will be carried on:

- Provide necessary support visits to CNAs.

- Provide Continuous Health Education in relation to contaminated water, excreta disposal, solid waste management and wastewater disposal.
- CNAs with support of Health Team are to conduct a massive house to house Health education campaign where needed, to inform community members on the importance of community participation in the prevention and control of illnesses, so as to help prevent an outbreak of diseases that are related to disaster conditions.

NORTHERN HEALTH REGION

COROZAL DISTRICT
MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (CD-MCPHC)
HURRICANE DISASTER PLAN

Revised August, 2004

A. ADMINISTRATIVE SECTION

INTRODUCTION

The Corozal District Hurricane Disaster Plan sets out the emergency procedures for the Corozal District to respond to Hurricane Disasters in the most efficient possible way. This plan follows the general outline for hurricane emergency plans as prescribed by NEMO – April 11, 2002.

The geographical situation of the town and villages of the Corozal district make it necessary for medical emergency centers to be set up in various parts of the district to take care of minor emergency

The Corozal Health Center is the central emergency hospital which serves as the medical relief committee's command center and referral hospital for the rural areas. The regional hospital is the referral center for the district.

All staff at the different emergency centers will report on duty to the assigned health personnel in that faculty. The experience in the past has shown that our staff is very reliable and complies with duties assigned.

Since the district has villages across the sea, and across- the- sea relief team has always existed and is ready to move into a disaster area once the all-clear is given.

The housing and shelter committee is responsible for the emergency shelters throughout the district. Usually the community centers and schools in the village serve as emergency shelters. They are situated as close as possible to the emergency center so as to provide the necessary medical attention.

Corozal District

Hurricane Disaster Plan

Purpose:

The purpose of this plan is to ensure the continuity of health care services before, during and after a hurricane disaster. This will be ensured through the prompt and effective attendance to the population requiring medical care in order to reduce morbidity and mortality rates before and after a disaster.

Specific Objectives :

1. To have an adequate emergency plan for the provision of services.
2. To ensure that our associates are deployed to safe working places during a hurricane threat.
3. To coordinate with regional hospital for the transfer of patients.
4. To maintain full control over all assets of the department before, during and after a hurricane.
5. To prepare the staff for optimal performance in emergency situation

Structure:

This plan outlines the emergency management procedures for the Corozal District Medical Care and Public Health Committee in ensuring the continuity of health care services for the purposes of a hurricane disaster. It clearly sets out the roles of the individual health Section and staff member.

Actors:

The Corozal District Medical Care and Public Health Committee will be involved in implementing the Hurricane Disaster Plan. The plan will detail roles and responsibilities of everyone involved.

Hazard Analysis:

Effects of a Hurricane

Short Term Effects of A Natural	**H U R R I C A N E**
Deaths	Few
Severe Injuries Requiring Intensive Treatment	Moderate
Increased Risk of Communicable Diseases	Potential Risk, with probability rising with over-crowding and Deteriorating Sanitation
Damage to Health Facilities	Severe
Food Scarcity	Rare

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE CATEGORIES

Hurricane Intensity Scale

A scale* from one to five based on the hurricane's present intensity which gives an estimate of the potential flooding and damages to property form a hurricane is as follows:

One: Winds 119-153 km h^1 (74-95 mph)

No real damage to building structures; damage primarily to unanchored mobile home, shrubbery and trees.

Two: Winds 154-177 km h^1 (96-110 mph)

Some roofing, door and window damage to buildings; considerable damage to vegetation, expose mobile homes, and piers. Small craft in unprotected anchorage's break moorings.

Three: Winds 178-209 km h^1 (111-130 mph)

Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures, mobile home are destroyed.

Four: Winds 210-249 km h^1 (131-155 mph)

More extensive curtain wall failures with some complete roof structure failure on small residences.

Five: Winds greater than 249 km h[1] (155 mph)

Complete roof failure on many residences and industrial buildings, some complete building failures with small utility buildings blown over or away.

- **This scale was developed by Saffir and Simpson and is commonly known as the Saffir/Simpson Hurricane Scale (SSH) and was submitted by the National Meteorogical Service.**

CATEGORY 1 – **Storm surge – up to 5 feet of water**
CATEGORY 2 – **Storm surge – 9 to 12 feet of water**
CATEGORY 3 – **Storm surge – 15 to 18 feet of water**
CATEGORY 4 – **Storm surge – 18 to 21 feet of water**
CATEGORY 5 – **Storm surge – 18 to 24 feet of water**

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

SCOPE

This Hurricane Disaster Plan covers the Corozal District Medical Care and Public Health Committee's adequate response at the time of hurricane threat to the country of Belize. The main objective being that of ensuring the continuity of health care services before, during and after a hurricane disaster.

AUTHORITY

The authority for implementing the Hurricane Disaster Plan lies with the Deputy Regional Health Manager.

RESPONSIBILITY

The Deputy Regional Health Manager is charged with the overall responsibility for maintaining the plan.

ASSUMPTIONS

The plan is based on the assumptions that the Corozal Community Hospital will remain operational at the present site for hurricane of categories I, II & III. For any category greater that III, the hospital will be evacuated and emergency centers become operational.

STANDARD OPERATING PROCEDURES

Standard Operating Procedures are detailed in the plan for each Section/Department including Nursing Services, Medical Services, Radiology, Pharmacy and Maintenance.

CONCEPT OF OPERATIONS

The Deputy Regional Health Manager is charged with the responsibility of activating the hurricane emergency plan for the Corozal District health services once the preliminary warning plan has been declared. The Deputy Regional Health Manager will alert the Chief of Staff and Sister as well as all Heads of Sections. The Chief of Staff will assist the Deputy Regional Health Manager in implementing this plan and is in the capacity of assuming full responsibility for the implementation of this plan once the authority is delegated to him.

Once the preliminary warning phase has been declared, the command center at the Corozal Community Hospital becomes fully functional. Chief of Staff will ensure that all sector plans are put into effect.

WARNING, ALERTING, CALL OUT

Warning Flags shall be flown by the Police Department as follows:

Phase I – Preliminary – One Red Flag – 21 N 80 W

Phase II – Red 1 – One Red Flag with Black Center–20 N 84 W
(24-36 hours)

Phase III – Red 2 – Two Red Flags with Black Center – 20 N 85 W
(Likely to strike in a few hours)

Phase IV – Green – Green Flag All Clear (has passed)

1.8 ACTIVATION

The Corozal District Hurricane Disaster Preparedness Plan shall be activated by the Deputy Regional Health Manager. Once the preliminary warning phase has been declared the Deputy Regional Health Manager will alert the Chief of Staff and sister, who in turn will alert all staff .

1.9 DEACTIVATION

The Deputy Regional Health Manager will deactivate the plan after the “all clear” phase has been declared, and the staff and services return to “normal”.

1.10 RELATIONSHIP TO OTHER PLANS

The Corozal District Hurricane Disaster Plan is an integral part of the Northern Health Region Hurricane Disaster Plan, which includes both Orange Walk and Corozal Districts.

1.11 ADMINISTRATIVE ASPECTS

- Financial Arrangements:

  Authority for expenditure rests with the Accounting Officer for the Ministry of Health who delegates this authority to the Regional Health Manager and Regional Hospital Administrator. Procedures for reimbursement will be in accordance with Financial Orders and other Government Financial Regulations.

- Mutual Aid Agreements for Access to Non-Government Resources:

  Red Cross will provide assistance as required upon request by Deputy Regional Health Manager.

- Procedures for Accessing Government Resources:

  These are in accordance to existing Government Regulations and Procedures in place by NEMO and DEMO.

- Reporting Arrangements:

  The Deputy Regional Health Manager will keep the Chief Executive Officer – Ministry of Health, DEMO, NEMO and the Regional Health Manager informed through timely reports to the
  Accessing Additional Human Resources:

- Accessing Additional Human Resources:

Additional Human Resources will be provided through the Chief Executive Officer, Ministry of Health.

B. ***OPERATIONAL ASPECTS***

3. **Committee Members**

Deputy Regional Health Manager – Mrs. Oneida Smith

Chairperson has the overall responsibility over health aspects in the district. He/she is the liaison officer with Corozal district emergency organization may delegate the authority to the chief of staff or sister in charge of the hospital to activate the emergency plan.

Medical Chief of Staff- Ms. Glenda Major

Has the responsibility for implementation of the plan once the authority is delegated. He/she organizes in consultation with other members of the committee the over-all response of the district health services to any disaster/mass casualty. He/she participates in meetings at D.E.M.O. on behalf of the Deputy Regional Health Manager.

Sister in Charge- Mrs. Florene Ogaldez

Activates emergency plan when authority is delegated to her. Monitors the implementation of the plan during and after disaster. Assigns nurses to the emergency medical centers. Ensures that food and drugs supplies are available at emergency hospitals see annex #90 CZL.

Dispenser- Ms. Rhondine Reynolds

Has the responsibility of ensuring that the proper supply of medication, material and supplies are stocked in the dispensary before a disaster strikes, ensuring the proper storage and dispensing of these materials at all times.

Public Health Nurse- Mrs. Guillermina Heredia

Has the responsibility of coordinating activities with the Rural Health Nurses and the community nurses aid so as to ensure that first aid teams will readily be available in the villages. Also coordination and work with the Public Health Inspector/HECOPAB/Vector Control in the prevention and control of epidemics and communicable diseases.

Public Health Inspector- Mr. Daniel Acosta

Is responsible for ensuring that shelters are provided with potable water and adequate sanitary facilities. Also to provide technical assistance in the selection of

burial sites and burial procedures as well as monitoring environmental health conditions. Post disaster-stage: to coordinate with the PHN, HECOPAB and Vector Control concerning public health activities.

HECOPAB – Mrs. Ruby Magaña

Has the responsibility for the promotion of health and dissemination of all health information for the district, coordinating with DEMO education committee for ensuring education campaigns for the general public. He/she must also coordinate with PHN, PHI and Vector Control.

First Class Clerk- Ms. Patricia Blanco

Responsibility for equal distribution of food (groceries etc.) to emergency centers set out throughout the district. He/she should provide flashlights, fuel and household supplies to the different emergency centers, also security and custody of files, documents and office equipments. He/she should properly record the activities of the medical relief committee as much as is humanly possible.

Laboratory Technician – Mr. Dionicio Rozalez

Responsible for preparation of two emergency laboratory supply boxes (Hurricane box) with the necessary items to perform urgent testing during and after a disaster. Ensure proper storage monitoring of stock to guarantee availability of request and supplies. He should secure all equipment, supplies and blood units at the blood bank.

Radiologist- Mrs. Vicky Rancharan

He/she should ensure the availability and proper storage of films/reagents. He should secure all equipment and records so as to have continuity in service after disaster.

Statistical Assistant- Mr. Elio Cowo

He should have an amount of forms available for post-disaster surveillance and should make these accessible to those that will use them. He should be prepared to receive the reports coming in either through telephone or in writing and should be able to relay these reports to the persons concerned at district and national level.

Activation of Plan

The deputy regional manager *is charged with the authority and responsibility of activation the district health emergency plan. In his absence or by delegation of authority, the medical chief of staff or the sister in charge can activate the plan. The activation of the plan would follow when instructions are given by Regional Health Manager or chairman of Corozal District Emergency Management organization upon the activation of the plan. All associates should be informed or updated on the specifics of the disaster and be instructed to implement*

their plan by their supervisors. The private doctors in Corozal have always collaborated in the hurricane plans of the hospital.

Communication

The only means of communication available at the hospital at present is by telephone

STRUCTURE

Preliminary Preparations

- Update hurricane plan
- Prepare hurricane medical emergency kits
- Purchase food supplies
- Assign health personnel to emergency centers & other duties, see annexes #86 CZL to #89 CZL, #91CZL, #92CZL, #97CZLand # 98 CZL
- Request and replenish emergency supplies
- Update inventory
- Maintain all equipments in good working condition
- Identify proper storage area for equipment, supplies and documents.
- Maintain adequate supply of vaccines and ensure proper cold chain.
- Ensure that all vehicles of MOH are operational
- Ensure that all heads of section submit their updated hurricane plan
- Ensure that standby generators are functional.
- Ensure availability of fuel for both vehicles and generators

Phase I & II Before impact of hurricane

- Medical relief committee meets
- Transfer and store all equipment materials/supplies document to the designated storage area.
- Ensure that all emergency kits and food supplies are ready to be delivered to designated shelters.
- Ensure that all health personnel report to regional health manager
- Transport medical personnel and supplies to emergency shelters.
- Discharge patients who can go home.
- Secure windows and doors with shutters
- Activate family plan
- Activate all hurricane plans
- Committees to attend all DEMO meetings

Phase III During Impact of Hurricane

Remain indoors at Medical Committee Command Center and listen to official weather bulletin.

Phase IV After impact of hurricane

- Conduct health situation assessment of district.
- Conduct immediate damage assessment of health facilities, - Urban, Rural Health Center, Health Post.
- Ensure the implementation of all post disaster plan
- Ensure the adequate supplies of medication, food and water to health personnel
- Record and report outbreak of epidemics
- Request for relief assistance, if necessary
- Constant communication and reporting to regional health manager
- Liaise with DEMO for additional assistance such as fuel, transportation, accommodation for relief team and any other related issues/items that may be required.
- Re-incorporate all normal health services and activities as soon as possible.
- Recovery and rehabilitation of all health services facilities

Drivers
Hurricane Emergency Procedure

Version 1 : 1st June 2002

Responsible : Clerk Typist Ms P. Blanco CDHS
Ministry of Health Belize

Objective: Transport Nurses, Medication and Food to all health shelters

Preliminary:
Prepare a hurricane security procedure make procedure available to driver for familiarization. Update driver list and vehicle list

Phase I & II Before impact of hurricane

- Attend emergency meeting with staff of CHS convene meeting with driver. Order fuel by drums (estimate 2 drums) Activate family plan for drivers. According to family plan rotate on shift basis.

Phase III During impact of hurricane

- Stay indoors
- Listen to official weather bulletin.

Phase IV After impact of Hurricane

- Visit all health shelter to assess damage
- Continue with the supply of medication and food if necessary
- Pick up staff, materials after all clear has been declare.

If it is category 4 or 5 and evacuation is necessary:

- Report to working place if possible, if not listen to radio announcement as to where to evacuate to (O/W).

Public Health Inspector
Hurricane Emergency procedure

Version 1 June 3rd 2002

Responsible – Public Health Inspector, Corozal Northern Region, Ministry of Health Belize.

Objective – To prevent and control disease out-breaks during and after a hurricane emergency disaster.

Areas of responsibility:

- Adequate quantity and quality of water supply
- Vector control
- Adequate disposal of the dead
- Adequate sewage disposal
- Adequate solid waste disposal
- Food Sanitation
- Stray Dog Eradication

Steps:

PreliminaryPhase

- Ensure that all hurricane sheltersin the Corozal district meet basic public health standards.
- Submit reports of shelters to the coordinator of the medical relief committee and if necessary to NEMO.
- Advise and identify a site for the burial of the dead
- Promote water disinfecting technique for safe water
- Update inventory for the Public Health Dept. Office
- Identify storage areas for equipment and supplies
- Modify plan of action in the prevention and control of communicable disease outbreaks and to implement the plan if needed.

Phase I & II

- Attend emergency meeting with medical relief committee
- Pack, label materials, supplies, files and equipment of the PHI office
- Reproduce: - Daily Shelter Env. Health Status disaster surveillance report forms; Daily Shelter/Community Env. Health Status disaster surveillance report forms, see annexes 10 to 13
- Transfer and store equipment, materials, files and supplies to designated storage area.
- Attend all emergency meetings
- Activate staff family plan
- Distribute daily environmental health status report forms to shelter managers

Phase III

- Remain at medical relief committee's command center
- Listen to all official weather bulletin

Phase IV

- Conduct evaluation of environmental health conditions in shelters. To identify high-risk health problems.
- Retrieve daily surveillance forms and deliver to Data Entry Entry Clerk
- Conduct immediate damage assessment of water supplies of both rudimentary systems and B.W.S.
- Monitor all water supplies and disinfect all public water supplies. ie. check for adequate chlorine level.
- Investigate all reported communicable disease outbreaks including food-borne illnesses.
- Monitor and coordinate proper solid waste disposal
- Monitor and coordinate proper sewage waste disposal
- Inspection of food supplies(storage and preparation)
- Monitor burial of the dead at approved sites
- Record and report the relevant authorities about any outbreak of disease

COROZAL HOSPITAL NURSING HURRICANE PROCEDURE

OBJECTIVE: To ensure the continuity of patients care, before, during and after a hurricane disaster.

RESPONSIBLE PERSON: Sister/Nurses in Charge of shift.

Preliminary:-

- Sister-in-Charge will attend relevant hurricane meetings.
- Prepare updated nursing duty roster by third week in May.
- Inform nursing staff of updated roster.
- Submit updated duty roster to deputy regional manager by third week in May.
- Staff at emergency hospital will be required to work a twelve (12) hr. shift 7am-7pm& 7pm-7am. (annexes #86 CZL to # 89 CZL, #92 CZl, #97 CZL and #98 CZL
- Nurses are to submit their family emergency plan by the end of May.

Phase I & II.

- Staff on duty will categorize patients following doctor's discharge rounds.
- Those that can be discharged without assistance to go home, label bed "Home" using plain paper and permanent marker.
- Those that can go home but need assistance , eg. Transportation, label bed "HOME WITH ASSISTANCE".
- Those that must be taken to Orange Walk Hospital, label bed "O.W.".
- Inform patient's relatives of discharge and/or transferal to Orange Walk Hospital.
- Inform designated driver of patients' needing assistance to go home/Orange Walk Hospital.
- Staff on duty will prepare emergency listed items for emergency hospital and shelters.
- Assist with setting up of Emergency Hospital.
- Personnel assigned to 1st shift to report to Hospital immediately.

- All nurses will report to the Corozal Hospital when alerted. Nurses on vacation leave must report on duty.

Phase III

- Remain in Emergency hospital/designated shelter.
- Provide nursing care as required.
- Keep patient census and written patient report.
- Attendance register to be signed.

Phase IV

- request information regarding status of Corozal Hospital's assessment of damages.
- Inventory of available supplies/medications.
- Adjustment of duty roster to normal duties and inform staff of same.
- Return to Corozal Hospital if condition allows.
- Submit written report on shelter/center experience to sister/nurse in charge at Corozal Hospital

VECTOR CONTROL HURRICANE PREPAREDNESS PLAN

Version 1 July 22, 2002

RESPONSIBLE: Supervisor, Vector Control Department, Ministry of Health

STEPS:

Phase I & II

- Report to headquarters at the Corozal Hospital (all vector control staff)
- Secure all Vector Control equipment, i.e. ULV foggers, mist blowers,Hudson pumps, boat, insecticide and cabinets.
- Vector Control personnel to be on standby to assist other sections in manual assistance (manpower)

Phase III

- Remain in Emergency hospital/designated shelter.
- Be on standby to assist and be posted to assigned posts etc.
- Stay tuned to official bulletins

Phase IV

- All Vector Control personnel must be ready to accompany teams to carry out activities assigned by P.H.I.
- All equipment, materials etc to be carried back to original posts or Station.
- Evaluation exercise with other teams in affected areas to do

Assessment of villages' condition and to determine necessary action to be taken by Vector Control i.e. Larviciding, ULV Fogging

Hurricane Plan For Statistical Department For 2004

Version I – March 2002

Objective – To collect, compile and transfer surveillance information to all relevant parties and to secure equipment, medical files and other documents from damage during and after a hurricane.
Responsible – Elio M.Cowo, Statistical Assistant, Corozal Hospital, Ministry of Health

Steps

PRELIMINARY

1. Prepare a hurricane security procedure and have this procedure available to the staff of this department for their familiarization.
2. Identify storage areas for equipment and documents.
3. Make a back-up of all vital information stored in the computers.
4. Have available a good supply of forms that might be used after the hurricane for statistical and surveillance purposes.

Phase I & II

1. Attend the emergency meeting for all staff of Corozal District Health Services.
2. Conduct a short meeting with statistical department staff.
3. Pack, label accurately and secure all equipment, materials and documents(medical files,reports,etc)
4. Transport and store all packed items in a storage area previously identified.
5. Activate family plan for staff members.

Phase III

During this phase, all staff members of the Statistical Department will take part in the hurricane plan devised by the Administration Department. This will include helping in the distribution of food and other items to shelters,etc. as well as the tracking of the storm to keep all relevant associates informed.

Phase IV

1. Be informed of the official weather bulletin.
2. Conduct a immediate damage assessment.
3. With the help of a telephone, the clerk will collect all pertinent information in regards to surveillance from CNAs, RHNs etc on a daily basis and will compile and transfer this information to heads at district level and at national level.

HEALTH EDUCATION AND COMMUNITY PARTICIPATION BUREAU HURRICANE PROCEDURE

Objective: To ensure continuity of Health Promotion/services by HECOPAB through Community Nurses Aides

Responsible: District Coordinator, HECOPAB

PRELIMINARY

1. Workshop on communicable disease and hurricane preparedness for village leaders and CNAs
2. Meet with CNAs and village leaders so as for them to familiarize with the medical hurricane plan.
3. Submit list of basic medication for CNAs to pharmacy.
4. Ensure that all CNAs have a hurricane plan.
5. Keep an updated list of CNAs.
6. Ensure that there is an adequate quantity of Health Education material.

Phase I & II

7. CNAs, village health committees and HECOPAB will attend all

meetings and activation done by village council or district emergency committee.

8. Ensure that all CNAs activate the emergency plan.
9. Pack, label and secure equipment, materials and documents.
10. Inform designated persons of the transfer and storage of materials, supplies and documents.
11. Store packed items at the store room (dental store room).
12. Activate family plan.

Phase III

13. Stay indoor, at medical relief command center.

Phase IV

14. Visits to health shelters to provide Health Education
15. Coordinate with PHI, PHN to implement measures to prevent outbreak of epidemics and to maintain surveillance.

Mental Health/Psychiatric Clinic Hurricane Preparedness Plan 2004

Version I – July 18, 2002

Responsible: Psychiatric Nurse Practitioner, Mrs. E. Blanco

Objective : To prepare and secure equipment, documents and medical supplies necessary for, during and after a disaster as well as co-ordination with other members of health team.

STEPS

PRELIMINARY

- Attend relevant meetings
- Store all equipment and documents
- Submit request for emergency psychiatric medical supplies
- Stress management to prepare for disaster stress with all staff and general population

Phase I & II

- Attend emergency meetings
- Have available emergency preventative treatment to clients cared for at home if necessary
- Provide assistance to other staff
- Prepare for evacuation
- Secure all equipment and documents and move to safe storage area if necessary
- Activate family plan

Phase III

- Stay indoors at designated work area
- Provide necessary medical attention
- Keep listening to official weather bulletin

Phase IV

Assess the following:

Impact/consequences on population
Disruption of normal societal behaviour
Disruption of normalcy, loss of relatives, property

Conduct the following:

Stress management
Counseling to affected population
Treatment of psychological effects of the disaster e.g.
Anxiety-sleep disturbance, nervousness,
Acute psychosis

Version II– May 16,2000

Version III- March 15,2002

Responsible : District Dental Surgeon, Corozal Health Services, Ministry of Health, Belize

Objective : Secure equipment, materials and documents from water damage during a hurricane.

STEPS

PRELIMINARY

1. Prepare a hurricane security procedure.
2. Make procedure available to dental staff for familiarization.
3. Identify storage areas for equipment, supplies and documents.
4. Update inventory for the Dental Department.

Phase I & II

5. Attend emergency meeting with staff of Corozal Health Services.
6. Convene meetings with dental staff.
7. Pack, label and secure equipment, material and documents.
8. Store packed items in store room.
9. Contact person responsible for securing the building.
10. Have storage space available to other health sections in basement of building.
11. Dentist will attend meetings with DEMO.
12. Dental nurse and dental assistant will assist pharmacist carry out procedure for that section.
13. Activate family plan for staff members.

Phase III

14. Stay indoors (workplace).

15. Listen to official weather bulletin.

Phase IV

16. Carry out immediate damage assessment.

17. Resume normal services as soon as possible.

If it is category 4 or 5 hurricane and evacuation is necessary

18. Report to usual place of work if possible. If not, listen for radio announcement as to where to report to.

19. Follow # 16 and # 17 on list.

RURAL HEALTH NURSE
HURRICANE EMERGENCY PROCEDURE

Version: June 6 2001

Responsible: Rural Health Nurse and Community Medical Officer
Progresso – Dr. Diana Gomez/ RHN E. Magaña
Libertad - Dr. G. Del Sol / RHN M. Terry

San Narciso- Dr. E. Garcia / RHN B. Machuca
Sarteneja - Dr. O. Medina / RHN S. Reyes
Caledonia - RHN Pott Acosta

Objective: To coordinate with Public Health Nurse and other health workers in reducing morbidity and mortality rates due to communicable disease and disease preventable by immunization.

STEPS:

PRELIMINARY

1. Meet with relevant persons to review hurricane plan i.e. hurricane shelters, emergency clinic, storage areas, evacuation plans, transportation etc.
2. Revision of action plan with Public Health Nurse in the prevention and control of communicable disease outbreak and maintenance of surveillance.
3. Submit a requisition for medication needed during a hurricane to Public Health Nurse and pharmacist.
4. Meet with relevant persons to review prevention and control of communicable disease and also first aid measures.
   Submit list of materials and supplies required by field workers.
5. Coordinate with HECOPAB personnel to ensure the availability of educational materials on the prevention of disease.

   Phase I & II

6. Attend emergency meeting with village council and village health Committee.
7. Contact TBAs, CNAs and caretakers to assist in packing and labeling files and equipment of health centers.
8. Ensure that clients with chronic illnesses have adequate supply of Medications.
9. Inform the person responsible to transport emergency supplies to hurricane shelters and files and equipment to storage area.
11. Safe-guarding vaccines for transportation to Urban Health Center.
12. Ensure that vehicles assigned by village council for transportation of critical patients to hospital be fueled and be available at the shelters.

13. Maintain contact with PHN, DMO and DEHC.
14. Activate family hurricane plan.

Phase III

15. Remain indoors.

Phase IV

16. Assessment of people in hurricane shelters to identify health problems
17. Conduct health situation assessment of community to identify high risk health problems.
18. Report to PHN about general health situation of community and of any damaged health center.
19. Assessment of damages to health centre.
20. Implementation of health education plan on disease control.
21. Re-incorporate into normal activities as soon as possible (i.e. Pre-natal, Child health clinic etc)
22. Maintain active surveillance of community.
23. Report to relevant authorities any outbreak of disease if possible.

NB. If a category 4 or 5 hurricane is approaching, the evacuation plan will be implemented in the communities of Sarteneja and Progresso

Public Health Nurse Hurricane Emergency Procedure

Version I : May 2000

Version II : May 11, 2001

Responsible: Public Health Nurse, Corozal Hospital, Ministry of Health

Objective: To reduce morbidity and mortality rate due to communicable diseases and disease preventable by immunization.

STEPS

PRELIMINARY

1. Modify Public Health Nurse and Rural Health Nurses' plan on an annual basis.
2. Modify plan of action in the prevention and control of communicable disease outbreak and maintenance of surveillance.
   Submit updated requisition list of medication to pharmacist.
3. Submit a list of materials required by field workers.
4. Meet with RHNs, TBAs, CNAs and caretakers to update them on the district health plan and their shelters assigned.
5. Coordinate with relevant sections to meet with RHNs, TBAs, CNAs and caretakers to review prevention and control of communicable disease and first aid measures.
6. Store equipment, supplies and documents in assigned storage area .
7. Ensure that there is an adequate supply of all education materials.

Phase I & II

8. Attend emergency meeting with medical relief committee.
9. Contact all RHNs to report to their respective areas and activate their hurricane emergency plan.
10. Pack and label materials, supplies, files and equipment of health center.
11. Inform designated persons for the transfer and storage of equipment, materials, files and supplies.
12. Equip vaccines refrigerator with standby generator.
13. Inform and send 50% of vaccines for storage at Northern Regional Hospital.
14. Distribution of medical supplies to health facilities.

15. Connect vaccines refrigerator to portable generator if necessary
16. Request from clerk the supply of ice for vaccine transportation and storage.
17. Attend all emergency meetings.
18. Activate staff family plan.

Phase III

20. Remain at medical relief committee command centre.

Phase IV

21. Conduct health situation assessment of district community to identify high risk health problems.
22. Conduct immediate damage assessment of health facilities – urban, rural health centre, health posts
23. Liaise with community based health programs to keep an active surveillance of the district.
24. Implement measures outlined on plan to prevent and control outbreaks of epidemics.
25. Visit shelters to assess health conditions and provide health education.
26. Vaccinate if necessary to prevent outbreaks of disease preventable by immunization.
27. Investigation of reported cases of communicable disease outbreaks.
28. Record and report to relevant authorities outbreak of disease.

End of procedure

Administration Department Hurricane Emergency Procedure

Version I : July 2000

Version II: May 28, 2001

Responsible: Clerk Typist, Ms. Patricia Blanco,
Corozal District Health Services, Ministry of Health

Objective : Distribution of food to Emergency Hospital

STEPS

PRELIMINARY

1. Prepare a hurricane security procedure.
2. Make procedure available to administration staff for familiarization.
3. Update stock for the administration department.

Phase I & II

4. Attend emergency meeting with staff of Corozal Health Services.
5. Convene meeting with administration staff.
6. Order necessary food supplies and water for two weeks (records clerk)
7. Pack and label supplies (Mr. Carlos Chable and Ms. Ellengray Linarez).
8. Store packed items in store-room (Ms. Venus Cobb and Ms. Patricia Blanco).
9. Administration staff will assist the cooks to carry out their procedure (if necessary)
10. Activate family plan for staff members.
11. According to family plan, staff will rotate on a shift basis (2 persons per shift)
12. Clerk typist will supervise and assist on a 24-hr basis (Ms. Patricia Blanco).

Phase III

13. Stay indoors (workplace).
14. Listen to official weather bulletin
15. Distribute food ration to all health posts as per attachment #1.

Phase IV

16. Prepare immediate damage assessment.
17. Continue with the distribution of food to health posts until everything is declared safe to vacate.
18. Resume to normal services as soon as possible.

If it is a category 4 or 5 and evacuation is necessary

19. Report to usual place of work if possible, if not listen to radio announcement as to where to evacuate to (Orange Walk Station)

End of Procedure

DEACTIVATION

If the hurricane did not strike, the plan will be deactivated when the all-clear signal is given.
In the event of a hurricane, the plan will be deactivated after the post-disaster surveillance done indicates that there is no risk of an epidemic outbreak.
The Deputy Regional Health Manager will deactivate the plan after consultation with the Health Committee.

RELATIONSHIP WITH OTHER PLANS

The relationship is that the medical sector is dependent on another sector's plan in regards to health facilities being adequately secured, including those shelters where

health personnel will be posted. Coordinate all health activities with sub-committees of DEMO.

MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

Revised August, 2004

1.0 INTRODUCTION

The Stann Creek District Medical Care and Public Health Committee Hurricane Disaster Plan was developed by the Stann Creek District Health Team. The plan is intended to be utilized as an operational manual in the event the plan is activated.

The Plan sets out the emergency procedures for the Stann Creek District to respond to Hurricane Disasters in the most efficient possible way. This plan follows the general outline for hurricane emergency plans as prescribed by NEMO – April 11, 2002.

The location of the Southern Regional Hospital in the coastal town of Dangriga in the Stann Creek District renders this facility vulnerable to disasters, especially those resulting from hurricanes and terrestrial rains. While this facility is considered to be able to withstand a category III hurricane, in the event that a category III hurricane is forecasted for this district, the Southern Regional Hospital would be evacuated for higher grounds.

The health centers in Hopkins, Siene Bight and Placencia all of which are located in the coastal zone of the District will also be evacuated in the event of any hurricane threat and the associates relocated to facilities in land.

A. ADMINISTRATIVE SECTION

Stann Creek District

Hurricane Disaster Plan

Purpose:

The purpose of this plan is to ensure the continuity of health care services before, during and after a hurricane disaster. This will be ensured through the prompt and effective attendance to the population requiring medical care in order to reduce morbidity and mortality rates before and after a disaster.

OBJECTIVE:

- To provide medical care to all sick and injured people as a result of a disaster situation.
- Ensure adequate staff and supplies and that, in the event of evacuation, essential equipment and supplies are transported to the emergency hospital.

Structure:

This plan outlines the emergency management procedures for the Stann Creek District Medical Care and Public Health Committee in ensuring the continuity of health care services for the purposes of a hurricane disaster. It clearly sets out the roles of the individual health Section and staff member.

Actors:

The Stann Creek District Medical Care and Public Health Committee will be involved in implementing the Hurricane Disaster Plan. The plan will detail roles and responsibilities of everyone involved.

Hazard Analysis:

Effects of a Hurricane

Short Term Effects of A Natural	**H U R R I C A N E**
Deaths	Few
Severe Injuries Requiring Intensive Treatment	Moderate

Increased Risk of Communicable Diseases	Potential Risk, with probability rising with over-crowding and Deteriorating Sanitation
Damage to Health Facilities	Severe
Food Scarcity	Rare

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE CATEGORIES

Hurricane Intensity Scale

A scale* from one to five based on the hurricane's present intensity which gives an estimate of the potential flooding and damages to property form a hurricane is as follows:

One: Winds 119-153 km h^1 (74-95 mph)

No real damage to building structures; damage primarily to unanchored mobile home, shrubbery and trees.

Two: Winds 154-177 km h^1 (96-110 mph)

Some roofing, door and window damage to buildings; considerable damage to vegetation, expose mobile homes, and piers. Small craft in unprotected anchorage's break moorings.

Three: **Winds 178-209 km h^1 (111-130 mph)**

Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures, mobile home are destroyed.

Four: **Winds 210-249 km h^1 (131-155 mph)**

More extensive curtain wall failures with some complete roof structure failure on small residences.

Five: **Winds greater than 249 km h^1 (155 mph)**

Complete roof failure on many residences and industrial buildings, some complete building failures with small utility buildings blown over or away.

- **This scale was developed by Saffir and Simpson and is commonly known as the Saffir/Simpson Hurricane Scale (SSH) and was submitted by the National Meteorogical Service.**

CATEGORY 1 – **Storm surge – up to 5 feet of water**
CATEGORY 2 – **Storm surge – 9 to 12 feet of water**
CATEGORY 3 – **Storm surge – 15 to 18 feet of water**
CATEGORY 4 – **Storm surge – 18 to 21 feet of water**
CATEGORY 5 – **Storm surge – 18 to 24 feet of water**

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

1.1 SCOPE

This Hurricane Disaster Plan covers the Stann Creek District Medical Care and Public Health Committee's adequate response at the time of hurricane threat to the country of Belize. The main objective being that of ensuring the continuity of health care services before, during and after a hurricane disaster.

AUTHORITY

The authority for implementing the Hurricane Disaster Plan lies with the Regional Health Manager.

ESPONSIBILITY

The Regional Health Manager is charged with the overall responsibility for maintaining the plan.

ASSUMPTIONS

The plan is based on the assumptions that the Southern Regional Hospital will remain operational at the present site for hurricane of categories I, II & III. For any category greater that III, the hospital will be evacuated and emergency hospital at the Agricultural Natural Resource Institute would become operational.

STANDARD OPERATING PROCEDURES

Standard Operating Procedures are detailed in the plan for each Section/Department including Nursing Services, Medical Services, Radiology, Pharmacy and Maintenance.

CONCEPT OF OPERATIONS

The Regional Health Manager is charged with the responsibility of activating the hurricane emergency plan for the Stann Creek District health services once the preliminary warning plan has been declared. The Regional Health Manager will alert the Chief of Staff and Sister will ensure that all Heads of Sections are informed. The Heads of Sections will ensure that all staff members are informed. The Chief of Staff will assist the Regional Health Manager in implementing this plan and is in the capacity of assuming full responsibility for the implementation of this plan once the authority is delegated to him.

Once the preliminary warning phase has been declared, the SCD-MCPHC EOC at the Southern Regional Hospital becomes fully functional. Chief of Staff will ensure that all sector plans are put into effect.

WARNING, ALERTING, CALL OUT

Warning Flags shall be flown by the Police Department as follows:

Phase I – Preliminary – One Red Flag – 21 N 80 W

Phase II – Red 1 – One Red Flag with Black Center–20 N 84 W
(24-36 hours)

Phase III – Red 2 – Two Red Flags with Black Center – 20 N 85 W
(Likely to strike in a few hours)

Phase IV – Green – Green Flag All Clear (has passed)

1.8 ACTIVATION

The Stan Creek District Hurricane Disaster Preparedness Plan shall be activated by the Regional Health Manager. Once the preliminary warning phase has been declared the Regional Health Manager will alert the Chief of Staff and sister, who in turn will alert all staff .

1.9 DEACTIVATION

The Regional Health Manager will deactivate the plan after the “all clear” phase has been declared, and the staff and services return to “normal”.

1.10 RELATIONSHIP TO OTHER PLANS

The Stann Creek District Hurricane Disaster Plan is an integral part of the Southern Health Region Hurricane Disaster Plan, which includes both Stann Creek District and the Toledo District.

1.11 ADMINISTRATIVE ASPECTS

- Financial Arrangements:

  Authority for expenditure rests with the Accounting Officer for the Ministry of Health who delegates this authority to the Regional Health Manager and Regional Hospital Administrator. Procedures for reimbursement will be in accordance with Financial Orders and other Government Financial Regulations.

- Mutual Aid Agreements for Access to Non-Government Resources:

  Red Cross will provide assistance as required upon request by Regional Health Manager.

- Procedures for Accessing Government Resources:

  These are in accordance to existing Government Regulations and Procedures in place by NEMO and DEMO.

- Reporting Arrangements:

  The Deputy Regional Health Manager will keep the Chief Executive Officer – Ministry of Health, DEMO, NEMO and the Regional Health Manager informed through timely reports to the

- Accessing Additional Human Resources:

  Additional Human Resources will be provided through the Chief Executive Officer, Ministry of Health.

B. *OPERATIONAL ASPECTS*

3. Committee Members

COMMITTEE MEMBERS:

Chairperson	Regional Health Manager	Dr. Jose Antonio Marenco
Vice-chairperson	SRH Administrator	Mrs. Bernadette Nicholson
Other members:		
	Medical Chief of Staff	Dr. Phillip Castillo
	Matron	Matron Valentine
	Public Health Nurse	Ns. Raquel Moreira
	Public Health Inspector	Mr. Martin Lino
	Vector Control Supervisor	Mr. Timothy Westby
	First Class Clerk	Mrs. Barbara Nicholas
	HECOPAB	Ms. Estella Humphreys
	Psychiatric N. Practitioner	Ns. Martha Nicascio
	Pharmacist	Ms. Theslyn Arzu
	Medical Technologist	Ms. Desiree Joseph
	Assistant Radiographer	Ms. Dolores Tasher
	Maintenance Technician	Mr. Charles Solis

STANN CREEK DISTRICT MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (SCD-MCPHC)
AND THEIR FUNCTIONS

REGIONAL HEALTH MANGER:

Pre-hurricane season activities:

- Implement disaster mitigation measures in the region
- Up-date preparedness plan
- Emphasize on Family Disaster preparedness plans.
- Ensure Associates are sensitized and knowledgeable of the Disaster plan.
- Ensure provision of emergency first aid kits and medicine boxes to every Community Nurses Aids, Health Centers and Policlinic.

Phase I:

- Liaise with the District Emergency Committee and National Medical Care and Public Health Committee.
- Activate the emergency plan.
- Ensure implementation of emergency work schedule for all medical personnel.
- Co-ordinate and communicate with CNAs, Health Centers, Polyclinic and other shelters in the district / region.
- Ensure readiness for evacuation of SRH.
- Monitor activities at the SCD-MCPHC-EOC and continuous communication with the NMCPHC and DEMO EOC.
- Activate family plan

Phase II:

- Continue to liaise with the District Emergency Committee and National Medical Care and Public Health Committee.
- Verify the implementation of emergency work schedule for all medical personnel.
- Continue to co-ordinate and communicate with CNAs, Health Centers, Polyclinic and other shelters in the district / region.
- Oversee the evacuation of SRH if needed.
- Continue to monitor activities at the SCD-MCPHC-EOC and continuous communication with the NMCPHC and DEMO EOC.

Phase III:

- Remain indoor at DEMO EOC or SCD-MCPHC-EOC
- Follow up on official releases / bulletins
- Monitor the impact of the storm.

Phase IV:

Establish contact with SCD-MCPHC-EOC / NMCPHC / DEMO EOC
Get briefing on Medical Care and Public Health conditions
Coordinate Medical Care and Public Health response / recovery activities.
Ensure return to normal functions as soon as possible.

SOUTHERN REGIONAL HOSPITAL ADMINISTRATOR:

1) To act as co-coordinator in his absence.

2) Tasks as delegated by co-coordinator.

Phase I

- Activation of Southern Regional Hospital Emergency Plan at the direction of the Regional Manager.
- Ensure that staff activates their family hurricane plan
- Set up the Command Post
- Call meeting with all Heads of Department
- Coordinate with Department of Transport for extra vehicles if the need arises

Phase II

- Supervises continued functioning of Command Post.
- Supervises continued updates from Heads of Department.
- Is responsible for the overall functioning of the Hospital
- Activate evacuation plan if necessary

Phase III

- Keep informed of official bulletins
- Stay indoor
- Ensure the continuity of medical and public health services where practical
- Keep DEMO informed of the status of medical care and public health services

Phase IV

- Return to Normal Operations (if possible)
- Conduct assessment of medical care and public health services with the hospital
- Make Damage Assessment of Hospital
- Offer assistance where necessary to public health services (non-hospital based)

MEDICAL CHIEF OF STAFF:

Phase I

- Assists meeting of Hospital Management Team
- Instructs all Specialists to discharge all non-critical patients in preparation for admission of injured and transferred patients.
- Prepares roster of Medical Officers designated to the wards, operating theatre, and full-time coverage of the Casualty department (Emergency Triage Center), and 2 Polyclinics (2 Medical Officers each).
- Supervises that all areas are stocked with emergency materials and equipment.
- Coordinates with Chief of Staff of KHMH and Southern Regional Hospital on patient and medical staff deployment.
- Activate family plan

Phase II

- Responsible for the deployment of incoming support technical and medical staff.
- Implements Triage Classification and Tagging of injured as follows:

  MILD ------ GREEN
  MODERATE ------ YELLOW
  SEVERE ------ RED
  DEAD ------ BLACK
- Designates Officer in charge of Emergency Triage Center (Casualty Unit).

Phase III

- Team member in the management of the DEMO-EOC and SCK-MCPHC-EOC
- Prepare for impact, stay in door.

Phase IV

- Set Up Hospital for normal operations (if possible)
- Assist the Regional Health Manager
- Ensure resumption of normal medical duties by personnel under his administration and management

Matron:

Phase I

Assists in meetings of SC MCPHC

- Develop roster in coordination with Medical Chief of staff

- Coordinate with Matron First Class Clerk and Hospital Administrator, the acquisition additional materials, linen packages and specialized equipment
- Meets with staff and designates domestic staff duties (Driver, attendants, Domestic Auxiliary, cooks, laundress).
- Assigns duty for 2 Polyclinics with 2 shifts (Staff Nurse, Nurses Aide, Practical Nurse Midwife, Attendant). There would be a 12-hour shift starting at phase II.
- Assigns duties to Psychiatric Nurse Practitioner, Family Nurse practitioner, and Public Health Nurses and deploys them as necessary.
- To plan work schedule during disaster period and ensure adequate staffing.
- To act as co-coordinator in the absence of above persons.
- To rotate nursing staff to allow time to implement family plan.
- Liaise with first class clerk to ensure food and water (and sundries) supply.
- Ensure an adequate supply of sterile packages.

Phase II

- Deploys Polyclinic Staff
- Receive staff from other areas
- Supervises that Wards, Operating Theater, and Triage Area are fully Staffed

Phase III

- Ensure the continued rotation of staff
- Ensure that supplies are replenished

Phase IV

- Re-establish Normalcy (if possible)

PUBLIC HEALTH NURSE:

1) To provide work plan and first-aid kits for Rural Health Nurses.

2) Tasks as delegated by co-coordinator.

Phase I

- Activate the public health nursing hurricane emergency plan and family plan
- Secure medical supplies equipment and files
- Attend SCD-MCPHC meetings convened by the Chairperson
- Ensure that staff their family plan
- Ensure that all Rural Health Nurses have adequate medical supplies in First Aid Kits.

Phase II

- Liaise with the Regional Health Manager
- Continue to attend SCD-MCPHC meetings convened by chairperson
- Prepare for evacuation of medical supplies and equipment to designated location

Phase III

- stay indoors
- stay tuned to official bulletin

Phase IV

- report to SCD-MCPHC EOC
- be prepared to part of the SCD-MCPHC emergency response team
- assess status of public health nursing services

ENVIRONMENTAL HEALTH

PUBLIC HEALTH INSPECTOR

The overall objective of environmental health in relation to disasters in the prevention of disease outbreak, during and after such disaster.

To achieve this objective, the Public Health Inspectors focus on six areas:

1. Potable water
2. Food Safety
3. Excreta and liquid waste
4. Solid waste
5. Housing and personal hygiene
6. Vector control

Pre-hurricane season activities:

- Inspection of designated shelters as a member of the District Shelter and Housing Committee
- Acquisition of additional water tanks
- Chlorination of stored water in the water tanks
- Liaise with the Regional Health Manager
- Attend SCD-MCPHC meetings convened by chairperson
- Secure relevant forms: Daily shelter surveillance, daily health facility, environmental health rapid assessment and other forms (annexes 10 to 13)
- Advise on method and site for disposal of the dead after disaster
- Advise on method and site for disposal of solid waste after disaster

Phase I

- Activate the public health inspectors' hurricane disaster plan on direction from the Chairperson and family plan
- Package, label all Environmental Health equipment, files and medical supplies for storage and make list of contents
- Attend SCD-MCPHC meetings convened by the Chairperson
- Ensure that staff their family plan
- Ensure that staff and their family plans are activated

Phase II

- Monitor environmental health conditions in shelters
- Ensure the safe transportation of Environmental Health equipment, files and medical supplies to safe location
- Carry out duties as assigned by the chairperson , SCD-MCPHC
- Ensure safety of family

Phase III

- Stay I door
- Stay tuned to official bulletin

Phase VI

- Responsible for the disposal of bodies by burial, cremation as may be necessary
  Monitor food and water supply
- Conduct epidemiological surveillance in the shelters
- Advise on the disposal of the dead
- Prepare to be deployed as necessary
- Ensure safe water supply.

VECTOR CONTROL

VECTOR CONTROL SUPERVISOR:

Objectives;

9. To minimize the effects of the Vectors and Vector Borne diseases on the population after a hurricane/flooding.

10. To ensure the safety of the Vector Control personnel and equipment and their readiness for prompt response before and after a hurricane/disaster.

11. To assign specific tasks to staff members.

12. To ensure the continuity of services after the hurricane disaster.

NB: NB: All personnel working out of the office of the office of the supervisor – vector control will assist the supervisor in carry out his functions or otherwise as directed by the chairperson of the SCD-MCPHC

Pre-hurricane season activities:

- Liaise with the Regional Health Manager
- Attend SCD-MCPHC meetings convened by chairperson
- Secure relevant forms: Daily shelter surveillance, daily health facility, environmental health rapid assessment
- Advise on method and site for disposal of the dead after disaster
- Advise on method and site for disposal of solid waste after disaster

PHASE I

- Pack and secure computers, photocopiers, files and other office equipment in boxes and garbage bags.
- Secure boxes or containers, so that they do not get damaged while being transported
- Secure insecticides
- Activate family plan

PHASE II

- Ensure the safe transportation of Vector Control equipment, files and medical supplies to safe location
- Carry out duties as assigned by the chairperson , SCD-MCPHC
- Ensure that Vector Control equipment and supplies are in readiness should there be need for their utilization immediately after the storm
- Ensure safety of family

N.B. If the storm is on a weekend or Public and Bank holiday all staff are expected to report to the Vector Control Office

PHASE III

- **All equipment should be in storage at the locations away from danger awaiting the storm.**
- **Staff remains indoors**
- **Stay tuned to official bulletin**

PHASE IV

- All vector control personnel report to the supervisor for duty assignment
- Be prepared to be part of the district emergency response team within the region or to be sent to another region to assist in vector control activities
- Attend SCD-MCPHC meeting.

FIRST CLASS CLERK

NB: All personnel working out of the office of the first Class Clerk will assist the clerk in carry out her functions or otherwise as directed by the chairperson of the SCD-MCPHC

Pre-hurricane season activities

- Prepares lists of emergency food supplies, stationery, and other emergency supplies
- Attends SCD-MCPHC meetings
- Liaise with the Chairperson – SCD-MCPHC

Phase I

- Pack, label with contents, and secure computers, photocopiers, files and other office equipment in boxes and garbage bags.
- Ensures the availability of and safe storage of emergency food supply
- Ensures the availability of and safe storage of other emergency supplies (fuel, batteries, household supplies etc.)
- Ensures the availability of and safe storage of office supplies and equipment
- Attends SCD-MCPHC meetings
- Liaise with the Chairperson – SCD-MCPHC
- Ensures updating of inventories of resources
- Prepares rooster for personnel who are to give logistical support to the SCD-MCPHC EOC operate
- Activate family plan

Phase II

- Ensures the safe transportation of computers, photocopiers, files and other office equipment supplies, emergency food supply and other emergency supplies and equipment to safe place of storage

PHASE III

- Staff remains indoors
- Stay tuned to official bulletin

Phase VI

- Return to office
- Prepares for return to normal operations
- Assist the chairperson SCD-MCPHC in the discharge of his duties
- Ensures the provision of the necessary supplies to the different sectors of the SC MCPHC

HECOPAB:

Objectives:

1. To initiate public education strategies before, during and after a hurricane
2. To restore normalcy as soon after a disaster

Strategies:

9. Staff orientation

10. Staff training

11. Public Education Campaign

12. Coordination with other relevant agencies

Pre hurricane season activities:

- Ensure that the relevant health education materials to be included in the emergency kits are available in sufficient quantities.
- Ensure the availability of other relevant materials such as cholera treatment protocol, malaria treatment schedule, etc.
- Select appropriate video and audiocassettes and arrange with the media houses for their airing.

- Coordinate the procurement and distribution of medical supplies for Community Nurses' Aides and rural doctors.
- Develop staff responsibility cards
- Attend SCD-MCPHC meetings
- Liaise with the chairperson SCD-MCPHC
- Call meetings to up-date staff
- Secure tracking maps
- Develop Family Hurricane Plan

Phase I

- Attend SCD-MCPHC meetings
- Update staff and CNAs on hurricane path by using tracking chart
- Activate family plan
- Establish contact with members of the SCD-MCPHC
- Activate family plan
- Package and label office equipment and other supplies
- Ensure the transportation of medical and other supplies to the CNAs, rural doctors

Phase II

- **Coordinate evacuation of office**
- Stay in tuned to official bulletin
- Maintain contact with the SCD-MCPHC members
- Ensure transportation of office equipment and supplies to safe designated location

Phase III:

- Report to the SCD-DEMO EOC
- Prepare for post hurricane response

Phase IV

- Establish contact with staff CNAs and rural doctors
- Ensure continued contact with members of SCD-MCPHC
- Be prepared to be part of the district emergency response team within the region or to be
  sent to another region to assist in HECOPAB activities
- Attend SCD-MCPHC meeting
- Return to normal duties

PSYCHIATRIC NURSE PRACTITIONAER

Pre hurricane season activities:

- Ensure availability of medical and other supplies for psychiatry are available in sufficient quantities.
- Attend SCD-MCPHC meetings

- Liaise with the chairperson SCD-MCPHC
- Develop Family Hurricane Plan

Phase I

- Attend SCD-MCPHC meetings
- Activate family plan
- Maintain contact with members of the SCD-MCPHC
- Package and label office equipment and other supplies

Phase II

- **Coordinate evacuation of office**
- Stay in tuned to official bulletin
- Maintain contact with the SCD-MCPHC members
- Ensure transportation of office equipment and supplies to safe designated location

Phase III:

- **Stay in door**
- **Stay tuned to official bulletin**
- **Prepare for post hurricane response**

Phase IV

- Attend SCD-MCPHC meeting
- Ensure continued contact with members of SCD-MCPHC
- Be prepared to be part of the district emergency response team within the region or to be sent to another region to assist in psychiatry nursing, counseling or clinical nursing activities
- Return to normal duties

PHARMACIST:

Phase I

- Responsible for the procurement of emergency supplies from Central Supplies.

- Prepares Hurricane Emergency Boxes for the Polyclinics and Triage areas, which will include the items listed in the Hurricane Polyclinic Consignment.
- Prepares and inspects (4) emergency Crash Carts for three areas, namely: (2) Triage, General Ward and Maternity ward.
- Responsible for the distribution of emergency materials, drugs to the different areas within the Hospital and ensures continuous restocking of supplies as required.
- Activate family plan

Phase II

- Informs First-Class Clerk of additional materials needed.
- Continues providing necessary pharmacy services

Phase III

- Prepare for impact.
- Stay indoor
- Listen to official bulletin

Phase IV

- All Clear. Prepare for normal operations (if possible)
- Provision of adequate medical supplies, drugs and first-aid kits.
- Distribution of these supplies to shelters

MEDICAL TECHNOLOGIST

Phase I

- Suspends all non-emergency testing
- Replenishes lab materials, reagents and ensures functionality of all laboratory equipment.
- Responsible for the stocking of additional screened blood.

Phase II

- Coordinate with Central Medical Lab to set-up emergency lab

Phase III

- Prepare for impact.
- Stay indoor
- Listen to official bulletin

Phase IV

- All Clear. Prepare for normal operations
- Provision of medical technologist services

ASSISTANT RADIOGRAPHER

Phase I

- Responsible for the procurement and safeguarding of Films and Developer fluid.

- Ensures that X ray equipment are fully operational.
- Suspends all non-emergency procedures.
- Is on standby for emergencies.

Phase II

- Arrange for the timely transportation of emergency equipment and Supplies to the emergency hospital or designated location for the temporary reception of the radiology unit

Phase III

- Stay in doors
- Stay tune to official bulletin
- Stay on Standby for emergencies

Phase IV

- All Clear. Prepare for normal operations
- Provision of radiology services

MAINTENANCE TECHNICIAN

Phase I

- Responsible for the placement of shutters by all attendants and grounds man and additional available personnel.
- Prepares emergency roster of attendants.
- Deploys attendants to respective areas of need to assist in the stockpiling of materials by all departments.
- Responsible for the overall security of the compound in lieu of ad-hoc-security personnel.
- Ensures operation of generators and replenishes stocks of fuel

Phase II

- Arrange for the timely transportation of emergency equipment and supplies to the emergency hospital or designated location for the temporary reception of the maintenance technician services unit

Phase III

- Stay in doors
- Stay tune to official bulletin
- Stay on Standby for emergencies

Phase IV

- All Clear. Prepare for normal operations
- Provision of maintenance technician services

CHIEF DRIVER

Phase I

- Responsible for all vehicles. Ensures that they are in proper working condition, fuel tanks are full and ambulances are equipped with emergency supplies.

- Supervises storage of diesel fuel.

Phase II

- Coordinate with Matron for transportation of ill and injured persons
- Coordinate with First Class Clerk for moving staff to and from areas of need.
- Coordinates duty roster of drivers with Administrator
- Assists with the operation of the generator.
- Replenish fuel for vehicles as needed
- Stay on Standby for emergencies

Phase III

- Stay in doors
- Stay tune to official bulletin
- Stay on Standby for emergencies

Phase IV

- All Clear. Prepare for normal operations
- Provision of driver duties and as per duties at phases I & II

NHIS UNIT

Pre- hurricane season activities

- Ensure the continuous back-up of NHIS data on CD, diskette or other available means

Phase I

- Prepare inventory of files
- Package and label files, registers etc. and equipment
- Activate family plan

Phase II

- Ensure the safe transportation of NHIS files and equipment to designated location

Phase III

- Stay in doors
- Stay tune to official bulletin
- Stay on Standby for emergencies

Phase IV

- All Clear. Prepare for normal operations
- Provision of NHIS services

STANN CREEK DISTRICT MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (SCD-MCPHC)
HURICANE DISASTER PLAN
ACTIVATION OF PLAN

GENERAL

The emergency plan is activated by the chairperson, SCD-MCPHC on advise from the District Emergency Management Organization and the National Medical Care and Public Health Committee. The chairperson, SCD-MCPHC ensures that all shelters have medical staff allocated (shelters will also act as first-aid centers). The Southern Regional Hospital will serve as the emergency hospital up to and including category three hurricanes (winds of 111-130 m.p.h.-some structural damage to small buildings expected). Above category three, the Agricultural Natural Resource Institute (ANRI) off the Valley Road is the designated emergency hospital.

San Juan Health Centre is the designated evacuation site for Independence Health Centre. Georgetown Health Post is the designated site for Seine Bight and Placencia Medical staff. Silk Grass Clinic for Hopkins staff.

Preliminary (First) Phase - (One Red Flag) 21 Degrees North 80 Degrees West

Emergency Committee will meet, check storage facilities for water and food. Check fuel, emergency water and power systems and check that personnel are allocated for all areas in hospital and shelters. Each committee member is responsible for ensuring supplies etc. as commensurate with their duties. Any problems should be immediately reported to the chairperson, SCD-MCPHC. All staff should be contacted personally and reminded of their duties and responsibilities.

Second Phase /Red l (One Red Flag With Black Circle) -20 Degrees North 83 Degrees West

Transportation of medical supplies, food and health personnel to their respective shelters. Re-check all personnel posted within hospital. Discharge all ambulatory, non-emergent cases as defined by Medical Chief of Staff. Transport all remaining patients to shelters and/or emergency hospital. Check all windows and doors are fitted with shutters. Evacuation of wards should be coordinated by Matron. In the emergency hospital, special areas are identified *—command centre, public information centre; triage area, treatment areas, pharmacy, wards, kitchen; sanitary facilities; mortuary space etc... These areas are physically defined and staff allocated for their maintenance.* Communications are established, e.g. telephone, and radio, intercom, bells, and runners-as appropriate.

Transportation is secured (including stretchers, wheelchairs etc. for within hospital).

Clear grounds surrounding shelters and emergency hospital to reduce risk of flying debris.

Third Phase/Red II (Two Red Flags with Black Circles) Hurricane Likely to Strike

Start standby power and water systems whenever normal systems fail. Secure building.

Fourth Phase/All Clear (Green Flag) - Hurricane Has Passed:

Staff allocated to assist Search, Rescue and Initial Clearance Committee. Prepare for transport of seriously ill patients. Implement appropriate precautions for prevention of epidemic etc. The Public Health Inspector should liaise closely with the Police regarding disposal of the dead. The police will be responsible for the collection and identification of dead bodies (including photographs and collection of personal items and forensic evidence), while the Health Inspector will be responsible for advising on a safe and timely method of disposal.

MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

TOLEDO DISTRICT
MEDICAL CARE AND PUBLIC HEALTH COMMITTEE
(TD-MCPHC)

HURRICANE DISASTER PLAN

Revised August, 2004

A. ADMINISTRATIVE SECTION

INTRODUCTION

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Actors:

The Toledo District Medical Care and Public Health Committee Management Team will be involved in implementing the Hurricane Disaster Plan. The plan details the roles and responsibilities of everyone involved.

Hazard Analysis:
Effects of a Hurricane

Short Term Effects of	**A NATURAL H U R R I C A N E**
Deaths	Few
Severe Injuries Requiring Intensive Treatment	Moderate
Increased Risk of Communicable Diseases	Potential Risk, with probability rising with over-crowding and Deteriorating Sanitation
Damage to Health Facilities	Severe
Food Scarcity	Rare

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

HURRICANE CATEGORIES

Hurricane Intensity Scale

A scale* from one to five based on the hurricane's present intensity which gives an estimate of the potential flooding and damages to property form a hurricane is as follows:

One: Winds 119-153 km h^1 (74-95 mph)

No real damage to building structures; damage primarily to unanchored mobile home, shrubbery and trees.

Two: Winds 154-177 km h^1 (96-110 mph)

Some roofing, door and window damage to buildings; considerable damage to vegetation, expose mobile homes, and piers. Small craft in unprotected anchorages break moorings.

Three: Winds 178-209 km h^1 (111-130 mph)

Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures, mobile home are destroyed.

Four: Winds 210-249 km h^1 (131-155 mph)

More extensive curtain wall failures with some complete roof structure failure on small residences.

Five: Winds greater than 249 km h^1 (155 mph)

Complete roof failure on many residences and industrial buildings, some complete building failures with small utility buildings blown over or away.

- This scale was developed by Saffir and Simpson and is commonly known as the Saffir/Simpson Hurricane Scale (SSH) and was submitted by the National Meteorogical Service.

CATEGORY 1 – **Storm surge – up to 5 feet of water**
CATEGORY 2 – **Storm surge – 9 to 12 feet of water**
CATEGORY 3 – **Storm surge – 15 to 18 feet of water**
CATEGORY 4 – **Storm surge – 18 to 21 feet of water**
CATEGORY 5 – **Storm surge – 18 to 24 feet of water**

Adapted from HEALTH SECTOR HURRICANE MANAGEMENT PLAN 2000

1.1 SCOPE

This Hurricane Disaster Plan covers the Toledo District Medical Care and Public Health Committee's adequate response at the time of hurricane threat to the Toledo District of the country of Belize. The main objective being that of ensuring the continuity of medical care and public health services before, during and after a hurricane disaster. This includes working along with other staff from other health region should the need arise.

1.2 AUTHORITY

The authority for implementing the Hurricane Disaster Plan lies with the Chairperson of the TD-MCPHC (Deputy Regional Health Manager-Southern Health Region) or her nominee in her absence).

1.3 RESPONSIBILITY

The Chairperson is charged with the overall responsibility for maintaining the plan.

1.4 ASSUMPTIONS

The plan is based on the assumptions that the Toledo District Medical Care and Public Health services remain operational at the present site for hurricane of categories I, II & III. For any category greater that III, the Region's operations will be evacuated and emergency centers become operational.

1.5 STANDARD OPERATING PROCEDURES

Standard Operating Procedures are detailed in the plan for each Unit including Nursing Services, Medical Services, Out patient Clinics, Maternal & Child Health Services, Sexually Transmitted Infections, Pharmacy, Urban and Rural Health Centers and Environmental Health Program (Public Health Inspection & Vector Control)

1.6 CONCEPT OF OPERATIONS

The Deputy Regional Health Manger is charged with the responsibility of activating the hurricane emergency plan for the Region once the preliminary phase/warning has been declared.

The Deputy Regional Health Manger liaises with the District Emergency Management Organization (DEMO) for the Toledo District and coordinates activities at the TD-MCPHC-EOC from which the emergency team will respond.

Once the preliminary warning phase has been declared, the TD-MCPHC-EOC in Punta Gorda Town becomes fully functional. The different units will accordingly put into effect their plans.

1.7 WARNING, ALERTING, CALL OUT

Warning Flags shall be flown by the Police Department as follows:

Phase I – Preliminary – One Red Flag – 21 N 80 W

Phase II – Red 1 – One Red Flag with Black Center–20 N 84 W (24-36 hours)

Phase III – Red 2 – Two Red Flags with Black Center – 20 N 85 W (Likely to strike in a few hours)

Phase IV – Green – Green Flag All Clear (has passed)

1.8 ACTIVATION

The Toledo District Medical Carte and Public Health Committee Hurricane Disaster Preparedness Plan shall be activated by the Deputy Regional Health Manager. Heads of Units will alert all staff.

1.9 DEACTIVATION

The Deputy Regional Health Manager will deactivate the plan after the "all clear"
Phase IV has been declared, and the staff and services return to "normal".

1.10 RELATIONSHIP TO OTHER PLANS

The Toledo District Medical Care and Public Health Committee Hurricane Emergency Plan is an integral part of the Southern Health Region's Medical Care and Public Health Committee Hurricane Disaster Plan and that of the National Medical Care and Public Health Committee Hurricane Disaster Plan.

1.11 ADMINISTRATIVE ASPECTS

- Financial Arrangements:

  Authority for expenditure rests with the Accounting Officer for the Ministry of Health who delegates this authority to the Regional Health Manager. Procedures for reimbursement will be in accordance with Financial Orders and other Government Financial Regulations.

- Mutual Aid Agreements for Access to Non-Government Resources:

Red Cross will provide assistance as required upon request by Regional Health Manager.

- Procedures for Accessing Government Resources:

  These are in accordance to existing Government Regulations and Procedures in place by NEMO and DEMO.

- Reporting Arrangements:

  The TD-MCPHC-EOC will keep the Chief Executive Officer – Ministry of Health, RHM, DEMO and NEMO informed through timely reports.

- Accessing Additional Human Resources:

  Additional Human Resources will be provided through the Chief Executive Officer, Ministry of Health or the Regional Health Manager.

B. *OPERATIONAL ASPECTS*

Plans included from individual Units address the following areas:

TOLEDO DISTRICT
MEDICAL CARE AND PUBLIC HEALTH COMMITTEE MEMBERS

Chairperson:

Deputy Chairperson: Medical Chief Of Staff

Other members:

Sister-In-Charge
First Class Clerk
Public Health Nurse
Dentist
HECOPAB
Public Health Inspector
Assistant Radiographer
Pharmacist
Medical Technologist
Psychiatric Nurse Practitioner
Supervisor Vector Control
Second Class Clerk
Statistical Clerk

TOLEDO DISTRICT
MEDICAL CARE AND PUBLIC HEALTH COMMITTEE MEMBERS

FUNCTIONS

TERMS OF REFERENCE:

Ensure that an adequate supply of emergency medical supplies is available.
To have in place a plan for the effective distribution of medical supplies wherever needed.
To make provision for the establishment of emergency hospital units at designated areas.
To ensure that adequate resources are available for the transportation of those in need of immediate medical attention.
To identify an effective method for dispatching medical teams to accident or disaster sites.
To make adequate provisions for the disposal of the dead.
To develop a program that would prevent the outbreak of disease that is related to disaster conditions.

DEPUTY REGIONAL HEALTH MANAGER

Phase I

Convene meetings of the Toledo District Medical Care and Public Health Committee
Activates the Toledo District Medical Care and Public Health Committee Hurricane Disaster Plan
Contact Toledo District Disaster Emergency Committee to receive more information about the expected disaster
Attends Toledo District Disaster Emergency Committee meetings
Contact Ministry of Health National Medical Care and Public Health Committee
Keep in contact with Regional Manager
Ensure that duty roster for staff in updated, see annexes #114 TOL, #115 TOL
Ensure the provision of resources list, see annexes #117 TOL to #124 TOL
Ensure availability of staff directory, see annex #105 TOL
Ensure the provision of motpor vehicle fleet register, see annex #106 TOL

Phase II

Ensure continued coordination of TD-MCPHC-EOC
Ensure continued communication with the Regional Health Manager
Ensure readiness of all unit's and implementation of their plans including the emergency Hospital in case of evacuation

Phase III

All staff remains indoor
Stay tuned to official bulletin
Ensure continued coordination of TD-MCPHC-EOC
Ensure continued communication with the Regional Health Manager
Ensure continued communication with the Ministry of Health NMCPHC-EOC
Ensure continued communication with and meeting with Heads of units-

Phase IV

Meet with all Heads of Units to assess the situation
Contact with Ministry of Health NMCPHC-EOC
Continued communication with the Regional Health Manager
Complete Report to TD-DEMO, RHM and MOH

MEDICAL OFFICERS

MEDICAL CHIEF OF STAFF

PHASE I: PRELIMNARY:

Attend meetings as alternate of DRHM with DEMO at the Command Post, Toledo District DEMO calls meetings with all Members and Head of Department of the different Ministries. Presided by the Most Senior Minister in the District and other Area Representatives.
DEMO gives relevant and official information (Shelters, water, food, etc.)
Report to the Hospital. Meet with the Health Subcommittee to activate the Emergency Plan, coordinate activities, to give pertinent information and implement plan of action.
All medical personnel, including those on vacation, will report to the Punta Hospital. Shifts (rotation roaster) will be established and copies distributed.
Contact and keep communication with the emergency hospital, the health centers and health posts.

PHASE II

Will meet with Health Subcommittee to continue plan and receive pertinent information.
Inspect and prepare the Emergency Hospital (Nazareth Convent). Install generator and communication equipment at the TD-MCPHC-EOC and Emergency Hospital.
General ward rounds to discharge patients. Only critical patients will be evacuated to the Emergency Hospital. Assign Doctors for the Emergency Hospital and shelters. Emergencies will be assisted.
Doctors will need to continue working at the Emergency Hospital until the Green Phase is declared
Ensure that food, water, medical supplies and equipment are transferred to the Emergency Hospital.

Ensure that Personnel transfer all equipment and perishable items to HECOPAB Office.

PHASE III:

Ensure that all Personnel are at their assigned post until the All Clear is given. Only emergencies.
Triage of patients arriving at the Emergency Hospital.
Ensure all casualties are given medical assistance.
Keep records of patients and events to hand to the next shift to the receiving medical officer.

PHASE IV

All medical officers report to the Emergency Hospital.
Evaluate damages.
Meet with District Medical Team to discuss results and course of action.
Meet with the Public Health Inspector to evaluate environmental hazards and diseases.
Monitor epidemiological control along with the Public Health Inspector and Personnel from Vector Control.
Decide return to the Punta Gorda Town Hospital after inspection of the building.

HURRICANE PREPAREDNESS EMERGENCY PLAN

ADMINISTRATION

First Class Clerks

Phase I

First Class Clerks with support Staff to report to duty immediately.
Secure all equipment and supplies. See annexes#107 TOL to #113 TOL
Purchase and distribute food items and other necessary supplies (lanterns, batteries, flashlights, etc. to Emergency Hospital and health centres.
Ensure that all vehicles are supplied with fuel.
Purchase or request for drums and fill with diesel and super.

Phase II

Assist with the management of safe storage of equipment and files.
Transfer all supplies to Emergency Hospital and health centres; ensure that all necessities are in place.
Assist with the management of kitchen and the supplying of food for Patients and Staff.

Phase III

Assist in arranging work area of Emergency Hospital.
Recheck with DRHM and health centres for any other necessities.

Phase IV GREEN PHASE

Pack up supplies.
Clean and rearrange shelter.
Ensure that building is secure.

NURSING AND AUXILIARY STAFF

Phase I: Preliminary Alert

All nursing and Auxiliary Staff (HDA's attendants, Drivers, relief) including those on vacation will report in person to the Punta Gorda Town Hospital. **N.B**. This is mandatory.
Sister in charge will report to the Punta Gorda Town Hospital to coordinate activities.
Appropriate patients will be discharged from the hospital by orders of Chief of Staff.
Packing of emergency medical supplies

Note: All nurses need to check with Sister in charge which area is their responsibility for packing.

Allocated Auxiliary staff will be sent to the emergency hospital for cleaning.

Phase II Red I Watch

Sister in charge will inform all nursing and auxiliary personnel of implementation of phase II.

Medical supplies and designated equipment will be transferred to the emergency Hospital.

Nursing personnel will be deployed to the emergency hospital as per normal Roster.

Remaining patients will be transferred to the emergency Hospital, along with final necessary medical equipment.

Ensure safe storage of electrical medical equipment that will remain in the Punta Gorda Town Hospital.

Phase III Likely to Strike

Immediate Implementation of Emergency call roster (presence of all staff assigned is mandatory.)

Phase IV All Clear Green Flag

Review of emergency Roster by sister in charge.

All Staff need to continue with emergency shift hours until otherwise directed by Sister in charge.

Await instructions from Sister in Charge concerning transfer back to the Punta Gorda Town Hospital.

Cleaning of the Punta Gorda Town Hospital prior to moving back. Packing of supplies and transferring of patients back to the Punta Gorda Town Hospital as directed by the Sister in Charge.

Cleaning and rearranging of the Emergency Hospital.

PUBLIC HEALTH INSPECTOR

The overall objective of environmental health in relation to disaster is the prevention of disease outbreak, during and after such disaster.

To achieve this objective the Public Health Inspectors focus on **six main areas**: -

1. Potable Water
2. Food Safety
3. Excreta and Liquid Waste
4. Solid Waste
5. Vector Control
6. Housing and Personal Hygiene

PRE –DISASTER ACTIVITIES

Reviews Environmental Health Hurricane Disaster Plan

Orders the Environmental Health Status Disaster Surveillance Report forms (shelter manager and Public Health Inspectors), see annexes 10 to 13 in coordination with the DRHM's office
Inspection of designated shelters.
Submit shelter reports with Recommendations to DRHM / NHISU
Advise on site selection for burial of the dead.
Advise on site selection for solid waste disposal.

PHASE I PRELIMINARY

Informs staff of the activation of the plan.
Ensures that all Public Health Bureau equipment, files, materials and supplies are properly packaged and labeled.

Ensures that the necessary forms, equipment and supplies for the District Public Health Inspectors and Shelter Managers use during and after the disaster are available at the Public Health Bureau's Offices.

PHASE II

Continues the implementation of the plan
All staff members report at the Public Health Bureau Office
Ensures that the Public Health Bureau's packaged and labeled equipment, files, materials and supplies are secured in rooms designated for their safe storage
Ensures that the Public Health Bureau Offices are secured

Phase III - HURRICANE

Stay in door
Listen to official bulletin
Stay on stand-by for emergency duties
During a hurricane, shelter managers will daily monitor the environmental health conditions in the shelters and report to the coordinating center.

This will be done by completing the DAILY SHELTER ENVIRONMENTAL HEALTH STATUS DISASTER SURVEILLANCE REPORT form

PHASE IV

The specific objective of environmental health management after natural disaster is to restore environmental health conditions and services to approved Public Health Standards.

- Daily evaluation of environmental Health conditions in designated Shelters and their respective sanitary districts (using the Surveillance Form).

- Report to the Senior Public Health Inspector
- Monitor domestic water supply at shelters
- Carry out free residual chlorine tests on BWSL – supplied water supply at shelters, within communities (in tankers etc.) and on BWSL water distribution system.
- Inspection of the public's food supply, storage, preparation areas in shelters and sanitary district.
- Monitor mass burial of the dead at designated sites. (With town councils M.O.W.)
- Monitor solid waste management (With town councils, waste control, M.O.W./D.O.E.)

VECTOR CONTROL

The Vector Control Hurricane Disaster Plan is coordinated by the Supervisor of the Vector Control Program

Objectives:

To minimize the effects of the Vectors and Vector Borne diseases on the population after a hurricane/flooding.

To ensure the safety of the Vector Control personnel and equipment and their readiness for prompt response before and after a hurricane/disaster.

To assign specific tasks to staff members.

To ensure the continuity of services after the hurricane disaster.

NB: All personnel working out of the office of the office of the supervisor – Vector Control will assist the supervisor in carry out his functions or otherwise as directed by the chairperson of the
SI-MCPHC

Pre-hurricane season activities:

- Liaise with the Deputy Regional Health Manager
- Attend TD-MCPHC meetings convened by chairperson
- Secure relevant forms:

PHASE I

Pack and secure files and other office equipment in boxes and garbage bags.
Secure boxes or containers, so that they do not get damaged while being transported
Secure insecticides
Activate family plan
Personnel to assist with the transfer to the Emergency Hospital.

PHASE II

Ensure the safe transportation of Vector Control equipment, files and medical supplies to safe location
Carry out duties as assigned by the chairperson, TD-MCPHC
Ensure that Vector Control equipment and supplies are in readiness should there be need for their utilization immediately after the storm
Ensure safety of family

N.B. If the storm is on a weekend or Public and Bank holiday all staff are expected to report to the Vector Control Office

PHASE III

All equipment should be in storage at the locations away from danger awaiting the storm.
Staff remains indoors
Stay tuned to official bulletin

PHASE IV

All vector control personnel report to the supervisor for duty assignment
Be prepared to be part of the district emergency response team within the region or to be sent to another region to assist in vector control activities
Attend TD-MCPHC meeting.
Liaises with the Public Health Inspector for any Public Health needs and problems.

LABORATORY DISASTER PLAN

The laboratory had been designated as "Essential services" meaning that it must be available for every hour of each day. In case of any disaster the lab tech report to the Deputy Regional Health Manager for immediate duty or as advised at the threat of a hurricane. Stocks will be monitored by the Lab Tech and rotated as necessary to ensure their availability and prevent expiration of reagents.

PRELIMINARY PHASE (PHASE I)

Report to duty immediately to be briefed by the DRHM on emergency measures.
Recheck "Hurricane Boxes"(supplies for performing emergency tests during and after a hurricane or any disaster). One box will be stored refrigerated.
Recheck Blood Supply.

RED 1 (PHASE II)

All files and records will be packed in boxes, covered with plastic and stored under workbenches.
Install and connect emergency equipment.
Transport equipment to designated Emergency Hospital
Perform duties as necessary and as listed in emergency laboratory test list.
All electrical equipment – except refrigerator will be disconnected covered with plastic and where possible transported to Deputy Regional Health Manager's office for storage.
Secure Building.
Ensure that adequate power supply is available at the Emergency Hospital.

RED 11 (PHASE III)

Perform duties as necessary and as listed in emergency test list. See annexes #111 TOL and #112 TOL

GREEN PHASE (PHASE IV)

Liaises with DRHM.
If laboratory is in satisfactory condition for work, pack and label equipment for return to laboratory. If conditions are unsatisfactory for work, DRHM will advise on situation.
Reinstall equipment for resumption of normal duties.

DENTAL UNIT

Phase I

Report to Deputy Regional Health Manager
Secure equipment.

Phase II

Move files and perishable supplies to DRHM Office
Relocate Dental Instruments and emergency equipment to Emergency Hospital to be used.
Ensure that all equipment and supplies are available at the Emergency Hospital.see annex #113 TOL

Phase III

Emergency extraction.
Extraction to alleviate pain.

Phase IV GREEN PHASE
Resume normal duties and/or post disaster.

PHARMACY

Shifts: Twelve hourly

TASKS: PREPARE EMERGENCY KITS FOR SHELTERS

Contents of kits:

Kit # 1: essential medications limited to basic First Aid such as Tylenol tablets and syrup, Benadryl, Aspirin, Antiseptic solution, Antibiotic cream, Oral Rehydration Salts, Antidiarrheal, splints, adhesive tapes, band aids, cotton roll, gauze, bandages etc. In addition one gallon each of water, alcohol, disinfectant, and Clorox

Kit # 2: essential materials needed such as: flashlights, buckets, blankets, soap, hand towels, wash rag, notebook and pens to record casualties.

Phase I: Preliminary.

Report to the Punta Gorda Town Hospital.
Ensure kits are properly labelled with contents and names of designated shelters clearly legible and noticeable.
Manufacture fresh mixtures of Tylenol, Benadryl, etc. as may be needed.

Phase II:

Deputy Regional Health Manager will alert us on the activation of plan.
Relocate to Emergency Hospital.
Only pharmaceuticals that are considered vital in an emergency will be dispensed; ensuring availability of pharmaceuticals for aftermath of disaster.
Liases by phone with Pharmacist at Belmopan Headquarters on situation.

Phase III:

Organize work area making sure stock is in secure and dry area.
Dispatch kits to shelters where need is present.
Keep in touch with Deputy Regional Health Manager concerning progression of plan.

Phase IV: GREEN PHASE

Recover unused medications and non-consumable supplies.
Return these items to the Punta Gorda Town Hospital.
Re-open and offer normal services.

MENTAL HEALTH

Phase I

Report to hospital and assist in general management and securing of important materials, equipments and documents in the clinic and hospital. Assist in maintaining calmness and order during this time.

Phase II

Report and meet with DRHM to receive pertinent information. Remain in contact with the Emergency Hospital at all times.

Phase III

Be in Emergency Hospital to do tagging along with HECOPAB Nurse. Do mental Health management to maintain as calm and orderly as possible the groups in that area.

Phase IV

Remain with the post disaster victims or persons in need of crisis management. Post disaster mental health assessment.
Rotate in areas where mental health counselling is needed.

X RAY DEPARTMENT

Phase I:

Report to duty
Meet with Deputy Regional Health Manager for instructions.

Phase II:

Attend emergencies only.
Secure files and perishable supplies and equipment. Move perishable equipment to Deputy Regional Health Manager's office.
Cover, with plastic, radiographic equipment that cannot be moved.
Remain at the Hospital for further instructions.

Phase III:

On stand by for further instructions from Deputy Regional Health Manager.

Phase IV:

Evaluate radiographic equipment and accessories.
Resume normal duties and responsibilities.

HEALTH EDUCATION COMMUNITY PARTICIPATION BUREAU

Phase I

Report to the hospital immediately.
Assist in the general management and securing of equipment, documents and materials.
Ensure that all Community Nurses' Aides have a stock of medicines and other First Aid supplies in their respective areas.
Inform and educate the general public of health issues related to disaster preparedness.

Phase II

Report and meet with DRHM to receive pertinent information.
Report to the Emergency Hospital and remain there until further notice.
Support Health Subcommittee activities.

Phase III

Try to keep everyone as calm and orderly as possible.

Phase IV

Remain with post disaster victims or persons in need of crisis management.
Rotate in all areas where counselling is needed.
Remain there until the all clear is given.
District Coordinator will get in touch or visit the rural areas to do an assessment of the situation as soon as possible.

Annex 1

ORGANOGRAM
NATIONAL MEDICAL CARE AND PUBLIC HEALTH COMMITTEE (NMCPHC)

Minister of Health

Chief Executive Officer/ Director of Health Services

NMCPHC

CZL OWK CHR SI BMP SCK TOL

Annex 2

NMCPHC EOC RESOURCES

The following resources are to be available to the NMCPHC - EOC once activated. It is the responsibility of the NMCPHC – Coordinator to ensure availability of resources and to secure resources upon deactivation.

STATIONERY AND DOCUMENTATION

Stationery supplies, file jackets, paper, staplers, paper clips, treasury tags
Paper punch
Tape, Drawing Pins
Writing equipment – pens, pencils, markers
Topographic, risk and hazard maps
Resource material –
Aerial photographs, satellite imagery
All pre-prepared forms – Message, Situation Report, Damage assessment
Purchase Order forms for obtaining supplies, finances
Documentation on procedures for reimbursement
Copies of National Disaster Plan, Annexes and Appendices
National Contact List
Memoranda of Understanding/Mutual Aid Agreements
Disaster Legislation, Stores Orders, Financial Orders
National Resource List
Diskettes, compact discs
Flip chart stands and pads
Telephone Directory
Name Tags, Badges, Passes
First aid kit, medical supplies
Vehicle identification tags

COMMUNICATIONS

Base Radios (VHF,HF, HAM)
Mobile Radios
Hand held radios
Spare telephone receivers
Cellular phones
Batteries and spare batteries
Spare Fuses
Scanners
Satellite phones
Television Sets
Computers with modems
Fax machines
Emergency Broadcast System links
Video camera, Tape recorder, VCR Player
Spare printer cartridges, toner

FURNITURE AND APPLIANCES

Refrigerator
Stove, Gas (LPG)
Storage Cabinets
Coffee Perculator
Kettle, Pots
Eating Utensils
Microwave Oven
Multi-media, overhead and slide projectors
Projection Screen
Photocopier
Digital camera
Clocks
Display Boards – Dry Erase or Permanent

SANITARY SUPPLIES
Paper products etc.
Cleaning supplies etc.

EMERGENCY EQUIPMENT

Generator and Fuel for seven days
Water tank for seven days
Battery – operated lighting
Water purification kits

Annex 3 CHECKLIST

NMCPHC - EOC ACTIVATION - SET UP CHECKLIST

RESPONSIBILITY: **NEMO SECRETARIAT – Deputy National Emergency Coordinator**

EVENT: DATE: TIME: CHECK OFF **(√)**

1.Check NMCPHC – EOC resources in place: (See Appendix 1) ( )

2. Check emergency fuel, water topped up ( )

3. Check generator, emergency lighting functional ( )

4. Ensure communications equipment tested ( )

5. Ensure adequate tables, chairs in NMCPHC – EOC ( )

6. Set up maps, display boards, charts, ( )

7. Activate extra phone, fax lines cell phones, satellite phones ( )

8. Ensure food, water, bedding supplies available ( )

9. Ensure sanitary supplies available ( )

10. Check computers, typewriter, flip charts projectors in place and working ( )

11. Check adequate batteries for lighting, radios etc. in place ( )

12. Ensure fax line operational, fax installed/available ( )

13. Ensure first aid kits and medical supplies in place ( )

14. Ensure security arrangements in place ( )

15. Ensure access to satellite phones ( )

16. Ensure security arrangements in place ( )

Annex 4 CHECKLIST

NMCPHC – EOC DEACTIVATION CHECKLIST

RESPONSIBILITY: **NMCPHC -EOC Operations Officer**

EVENT: CHECK OFF **(√)**

Decision to deactivate taken at…….....
By ……

CHECKLIST

1. Ensure all messages correctly filed ( )
2. Ensure all information from displays Recorded ( )
3. Ensure all reports completed, sent and copies filed ( )
4. Remove maps, display boards and store ( )
5. Inventory, list and store supplies in correct place ( )
6. Deactivate all phones, lines, collect phones ( )
7. Store radios, spares, ensure batteries charged ( )
8. Secure fuel, food, other emergency supplies ( )
9. Secure spare batteries, lighting equipment ( )
10. Secure all equipment - computers, projectors, flip charts etc ( )
11. Secure maps, charts, plans, agreements and other aids ( )
12. Inventory equipment and store ( )
13. Collect and return borrowed equipment, ensure receipt obtained ( )
14. Remind NMCPHC – Coordinator to carry out debrief exercise and prepare report ( )

Annex 5 VISITOR'S REGISTER

NEOC VISITORS REGISTER

DATE	NAME	TIME IN	TIME OUT	PASS NO.	AGENCY	SIGNATURE

Annex 6 MESSAGE LOGS

a) MESSAGE IN LOG

DATE PAGE # OF

OPERATOR (PRINT FULL NAME)…….....

NUMBER ASSIGNED	TIME RECEIVED	FROM	ORIGINATOR NO	PRECEDENCE

b) MESSAGE OUT LOG

DATE PAGE # OF

OPERATOR (PRINT FULL NAME)……

NUMBER ASSGD	TIME SENT	TO	ORIGINATOR NO	PRECEDENCE

Annex 7 EMERGENCY MESSAGE FORM

EMERGENCY MESSAGE FORM

INCIDENT:

MESSAGE NO. PRIORITY:

DATE: TIME:

FROM: TO

LOCATION:

MESSAGE:
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……

MESSAGE TAKEN BY: SIGNATURE:

ROUTE TO:

ACTION TAKEN

BY: DATE TIME

FOLLOW UP REQUIRED IF ANY

BY (PERSON/AGENCY)

DEADLINE IF ANY

This copy to:

Annex 8 NEOC DISPLAYS : Modify as Necessary

a) Major events Log

No	Time entered	Reported by	Reported to	Description	Action taken

b) Problem log

Incident No.	Date, Time of report	Description of Problem	Assigned to	Action	Follow up needed

c). Status Boards

c.i) Shelters

INCIDENT:			DATE:	TIME UPDATED		
Name	Capacity	# IN	Space Avail-Able	Shelter Contact & Nos	Needs	Remarks

c.ii) Health Facilities

INCIDENT:			DATE:	TIME UPDATED		
Name & Type	No. Beds	Available Beds	Patients received #	Patients treated #	Patients admitted #	Remarks/ Needs

c.iii) Evacuation status

INCIDENT:	DATE:	TIME UPDATED

Area	No of residents	No evacuated	Moved to	Remaining	Remarks/ Needs

FINAL WARNING GIVEN TO POPULATION OF…… AT …… BY…….
WITNESSES:

c.iv) Resource Boards

INCIDENT:	DATE:	TIME UPDATED

Resource	Location	Deployed #	Available #	Needed #	Remarks

c.v) Damage Status

INCIDENT				DATE		TIME UPDATED				
Dead	Injured	Home less	Miss ing	Public Facilities Damaged/ Destroyed	Housing Units Des troyed	Main Roads Unusable	Bridges Damaged/	Utilities Damaged	Agriculture Acreage of Crops Damaged	Commerce/ Production Facilities (List)
				Health		Damaged/ Usable	Destroyed	Power		
				Education			Closed For Inspection	Water		
				Emergency Response				Commun ications		
				Other				Waste Water		
								Other		
$ Value if known										

Annex 9

SITUATION REPORT FORM

1.NAME OF EOC GENERATING REPORT:

2.EVENT: (Name of Hurricane, Identification of flood etc.)

3.DATE OF EVENT:

4.SIITUATION REPORT NUMBER:

Date: Time
:

5.BRIEF DESCRIPTION OF EVENT:

6.AREAS AFFECTED: (Include any major infrastructural damage, loss of roads, bridges, etc.)

7.CASUALTIES:

a) Dead b) Injured c) Missing

8. ACTIONS TAKEN:(Since last Sit Rep)

9. WELFARE / RELIEF ASSESSMENT

a) Health of Population including hospitalised

b).Nos. in Shelters

c).Displaced Population

d) Other

10. DAMAGE SUMMARY

a) Critical Facilities

b) Infrastructure

c.) Communications Facilities

d) Ports of Entry

e) Utilities

f) Buildings

g) Agriculture

h) Tourism/Commerce/Industry

i) Others

11 SITUATIONS NEEDING IMMEDIATE RESPONSE FROM NEOC

12. RESOURCES NEEDED FOR RESPONSE (Not available locally)
Indicate order of priority.

Water
Food
Shelter
Sanitation
Medical Aid
Temporary Repairs
Other

13. ACTIONS TO BE TAKEN / FUTURE OPERATIONS AND TIMING

REPORT SUBMITTED BY:

CONTACT NOS.

Annex 10
MINISTRY OF HEALTH
INITIAL DAMAGE AERIAL ASSESSMENT

District: _____ **Reporting Unit:** _____

Hazard: _____ **Date & Time:** _____/_____

Communication Lines Open: Yes_____ **No**_____ **Phone**_____

VHF_____ **HF**_____ **Ham Radio**_____

Population_____ **No. of houses destroyed**_____

	DESTROYED	DAMAGED	DISRUPTED	NO DAMAGE
FACILITIES **Hospitals** **Health Centers** **Houses** **Shelters** **Airport** **Schools** **Government Buildings**				
COMMUNICATION: **Telephone** **Electricity** **Roads** **Bridges**				
UTILITIES: **Radio** **Sewerage** **Television** **Fuel Storage** **Solid Waste** **Treatment Plants**				
AGRICULTURE: **Farms**				

FLOODED AREAS: **Fully Flooded** **Partially Flooded**

Towns/Villages

Annex 11

MINISTRY OF HEALTH

ENVIRONMENT HEALTH RAPID ASSESSMENT

Village/Town/District: _____ /_____ Total Population _____

Persons Reporting _____ Date _____

	YES	NUMBER Existing Affected		NO	REMARKS*
Physical Damage Flooding Debris					
Utilities Electricity Water Telephone					
SERVICE	**YES**			**NO**	**REMARKS**
Water Supply Rudimentary Water System Damage to treatment plant Broken Lines Services Interruption (include estimated amount of person without services in Remarks) Interruption of water quality monitoring Biological Contamination Chemical Contamination					
Sanitation (Excreta Disposal/ Sewerage System) Treatment plant affected Broken Lines Destruction of Septic Tanks Destruction of Latrines Flooding of Facilities Over flowing into residential areas					
Solid Waste Flooding of dump site Management/Collection Interruption					
Food Availability Percentage of food stock destroyed Damage to food preparation facilities Power interruption to food establishments Flooding of food facilities					
Vector Control Proliferation of vector breeding sites Increase in human vector contact Disruption of vector control programme ▪ Availability of spraying equipment ▪ Insecticides and pesticides ▪ Personal safety equipment					
Toxic Substances (i.e. gasoline, oils, pesticides, caustics, acids) Damage to storage facilities Flooding of facilities Intoxicated persons					
Home Sanitation Destruction or damage to housing Interrupted water supply Flooding Overcrowding					
Number of Human Deaths					
Number of Persons Injured					
Number of Persons Missing					
Number of Persons Displaced					
Number of Dead Animals					

*****Quantify damage where applicable (e.g. treatment plant, rudimentary water system, septic tanks, dump sites, food storage facilities, house)

I. Environmental Health Rapid Assessment
(Guidelines for filling the form)

This form is intended to be used for the gathering of information on the damages caused by a hurricane within the first 24 to 36 hours and should be used by the team that goes out to do the assessment. The Public Health Inspector is responsible to fill out this form in its entirety. The purpose is to do an overall assessment of the environmental situation that may affect the health status of the community. The items listed in the form are categories that represent risks that can contribute to the incidence of diseases or contribute to overall process that in some way or another will disrupt the adequate provision of services.

The column on the extreme left includes the items to be evaluated. The columns labeled '**YES**' and '**NO**' require only a tick. For the column labeled '**Number**' it is necessary to include the estimated number of items that exist and also the estimated number that were affected by the hurricane. The last column labeled '**REMARKS**' is to include any relevant information that may help in assessing the damages.

Physical Damage

It is necessary to identify all the health facilities that are flooded. Look out for debris that could have resulted by the wind or by the flooding.

Utilities

State whether the electricity, water supply (piped and stored) and telephone service has been affected within the health facility and within the community.

Water Supply

This refers to the community water supply. Apart from damages to the physical structure the operations of the system should also be evaluated. The presence of dead animals in water supply units or water bodies should be investigated. The presence of any chemical spill or runoff to any water supply unit or water bodies should also be investigated.

Sanitation

Floods may cause sewerage system to overflow. For example, latrines can be completely destroyed therefore contaminating any flooded area with waste. It is necessary to observe the presence of destroyed latrines and low lying flooded areas.

Solid Waste

Dumpsites must be visited.

Food Availability

An assessment of the food stores (family units), grocery shops, bakeries, e.g. must be assessed. The physical condition of the buildings must be observed. The amount of food available within the area must be investigated, that is, the amount of food stored in homes or business places. The community leaders can be able to assist.

Vector Control

It is necessary to identify and quantify all new potential breeding sites in the area. This includes flooded riverbanks, flooded low-lying areas and containers with water.

Toxic Substances

An assessment of petroleum depots, other chemical depots (e.g. pesticides) must be done.

Home Sanitation

The individual household assessment must include the physical damage to the houses, the status of water supply and make reference to any overcrowding that may exist.

The following categories must be filled out using information gathered either personally or by reports from the authorities of that village or town (area) affected.

Number of Human Deaths
Number of Persons Injured
Number of Persons Missing
Number of Persons Displaced
Number of Dead Animals

Annex 12

MINISTRY OF HEALTH

DAILY HEALTH FACILITY SURVEILLANCE

HOSPITAL/HEALTH CENTER-POST: _____ _____

NAME **VILLAGE/TOWN**

REPORTING OFFICER: _____ **DATE:** _____

Demographics and Health Conditions	**Under 5 Years**		**Over 5 Years**		**Total**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Fever (100°F or 38°C)						
Fever, Vomiting and Abdominal Pain						
Fever and Cough						
Fever and Rash						
Jaundice						
Watery Diarrhea						
Bloody Diarrhea						
Conjunctivitis (Pink Eye)						
Skin Infections (Specify)						
STI'S (Specify)						
Injuries - Mild - Moderate - Severe						
Dog Bite						
Snake Bite						
Rat Bite						
Domestic Violence (Specify)						
Other (Specify) - - -						
Total						

Laboratory	**Number of Samples Taken**	**Supply Stock Available Y/N**
Malaria Blood Smear		
Dengue Sample		
Rectal or Stool Swab		

II. DAILY HEALTH FACILITY SURVEILLANCE
(Guidelines to fill the form)

The purpose of this form is to gather information regarding morbidity that arises during and after a hurricane disaster. This form should be used at all outpatient clinics, hospital inpatient units and by the Mobile Health Teams. It is expected that waterborne and food borne diseases can result after a hurricane strikes and this form serves as an instrument to monitor the trends of such problems.

This form must be filled at each health facility on a daily basis. The categories evaluated are signs and symptoms of communicable diseases that can be transmitted by contaminated water, contaminated food or syndromes that can arise in shelters or in other risk areas. The first four categories refer to general signs and symptoms that

Emphasis is placed on monitoring children 0 to 5 years old therefore all other patients are classified as older than five years. It is required that the **number of persons** suffering from the stated signs and symptoms be written in the specific cells. Other problems that need to be recorded refer to injuries that can occur due to environmental conditions caused by the hurricane. These can include dog bites and rodent bites. Domestic Violence must be recorded. This can include physical, psychological, sexual violence or child abuse.

The last section refers to the sampling for vector borne and gastrointestinal diseases. It is necessary to report the number of samples tested and the available stock of supplies for this testing.

Annex 13

MINISTRY OF HEALTH

DAILY SHELTER SURVEILLANCE

SHELTER: _____ _____

NAME VILLAGE/TOWN

SHELTER MANAGER: _____ **DATE:** _____

TELEPHONE: _____

Demographics and Health *Conditions*	**Under 5 years**		**Over 5 years**		**TOTAL**	
	Males	**Females**	**Males**	**Females**	**Males**	**Females**
Total Persons in Shelter						
Fever (100°F or 38°C)						
Fever and Cough						
Fever and Rash						
Fever, Vomiting and Abdominal Pain						
Jaundice						
Watery Diarrhea						
Bloody Diarrhea						
Conjunctivitis (Pink Eye)						
Skin Infections						
Injuries						
Dog Bite						
Rat Bite						
Snake Bite						
Domestic Violence						
Other (Specify)						
TOTAL						

ENVIRONMENTAL HEALTH CONDITIONS

WATER SUPPLY:

Available: Yes _____ Quantity _____ gallons No. _____ ____

Source: Public System (Pipe) _____ Rain_____ Surface _____ Ground_____ Other: Specify _____

Treatment: Chlorinated _____ Filtered _____ Boiled _____ Other (Specify) _____

Water Storage Available: Yes _____ Volume_____ gallons

SANITARY FACILITIES:

No. of Toilets _____ Working Conditions _____ Accessibility _____ Other (Specify) _____

SOLID WASTE MANAGEMENT:

Solid Waste Collected / Removed Daily: Yes _____ No_____

Are Plastic Bags and Bins Available: Yes _____ No _____

VECTORS:

Mosquito _____ Rodents _____ Flies _____ Bats _____ Snakes _____

ITEM LIST	LIST OF SHELTER NEEDS
Number of persons requiring meals Number of persons requiring basic medication (specify) Water supply needs Sanitary facilities need Plastic bags Need	

III. DAILY SHELTER SURVEILLANCE
(Guidelines to fill the form)

The purpose of this form is to gather information regarding morbidity that arises during and after a hurricane disaster. The form should be used at all shelters. It is expected that waterborne and food borne diseases can result after a hurricane strikes and this form serves as an instrument to monitor the trends of such problems.

This form must be filled at each shelter on a daily basis. The categories evaluated are signs and symptoms of communicable diseases that can be transmitted by contaminated water, contaminated food or syndromes that can arise in shelters or in other risk areas. The first four categories refer to general signs and symptoms that can be associated to any viral and/or bacterial pathology for many communicable diseases. These include those diseases that can be transmitted person to person, or through a vector, (i.e. airborne, food borne or waterborne and vectorborne).

Emphasis is placed on monitoring children 0 to 5 years old therefore all other patients are classified as older than five years. It is required that the **number of persons** suffering from the stated signs and symptoms be written in the specific cells. Other problems that need to be recorded refer to injuries that can occur due to environmental conditions caused by the hurricane. These can include dog bites and rodent bites. Domestic Violence must be recorded. This can include physical, psychological, sexual violence or child abuse.

Environmental Health Conditions

Water Supply

This refers to the status of the water supply at the shelter. Apart from damages to the physical structure the operations of the system should also be evaluated including availability, source, treatment and availability of stored water.

Sanitation Facilities and Solid Waste Management

Lack of adequate and available mechanism for the disposal of feces is a potential source for contamination and outbreaks therefore sanitary facilities should be closely monitored.

Vector Control

It is necessary to identify and quantify the presence of vectors that could possibly indicate potential breeding sites in the area.

The following categories must be filled out using information gathered by the Shelter Manager: number of persons requiring meals, number of persons requiring basic medications, water supply needs, sanitary facility needs and plastic bag needs.

Annex 14

STAFF LIST & DIRECTORY
MINISTRY OF HEALTH
BELMOPAN

Policy Analysis & Planning Unit

No.	Names	Position	Home Addresses	Home Phone/Cell. No.	Telephone Extn.
1	Ines Sanchez Jr.	System Administrator	26 Santa Maria St.	822-2339	81350
2	Crispin Blanco	Project Accountant	22 Bermuda St.	822-3335/601-8643	81301
3	Gina Sampson	Executive Asst.	Nanche St.		81360
4	Ian Smith				
5	Beverly Phillips				
6	Dr. Alfonso Ayala	Health Planner	Maya Vista Dr., San Ignacio	824-2246	81380
7	Michelle Vanzie	Health Economist	186 Beter, Belama, Belize City		81370

Project Management Unit

No.	Names	Position	Home Addresses	Home Phone/Cell. No.	Telephone Extn.
1	Sue Courtenay	Project Manager			81306
2	Nicole Petzold	Project Engineer			81371

Epidemiology Unit

No.	Names	Position	Home Addresses	Home Phone/Cell. No.	Telephone Extn.
1	Ralnah Lewis	Data Entry Clerk	Belmopan		81369
2	Ishelle Tablada	Data Entry Clerk	Belmopan		81373
3	Jesse Chun	Statistical Clerk	Roaring Creek	600-5373	81363
4	Gabriel Bol	Asst. Statistical Officer	Roaring Creek	602-6893	81376
5	Englebert Emmanuel	Bio-Statistician	#1 Garbutt Creek	605-0403/822-1084	81386
6	Arelino Carvajal				

No.	Names	Position	Home Addresses	Home Phone/ Cell. No.	Telephone Extn.
	NHISU				
1	Dr. Paul Edwards	Epidemiologist			81359
2	Mrs. Valerie Jenkins				81372
	FINANCE				
1	Mrs. Rosalie Gentle				
2					
	ACCOUNTS				
1	Mrs. Dana Crawford-Smith	Finance Officer III	6 Toucan Ave.	600-6876	81300
2	Irma Cocom	Second Class Clerk	#4 Chile St., San Martin, Belmopan	604-9929	81377
3	Keisha Crown	First Class Clerk	21 Nanche St.	601-2440	81377
4	Ivania Sanchez	Clerical Asst.	Benque, Cayo Dist.	823-2231	81377
5	Maria Calles	Second Class Clerk	Cor. St. Andrew 1st Joseph St.	600-3024	81377
	DOMESTIC				
1	Guillermo Funez	Caretaker	Salvapan		
2	Ermin Williams	Cleaner	Camalote Village		
3	Adela Chun	Cleaner	Las Flores		

No.	SECRETARIAL	Position	Home Address	Home Phone/ cell no.	Extension
1	Daisy Neal	Sr. Secretary	24 Cayo St.	822-3091/600-6372	81304
2	Lisa Miranda	Secretary III	6 Armadillo St.		81366
3	Bernadette Salazar	Secretary III	Camalote Village		81394
4	Delia Cunil	Secretary II	Belmopan		81309
5	Karen Gibson	Secretary I	Belmopan		81345
	DRIVERS				
1	Dennis Middleton	Driver	Camalote Village		81361
2	Cirilio Chun	Driver	Las Flores		8161
3	Clive Genus	Driver	Camalote Village		81361

STAFF LIST & DIRECTORY
MINISTRY OF HEALTH
BELMOPAN

No.	Names	Position	Home Addresses	Tele
1	Hon. Vildo Marin	Minister		
2	Mr. Henry Anderson	CEO		
3	Dr. Errol Vanzie	DDHS		
4	Dr. Jorge Polanco	DDHS	391 Belama 2	
5	Mrs. Marjorie Parks	DDHS		
6	Ruth Meighan	Administrative Officer	Belmopan	
	BELIZE HEALTH AUTHORITY			
1	Rev. Cortis Nurse	Exe. Sec.		
2	Rudy Avila	Admin. Officer	5 Mahogany St.	
3	Anna Hanson	Admin. Asst.	10/12 Cardinal	

	TECHNICAL ADVISORS					
1	Dr.	TA-MCH				81303
2	Mr. Godswell Flores	TA-Environ. H	7 ½ mls. Western Highway, Belize Dist.		225/1077/601-8371	81386
	RECORDS					
1	Wizad Sambula	First Class Clerk	40 Macaw Ave.		602-2805	81307
2	Judith Middleton	Second Class Clerk	Camalote Village		225/1077/601-8371	81386
3	Adelia Arthurs	Clerical Assistant	3 Roseapple St.		822-2973	81378
4	Anwar Zetina	Clerical Assistant	3 Tiger Ave.		601-6620	81378

Annex # 15

DUTY ROSTER
NATIONAL MEDICAL CARE AND PUBLIC HEALTH COMMITTEE
EMERGENCY OPERATIONS CENTER

No.	OFFICERS	7 a.m. to 3 p.m.	3 p.m. to 11 p.m.	11 p.m. to 7 a.m.
1	Minister of Health			
2	Chief Executive Officer			
3	Director of Health Services			
4	Deputy Director of Health (Public Health)			
5	Deputy Director of Health (Nursing)			
6	Technical Adviser – Environmental Health			
7	Executive Secretary-Belize Health Athority			
8	Technical Adviser – Medical Supplies			
9	Technical Adviser – Mental Health			
10	Technical Adviser – Maternal and Child Health			
11	Technical Adviser – Pharmacy			
12	Technical Adviser – Vector Control			
13	Inspector of Midwives			
14	Technical Adviser – Epidemiology			
15	Dr. Peter Allen-Director PAPU			
16	Ruth Meighan A.O.			
17	Rudy Avila A.O.			
18	Anna Hanson A.A.			
19	Financial Controller			
20	Finance Officer III			

Annex # 16

DUTY ROSTER
NATIONAL MEDICAL CARE AND PUBLIC HEALTH COMMITTEE
EMERGENCY OPERATIONS CENTER
SUPPORT STAFF

No.	OFFICERS	7 a.m. to 3 p.m.	3 p.m. to 11 p.m.	11 p.m. to 7 a.m.
1	Daisy Neal			
2	Karen Gibson			
3	Dalia Cunil			
4	Lisa Miranda			
5	Bernadette Salazar			
6	Wizard Sambula			
7	Adelia Arthurs			
8	Judith Middleton			
9	Anwar Zetina			
10	Ralnah Lewis			
11	Ishelle Tablada			
12	Englebert Emmanuel			
13	Keisha Crown			
14	Irma Cocom			
15	Maria Calles			
	DRIVERS			
16	Clive Genus			
17	Dennis Middleton			
18	Cirilo Chun			

Annex # 17

DUTY ROSTER
NATIONAL EMERGENCY MANAGEMENT ORGANIZATION (NEMO)
EMERGENCY OPERATIONS CENTER

No.	**OFFICERS**	**7 a.m. to 3 p.m.**	**3 p.m. to 11 p.m.**	**11 p.m. to 7 a.m.**
1	Chief Executive Officer			
2	Director of Health Services			
3	Deputy Director of Health Services (Public Health)			
4	Financial Controller			
5	Technical Adviser – Environmental Health			
6	Finance Officer III			

Annex # 18

DUTY ROSTER
NATIONAL EMERGENCY RESPONSE TEAM
NATIONAL MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

No.	OFFICERS	Date & time of Departure to	Date & time of return from	REMARKS
1	Dr. Alfonso Ayala			
2	Valerie Jenkins			
3	Dr. Abelino Carajal			
4	Sue Courtenay-Project Manager-PMU			
5	Nicole Petzold			
6	Chrrispin Blanco-Project Accountant			
7	Michelle Vanzie-Health Economist			

Annex # 19

POST DISASTER
RADIP ASSESSMENT TEAM
NATIONAL MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

No.	**OFFICERS**	REMARKS
1	Minister of Health	
2	Chief Executive Officer	
3	Director of Health Services	
4	PAHO Representative	
5	Deputy Director of Health Services (Nursing)	
6	Executive Secretary – Belize Health Authority	
7	Technical Adviser – Environmental Health (Disaster Focal Point)	
8	PAHO Disaster Focal Point	
9	PAHO – Health Services Adviser	

Annex # 1 CHR

See Annex 13

Annex # 2 CHR

See Annex 12

Annex # 3CHR

ENVIRONMENTAL HEALTH, CENTRAL REGION
Staff List

Mark Bernard	#07 Krooman Lane, Fabers Rd. Ext.	603-3387
Bernaldo Bey	Cor. Ebony/Pine Street	604-9976
Rafael Novelo	#522 Tangerine St. O/Walk Town C/o Caribbean Chicken, Belize City	603-3907 22-35368
John Bodden	San Pedro Town	226-2555
Lisa Tillett	#5 – 4th St. Belize City Crooked Tree Village	608-3161 22-32955
Anthony Flowers	Ladyville	602-7512
Patricia Usher	14 Croton Lane	20-24019
Lisa Sanchez	6144 Manatee Dr. Button Wood Bay	602-5508
Frank Cain	Aloe Vera Street	601-2545 20-32011
Dianne Lawrence	64 George Street	602-7044

Annex # 4 CHR

ENVIRONMENTAL HEALTH, CENTRAL REGION
SHELTER ASSINGMENT

Rafael Novelo	1.	Salvation Army School
	2.	St Ignatius Primary School – Building 1&2
	3.	Queen Square Anglican School – Building 1 & 2
	4	St. Michael's College
Frank Cain	1.	Pallotti High School
	2.	University of Belize Teachers College
	3.	University of Belize Teachers Building 1&2
Bernaldo Bey	1.	Saint Martin De Porres School buildings1 & 2
	2.	Excelsior High School
Lisa Tillett	1.	Gwen Lizarraga High School
	2.	St. Luke's Methodist School
	3.	St. John's Vianney School
Dainne Lawrence	1.	All Saints School Building 1 & 2
	2.	Holy Redeemer School (Upper division)
	3.	Trinity Methodist School
Lisa Sanchez	1.	James Garbutt Seventh Day Adventist School
	2.	Wesley Infant School (Albert Street)
John Bodden	1.	San Pedro Roman Catholic School
	2.	Caye Caulker Community Center
	3.	Caye Caulker Roman Catholic School

N.B. Where officers from Orange Walk Town are unable to report for duty in Belize City they will be attached to the Health Services Unit in that district town. Then the Deputy Coordinator for Environmental Health, Central Region will be responsible for monitoring those shelters until further notice.

Annex # 5 CHR

ENVIRONMENTAL HEALTH UNIT
EQUIPMENT/SUPPLY LIST
DISASTER MANAGEMENT
2004

In the event of a hurricane or any other emergency in which water supplies are disrupted, the Public Health Inspector needs to have the following in order to ensure those persons in shelters and elsewhere have access to safe water:

1. Residual/free chlorine test kit — to monitor the concentration of free available chlorine present in the drinking water supply.
2. Chlorine tablets or liquid household bleach — to add to drinking water supply so as to effectively disinfect the water.
3. A copy of the Environmental Health Unit — Chlorination manual or a copy of the Clorax Liquid bleach Dilution Table for Water Disinfections —to determine the correct dosage of chlorine to effectively disinfect the water.

OTHER SUPPLIES:

1. Flashlights
2. Garbage bags
3. Insecticide (Ficam, Diazinon)
4. Rodenticide (Kilerat, Storm)
5. Shelter environmental health report forms (shelter manager)
6. Shelter environmental health report forms (PHI)
7. Mobile radio
8. Trolley
9. Duct tape
10. Tarpaulin
11. Abate
12. Malathion
13. Personal Gears, rubber boots, raincoats

Annex # 6 CHR

DENTISTRY EMERGENCY SUPPLIES

1	Clorox 3 gal	11	
2	Gloves 6 pks x 100	12	
3	Mask 1 pack	13	
4	Anesthesia 300	14	
5	Buckets 6	15	
6	Basins 2	16	
7	Paper towels 10 rolls	17	
8	Soap Powder	18	
9	Brush 3	19	
10		20	

Annex # 7CHR

TABLE OF DENTAL STAFF AND CONTACT

NO	**NAME**	**ADDRESS**	**TEL**
1	Dr. Raphael Samos	Cayo	610-1119 or 823-2026 or
2	Mrs. Dawn Broaster	Belmopan	6012007
3	Dr. Leonel Sinai	Belmopan	610-1243
4	Ms. Shaunna Anthony	Belmopan	602-7165
5	Dr. Jorge Ruiz	Valley of Peace	203-7746
6	Ms. Carla Smith	San Ignacio	20-70961

ANNEX #8 CHR

PHARMACY

HURRICANE KITS FOR SHELTERS MANAGED BY A HEALTH PERSONNEL

PHARMACEUTICAL CONTENTS OF KIT

I.V. Administration Sets	10
INJ Adrenaline	5 days
INJ Amnophlline	5 days
INJ Antivenin	5 days
I.V.Dextrose 5%	6x 500mls
I.V. Sodium Chloride	6x 500mls
INJ. Lidocane 2%	2x 500mls
INJ. Hydrocortizone	2x 500mls
INJ. Promethazine	10 days
INJ. Water	5x 100mls
Lotion Calamine	1x 250mls
ORS.	20 sackets
Isopropyl Alcohol	1x 500mls
Tincture Iodine	100mls
Acriflavine in Spirits	1x 100mls
Solution Savlon or Cetrimde	1x 100mls
Spirits Ammon Aromat.	1x 100mls
Tabs Al. Hydroxide	50x 500mg
Tabs Amminophylline	50x 200mg
TabsCodeine Phosphate	30x 30mg
Tabs Chlorphenarine	24x 4mg
Tabs Paracetamol	100x 500mg
Tabs Ergometrine	10x 0.2mg

ANNEX # 9 CHR

PHARMACY

TERTIARY STAGE

Tabs. Frusemide	50x 40mg
Tabs. Chloroquin	20x 0.5mg
Tabs GTN	50x 250mg
Caps. Tetracycline	200x 250mg
Susp. Co- Trimixazole	5x 100mls
Chloramphenicol Eye Ointment	5 tubes
Chloramphenicol Eye Drops	5 bots.
Sulphadiazine Cream 1%	1 jar
Hydrocortezone Cream	3 tubes
Insulin Neutral	2 vials
Isophane Insulin	2 vials
INJ. Tetanus Toxoid	2 vials
INJ. Plasma	5 units
INJ. Pethidine	10amps
INJ. Diozepan	10amps

ANNEX #10 CHR

PHARMACY

BASIC HURRICANE KIT FOR SHELTERS

WITHOUT A HEALTH PERSONNEL

Band Aid	250 only
Isopropyl Alcohol	1x 500mls
Cotton Wool	100 balls
Hydrogen Peroxide	1x 250mls
Calamine Lotion	1x 250mls
Triple Antibiotic Cream	3 tubes
Aromatic Spirits	1x 100mls
Acriflavine in Spirits	1x 250mls
Bandage	1 pack
Gauze	1 pack
Stretch Bandage	1 pack
Gloves	1 box
Scissors	10 only
Tweezers	10 only
Tongue Depressors	100 only
Tylenol syrup with instructions	1x 250mls
Tylenol tablets with instructions (500mg)	1x 100

ANNEX #11 CHR

PHARMACY

HURRICANE KIT FOR THE EMERGENCY HOSPITAL

Tabs. Paracetamol 500mg	Acriflavin in Spirits
Tabs. Ergometrine 0.5mg	Acriflavin in Saline
Tabs. Codine Co. 30mg	Solution Acetic Acid 3-6 %
Tabs. Ventoline 4mg	Distilled Water
Tabs. Aminophylline 100 or 200mg	Hydrogen Peroxide
Tabs. Promethazine	INJ. H_2o
Tabs. Magnesium Tricilicate	INJ. Phenobarbitone
Tabs. Metoclopramide	INJ. Diazepam
Tabs. Trinitrate Glycerol	INJ. Aminophylline
Tabs. Prednizone	INJ. Maxolon
Tabs. Phenobaritone	INJ. Hydrocortisone
Tabs. Septrin	INJ. Volteren
Caps. Amoxicillin	INJ. Adrenaline
Caps. Chloramphenicol	INJ. Digoxin
Caps. Tetracycline	INJ. Lindocaine for Arrhythmia
Tabs. Metromdazole	INJ. Lindocaine 2 %
Tabs. Frusemide	INJ. Buscopan
Mist. Mag. Trisil	INJ. Syntocinion
Elixer Benadryl	InJ. Ergometrimide
Expectant Benadryl	Isophane Insulin
Syrup Ventolin	Regular Insulin
Solution Ventolin	Insulin 70/30
Syrup Paracetamol	INJ. Atropine
Syrup Septrin	INJ. Choramphenicol
Susp. Metromdazole	Tetanus Toxoid
ORS.	I.V. Connection
Isopropyl Alcohol	
Solution Benzyl Benzoate	
Spirits Ammon Aromat.	
Solution Hibitane 20 %	
Solution Hibitane 5 %	
Solution Cetrimide 1 %	

ANNEX #12 CHR

PHARMACY

MISCELLANEOUS MEDICAL AND SURGICAL SUPPLIES
FROM CENTRAL MEDICAL STORES

QUANTITY: I UNIT SIZE PER KIT

Adhesive Tape	Kidney Dishes
Airway Tubes	Lanterns
Bandages	Lotion Bowl
Blanket	Needle Holders
BP Apparatus	Water Container (Lg)
Cot	Porringer
Cotton Wool	Razor and Blades
Crepe Bandages	Scissors
Delivery Kit with Fetalstetoscope and disposable cord clamps	Sofra Tulle
Syringes Insulin	Sterile Dressing
Syringes 5cc/ 10ccs	Sutures
Forceps-artery	Thermometers
Forceps- tissue	Toilet tissue
Garbage bags	Tourniquet
Gauze	Matches
Gloves 7& $7^{1/2}$	Mackintosh
Instrument trays	Nail Brush
Kerosene	Jug
Thermos	
Kettle	

ANNEX #13 CHR

MENTAL H

POST	NUMBER OF STAFF
Mental Health Coordinator	1
Hospital Administrator	1
Clerk/typist	1
Psychiatric Nurse Practitioner	1
Practical Nurse	3
Psychiatric Nurse Aide	5
Attendants	8
Hospital Domestic Auxiliary (kitchen, laundry, cleaners)	8
Security Guard	3
Grounds man/ Messenger	1
Total	**35**

ANNEX #14 CHR

MENTAL H

2.1 Mental Health Emergency Committee (MHEC)

The MHEC will consist of staff that are working both at RH and POC and will comprise of fourteen (14) members of staff distributed as follows:

Psychiatrist	1
Mental Health Coordinator	1
Hospital Administer	1
Clerk/Typist	1
Psychiatric Nurse Practitioners	1
Practical Nurses	3
Domestic Staffs	3
Security Guard	1
Grounds man/Messenger	1
Occupational Therapist	1

ANNEX #15 CHR

MENTAL H

A.2 EMERGENCY FOOD LIST

Item Required	**Quantity Required/Day**	Quantity Required X 3days
Water	100gl.	300gl.
Flour		1sk
Salt		3lbs
Peanut Butter	8 lbs.	24lbs
Butter or Margarine	2lbs	6lbs
Canned Fruit cocktail (20oz,cans)	20cans	60cans
Canned Fruit Juices (48oz)	12cans	36cans
Sugar	6lbs	18lbs
Powder Milk	6lbs	18lbs
Evaporated Milk	48tins	144tins
Condensed Milk	16tins	48tins
Coffee (1bs)	2 ½ bots	8bots
Cocoa (1bs)	2 ½ cans	8cans
Jam (lbs)	5jars	15jars
Chesses (1bs)	6lbs	18lbs
Canned Peas and Carrots	4cans	12cans
Bread	16pks	48pks
Cereal (ready-to-eat) (11b unit)	6pks	18pks
Rice	7.2kg	21.6kgs
Crackers (round)	12pks	36pks
Cookies (sweet) (11bs.pk)	8pks	24pks
Canned Soup (10oz < can)	40cans	120cans
Corned Beef (12oz)	28cans	56cans
Luncheon meat (12oz)		28cans
Custard		1case
Baked Beans (11bs)	16lbs	48lbs
Mackerel (425g)		20cans
Yeast		6pks
Shortening		4tins
Disposable Cups		900
Disposable Plates		900
Disposable Spoons		900
Napkins		900

ANNEX #16 CHR

MENTAL H

A.2 EMERGENCY DRUG LIST

Items	Quantity
Injection Modecate (25mg)	50
Injection Haldol (5mg)	20
Injection Largactil (50mg)	50
T. Largactil (100mg)	1000
T. Artane (5mg)	500
T. Stelazine (5mg)	1000
T. Carbamazpine	1000
T. Ativan	500
C. Valporic Aicd (250mg)	1000
T. Melerill(i25mg)	500
T. Kemadrin	500
Injection Kemadrin	20
Cotton	6
Gauze	6
Gloves (sterile)	2pks
Gloves (un-sterile)	6pks
Bandages	12
Tape	6
Syringe (10cc, 5cc, 3cc)	1box each
Hydrogen Peroxide	4bottles
Dressings	4boxes
Bactigras	2pks
I.V. Dextrse (5%)	1box
I.V. Connections	1box
I.V. Hartmans Solutions	1box
I.V. Normal Saline	1box
N.G. Tubes	6
Disposable Sheets	100
Sanitary Towels	100

ANNEX #17 CHR

MENTAL H
A.3 EMERGENCY MAINTENANCE

Items	Quantity
Plywood	15 sheets
Roofing Nails	5lbs
Cement Nail	2lbs
20 ft. ladder	1
Butane	1 tank
Flashlight	4
Coleman Lanterns	2
Gas (lanterns)	8gal
Batteries (D-size)	2boxes
Hammer	1
Tape (gray)	4

ANNEX #18 CHR

MENTAL H

A.4 EMERGENCY LAUNDRY AND CLEANERS LIST

Items	Quantity
Clorox	12gl
Pine Sol	6gl
Disinfectant (fabuloso)	2gl
Toilet Bowl Cleaner	2bottle
Buckets	4
Brooms	4
Mops	4
Soap Powder	2bags (lg)
Garbage Bags	200
Measuring Cups (dry ingredients)	1set
Measuring Cups (liquid ingredients)	1set
Measuring Spoons	2sets
Mugs (pitcher)	2
Kitchen Scale	1
Baygon	6cans

ANNEX #19 CHR

MENTAL H

A.5 EMERGENCY STAFF ADDRESS AND TELEPHONE LIST

	NAME	POST	ADDRESS	TELEPHONE
	ROCKVIEW HOSPITAL			
1	Inez Aguiliar	H.D.A.	4 Armadillo St.	
2	Gilda Bennett	Attendant	6638 Jasmine St.	203-4640
3	Laura Bowen	Attendant	16Mls Western Highway	225-6145
4	Ivonne Cadle	H.D.A	12 Allemly St.	
5	Direne Neal	P.N.	125 West St.	207-0092
6	Claudette Harry	P.N.	11590 Coney Drive	601-0519
7	Shelmadine Cole	Attendant	Apt. 4 Pickstock St.	203 - 0420
8	Augustine Elijio	PNP	Port Loyola Belize City	227-1562
9	Orelio Evans Sr	Security Guard	17Mls Western Highway	225-6140
10	Dorothy Flores	PNP	Campus Ave.	223-2464
11	Mark James	Attendant	21 ½ Mls Western Highway	
12	Zeni Flowers	Clerk/Typist	Belmopan	603 – 3664
13	Pamela Francis	Attendant	7004 Elston Kerr	
14	Grace Ferguson	P.N.	63 Foster Drive Hattieville	225-6065
15	Sarita Gillett	Attendant	46 Conch Shell Bay Bze.	
16	Marjorie Hemmans	Attendant	Gracie Rock Village	608-4760
17	Yvonne Haylock	Hospital Admin		605 -
18	Derrick Hulse	Grounds man	17Mls Western Highway	
19	Carolyn Kerr	H.D.A	21 ½ Western Highway	609-6080
20	Merlene Kerr	Attendant	21 ½ Western Highway	
21	Beulah Gillett	H.D.A	17Mls Western Highway	225-6198
22	Gilroy McKay	Attendant	1 Usher St.	
23	Yvonne Smith	Security Guard	32 Raccoon Street	
24	Isaac Murillo	Attendant	21 ½ Western Highway	608-7799
25	Diana Neal	H.D.A.	17Mls Western Highway	
26	Sharlene Neal	Attendant	Amara Avenue	
27	Erlene Peters	Attendant	17Mls Western Highway	606-4538
28	Orelio Evans Jr	Security Guard	17Mls Western Highway	225-6140
29	Sheldon Pollard	Attendant	Bruce Ave. Hattieville	225-6112
30	Sonia Shepherd	H.D.A.	17Mls Western Highway	609-7651
31	Joyce Staine	H.D.A.	53 Free Town Rd.	203-2403
32	Ralph Spain	Attendant	21 Western Highway	
33	Geraldine Staine	Attendant	19 Western Highway	
34	Phillip Staine	Attendant	53 Free Town Rd.	203-2403
35	Idolly Neal	H.D.A.	6982 North Creek	

	PSYCHIATRIC CLINIC			
38	Paula Murray	PNP	97 Ebony Street	
39	Ismae Munnings	Social Worker	4461 Lavender St.	222-4183
41	Kent Cole	P.N.	Apt.4 Pickstock St.	203 – 0420

ANNEX #20 CHR

MENTAL H
A.6 ACRONYMS

RH	Rockview Hospital
POC	Psychiatric Outpatient Clinic
MH	Mental Health
PNP	Psychiatric Nurse Practitioner
PN	Practical Nurse
SG	Security Guard
G	Guard
W	Worker
H.D.A	Hospital Domestic Auxiliary
N	Nurse
HPP	Hurricane Preparedness Plan
MHEC	Mental Health Emergency Committee
CT	Clerk/Typist
BDF	Belize Defence Force

ANNEX #21 CHR CML

EMERGENCY TESTS

HAEMATOLOGY & BLOOD BANKING

Haemoglobin
Haematocrit
WBC
Differential
PT
Blood Group/Rh
X-Match
CSF - Cells
CSF - Diff
CHEMISTRY

Glucose
BUN
Bilirubin (neonatal only)

OTHER

CSF
Cell Count
Glucose
Protein
Gram Stain

URINALYSIS
Dip-stick
Glucose, Protein, pH, SG

ANNEX #22 CHR

CML

EMERGENCY EQUIPMENT / SUPPLIES

LIST 1

ITEMS	QUANTITY
Blood Transfusion Sets	100
Blood Bags	50
Transfer Bags	30
Blood Bag Stripper	1.
Aluminum Clips	1 Box.
Lancets	1 Box
Blood Grouping Tiles	2 Boxes (disposable)
Anti A	2
Anti B	2
Anti D	2
Anti IGg	2
Albumin	2
Normal Saline	1 Litre
HIV Chek	20 (Tests)
HB_sAg	1 Kit
RPR	1 Kit
Para 12 Controls	1 Set
Haemoglobin Powder	1 Box
Haemoglobin Standard	1 Box
3% Acetic Acid	1 Litre
Acetone	1 Litre
Wright's Stain	2 Litres
Wright's Buffer	2 Litres
Eagkle Chemistry Controls	2 Sets
Eagle Glucose Reagent	1 Box
Eagle BUN Reagent	1 Box
Eagle Amylase Reagent	1 Box
Ames Multisticks (urine strips)	1 Box
Crystal Violet	1 Litre
Gram's Iodine	1 Litre
Safranin	1 Litre
Acetone Alcohol	1 Litre
Gloves, Small, Medium, Large	3,6, 4 respectively
Water Distilled / Bottled / Tap	5 Litres ea.
Chlorax	2 gals.
Test Tube Racks (Assorted)	3 ea.
Graduated Pipettes- 1, 2, 5, 10 ml.	5 ea.
Automatic Pipettes - 1-10uL, 10-50uL	2 ea.
Pasteur Pipettes	100

ANNEX #23 CHR

CML

EMERGENCY EQUIPMENT / SUPPLIES
LIST 2

ITEMS	QUANTITY
Pipette Tips- 024, 020, 01b	1 Pk ea.
Rubber Teat for Pasteur Pipettes	3 ea.
Applicators sticks	1 Box
Microscope	1
Haemoglobin Diluter	1
Haemoglobin Diluting Pipette	2
WBC Diluting Pipette	2
WBC Counting Chamber	2
CSF- Counting Chamber	1
Tally Counter	1
Microhaematocrit Centrifuge	1
Incubator / Heat Block	1
Centrifuge, general	1
Spectrophotometer	1
Haematocrit Tubes	3
Haematocrit Reader	1
Critoseal	2
Haemocytometer Cover Slips	5
Dispo Cover Slips	1 Box
Timer / Stopwatch	2
Microscope Slides	3 Pks.
Staining Assembly	1
Vacutainer Needles	1 Case
Disposable Syringes (3,5,10ml.)	1 Box
Scalp Vein Sets (23G/25G)	1 Box
Vacutainer Tubes, plain (Red Top)	1 Case
Vacutainer Tubes, EDTA (Lavender Top)	1 Case
Vacutainer Holders	4
Tourniquets	2
Alcohol Swabs	5 Pks
Cotton Wool	1 Roll
Specimen Container, Non Sterile	500
Specimen Container, Sterile	1 Case
Sharps Container	3
Lamp	1
Flash Light	2
Batteries	6
Extension Cord -50ft	2

ANNEX #24 CHR

CML
EMERGENCY EQUIPMENT / SUPPLIES
LIST 3

ITEMS	QUANTITY
Electrical Outlet -six place	2
Gauze	1 Roll.
Kimwipes -small, large	4 ea.
Laboratory Request Forms	200
Laboratory Work sheets	50 ea.
Pipette Tips- 024, 020, 01b	1 Pk
Rubber Teat for Pasteur Pipettes	3 ea.
Applicator sticks	1 Box.
Test Tubes : 10x75 mm,13x75 mm,13x 100mm	200 ea.
Calculator	1
Note Pads	3
China Markers	3
Felt Pens	2
Pencils /sharpener	2
BallPoint Pens	2 ea.
Toilet Tissue	12 Rolls
Paper Towel	2 Rolls
Soap Solution	1 Litre
Garbage bags	3 Dozen
FOOD SUPPLIES	
Coffee	1 Bot (16 oz)
Creamer	1 Bot (16 oz.).
Sugar	2 Ibs
Natural Milk	6 Cans
Potted Meat	6 Cans
Corned Beef	6 Cans
Sausage	6 Cans
Baked Beans	3 Cans
Condensed Milk	6 Cans
Crackers	6 Pks.
Sandwich Spread	1 Bot (16 oz.)
Bread	4 Pks.
Bun	2 Pks.
Dispo Plates	1 Pk.
Dispo Cups	1 Pk.
Dispo Spoons/forks/Knives	1 Pk.

ANNEX #25 CHR

KHMH

EQUIPMENT/SUPPLIES (TO BE SET UP OF EMERGENCY CENTER) B.S.S.B. BUILDING

Operating Theater:

QUANTITY	ITEM
1	Operating Table
1	Operating light (portable)
1	Suction unit
1	Anesthesia machine
4	Trolleys
24	Cylinders – oxygen and nitrous oxide
-	Pharmaceutical supplies (see annex II)
-	Set of Instruments
1	Autoclave
1	Small Refrigerator
1	Sink or Basin (2)
100	Garbage bags
-	Sterile Disposable Packs (linens, Gowns, etc.)
5	Boxes Sterile Gloves – assorted sizes
2	B/P Apparatus
2	Stethoscopes
1	Blood Bank Refrigerator

ANNEX # 26 CHR

KHMH

General Ward:

QUANTITY	ITEM
3	Hurricane Lantern
4	Florescent Lights
2	Water buckets
2	Wheel-chairs
4	Stretchers
2	Flashlights and 12 batteries
1	Suction machine
10 yd.	Mackintosh
6	Bed pan/urinals
2	B/P apparatus
2	Stethoscope
2 pks	Matches, kerosene (2 gallons)
15	Bed linens/6 Blankets

ANNEX #27 CHR

KHMH

Maternity Section

QUANTITY	ITEM
1	Delivery table
4	Baby bassinets
2	Incubator
4	Buckets
100	Delivery packs
1	Sterile cord clamp
6 pks	Sanitary pads
24	Bandages
2 gallons	Disinfectant
2 gallons	Chlorax
5 pks	Sterile gloves (assorted sizes)
2	Blood pressure apparatus
1	Stethoscope
1	Baby scale
1	Suction machine
12	Oxygen
6	Paper towels
6	Soap

ANNEX #28 CHR

EMERGENCY LIST FOR EMERGENCY HOSPITALS AND EMERGENCY CENTER

QUANTITY	ITEM
10 cases	Clorox bleach
50 gallons	Disinfectant
50 gallons	Detergent
500 rolls	Toilet tissue
10 cases	Paper towel
3 dozen	Hurricane lamps
1 drum	Kerosene
1 case	Standard size batteries
1 case	Batteries (AA)
1 gross	Match
1000	Disposable sheets/pillow slips
1000	Disposable gowns
3 dozen	Standard size flashlights

ANNEX # 29 CHR

EMERGENCY FOOD SUPPLIES (for approx. 200 people)

QUANTITY	ITEM
2	Case condensed milk
7	Cases concentrated fruit juice
3	Sacks sugar
8	Cases evaporated milk
1 – ½	Case coffee
60	Packs bread
7	Cases soda crackers
3	Case margarine
2	Case cooking oil
1	Case jam
6	Box cheese
2	Case luncheon meat
1	Case corn meat
1	Case noodles
2	Case vegetable soup
7	Case canned fruits
1	Sack rice
1	Sack potatoes
-	Sardines (100 sm. or 20 lg. cans mackerel)
1	Sack flour (50 lbs.)
3	Tins shortening
1	Lb. baking powder
-	Eggs (consumed what is available)
-	Salt & seasoning (consumed what is available)
12	Tins oats
12	Pks. Custard
24	Pks. Cornflakes

Necessary arrangements will be made for distribution of food to the following areas:

Social Security Belmopan Hospital Emergency Centers
Orange Walk Hospital

ANNEX #30 CHR

KHMH

EQUIPMENT SUPPLIES

QUANTITY	ITEM
3	Pots for coffee, soup or porridge
10	Jugs for serving
3	Can openers
4	Ladles
4	Trays for sandwiches
8	Spreading knives
4	Bread knives
3	Sharp knives (for vegetables and meat)
1	Knife sharpener
6	Pot spoons
2	Strainer
2	Wire whip
2	Tongs for serving
1	Scale
2	Grater
1	Measuring spoon and cups
1	Pint measure
1	Quart measure
125 – 250 per serving	Disposable plates, cups, spoons
2 large	Frying pans
2 large	Iron pots

ANNEX #31CHR

KHMH

CLEANING SUPPLIES

QUANTITY	ITEM
2 gallons	Sure grip
2 gallons	Blue strip
6 bottles	Kreeme cleanser
3 gallons	Clorox
5 gallons	Soap liquid
2 gallons	Disinfectant
4 tins	Insecticide
2 packs	Garbage bags
3 of each	Garbage cans large and small
3	Containers for washing dishes
2	Dish cloth and cleaning cloths mops
2	Brooms
2	Dust pans

ANNEX #32 CHR

KHMH

XRAY SUPPLIES AND EQUIPMENT

QUANTITY	ITEM
1	Register Book
100	X-ray Requisition Forms
100	Index Cards
3	Gallons Developer
3	Gallons Fixer
3	Lead Aprons
1	Mobile Lead Barrier
1	Patient identification camera
1	Patient trolley
3	Each cassettes of various sizes
2	Boxes of each size films
-	Markers, sand bags, lead block and grids
4	Mobile x-ray unit
1	C-arm and accessories
1	Manual film processor and accessories

ANNEX #33 CHR

KHMH

ANNEX – SUPPLIES FOR EMERGENCY CENTER

MEDICAL

QUANTITY	ITEM
4	Lotion bowls
6	Kidney dishes
3	Nail brush
4	Spencer wells porringer
2	Water jugs
4	Batteries
12	Toilet tissues
2	Cotton wool
2	Gauze
24	Bandages
2 packs	Sofra tulle
6	Adhesive tapes
24	Crepe bandages
4 boxes	Sterile gloves (s, m, lg.)
2 boxes	Examination gloves (s, m, lg.)
4 packs	Matches
4 each	Airway (adult)
4 each	Airway (child)
4 each	Airway (paed)
5 yards	Plastic
1	Kettle
1	Pot
5 lbs.	Shop paper
6 each	N/G tube 3.5
6 each	N/G tube 8
6 each	N/G tube 12
100	Umbilical cord clamp
6 packs	Sanitary pads

ANNEX #34 CHR

KHMH
PHARMACEUTICAL

QUANTITY	ITEM
100	Oral Rehydration salts
100	Imodium tabs
10	Injection tabs
50	Tabs valium
20	Injection adrenaline
30	Injection ergometrine
100	Tabs Ergometrine
4	Injection NPH
20	Injection phenergan
20	Injection vitamin K –10 mgs
10	Injection Pethidine – 50 mgs
30	Injection voltarin
10	Injection piriton
-	Injection salbutamol
24	I.V. dextrose – 5%
10	I.V. Dextrose – 50%
24	I.V. Hypokalisal
20	I.V. Aminophylline
100	Tabs Aminophylline
24	I.V. Hartmanns
12	Suspension Ampicillin
24	Syrup Salbutamol
12	Spray Salbutamol
10	Injection Zylotox
3	Oxygen
4 (reg.)	Injection Insulin
-	Solu Acriflavine (w. spirits – 40 oz.)
-	Solu Acriflavine Saline – 40 oz.
8 pints	Ammonia Aromatic – 12 oz.
5 pints	Alcohol – 40 oz.
-	Hydrogen Peroxide – 40 oz.
-	Solution Cetrimide – 40 oz..
-	Solution Hibitane in alcohol – 40 oz.
100	Tabs Tylenol
100	Tabs Salbutamol
20	Tabs Codeine
100	Tabs Magtrisil
100	Tabs Chlopheniramine
-	Calamine lotion – 40 oz..
4	Injection Tetanus Toxide

10	Injection Hydrocortisone
20	Injection Syntocinon
10	Injection Metoclopramide
50	Injection water for inj.
25	I.V. Giving Sets
100/24	Metronidazole (Tabs/Suspension)
100/24	Ampicillin Caps /Suspension
100	Erythromycin tabs
100	Tetracycline caps
12	Chloramphenicol eye drops

ANNEX #35 CHR

KHMH
INSTRUMENT

QUANTITY	ITEM
2	Instrument Tray
2	Tissue Forceps
3	Scissors
2	Artery Forceps
2	Mosquito Forceps
1	Thermostat
1	Razor Set
24	Razor blades
2	Delivery kits

ANNEX #36 CHR

KHMH
EQUIPMENT

QUANTITY	ITEM
2	Lanterns
4	Flashlights
2	Thermos Etna
2	BP Apparatus
2	Stethoscopes
1	Stove
1	Wheelchair
1	Trolley
3	Mattresses
1	Commode
3	Oxygen gauge with fittings
3	Beds

ANNEX #37 CHR

KHMH

EMERGENCY BOX - MEDICAL

QUANTITY	ITEM
2 rolls	String/twine
3 dozen	Clothes pin
3 dozen	Safety pin
100	Disposable cups
100	Disposable plates
100	Disposable spoons
100	Syringes 10 cc
100	Syringes 5 cc
50	Syringes insulin
50	Needles 22 g
50	Needles 25 g
20	Disposable sheets
20	Disposable gowns
2	Cervical collar
10	Plaster of Paris
24	Garbage bags
2	Garbage bins
2	Sharp container
100	I.V. sets
6	Triangular bandages
2	Blankets
20 oz.	Liquid soap
1	Laryngoscope
6	Urinary catheters
4	Bed pans

ANNEX #38 CHR

KHMH

STATIONERIES

QUANTITY	ITEM
12	Pens
12	Pencils
1 pack	Paper

ANNEX #39 CHR

KHMH

SUPPLIES FOR HURRICANE SHELTERS

QUANTITY	ITEM
2	Instrument trays
4	Lotion bowls
6	Kidney dishes
3	Nail brushes
2	Needle holders
2	Tissue forceps
2	Scissors
1	Spencer wells
8	Artery forceps
2	Mosquito forceps
2	Porringer
2	Water jugs
2	Lanterns
4	Flashlights
1 case	Toilet tissue
1 roll	Cotton wool
1 roll	Gauze
-	Bandages (12 x 12)
-	Sofra tulle (2 x 100)
6 rolls	Adhesive tape
24 only	Crepe bandages
24 each	Sterile gloves (7 to 7 ½)
200	Exam gloves (7 to 7 ½)
2	Thermos Etna
1 pack	Matches
4 yards	Mackintosh
2	Airway (child)
2	Airway (adult)
2 gallons	Kerosene
4 yards	Plastic
2	Kettle
2	Pots
1 pound	Shop paper
1	Stethoscope
1	B/P Apparatus
12	Thermometers
2	N/G tube 3.5
2	N/G tube 8
2	N/G tube 12
50	Oral Rehydration salts

1 roll	String or twine
2 dozen	Clothes pin
2 dozen	Sheets
50	Disposable cups
50	Disposable plates
50	Disposable spoons
10	Tabs Imodium
2	Delivery kit
10	Valium injection
100	Valium tabs
1	Razor set
100	Ergometrine
24	Dextrose 5%
24	I.V. Normal saline
24	Hartmanns
50	Syringes 10 cc
50	Syringes 5 cc
50	Insulin syringes
50	Needles – 22 gauge
50	Needles – 25 gauge
10	Injection Zulotox (lidocaine)
2	Tourniquet
500 cc	Solution Acriflavine in spirits
-	Spirits ammonia aromatic
30 cc	Alcohol
1000 cc	Tabs Tylenol – adult/infant
100	Tabs Ventolin
100	Tabs Codeine
-	Mist Magtrisil
1	Blanket
1	Cot
4	Injection Isophane insulin
20 oz.	Calamine lotion
100	Giving sets
20 oz.	Hibitane
10	Injection adrenaline
4	Injection tetanus tox
10	Injection Phenergan
10	Injection hydrocortisone
1 gallon	Liquid soap
2	Paper towel
12	Triangular bandages
12	Splints
12	Safety pins
10	Cord clamps (sterile)

50	Iodine
1	Sanitary pad
2	Endotracheal tube
1	Laryngoscope
2	Urinary catheters
1	Oxygen
6	Salbutamol
4	Bed pans
40 oz.	Alcohol
6	Slings
12	Sutures assorted
2	Eye ointments
12	Eye pads

ANNEX #40 BMP

SHELTERS FOR 2004 HURRICANE SEASON

BELMOPAN

CENTER	CAPACITY
Belmopan Civic Center	267
Belmopan Comprehensive School #2	58
Belmopan Comprehensive School #3	43
Belmopan Comprehensive School #4	104
Belmopan Comprehensive School #5	30
Belmopan Comprehensive School #6	83
Comprehensive New Classroom	200
Belmopan Primary #1 Junior School #4	54
Junior School #5	41
Junior School #6	53
Junior School #7	215
Belmopan Primary #2 Infant Sch. #1	76
Infant Sch. #2	76
Infant Sch. #3	94
Upper School #1	72
Upper School #2	72
Upper School #3	72
Upper School #1	72
Pre- School #1	33
Pre- School #1	11
U.B Gymnasium	320
U.B New Class Room (No.1)	200
U.B New Class Room (No. 2)	200
Baptist High School	42
Adventist School	235
Roman Catholic Parish Hall (O.L.O.G)	*(Back up hospital)*
O.L.O.G Primary School	208

ANNEX #41 BMP

Contact Numbers of All Personnel Where Available

Administration			
Name	**Post**	**Phone Number 1**	**Phone Number 2**
Pearl Ellis	Regional Health Manager	610-1281	
Dr. Alfonso Ayala	Act Deputy Regional Manager	824-2246	
Noreen Kerr	Hospital Administrator	604-8076	
David Diego	Public Health Inspector		
Ernest Borland	Public Health Inspector	802-0525	
Eugene Lisbey	Environmental Assistant	823-2258	
Josephine Tamai	First Class Clerk	608-1994	
Anselma Gullap	Second Class Clerk	822-0392	
Pamela O'Brien	Secretary, RHM	600-1394	
Rosalvina August	Clerk Typist	824-2483	
Telicia Swift	Receptionist	822-1419	609-7856
Josephine Palacio	Clerical Assistant	822-2359	
Clint Middleton	Clerical Assistant		
Lisseth Abarca	Medical Statistical Clerk	822-3552	614-9751

Doctors			
Name	**Post**	**Phone Number 1**	**Phone Number 2**
Javier Magaña	Chief of Staff/Pediatrician	822-0123	610-3597
Jesus Ken	Surgeon	822-3552	614-9751
Sree Meenavalli	Anesthesiologist	822-2565	
Raju Meenavalli	Gynecologist	822-2565	614-9677
Francis Morey	Internist	610-1937	
Gregorio Castillo	Specialist	822-2361	
Mercedes Ken	Medical Officer I	82-23929	014-8795
Ernesto Matos	Medical Officer II		016-5870
Maria Goncalvez	Medical Officer II	822-1003	614-9694 emg
Rene Godoy	Surgeon	600-3861/606-8660	824-4515
Haydee Godoy	Anesthesiologist	603-0545	824-4515
Roberto Ramos	Cuban Medical Officer	608-4802	
Maria Ariosa	Cuban Medical Officer	603-3263	
Bidarkere Dinesh	Dental Surgeon	08-23799	
Norma O'Brien	Dental Assistant	822-2634	

Nurses			
Name	**Post**	**Phone Number 1**	**Phone Number 2**
Christine Palacio	Matron III	822-2541	
Myrian Saldivar	Family Nurse Practitioner	614-8162	
Marion Casey	Psychiatric Nurse Practitioner	822-2641	
Flora Serano	Public Health Nurse		
Bernadette Sabido	Rural Health Nurse	822-2812	
Delaine Morreira	Rural Health Nurse	822-1225	
Gaynell Collins	Theatre Sister	609-5061	
Mary Manzanero	Ward Sister	822-2824	614-7629/3110
Bernadette Rivas	Ward Sister	822-2932	802-2291
Estelle Hernandez	Staff Nurse	822-2117	603-6990
Vionney Sheppard	Staff Nurse	822-3675	
Yolanda Valladarez	Staff Nurse	822-2048	
Lecia Bevans	Staff Nurse	822-0723	
Arlette Crawford	Staff Nurse	822-0618	
Marcia Humes	Staff Nurse		
Sylvia Alvarez	Staff Nurse	822-2892	
Ester Deville	Staff Nurse		
Carmelie Magaña	Staff Nurse (Student)	822-0123	
Sophia Thomas	Staff Nurse	606-7415	
Nancy Garcia	Staff Nurse	824-2865	
Maureen Zuniga	Practical Nurse (Student)		
Diane Pascascio	Practical Nurse		018-1788
Judith Lino	Practical Nurse		
Theresita Anthony	Practical Nurse	802-0525	
Mary Pulido	Practical Nurse	608-4824	
Emily Swazo	Practical Nurse/ Midwife		
Desiree Harris	Practical Nurse	822-0669	608-2571
Arelia Ken	Practical Nurse (Student)	822-0416	
Norma Ferguson	Practical Nurse	Nurses Qt 81332	
Elena Reyes	Practical Nurse		
Brendalee Gabourel	Nurses Aide	822-1048	
Gloria Gillette	Nurses Aide	822-3063	
Mary Neal	Nurses Aide	822-3513	
Elsa Beaton	Nurses Aide	802-0117	
Rosenda Cruz	Auxillary Nurse		
Lavern Flowers	Auxillary Nurse	822-0439	
Earlette Benette	Auxillary Nurse	822-2300	
Gloria Villalta	Staff Nurse	606-7902	824-3054
Ingrid Baptist	Staff Nurse		
Lisette Westby	Staff Nurse		
Elenor Rodriquez	3rd year student (Staff Nurse)		
Elina Garcia	Staff Nurse (Cuban)		

Carmen Martinez	Staff Nurse (Cuban)		
Rafaela Castro	Staff Nurse (Cuban)		
Udalmis Baez	Staff Nurse (Cuban)		
Gilda Leslie	Practical Nurse Midwife (PT)	822-2434	
Glenda Robinson	Practical Nurse Midwife (PT)	822-2745	
Llona Richards Cacho	Staff Nurse (Psych Unit)	822-3238	
Clarence Brown	Psychiatric Nurses Aide	609-6715	
Gilbert Lorriano	Psychiatric Nurses Aide	222-4074	

	Allied Staff		
Name	**Post**	**Phone Number 1**	**Phone Number 2**
Violeta Espat	Anaesthetic Technician	608-4545	
Alex Yacab	Medical Technologist	824-3218/4196	603-4933
Ernesto Franco	Medical Technologist	610-1365	
Corrette Elijio	Dispenser	802-1172	
Juanita Gillette	Assistant Dispenser	608-4390	
Alfonso Manzanero	Radiographer	822-2824	614-7629/3110
John O'Brien	Radiographer	822-2634	

	Attendants		
Name	**Post**	**Phone Number 1**	**Phone Number 2**
Gilbert Rhaburn	Male Attendant	08-20342	
Rigoberto Castellanos	Male Attendant		
Edison Graham	Male Attendant	08-22117	
Francisco Cal	Male Attendant		
Samuel Quischan	Male Attendant		
Marcelino Cal	Handyman		

	Domestic Staff		
Name	**Post**	**Phone Number 1**	**Phone Number 2**
Ana Neal	Domestic Auxiliary		
Sarita Garbutt	Domestic Auxiliary	822-3360	
Emelda Burbank	Domestic Auxiliary	822-0170	
Clara Lemoth	Domestic Auxiliary		
Desiree Young	Domestic Auxiliary	822-3239	
Millicent Lamb	Domestic Auxiliary	822-0081	
Avelina Rash	Domestic Auxiliary		
Mary Gillette	Laundress	608-1566	
Maria Rash	Laundress		
Lorraine Cunningham	Cook		
Linda Neal	Cook	822-0350	

Leonie Almendarez	Caretaker	822-0713	

	Driver/Mechanic		
Name	**Post**	**Phone Number 1**	**Phone Number 2**
Antonio Aldana	Driver/Mechanic	608-3390	823-2194
Abimael Navarrette	Driver/Mechanic	603-5480	
Edward Arthurs	Driver/Mechanic		608-9499
Donald Smith	Driver/Mechanic	608-2953	822-0117

ANNEX #42 BMP

Hurricane Polyclinic Consignment BMP

Equipments for Poly – Clinics

- Safe Area with good lighting
- Examination table
- Examination area – Bathroom
- Drip Stand
- I.V. solution and giving sets
- Intracath
- Drug as supplied by Pharmacy
- Flash light
- Sheets
- Blankets
- Garbage bin
- Goose neck light
- Desk and Chair
- Stationeries
- Water supply
- Drinking water
- Aerosol Machine
- Oxygen tank –
- Staff – Nurses, Doctors
- Sundries
- Supply Kerosene & Lamps
- Stove
- Microwave
- Coffee Maker
- Radio
- Gloves – Sterile & Un – sterile
- Suturing Sets
- Dressing
- Suction Machine
- Maternity emergency pack
- Splints
- Bandages
- Elastic Bandage

ANNEX #43 BMP

Medication for Poly – clinics

Injections

1. Adrenaline
2. Phenergan
3. Diclofenac
4. Oxytocin
5. Ergometrine
6. Hydrocortisone
7. Cidocaine 1%
8. cidocaine 2%
9. aminophyllin
10. atropine
11. Water for injection
12. propen injection
13. Dextrose 5%
14. Hartman's
15. Normal saline

Tablets

1. Acetaminophen
2. Ibuprofen
3. Amoxicillin
4. Co – Trimoxazole
5. Nifedipine
6. Salbutamol
7. Chlorproxamide
8. Chlorpheniramine
9. Imodium 2mg

Eye drops/ Suspensions/ Creams

2. Amoxicillin
3. co – Trimoxazole
4. Chloramphenicol eye drops
5. O.R.S.
6. Antibiotic ointment
7. Lindane cotion
8. Hydrocortisone cream
9. Ventolin Liquid
10. Ventolin Inhaler
11. Ventolin Nebulizer sol
12. Acriflavin in saline
13. Acriflavin in spirit
14. spt. Ammon aromat
15. Alcohol
16. Tylenol 120mg/ 5cc

17. Benadryl inf/ Ad.
18. Hydrogen Peroxide
19. Cetrimide

ANNEX #44 BMP

Hospital Supplies

1. Syringes 5cc, 3cc, 10cc
2. intracaths, 18g, 20g, 24g
3. IV sets
4. Needles 22g, 25g, 21g
5. Delivery kits
6. cord clamps
7. Surgical Blades
8. Gloves Disposable
9. Glove sterile 7/8
10. B. P. Apparatus
11. Stethoscope
12. Adhesive Tablets
13. Elastic Band
14. Gauze Band
15. Flash Lights. Batteries
16. Nebulizer Apparatus/ Connection with mask
17. Tongue dispenser
18. Torniquet
19. Needle Holders
20. Sutures
21. Insulin syringes
22. cohon rolls
23. gauze rolls
24. Razor Sets
25. Blankets
26. Garbage Bags

ANNEX #45 SI

List of Community Nurses Aides:

Location	NAME OF C.N.A.	PHONE NUMBER
San Jorge (Santa Familia)	Gloria Garcia	093-7012
Arenal	Rosalia Cunil	809-3051
Succotz	Nicolasa Panti	09-33251
Calla Creek	Maria Smith	603-0707
Santa Familia	Eulalia Humes	091-2003
Selena	Francisca Ruano	609-4520
7 Miles	Ramiro Ruano	091-2025
More Tomorrow	Isolene Baeza	028-2006
Cotton Tree	Rose Anderson	081-2021/014-4125
Cotton Tree	Elizabeth Vasquez	081-2021
Santa Martha	Nataniel Pivaral	081-2005
Santa Martha	Blanca Santos	081-2005
Armenia	Odilia Velasquez	081-2036
Maya Mopan	Mary Lu Zacul	Resigned
Las Flores	Juan Pineda	014-8885
Las Flores	Ana Calvillo	Resigned
Hershey	Ricarda Corado	
Selena	Juan Peralta	609-4935
Selena	Olivia Vasquez	603-0435
San Martin	Alicia Cal	
Saint Mathews	Eva Burgos	
Valley of Peace	Maria Consuelo Avelar	018-7672
Frank's Eddy	Carolina Gonzalez	Resigned
Cotton Tree	Dolores Morales	081-2021

ANNEX # 46 SI

COMMUNITY NURSES AIDES
QUESTIONS AND ANSWERS

The following is work done by the C.N.A's of the Cayo District. Three questions were asked
1.As an individual what should you do to prepare for a Hurricane?
2. As a family?
3.As a Community?

As an individual
1. Find a safe place
2. Make sure I have enough food
3. Medications
4. Place my documents and valuables in a safe place.
5. Pay attention to the radio station and weather reports.
6. Make sure I have hurricane lamps, flashlight, battery, or generators filled up.
7. Secure my windows doors, ceiling, etc.(make sure to remove all objects that can become missiles during a hurricane from your yard)
8. Make sure that I have cloths in plastics bags.
9. I need to remain inside the house during the hurricane.
10. Make sure that my family know where I am.

As a family what should we do to prepare ourselves in the event of a hurricane?

1. Discuss with the family what is a natural disaster or hurricane.
2. Find a safe place and make sure that all members of the family know where that safe place is.
3. Prepare and save food, medicines, water, clothes, documents etc. in a safe place.
4. Designate responsibilities to each member of the family.
5. Make sure to protect your pets.
6. Prepare First Aid Kit.
7. Make sure that the family has the correct information (from radio or television).
8. Secure your house.(windows, doors etc.)

As a community what should I do in the event of a hurricane?

1. Educate the community before the hurricane hits.
2. Find shelter for families that are living in insecure homes (e.g. School, community centre, church, or other buildings that the relevant authorities have designated)
3. Make sure that there is enough food and other materials in the community.
4. Make sure that people take only relevant things to the shelters (this is to help accommodate more people).
5. Don't listen to rumours.(Listen to the radio or television)
6. During the hurricane all doors and windows in the shelters should be kept closed. No one should venture out side, as it is very dangerous.
7. You should leave the shelter until the all clear is given.
8. Be prepared for an epidemic.

Things to do after the hurricane has passed
1. Give thanks to God.
2. Be prepared for an epidemic.

3. Make a report about all damages or casualties obtained.
4. Visit your neighbour.
5. Clean the shelters and other areas in the community.
6. Help in the repair of damaged homes and other buildings.
7. Help people that are in need of counselling.
8. Report to B.E.L as soon as possible of any fallen electrical lines.

ANNEX # 47 SI

MOTOR VEHICLE FLEET

Vehicle	Assigned to:	License plate	Fuel	Condition	Departure time to	ReturnTime	Remarks
Ford	Hospital	BZB-1004	Gas	Working			
Mazda/Pickup	ULV Fogger	CYB-1288	Gas	Working			
Toyota	Maternal	CYB-788	Diesel	Working			
Mitsubishi	Public Health Insp.	CYB-822	Diesel	Working			
Ford	Vector Control	CYB-1412	Gas	Working			
Chevy 20	Ambulante	CYB-814	Diesel	Working			

ANNEX #48 SI

SAN IGNACIO MEDICAL CARE AND PUBLIC HEALTH COMMITTEE

STAFF DIRECTORY

Names	Posts	Phone Nos. (office)	Home Phone Nos.	Home addresses
Dr. Bidar Swamy		824-2066 824-4500		
Dr. Lesbia Guerra				
Alva Gentle		**8244485**		
Lilia Middleton		**824-2055, 2587**		
Mercedez Ruiz		824 2842		
Carmen Dacak		**824-2790**		
Emilio Carlos		**605 0180**		
Carlos Mas		**602-1492**		
Lily Guerra		823-3129		
Marian Mena		601-5872, 824-2306		
		824-4326		

ANNEX #49 SI

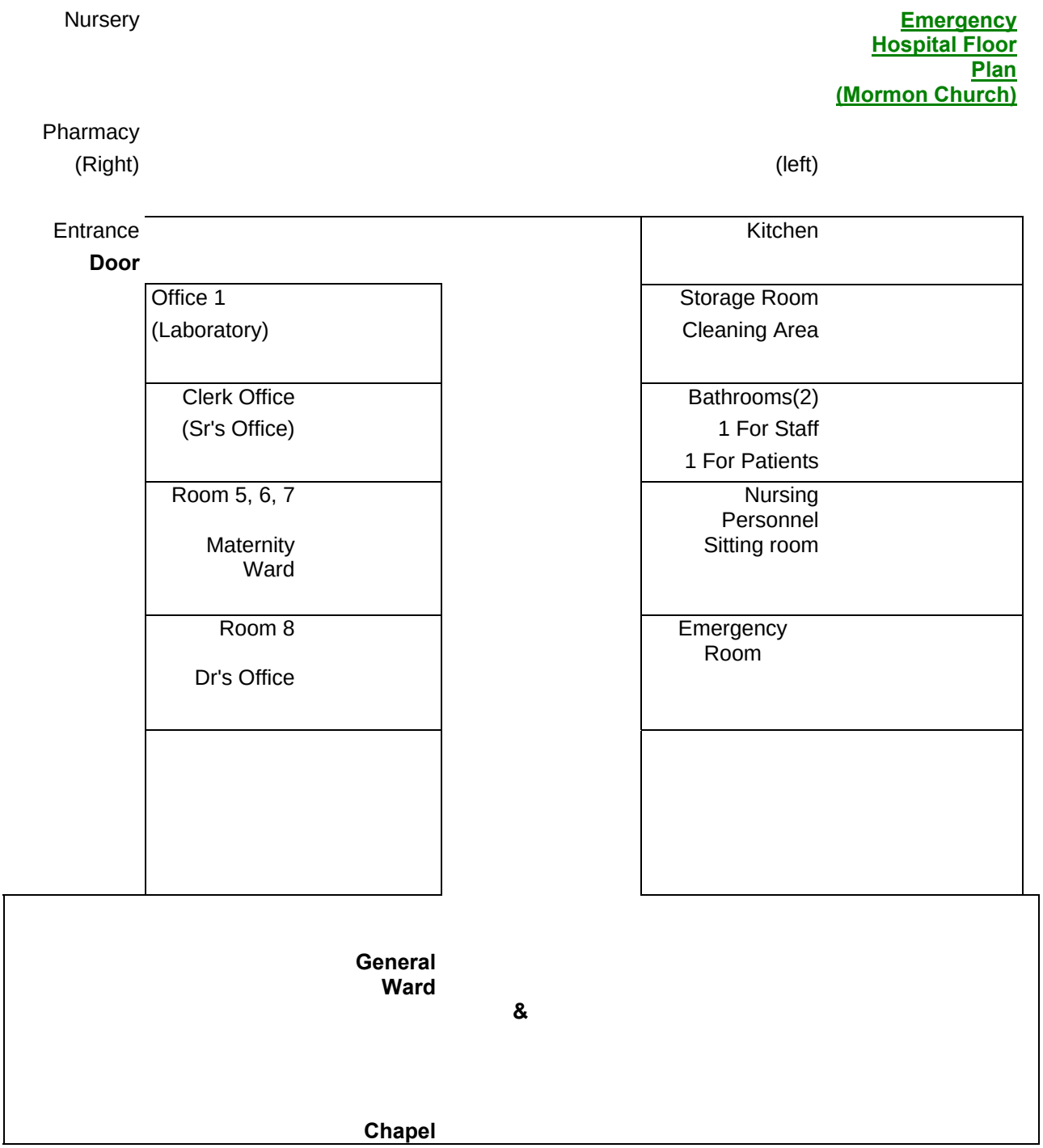
STAFF ALLOCATION FOR PACKING UP OF MEDICAL EQUIPMENT PHASE I

EMERGENCY ROOM	GENERAL & PEDIATRIC WARDS	MATERNITY WARD
Nurse Bohn I/C	J. Cruz I/C	N. Garnett I/C
N. Bandera	**N. Westby**	**N. Cadle**
S. Naj		**N. Casimiro**
Ms. Herrera	**N. Figueroa**	**N. Daly**
A. Haylock	**Mr. McAulay**	**E. Perez**
	Ms. Ye	**Mr. Jimenez**
		G.Vernon

ANNEX #50 SI

CLEANING OF EMERGENCY HOSPITAL PHASE I

C. Matus,J. Rivers,R. Oliva, E. Perez



ANNEX #51 SI

MEDICAL TRIAGE

The objective of medical triage is to determine the level of care needed. The colour-coded triage tag will be utilized at this stage, when more accurate information on victim status can be collected. Accordingly, the colour categories assigned to the victims will be:

RED: Requires immediate stabilization care and includes victims with:

- Shock status from any cause
- Respiratory distress
- Head injury with unequal pupils
- Major external bleeding

This immediate care (intensive field care) provided to patients with a reasonable likelihood of surviving, will allow them to tolerate transfer to health care facilities and prepare them to receive treatment. It should also allow for the recategorization of victims from "red" status to "yellow".

YELLOW: requires close monitoring; care can be somewhat delayed. This category includes victims with:

- Risk of shock (e.g. heart attack, major abdominal trauma)
- Compound fractures
- Femur/pelvic fracture
- Severe burns
- Unconscious/head injury
- Victim with uncertain status

All these victims will receive an IV line (vein guard), close monitoring for any complication, and will receive treatment as soon as possible.

GREEN: requires delayed or no treatment, including victims with:

- Minor fracture
- Minor wounds and burns

These patients, after receiving dressing and/splint, will be transferred at the end of the field operation.

- Hopelessly injured victims, if still alive at the end of the field operation, will be transferred to health care facilities.

BLACK: Deceased

Source: Establishing a Mass Casualty Management System, PAHO/WHO 1995

ANNEX #52 SI

FORMAL GUIDELINE FOR RELEIVING OFFICER SAN IGNACIO HOSPITAL

1. WRITE A DAILY PLAN

2. CARRY OUT TOURING OF HOSPITAL UNITS

3. PREPARE A DAILY DUTY SHEET AND CALL ROSTER

4. CONDUCT DAILY CHECKING OF AFTER CLINIC AND CENSUS BOOKS.

5. SUBMIT RELIEF WORKERS WORKING DATES TO THE ADMINISTRATION OFFICE FIVE DAYS PRIOR TO PAYDAY. NEVER ENTER P.B.H. AS THIS IS OVERTIME.

6. ENSURE THAT MID AND END OF YEAR APPRAISAL FORMS ARE COMPLETED AS PER INCREMENTAL DATE CALENDAR.

7. PERFORM NURSES PROFILE EVERY TUESDAY OF EACH WEEK.

8. CONDUCT COMMITTEES AND STAFF MEETINGS AS PER CALENDAR.

9. COLLECT AND RECORD MONTHLY STATISTICS AND ACTIVITIES. GIVE COPY TO DEPUTY REGIONAL HEALTH MANAGER AND KEEP A COPY.

10. CERTIFY VOUCHERS AS INSTRUCTED BY ADMINISTRATIVE OFFICE.

11. ENSURE WEEKLY HOSPITAL CLEANING.

12. ORDER SUNDRIES SUPPLY MONTHLY. ISSUE SUPPLIES TO MATERNITY AND GENERAL WARD. MONDAYS & FRIDAYS.

13. CHECK AND CERTIFY OVERTIME VOUCHERS AT THE ENDING OF EACH MONTH.

14. RECOMMEND VACATION LEAVE FOR NURSING AND DOMESTIC STAFF AS PER VACATION LEAVE PLAN ONE MONTH PRIOR TO VACATION.

15. PARTICIPATE IN MEETING AND WORKSHOPS WHEN REQUESTED.

16. CONDUCT MEETINGS WITH VARIOUS CATEGORIES OF STAFF WHEN A PURPOSE ARISES.

17. COLLABORATE WITH THE CHIEF MEDICAL OF STAFF TO ENSURE AND MAINTAIN QUALITY CARE TO CLIENTS.

18. LIASING WITH DEPUTY REGIONAL MANAGER FOR CONCERNS, ISSUES, AND NURSING PROBLEMS.

ANNEX # 53 SI

Disaster Shelters, Cayo 2004

Blackman Primary School					
Buena Vista Primary School					
Bullet Tree Community Center					
Camalote Community Center					
Camalote St. Jude Roman Catholic School					
Cristo Rey Community Center					
Cristo Rey Roman Catholic School					
Esperanza Primary School					
Georgeville Community Center					
Santa Familia Community Center					
St. Matthew Primary School					
Unitedville Community Center					

ANNEX #54 SI

Emergency Room, Medical Supplies for Emergency Hospital

Suction Machine + 2 plus tubing + catheters
Ambu bags adult + feed set
IV stands 4
Oxygen cylinders 2 masks, tubing nasal cannulae
Portable suction machine
Emergency trays (dressing) special procedure
Dressing & Suture sets
Bandages, tapes, Pop material
Sutures all sizes
Dressing & swabs drums
Urinary caths all sizes
Nasogastric tubes all sizes
Disposable sheets, regular sheets
Pillow cases
Blankets
Pillows
Kidney dishes
Cleaning solutions (supplied by pharmacist)
Sterile gloves, non sterile gloves all sizes
Surgical blades
Chettal forceps
Mackintosh covers
Sundries – cleaning supplies (supplied by office)
Medicine, drugs & emergency drugs (supplied by Pharmacist)
BP apparatus
Thermometers
Bed pans
Urinals
IV fluids (supplied by Pharmacist)
Splints – all sizes for fractures and IV's

ANNEX #55 SI

GENERAL WARD (MALE, FEMALE, PAEDIATRIC)
EQUIPMENT LIST FOR EMERGENCY HOSPITAL

15 Cots (provided by DEMO) or by hospital
Paed humidifiers
3Nebulizers
2 Oxygen tanks
4 Dozen Disposable (from Pharmacy)
20 Blankets (from storage)
2 Dozen Sheets
2 Dozen Pillow Slips
4 IV Stands
1 Dozen Bed Pans
1 Dozen Urinals
4 Dozen Receivers
3 Basins
1 Commode
2 Wheel Chairs
1 Stretcher
Chairs
Benches
3 or more Tables
Fans (4)

Sundries: (Supplied by office) All cleaning equipment)
Medications: refer dispenser (Lily will supply)
IV Fluids:
Emergency Drugs Etc.

IV TRAYS (FULLY EQUIPPED)

Catheters tray fully equipped
Naso-gastric equipment
Dressing trays & suture sets, emergency dressing trays
Dressing & swabs drums, cans from OPD
Tapes
Bandages all types
Syringes & Needles
Cleaning solutions acriflavine, hydrogen peroxide, alcohol
Sharp containers
Gauze & cotton
Sterile & Non sterile gloves all sizes
Sutures all sizes
Personnel hygiene kits and IV splints different sizes

ANNEX #56 SI

Emergency List for Emergency Hospital

5 Cots
Delivery bed tray
Trolley
Placenta buckets
Delivery Instruments
Suction bulbs
Delivery Packages
Disposable Sterile packages
Syringes
Chronic sutures
1 incubator
Bassinets
2 Basins (bath)
Inf, Suction Machine
Ambu bag
Nig tubes (Infant)
1 Umbilical Catheter tray
IV stand
6 Mackintosh)
1 Commode
3 Bed pans
1 Scale (Infant)
Swabbing tray
1 Oxygen tank
4 Bedside Trays
Sheets
Pillows
Pillow Case
Adult pampers
Alcohol swabs
Note books
Admission forms
Bath soap Broom
Bucket
Mop
6 Water mugs set
Dettol
Aprons
Doppler
BIP Apparatus
Thermometer
Cord Clamps

ANNEX # 57 SI

PHARMACY NEEDS

1. Wooden boxes to be used as Kits for hurricane shelters.
2. 10 Gallons purified water to be used as diluents for powders and mixtures.
3. More Staff to alternate work shifts.
4. Sleeping bags or piece of foam.
5. More secure working area with proper restrooms.
6. More staff to alternate with work shifts

ANNEX # 58 SI

LABORATORY EMERGENCY TESTS

HAEMATOLOGY & BLOOD BANKING

Haemoglobin
Haematocrit
WBC
Differential
PT/PTT
Blood Grouping
Cross Match

CHEMISTRY

Glucose-Blood CSF
BUN
Creatinine
Bilirubin
Amylase

OTHER

Gram Stain
Urinalysis (Nephrotic Syndrome, Pre-eclampsia only)
Pregnancy Tests (Ectopic pregnancy only)

ANNEX #59 SI

EMERGENCY SUPPLIES TEST

Reagents:

Blood grouping and crossmatch reagents

Anti A
Anti B
Anti D
Anti IgG
Albumin
Saline (9%)

Haematology

Cyanmeth Haemoglobin Standard and Powder
3% Acetic Acid
Wright's Stain and Buffer

Chemistry

Eagle's Glucose Reagent
Eagle's BUN Reagent
Eagle's Creatinine Reagent
Eagle's Amylase Reagent

Other

Multistrix Urine Strips
Gram Stain Reagents

ANNEX # 60 SI

DENTAL UNIT'S EMERGENCY SUPPLY LIST

1.	Clorox	3 Gal
2.	Gloves	200
3.	Mask	1 box
4.	Anaesthesia 100	
5.	Buckets	2
6.	Basins	2
7.	Paper towels 10 rolls	
8.	Soap powder	
9.	Brush	1

ANNEX # 61 SI

Staff Duty Roster
SI MCPHC- EOC

Doctors
Nurses
Domestics
Drivers

ANNEX # 62 SI

Staff Duty Roster
SI - DEMO

ANNEX # 63 SI

SI – MCPHC
EMERGENCY RESPONSE TEAM

A. Medical team consists of: 1 midwife
I nurse
1 attendant
1 Driver.

B. A medical team must be available at all times, to assist an emergency during a disaster.
C. Coordination between chief of staff and sister-in-charge to decide members of each team, person in charge and preparation activities.
D. Post list of each team at emergency hospital.
E. Emergency team responds to calls from DEMO when need arises.

ANNEX # 64 SI

POST-DISASTER MEDICAL TEAM

A. Members of this team are: Public Health Nurse
Public Health Inspector
Psychiatrist Nurse
Vector Control personnel
Driver

B. Implement plan to prevent outbreak of diseases.
C. Coordinate activities with other departments and other sectors.
D. Prevention of diseases, health promotion, and health education even before disaster happens.
E. Consideration of factors contributing to create health problems: personal and family hygiene, food handling, preparation and storage, housing and living conditions, etc.

ANNEX # 65 SI

PREPARATIONS BEFORE ACTIVATION OF DEMO PLAN.
(DEMO'S PREPAREDNESS RESPONSIBILITY)

1. Telephone connections are essential for adequate **communications**. Location of phones has to be close to the personnel on service. Safety of personnel must be a priority at all times.

2. There is a need to secure radios to keep **communication** with DEMO Command Post, Health Centres, other Emergency Hospitals, La Loma Luz Hospital and Western Regional Hospital in Belmopan

3. Emergency Hospital (Mormon church) requires **security**. Also, San Ignacio Hospital empty building's security is a priority. Buildings were abandoned for the previous emergencies after moving to Emergency Hospital. They need to be protected against vandalism.

4. Potential building for Emergency Hospital require previous **inspection** to define safety and suitability to be occupied and to operate as such. **Inspection** of Health Centres (Mopan Clinic in Benque Viejo del Carmen & Georgeville), Health Posts (San José Succotz, Bullet Tree Falls, Santa Familia, Santa

Elena, San Antonio) and Emergency clinic (Mount Carmel High School)

5. Assignment of **transport** with Search, Rescue, Evacuation and Initial Clearance Subcommittee when our Emergency Team is called by D.E.M.O.

6. Vehicle inspection by **Transport** subcommittee.

Boarding of windows of San Ignacio Hospital (Phase II) and Emergency Hospital (Phase III).

ANNEX #66 OWK

7:00 AM to 7:00 PM Shift at Northern Regional Hospital for Nursing, Attendants & Domestic Staff

Nurse In Charge – RNM K. Garcia

Maternity Ward

E. Clarke
H. Chi
D. Constanza
E. Bess
R. Mangar
S. Osorio

Surgical Ward

V. Ortega
S. Correa
L. Tun
R. Garcia
F. McFadzean

Operating Theatre

G. Franklin
D. Spencer
R. Coba
G. Ack

E. Bustillos

General Ward

L. Uk
I. Quintanilla
R. Tillett
E. Deville
R. Torres
A. Basto
G. Patten

Accident & Emergency

A. Arana
S. Armstrong
K. Stamp
T. Garcia

Attendants

A. Chin
F. Novelo
A. Carvajal
G. Moguel

Domestics

P. Melendez
R. Herrera
G. Heredia
M. Marin
A. E. Uh
A. Mai
T. Coral
A. Ortega
H. Ramirez

ANNEX #67 OWK

7:00 PM to 7:00 AM Shift at Northern Regional Hospital For Nursing, Attendants, & Domestic Staff

Nurse In Charge – RNM S. Ramsay

Maternity Ward	Surgical Ward	Operating Theatre
I. Patrick	W. Gaitan	E. Kuylen
L. Ewan	S. Betancourt	L. Moralez
R. Blanco	A. Perera	E. Reina
M. Arcurio	G. Roberts	C. Wicab
B. Novelo		

M. Reyes

General Ward	Accident & Emergency
N. Alvarez	A. Anderson
M. Estrada	R. Juchim
A. Montalvo	O. Cawich
P. Ramos	A. Vellos
N. Cadle	

A. Flores

Attendants	Domestics
R. Marin	A. Uh
E. Arcurio	A. Mencias
D. Noralez	G. Coyock
	C. Pate
	D. James
	V. Martinez

ANNEX #68 OWK

HUMAN RESOURCES UNDER CHIEF OF STAFF

Laboratory Team

- Joycelyn Gonzalez - Lab Technician
- Lynette Espejo - Lab Technician
- Aldo Sosa - Lab Technician
- Lisandro Briceno - Lab Technician

Radiology Team

- Dr. Javier Reyes - Radiologist
- Enrique Carvajal - X-ray Technicians
- Uriel Briceno - X-ray Technicians

Dispensary Team

- Maria Baeza - Pharmacist
- Jose Novelo - Pharmacist

ANNEX #69 OWK

DOCTORS DEPLOYMENT TEAM

12 – Hour Shift

1. ***Emergency/Trauma Services***

   Group A.

   Group B.
2. ***Surgical Services: OB/GYN; General Surgery***

Group A: On Standby FULL TIME

- Dr. Ricardo Quetzal - General Surgery
- Dr. Jose Salinas - OB/GYN
- Dra. Ciela Cansino - Anaesthesia
- Dr. Javier Reyes - Radiologist
- Dr. Elda Rico - Medical Officer

ANNEX #70 OWK

MESSAGE SLIP

TO _____ DATE _____ TIME _____

M _____

_____ PHONE _____

TELEPHONED		CALLED TO SEE YOU		WANTS TO SEE YOU	
PLEASE CALL		WILL CALL AGAIN		RUSH	
		RETURNED YOUR CALL			

REMARKS

_____

_____

_____

_____

_____

SIGNED _____

ANNEX #71 OWK

STATUS OF NORTHERN REGIONAL HOSPITAL AS AT

_____

Total # of Patients _____

# of Patients In (From KHMH) _____

# of Patients In (From Corozal Community Hospital) _____

Major Categories for Hospitalization:

Requests from Shelters:

# of Shelters Opened _____ # of Kits Dispatched _____

Major Activities to Report:

RTA

Injuries etc.

Deaths Reported

Cause of Death

# of Deliveries (Hospital) _____ # of Deliveries (Shelters) _____

ANNEX #72 OWK
Category of Staff Available for Hospital at Declaration of Phase I

ANNEX #73 OWK
Fuel Available

ANNEX #74 OWK
Water Available

ANNEX #75 OWK
Emergency Supply: (For Entire Hospital? If not, what areas are on the emergency supply)

ANNEX #76 OWK

ORANGE WALK HEALTH SERVICES

Vehicle fleet monitoring Schedule

Make	**Year**	**Brand**	**Driver**	Plates	**E/ Size**	**Fuel**	**Time/ Where**
Ambulance 1	1998	Ford	Mencias	B222	V.6.		
Ranger E/Cab	1999	Ford	Ewan	B1284	4 Cyl.		
Ranger E/Cab	2000	Ford	Chuc	B1288	4 Cyl.		
Pck/Up D/Cab	2000	Mitsub.	Aban	B1345	4 Cyl.		
Trooper			Alvarez				

ANNEX #77 OWK

MINISTRY OF HEALTH

See ANNEXES 10 to 13

ANNEX #78 OWK

DAMAGE ASSESSMENT REPORT

ANNEX #79 OWK

CONTACT LIST
NRH COMMAND CENTRE PERSONNEL

Claudet Grinage, Hospital Administrator	610-5364
Dr. Carl Meggs, Chief of Staff	610-5886
Mrs. Martha Cho, Matron	422-0241
Sr. T. Archibong, Ward Sister	
S/N Kimberly Garcia, Staff Nurse	302-0712/608-5414
Ms. Flory Quiroz, 1st Class Clerk	608-9887
Mr. Roy Mencias, Biomedical Technician	600-8296
Zurisadai Garcia	322-2786
Silvia Cabrera	323-5035/323-5077
Luisa Chan	322-0519
Adrian Tuyu	601-7763
Tabita Padilla	608-1530/322-2953 (Neighbour)
Elvira Briceño	302-3531
Higinio Hernandez	608-9355
Abigail Almendarez	322-2036/600-4926
Felipe Muñoz	

ANNEX #80 OWK

CONTACT LIST

MEDICAL SERVICES

Dr. Ricardo Quetzal	**604-3237/422-3537/302-3708**
Dr. Jose Salinas	614-1436/422-2134/302-3708
	Beeper 617-2582
Dr. Baldomino Barboza	614-1735/422-2593/322-0671
Dr. Silvia Rodríguez	604-6453
Dr. Nora Romero	322-3507/Beeper 617-8856
Dr. Javier Reyes	322-0038/Beeper 617-3476
Dr. Ciela Cansino	606-4698/422-2640
Dr. Carl Meggs	610-5886/322-0732
	322-2691
Dr. Marco A. Deville	603-4706/322-0111
Dr. Adanay Valdez	607-4767
Dr. Amed Valdez	608-4790
Dr. Amarilis Hernandez	604-4813
Dr. Jorge Mayo	602-2464
Dr. Walter Perez	602-6440
Dr. Thayset Quinzan	608-4790
Dr. Elda Rico	600-8636
Dr. Patricia Stanley	
Dr. Denis Torres	608-4767
Dr. Lidia Urrutia	
Dr. Jair Osorio	322-2386

ANNEX #81 OWK

CONTACT LIST

PHARMACY

Mrs. Maria Baeza	604-1816
Mr. Jose Novelo	322-2725/602-0933
Ms. Angelita Sanchez	320-5066/603-3469

RADIOLOGY

Dr. Javier Reyes	Cli. 322-0038/322-0075 Beeper 617-8856
Mr. Enrique Carvajal	604-4866
Mr. Uriel Briceno	322-2902/606-3695

LAB

Joycelyn Gonzalez	422-3017/601-5791
Lynette Espejo	302-3648/602-2318
Aldo Sosa	309-7018/603-0858
Lisandro Briceño	402-2782/609-2625

SECURITY

Allen Zuniga	322-0945 Cel: 606-5367
Ismael Tamai	303-5072
Jesús Escarraga	323-5171
Benigno Chable	602-6663
Marcus Ash	302-2146
Gregorio Bul	609-2932

DRIVER

Jorge Chuck	303-5013/601-7331
Ewan Martinez	600-3821
Orlando Mencias	603-0759
Godwin Turner	302-3433/604-2181

ANNEX #82 OWK

List of CNAs (Actors), Orange Walk District

Names	**Villages**	Phone
1. Modesta Zapata	Douglas	3222577
2. Dorita Damián	Douglas	
3. Cecilia Mendez	Nuevo San Juan	
4 Neima Muy	Nuevo San Juan	
5. Eleodora Rodriguez	San Pablo	
6. Honoria Novelo	San Pablo	
7. Carmita Mai	San Pablo	
8. Emilia Cowo	San Jose	
9. Sebastiana Escalante	San Jose	
10. Macedonia Chi	San Jose	
11. Enriqueta Marin	San Luis	
12. Candida Chi	San Luis	
13. Ruperta Vargas	San Roman	
14. Cristina Villamil	San Roman	
15. Rosalia Chi	Santa Cruz	
16. Viviana Chi	Santa Cruz	
17. Carlota Castillo	Santa Cruz	
18. Oralia Reyes	San Antonio	3092064
19. Amelia Bobadilla	San Antonio	
20. Virgilia Góngora	Yo Creek	32232050
21. Esther García	Yo Creek	
22. Isabela Sanchez	San Lazaro	3237035
23. Aniceta Moguel	San Lazaro	
24. Yolanda Tun	Trinidad	
25. Guadalupe Quintana	August Pine Ridge	
26. Bartola Gomez	August Pine Ridge	
27. Emilia Solíz	August Pine Ridge	

28. Felicita Magana	San Felipe	
29. John Hyde	Blue Creek	
30. Sarah Schmitt	Indian Church	
31. María Luisa Barrientos	San Carlos	
32. Antonio Esquivel	Indian Church	
33. Olivia Gonzalez	Indian Church	0182198
34. Blanca Esquivel	Indian Church	
35. David Friesen	Shipyard	
36. Aganetha Friesen	Shipyard	
37. Maria Bruan Friesen	Shipyard	
38. Rosalina Diaz	Fireburn	
39. Hilda Perez	Guinea Grass	
40. Rosa Cima	Guinea Grass	
41. Gertrude Alford	Guinea Grass	
42. Miriam Roberts	Tower Hill	
43. Placida Cawich	Chan Pine Ridge	3220996
44. Wendy Crawford	Carmelita	6093652
45. Martina Pech	Carmelita	
46. Ageida Cantun	Santa Martha	
47. Carmela Sabido	Palmar	
48. Eleodora Rodriguez Hernandez	San Estevan	
49. Cila Medina	San Estevan	
50. Emerita Hernandez	San Estevan	
51. Raquel Chan	Trial Farm	
52. Maila Castaneda	Trial Farm	
53. Sandra Flores	Trial Farm	
54. Delfina Roberts	Louisiana	3222276
55. Conchita Reyes	San Estevan	

Authority: The Northern Regional Manager is charged with the authority and responsibility of activating the Ministry of Health plans. Upon activation of plan, all CNAs should be informed by supervisor, updated on specifics of disaster and requested to implement plan.

ANNEX #83 OWK

Hurricane Kit/Shelter
CNAs Basic medication list
Orange Walk District

- Alcohol 1x500 ml
- Cotton wool 100 balls
- Hydrogen Peroxide 1x250 ml
- Triple Antibiotics 3 tubes
- Aromatic strips 1x100
- Bandage 1 pk
- Gauge 1 pk
- Stretch Bandage 1 pk
- Gloves 1 pk
- Benadryl Infants 1 letter
- Parcetamol Infants 1 letter

ANNEX #84 OWK

ZONES

To ensure to the continuity of care in the rural areas, Orange Walk District has been divided into zones for the purpose of setting up emergency centers. The following are the zones with their emergency centers:

ZONE I

San Pablo, San Jose, Douglas, Nuevo San Juan, San Roman, San Luis

SAN PABLO

SAN JOSE – **SCHOOL**

DOUGLAS - **SCHOOL**

NUEVO SAN JUNA – **PARTICULAR HOMES, CONVENT**

SAN ROMAN – **COMMUNITY CENTER**

SAN LUIS – **SCHOOL**

ZONE II

Trial Farm, San Estevan, Palmar, Santa Martha, Yo Creek

TRIAL FARM – **SCHOOL, CHURCHES**

SAN ESTEVAN – **LIONS CLINIC, COMMUNITY CENTER, SCHOOL**

PALMAR – **COMMUNITY CENTER**

SANTA MARTHA - **SCHOOL**

YO CREEK – **COMMUNITY CENTER**

ZONE III

San Felipe, Indian Church, Indian Creek, Blue Creek, San Carlos

SAN FELIPE – **COMMUNITY CENTER, SCHOOL**

INDIAN CHURCH – **COMMUNITY CENTER, SCHOOL**

INDIAN CREEK – **PRIVATE HOMES**

BLUE CREEK – **PRIVATE HOMES, SCHOOL**

SAN CARLOS – **EVACUATION TO INDIAN CHURCH**

ZONE IV

August Pine Ridge, Trinidad, San Lazaro, Santa Cruz, San Antonio

AUGUST PINE RIDGE – **HEALTH CENTER, SCHOOL**

TRINIDAD

SAN LAZARO – **SCHOOL**

SANTA CRUZ – **COMMUNITY CENTER**

SAN ANTONIO – **COMMUNITY CENTER, SCHOOL**

ZONE V

Guinea Grass, Fireburn, Carmelita, Shipyard, Tower Hill, Chan Pine Ridge

GUINEA GRASS – **SCHOOL**

FIREBURN – **SCHOOL**

SHIPYARD – **PRIVATE HOMES**

TOWER HILL – **PRIVATE HOMES**

CHAN PINE RIDGE

ANNEX #85 CZL

List of Village Staffing

Zone 1 – Sarteneja / Chunox

Sarteneja Health Center
Category 3-4-5 – Evacuation
Staff – MO – Otilio Medina
RHN- S Reyes
CNA- H Munoz
Caretaker- Y Sosa

Chunox Health Post
CNA & TBA – E Mesh
CNA & TBA – F Tun

Zone 11 – Progresso, Copper Bank and Little Belize

Progresso Health Centre
MO – Diana Gomez
RHN – E Magana
CNA & TBA - T Catzim / Ana Green

Little Belize
CNA & TBA – A Gishbert
CNA & TBA – M Gishbert
CNA & TBA – S Wolfe
CNA & TBA – E Schermit

Copper Bank Health Post
CNA – E Aguayo
CNA & TBA – Y Tzul

Zone 111 Caledonia, Libertad, Concepcion and Buena Vista

Caledonia Health Centre
RHN – O Pott Acosta
CNA – P Cobb

Libertad Health Centre
MO – Greisis Del Sol
RHN – M Terry

Caretaker – M Jimenez
CNA – M Alvarez
TBA – M Gutierrez
TBA – S Williams
Concepcion Health Post
CNA – M Ek
CNA & TBA – J Pech
CNA – F Ek
CNA – Braudelia Laine

Zone 1V Santa Clara, San Roman, San Narciso, San Victor and Louisville
Santa Clara
TBA – M Tyub

San Roman
CNA – E Chi

San Narciso Health Centre
MO – Estevan Garcia
RHN – B. Machuca
CNA & TBA & Red Cross – F Chan
CNA – P Keme
CNA – M Ek
TBA – B Valladarez

Louisville
TBA – E Camara
CNA –G. Andueza
CNA – Domitila Cob

San Victor Health Post
CNA – D Oba
CNA & TBA – S Canche
TBA – A Ucan

Zone V Patchakan, San Pedro, Cristo Rey, Xaibe and Yo Chen
Patchakan
Presbyterian Clinic – staff with doctors and nurses
R.C. Schools - CNA– R. Ruiz
CNA – R Loza

CNA – R Vallejos
TBA – A Arzu
TBA – A Yam

Cristo Rey
CNA – J Teck
CNA – M Chan
TBA – D Pena

San Pedro
CNA – R Cob
CNA – Eneida Cob

Xaibe Health Post
CNA – S Tzul
CNA – M Alcoser
MO – Isabel Briñones

Zone V1 San Joaquin, Calcutta, Carolina and Ranchito

Calcutta / Carolina
CNA – Williams
CNA- Jones
Ranchito

San Joaquin
CNA – A Burgos
CNA – M Trujillo
CNA – M Coye

Zone V11 Chan Chen, Paraiso, Altamira, Consejo, Santa Elena and Free Zone

Chan Chen
CNA – A Gilharry
Paraiso
CNA – A Manzanilla
CNA – S Hill

ANNEX #86 CZL

List of Surveillance Zones/Teams for Post Disasters

Each team will include:
One Doctor
One Public Health Nurse/ Rural Health Nurse
One Vector Control Personnel
One Public Health Inspector
One R/N Nurse
One Community Nurses'Aide

Transportation for Teams will be needed.
8 vehicles will be required

The Core Committee for surveillance will include:
Public Health Nurse **Public Health Inspector**
HECOPAB **Vector Control Supervisor**
Deputy Regional Health Manager

The Core Committee is assigned to do the initial Rapid Assessment(Post Disaster)

Zone 1	Zone 11
Sarteneja	**Progresso** **Little Belize**
Chunox	**Copper Bank**
RHN - S Reyes in charge of team	***RHN E. Magana in charge of team***

Deputy Regional Health Manager will be responsible to submit report on damages and situation of the district to Ministry of Health/Epidemiological Unit.
(See Annex 4)
Based on the initial assessment the areas needing medical relief will be identified.
***There are two medical relief teams identified.**

Team 1	Team 2
Guillermina Heredia –PHN	**Maria Teck- PHN**
Manii Salim _ Doctor	**Aida Coleman – Doctor**
Daniel Acosta – PHI	**Karel Heredia – PHI**
Hilmar Manzanilla – Supervisor Vector	**Carlos Vasquez – Vector Control**
Elizabeth Blanco – PNP	**Rural Health Nurse assigned to**
Rural Health Nurse assigned to affected area.	**affected area.**
Community Nurses Aid assigned to affected area	**Community Nurses A assigned to area.**

If assistance is needed in another district, Team I will render the assistance needed.

Zone 1	Zone 11
Sarteneja	**Progresso** **Little Belize**
Chunox	**Copper Bank**

RHN - S Reyes in charge of team ***RHN E. Magana in charge of team***

Zone 111 Zone 1V

Caledonia **Santa Cruz** **San Victor** **Louisville**
Libertad **Estrella** **San Narciso** **Los Lajes**
Concepcion **Buena Vista** **Santa Clara** **San Roman**
RHN – M Terry in charge of team ***RHN B. Cobb in charge of team***

Zone V Zone V1

Xaibe **Xcanlum** **Ranchito** **San Andres**
Patchakan **Carolina**
Cristo Rey **Calcutta**
San Pedro **San Joaquin**
Yo Chen
Francisco Poncio ***Nurse Gale Smart in charge of team.***

Zone V11

Chan Chen
Paraiso
Consejo
Altamira
Santa Elena Road
Free Zone
San Antonio
Nurse Heredia in charge of team

ANNEX #87 CZL

List of current vehicle to be used

License Plate	*Color*	*Brand*	*Assigned to:*	*Condition*
B-112	White	Prado	MCH	Good
B- 132	White	Ambulance	Hospital	Good
B- 131	Red/White	Ambulance	Hospital	Electrical Problems
B- 136	White	Pickup	Vector	Needs 4 new tyre

ANNEX #88 CZL

Drivers working a 12 hour shift

Zone 1 – Drivers and Vehicle assigned by DEMO

Zone 11 – Drivers and Vehicle assigned by DEMO

Zone 111– Keith Nugent / Geon Ara Vehicle B – 136

Zone 1V – Driver assigned by Demo / Saul Navarro Vehicle B–112

Zone V – Drivers and Vehicle assigned by DEMO

Zone VI – Drivers and Vehicle assigned by DEMO

Zone VII – Drivers and Vehicle assigned by DEMO

Ambulance drivers

Mr. Basilio Mena
Mr. Francisco Hill
Mr. Demetro Chable
Mr. Leevan Mena
Mr. Ruben Vellos

Security will be assigned on a 12- hour shift to maintain order in the urban health facility.

Shift is for 12 hours.

ANNEX #89 CZL

Personnel Assigned To The Emergency Hospital

Nurses and Ancillary	Status	Address	Phone
Florene Ogaldez	D/SM	HALLS LAYOUT	6030374
Sylvia Pollard	S/NM	NURSES QUARTERS	422076
Rossana Herstig	S/NM	HALLS LAYOUT	-
Dalia Manzanilla	S/NM	HALLS LAYOUT	-
Estela Uk	S/N	PATCHAKAN	-
Lourdes Chable	S/N	COLLEGE RD, CZL	6021787/6007614
Elsa Valladarez	S/N	NURSES QUARTERS	
Veronica Campos	S/N	PATCHAKAN	6032772
Analida Robert	S/N	COROZAL	
Carol Gill	S/N	POTZAL AREA	6030585
Rosalyn Williams	S/N	COROZAL TOWN	
Laila Acosta	P/N		4233025
Alice White	P/N	2nd ST. NORTH	4222465
Amanda Vellos	P/N	G ST. SOUTH	6150357
Gale Smart	P/N	RANCHITO	4223178
Nicholas Gomez	P/N	HALLS LAYOUT	4223701
Miriam Castillo	P/NM	PARAISO	4222066
Shirley Canal	AUX	CALCUTTA	4230380
Alice Mendez	AUX	CAROLINA	-
Maribel Vasquez	AUX	HALLS LAYOUT	4220111
Ermelinda Tun	AUX	PARAISO	4223659
Emma Arana	AUX	G ST. SOUTH	4222659
Lavern Cardinez	D/A	46-4th AVENUE	4222828
Araceli Hill	D/A	HALL'S LAYOUT	6034774
Reinalda Vivas	D/A	SANTA RITA	-
Guadalupe Patt	D/A		-
Inez Ramirez	D/A	SAN ANDRES RD	6091996
Suemy Gilharry	D/A		-
Carol Swaso	LAUN.	SAN ANDRES	4223276
Rigoberto Cowo	ATT.	SAN JOAQUIN	6030894
Manuel Gonzalez	ATT.	2nd St. NORTH	4022536
Isidro Tun	G/M	PARAISO	4223659
Hugo Poncio	G/M	PARAISO	-
Millicent Casey	CARE-TAKER	COLLEGE RD.	402-3172
Bernadette Muschamp	COOK	DOMINGUEZ LAYOUT	
Ofelia Ku	COOK	ALTAMIRA	608-8974/603-3857
E. Blanco	PNP	ALTAMIRA	
Anamae Jones	Dental Assistant	FLAMBOYANT ST. CZL	422-0155
Ariola Zuniga	Dental Technician	ALMOND DRIVE, CZL	422-3155
Rhondine Reynolds	Pharmacist	ORANGE WALK	601-4773
Julio Escamilla	Pharmacist II	COROZAL TOWN	-

Annex 6 CZL

ANNEX #90 CZL

List of items and packs needed in emergency situations.

ITEMS	QUANTITY	ITEMS	QUANTITY
SHEETS	50	OYYGEN	5
PILLOW CASES	60	CORD CLAMPS	50
BLANKETS	50	CATHETERS	25
PROTECTIVE SHEETING	10	GAUZE ROLLS	8 ROLLS
ASSORTED SYRINGES AND NEEDLES	15 BOXES	THERMOMETERS	15
DRESSING PACKS	10	STETHOSCOPES	5
SUTURING PACKS	10	BLOOD PRESSURE KITS	5
DELIVERY PACKAGES	8	EXAMINATION GLOVES	6PKS
STERILE DRESSINGS	5 DRUMS	ELASTOPLAST BANDAGES	2 BOXES
ADHESIVE TAPES	2 BOXES	GAUZE BANDAGES	4 BOXES
BASINS	12	OXYGEN CANNULA	5
BED PANS	12	OXYGEN MASKS	1 DOZ
URINALS	12	TOILET TISSUES	1 LG PK
LANTERNS	12	SOAP SOLUTION	2 GALS
FLASHLIGHTS	12	BATTERIES	48
COTTON WOOL	8 ROLLS	MATCHES	4 PKS
ALCOHOL	2 GALS	CHLOROX	12 GALS
STERILE GLOVES(ASSORTED)	6 BOX	BAND AIDS	4 BOX
KIDNEY DISHES	25	TONGUE DEPRESSORS	2 BOX
NEBULIZERS	3	AROMATIC SPIRITS	3 BOTS.
RAZOR BLADES	40 SETS	HYDROGEN PEROXIDE	8 GALLS.
SURGICAL BLADES	6 PKS	GARBAGE BAGS	1 DOZ
SURGICAL MASKS	5 BOXES	TOURNIQUETS	1 DOZ
OXYGEN	5 TANKS	FETAL STETHOSCOPE	5
ELASTIC BANDAGES	2 DOZ.		

ANNEX #91 CZL

COROZAL DISTRICT HEALTH SERVICES
Vehicle Fleet Monitoring Schedule

Make	Year	Brand	Driver	Plates	E/ Size	Fuel	Time/Where
Prado	1999	Prado	B.Mena	B-112	4 cyl.		
1st Shift				2nd Shift			
Ambulance	2000	Mitsubishi		B-132	4 cyl.		
Ambulance	1997	Ford Van	F. Hill	B-131	6 cyl.		
Pick-up	1998	Ford	K.Nugent	B-136	4 cyl.		

ANNEX #92 OWK

PERSONNEL ASSIGNED TO SHIFT SYSTEM AT
COROZAL EMERGENCY HOSPITAL

Florene Ogaldez	Sylvia Pollard
Rossana Herstig	Dalia Manzanilla
Carol Gill	Estella Uk
Verónica Campos	Lourdes Chable
Laila Acosta	Alice White
Amanda Vellos	Gale Smart
Nicholas Gomez	Miriam Castillo
Shirley Canul	Alice Mendez
Maribel Vasquez	Hermelinda Tun
Emma Arana	Lavern Cardinez
Elsa Valladares	Reinalda Vivas
Araceli Hill	Millicent Casey
Carol Swaso	Suemy Gilharry
Rigoberto Cowo	Manuel Gonzalez
Elvis Nugent	Hugo Poncio
Bernadette Muschamp	Ofelia Ku
Ines Ramirez	Dr. Aida Coleman
Dr. Salim Manii	Dr. Enrique Millan
Dr. J. Garcia	Rosalind Williams
Paediatrician Dr. Daysi Baños will be available for both shifts.	

12 HOUR SHIFT

ANNEX # 93 CZL

MINISTRY OF HEALTH
DAILY HEALTH FACILITY SURVEILLANCE FORM
See ANNEX 12

ANNEX #94 CZL

MINISTRY OF HEALTH
ENVIRONMENTAL HEALTH RAPID ASSESSMENT FORM
To be conducted within the first 24 hrs
See ANNEX #11

ANNEX #95 CZL

MINISTRY OF HEALTH
INITIAL DAMAGE AERIAL ASSESSMENT FORM
CONDUCTED BY
Ministry of Health
See ANNEX #10

ANNEX #96 CZL

MINISTRY OF HEALTH
DAILY SHELTER SURVEILLANCE FORM
See ANNEX 13

ANNEX #97 CZL

List of drivers

Mr. Ruben Vellos
Mr. Basilio Mena
Mr. Demetro Chable
Mr. Keith Nugent
Mr. Francisco Hill
Mr. Leevan Mena
Mr. Geon Ara
Mr. Hilmar Manzanilla
Mr. Saul Navarro

ANNEX #98 CZL

FLOOR PLAN – COROZAL EMERGENCY HOSPITAL

Waiting Room **WAITING ROOM**	*Medical Officer OPD* **EMERGENCY ROOM**	Outpatient Room *Dressing/Injections* **EMERGENCY ROOM**	*MCH* **MATERNITY WARD**	*PNP Room* **MEDICAL RELIEF COMMITTEE**	*MCH* **LABORATORY**

Pharmacy **PHARMACY**	*Medical Officer OPD* **PAEDIATRIC** WARD	*Specialist Clinic* **FEMALE WARD**	*MCH* **MALE WARD**	*HECOPAB* **STAFF ROOM**	BATHROOMS MALE	 FEMALE

The Section labels in *italics* are the ones presently used. In the case of a hurricane emergency, the sections will be used as denoted by the labels in **bold** letters.

ANNEX #99 SCK

EMERGENCY SUPPLY LIST

Hurricane Polyclinic Consignment (This is only a specimen)

Equipments for Poly – Clinics or emergency health post as the person responsible see it fit. Other lists can be attached by sector ie. Vector Control, MCH, LAB etc.

- Safe Area with good lighting
- Examination table
- Examination area – Bathroom
- Drip Stand
- I.V. solution and giving sets
- Intracath
- Drug as supplied by Pharmacy
- Flash light
- Sheets
- Blankets
- Garbage bin
- Goose neck light
- Desk and Chair
- Stationeries
- Water supply
- Drinking water
- Aerosol Machine
- Oxygen tank –
- Staff – Nurses, Doctors
- Sundries
- Supply Kerosene & Lamps
- Stove
- Microwave
- Coffee Maker
- Radio
- Gloves – Sterile & Un – sterile
- Suturing Sets
- Dressing
- Suction Machine
- Maternity emergency pack
- Splints
- Bandages
- Elastic Bandage

ANNEX # 100 SCK

Medication for Poly – clinics Injections

16. Adrenaline
17. Phenergan
18. Diclofenac
19. Oxytocin
20. Ergometrine
21. Hydrocortisone
22. Cidocaine 1%
23. cidocaine\ 2%
24. aminophyllin
25. atropine
26. Water for injection
27. propen injection
28. Dextrose 5%
29. Hartman's
30. Normal saline

Tablets

10. Acetaminophen
11. Ibuprofen
12. Amoxicillin
13. Co – Trimoxazole
14. Nifedipine
15. Salbutamol
16. Chlorproxamide
17. Chlorpheniramine
18. Imodium 2mg

Eye drops/ Suspensions/ Creams

20. Amoxicillin
21. co – Trimoxazole
22. Chloramphenicol eye drops
23. O.R.S.
24. Antibiotic ointment
25. Lindane cotion
26. Hydrocortisone cream
27. Ventolin Liquid
28. Ventolin Inhaler
29. Ventolin Nebulizer sol
30. Acriflavin in saline
31. Acriflavin in spirit
32. spt. Ammon aromat
33. Alcohol
34. Tylenol 120mg/ 5cc

35. Benadryl inf/ Ad.
36. Hydrogen Peroxide
37. CetrimideHospital Supplies
27. Syringes 5cc, 3cc, 10cc
28. intracaths, 18g, 20g, 24g
29. IV sets
30. Needles 22g, 25g, 21g
31. Delivery kits
32. cord clamps
33. Surgical Blades
34. Gloves Disposable
35. Glove sterile 7/8
36. B. P. Apparatus
37. Stethoscope
38. Adhesive Tablets
39. Elastic Band
40. Gauze Band
41. Flash Lights. Batteries
42. Nebulizer Apparatus/ Connection with mask
43. Tongue dispenser
44. Torniquet
45. Needle Holders
46. Sutures
47. Insulin syringes
48. cohon rolls
49. gauze rolls
50. Razor Sets
51. Blankets
52. Garbage Bags

ANNEX #101 SCK

HURRICANE SHELTERS (29) AND THEIR CAPACITIES FOR 2004 HURRICANE SEASON

STAN CREEK DISTRICT

LOCALITY	SHELTER Phone/fax	CAPACITY	MEDICAL STAFF	REMARKS
DEMO-EOC			Dr. J.A. Marenco	
			Mrs. Estella Humphreys	
			Mr. T. Westby	
SCD-MCPHC-EOC			Dr. Phillip Castillo	
			Mrs. Bernadette Nicholson	
			Mrs. Matilda Valentine	
Pomona	Pomona R.C. School 522 - 2224	200	Miss Lita Castillo P.N.	

ANNEX # 102 SCK

FLOOR PLAN FOR EMERGENCY HOSPITAL

ANNEX # 103 SCK

STANN CREEK DISTRICT MCPHC MOTOR VEHICLE FLEET

Vehicle	Assigned to/Driver	License plate	Fuel	Condition
Ford	EmergencyHospital H. Alvarado	SC-B 1243	diesel	working
L. Cruiser		BZ -B1308	diesel	
Chevy (ambulance)	Cal	SC- B169	gasoline	
Izusu pick-up		CY -B1526	diesel	
Mitsubishi pick-up	George	BZ -B 1351	Diesel	
Izusu Troper		SC -B198	diesel	
Ford Ranger	Humphrets	BZ –B1298	Gasoline	

ANNEX #104 SCK

STAFF LIST AND DIRECTORY
SCD-MCPHC

Name	**Post**	**Phone Number (O) (H)**	**Home addresses**

ANNEX # 105 Tol

TOLEDO DISTRICT MEDICAL CARE AND PUBLIC HEALTH COMMITTEE STAFF DIRECTORY

Names	Posts	Phone Nos. (Office)	Home Phone Nos.	Home addresses

ANNEX # 106 TOL

MOTOR VEHICLE FLEET

Vehicle	Assigned to	License plate	Fuel	Condition	Departure time to	ReturnTime	Remarks

ANNEX # 107 TOL

Emergency Room, Medical Supplies for Emergency Hospital

Suction Machine + 2 plus tubing + catheters
Ambu bags adult + feed set
IV stands 4
Oxygen cylinders 2 masks, tubing nasal cannulae
Portable suction machine
Emergency trays (dressing) special procedure
Dressing & Suture sets
Bandages, tapes, Pop material
Sutures all sizes
Dressing & swabs drums
Urinary caths all sizes
Nasogastric tubes all sizes
Disposable sheets, regular sheets
Pillow cases
Blankets
Pillows
Kidney dishes
Cleaning solutions (supplied by pharmacist)
Sterile gloves, non sterile gloves all sizes
Surgical blades
Chettal forceps
Mackintosh covers
Sundries – cleaning supplies (supplied by office)
Medicine, drugs & emergency drugs (supplied by Pharmacist)
BP apparatus
Thermometers
Bed pans
Urinals
IV fluids (supplied by Pharmacist)
Splints – all sizes for fractures and IV's

ANNEX # 108 TOL

GENERAL WARD (MALE, FEMALE, PAEDIATRIC)
EQUIPMENT LIST FOR EMERGENCY HOSPITAL

15 Cots (provided by DEMO) or by hospital
Paed humidifiers
3Nebulizers
2 Oxygen tanks
4 Dozen Disposable (from Pharmacy)
20 Blankets (from storage)
2 Dozen Sheets
2 Dozen Pillow Slips
4 IV Stands
1 Dozen Bed Pans
1 Dozen Urinals
4 Dozen Receivers
3 Basins
1 Commode
2 Wheel Chairs
1 Stretcher
Chairs
Benches
3 or more Tables
Fans (4)

Sundries: (Supplied by office) All cleaning equipment)
Medications: refer dispenser (Lily will supply)
IV Fluids:
Emergency Drugs Etc.

IV TRAYS (FULLY EQUIPPED)

Catheters tray fully equipped
Naso-gastric equipment
Dressing trays & suture sets, emergency dressing trays
Dressing & swabs drums, cans from OPD
Tapes
Bandages all types
Syringes & Needles
Cleaning solutions acriflavine, hydrogen peroxide, alcohol
Sharp containers
Gauze & cotton
Sterile & Non sterile gloves all sizes
Sutures all sizes
Personnel hygiene kits and IV splints different sizes

ANNEX # 109 TOL

Emergency List for Emergency Hospital

5 Cots
Delivery bed tray
Trolley
Placenta buckets
Delivery Instruments
Suction bulbs
Delivery Packages
Disposable Sterile packages
Syringes
Chronic sutures
1 incubator
Bassinets
2 Basins (bath)
Inf, Suction Machine
Ambu bag
Nig tubes (Infant)
1 Umbilical Catheter tray
IV stand
6 Mackintosh)
1 Commode
3 Bed pans
1 Scale (Infant)
Swabbing tray
1 Oxygen tank
4 Bedside Trays
Sheets
Pillows
Pillow Case
Adult pampers
Alcohol swabs
Note books
Admission forms
Bath soap Broom
Bucket
Mop
6 Water mugs set
Dettol
Aprons
Doppler
BIP Apparatus
Thermometer
Cord Clamps

ANNEX #110 TOL

PHARMACY NEEDS

Wooden boxes to be used as Kits for hurricane shelters.
10 Gallons purified water to be used as diluent for powders and mixtures.
More Staff to alternate work shifts.
Sleeping bags or piece of foam.
More secure working area with proper restrooms.
More staff to alternate with work shifts

ANNEX # 111 TOL

LABORATORY EMERGENCY TESTS
HAEMATOLOGY & BLOOD BANKING

Haemoglobin
Haematocrit
WBC
Differential
PT/PTT
Blood Grouping
Cross Match

CHEMISTRY

Glucose-Blood CSF
BUN
Creatinine
Bilirubin
Amylase

OTHER

Gram Stain
Urinalysis (Nephrotic Syndrome, Pre-eclampsia only)
Pregnancy Tests (Ectopic pregnancy only)

ANNEX # 112 TOL

EMERGENCY SUPPLIES TEST

Reagents:

Blood grouping and crossmatch reagents

Anti A
Anti B
Anti D
Anti IgG
Albumin
Saline (9%)

Haematology

Cyanmeth Haemoglobin Standard and Powder
3% Acetic Acid
Wright's Stain and Buffer

Chemistry

Eagle's Glucose Reagent
Eagle's BUN Reagent
Eagle's Creatinine Reagent
Eagle's Amylase Reagent

Other

Multistrix Urine Strips
Gram Stain Reagents

ANNEX # 113 TOL

DENTAL UNIT'S EMERGENCY SUPPLY LIST

10.	Clorox	3 Gal
11.	Gloves	200
12.	Mask	1 box
13.	Anaesthesia	100
14.	Buckets	2
15.	Basins	2
16.	Paper towels	10 rolls
17.	Soap powder	
18.	Brush	1

ANNEX # 114 TOL

E.O.C. Duties

Ms. Elizabeth Enriquez	Dep. Regional Health Manager.
Dr. B. Raju	Medical Chief of Staff.
Ms. J Avila	Psychiatric Nurse.
Mr. T Johnston	Lab Technician.
Mr. R. Mangar	Health Educator.
Mr. L Williams	Public Health Inspector.
Mr. A. Melendez	Community Organizer.

ANNEX #115 TOL

Duty List - Emergency Hospital:

1st. Shift:

12 Hrs	R.N. L .Hewlett	
	Nerida Longsworth	Tricia Pollard
	Mary Sanchez	Shelmadrine Audinett
2nd. Shift:	R.N Wilburg	Ethelvina Lovell
	Marlene Alvarez	Candelaria Bo
	Yvonne Ballesterous	Lucy Arzu
	Senovia Nicholas	Nicodemus Lino
	Eudelica Briceño	Phyliss Nicholas
		Julia Lino
3rd. Shift:	Julia Nicholas	Joan Avila
		Catalina Reyes
	Hazel Ramirez	Virginia Roaches
	Elena Cus	Patricia Williams
	Flavian Martinez	Clarine Martinez
		Shelmadine Coleman

ANNEX #116 TOL

Doctor's Roster

1st. Shift
Dr. G. Alvarez M .Vertiz A Requena

2nd. Shift:
Dr. Raju, Myda Paz.,

Post Disaster
Dr. Legra – L. Claro I Sardon

ANNEX #117 TOL

Toledo District Other resources:

1 Hospital – 30 capacity – electricity Radio phone, generator needs battery
7 Clinics

Barranco	Electricity, phone access, police Village
Pueblo Viejo	Electricity- Radio Access, 1 generator
Columbia	Electricity Radio Access
San Antonio	Electricity, Phone access – police
Crique Sarco	No electricity – phone access village radio
Santa Teresa	No Electricity – Radio 1 generator
Jalacte	No Electricity -

ANNEX #118 TOL

1 Hospital Basic Mini Theatre (Male and Female):

- Out patient
- M.C.H
- N.H.I.S
- Dental
- Mental
- Administration
- X – Ray
- Laboratory
- Pharmacy
- Health Education
- Nutrition
- Out Patients – Clinic – M.C.H
- Mental

ANNEX #119TOL

Pre – Post Disaster – List of Resources

- Staff/List
- Drugs/containers
- Transport
- Medication/forms
- Additional personnel
- Assistance request

Vector Control:

- 4 drivers
- Chan
- Raymond
- Santos
- Humes

P.H.I – 1

M.C.H – 5 and 2 private

Mental Health – 1

Hecopab – 1

Doctors – 7

ANNEX #120 TOL

Transport available

M.C.H – 1
Malaria – 1
Boom Creek – 1
Private Hillside – 1
Dr. Raju – 1
Rich Martin – 1

Generators - 4

ANNEX 121 TOL **Post Disaster**:

Proposed Medical Team/ Resources

- 1 Medical Officer
- 1 Vector Control
- 1 P.H.I
- 1 Nurse
- 1 C.N.A
- 1 Health Educator
- 1 Driver
- 1 Mental Health Nurse

1 truck
Drug Box

- Hospital list of staff we need to move
- Equipment list of supplies we need to move
- List of Patients we need to move
- P.A proposed Hospital move to where

ANNEX #122 TOL

EMERGENCY RESPONSE TEAM

Medical team consists of: 1 midwife
I nurse
1 attendant
1 Driver.

A medical team must be available at all times, to assist an emergency during a disaster.
Coordination between chief of staff and sister-in-charge to decide members of each team, person in charge and preparation activities.
Post list of each team at emergency hospital.
Emergency team responds to calls from DEMO when need arises.

ANNEX # 123 TOL

POST-DISASTER MEDICAL TEAM

A. Members of this team are: Public Health Nurse
Public Health Inspector
Psychiatrist Nurse
Vector Control personnel
Driver

B. Implement plan to prevent outbreak of diseases.
C. Coordinate activities with other departments and other sectors.
D. Prevention of diseases, health promotion, and health education even before disaster happens.
E. Consideration of factors contributing to create health problems: personal and family hygiene, food handling, preparation and storage, housing and living conditions, etc.

ANNEX #124 TOL

PREPARATIONS BEFORE ACTIVATION OF DEMO PLAN.

(DEMO'S PREPAREDNESS RESPONSIBILITY)

Telephone connections are essential for adequate **communications**. Location of phones has to be close to the personnel on service. Safety of personnel must be a priority at all times.

There is a need to secure radios to keep **communication** with DEMO Command Post, Health Centres, other Emergency Hospitals

Emergency Hospital requires **security**. Also, Punta Gorda Town Hospital empty building's security is a priority. Buildings were abandoned for the previous emergencies after moving to Emergency Hospital. They need to be protected against vandalism.

Potential building for Emergency Hospital require previous **inspection** to define safety and suitability to be occupied and to operate as such. **Inspection** of Health Centres Health Posts

Vehicle inspection by **Transport** subcommittee.

Boarding of windows of Punta Gorda Town Hospital (Phase II) and Emergency Hospital (Phase III).