



Government of Saint Lucia

Emergency Well-Being Support Plan

Document of the Saint Lucia National Emergency Management Plan

Rev.: March 10, 2005 | August 16, 2006 | September 28, 2006 | April 3, 2007 | June 21, 2007

*Developed by NEMO Secretariat and based on the
National Welfare Emergency Management Support Plan of Western Australia - April 2003
<http://www.community.wa.gov.au/NR/rdonlyres/01314C60-9752-497D-B759-097462C0847C/0/DCDPLNStatewelfareemergencymanagementsupportplan050101.pdf>*

and

Crown copyright 2005 - Emergency Response and Recovery

and

*The Needs of Faith Communities in Major Emergencies: Some Guidelines, Produced by the British Home Office and
Cabinet Office – July 2005*

www.ukresilience.info/upload/assets/www.ukresilience.info/faith_communities.pdf

**On 24 September, 2009 by Conclusion 1151/2009
the Cabinet of Ministers approved the
National Emergency Management Plan for Saint Lucia**



TABLE OF CONTENTS

Glossary Of Terms	5
Part 1 - Introduction	7
General	7
Aim	7
Scope.....	7
Limitations	7
Objectives	7
Title.....	8
Related Documents	8
Authority And Planning Responsibility.....	8
Statutory Authority	8
Disaster Cycle	8
Comprehensive Disaster Management	9
St. Georges Declaration Of Principles	10
Situation	10
Assumptions.....	10
Part 2 - Operational Concept.....	11
Introduction.....	11
Operational Concept	11
Well-Being Functional Areas	11
Part 3 - Organisation And Responsibilities.....	13
General	13
Well-Being Committee	14
Chair - Well-Being Committee.....	14
Government Liaison Officer, [Most]	14
Community Development Officers.....	14
Assignment Of Well-Being Function Areas.....	16
Emergency Shelters	17
Resource Support	18
Communications	18
Public Information	18
Part 4 - Individuals And Groups Affected By Emergencies.....	18
Survivor Reception Centre.....	19
Rest Centre.....	19
Family And Friends Reception Centres.....	20
Family Assistance Centres	20
Police Family Liaison Officers	21
Police Casualty Bureaux	21
The Deceased	23
Rescuers And Response Workers	23
Children And Young People.....	24

Faith, Religious, Cultural And Minority Ethnic Communities.....	25
Older Persons And Differently Abled People.....	26
Memorials And Disaster Appeals	26
Memorial Services Or Services Of Remembrance	26
Disaster Appeals	27
Part 5 - The Needs Of Faith Communities In Major Emergencies.....	27
Specific Features And Requirements Of Faith Groups And Beliefs	27
Faith And Belief Groups	28
Feeding And Resources	28
Grieving And Healing Process Following A Major Disaster	29
Introduction.....	29
At The Scene.....	29
The Local Community	30
The Memorial Service.....	30
Anniversaries	31
Floral Tributes And Messages Of Condolence.....	32
Part 6 - Operational Matters.....	32
Control And Coordination	32
Well-Being Coordination Centres.....	32
National Well-Being Coordination Centre	33
Support Agency Officers	33
Activation.....	33
Appendix 1: National Emergency Management Organisation	36
Appendix 2 - Roles And Functions Of Participating Organisations And Support Agencies	37
Appendix 3 – Return To Happiness Case Study.....	40
Appendix 4 – Well-Being Committee	41
Appendix 5 – Fact Sheets For Faith Groups And Humanism	42

GLOSSARY OF TERMS

CHAIR – WELL-BEING COMMITTEE – A person nominated by the Well-Being Committee to activate responses to emergency Well-Being situations.

COORDINATION - the bringing together of organisations and elements to ensure an effective response, primarily concerned with the systematic acquisition and application of resources (organisation, human resources and equipment) in accordance with the requirements imposed by the threat or impact of an emergency.

CULTURE - An evolving mix of values, lifestyles and customs derived from social heritage. The culture of ethnic minority groups will be affected by the social, economic and political situation in the part of the country in which they live – it is not just about ethnic origin and religious beliefs. Day to day social, economic and political life will have a greater impact on some ethnic groups than on others for whom religion may be almost an all embracing influence. Culture often includes language or dialect.

EMERGENCY - an event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which is beyond the resources of a single organization or which requires the coordination of a number of significant emergency management activities.

EMERGENCY SHELTER – centres established from which the coordination of emergency Well-Being services during an emergency are carried out.

ETHNICITY - Members of the same ethnic group have a sense of shared past and origins; they perceive themselves as distinct from others; and these complementary aspects of common origin and distinctness are enhanced when different groups come into contact with each other. Members of the same ethnic group may often be followers of different religions.

HAZARD – a situation or condition with potential for loss or harm to the community or the environment.

NEMO SECRETARIAT - that organisation which, because of its legislative responsibility or specialised knowledge, expertise and resources is responsible for ensuring that emergency management activities pertaining to the prevention of, preparedness for, response to and recovery from a specific hazard are undertaken.

REGISTRATION – The process of accurately recording on registration forms, appropriate details of all persons affected by an emergency who are temporarily in an Emergency Shelter.

RELIGION OR BELIEF - A religion or belief is a world-view or 'life stance' - a set of answers to so-called 'ultimate questions' involving values - spiritual and moral – and beliefs about the nature of life and the world. Religions usually but not always involve belief in a God (or Gods). People of many different cultures and ethnic groups may adhere to the same religion or belief. We need only consider how Christianity and Islam in particular have spread throughout the world to realise that culture and religion are far from synonymous.

WELL-BEING SUPPORT AGENCY - that organisation whose response in an emergency is to provide support functions under the National Well-Being Support Plan.

WELL-BEING CENTRE – any centre established to provide emergency Well-Being services to persons affected by an emergency. It may be an Evacuation centre, Accommodation Centre, or Relief/Recovery Centre, e.g. ‘One-Stop-Shop’.

PART 1 - INTRODUCTION

GENERAL

1. In emergency management terminology, Well-Being is defined as providing immediate and ongoing supportive services, to alleviate as far as practicable the effects on persons affected by an emergency.
2. The provision of Well-Being under this plan incorporates a range of services aimed at achieving the above.
3. The development of this emergency Well-Being service is based fundamentally on the utilisation of resources already existing within the community.
4. The Well-Being Emergency Support Plan supports a community centred approach to emergency management. At the Local level the plan aims to supplement the resources of the local community when required.

AIM

The aim of the Emergency Well-Being Support Plan is to detail the management arrangements at the National and Local levels for the provision of emergency Well-Being services during emergencies.

SCOPE

This plan details National policy and arrangements adopted by the Government of Saint Lucia to coordinate Well-Being services in an emergency. It also details National level organisation and response arrangements in support of local Well-Being support plans. The arrangements provide for both government and non-government organisations to operate in a cooperative and coordinated manner in accordance with agreed roles and responsibilities.

It is important that the planning and provision of emergency Well-Being services at the local level are consistent with, as far as possible, with the policy and concepts detailed in this plan.

LIMITATIONS

This plan is limited to the coordination of Well-Being Responses to actual or potential major events, and is not activated to be the only responder. The National Emergency Management Organisation [NEMO] must be notified of all MAJOR activations. This is necessary to allow for the rapid coordination of resources should the incident escalate to a level requiring National mobilisation.

OBJECTIVES

The objectives of this Plan are to:

- a. Prescribe the organisation, concepts, responsibilities, mechanisms and procedures for statutory and non statutory organisations involved in the delivery of emergency Well-Being services;
- b. Establish a basis for the provision and coordination of emergency Well-Being services and resources during emergencies;
- c. Establish practice and principles for the coordination of emergency assistance and relief measures; and

- d. Provide the basis for Well-Being planning at the local level.

TITLE

This plan shall be titled the National Emergency Well-Being Support Plan.

RELATED DOCUMENTS

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

- a. Relief Distribution Plan;
- b. Emergency Shelter Manual
- c. Stress Response Team Plan
- d. Emergency Response Plan for the Homeless

AUTHORITY AND PLANNING RESPONSIBILITY

The authority for this plan is the Cabinet of Ministers of Saint Lucia

Responsibility for the development and maintenance of the plan is allocated to the National Emergency Management Organisation Secretariat.

STATUTORY AUTHORITY

Disaster Preparedness and Response Act No 13 of 2000

Section 8(2) -- The National Disaster Response Plan shall include – (a) procedures related to disaster preparedness and response of public officers, Ministries and Departments of Government, statutory bodies, local government units... for, response to and recovery from emergencies and disaster in Saint Lucia.

DISASTER CYCLE

The Disaster Cycle comprises of the following elements:

BEFORE

- Prevention
- Mitigation
- Preparedness

DURING

- DISASTER OCCURS

AFTER

- Response
- Reconstruction / Recovery
- Rehabilitation / Rebuilding



COMPREHENSIVE DISASTER MANAGEMENT

It is understood by the Government of Saint Lucia that the disaster cycle lends itself to a comprehensive approach to disaster management, whether within the Private Sector or at a National Level.

Comprehensive Disaster Management [CDM] was conceptualised by the Caribbean Disaster Emergency Response Agency [CDERA] as a new direction for disaster management for the 21st century. It moves away from the relief and response mode to a comprehensive approach which takes disaster and mitigation considerations into account during the planning and development stages. It also expands the partners to include economic, social, and environmental planners, architects, engineers, and health professionals among others. [CDERA Press Release of Feb 27, 2004]

With the main objective being to integrate Comprehensive Disaster Management into the development planning process it is the Government of Saint Lucia's intension to weave Comprehensive Disaster Management into the Corporate Life through the recommended Intermediate Results [IR]

GOAL			
Regional Sustainable Development enhanced through Comprehensive Disaster Management			
PURPOSE			
<i>'To strengthen regional, national and community level capacity for mitigation, management, and coordinated response to natural and technological hazards, and the effects of climate change.'</i>			
OUTCOME 1: Enhanced institutional support for CDM Program implementation at national and regional levels	OUTCOME 2: An effective mechanism and programme for management of comprehensive disaster	OUTCOME 3: Disaster Risk Management has been mainstreamed at national levels and incorporated into key sectors of national economies (including tourism, health, agriculture and nutrition)	OUTCOME 4: Enhanced community resilience in CDERA states/ territories to mitigate and respond to the adverse effects of climate change and disasters

ST. GEORGES DECLARATION OF PRINCIPLES

It is understood that as a tool to achievement of the CDM Strategy it is this Agency's undertaking to support Principle Nine of the St. Georges Declaration of Principles for Environmental Sustainability in the OECS.

Where each member state agrees to:

- a. Establish at the community, national and regional levels appropriate and relevant integrated frameworks to prevent, prepare for, respond to, recover from and mitigate the causes and impacts of natural phenomena on the environment and to prevent man made disasters;
- b. Exchange information with each other, relating to the experiences and lessons to be learnt from the causes and impacts of natural and man made hazards and phenomena on its environment.

SITUATION

Disasters actually result from three (3) types -- or combinations -- of incidents, caused by:

1. Natural or cataclysmic events (*e.g., earthquakes, fires, floods and storms*);
2. Human behavior (*e.g., robberies, bomb threats, acts of arson, hostage events or transportation strikes*); and
3. Technological breakdowns (*e.g., power outages, computer crashes and virus attacks*).

Hazard analysis and experience have confirmed that Saint Lucia is at risk from numerous hazards, both natural and technological:

- Meteorological Hazard: Hurricanes, Tropical Wave, Tropical Storm, Storm Surge, Flooding, Land Slides, Drought
- Seismic/Volcanic Hazard: Volcanic Eruption, Earthquake, Tsunami [Marine and land based]
- Technological: Fire, Explosion, Hazardous Material Spill, Mass Poisoning, Pollution, Civil Unrest
- Other: Plague, Mass Casualty, Epidemic Outbreak, Dam Failure, Office Violence, Terrorism, Bomb Threat/Explosion, Utility Failure

ASSUMPTIONS

- That the Well-Being Committee shall coordinate matters dealing with the Well-Being of victims of a disaster
- That the Government of Saint Lucia shall respond to a National Disaster.
- That Emergencies in Saint Lucia may be categorised in two ways:

- Those that are preceded by a build-up [slow onset] period, which can provide the NEMO Secretariat with advance warnings, which is used to facilitate timely and effective activation of national arrangements
- Other emergencies occur with little or no advance warning thus requiring mobilization and almost instant commitment of resources, with prompt support from the Government of Saint Lucia just prior to or after the onset of such emergencies

PART 2 - OPERATIONAL CONCEPT

INTRODUCTION

During response and/or recovery operations the concept of Well-Being support is to provide relief services to persons affected by the emergency by coordinating the Well-Being resources of National departments and agencies, together with the Well-Being resources of voluntary organisations and private industry, to meet the emergency Well-Being needs of the community.

OPERATIONAL CONCEPT

The emergency Well-Being operational concept is based on the following:

- a. The designation of a Committee responsible, on a statewide basis, for the management of the emergency Well-Being functions during and after disasters.
- b. The management of emergency Well-Being services shall be based on the daily administrative needs of the unfolding disaster.
- c. The grouping of emergency Well-Being services into six functional areas (see next paragraph: Well-Being Functional Areas) each of which shall be addressed with the relevant Well-Being emergency management support plans.
- d. The allocation of responsibility for each functional area to a “functional” member (i.e. Saint Lucia Red Cross, Poverty Reduction Fund, etc). Where this allocation has been made on an organizational basis such allocation shall, as far as possible, apply at all levels.
- e. The provision of emergency Well-Being services shall be based on a two-tier response, i.e. local resources first, followed by National support.

WELL-BEING FUNCTIONAL AREAS

In an emergency, the physical and psychological needs of those affected can be many and varied. The nature and scale of the emergency will determine the type of services required to meet those needs and the manner in which they should be delivered. For example, only psychological services may be needed for one emergency while another may require a combination of accommodation and psychological services.

To assist in coordinating these services they have been grouped into the following six functional areas:

a. Emergency Accommodation

The provision of temporary shelter for persons rendered homeless, and where necessary, the allocation of more permanent accommodation. The Emergency Shelter Program together with the Policy and Manual speak to Government's commitment to the provision of shelter.

b. Emergency Feeding

The establishment of an emergency Feeding service for those rendered homeless, evacuees, casualties and Well-Being workers. In collaboration with the Supplies Management Committee

- (1) Depending on the numbers involved and the length of time for which Feeding is required, this may be met through either of the following:
 - (a) Voluntary groups such as the Saint Lucia Red Cross with the mandate to feed for the first 72 hours;
 - (b) Fast food outlets;
 - (c) Meals-on-Wheels; or
 - (d) Hospital/Hotel/Motel/Public Feeding services.
- (2) Payment for food provided at designated centres will be met by the NEMO Secretariat through arrangements with the District Disaster Committees.
- (3) Responsibility for provision of meals for emergency workers is the responsibility of Members and the NEMO Secretariat.
- (4) A resource list of Feeding agencies should be maintained by the Supplies Management Committee and included in this Well-Being support plan.

c. Emergency Clothing and Personal Requisites

The provision of essential clothing and personal requisites, such as toiletry packs, to affected persons.

Policy

- (1) This function includes the provision of basic necessities such as blankets, towels, mattresses, pillows, bedding, disposable nappies, and sanitary needs etc.
- (2) Where possible new clothing or financial assistance for the purchase of new clothing should be provided to eligible persons as soon as practicable.
- (3) The use of 'recycled' clothing is a last resort.
- (4) The Committee should maintain and include in the Well-Being support plan lists of retail outlets agreeing to participate in these arrangements and ensure that acceptable procedural matters have been established.

d. Personal Services

The provision of services including information, advice and counseling services, to ensure that affected persons receive the necessary personal support to cope with the effects of loss, stress, confusion, trauma and family disruption.

Policy

(1) The Stress Response Team shall be activated should the Well-Being Chair or the Director NEMO deem it necessary.

(2) Information and advice services may cover such matters as relief measures, availability of grants and other forms of financial assistance, insurance, legal advice, health and safety, rebuilding, child care and financial counseling.

(3) Well-Being Committee Members should maintain and include in the Well-Being support plan a list of agencies and establish procedural arrangements for their participation following major emergencies.

e. Registration and Inquiry

The implementation of a registration and inquiry system that provides for individuals to be traced, families reunited and inquiries answered.

Policy

(1) Well-Being Member: Saint Lucia Red Cross shall activate its Tracing Protocols.

f. Financial Assistance

(1) Any financial assistance to be provided shall be upon instruction of the Cabinet of Ministers.

<p style="text-align: center;">PART 3 - ORGANISATION AND RESPONSIBILITIES</p>

GENERAL

The provision of emergency Well-Being services is based on the following:

- a. Agency Members capable of managing this responsibility;
- b. The Director NEMO ensuring the Committee's capacity to respond effectively to emergencies;
- c. Well-Being Emergency Committees at the State and Local level assisting District Committees their responsibilities;
- d. Agency Members designated to manage each of the six Well-Being functional areas;
- e. Other government and non-government agencies to support the NEMO Secretariat deliver emergency Well-Being services as needed; and
- f. Recognition that District Committees may appoint have mechanisms in place.

An organisational diagram is attached at **Appendix 1**.

WELL-BEING COMMITTEE

Chair - Well-Being Committee.

- (1) The title “Chair - Well-Being Committee” used throughout this plan implies the Committee appointed Chair of the Committee.
- (2) The responsibilities of the Chair - Well-Being Committee include the following:
 - (a) Co-ordination of all Emergency Well-Being services at the National. Chair the National Well-Being Committee;
 - (b) Co-ordination of all participating agencies within the Country; and
 - (c) Coordination of the Well-Being response during emergencies.

Government Liaison Officer, [MoST]

- (1) The Government Liaison Officer is a Ministry of Social Transformation appointed officer of the Department, whose function is to ensure the preparedness of the Ministry of Social Transformation to carry out its emergency management functions. The Liaison Officer is the link between the Ministry and the NEMO Secretariat.

Community Development Officers

- (1) Community Development Officers sit on District Disaster Management Committees where these committees exist.
- (2) The responsibilities of the CDO at District level include the following:
 - (a) Represent the Department for Community Development on District Committees;
 - (b) Ensure the arrangements of this plan are clearly understood at the District level;
 - (c) Clarify the Department’s policy on emergency Well-Being matters where required;

WELL-BEING EMERGENCY COMMITTEE

National Well-Being Emergency Committee. This Committee has the following role, functions and composition:

a. Role:

To assist the NEMO Secretariat to manage emergency Well-Being services during and after major disasters.

b. Functions

1. Assist with the testing and maintenance of the Well-Being Emergency Management Support Plan;
2. Provide advice and support to the Chair - Well-Being Committee on all aspects of emergency Well-Being services during emergencies;
3. Provide a forum for discussing/resolving Well-Being issues during and after major disasters.

4. Review post response/recovery and/or exercise reports of emergencies involving Well-Being services with a view to amending arrangements in this plan; and
5. Make appropriate recommendations to the Chair - Well-Being Committee for the improvement and establishment of coping mechanism in the disaster.

c. Membership

Membership of the Well-Being Committee comprises of but is not limited to:

Executive

1. Saint Lucia Red Cross – CHAIR
2. The Salvation Army – Deputy Chair
3. Ministry of Commerce – Meeting Rappature
4. Saint Lucia Cadet Corps
5. Ministry of Social Transformation
6. Ministry of Education
7. Supply Management Committee
8. Shelter Management Committee

Uniform Groups

9. Boy Scouts
10. Cadet Corps
11. Girl Guides
12. St. John Ambulance Brigade
13. Community Services of the SDA

Civic Groups

14. Saint Lucia National Council of Women's Voluntary Organizations
15. National Organization of Women
16. Rotary Club [All Clubs]
17. Rotract Club [All Clubs]
18. Lions Club [All Clubs]
19. Leo Club [All Clubs]
20. Kiwanis Club [All Clubs]
21. Help Age International
22. National Council of and for Persons with Disabilities
23. Saint Lucia Blind Welfare Association

Faith Based Groups

24. Empress Menin Foundation
25. Saint Lucia Christian Council
26. Islamic Association of Saint Lucia
27. Association of Gospel Preaching Churches
28. CARITAS Antilles
29. Adventist Development and Relief Agency [ADRA]

Essential Services

30. Royal Saint Lucia Police Force/Well-Being Officer
31. Saint Lucia Fire Service/Well-Being Officer
32. Saint Lucia Crisis Centre
33. Human Services [Ministry of Health]
34. Ministry of Gender Affairs

Financial

35. National Community Foundation [NCF]
36. Social Development Fund [SDF]
37. Chamber of Commerce
38. BELLFund

NEMO Committees

39. Eighteen Well-Being Team Leaders from the District Disaster Committees

d. Meetings.

The frequency of meetings shall be determined by the Chairperson with a minimum of two meetings per year. Executive/secretarial support shall be provided by the NEMO Secretariat

ASSIGNMENT OF WELL-BEING FUNCTION AREAS

Each of the six Well-Being functional areas shall be managed by the following organisations that have accepted responsibility for that function:

- a. Emergency Accommodation – Emergency Shelter Committee
- b. Emergency Feeding – Saint Lucia Red Cross [first 72 hours]
- c. Emergency Feeding - Salvation Army [first 72 hours]
- d. Personal Requisites – Any Committee Member
- e. Personal Services – Any Committee Member
- f. Registration – District Committee
- g. Financial Assistance – GOSL Decision
- h. Tracing – Saint Lucia Red Cross

Note: Agencies managing functions are assisted by other agencies for example:

- Emergency Feeding – Civic Association, Faith Based Groups
- Personal Services – CARITAS Antilles, ADRA, Salvation Army

The services though **MUST** be coordinated.

Role and responsibilities of agencies co-opted to the committee will be individually negotiated with the agency and entered into the plan.

The above responsibilities extend to Local level. Where an organisation is unable to meet its responsibilities, the Committee, upon being advised, will make alternative arrangements.

The arrangements for the management of each function are to be detailed in the organisation's own plan.

EMERGENCY SHELTERS

General.

a. Emergency Shelters are part of the “Emergency Accommodation” function. They are established as emergency facilities from which shelter, food, clothing, financial assistance, registration, personal support and all other Well-Being services can be provided until alternative arrangements can be made.

b. Emergency Shelters may provide locations for assembly, evacuation, reception, accommodation and relief and recovery (e.g. One-Stop-Shop) Emergency Shelters may be established individually or in any combination. This will be arranged as required by the relevant Committee Heads [i.e. Emergency Shelters and Well-Being].

Emergency Shelters/Services

a. The establishing and managing of Emergency Shelters has to be a joint operation between Committees so as to provide the following facilities and services as required by persons affected by an emergency.

- (1) Administration
- (2) Emergency Feeding
- (3) Emergency Clothing and Personal Requisites
- (4) Personal Services
- (5) Registration and Inquiry
- (6) First Aid
- (7) Emergency Accommodation
- (8) Security

b. These services are provided by the relevant responsible agencies listed at **Appendix 2** and are reflected in their individual organisational plans.

Emergency Shelters Locations.

- a. Emergency Shelters have been designated by the Ministry of Works for the entire island.
- b. Selection has been made taking into account geographical location to ensure flexibility in coverage, ease of identification and known premises. The actual location of these centres is documented and the list maintained by the Ministry of Works and is published annually.
- c. The opening of an Emergency Shelter is not an automatic function. The opening of a shelter shall be authorised by the Prime Minister, Cabinet Secretary or the Director - NEMO

RESOURCE SUPPORT

The National Well-Being Committee has the primary responsibility for coordinating the provision of Well-Being resources. Requests for additional resource support, where required, should be made to the Chair for recommendation to the Director – NEMO.

COMMUNICATIONS

The provision of communication between Emergency Shelters and the Well-Being Committee is the responsibility of the Telecoms Committee of NEMO. (refer to *Telecommunications Plan*)

PUBLIC INFORMATION

The Government Information Service is responsible for the provision and management of public information during emergencies (refer to *Information Management in Disasters*)

Member Agencies of the Committee should only provide information to the public and the media on issues that are directly their responsibility. All other matters should be referred to the NEMO Secretariat.

PART 4 - INDIVIDUALS AND GROUPS AFFECTED BY EMERGENCIES

Those who have survived an emergency with no apparent physical injuries (or with only minor injuries) may nonetheless be traumatised and suffering from shock, anxiety or grief. They will, therefore, need to be treated with care and sensitivity.

They are often anxious for information about the incident; any family, friends or colleagues who may have been affected by the emergency; the location of other survivors; and what will happen to them next and when. Their initial needs are likely to include:

1. shelter and warmth;
2. information and assistance with contacting family and friends;
3. support in their distress;
4. food and drink;
5. first aid to treat injuries and meet medicinal and mobility needs; and
6. changing, washing and toilet facilities, and perhaps spare clothing.

Uninjured survivors may also need Well-Being support beyond these immediate requirements. This could include transport home, finding temporary accommodation and financial advice and assistance.

Psychological Well-Being is also important. Some apparently uninjured survivors may display adverse symptoms, immediately or a considerable time later. Experience has shown that the quality of care and support received by survivors in the immediate aftermath of an incident is crucial in managing the longer-term psychological effects.

The Well-Being Committee together with the Department of Human Services, are responsible for co-ordinating the provision of care and Well-Being support by both the statutory and voluntary sector in disasters.

Survivor Reception Centre

There may not always be a need for this centre, however consideration should be given.

The Survivor Reception Centre is a secure area in which survivors not requiring acute hospital treatment can be taken for short-term shelter and first aid. Information will usually be gathered by Police documentation teams and interviews undertaken where necessary. It may be established and run initially by the emergency services – who will be first on the scene – until the Well-Being Committee becomes engaged in the response.

Survivors will often be able to provide crucial information about what happened and may be important witnesses at any subsequent trial or inquiry. There must be a balance between the requirement to gather evidence from survivors and the reluctance of some to remain at the scene of their distress. For example, prioritising information might help, so that only names and addresses are taken from those anxious to leave, with further details being obtained later.

The Survivor Reception Centre is likely to be activated for only a limited period of time, and then may cease operation or migrate into the Rest Centre facility. The longer-term Well-Being requirements of survivors will be met through Government Programs in collaboration with Non Government Associations and Faith Based Groups.

Rest Centre

A Rest Centre is a building designated or taken over by the Well-Being Committee for the temporary accommodation of evacuees and homeless survivors, with overnight facilities.

The longer-term housing needs of those made homeless by an emergency – or those who need to be evacuated for long periods of time – are handled by the Government through its Emergency Housing Policies.

The responsibility for organising, staffing and providing logistical support for Survivor Reception Centres and Rest Centres will be done between the Well-Being Committee and its Member Agencies together with the nearest District Disaster Committee. However, the Team will rely upon the contributions of other services to provide effective assistance to uninjured survivors. In particular:

- the Police may need to ensure the security of these facilities, controlling access in order to prevent uninvited media representatives or onlookers disturbing those inside;
- Medics may be required to give assistance in treating those requiring non-acute medical care and dealing with the effects of trauma and the Team can augment the Ministry of Health's capabilities and capacity to provide Well-Being support.

The flow of information to survivors from responding agencies is also important if anxiety and disruption to lives is to be kept to a minimum.

Family and friends

Family and Friends Reception Centres

Experience has shown that in the immediate aftermath of an incident many people will travel to the scene or to meeting points such as travel terminals if they believe their family or friends may have been involved in an emergency.

If necessary, the Police, in consultation with the Well-Being Committee, will establish Family and Friends Reception Centres at suitable locations, to help reunite family and friends with survivors – it will provide the capacity to register, interview and provide shelter for family and friends. These may be near the scene, in the area of the community affected or at arrival and departure points. Any commercial, industrial or other organisations concerned may also need to be consulted as they may have a role in providing assistance.

Family and Friends Reception Centres will be staffed by Police, Well-Being Committee Members. Interpreters may also be required.

Those responsible should give the fullest possible information to enquirers seeking news of people who might be affected, while taking care to preserve the privacy of the individual. Friends and relatives who may be feeling intense anxiety, shock or grief, need a sympathetic and understanding approach. Proper liaison and control must be in place to ensure that information is accurate, consistent and non-contradictory.

Again, access may need to be controlled in order to prevent uninvited media representatives or onlookers from disturbing those inside.

Family Assistance Centres

The Committee with the Department of Human Services [DHS] will also need to put in place mechanisms to meet the needs of family and friends who are not reunited with their loved ones during the initial response to the emergency. Family Assistance Centres may be established to provide comprehensive longer-term humanitarian assistance, in particular during the remainder of the response and any subsequent investigations. The scale and nature of the emergency may also influence the longer-term requirement for a Family Assistance Centre and the organisations required to be present. Having considered the potential scale of an incident, the Well-Being Committee will make a decision on the opening of a Family Assistance Centre. This decision will draw heavily on the views of the DHS and the District Disaster Committee where the Family Assistance Centre would be sited.

Its fundamental purpose is to act as a one-stop shop for survivors, families and all those impacted by the disaster, through which they can access support, care and advice. The Family Assistance Centre will:

1. act as a focal point for humanitarian assistance to bereaved individuals and families; survivors; and impacted communities;

2. enable individuals and families to gain as much information as is currently available about missing family members and friends;
3. enable the gathering of mass forensic samples in a timely manner, which enhances the ability to identify loved ones quickly;
4. offer access to a range of facilities that will allow individuals, families and survivors to make informed choices according to their needs; and
5. provide a coherent multi-agency approach to humanitarian assistance in emergencies that will minimise duplication.

The DHS will lead in identifying and establishing these centres, in consultation with the Well-Being Committee, Police colleagues and the District Disaster Committee involved. The responsibility for identifying and securing the use of suitable premises rests with the DHS, which will co-ordinate Well-Being support to the community in the event of an emergency. It will also be responsible for ensuring that the costs are met for the securing of the use of premises in the planning phase, and for providing the centre itself in the event of an emergency. However, it is important to adopt a multi-agency approach to this task. During the planning phase the DHS may enter into agreements with voluntary agencies, establishing clear expectations in relation to the responsibility for the payment of costs.

The Family Assistance Centre will exist for a limited period [4 days], and ongoing support to survivors, families and affected communities will be provided through existing outreach groups already established by Government.

Police Family Liaison Officers

Following an emergency that involves loss of life, Police Family Liaison Officers (FLOs) have a crucial role to play in investigating those believed to be missing and assisting in the identification process by the collection of ante mortem data from families and others. They will be working to a family liaison strategy for the emergency set by the Police Senior Identification Manager (SIM). This individual will have overall responsibility for the identification of the deceased on behalf of Coroner.

FLOs have an important role to play in providing a single point of contact – particularly in the aftermath of the emergency – keeping families informed of developments in respect of the identification and any investigation that may take place. The FLO will also provide a liaison point for other agencies that may be able to assist with the family needs.

Police casualty bureaux

In many emergencies, establishing the identity and whereabouts of people will be a critical issue. The purpose of a Police casualty bureau is to provide a central contact and information point for gathering and distributing information about individuals who have been, or are believed to have been, involved in an incident. For the purposes of the bureau, a casualty may be defined as any person who is directly involved in, or affected by, the incident. This will include survivors, evacuees and the deceased.

A Police casualty bureau has three fundamental tasks:

1. to obtain relevant information regarding persons involved or potentially involved;
2. to assess and process that information; and
3. to provide accurate information to relatives and friends, the investigating and identification officers and HM Coroner.

When a casualty bureau is required, its early establishment is essential. Without such a facility, calls from concerned friends and relatives may swamp control centres, with the potential to severely inhibit the management of the response to the incident. Once the bureau is activated and able to receive calls, the media will publicise a dedicated telephone number.

The bureau telephone numbers must also be passed as soon as possible to telephone network controllers, control rooms for the other emergency services and the local authority (or authorities), receiving hospital switchboards, and embassies (if appropriate). These measures will reduce delays and confusion caused by embassies and relatives ringing round for information.

As part of this process the Police will send documentation teams to each receiving hospital, the mortuary, Survivor Reception Centres and, possibly, Rest Centres, as well as to relatives. Good co-ordination of this activity is essential to avoid unnecessary duplication of visits, particularly to next of kin.

In order to fulfill its role, the casualty bureau will:

1. receive enquiries from the general public and file missing person (MISPER) reports;
2. record details (including their whereabouts) of survivors, evacuees, the injured and deceased through reports from Police documentation teams, receiving hospitals, Survivor Reception Centres, Rest Centres, Family and Friends Reception Centres, etc.;
3. formulate a comprehensive list of missing persons;
4. collate data to support identification of persons involved;
5. liaise with the ante mortem team; and
6. inform enquirers (by the most appropriate means) of the condition and location of these persons.

A number of commercial organizations offer family assistance services in the event of an emergency occurring in their sector. For example:

- Upon notification of an accident, airlines and helicopter operators will activate emergency response plans. This will include the assembly of humanitarian assistance teams.

It is important that any arrangements for call centres opened by transport operators and other commercial organisations to provide information following an emergency are closely linked into Police casualty bureau procedures. This will help minimize the potential for duplication of effort and, more importantly, inconsistencies in the messages given out. It is also important that any responding commercial organisation is integrated into the Family Assistance Centre to ensure there is genuine multiagency co-ordination.

The Deceased

It is essential that the handling of issues surrounding fatalities is both efficient and sensitive. What is important is that the response – as far as it is possible – seeks to satisfy the legal requirements for enquiring into what happened and the needs of families, providing timely and accurate information and appropriate support.

Challenges faced by responding agencies are likely to be diverse and complex. A whole range of activity is likely to be undertaken from recovering the deceased from the incident site to identifying them, and in turn releasing them to families for funerals.

Rescuers and Response Workers

Emergencies place enormous demands on all involved in the response and recovery effort. Pressure of work may sometimes be sustained over long periods. The DHS together with the Well-Being Committee and to some extent the Supplies Management Committee need to ensure they look after the physical, emotional and psychological Well-Being of volunteers.

The Occupational Health and Safety Legislation requires employers and others to ensure so far as reasonably practicable a safe place of work and working practices. The legislation is therefore flexible – what is reasonably practicable in the challenging circumstances of an emergency will clearly be different to what is reasonably practicable on a day-to-day basis. Responding agencies should apply their training, knowledge and skills in assessing the circumstances they face and should take appropriate precautions. In most cases, this will be, to apply their established systems of work and use their usual equipment, including personal protective equipment. Some circumstances may require more detailed assessment (e.g. before the emergency services can safely enter a badly contaminated or unstable building).

Similarly, legislation on working time is not a bar to the emergency services or others responding to an emergency effectively. Given the way in which working time is calculated (e.g. the 48-hour limit is calculated by averaging time worked over 17 weeks), relatively long periods of long hours can be accommodated. There is also a number of exceptions which will apply depending on the circumstances. However, given the challenging nature of emergency response work, responding agencies should ensure that shifts are of a reasonable length and rotas are in place.

Other physical requirements include:

1. refreshments at any response scene, especially to provide warmth or prevent dehydration;
2. facilities for taking meals away from “the front line”;
3. washing and changing facilities;
4. medical and first-aid facilities; and
5. telephone and transport provision so people can keep their families informed and get home as quickly as possible.

With regard to psychological Well-Being, the Well-Being Committee, through the DHS/Stress Response Team, should consider the need for:

1. proper briefing to inform people to know what is happening and what their contribution will be;
2. honest information about what to expect where unpleasant or stressful tasks are involved;
3. quiet space to prepare, unwind or think;
4. someone to discuss experiences with, both at the time and afterwards [briefing and debriefing];
5. providing access to information on sources of help or support;
6. information about what constitutes a normal reaction;
7. similar support and information for family or partners; and
8. debriefing at the end of a day's activity and the close of operations.

For many it will be enough to talk through issues with their colleagues or peers, perhaps guided by a suitably trained or experienced person. Some, however, will require skilled professional help. All services should provide access to this in a way that ensures confidentiality and overcomes any cultural resistance.

In areas of activity that are particularly harrowing it is important to advise personnel (be they professional or voluntary workers) of the nature of the work involved. Training and selection arrangements should aim to ensure that suitable staff is chosen, appropriate training is given and support is available.

The Well-Being of personnel remains the responsibility of individual agencies together with the DHS/Stress Response Team. Voluntary organisations may be asked to augment the efforts of occupational health personnel if required.

Meeting the needs of specific groups

The care and support needs of a range of groups require special consideration. This section focuses on four such groups:

1. children and young people;
2. faith, religious or cultural groups;
3. older persons
4. differently abled people and
5. women

which can make challenging demands on responding agencies.

Children and young people

Feeding for the needs of children and young people raises particular issues. The emotional effects on children and young people are not always immediately obvious to parents or school staff. At times they find it difficult to confide their distress to adults, often because they know it will upset them. In some children the distress can last for months and may affect academic performance. Families, carers and professionals who deal with children and young people need to be aware of the range of symptoms that they may show after a major trauma. They should note any changes in behaviour and alert others.

There are a number of key issues to consider:

1. The relaying of accurate information to children and young people as well as adults is vital.
2. The families of children and young people caught up in a tragedy need full and accurate information as quickly as possible.
3. Formal debriefing meetings for children, young people and adults can be an important part of the rehabilitation process.

Many Schools have Counselors available to provide the necessary support and assistance to children who have experienced trauma or other problems following an emergency. Their expertise should be sought at an early stage of the response to any emergency where children and young people are involved or affected that shifts are of a reasonable length and rotas are in place to ensure the continuing health, safety and effectiveness of personnel.

Working with children and young people brings its own particular strains – arrangements must include the Well-Being needs of support workers. It is important that staff and volunteers who have a specified role in dealing with children and young people in the event of an emergency have undertaken appropriate checks.

UNICEF's Return to Happiness Program - With the help of the volunteers, children share their stories, games and music. They are expressing what they feel; the wounds are healing. The methodology used in the programme enables children to address their emotions; in this way, the programme seeks to help the children return to their normal lives.

The *Return to Happiness* concept was first developed in Mozambique during the 1992 civil war. Adaptable for various situations, it has been used in Ecuador with children of soldiers, in Colombia after the 1998 earthquake, in Nicaragua following Hurricane Mitch and in Grenada in 2004 after Hurricane Ivan.

See **Appendix 3** for a case study.

Faith, religious, cultural and minority ethnic communities

Any emergency that occurs is likely to involve members of different faith, religious, cultural and ethnic minority communities. Emergency services, Government Agencies and other responding agencies should bear their needs in mind. Where this can be reasonably anticipated, suitable arrangements shall be built into plans. In cases such as transport accidents it is more difficult to predict who will be affected, but pre planning can at least identify which organisations can provide help and maintain advice on how to engage them.

Some people may have language difficulties: help from translators and interpreters may therefore be needed. Any interpreters used should be aware of the principles of responding to and recovering from emergencies (and will need appropriate support afterwards). Linkages with the Ministry of Foreign Affairs, Embassies and the Council of and for Persons with Disabilities are all sectors that may assist with Translators.

Particular faith, religious, cultural and minority ethnic requirements may relate to medical treatment, gender issues, hygiene, diet, clothing, accommodation and places for prayer. Depending on the faith, religion, culture and ethnicity of the deceased or bereaved, there may also be concern about how the deceased are managed, and the timing of funeral arrangements.

Various sections of faith communities have well established emergency arrangements. It is therefore important to integrate their requirements into general contingency planning as far as possible. Further advice on the particular needs of faith communities is available later in this document.

Older Persons and Differently Abled People

Careful consideration should also be given to the needs of elderly and disabled people involved in or affected by an emergency; they may have needs which necessitate additional sensitivity, care or support or the deployment of specific resources (e.g. mobility aids). Disabilities are wide ranging and may include: physical or sensory impairment (e.g. hearing or sight); learning difficulties; and mental health problems.

The Department of Human Services [DHS] will be aware of residential and nursing homes where elderly people or people with disabilities reside or visit for day care. In the event of an emergency, families and neighbours may also bring to the attention of responding agencies elderly and disabled people who do not receive local authority attention.

It is important to make provision to meet any special needs and to provide additional sensitivity, care or support that may be required. These needs may relate to:

1. information;
2. communication and understanding;
3. mobility;
4. medication; and
5. reassurance.

Memorials and disaster appeals

Emergencies can have a significant and long-lasting physical, emotional and psychological impact on the Well-Being of individuals, families and friends and wider communities affected by emergencies. Experience has demonstrated the effectiveness of two particular mechanisms of enabling the community itself to participate in the longer-term recovery and rehabilitation process.

Memorial services or services of remembrance

A memorial service provides an opportunity for those affected to share their grief with others. However, it often has an important national as well as local role and is likely to receive extensive media coverage. For these reasons it is important to consider the organisation and structure of such events very carefully, covering such aspects as timing, invitations, representation and conduct.

Preparations for such occasions should involve all relevant faith communities, representatives of the bereaved, advisers on media coverage and security, the local community, dignitaries and those who provided different aspects of the response.

Disaster appeals

Whenever an emergency occurs, people often wish to contribute in some way. Even before any appeal has been launched, unsolicited donations are likely to be received by, for example, the Red Cross. Dealing with donations and accompanying letters can be a time-consuming task and it may be preferable to launch an appeal fund. Agencies should make it clear at the earliest opportunity what type of assistance (e.g. financial) they are seeking – dealing with unwanted or unneeded donations can be time consuming and costly.

Voluntary Organisations should note that establishing an appeal fund can be a complex and sensitive task. Appeal fund management involves co-ordinating the handling of donations, weighing the arguments for and against charitable status, appointing independent trustees, deciding how to distribute funds fairly and eventually distributing funds to the appropriate beneficiaries. All of these activities are fraught with potential pitfalls; they require extensive research, planning and monitoring in order to maximise the response of the public.

On the National Scale the management of such an appeal is done by the National Emergency Management Organization Secretariat with the Treasury Department.

PART 5 - THE NEEDS OF FAITH COMMUNITIES IN MAJOR EMERGENCIES

SPECIFIC FEATURES AND REQUIREMENTS OF FAITH GROUPS AND BELIEFS

To understand the needs of the different faith and belief communities in the event of a major incident it is important to take into consideration specific features and requirements of the main faith and belief groups in relation to:

1. Language
2. Diet including fasting
3. Dress
4. Physical contact, medical treatment, hospital stays, Rest Centres
5. Daily acts of faith and major annual events
6. Dying and death customs
7. Resources (e.g. important texts, facilities communities can offer)
8. Names

Fact sheets have been compiled on each of the faith groups represented in Saint Lucia. Details have been agreed with the groups listed below and can be found later in this document.

Faith and Belief Groups

1. Bahá'ís
2. Chinese (Confucian, Taoist and Astrology, Chinese Christian)
3. Church of Jesus Christ of Latter-Day Saints (Mormons)
4. Hindus
5. Japanese (Shinto)
6. Jehovah's Witnesses
7. Jews
8. Muslims
9. Rastafarians
10. Seventh Day Adventists
11. Church of God/Seventh Day

It must be remembered that it will not only be survivors, casualties, deceased victims and bereaved families who will be affected by a major incident: the needs of workers, responders and affected communities should also be taken into account. It is likely that a major incident will involve people from differing faith, religious and cultural backgrounds. Responsible agencies must ensure, wherever it is possible to do so, that due consideration is given to the specific associated needs at the time.

Emergency planners and responders should avoid making assumptions about religion and ethnicity. For instance, not all Asian people will be Muslim, Hindu or Sikh and not all black African people will be Christian.

Consideration must also be given to the possibility that any major incident may involve fatalities. Every care should be given to cater for the needs of bereaved families at the time when they will be seeking to come to terms with their loss. One simple example may be the use of interpreters where language difficulties exist.

Where it is possible to do so, attention should be given to concerns of those individuals and communities for whom post mortem investigations are unwelcome and when there is a requirement for a prompt burial. However, it needs to be acknowledged that there will be some incidents where such considerations will not be assisted by the condition of the bodies of deceased victims.

Feeding and resources

The needs of faith communities should be kept in mind if the provision of food is a consideration. As the individual sections below make clear, planners will be prudent to advise caterers in emergency situations to provide alternatives to animal and dairy products, and to tea and coffee. All Vegetarian, Halal, Kosher and other meat products should be prepared and served in separate areas.

Faith communities themselves may be able to assist with Feeding. For example, Sikh gurdwaras (places of worship) are accustomed to providing large quantities of vegetarian meals, acceptable to all religions, though the practice of *langar* (hospitality to all).

Faith communities of all kinds are normally able to call on volunteers to assist with many practical tasks, and may well offer premises from which emergency services can work. Planners and responders more generally will be aware of the implications of involving the voluntary sector.

GRIEVING AND HEALING PROCESS FOLLOWING A MAJOR DISASTER

Introduction

As the emphasis moves in time from the immediate response to an incident to the recovery phase, the local authority will take on the lead role in the rehabilitation and reconstruction of the community. The transition is likely to be formalized through the multi-agency strategic co-ordination group and may occur within hours, days or even weeks of an incident. Memorial ceremonies, services and anniversaries

Experience gained from disasters has shown that memorial services are an essential part of the grieving and healing process after a major disaster. Services will take many forms and a number may be held, depending on the scale of the incident and the places from which the victims (deceased and survivors) came.

A major incident is likely to create a sense of unity that stretches across different beliefs, including those who are not religious. The inclusiveness of the memorial service and the grieving process generally is therefore most important, it should be accessible to people of all faiths and none.

As a general guide the sequence is likely to be:

At the scene

There will usually be a requirement for some form of simple observance at the scene of the major incident, particularly when there is loss of life. This will usually take place some days after the date the incident occurred and once the identity of the deceased has been established. Where possible, and subject to both Police advice and safety considerations, such a service may be held either close to the scene – within the inner cordon – or actually at the point where death occurred, or is believed to have occurred.

1. Such a service is usually arranged quite hastily and is for the benefit of the victims and their families only, not the wider public. It is therefore important that all families of the deceased are informed of the intention to hold a service and are given the opportunity to attend. Notification to hold a service may be best given by the Police family liaison officers that are allocated to deceased victims' families.
2. In the case of some faiths there may be a requirement to hold a specific ceremony at the crash site or scene of death. Where it is safe and practical for such a ceremony to be held, every effort must be made to enable it to take place. There may be a need for particular symbols or types of flower to be used at the ceremony and early consultation with the families of the victims is essential.

3. Responsibility for making arrangements for services or ceremonies at the scene should ideally fall to faith leaders or clergy who have been actively involved at the scene. Co-operation and agreement will be required from the Police incident commander (if the site is still within a cordoned off area) and the owner of the land or property affected by the incident.

The Local Community

It is usual for a local community to recognise a major incident with fatalities with an early service. This may take the form of acknowledging the disaster in regular weekly services or a specific memorial service for the disaster. In the event of a specific memorial service soon after the incident, the following points should be considered:

1. Where identification has been confirmed, families of the deceased and survivors, along with responding organisations and emergency services, should be invited. This is a challenging task in the early days because not all facts will be known and some may have to travel some distance, perhaps from other countries.
2. Funerals of some of the victims may not have taken place and an early memorial service may either conflict with a funeral or be very difficult for a family to cope with so close to a funeral. Some people may feel an obligation to attend such a public event whereas they may prefer it to take place later – perhaps on the first anniversary of the incident.
3. The media may wish to cover the service. Appropriate media coverage may take time to arrange, and excluding the media may be viewed as heavy handed and denying others who could not attend the service an opportunity to see it.
4. A formal memorial service should be planned properly, with full consultation with the families concerned. It is advisable therefore not to describe locally held services specifically as ‘memorial’.

The Memorial Service

There are a number of key issues to consider when planning a memorial service:

1. **Planning team** - this should include representatives of the bereaved and survivors.
2. **Order of Service** - ideally should reflect the variety of faiths involved in the disaster, with perhaps a non-religious song. When a large number of people have died it may be appropriate to list their names here.
3. **Personal reflections** - there should be opportunity for at least one representative of a deceased victim, one survivor, and (ideally) a member of the responding emergency services to speak.

4. **Communications** - all families of the deceased and survivors should be kept informed of the planning progress in writing.
5. **Venue** - should be large enough to allow as many people as possible to attend.
6. **Personal tribute leaflet** - to accompany the Order of Service. This can contain photographs of the deceased, subject to family agreement and short personal tributes to each of those who died.
7. **Candles** - if practical, one for each of those who died, plus perhaps one to represent the survivors; each to be lit by a member of the deceased's family. It is more sensitive to add a label with the name of the deceased on each candle and the candle can be given to the families when the service is over.
8. **Filming** - experience has demonstrated the value of filming the memorial service for the families and survivors; this needs prior agreement with the owners of the venue. Planners should also consider the possibility of relaying the service via television to other venues nearby, for example community centres and cinemas.
9. **Feeding** - ideally there should be a nearby facility for light refreshments after the service for people to meet and relax after what will be a difficult and emotional occasion. Vegetarian, vegan, halal and/or kosher food should be provided, depending on the faith composition of the congregation.
10. **National Service** - there may also be a call for a national service or mark of respect to be held after a major incident. This may involve senior members of the government and the Governor General. The same considerations of timing and consultation with those affected by the incident described above should take place. In the event of a disaster with victims from other countries, early consultation with representatives from that country will be essential.

Memorial Services take a substantial amount of planning, organising and funding. It may therefore be more appropriate for the service to be held some time later. This will allow sensitive, consultative and inclusive planning to take place.

Anniversaries

The first anniversary is perhaps the most significant and is likely to be recognized in a formal way. It may be appropriate for a formal memorial service to be held. However, the first anniversary may well occur whilst a public inquiry into the disaster is underway or whilst a criminal investigation is still in progress, consequences of which should be taken into consideration.

If there is a perceived expression of interest in holding a formal memorial service or commemoration on the first anniversary, the need for setting this up should be explored. The most important issue to consider is whether or not the families of those who died want such a formal service or occasion. Consultation with all those involved should be approached with great

sensitivity but it is vital to obtain the views of all families as to the time, location and nature of the service or event.

It is probable that families and friends of those who died or were injured will keep returning to the disaster site on every anniversary. Some anniversary dates may have more significance than others, for example the fifth, tenth, fifteenth, twentieth and so on. There may be other important dates such as the unveiling of a memorial plaque or opening of a memorial garden.

Floral tributes and messages of condolence

It has been a feature of recent major incidents and disasters that many people attending a disaster site or a subsequent memorial service will bring floral tributes, messages, cards and other items to leave. It is important that multiagency group of local organisations responding to the incident identify suitable, safe locations where these may be placed and remain for some time.

Experience has shown that it is helpful to identify early in the incident two possible locations, one within the inner cordon for the bereaved and another for members of the public, outside the outer cordon. Prior consultation with the Police incident officer should enable early agreement as to the locations.

Thought should be given as to how and when floral tributes should be removed for ultimate disposal. It may be best to remove them when the majority of activity at the scene has been completed, perhaps several weeks after the incident, and during the hours of darkness. For example, the Well-Being Team may have a memorial garden where the flowers may be taken, or through the *Debris Management in Disaster Guidelines* the flowers may be disposed of.

Tributes and messages need to be handled with sensitivity. It is worthwhile considering how families of the deceased, survivors and others closely affected by the disaster may subsequently gain access to these messages. Written messages can be removed from floral tributes and can be later copied or incorporated into books of tribute or condolence, which are often opened in public places, churches and other locations.

PART 6 - OPERATIONAL MATTERS

CONTROL AND COORDINATION

Overall control and coordination of the emergency Well-Being response rests with the Well-Being Committee of NEMO.

WELL-BEING COORDINATION CENTRES

Well-Being Coordination Centres are facilities from which the Well-Being response to emergencies is coordinated and at which the Well-Being Coordinators are located. The provision of such facilities, its staffing and operating procedures shall be done in a rotational manner as agreed by Committee Members.

NATIONAL WELL-BEING COORDINATION CENTRE

The primary and alternate facilities designated as the National Well-Being Coordination Centre are as follows:

a. Primary

NEMO Headquarters at Biseé

b. Alternate

Saint Lucia Red Cross Headquarters at Vigie

SUPPORT AGENCY OFFICERS

During response/recovery activities, Volunteers shall be provided by each of the Committee Member Agency to assist in the management of the Well-Being response. These officers will need to be located at the Well-Being Coordination Centre as required.

ACTIVATION

General.

The activation procedures detailed hereunder relate to National and Local level arrangements.

a. The first indication that this support plan may need to be activated will come from one of two sources as follows:

(1) NEMO Secretariat may identify the need to activate this support plan to help manage an emergency; or

(2) The Chair - Well-Being Committee, based on information provided from within the organisation, may identify the need to activate this support plan.

b. Regardless of who first identifies the need, the Director - NEMO and the Chair - Well-Being Committee together with the Cabinet Secretary shall confer and agree that the support plan should be activated. Once this decision is made the plan shall be activate and managed plan accordingly.

c. The NEMO Secretariat is required to advise the Prime Minister, whenever this plan is activated or deactivated. This may be done verbally, but if so, shall be followed by written advice soon after.

Warning.

The warning that an emergency has or is likely to occur will be received by the Director NEMO, who will in turn warn the appropriate key personnel of participating organisations.

Stages of Activation.

The Well-Being Emergency Management Support Plan will normally be activated in stages. In an impact event, for which there is no warning period, these stages may be condensed with stages being activated concurrently.

a. Stage 1 - Alert.

- (1) The Chair – Well-Being Committee is notified by Director - NEMO
- (2) Participating organisations are alerted by the Chair - Well-Being Committee.
- (3) Participating organisations alert their own personnel.
- (4) Additional information allowing organisations time to arrange preliminary preparations is provided.

b. Stage 2 - Standby.

- (1) The Chair – Well-Being Committee is notified by Director - NEMO
- (2) Participating organisations are alerted by the Chair - Well-Being Committee.
- (3) Participating organisations inform their own personnel.
- (4) All participants maintain contact with the Chair – Well-Being Committee
- (5) Key personnel are briefed on action to be taken.
- (6) The National Well-Being Coordination Centre is prepared for activation.

c. Stage 3 - Call Out.

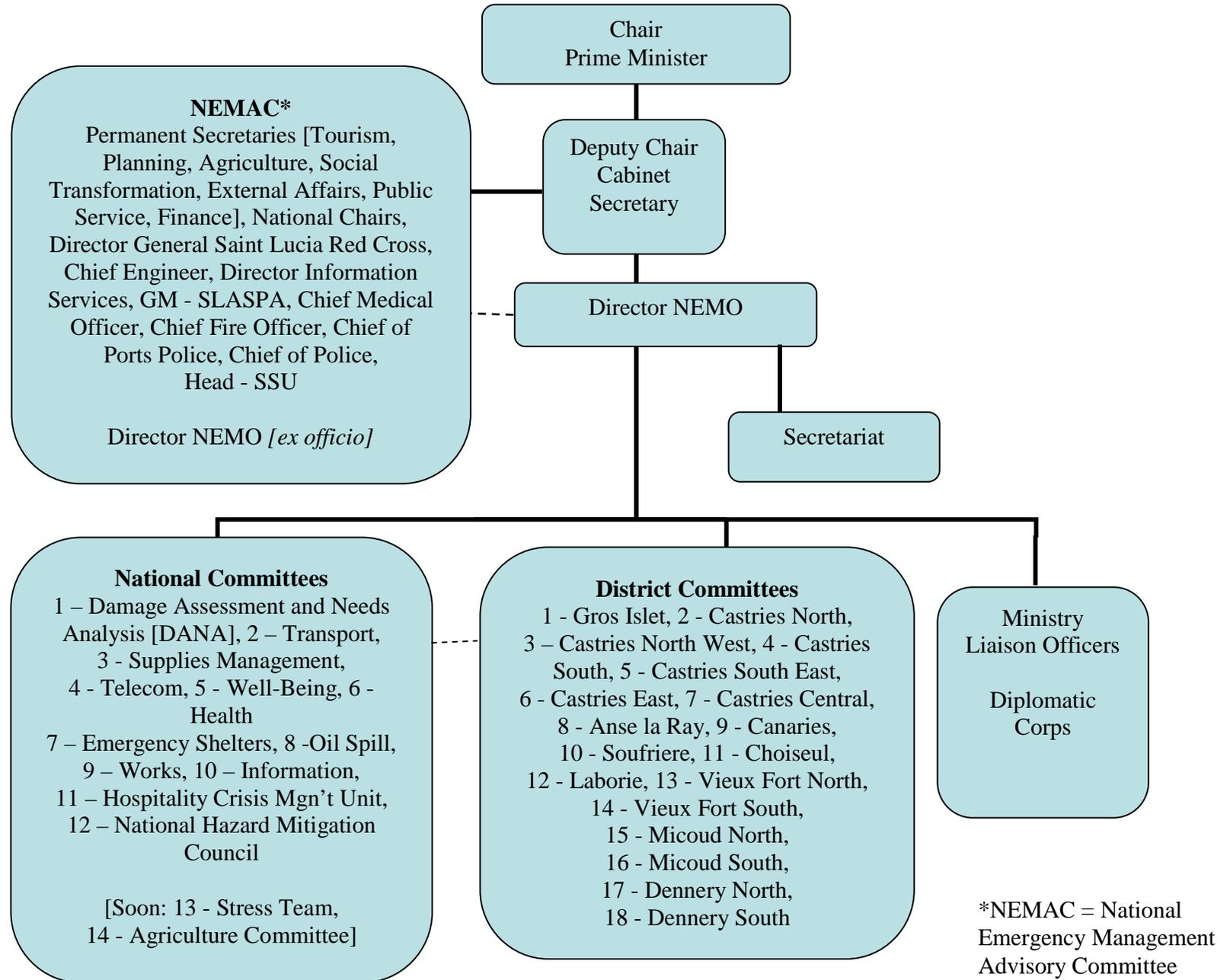
- (1) The National Response Mechanism is activated.
- (2) Participating organisations are called out by the Chair – Well-Being Committee.
- (3) Well-Being services are provided under the coordination of the Chair – Well-Being Committee

d. Stage 4 - Stand Down.

- (1) Participating organisations are informed of the stand down by the Chair – Well-Being Committee
- (2) Participating organisations stand down in accordance with relevant procedures for each organisation.
- (3) Organisations are to advise the Chair - Well-Being when stand down has been completed.

- (4) The Director - NEMO advises Committee of debriefing arrangements.
- (5) The Well-Being Coordination Centre is closed down.
- (6) The Chair – Well-Being Committee, on behalf of the Director - NEMO, conducts debrief, prepares and distributes Post- Emergency Report and ensures review of this plan by the NEMO Secretariat.

APPENDIX 1: NATIONAL EMERGENCY MANAGEMENT ORGANISATION



APPENDIX 2 - ROLES AND FUNCTIONS OF PARTICIPATING ORGANISATIONS AND SUPPORT AGENCIES

The provision of emergency Well-Being services requires the support of a number of statutory, private and voluntary organisations. These responsibilities are allocated on a statewide basis and have been determined by agreement between the respective organisations and the Well-Being Committee.

At the Local level these responsibilities may be varied to suit the capabilities and availability of Well-Being organisations and should be reflected in the Local structure.

The allocated responsibilities do not restrict one organisation from assisting another, regardless of its primary role.

Should an organisation not be able to cope with its primary role, support with that role may be requested from the Chair - Well-Being Committee.

1. MINISTRY OF SOCIAL TRANSFORMATION [COMMUNITY DEVELOPMENT]

a. Role:

To manage the emergency Well-Being response during emergencies.

b. Functions:

- (1) To support each Local Authority area;
- (2) Assist and coordinate Well-Being resources utilised under this plan;
- (3) Assist and coordinate the Well-Being functional areas of:
 - (a) Emergency Accommodation including Emergency Shelters and their services;
 - (b) Emergency Clothing and Personal Requisites;
 - (c) Personal Services;
 - (d) Evaluations in case of Financial Assistance;

2. SAINT LUCIA RED CROSS

a. Role:

- Feeding
- Manage the Well-Being functional area of Registration and Inquiry.
- Assist with the Well-Being functional area of personal services.
- Manage first aid services at Emergency Shelters.

b. Functions:

1. Through the CDRT proceed with the assessment of shelter populations
2. Monitor registration processes at Emergency Shelters;
3. Provide and staff an Inquiry Centre to receive, process and answer inquiries regarding the whereabouts and safety of relatives and friends;
4. Assist with the provision of personal support services.
5. Assist the Medical Services with First-aid;
6. Collaborate in Mass Casualty management with
7. Police/Fire/Health;

8. Make available limited quantities of basic food supplies during the first seventy-two hours;
9. Assist at emergency feeding centres;
10. Assist with the distribution of relief supplies received from International Red Cross, other Red Cross Societies, and if needed, supplies from Government and voluntary organisations,
11. Provide other humanitarian services as specified by Government and which are in keeping with Red Cross principles and within its capabilities;
12. Provide an Agency Rep to the Well-Being Coordination Centre;
13. Provide qualified first aiders at Emergency Shelters, if and when required.
14. Assign first-aiders to first-aid stations and emergency shelters;
15. Maintain first-aid out-posts at medical centres as required;

3. WOMEN'S ASSOCIATION

a. Role:

Assist with the Well-Being functional area of Emergency Feeding.

b. Functions:

- 1 Assist at feeding centres;
- 2 Assist Ministry of Social Affairs with registration of persons who have suffered losses;
- 3 Assist Saint Lucia Red Cross with sorting and distributing relief supplies;
- 4 Encourage members to receive training in disaster preparedness and mitigation;

4. FAITH BASED ORGANISATIONS [E.G. ADRA, CARITAS Antilles, St Vincent de Paul]

a. Role:

Assist with the Well-Being functional area of personal services.

b. Functions:

- 1 Assist with clothing, food, medicines and Well-Being services,
- 2 Assist with rehabilitation;

5. SALVATION ARMY

a. Role:

- Manage the Well-Being functional area of Emergency Feeding.
- Assist with the Well-Being functional area of personal services.

b. Functions:

- 1 Provide a Agency Rep Well-Being Coordination Centre;
- 2 Provide emergency Feeding at Shelters;
- 3 Provide emergency clothing if required;
- 4 Provide personal requisites such as toiletries and other incidentals to those affected; and
- 5 Assist with the provision of personal support services.

- 6 Assist in providing immediate temporary needs to disaster victims;
Establish and operate a maximum of three (3) mass feeding centres in areas assigned by the Chair – Well-Being Committee;

6. ST. JOHN AMBULANCE

a. Role:

Manage first aid services at Emergency Shelters.

b. Functions:

- 1 Provide an Agency Rep to the Well-Being Coordination Centre;
- 2 Provide qualified first aiders at Emergency Shelters, if and when required.
- 3 Assign first-aiders to first-aid stations and emergency shelters;
- 4 Maintain first-aid out-posts at medical centres as required;

7. CIVIC GROUPS

a. Role:

Assist with the Well-Being functional area of personal services.

b. Functions:

- 1 Assist at emergency shelters with storage and distribution of relief supplies;
- 2 Assist with transportation of emergency supplies and personnel;
- 3 Assist with public awareness programs;
- 4 Collect and assist with the distribution of supplies
- 5 Encourage members and others to receive training in disaster preparedness and mitigation

8. YOUTH GROUPS

a. Role:

Assist with the Well-Being functional area of personal services.

b. Functions:

- 1 Assist at emergency shelters and feeding centres;
- 2 Assist Red Cross with sorting and parceling of clothing;

7. OTHER AGENCIES

a. Other agencies may be co-opted to the committee.

b. The role and responsibility of each co-opted agency will be individually negotiated with that agency and entered into the plan.

c. Negotiations are required with:

- 1 Department of Health – Mental Health
- 2 Education Department
- 3 Council of Churches
- 4 ALDEV Agency

APPENDIX 3 – RETURN TO HAPPINESS CASE STUDY

COLOMBIA CASE STUDY: PSYCHOSOCIAL "RETURN TO HAPPINESS" PROGRAMME

SOURCE [pg90]:

http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/clusters%20pages/CCm/IDP%20Key%20Resources/UNICEF_Education_in_Emergencies_ToolKit.pdf

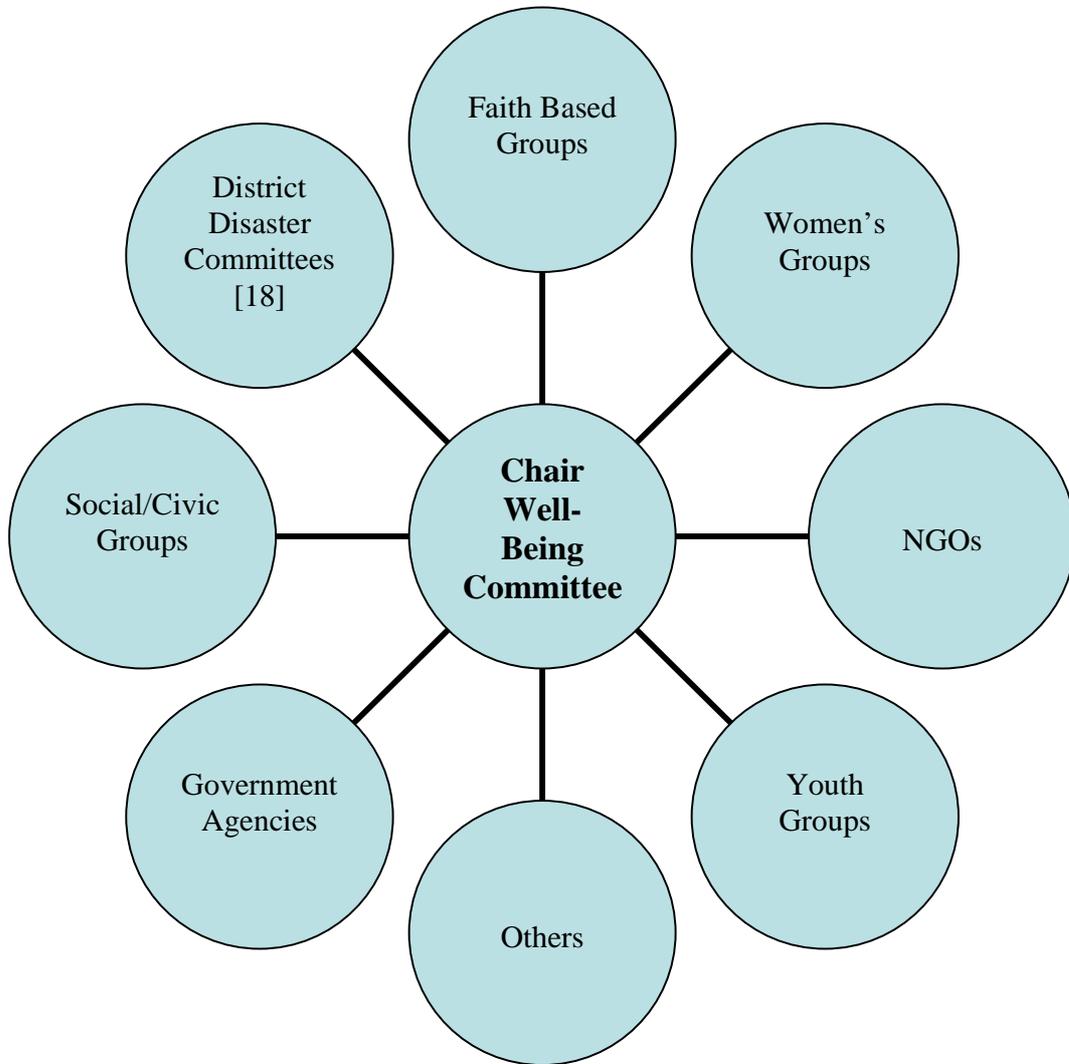
In Colombia more than 1 million children were displaced during 15 years of war. Some 197 land mine victims were reported in 2001, of which 54 were children. A large number of combatants in illegal armed groups are under 18 years old. UNICEF introduced 'Return to Happiness' in 1996 to empower the community to better handle violence and stress. In addition, the children learn to deal with their fears and their past experiences, and also learn to face the future with a brighter outlook.

The programme is designed to provide urgent mass interventions to children affected by violence. Integral to this programme is the empowerment of the families and communities in facilitating the psychosocial recovery process of the children. Teachers and youth volunteers facilitate the psychosocial recovery of children. Adolescent volunteers, supervised by teacher volunteers, are key instruments in implementing this programme, as adolescents are considered to be the best intermediaries for the psychosocial recovery. This is partly because of the natural bond between brothers and sisters in a family environment.

Programme activities include:

- Specialized support and self-help groups for adolescents, following a daily session with younger children.
- Recreational activities and games, including a 'knapsack of dreams' provided to volunteers, with a doll family, puppets, wooden toys and books.
- Use of plays and songs, composed by local people, as therapy.
- Development of a culture of peace and tolerance by inventing stories with positive and hopeful endings.
- Numerous activities supervised by adolescents including: art exhibitions by children on subjects of peace and tolerance; the development of reconciliation skills through discussions on non-violence; attending community peace concerts; assisting the Red Cross in marking mined areas; the creation of fish breeding ponds; and collecting waste from banana plantations in Urabá for recycling and converting into slabs and roof tiles for huts of the displaced.
- Sharing by children participants of their psychosocial recovery in games and discussions with other children affected by disasters such as earthquakes and mudslides.

APPENDIX 4 – WELL-BEING COMMITTEE



APPENDIX 5 – FACT SHEETS FOR FAITH GROUPS AND HUMANISM

BAHÁ'Í <i>REV. 19 MAY, 2008</i>	
Language	Main language is English, but elderly (from Iran) may not speak much.
Diet	Bahá'ís abstain from alcohol, but can take it in Medicine.
Fasting	They fast from sunrise (approx. 6.30am) to sunset (approx. 5.45pm) on 2 to 20 March. This fast is only practiced by people aged 15 years and over and who are not ill, pregnant, breast-feeding, menstruating or who have been traveling substantial distances. Bahá'ís over 70 are also exempt from fasting.
Dress	There are no special requirements other than moderation and modesty.
Physical contact	Bahá'ís believe in the healing power of modern medicine for both physical and mental ills, while recognizing the role of the spirit, of prayer and of turning to God. There is no objection to being touched or treated by members of the opposite sex.
Medical treatment	Blood transfusions, organ donations, the administration of prescription drugs and the like are all perfectly acceptable.
Hospital stays, Rest Centres	There is no objection to mixed wards, but older Bahá'ís may prefer single-sex wards. Bahá'í patients will be ministered to by friends, by family and by those appointed as spiritual caregivers by the community. Because the Bahá'í faith has no sacraments, these spiritual care givers do not have a sacramental or priestly/ministerial role nor do they have any authority over the patient.
Daily acts of faith & major annual events	Every Bahá'í aged 15 years and over must recite daily one of three obligatory prayers each day, as well as reading a passage from the Bahá'í scriptures each morning and evening. Prayers are said privately and facing the 'Point of Adoration' (the Shrine of Bahá'u'lláh, roughly south east from the UK). Before reciting the prayers, Bahá'ís wash their hands and face, but ablutions do not require special facilities. Timing of the Bahá'í day starts at the sunset of the previous day (e.g. Naw-Ruz begins at sunset on 20 March and finishes at sunset on 21 March, but the date is always shown as 21 March). Bahá'í holy days always fall on the same dates each year and are: <ul style="list-style-type: none"> ▪ <i>Naw Ruz</i>: New Year (21 March) ▪ <i>1st day of Ridvan</i> (21 April) ▪ <i>9th day of Ridvan</i> (29 April) ▪ <i>12th day of Ridvan</i> (2 May)

	<ul style="list-style-type: none"> ▪ <i>Anniversary of the Declaration of the Bab</i> (23 May) ▪ <i>Anniversary of the Ascension of Baha'u'llah</i> (29 May) ▪ <i>Anniversary of the Martyrdom of the Bab</i> (9 July) ▪ <i>Anniversary of the Birth of the Bab</i> (20 October) ▪ <i>Anniversary of the Birth of Baha'u'llah</i> (12 November)
Dying	There are no special religious requirements for Bahá'ís who are dying, but They may wish to have a family member or friend to pray and read the Bahá'í scriptures with them.
Death customs	<p>While there is no concept of ritual purity or defilement relating to the Treatment of the body of a deceased person, there are a few simple and specific requirements relating to Bahá'í burial and the Bahá'í funeral service, which the family will wish to arrange:</p> <ul style="list-style-type: none"> * the body is carefully washed and wrapped in white silk or cotton – this may be done by family members or by others, according to the family's preference; the family may choose to allow others to observe the preparation of the body; * a special burial ring may be placed on the finger of a Bahá'í aged 15 or over; * the body is not cremated but is buried within an hour's travelling time from the place of death; * unless required by law, the body should not be embalmed; * it is buried in a coffin of as durable a material as possible; and * at some time before interment a special prayer for the dead, the only specific requirement of a Bahá'í funeral service, is recited for Bahá'í deceased aged 15 or over. <p>While it is preferable that the body should be buried with the head pointing towards the Point of Adoration, this is not an absolute requirement, and may be impossible in some cemeteries without using two burial plots. This is a matter for the family.</p>
Resources (texts, community facilities etc)	The Bahá'í scriptures comprise the Writings of Bahá'u'lláh, Founder of the Faith, and of his forerunner, the Báb. The Writings of 'Abdu'l-Bahá, Bahá'u'lláh's eldest son and successor, are also included in the Bahá'í Canon. Bahá'ís may read the scriptures in any language, so it is preferable In the UK to provide English-language editions. The Bahá'í scriptures belong to all and there are no restrictions on who may touch or handle the books, provided they are treated with respect. Larger Bahá'í communities may have a Bahá'í centre, but most Bahá'í Communities currently have no such facilities.
Names	Bahá'ís follow the practice of the wider community in naming. There are no Specific religious names. It is very important to check the spelling of the Names of Iranians, which may be transliterated in different ways. For Example, the name Masoud may also be spelt Massoud or Masood.

<p>Chinese (Confucianism, Taoism, Astrology, Christianity)</p> <p>Many Chinese do not profess any religious belief. 1 in 4 are Christians and worship in Chinese language churches, and 1 in 5 observe Buddhist/Taoist/Confucian ceremonies and practices. Belief in astrology is widespread. Pastors are bilingual in English and Cantonese or Mandarin.</p>	
Language	Cantonese, Mandarin, Hakka, Hokkien, English
Diet	<p>Southern Chinese (Cantonese and Fujian): seafood, fish, pork, poultry, green vegetables, soup, rice, rice noodles and fresh fruit.</p> <p>Northern Chinese: bread, wheat dumplings, meat dumplings, noodles, pork, lamb, chicken, cabbage, green vegetables. Beef and cheese are least preferred food.</p> <p>Drink: Soya milk is preferred to cow's milk as some Chinese are allergic to cow's milk. China tea (without milk and sugar).</p>
Fasting	Buddhist/Taoist Chinese will eat a vegetarian diet before major festivals.
Dress	Men and women prefer shirt/blouse and trousers/slacks.
Physical contact,	Although there is no gender barrier, women prefer to be medically examined by women health professionals. Single gender wards are preferred. Showers are preferred as Chinese people are not accustomed to bathtubs. Washing is done personally or by a spouse, parent or offspring of the same gender as the patient.
Medical treatment	Injections are preferred in the belief that they are more effective than pills.
Hospital stays, Rest Centres	Chinese food should be offered to patients. Family units stay together and do not like being separated in emergencies, and this includes extended family members.
Daily acts of faith & major annual events	<p>Buddhists and Christian Chinese will pray or meditate in similar ways to their co-religionists. In addition to the two main Christian festivals of Christmas and Easter, Chinese Christians celebrate the Chinese New Year.</p> <ul style="list-style-type: none"> • <i>Lunar New Year</i>: The biggest family occasion and honour/reverence is paid to ancestors and parents. A time for family reunions, visiting friends and relatives and exchanging monetary gifts in red envelopes. • <i>Teng Chieh</i> (Lantern Festival at first full moon of the year) • <i>Ching Ming</i>: A public holiday in China and Hong Kong - a time for people to visit their ancestral graves (April) • <i>Dragon Boat Festival</i> (June) • <i>Mid Autumn Festival</i> (September)
Dying	All family members gather at the bedside. A Chinese Christian pastor is called to pray for and to counsel the dying person. In the UK this practice is also common among Chinese with no religious convictions or who are traditional

	Confucian/Taoist. Buddhists call for a priest/monk from a Buddhist association or temple with links to Taiwan or Hong Kong.
Death customs	<p>After death, undertakers handle the deceased. Some undertakers in areas with long established Chinese populations (e.g. Merseyside) are accustomed to Chinese needs such as embalming and the deceased being fully dressed in best clothes including shoes and jewellery. In such areas some cemeteries have a Chinese section.</p> <p>Burial or cremation may take place a week after the person has died. Friends and relatives visit the bereaved family, usually in the evenings prior to the funeral when gifts of money or flowers are given and help offered. Sweets are offered to visitors when they leave.</p> <p>If the deceased is the head of the family, all children and their families are expected to observe a period of mourning for about a month. Headstones may have a picture of the deceased. If the deceased is a child, parents usually do not want to visit the mortuary. A sibling or close relative would be asked to identify the body in the mortuary.</p>
Resources (texts, community facilities etc)	Chinese Christians read bilingual bibles printed in English and Chinese. Bibles printed in the traditional script are preferred by Chinese from Hong Kong and Taiwan whilst the simplified script is read by people from China and Singapore. Buddhist scriptures are available in traditional script. At least one Chinese community association, community centre or church exists in every town and city in the UK. Local Councils should have the names, addresses and telephone numbers. Religious bodies in the Chinese community are usually found in local telephone directories.
Names	Chinese names start with the family name first, followed by the generation name and the personal name. Chinese Christians usually have Christian names in addition. Always ask the person how (s)he would like to be addressed.

Christian	
<p>Christians belong to a number of denominations and some groups which run across denominations. This includes Anglicans; Roman Catholics, Baptist, Methodists, Pentecostal, Presbyterians, etc. Seventh-day Adventists are part of the Christian tradition but differ in some key respects from mainstream Churches and so have a separate section - see below. See the Chinese Christian section for specific needs of Chinese Christians.</p>	
Language	Christians may be from any ethnic group. Church services usually take place in English.
Diet	In general, Christians are not religiously forbidden to eat any foods, but this must be checked with the individual. Some will not consume alcohol.
Fasting	Roman Catholics may abstain from meat on Fridays; Orthodox will abstain from meat in the fasting seasons of Advent and Lent. Those of African and African Caribbean origin may fast at other times.
Dress	No special code of dress for Christians except for clergy and members of religious orders.
Physical contact,	Most would have no objections to being touched by members of the opposite sex for medical purposes.
Medical treatment	<p>Treatment such as blood transfusions, surgery, organ transplants or the administration of drugs is permissible.</p> <p>Jehovah's Witnesses (not regarded as Christians by most Christian organisations) are forbidden to receive blood transfusions and transplants – see below.</p>
Hospital stays, Rest Centres	If a person is terminally ill, or dying, they may wish to keep a copy of the Bible close at hand. Survivors, their families and friends, should be allocated a quiet place at survivor and reception centres, which can be used for private prayer or to talk to a priest or minister.
Daily acts of faith & major annual events	<p>Many Christians pray daily, and often use the Lord's Prayer. Daily reading from the Bible, and/or other aids to prayer such as a Cross or Crucifix (a Cross with the figure of Christ), a hymnbook or prayer book, a rosary (prayer beads with a small crucifix), or an icon of Christ or the Virgin Mary are all widely used, though preferences should be checked with the individual. All of these could helpfully be provided in a chapel or quiet place. Sunday is the special day, set apart for prayer, reflection, and church attendance. Christians pray in congregations, small groups or individually.</p> <p>The most important event for most congregations is the Eucharist (the Mass, Communion Service, Lord's Supper), when Christians share bread and wine. The most widely celebrated Christian festivals are: -</p> <ul style="list-style-type: none"> • <i>Christmas</i>

	<ul style="list-style-type: none"> • <i>Holy Week and Easter</i> (including Palm Sunday, Maundy Thursday, Good Friday and Easter Sunday) • <i>Pentecost/Whitsun</i> • <i>Ascension Day</i> • The seasons of <i>Advent</i> (leading up to Christmas) and • <i>Lent</i> (leading up to Easter) • Remembrance Sunday
Dying	Christians involved in a disaster will value prayers being said for them, or with them, and short readings from scripture, such as the Lord's Prayer and the 23 rd Psalm. Those who are injured or distressed may wish to receive Holy Communion and/or the Sacrament of the Sick (which used to be called Extreme Unction). The Sacrament of the Sick is not limited to those who are dying, but is part of the healing ministry of the Church. Other Christians may ask for prayer for healing with the laying on of hands.
Death customs	The choice between cremation and burial can either be a matter of personal choice or a denominational requirement. In all cases, the wishes of the deceased's family, or friends, should be sought if possible. If this cannot be done, then Christians should be buried.
Resources (texts, community facilities etc)	The sacred text is the Bible, which for Christians consists of the Old Testament (or Hebrew Scriptures), and the New Testament, bound as a single book. Of the translations of the Bible, the New Revised Standard Version, the Authorised version and the Jerusalem Bible are recognised by Catholics, Protestants and Orthodox Christians. Other versions are favoured by evangelical Christians. Emergency Planners should discuss with church authorities the possible use of church facilities in a major emergency.
Names	Christians have one or more given names, usually called Christian names because for most Christians these were given historically at the service of baptism, which for most happened when the infant was a few weeks old. These names are followed by the surname or family name, which is constant for men. Many women change to their husband's surname on marriage, though this custom is changing. Individuals may not be known by their first Christian name, so it is always wise to ask, "What should I call you?" or for a funeral "What name should I use?"

Church of Jesus Christ of Latter - Day Saints (Mormons)	
Language	Usually English
Diet	Those who have been endowed in a Temple of the Church of Jesus Christ of Latter-day Saints wear a special undergarment next to the skin. Mormons are always soberly dressed.
Physical contact, Medical treatment, Hospital stays, Rest Centres	Necessary medical treatment can be carried out without delay and surgery and blood transfusions may be carried out as necessary. Transplants and organ donation are an individual and family matter; there are no religious objections.
Daily acts of faith & major annual events	Scripture reading is considered an important part of daily life. The Sabbath is observed on Sundays, with services conducted by lay leaders called bishops. Christmas and Easter are important celebrations in the Church.
Dying	Members may request a priesthood blessing. A quiet private place is appropriate for the blessing
Death customs	The Church takes no position on post mortem examinations. Church or family members will usually arrange for the body to be clothed for burial. Burial rather than cremation is recommended by the Church, but the final decision is left for the family of the deceased.
Resources (texts, community facilities etc)	The Bible and the <i>Book of Mormon: Another Testament of Jesus Christ</i> – are regarded as the word of God. Although Mormon individuals and families are advised to be prepared spiritually and temporally to meet both problems of everyday life and emergencies that may arise, local Church leaders have the responsibility to organise proper responses to assist individuals and families in an emergency. Church branches are encouraged to prepare detailed <i>Emergency Preparedness and Response Plans</i> , based on principles contained in <i>Providing in the Lord's Way</i> . Branch Well-Being Committees are identified as the co-ordinators if disaster strikes.

Hindu	
Language	In addition to English, Hindus generally speak Gujerati (most common), Hindi, Punjabi, Bengali or Tamil.
Diet	Hindus regard the cow as sacred and do not eat beef. Orthodox Hindus are strictly vegetarian, which also excludes fish, eggs and animal fat for cooking. Some may also prefer to refrain from alcohol, and some very orthodox Hindus may refrain from garlic and in extreme cases onion. Salt free salads, rice, vegetables, yoghurt and milk products and fruit are quite acceptable foods to offer.
Fasting	Fasting is commonplace and frequent but fasts generally last just one day or one day a week (e.g. Lord Shiva's fasting every Monday for 17 weeks, where yoghurt at lunch with water or fruit juice and a normal light meal in the evening is permitted). Hindu women keeping the <i>Karvachauth</i> fast in Autumn cannot even drink water until the moon is seen at night.
Dress	Generally, modesty and decency are considered essential factors in dress code. The sari is a one-piece female garment wound around the lower body in different styles to suit the occasion and the tradition from which the person comes. (NB Older Bangladeshi and Indian Muslim women also wear saris. Women also wear a dress and baggy trousers (<i>shalwar</i>). Men may sometimes wear a loose shirt (<i>Kurta</i>) and baggy trousers but generally they wear Western clothes.
Physical contact,	A Hindu would prefer to be comforted by a person of the same sex. There is no stated preference in respect of medical examination and treatment.
Medical treatment	Blood transfusions, organ transplants, and all types of medicine for the purpose of saving life are permitted.
Hospital stays, Rest Centres	Hindus traditionally live in extended families, so information or requests (e.g. for organ donation) should be made by the authorities to the head of the family to be passed on without delay to the rest of the family unit, where this is practicable. Some groupings within the Hindu community are men only or women-only and the authorities should always appoint a person of the appropriate sex to liaise with such a grouping.
Daily acts of faith & major annual events	Hindus will generally perform a daily act of personal devotion at home, either alone or with others. Ritual washing normally accompanies prayer. The most widely celebrated Hindu festivals are: <ul style="list-style-type: none"> • <i>Holi</i>: A celebration at the start of spring, with much use of colour • <i>Rama Navami</i> • <i>Janamashtami</i>: there is fasting until midnight • <i>Divali</i>: the festival of lights • <i>Shivaratri</i>: the night is spent in prayer, fasting and meditation.
Dying	Most fatally ill Hindus would prefer to pray with a <i>mala</i> (rosary). A Hindu will appreciate being with someone, preferably of the same sex.

Death customs	It is preferred if all Hindu bodies can be kept together after death. A dead body should be placed with the head facing north and the feet south. Cleanliness is important and the body can be undressed and cleaned, but the family should be consulted where possible. The arms should be placed to the sides and the legs should be straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth. Any detached body parts must be treated with respect as if they were a complete body. Post mortems are permitted, usually with prior agreement of the immediate family. The bereavement in the family lasts a minimum of two weeks during which several rituals are followed. Hindus believe in cremating the body so that the soul is completely free of any attachment to the past physical matter.
Resources (texts, community facilities etc)	The Hindu ancient scriptures are called the Vedas and contain, amongst other texts, the <i>Upanishads</i> , philosophical works discussing the purpose of life, and the <i>Brahmanas</i> , which contain advice on ritual. The <i>Bhagawad Gita</i> is a prominent holy book with condensed spiritual teachings, and the <i>Ramayana</i> sets the highest ideals.
Names	<p>Members of Hindu families may have three or four names, depending on cultural background and tradition. Suffixes to the first name are used, e.g., 'Bhai' or 'Ji' for males and 'Ben' for females. In some traditions the father's first name is one of the middle names. Other middle names, which may be used as surnames are Kumar, Pal or Paul, Dev, Lal etc. Sometimes the surname is clan based as Patel or in case of Rajputs, Singh. Some Hindu women may adopt 'Devi', 'Kumari' or 'Wati' in place of a family surname. For records, it is advisable to ask the individual's family name and use that as surname.</p> <p>Hindu equivalents to Mr and Mrs are Shri and Shrimati, commonly used, but for Miss one can use Sushai/Kumari/Devi but rarely used. In written records and invitations the practice is to say Shrimati and Shri (surname), i.e. Mrs and Mr (surname).</p>

Japanese (Shinto) Shinto is Japan's indigenous religion: a complex of ancient folk belief and rituals which perceive the presence of gods or of the sacred in animals, in plants, and even in things which have no life, such as stones and waterfalls. As well as Shinto, individuals of Japanese origin may adhere to Buddhism – see separate Buddhist section.	
Language	Generally Shintonists speak Japanese and English as a second language.
Diet	Generally Japanese people prefer to eat rice.
Fasting	Japanese people do not have a custom of fasting.
Dress	There are no religious requirements for the form of every-day dress. For particular annual events such as New Year's Day and the Bon Festival (and for local shrine festivals in Japan) some wear traditional dress (<i>kimono</i>).
Physical contact,	When undergoing medical examination and treatment or being comforted by strangers, Japanese people would prefer to be touched by a person of the same sex.
Medical treatment	There are no religious objections to blood transfusions or transplants.
Hospital stays, Rest Centres	During hospital stays, baths are considered preferable to showers and the bathroom should be separated from the toilet.
Daily acts of faith & major annual events	Shinto has little theology and no congregational worship. Its unifying concept is <i>Kami</i> , inadequately translated as "god". There are no Shinto prayers as such but many Japanese will follow Buddhist meditative practices. In addition to Buddhist festivals, Shintonists will celebrate: <ul style="list-style-type: none"> • <i>New Year</i>: 1 January • <i>Bon Festival</i>: respect to ancestors (13-16 August)
Dying	Dying Japanese will wish to meditate.
Death customs	Generally Japanese would prefer cremation to burial. Funeral services are administered according to Buddhist rites.
Resources (texts, community facilities etc)	No specific Shinto texts. See Buddhism. Those requiring further information on Shinto should contact the Japanese Embassy or the International Shinto Foundation (www.shinto.org).
Names	It is usual for Japanese people to have two names. The first may be the family name and the second may be the given name. When names are required for record purposes it is advisable to ask first for the family name and to use this as the surname.

Jehovah's Witnesses	
Language	Usually English
Diet	While Jehovah's Witnesses believe that Christians are required to abstain from blood and the meat of animals from which blood has not been properly drained, there are no religious restrictions on what they can eat. Use of alcohol is a personal matter.
Fasting	No religious requirement.
Dress	No special religious dress.
Physical contact, medical treatment, hospital stays, rest centres	<p>For deeply-held reasons of religious faith there are basically only two medical interventions that Jehovah's Witnesses object to: elective termination of pregnancy and allogeneic blood transfusion. Baptised Jehovah's Witnesses usually carry on their person an <i>Advance Medical Directive/Release</i> document directing that no blood transfusions be given under any circumstances, and this document is renewed annually. A more detailed <i>Health-Care Advance Directive</i> form outlining their personal treatment choices may also be carried.</p> <p>Jehovah's Witness are happy to sign hospital forms that direct that no allogeneic blood transfusion or primary blood components be administered under any circumstances, while releasing doctors, medical personnel and hospitals from liability for any damages that might result from such refusal despite otherwise competent care.</p> <p>They understand the challenge that their decisions can sometimes pose for doctors and nurses. In an effort to alleviate these situations they have established a network of Hospital Liaison Committees throughout Britain. Members of these groups are trained to facilitate communication between medical staff and Jehovah's Witness patients and are available at any time, night or day, to assist with difficulties either at the request of the treating team or the patient.</p>
Daily acts of faith & major annual events	<p>Reading the Bible daily.</p> <p>Witnesses commemorate the death of Jesus according to the Hebrew calendar (late March/April). They do not celebrate other traditional festivals, nor do they celebrate birthdays.</p>
Dying	There are no special rituals to perform for those who are dying, nor last rites to be administered to those <i>in extremis</i> . Pastoral visits from elders will be welcomed.

Death customs	<p>An appropriate relative can decide if a limited post mortem is acceptable to determine cause of death.</p> <p>The dead may be buried or cremated, depending on personal or family preferences and local circumstances.</p>
Resources (texts, community facilities etc)	<p>The Bible</p>
Names	<p>No particular tradition.</p>

MUSLIMS <i>REV. MAY 16, 2008</i>	
Language	Muslims may speak several languages other than English; the most common are Punjabi, Urdu, Gujarati, Arabic and Turkish.
Diet	Muslims do not eat pork in any form, and foods and utensils that have come into contact with pork should not touch any food to be eaten by a Muslim. Consumption of alcohol in any form (e.g. desserts) is strictly forbidden. Muslims may eat fish, they can eat poultry, mutton and beef, providing the meat is <i>halal</i> , i.e. killed and prepared according to Islamic law. <i>Halal</i> food and drink should be clearly labeled where other food is being served. Vegetarian meals and fresh fruit/vegetables are acceptable. Food is eaten with the right hand only.
Fasting	Muslims fast from dawn to sunset to mark the month of <i>Ramadan</i> , and some will fast at other times during the year. Fasting during <i>Ramadan</i> is compulsory for all except menstruating, pregnant or lactating women, prepubertal children and the infirm.
Dress	Observant Muslim women usually have at least a head covering (<i>Hijab</i>), and are often covered from head to toe when in public or in the presence of men who are not family members. Covering the area between the navel and knees is a requirement for Muslim men and some devout male Muslims may prefer to keep their heads covered at all times.
Physical contact,	Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible.
Medical treatment	The views of the family/Imam on whether organ donation, transplants and blood transfusions are acceptable should be sought in each case.
Hospital stays, Rest Centres	In hospital, a shower is preferred to a bath. Muslims ritually wash after using the toilet, so a tap or container of water for washing should be provided whenever the toilet area is separate from the bathroom. In a Rest Centre, suitable facilities for pre-prayer washing, time to conduct prayer, and a clean prayer room with a prayer mat and a compass or sign pointing to Makkah (Mecca) – north-east in Saint Lucia - are appreciated.
Daily acts of faith & major annual events	Muslims pray five times a day, facing Makkah: before dawn, around midday, late afternoon, after sunset and late evening. Sunrise and sunset determine the exact timings. Ritual washing (<i>Wudu</i>) is performed before praying. Men and women will not usually pray together, though in emergencies this is acceptable if a temporary partition is erected.

	<p>Major events in the Muslim 12 month lunar-based calendar are:</p> <ul style="list-style-type: none"> • <i>The First of Muharram</i>: Begins the Islamic New Year • <i>Milad-un-Nabi</i> (not celebrated by orthodox Sunni) • <i>Lail-ul-Qadr</i>: A time of fasting and all-night prayer during Ramadan • <i>Eid-ul-Fitr</i>: The end of the month of Ramadan. A day of celebration • <i>Eid-ul-Adha</i>: The end of the time of the annual <i>Hajj</i> pilgrimage
Dying	<p>If a Muslim is terminally ill or dying, the face should be turned towards Makkah. The patient's head should be above the rest of the body. The dying person will try and say the <i>Shahadah</i> prayer (the testimony of faith).</p>
Death customs	<p>Muslim dead should be placed in body-holding areas or temporary mortuaries, and ideally be kept together in a designated area (with male and female bodies separated). Post mortems are acceptable only where necessary for the issue of a death certificate or if required by the coroner. Ideally only male Muslims should handle a male body, and female Muslims a female body. The body should be laid on a clean surface and covered with a plain cloth, three pieces for a man and five for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah. Detached body parts must be treated with respect.</p> <p>Next of kin or the local Muslim community will make arrangements to prepare the body for burial. Muslims believe in burying their dead and would never cremate a body. Burial takes place quickly, preferably within 24 hours.</p>
Resources (texts, community facilities etc)	<p>The Qur'an is a source of guidance for life. If in the original Arabic it should not be touched by non-Muslims except with a cloth (translations may be handled by all, with respect), or by menstruating women. Many mosques have private mortuaries which may be available in an emergency.</p>
Names	<p>Muslims usually have several personal or religious names. The name of the family into which someone has been born is not necessarily used. Where names are required for record purposes, it is advisable to register the most used personal name as a surname, followed by the lesser used names.</p>

RASTAFARIANS <i>REV. 27 MARCH 2008</i>	
Language	The vocabulary is largely that of English.
Diet	Most Rastafarians are vegetarian and avoid stimulants such as alcohol, tea and coffee. Sacred food is called I-TAL (organic vegetarian food). Some Rastafarians will eat fish, but only certain types.
Fasting	Fasting is observed, and can take place at any time. Nothing is consumed from noon until evening.
Dress	Rastafarians wear standard Western dress, except that some Rasta men will wear crowns or <i>tams</i> (hats) and Rasta women, wraps (headscarves). The wearing of headwear can be deemed as part of a Rastafarian's attire, with some Rastafarian men and especially women never uncovering their heads in public.
Physical contact, Medical treatment, Hospital stays, Rest Centres	Cutting of hair is prohibited in any circumstances. Dreadlocks symbolise the 'mane of the Lion of Judah' (reference to the divine title of Emperor Haile Selassie). In a medical emergency this issue would need to be discussed with the patient.
Daily acts of faith & major annual events	<p>Worship takes place at various times depending upon each Rastafarian commune. A service is conducted at least once a week. Rastafarians consider Saturday to be the Sabbath day. <i>Nyahbinghi</i> drumming and chanting is an important part of Rastafarian culture. It is used for spiritual upliftment and can last for many days. At the start of this spiritual time a <i>Firekey</i> also takes place: a fire is lit and must be kept burning until the drumming and chanting have stopped. Festivals:</p> <ul style="list-style-type: none"> • <i>Ethiopian Christmas</i> (January 7) • <i>Empress Menen Earth Day</i> (March 25) • <i>Ethiopian Constitution Day</i> (16 July) • <i>Birthday of Haile Selassie</i> (23 July): one of the holiest days of the Rastafarian year • <i>Birthday of Marcus Garvey</i> (17 August) • <i>Ethiopian New Year's Day</i> (early September): a four-year cycle, with each year named after a Biblical evangelist. • <i>Anniversary of the crowning of Haile Selassie/Ethiopian Christmas</i>: 2 November
Dying, Death customs	No particular rituals are observed. The dying person will wish to pray. When a Rastafarian person passes (dies) a gathering takes place where there is drumming, singing, scriptures read and praises given. Usual on 9 th and or 40 th night of person passing.

<p>Resources (texts, community facilities etc)</p>	<p>Books: <i>My Life and Ethiopia</i> (autobiography of Emperor Haile Selassie of Ethiopia); <i>Important Utterances of His Imperial Majesty Emperor Haile Selassie I</i>; <i>Philosophy and Opinions of Marcus Garvey</i> (ed. Amy Jacque Garvey).</p> <p>Third Testament</p> <p>DVDs: <i>Time and Judgement</i> (by Ras Menelik); <i>The Journey of the Lion</i> (by Brother Howie).</p> <p>CDs: <i>Churchial Chants of the Nyahbinghi</i>; <i>Prince Teban and the Sons of Thunder</i> communication drumming.</p> <p>Information about Rastafarianism can be found at www.encyclopedia.thefreedictionary.com/Rastafarianism</p>
<p>Names</p>	<p>No particular tradition. Older men may take the prefix Jah or Ras. Women are referred to as Empress or Sister.</p>

SEVENTH-DAY ADVENTISTS	
<i>REV. 27 MARCH 2008</i>	
Language	Usually English
Diet	Seventh-day Adventists do not smoke, drink alcohol or use non-medicinal drugs. Some even avoid foods and drinks containing caffeine and other stimulants. Many are vegetarian but those that do eat meat follow Leviticus 11* and avoid pork or shellfish products. Some are vegan.
Fasting	Some Adventists may have a personal period of fasting in conjunction with special prayer projects.
Dress	No special dress.
Physical contact, medical treatment, hospital stays, Rest Centres	In a Rest Centre, provision of vegetarian food from outlets not handling meat would be required. Provision of a room for Sabbath worship would be requested, and access to a Bible.
Daily acts of faith & major annual events	The Seventh-day Adventist Sabbath is kept from sunset on Friday to sunset on Saturday. It is a day of rest and worship, when Adventists like to practice fellowship and worship together. During this time most Adventists avoid secular activities such as watching television except for religious and nature programs. Communion, or the Eucharist, is celebrated once every three months. Adventists celebrate Christmas and Easter as commemorative events, usually marking the occasions by a special service on the closest Sabbath day.
Dying	Adventists would prefer to have an Adventist clergyman or woman present when facing death. However they would appreciate general prayers and other spiritual care from clergy of other Christian denominations if Adventist clergy were not available. Adventists do not hold the sacraments as required rituals; hence Sacrament of the Sick would not be necessary.
Death customs	Cremation or burial is a matter of personal or family preference.
Resources (texts, community facilities etc)	As with other Christians Adventists accept the Bible as the inspired word of God. Many Adventist also cherish books by Ellen G White, who they believe had the spiritual gift of prophecy. The Seventh-day Adventist Church is a fairly close knit community and most members will have friends or family to call on for temporary accommodation.
Names	No particular tradition.

LEVITICUS 11 - KING JAMES VERSION (1611)

- 1 And the LORD spake unto Moses and to Aaron, saying unto them,
- 2 Speak unto the children of Israel, saying, These are the beasts which ye shall eat among all the beasts that are on the earth.
- 3 Whatsoever parteth the hoof, and is clovenfooted, and cheweth the cud, among the beasts, that shall ye eat.
- 4 Nevertheless these shall ye not eat of them that chew the cud, or of them that divide the hoof: as the camel, because he cheweth the cud, but divideth not the hoof; he is unclean unto you.
- 5 And the coney, because he cheweth the cud, but divideth not the hoof; he is unclean unto you.
- 6 And the hare, because he cheweth the cud, but divideth not the hoof; he is unclean unto you.
- 7 And the swine, though he divide the hoof, and be clovenfooted, yet he cheweth not the cud; he is unclean to you.
- 8 Of their flesh shall ye not eat, and their carcase shall ye not touch; they are unclean to you.
- 9 These shall ye eat of all that are in the waters: whatsoever hath fins and scales in the waters, in the seas, and in the rivers, them shall ye eat.
- 10 And all that have not fins and scales in the seas, and in the rivers, of all that move in the waters, and of any living thing which is in the waters, they shall be an abomination unto you:
- 11 They shall be even an abomination unto you; ye shall not eat of their flesh, but ye shall have their carcases in abomination.
- 12 Whatsoever hath no fins nor scales in the waters, that shall be an abomination unto you.
- 13 And these are they which ye shall have in abomination among the fowls; they shall not be eaten, they are an abomination: the eagle, and the ossifrage, and the ospray,
- 14 And the vulture, and the kite after his kind;
- 15 Every raven after his kind;
- 16 And the owl, and the night hawk, and the cuckow, and the hawk after his kind,
- 17 And the little owl, and the cormorant, and the great owl,
- 18 And the swan, and the pelican, and the gier eagle,
- 19 And the stork, the heron after her kind, and the lapwing, and the bat.
- 20 All fowls that creep, going upon all four, shall be an abomination unto you.

21 Yet these may ye eat of every flying creeping thing that goeth upon all four, which have legs above their feet, to leap withal upon the earth;

22 Even these of them ye may eat; the locust after his kind, and the bald locust after his kind, and the beetle after his kind, and the grasshopper after his kind.

23 But all other flying creeping things, which have four feet, shall be an abomination unto you.

24 And for these ye shall be unclean: whosoever toucheth the carcase of them shall be unclean until the even.

25 And whosoever beareth ought of the carcase of them shall wash his clothes, and be unclean until the even.

26 The carcasses of every beast which divideth the hoof, and is not clovenfooted, nor cheweth the cud, are unclean unto you: every one that toucheth them shall be unclean.

27 And whatsoever goeth upon his paws, among all manner of beasts that go on all four, those are unclean unto you: whoso toucheth their carcase shall be unclean until the even.

28 And he that beareth the carcase of them shall wash his clothes, and be unclean until the even: they are unclean unto you.

29 These also shall be unclean unto you among the creeping things that creep upon the earth; the weasel, and the mouse, and the tortoise after his kind,

30 And the ferret, and the chameleon, and the lizard, and the snail, and the mole.

31 These are unclean to you among all that creep: whosoever doth touch them, when they be dead, shall be unclean until the even.

32 And upon whatsoever any of them, when they are dead, doth fall, it shall be unclean; whether it be any vessel of wood, or raiment, or skin, or sack, whatsoever vessel it be, wherein any work is done, it must be put into water, and it shall be unclean until the even; so it shall be cleansed.

33 And every earthen vessel, whereinto any of them falleth, whatsoever is in it shall be unclean; and ye shall break it.

34 Of all meat which may be eaten, that on which such water cometh shall be unclean: and all drink that may be drunk in every such vessel shall be unclean.

35 And every thing whereupon any part of their carcase falleth shall be unclean; whether it be oven, or ranges for pots, they shall be broken down: for they are unclean and shall be unclean unto you.

36 Nevertheless a fountain or pit, wherein there is plenty of water, shall be clean: but that which toucheth their carcase shall be unclean.

37 And if any part of their carcase fall upon any sowing seed which is to be sown, it shall be clean.

38 But if any water be put upon the seed, and any part of their carcase fall thereon, it shall be unclean unto you.

39 And if any beast, of which ye may eat, die; he that toucheth the carcase thereof shall be unclean until the even.

40 And he that eateth of the carcase of it shall wash his clothes, and be unclean until the even: he also that beareth the carcase of it shall wash his clothes, and be unclean until the even.

41 And every creeping thing that creepeth upon the earth shall be an abomination; it shall not be eaten.

42 Whatsoever goeth upon the belly, and whatsoever goeth upon all four, or whatsoever hath more feet among all creeping things that creep upon the earth, them ye shall not eat; for they are an abomination.

43 Ye shall not make yourselves abominable with any creeping thing that creepeth, neither shall ye make yourselves unclean with them, that ye should be defiled thereby.

44 For I am the LORD your God: ye shall therefore sanctify yourselves, and ye shall be holy; for I am holy: neither shall ye defile yourselves with any manner of creeping thing that creepeth upon the earth.

45 For I am the LORD that bringeth you up out of the land of Egypt, to be your God: ye shall therefore be holy, for I am holy.

46 This is the law of the beasts, and of the fowl, and of every living creature that moveth in the waters, and of every creature that creepeth upon the earth:

47 To make a difference between the unclean and the clean, and between the beast that may be eaten and the beast that may not be eaten.