



Government of Saint Lucia

National Influenza Plan Volume 1: Concept of Operations

Document of the Saint Lucia National Emergency Management Plan

Developed by NEMO Secretariat with components from:

Commonwealth of Massachusetts Influenza Pandemic Preparedness Plan – Rev. January 2006

www.mass.gov/dph/cdc/epii/flu/statepln.pdf

New York City Department of Health and Mental Hygiene Pandemic Influenza Preparedness and Response Plan – July 2006

<http://www.nyc.gov/html/doh/downloads/pdf/cd/cd-panflu-plan.pdf>

Empire County Comprehensive Emergency Management Plan - Pandemic Influenza Annex – August 2006

<http://www.semo.state.ny.us/uploads/Final%20Empire%20County%20Pandemic%20Annex%2008.06.doc>

Rev. November 26, 2006 / May 18, 2007

**Cabinet Conclusion 498/2009 (18 May, 2009)
Authorised the National Influenza Plan for Saint Lucia**



Preamble

NATIONAL INFLUENZA PLAN

The National Influenza Pandemic Preparedness Plan is a collection of Documents as listed below.

The procedures are supported by the Saint Lucia National Emergency Management Plans, Policies, Legislation and Standard Operating Procedures.

Volume

0. Policy
1. Concept of Operations
2. Strategic Plan
3. Communications Strategy
4. Ministry of Health Plan
5. Ministry of Agriculture Plan
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7. Law Enforcement, Public Safety, and Security
8. Essential Services
 - a. Ministry of the Public Service
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Section I: General Considerations

1. INTRODUCTION

Influenza is a viral respiratory disease affecting humans and certain animals. Clinical disease ranges from mild non specific illness to life threatening pneumonia and death, depending on the nature of the influenza strain and host characteristics. Human influenza is usually a recurrent seasonal illness which occurs at various times of the year in different continents (for example, typically late winter and spring in temperate countries of the Northern hemisphere). Although seasonal human influenza is certainly responsible for excess seasonal mortality every year all over the world (particularly at the extreme ages of the life and chronically ill), the usual mortality rate is relatively low and only minimal disruption of essential services occurs during a normal influenza season.

However, when a **completely new strain of influenza** emerges among human populations, mortality rates can be much higher than usual (generally from severe respiratory disease); spread can be nearly universal, sometimes within a matter of months, and disruption of all sectors of the society. Such a situation is called a “pandemic.” Major influenza pandemics have occurred three times during the last century, respectively in 1918 (Spanish flu), 1957 (Asian flu) and 1968 (Hong Kong flu). The 1918 pandemic was especially dramatic, causing at least 20 million deaths worldwide. Evidence shows that these new influenza pandemic strains usually originate from animal influenza viruses.

[SOURCE: Ministry of Health Influenza Pandemic Plan – October 2006]

2. ASSUMPTIONS

- A pandemic is likely to occur in waves, each lasting approximately 8 weeks and separated by many weeks of relative inactivity.
- A pandemic will place great strains on existing health care resources, including space, personnel, and supplies.
- Infection will occur in up to 30% of the population. Infection rates will be highest in school-aged children (40%) and decline with age. An average of 20% of working adults will become ill.
- Half of those infected will require outpatient medical care and 11% will be hospitalized. (These estimates may differ greatly, depending on the severity of the outbreak.)
- The case fatality rate will be approximately 2.1%.
- Vaccine will likely not be available for 6 to 9 months after the pandemic strain is detected. Vaccine will probably be administered as a 2-dose regimen, 30 days apart, to achieve optimal immunologic response.
- In the early pandemic stages, before vaccine becomes available, community containment strategies will be the most effective available measures.

- Antiviral medications, likely in short supply, will be used for treatment, not prophylaxis.
- To maximize the impact of limited supplies, vaccine and antiviral drugs will be distributed according to priorities established by the Government.
- That the National Pandemic Planning Team shall lead the response to a Pandemic.
- 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 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

3. LIMITATIONS

This plan is limited to the coordination of a response to a Pandemic.

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.

4. STATUTORY AUTHORITY

- Disaster Management Act No. 30 of 2006
- International Health Regulations 2005
- Education Act No. 41 of 1999
- Emergency Powers [Disaster] Act No. 5 of 1995
- Animal Disease Importation Act 1994 [amended]
- Public Health Act No. 8 of 1975 [*Rev. December 31, 2001*]
- Employees [Occupational Health and Safety] Act No. 10 of 1985
- Essential Services Act No. 3 of 1975
- Police Ordinance No. 30 of 1965
- Quarantine Act No. 13 of 1945 [*Rev. December 31, 2001*]

5. THE PLAN

This Emergency Response Plan is a guide for Agencies into the way the assigned Staff will handle a disaster.

Every Staff Member is to be aware of the existence of this plan and is to be fully knowledgeable of their roles and responsibilities in any disaster as set out in the Standing Operating Procedures [SOP].

This plan shall be stored in an area where every Staff Member has easy access to. Should a disaster occur during the absence of the Head, Staff should have easy recourse to the plan.

This plan is to remain at the AGENCY and is NOT to be removed. Copies may be made for circulation to Staff and for attendance at planning meetings, however a complete copy is to remain at AGENCY NAME at ALL TIMES.

Once accepted all plans must be tested. This is usually done in three ways:

1. **Ongoing Maintenance** - Any change in methodologies, organization, staffing, business methods, etc., must be reviewed in terms of impact to the Agency's COOP.
2. **Tests and Exercises** - These are tests of individual components and exercises that ensure that staff is familiar with the plan and that the supporting procedures and infrastructure are workable. The tests and exercises to ensure the continued viability of the branch's business continuity plan are itemized below to ensure that every critical aspect of the plan will be effective when required. There are four types of Exercises: Orientation, Drill, Desktop and Full scale
3. **Actual Event:** Though no one wants the experience of an actual disaster, the event provides the opportunity to test the validity of the assumptions within the plan. A review of responses after an event provides the opportunity to upgrade the disaster plan.

6. 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:

1. Ministry of Health Disaster Plan
2. Ministry of Agriculture Disaster Plan
3. ALL Hospital Response Plans
4. ALL Health Centre Response Plans
5. ALL Members of the NIPPP Team Agency Response Plans
6. Polyclinic Response Plan
7. National Ambulance Operations
8. National Mass Casualty Plan
9. Mass Fatalities Policy
10. National Stress Response Team Plan
11. National Welfare Plan
12. Medical Waste and Other Bio-Hazardous Wastes Management Plan

7. TRAINING

It is recognized that to achieve the capacity and competency that will allow staff to function smoothly during a response, training must be an ongoing component of professional development. The following subjects shall be presented, but by no means is limited to:

1. Avian Influenza
2. Introduction to Disaster Management [IDM]
3. Emergency Operations Centre [EOC] Management
4. Incident Command System [ICS]
5. Telecommunications
6. Initial Damage Assessment [IDA]
7. First Aid / CPR

Where appropriate it shall be the responsibility of Agencies to ensure that said training is incorporated into its annual training program.

8. MEMBERSHIP

Membership of National Pandemic Response Team includes but is not confined to the following:

1. Chief Medical Officer/Ministry of Health
2. Senior Medical Officer/Ministry of Health
3. Chief Vet Officer/Ministry of Agriculture
4. Senior Vet Officer/Ministry of Agriculture
5. National Epidemiologist / Deputy
6. Chief Environmental Health Officer / Deputy
7. Chair – Life Stock Development Committee
8. Chief Fire Officer - Saint Lucia Fire Service
9. Chief Immigration Officer – Immigration Department
10. Assistant Commissioner of Police – Operations, Royal Saint Lucia Police Force
11. Director of Air and Seaports
12. Health Educator - Bureau of Health Education
13. Laboratory Director – Ezra Long Lab
14. Director Agricultural Services
15. Chief Veterinary Officer
16. Principal Nursing Officer
17. Extended Program for Immunization Manager
18. Comptroller of Customs
19. Chief Education Officer
20. Chief Pharmacist
21. Medical Director Victoria Hospital
22. Medical Director St Judes Hospital
23. Medical Director Tapion Hospital
24. Infection Control Nurse St Judes Hospital
25. Infection Control Nurse Victoria Hospital
26. Director General - Saint Lucia Red Cross

27. Director – St John’s Ambulance Brigade
28. Director Information Services - Government Information Service
29. Permanent Secretary - Ministry of Tourism
30. Permanent Secretary - Ministry of Finance
31. Permanent Secretary - Ministry of Trade
32. Permanent Secretary - Ministry of Communications, Works, Transport and Public Utilities
33. Permanent Secretary - Ministry of Environment
34. Permanent Secretary - Attorney General Chambers
35. Chamber of Agriculture
36. Director - NEMO

Ex Officio

37. Consultant - Ministry of Health – Emergency Medical Service
38. Director - Saint Lucia National Trust
39. Executive Director - Chamber of Commerce
40. General Manager - Liberty Nursing Agency
41. General Manager - Solid Waste Management Authority
42. Administrator - International American Off Shore University
43. Administrator - Spartan University
44. General Managers - Utility Companies

Disaster Management is a 24 hour vocation and members may be called upon without notice to render service.

9. DISASTER CYCLE

The Disaster Cycle comprises of the following elements:

BEFORE

- Prevention
- Mitigation
- Preparedness

DURING

- DISASTER OCCURS

AFTER

- Response
- Reconstruction / Recovery
- Rehabilitation / Rebuilding



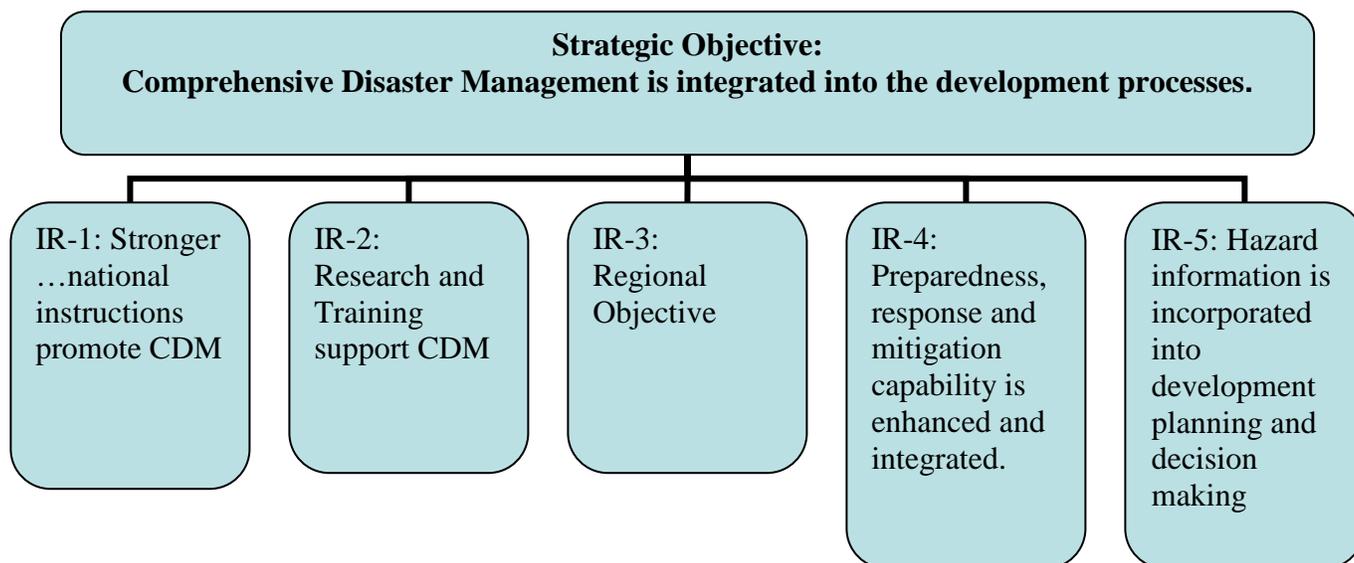
10. DISASTER MANAGEMENT IN SAINT LUCIA

It is understood by the Government of Saint Lucia that the disaster cycle lends itself to a comprehensive approach to disaster management, whether within this organisation or at a National Level. As such it is recognised that there are various frameworks to facilitate having our Agency prepared and by extension the Nation.

10.1 COMPREHENSIVE DISASTER MANAGEMENT

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 project planning and development. 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]*

In pursuit of its key objective of integrating CDM into its development planning process, The Government intends to weave CDM practices into its corporate life through the effective realisation of the recommended Intermediate Results [IR].



10.2 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 Organization of Eastern Caribbean States [OECS].

Where each member state agrees to:

- 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;
- 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.

10.3 SIDS+10

As a participant at the Caribbean Ministerial Meeting on the Programme of Action for the Sustainable Development of Caribbean Small Island States held in Barbados, 10 - 14 November 1997, Saint Lucia agreed to a number of initiatives in the area of Disaster Management. This included to:

Provide adequate resources to National Disaster Organisations to equip them to satisfy the requirements outlined in Article 14 of the CDERA Inter-governmental Agreement, thus in effect strengthening the national and regional disaster preparedness mechanism.

The National Pandemic Response Team shall cooperate with the National Emergency Management Organisation Secretariat to ensure the national disaster preparedness mechanism functions efficiently and to capacity.

10.4 UNITED NATIONS MILLENNIUM GOALS

Together with over one hundred and fifty Heads of State from around the world Saint Lucia adopted the United Nations Millennium Declaration, parts IV and VI within the deceleration refer to Disaster Management and state:

IV. Protecting our common environment

23. (4) To intensify cooperation to reduce the number and effects of natural and man-made disasters.

VI. Protecting the vulnerable

26. We will spare no effort to ensure that children and all civilian populations that suffer disproportionately the consequences of natural disasters, genocide, armed conflicts and other humanitarian emergencies are given every assistance and protection so that they can resume normal life as soon as possible.

11 SITUATION

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 Causality, Epidemic Outbreak, Dam Failure, Office Violence, Terrorism, Bomb Threat/Explosion, Utility Failure

12. ACTIVATING RESPONSE MECHANISMS

12.1 ACTIVATING THE NATIONAL PANDEMIC RESPONSE TEAM

As soon as the Surveillance Unit receives the report of the suspicion or confirmation of a case in humans the mechanisms established to activate the emergency team will be in place as follows:

1. The Epidemiology Unit will notify immediately all the members of the National Pandemic Response Team especially CMO to make decisions on the technical basis and to call other sectors accordingly.
2. The meeting will be held at the Ministry of Health Conference Room within 24 hours.
3. The Chief Medical Officer will inform the Minister and the Permanent Secretary of the situation. Declaration of Pandemic Alert Period phase 4, 5 or 6.
4. Each of the key stakeholders will activate their own plan according to the situation for human and material resources management during an emergency.
5. Relevant components of the plan will be activation as the need arises.
6. Developed public information will be disseminated as agreed by the spokesperson.

12.2 ACTIVATING THE NATIONAL RESPONSE MECHANISM

A major situation, which threatens population centres will require that the National Pandemic Response Team - Incident Commander [IC] receives support for its control and management. This will be coordinated by the National Emergency Operations Centre (NEOC). The decision to advise the NEMO Secretariat of the need for additional support will be made by the IC.

The IC will complete a Situation Report Form for the Director NEMO.

The Director NEMO in consultation with the IC and the Cabinet Secretary, will decide on activation of the Plan and if necessary, the NEOC.

The NEOC, once activated, will coordinate response, request additional resources and ensure adequate support to all relevant functions. Once the NEOC is activated all Standard Operating Procedures shall come into effect.

The IC will retain operational control of all operations.

12.3 ACTIVATING THE REGIONAL RESPONSE MECHANISM

A major situation, which threatens population centres in Saint Lucia, may require that the Government of Saint Lucia receives support for its control and management. Support will be sort from the:

- Caribbean Epidemiology Centre [CAREC]
- Pan American Health Organisation [PAHO]
- World Organisation for Animal Health [OIE]
- Caribbean Disaster Emergency Response Agency [CDERA]
- Regional Security System [RSS]

The decision to advise regional agencies of the need for additional support will be made by the Prime Minister, the Cabinet Secretary, Minister for Health or the Chief Medical Officer based upon established response levels. (See Appendix 3)

The respective Regional Agency Heads in consultation with the Government of Saint Lucia will decide upon n activation of the Regional Response Plan.

Once activated, the Agencies will coordinate regional response, request additional resources and ensure adequate support to all relevant National functions. Once activated all Standard Operating Procedures shall come into effect.

The Incident Commander shall retain operational control of all operations in Country.

OF SPECIAL NOTE: *Should a Regional Response Agency receive a request for activation from an alternate source; regardless of its apparent credibility, the request is to be confirmed with the Prime Minister, Cabinet Secretary, Minister for Health, Chief Medical Officer or Director NEMO before any resource is deployed.*

13. CONTINGENCY PLANS TO MEET THE NEEDS OF PERSONS CONFINED TO THEIR HOMES.

Persons may be confined to their homes by choice, out of fear of being exposed and becoming ill or by direction from health officials in order to reduce transmission in the community.

The provision of food, medical and other essential support for persons confined to their homes will be the responsibility of in the first instance individuals, as the Pandemic Response Required an activation of the National Response Mechanism the responsibility shall transfer to the Agencies of NEMO. House Holds and Communities are encouraged to make use of civic organizations and other volunteers to meet their needs. For instance, Social Groups already engaged in providing services to the homebound (Meals-on-Wheels, etc.) may become the nucleus for voluntary efforts to provide services to people confined to their homes.

In addition, there will likely be situations in which care providers of children or the elderly will become ill and unable to care for their children or elderly parents. Communities will need to have plans in place to identify these situations (e.g., hotlines and or home visiting programs) and contingency plans for caring for these individuals.

Should communities be unable to meet the needs of the homebound or other residents in need, they can request assistance from the **Department of Human Services in the Ministry of Health**.

Following a request for NEMO assistance, the Donations Policy may be activated, whose purpose it is to expedite the delivery of goods and services in support of disaster relief. The Primary Committee for the Donations Policy is the **Supplies Management Committee**.

Communities are reminded that all areas of the Country will be affected during a pandemic and there will be a great demand for assistance from Government. Resources will have to be allocated according to need and all needs may not be met. House Holds and Communities are encouraged to have plans in place that will ensure as much self-sufficiency as possible.

Develop Contingency Plans to Provide Medical Care for People Sick at Home.

Families will need information about how to take care of sick family members at home, and guidelines regarding when to seek professional medical care. This first-line triage will be essential to eliminating unnecessary calls and decreasing the burden on the health care system.

Develop Contingency Plans to Maintain Other Essential Community Services.

Personnel, who provide essential community services, including public safety and emergency response, will be as likely to become ill during a pandemic as the general public. It is estimated that up to 35% of the population will become clinically ill. With influenza, febrile illness usually lasts 2 – 5 days, but people may take up to two weeks to recover fully.

Government Ministries/Agencies and Town/Village Councils will develop lists of essential personnel based on the National Influenza Pandemic Preparedness Plan. These lists will be used to develop priority lists for vaccination, should vaccine become available. However, it is unlikely

that vaccine will be available during the early stages of the pandemic, and may be in short supply when it does become available. In any case, Government Agency and Organization will have contingency plans to provide essential services during periods of high absenteeism. If a plan is not in plan Agencies are to contact the NEMO Secretariat immediately to commence the planning process.

Each Government Agency will develop (or review and update existing lists) of essential services and personnel. Contingency plans will be in place to provide back up for any personnel whose absence would pose a threat to public safety or would significantly interfere with the ongoing response to the pandemic. Back up personnel could include reassignment of personnel from non-essential programs within the agencies, retired personnel and /or private sector personnel with relevant expertise.

14. DECLARATION OF A DISASTER / STATE OF EMERGENCY

Such declarations shall be made in accordance with the Disaster Management Act No. 30 of 2006

It is important to note that the agencies responsible for implementing the Emergency Support Functions will be as affected by absenteeism due to illness as the communities requesting assistance. Again, each agency and community is encouraged to develop plans that will ensure as much self-sufficiency as possible.

Section II: Response

This section identifies the roles, responsibilities and the interagency coordination of the national response mechanism.

Overview

In identifying the country's response actions, it is important to note that during a pandemic, the LHD will retain their responsibility. The key functional areas of the pandemic influenza response are surveillance and epidemiologic investigation, vaccine and antivirals operations, non-medical containment, surge capacity, infection control guidance to healthcare facilities, and risk communications. The role of the country emergency management is to provide the coordinative controls and support outside the direct purview or statutory responsibility of the Ministry of Health.

Alert, Notification and Activation

This section ties the activation of the National EOC to the WHO phases:

Activation of the National Emergency Operations Center (NEOC) will be as follows:

1. **Level 1:** The NEMO Secretariat maintains a readiness posture, while conducting normal day-to-day operations, and conducts surveillance and monitoring of any potential emergency. Similarly, diseases surveillance is ongoing by the Ministry of Health.
2. **Level 2:** This level is initiated when the NEMO Secretariat receives notification from the Ministry of Health that a potential pandemic may be imminent or is occurring and can be identified as being in one of the following phases:
 - **Phase 3: Pandemic Alert Period** - Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
 - **Phase 4: Pandemic Alert Period**- Small clusters(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

At this point, the Director NEMO may convene a meeting of the National Emergency Management Advisory Committee [NEMAC] to consider and discuss the implications of the event. NEMAC will:

- ensure that each agency involved with incident management or incident support activities (if any) is providing appropriate situational awareness and resource status information to the country emergency manager.

- ensure that each agency establishes priorities in preparing for the event, including identifying available resources, potential resource shortfalls, and the ability to implement an agency-specific continuity of operations plan;
 - coordinate and resolve potential legal or policy issues arising from the event, and provide strategic coordination as required.
3. **Level 3:** This level is initiated when the NEMO Secretariat receives notification from the Ministry of Health that a potential pandemic may be imminent or is occurring in the region/country and can be identified as being in the following phase:
- **Phase 5: Pandemic Alert Period** - Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). It begins when notification of the event is realized through disease surveillance (State and local) and/or laboratory testing.

For a Level 3 activation, the NEMO Secretariat will activate the EOC:

At this level, the following actions may be taken:

- The initiation of Level 3 is based on information received from the Ministry of Health.
 - The Ministry of Health may request emergency measures of Empire Country to support local response activities.
 - Risk communications will be disseminated to the general public, to include subject matter as identified in the Ministry of Health plan.
 - Preparations may be made to implement isolation or quarantine measures.
 - Travel restrictions may be imposed for the area of concern.
 - Schools and public gatherings in the area of concern may be cancelled or closed. Other institutions, such as rehabilitation facilities, hospitals, correctional facilities and universities may impose restrictions on ingress and egress in the area of concern.
 - If available, the Ministry may coordinate the distribution of vaccine and antivirals to the population at risk. The Ministry of Health will be the lead for coordinating vaccine and antivirals.
4. **Level 4:** This level is initiated when the NEMO Secretariat receives notification from the Ministry of Health that a pandemic is occurring in the country and can be identified as being in the following phase:

- Phase 6: Pandemic Period - Increased and sustained transmission in general population.

For a Level 4 activation, The NEOC is at full activation.

At this level, the following actions may be taken:

- Invoking isolation, quarantine or social-distancing requirements using medical and security authorities, as appropriate, and coordinating with the NEOC on measures to prevent the intrastate spread of influenza. Actions may include the closing of schools, cancelling public gatherings and imposing movement restrictions in the general public and institutions, such as rehabilitation facilities, hospitals, correctional facilities and universities.
- Utilizing local facilities that can serve as triage and treatment centers, medical facilities, distribution sites and staging areas.
- Coordinating the implementation of public health and medical response assets (if available) to include drugs and medical supplies such as antivirals, vaccine (if available) and assets from the National Stockpile.
- Identifying resource shortfalls to coordinate with the Ministry of Health in requesting and acquiring regional medical staff. Coordination may include resources identified Public Health Services (e.g., National Disaster Medical System, Disaster Medical Assistance Teams and Disaster Mortuary Teams).
- Utilizing local funeral directors and the country coroner to expedite the burial process.
- Coordinating with the Government Information Service in supporting a Joint Information Center (JIC) to inform the public on health-related matters, movement controls and restrictions. The JIC will serve as a coordinating point with local and regional authorities on public messages to ensure that communications are consistent and accurate and ensuring that messages address anxieties, alleviate unwarranted concerns or distress, and enlist cooperation with necessary control measures. Risk communications will be disseminated to the general public to include with topics as identified in the Ministry of Health plan for Pandemic Influenza. (Communications Strategy of the National Pandemic Plan).

It is important to reiterate that multiple waves of a pandemic can be anticipated throughout the life cycle of the event. If the country, in its response, identifies that a pandemic is subsiding or is between waves, response efforts will slightly scale back to assess the response and prepare for the next wave, if any. During this time, the EOC activation level will return to a Level 2 with the ability to quickly return to a higher level, if needed.

Response Organization

The Government of Saint Lucia has always endorsed the use of one response organizational structure that will include all responding agencies, hence the strengthening of the NEMO mechanism.

State agencies will be organized under the framework of the National Incident Management System (NIMS) Incident Command System. ICS will be incorporated at all levels. The over-arching structure of the ICS command and control will be organized as stated in the National Response Plan. Specific to pandemic, the country will utilize a Unified Command structure to coordinate the overall country response and will utilize all of the NIMS components deemed necessary to effectively manage the incident.

Joint Information Center/Public Information

A Joint Information Center (JIC) will serve as the sole source of official information regarding all incident activities. The JIC will provide a forum for the coordinated release of all information. JIC operations will be coordinated by the Government Information Service as laid out in the *Information Management in Disasters Guide*.

Response Agency Roles / Responsibilities

This section reviews existing roles, responsibilities and capabilities of country agencies, and provides an overview of the response.

Overview

The agencies of Saint Lucia [Government, Non Government, Community Based and Faith Based] will be actively involved in the response, and should be utilized to the fullest extent possible. The Government of Saint Lucia has a complete and comprehensive National Response Plan [NRP] which provides the framework for the country's response to emergencies and disasters. Further, based on guidance from the Pan American Health Organisation, the Ministry of Health has also developed a plan to coordinate activities of the public health and hospital sector in the country.

Agency Roles and Responsibilities

Agencies that are activated in support of this type of event will utilize the resources available to them pertinent to the operation. In addition, agencies will coordinate their actions cognizant of over-arching policies and authorities, statutory or otherwise, as outlined in each agency response plan and continuity of operations plan [COOP].

The following lists the agency activities specific to this incident. The text identifies only those actions that are unique to this type of event, and are not already identified in each of the above listed documents.

A. Ministry of Health, EMS, Coroner

The Ministry of Health will likely have the largest set of tasks and responsibilities during a pandemic. Response and recovery operations will encompass the activities from an agency-specific (statutory) standpoint and from a multi-agency disaster response standpoint. Actions include:

- Assess and implement enhanced surveillance in both affected and unaffected localities and activating revised surveillance protocols, as needed.
- Coordinate laboratory testing, providing guidance to local laboratories, and coordinating the use of State and Private Labs in an effort to respond to the surge of multiple tests.
- Coordinate within the Ministry of Health the development and dissemination (including to the public, as appropriate) of a dynamic, prioritized list of treatment and prophylaxis recommendations, clinical guidelines and priority recipients. Disseminate case and contact management protocols to ensure suspect cases are promptly identified and isolated, and contacts are located, quarantined, and monitored for symptoms, as appropriate. Dissemination will be done through the JIC in coordination with the Ministry EOC and National EOC.
- Coordinate the usage and distribution of antivirals and vaccine (if available) to ensure an adequate supply to priority geographic areas and recipients.
- Coordinate provisions for special needs populations, mobility impaired with the country EMS, the Saint Lucia Red Cross and National Disaster Transportation Committee.
- Coordinate the use of volunteers that can be used at traditional and/or non-traditional centers and distribution sites.
- Activate infection control procedures and disseminating guidance to minimize transmission of influenza in homes, the community, healthcare facilities and mass care centers.
- Utilize applicable laws and regulations to ensure the availability of additional beds and alternate facilities.
- Coordination within the Ministry:

- Identifying the public health and medical needs, including an assessment of the health care system/facility infrastructure.
 - Responding to medical surge capacities; identifying facilities that may be able to support triage and treatment.
 - The distribution of the SNS (Managed Inventory), Medical Emergency Response Cache (MERC), and obtaining medical equipment and supplies, pharmaceuticals, and restocking health care facilities.
 - The local implementation of regional medical personnel (PAHO, CAREC, CEHI etc.) to support inpatient hospital care and outpatient services, including in mass care shelters.
 - As needed, coordinate the Mortuary Services in establishing temporary morgue facilities, victim identification, and processing, preparing and disposition of the remains. This will be done in strict coordination with the Coroner.
- Promulgating the most feasible, effective, and enforceable methods of isolation and quarantine to prevent the spread of influenza.
 - Coordinate the use of disaster mental health services for victims and their families, including local response agency representatives.

B. Health Emergency Manager

- In support of the Departments within the Health Sector, provide the overall management of the Ministry EOC and implementation of response and recovery operations.
- Coordinate the mission assignments and tasks of response personnel.
- Coordinate with the overall Health response structure in the request, acquisition and distributions of assets.
- Coordinate the use of Volunteers that are accessible and available in the country.

C. Director Emergency Medical Services

- Coordinate the response of EMS assets in support of jurisdictions that are overwhelmed or affected by the pandemic.
- Coordinate EMS assets that will serve mass care centers, adjunct medical facilities and shelter operations. Operations may include assisting in triage, treatment and transport of affected individuals to primary, secondary and tertiary facilities.
- Support the procurement and distribution of antivirals and vaccine (if available) in support of the Health Workers.

D. Fire Chief

- Coordinate the use of fire service assets to provide BLS services in support of the Director EMS.
- Coordinate Fire Services coverage to provide fire protection in support of jurisdictions that are overwhelmed or affected by the pandemic.
- Coordinate in obtaining and utilizing fire assets and hazardous materials coverage. Make equipment available for cleaning and disinfection
- Control fires

E. Ministry of Agriculture

- In the event that the novel virus is still active in the animal population, the Ministry of Agriculture will serve as the lead in coordinating the eradication of that vector. This includes:
 - Coordinating quarantine and eradication.
 - Providing procedural and diagnostic information to veterinarians.
 - Providing information on local agricultural conditions, producers and resources and providing advice regarding the limits of the infected area.
 - May assist in the trace-forward or trace-back for an event of this type. This will likely be the case if the novel virus first appears in animals and is zoonotic.
- Set fires [burning of animal carcasses]

F. Law Enforcement

- Coordinate support in implementing security measures at Mobilization centers and distribution points where medical assets are being distributed to medical personnel.
- Coordinate support Police Stations that have been overwhelmed or affected by the pandemic.
- Coordinate traffic and access control points for areas where travel restrictions were identified, including interstate thoroughfares.
- Providing guidance for re-routing of traffic in and around affected areas and traffic and access control points.
- Support security at mass care centers, adjunct medical facilities and morgue sites.

- Support security for the transportation of commodities, supplies and relief materiel that may be scarce during a sustained pandemic. Assists quarantine officials in securing the area.
- Prevents access or exit as directed by the Quarantine Officer.
- Restricts movement of animals
- Twenty four hour enforcement of quarantine
- Establish check points
- Assist with compulsory slaughter [shoot if required]
- Provide security

G. National Disaster Welfare Committee and the National Disaster Supplies Management Committee

- Coordinate the identification and access to facilities that may be used as mass care centers, triage and treatment centers.
- Coordinate the request, acquisition and distribution of food and water to support the general population in areas that have had movement restrictions imposed. This will be done in close coordination with the Police.
- Identify and secure locations that can be utilized by response personnel as staging areas, base camps or rest and rehabilitation centers.
- In coordination with Ministry of Health, identify and utilize facilities that may be used to stage medical supplies, antivirals, or vaccine.

H. Ministry of Works

- Providing support for excavating, soil removal and transport.

I. Ministry for Consumer Affairs,

- Providing purchasing support of National controlled commodities.
- Will work collectively to ensure that the businesses in the country can continue to support the general population.

J. Ministry of the Public Service

- Identify and disseminate guidance to Government Agencies on human resources issues, concerns and union-related activities. The guidance should take into account leave accruals and any adjustments the Government can make to allow employees to take time to attend to themselves or their families if they become ill.
- With the NIPPP Team jointly identify staffing capabilities on contract that could support agency staffing.
- Explore opportunities to expedite the canvass and hiring process, including temporary workers, to fill vacancies in government.
- With the NIPPP Team work jointly to coordinate recruitment, classification and assignment of workers to meet essential needs.

K. Ministry of Education

- Utilizing guidance from Ministry of Health, disseminate safe practices, risk information and sanitary information to the school community at-risk.
- Coordinate the response actions of the schools with response operations, including the utilization of the school as a public shelter or other function in support of the response.

L. Information Services

- Compiles list(s) of local news outlets (e.g. radio, newspaper, television) to notify of the situation.
- Prepares pertinent information, publications, photographs and other relevant materials for distribution to media personnel.

M. Customs and Excise

- In the event that response personnel are deployed to Saint Lucia the Customs and Excise shall ensure the waiver of Customs fees etc.
- The Department shall also facilitate the waiver of Customs fees etc. on disaster relief supplies donated to Saint Lucia.

N. Immigration

- The Immigration Department shall waive Immigration Fees etc. for personnel deployed to Saint Lucia during the pandemic.

O. Saint Lucia Air and Seaports Authority [SLASPA]

- SLASPA shall set aside an area for use by the Port Health Authorities.
- SLASPA shall facilitate the waiver of Airport Service Charges and other appropriately related charges in the event that those personnel are deployed to Saint Lucia for a pandemic response.
- SLASPA shall facilitate priority berthing and handling of ships carrying cargo, personnel and/or other support arrangements for the response effort.

Travel

As with other types of disasters, a pandemic will not stop at borders. In fact, imposing travel restrictions may be one of many primary means of non-medical containment. As such, three types of travel-related coordinative concerns need to be addressed: Intra State, Inter Regional and International travel. Key points in coordinating these efforts are as follows:

A. Intra State Coordination

The recommendation or mandate to impose travel restrictions will be identified by the Ministry of Health. Law enforcement may initiate traffic and access control points. Resource support for traffic and access controls and movement restrictions will be coordinated through the National EOC.

B. Inter Regional

The recommendation or mandate to impose Inter Regional travel restrictions will be identified by the Heads of Government of CARICOM. As with intrastate coordination, inter-regional coordination may require support to maintain the traffic and access control points, utilizing the capabilities of National and Regional Agencies. The resource support and movement restrictions will be coordinated through CARICOM in collaboration with the neighboring state(s).

C. International Coordination

The recommendation or mandate to impose Inter Regional travel restrictions will be identified by the Heads of Government of CARICOM and the United Nations. As with inter-regional coordination, international coordination may require support to maintain the traffic and access control points, utilizing the capabilities of National, Regional and International Agencies. The resource support and movement restrictions will be coordinated through CARICOM in collaboration with the neighboring state(s).

Section III: Recovery

The section identifies strategic and conceptual components of the disaster recovery process. It is important to note that typical disaster recovery mechanisms will not to be fully described here as they already exist in the National Response Plan.

Overview

The nature of a pandemic is such that the event will not likely conclude within a set period of time. Unlike other natural disasters, a pandemic will likely come in waves, causing resurgence in the response until immunity is developed or vaccine has been widely distributed. While the period between waves may be difficult to identify or predict, recovery from an influenza pandemic begins while the pandemic is still in progress, and continues during the periods between waves and following the pandemic. This phase of the response is considered as part of **Phase 6, the Post Pandemic Phase**

Demobilization of the Response

The Post Pandemic Phase is a component of the phase schema that is initiated when the NEMO Secretariat receives notification from the Ministry of Health that a pandemic is subsiding or is between waves. This will be based on disease surveillance from the Ministry of Health surveillance networks, including private Doctors. As the pandemic subsides and the National EOC demobilizes, several actions or activities may be realized, including:

- Relaxing quarantine and isolation measures, rescinding Emergency Orders, relaxing traffic and access control points, if not already demobilized.
- Demobilizing ICS field components that may have been deployed to coordinate the response.
- Assessing the effectiveness of the response, the coordination, communications and capabilities during the pandemic and adjust as needed in anticipation of the next wave.
- Assessing resources and authorities that may be needed for subsequent pandemic waves.
- Estimating the overall pandemic impact on the country, including mortality, severe morbidity, financial impacts and the disaster recovery mechanisms that can support the general public.
- Continuing virologic surveillance to detect further pandemic waves.
- Assessing vaccine coverage, identify gaps and effectiveness of targeting to priority groups, and efficiency of distribution and administration.
- Assessing vaccine and antiviral efficacy, safety, and the impact the distribution and administration the medicines had during the pandemic.

- Monitoring continued administration of vaccine to persons not previously protected.
- Incorporating mental health messages to facilitate recovery with continuance of self-care messages.
- Communicating with the healthcare providers, the media, and the public about any subsequent pandemic waves.
- Conducting an assessment of coordination during the period of pandemic disease and revise response plans, as needed. This may include a formal after-action review of pandemic response activities.

The Recovery Process

Funding and Compensation

Whenever the Prime Minister finds that a disaster has occurred or may be imminent and local capabilities may be exceeded, the Prime Minister may declare a Disaster. Whenever the Prime Minister finds that the event is of such severity and magnitude that the Country will be overwhelmed, the Prime Minister can request Regional assistance.

Social and Economic Effects

The economic effects of a pandemic on the country, even on a small scale, may be enormous to the victims and their families, public and private entities, and to subsidiary and support industries of our economy. Employment may be affected over a wide range of sectors, from the farming and subsidiary industries, to distributors, the retail industry, to education and to government. The impact on the sectors that serve as the foundational elements of our way of life may have a cascading effect. The potential exists for many businesses that rely upon or support those sectors to be severely impacted, including local businesses, distributors, health care, and any reliant business, market, or industry. Movement restrictions invoked under disaster authorities during the response may promote erratic prices of common products, services or commodities. This is especially the case in the food service industry where most food providers maintain minimal or “just in time” inventories.

The country will need to take proactive measures in reenergizing its economy. A variety of mechanisms to support the economy and the consumer (general public) in times of disaster are already identified in National Emergency and Response Plan (i.e., Reconstruction Policy and Plan). Additional support may be provided for via existing country programs through the Government Agencies, NGOs, and CBOs that has the statutory authority or obligation to implement such programs at the national or local level. These efforts may include:

- Through the Ministry of Commerce, monitoring excessive pricing practices to prevent “price-gouging” and;
- Providing additional assistance to small business with grants and loan programs and assist an even larger group of businesses, through a broad range of services, to help the entire business community.
- Through the Inland Revenue Department provide advice on tax law provisions for losses related to the disaster. [if applicable]

Continual Mental Health and Workforce Support Services

While unfortunate, it is recognized that a pandemic will likely result in a number of fatalities. In doing so, a pandemic will not discriminate when impacting the population. As a result, many entities, public and private, large and small, may have workforce support issues that will need to be resolved. The general public may need support from experiencing the loss of loved ones, but also from experiencing movement and restriction controls that are extremely uncommon to our way of life.

During the response phase, disaster mental health services will be provided through the National Disaster Welfare Committee.

As the response organization demobilizes, Responders will be afforded an additional opportunity to acquire mental health support the existing Government structure through the Department of Human Services. This will allow for a more broad-based coordination of mental health support utilizing the coordination and information sharing networks that will be active during the response.

Mental health activities may be ongoing for an extended period of time. Following demobilization, the Ministry of Health will serve as the point of contact in providing mental health services. The support will be recognized through pre-existing channels to provide mental health counseling and workforce resiliency. Mental health support will be made available to all of the necessary agencies and sectors as well as to the general public. Lastly, the availability of mental health support should be maintained and consistently disseminated throughout ongoing public information campaigns, coordinated through the Bureau of Health Education, to reach the needed audiences.

Risk Reduction in Recovery

A. Surveillance

Surveillance in the post-pandemic phase will be conducted by national health care settings. Ongoing virologic surveillance will be carefully coordinated by the Epidemiology Department to optimize the available resources and surveillance

methodologies. The surveillance will be key in quickly identifying any potential imminent waves of the pandemic to allow the NEOC to resume the response posture.

B. Public Awareness

Public awareness and risk communications will be vital in successfully implementing a cohesive and coordinated response. The JIC will be the primary source of releases to the public to provide factual information on the status of activities, clinical signs and symptoms of pandemic influenza, and what the general public can do to protect themselves. This type of capability needs to continue through the recovery process. Following the demobilization of the JIC, the Ministry of Health will be the single point of contact for all pandemic inquiries. The information that can be provided includes fact sheets on pandemic influenza, travel advisories, risk factors, and recommended steps the public can take to reduce their risk of illness. Further, information and education materials may be disseminated through various means, including media outlets, public health networks, web-based applications and on agency web sites.