



Government of Saint Lucia

**Emergency Response Plan for the
Homeless**

*Developed by the Ministry of Social Transformation and based upon the
Langley Extreme Weather Response Plan 2007 – 2008*

<http://gvss.ca/PDF/Langley%20EWRP%2007-08.pdf>

And

Vancouver Coastal health

http://www.vch.ca/pandemic/docs/Homeless_Housing_Checklist.pdf

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Introduction

The Saint Lucia Emergency Response Plan for the Homeless sets the framework for expanding resources for homeless persons during emergencies.

The Saint Lucia Homelessness Steering Committee and its members will continue to execute their responsible mandate within the framework established in this document. The Emergency Response Plan for the Homeless is under the auspices of the NEMO Secretariat as part of the mandate for Emergency Preparedness.

Membership

Membership of the Saint Lucia Homelessness Steering Committee includes but is not confined to the following:

1. Ministry of Social Transformation – Lead
2. National Community Foundation [NCF]
3. Division of Human Services [Ministry of Health]
4. Saint Lucia Red Cross Society
5. Saint Lucia Christian Council
6. Fellowship of Gospel Preaching Churches
7. National Supplies Management Committee
8. National Shelters Committee
9. Department of Local Government
10. Office of the Chief Medical Officer
11. Cornerstone Humanitarian Society
12. Division of Gender Relations
13. Royal Saint Lucia Police Force
14. Golden Hope Hospital

EX OFFICIO

15. NEMO Secretariat
16. Caribbean Drug and Alcohol Research Institute

The Emergency Response Plan for the Homeless

The Emergency Response Plan for the Homeless must meet the needs of a wide range of homeless people (e.g. men, women, youth over 18, seniors, and families) in Saint Lucia and be flexible enough to deal with a varying number of people. To meet these criteria, the following response procedures have been developed. These procedures are articulated below, under two broad categories namely:

1. Extreme Weather conditions
2. Medical and Epidemic Emergencies.

Supporting Documents

This plan is a “stand alone” document that may be activated to support hazard management plans. Other documents related to this plan are:

1. Emergency Shelters Policy
2. Response Plan for Extreme Heat Event
3. Water Management Plan for Drought Conditions

Evaluation & Plan Revision

The *Emergency Response Plan for the Homeless* is part of the National Emergency Response Plan and is a stand alone document.

The Saint Lucia Homelessness Committee will reconvene at least once a year in March under the direction of the Ministry of Social Transformation to assess the implementation of the plan and to amend the plan as required.

As part of the evaluation procedure, data collected by the organizations involved in the response will be collated and submitted to the Ministry for sharing among Group members.

The Current Homelessness Situation

Homeless Shelters

At present there are no emergency shelter beds for the homeless in Saint Lucia. Persons are usually referred to the homeless shelter operated by Cornerstone Humanitarian Society at Vigie. However, due to the inadequacy of beds at this facility, it is often unable to accommodate emergency referrals. Further, not all persons who are referred to this shelter actually travel to the facility seeking admission.

The Homeless Count

At present it is difficult to get an accurate count of the homeless¹ population in the Towns and Villages of Saint Lucia. However, there is evidence to suggest that the vast majority of homeless persons reside in the city of Castries. A study conducted by Dr Marcus Day (**Reference - name of study and date conducted**) identified and interviewed 350 homeless crack cocaine users (in Castries?). Considering the number of homeless alcoholics and psychiatric patients, Dr Day estimates that there are approximately 500 homeless persons within the city centre. Dr Day estimates between 50 – 100 homeless in Vieux fort based on the same research.

While a portion of the homeless population may be seen as fluid, many individuals stay within defined bounds and “work that neighbourhood”

Vulnerability of the homeless population in Castries to exposure to influenza transmission

In a study conducted by CDARI in 2002-2004 in Castries and Port of Spain, the Castries sample reported a much higher level of influenza 48% then the Port of Spain sample of

¹ The operational definition of homelessness used in this research was as follows. A person who lives in a place that they are unable to lock or secure and which has not sanitary facilities, such as a pit latrine or toilet>

8%. The report hypothesized that the Castries sample had greater contact with tourist and cruise ships and thus the higher disease burden. In addition high levels of alcohol and crack cocaine use create an immuno- depressive state that makes the body more susceptible to infection.

The Broader Homeless Population

In addition to the homeless who seek shelter through the Cornerstone Humanitarian Society through self-referral there are those in the homeless population who do not seek admission into shelters. Notwithstanding, there are certain areas in the City of Castries where the homeless will sleep. The Market area, George V Park [aka the Gardens] and the Fishery Complex are the main such areas for those that sleep rough. In addition, many of those who squat may be found in Barnard Hill, Faux A Chaud, Marchand and George Charles Blvd, the cemetery at the foot of Hospital Road and generally around the city under the CDC buildings - any location where they can shelter from the weather and not be overly harassed. A number of persons also live under the Sans Souci Bridge .

With respect to feeding programmes for the homeless, there are several agencies that provide food in the community. They include local food banks (e.g. Salvation Army) and several evening and weekend events each week that provide meals for homeless persons these are run by Churches, Civic Groups and individuals.

Definitions

Homeless [<http://www.hud.gov/homeless/definition.cfm>]

For purposes of this plan, the term “homeless” or “homeless individual or homeless person” includes—

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is —
 - A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Extreme Weather

STORM - Hurricane Warning: 24 Hours before expected impact: [or the system has moved past coordinates: 52°W] [*Saint Lucia Hurricane Plan*]

Or

HEAT - ... an 80% chance of temperatures being high enough over 35⁰C on at least two consecutive days to have significant effects on health. [*Saint Lucia Extreme Heat Event Plan*]

Or

COLD - An 80% chance of temperatures being below 15⁰C on at least two consecutive days to have significant effects on health. [The record for Saint Lucia is 16⁰C in January 1975 (*Saint Lucia Met Service*)].

Or

DROUGHT - reduction in available water from the surface (streams, dams and rivers) and sub-surface (groundwater) [*Saint Lucia Water Management Plan for Drought Conditions*]

Extreme weather alerts are issued with respect to the abovementioned extreme weather conditions by the Saint Lucia Met Service.

Medical

Seasonal Influenza

Seasonal influenza or “the flu” is a respiratory illness that is spread from human to human. It tends to occur with the start of the school year.

Pandemic Influenza

Pandemic influenza results in a global outbreak of the flu that can occur at any time of the year. Scientists do not know when the next pandemic may occur.

Pandemic Phases

[Source: www.cdc.gov/flu/pandemic/phases]

- In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential threat.

- In **Phase 3** an animal or human-animal influenza re-assortment virus has caused sporadic cases or small clusters of disease in people but not resulted in human to human transmission sufficient to sustain community level outbreaks.
- **Phase 4** is characterised by verified human to human transmission of an animal or human-animal influenza re-assortment virus able to cause “community level outbreaks”. The ability to cause sustained disease outbreaks in a community is a significant upward shift in the risk of a pandemic.
- **Phase 5** is characterised by human to human spread of the virus into a least two countries in one WHO region.
- **Phase 6**, the pandemic phase, is characterised by community level outbreaks in at least one other country in another WHO region. Designation of this phase indicates that a global pandemic is underway.

SEVER WEATHER CONDITIONS

Notification

The purpose of the notification is to raise awareness of the severity of the weather and the potential impacts to the homeless and to provide information about the additional shelter and outreach that is being offered during the alert. The contact list is part of the National Emergency Response Plan and is a stand alone document.

Activation

1. The Saint Lucia Met Service monitors the weather and informs the NEMO Secretariat of expected extreme conditions.
2. If an extreme event is expected the Prime Minister shall be advised by the Directors of Met and NEMO.
3. The decision to activate the National Response Mechanism will be the trigger for the activation of the Saint Lucia Homelessness Steering Committee
4. Once a decision has been made to activate and open temporary shelters the Ministry of Social Transformation will send out notifications to members letting them know that an alert has been called.
5. Shelters will be closed after the all clear is given
6. When the event is over, the Director NEMO will send out a “stand down” notice to the response system.
7. The shelter shut down procedures shall be activated in keeping with National Guidelines.

The Emergency Response Plan for the Homeless shall be implemented as part of the National Emergency Management Plan as weather conditions unfold and funding dictate.

Response

When an extreme weather alert is called, the following responses can be activated:

1. The Ministry of Social Transformation will co-ordinate the response and send out facsimile and email notifications.
2. The Caribbean Drug and Alcohol Research Institute (CDARI) will be the information centre for people looking for shelter.
3. Temporary overnight emergency shelter will be provided at the City Hall in Castries, (CDARI Drop in Centre in Vieux Fort and XXX in Soufriere
4. All members will cooperate to refer persons to designated shelters.
5. The Saint Lucia Red Cross shall coordinate feeding of the shelterees in keeping with their National mandate.
6. Golden Hope Hospital will ensure treatment continuity for homeless who are out patients of that institution

7. All agencies rendering specific services to Saint Lucia's Homeless population will continue to so do within established special shelters.

Hours of Operation

Night-time shelter generally between 7:00 pm and 7:00 am or until the all clear is given.

MEDICAL AND EPIDEMIC EMERGENCIES

Notification

Declaration of a National Epidemic is made by the Chief Medical Officer.

Declaration of a National Emergency is made by the Minister for Disaster Management.

Declaration of a State of Emergency is made by the Governor General.

Declaration of a Public Health Emergency of International Concern is made by the World Health Organisation.

Activation

The Emergency Response Plan for the Homeless shall be implemented as part of the National Emergency Management Plan as the medical emergency unfolds and funding dictates.

Response

Upon declaration of a national epidemic by the Chief Medical Officer, the following responses can be activated:

The Ministry of Social Transformation (or Ministry of Health) will co-ordinate the response and send out facsimile and email notifications to all members of the Saint Lucia Homelessness Committee.

The Government Information Service will be the focal point for information dissemination; consequently the G.I.S will disseminate relevant information to the public in keeping with the Information Management in Disasters Guidelines available at www.tiny.cc/nemp

Feeding programmes will be established at the Gardens (Castries), CDARI Drop in Centre in Vieux-Fort and the Soufriere Primary School yard in Soufriere.

Required emergency supplies (masks, soaps, food, clothing etc.) will be stockpiled by the responsible agencies to be used during the response

The Saint Lucia Red Cross Society shall coordinate feeding of the shelterees in keeping with their national mandate.

Other agencies will continue to provide requisite services to shelterees as needed.

Hours of Operation

Night-time shelters generally operate between 7:00 pm and 7:00 am or until the all clear is given.

Caution to Service Providers

Wash hands properly and frequently. Proper and frequent hand-washing has been shown to reduce transmission of respiratory infections by up to 40%. Hand-washing will be the most important means of preventing the spread of the disease until a vaccine is developed.

Stay home if you are ill.

Stockpile essential items to be used in response activities (soap, alcohol-based hand sanitizer, paper towels, tissues and receptacles for their disposal).

Frequent disinfection of surfaces that are touched often, such as door knobs, handrails, computers, bathroom faucets and telephones etc. A solution of 1 part household bleach to 9 parts water (10% bleach solution) is an effective disinfectant that will kill the influenza virus.

Observe social distancing. Maintain a metre's distance between yourself and others. Avoid groups and refrain from kissing, hugging and shaking hands during an influenza pandemic.

Appendices

Appendix 1: General Information

Epidemic Response Plan ²

Infection Control

Influenza is spread by virus contained in droplets generated when someone infected with the disease coughs or sneezes and doesn't cover their mouth. These droplets may be inhaled by people standing close to the infected person. The droplets may also fall out of the air and settle on surfaces where the virus can be picked up by someone touching the contaminated surface. The virus can survive on hard surfaces for 24 hours or longer. If that person then touches their nose or mouth or eyes, they may become infected with influenza.

An influenza pandemic will cause disruption throughout society for several months. All areas of society will be affected and it may be difficult to get some goods or services. Infection control measures will be important in the prevention of influenza transmission during a pandemic. The provisions of this plan (activation & response - medical and epidemic emergencies) will contribute towards infection control.

Due consideration should be given to the following:

- To reduce the spread of influenza among the mobile homeless population is to reduce social mobility. Agencies should work collaboratively with other agencies who provide similar services to reduce social mobility during a pandemic and ensure the provision of essential services to marginalized populations.
- Agencies that provide meals should be given additional foods to allow them to provide one full meal and meal supplements (bars, Ensure, sandwiches) for clients to take away so that clients don't have to go from agency to agency to get enough to eat.

Other services that can be grouped to reduce client mobility during a pandemic should be.

- Golden Hope should cease releasing homeless psychiatric patients until the epidemic threat has passed. The chances of disease transmission are increased in highly mobile populations.

² Adopted from http://www.vch.ca/pandemic/docs/Homeless_Housing_Checklist.pdf

- Shelter or housing services should make provisions to maintain at least one metre separation between clients. Clients who are ill with the flu should be kept in a separate area from clients who are not ill.
- During a pandemic, emergency and funeral services will be challenged to provide even basic services. If a client should die in a facility of suspected influenza, first call a funeral home. If funeral homes are overwhelmed, they will provide you with a number to call for collection and disposal of the deceased. Be aware that NEMO has guidelines for appropriate burial according to different religious beliefs. Ethnic and cultural diversity must be taken into consideration when dealing with the deceased.
- Protection of Persons working with Homeless population (explanation)
- Service Continuity Planning for Agencies working with Homeless and Vulnerable Populations
- It is expected that large numbers of people will become ill and may be away from work. 15-25% of your staff and volunteers may be absent at any one time. The following must be considered with respect to the development of a service continuity plan which will help agencies/organizations essential services in the face of staff and volunteer absenteeism.

Identify essential services. Include payroll, systems maintenance, communications systems, support services as well as client services. Determine what services may be more important in a pandemic. Determine what services can be discontinued or postpone. Identify services that may be postponed or discontinued during a pandemic in order to free up staff and volunteer resources to provide essential services.

Consider how you will maintain your essential services when you don't have enough staff or volunteers. Staff or volunteers may stay home from work because they are ill or to take care of family members or out of fear.

Identify supplies and equipment that are essential to the provision of your services. Determine how your agency will address disruptions to the supply chain. Determine if there are supplies that can be stockpiled for use in a pandemic. NEMO recommended a 6-weeks' stockpile of essential items for use or distribution during a pandemic. Remember to rotate supplies that have an expiry date.

Develop a policy to cover your agency when staff and volunteers become ill with influenza. It is important to enable those who are sick to recover fully; people will be contagious until their symptoms have resolved. Once someone has recovered from pandemic influenza, they will be immune to the disease.

Develop procedures to deal with staff or volunteers who become ill at work.

Designate someone to co-ordinate pandemic planning and to produce a written Service Continuity/Pandemic Plan.

Designate someone to co-ordinate staff and volunteer training and education about pandemic influenza. “Look after yourself: how to care for yourself and the people you care about”, a self-care guide for pandemic and seasonal influenza will provide staff and volunteers with basic information that will be useful to them to know in the event of a pandemic or during flu season. “Look after yourself” is available at:
http://www.vch.ca/pandemic/docs/Look_after_yourself.pdf

Share your pandemic planning with sister agencies providing similar or complementary services, so as to maximize the benefit from your collective efforts.

Appendix 2: Government of Saint Lucia influenza cleaning requirements

1. Office cleaning should be stepped up during this period.
2. Filters of the air conditioning systems should be cleaned.
3. Telephone sets in common areas should be cleaned twice daily.
4. All common areas, counters, railings, washbasins, toilet bowls, urinals and septic tanks (where these are present) should be cleaned twice daily as a minimum.
5. Details of suitable cleaning solutions can be found in table below.

Disinfectants	Recommended use	Precautions
Granular chlorine: e.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturer's instructions.	May be used in place of liquid bleach, if it is unavailable.	<ul style="list-style-type: none"> • Should be used in well-ventilated areas. • Protective clothing required while handling and using undiluted bleach. • Do not mix with strong acids to avoid release of chlorine gas. • Corrosive to metals.
Alcohol: e.g. Isopropyl 70%, Ethyl alcohol 60%.	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.	<ul style="list-style-type: none"> • Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation. • Keep away from heat sources, electrical equipment, flames, and hot surfaces. • Allow it to dry completely, particularly when using diathermy.