



International Civil Aviation Organization

NORTH AMERICAN, CENTRAL AMERICAN AND CARIBBEAN OFFICE

**Eighteenth Meeting of Directors of Civil Aviation of the Eastern Caribbean
(18th E/CAR DCA)**

Port of Spain, Trinidad and Tobago, 9 to 12 December 2003

18th E/CAR DCA – WP/04

21/11/03

Agenda Item 4: E/CAR SAR Committee and MCI Task Force Activities

THE EASTERN CARIBBEAN STATES CIVIL AVIATION ACCIDENT MCI RESPONSE PLAN

(Presented by the Chairman)

SUMMARY
This working paper presents to the Meeting the E/CAR Civil Aviation Accident Mass Casualty Incident Response Plan (E/CAR CAAMCIRP).
References: <ul style="list-style-type: none">Report of the 17th Meeting of the E/CAR Directors of Civil Aviation, Trinidad and Tobago, 4 to 7 December 2001.

1. Introduction

1.1 This paper addresses Conclusion 17/3 of the 17th E/CAR DCA Meeting and presents to this meeting the Civil Aviation Accident Mass Casualty Incident Response Plan for the Eastern Caribbean Region.

CONCLUSION 17/3 CIVIL AVIATION MASS CASUALTY INCIDENT RESPONSE PLAN FOR THE EASTERN CARIBBEAN REGION

That the E/CAR SAR Committee develop a programme for the development of a civil aviation MCI response plan for the Eastern Caribbean region to be completed by the 18th DCA E/CAR Meeting and present this programme to the CAR DCA Meeting in 2002.

1.2 The plan was developed by the MCI Task Force, a Sub-Committee of the E/CAR SAR Committee and accepted by the parent Committee.

2. Discussion

2.1 The **Appendix** to this Working Paper contains the Eastern Caribbean States Civil Aviation Accident Mass Casualty Incident Response Plan (E/CAR CAAMCIRP).

3. Suggested Action

3.1 The Directors of Civil Aviation of the E/CAR States are invited to examine the Appendix to this working paper, to review, take note, comment and approve the plan, as applicable.

APPENDIX

**EASTERN CARIBBEAN STATES
CIVIL AVIATION ACCIDENT
MASS CASUALTY INCIDENT RESPONSE
PLAN
(E/CAR CAAMCIRP)**



TABLE OF CONTENTS

Cover	
Table of Contents	i
Amendments	ii
Definitions & Abbreviations	iii
Scenario	iv
GENERAL	01
OBJECTIVE	01
EXECUTION	01
General Outline	01
<i>Phases</i>	01
Details	02
<i>Alert & Warning</i>	02
<i>Activation</i>	03
<i>Field Organization & Management</i>	03
<i>Search & Rescue</i>	03
<i>Patient Care</i>	03
Coordination	04
<i>Overall Coordination</i>	04
<i>Mobilization of External Resources</i>	04
<i>Deployment of Resources</i>	04
<i>Search & Rescue</i>	04
<i>Scene Safety</i>	04
<i>Scene Assessment & Incident Command</i>	04
<i>SITREPS</i>	04
<i>Demobilization of External Assets</i>	04
<i>Deactivation</i>	04
<i>Debriefing</i>	04
<i>Final Reports</i>	04
ADMINISTRATION & LOGISTICS	04
<i>Plan</i>	04
<i>Incident Reports</i>	05
<i>Cost Recovery</i>	05
<i>Dispute Resolution</i>	05
COMMUNICATIONS	05
AUTHORITY	05
<i>Effective Date</i>	05
<i>Authorizing Signatories</i>	05
ANNEXES	
<i>MCI Standard Operating Procedures</i>	A1
<i>List of Health Disaster Coordinators</i>	B1
<i>Key Health Resources</i>	C1
<i>Civil Aviation Contacts</i>	D1
<i>Disaster Management Contacts</i>	E1

AMENDMENTS

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DEFINITIONS & ABBREVIATIONS

Aircraft Accident: An occurrence associated with the operation of an aircraft: That takes place between the time the first person boards the aircraft with the intention of flight and the last person has disembarked, in which a person suffers death or serious injury, causes substantial damage to the aircraft.

Aircraft Incident: An occurrence, other than an accident, associated with the operation of an aircraft that affects or could affect the safety of operations.

Mass Casualty Incident: Any event resulting in a number of victims large enough to disrupt the normal course of emergency and health care services.

Stabilization: The medical measures used to restore basic physiologic equilibrium to a patient, to facilitate future definitive care, in order to ensure survival.

Triage: The sorting of casualties according to the nature and severity of their injuries.

Command Post: The location at the scene where command, coordination, control and communication for the activities are centralized.

ABBREVIATION	MEANING
AMP	Advance Medical Post
ATC	Air Traffic Control
CAA	Civil Aviation Authority
CDERA	Caribbean Disaster Emergency Response Agency
Coord	Coordination
CP	Command Post
DCA	Director of Civil Aviation
Demob	Demobilization
E/CAR	Eastern Caribbean
E/CAR CAAMCIRP	Eastern Caribbean Civil Aviation Accident Mass Casualty Incident Response Plan
EOC	Emergency Operation Centre
ICAO	International Civil Aviation Organization
MCI	Mass Casualty Incident
MCM	Mass Casualty Management
Med	Medical

ABBREVIATION	MEANING
MOH	Ministry of Health
NDO	National Disaster Organization
PAHO	Pan American Health Organization
RCC	Rescue Coordination Centre
SAR	Search and Rescue
SITREP	Situation Report
SOP	Standard Operating Procedures
VIP	Very Important Persons

SCENARIO:

Accidents and incidents involving aircraft have the potential and do occur occasionally in the Eastern Caribbean states. Commercial air traffic is commonplace today with its associated risks.

Risk: Commercial planes that traffic the Eastern Caribbean flight routes have the capacity to carry as much as four hundred (400) passengers. These figures as potential victims may increase in the event of a land-crash in a densely populated area of a country. Accidents in E/CAR states may prove complex as they can occur over land or sea, as well as in territorial or international waters thus affecting operational responses. Many island airports are near to the sea and many flight sectors are over water. Accidents can occur with or without early warning and at any location.

Capabilities: In many E/CAR states national response capabilities are limited. The emergency medical response capability in many individual E/CAR states may be insufficient to effectively manage mass casualties resulting from aircraft accidents. Inter agency and inter-country cooperation would be crucial in order to effect response and to save lives. A framework for collective preparedness and response in support of an affected state is therefore highly desirable. That framework is provided in this E/CAR CAAMCIRP. Prevention arrangements are addressed elsewhere.

THE PLAN

References:

Agreement Establishing the Caribbean Disaster Emergency Response Agency (July 1991).

Caribbean Regional Coordination Plan: CDERA.

Record of Proceedings of the 11th-17th E/CAR DCA Meeting.

Record of Proceedings of the 1-3rd E/CAR SAR Committee Meeting.

Record of Proceedings of the 1st E/CAR MCI Task Force Meeting.

Agreement between CDERA and the PAHO, 1992.

National Disaster Plans.

National Search and Rescue Plans.

1. GENERAL:

Eastern Caribbean (E/CAR) states are exposed to risk of aviation accidents which can result in mass casualties. National capabilities of individual states may be inadequate to manage some incidents. This E/CAR Civil Aviation Accident Mass Casualty Incident Response Plan (E/CAR CAAMCIRP) provides a framework for collective preparedness and response in support of an Affected State.

2. OBJECTIVE:

To provide coordinated support for the medical management of mass casualties arising from aviation accidents.

3. EXECUTION:**General Outline:**

At every moment in time each serviceable aircraft comes under the jurisdiction of some civil aviation authority and when in traffic it comes under the control of an Air Traffic Control Unit. Should circumstances develop with the potential of causing or actually resulting in mass casualties it is contemplated that the following system for medical management of mass casualties will be implemented in support of those national authorities exercising responsibility for emergency medical management of victims in particular and those exercising responsibility for management of the incident generally. The system is effected through a chain that starts with an alerting process, continues with activation, mobilization and deployment if and as needed, search and rescue of victims, emergency care and treatment in the field and transfer of victims to appropriate health facilities prepared to receive them. It ends when the victims have received all emergency care needed to stabilize them.

Phases:**Alerting**

Air Traffic Control Unit; Civil Aviation; NDO ---CDERA---
PAHO

**Activation of the
E/CAR CAAMCIRP****Mobilization & Deployment**

CDERA --->Appropriate National Disaster Organizations
Affected State: Local First Response agencies
Supporting States:As requested.(Coord.CDERA)

Search & Rescue	Affected State: First Response/SAR assets -Coord by CAA; NDO/SAR Agencies External Support: Additional assets as requested. Coord by RCC & CDERA
Field Management	Incident Command: As pre-determined by Affected State
Site Safety	Affected state
Patient Care	Local Health & First Responder Agencies; additional assets as requested under supervision of MOH of Affected State. External Assets: All to operate under authority of appropriate National offices of Affected State.
Coordination	In Affected State: CAA&NDO External Support: RCC;CDERA;PAHO
Demob & Redeployment	Affected State: As determined and agreed to by National Authorities. Supporting States and Agencies as agreed by parties concerned. Coord. by RCC,CDERA,PAHO

Each local state or district will have to respond initially with its own resources to the incident. It may be necessary to maintain this response for prolonged periods until support requested from other states arrives. Therefore it is highly desirable that each state develop in coordination with the NDO its own mass casualty management plan that is integrated either directly into the National Disaster Plan or as a component of health sector disaster plans.

This plan is designed to support a medical chain that relies on the existence of a local MCM system or at least a National Disaster Plan. The existence of the following is important:

1. An efficient Accident and Emergency department
2. A basic radio communication network
3. Coordinating mechanisms/procedures among all sectors involved
4. Skilled multi-sectoral rescue teams

Details:

Alert & Warning Process:

The Alerting process is implemented to give early warning and to have placed on standby those resources that have been pre-determined or that are anticipated, will be needed for future operations. When an alarm is raised the Alert and notification TO EFFECT THIS PLAN will be issued through the ATC or CAA of the affected state to its NDO and the RCC. Without prejudice to SOPs for activating local resources the NDO shall alert and notify the RCC & CDERA. RCC & CDERA shall coordinate alert and notification to: Appropriate neighboring states; appropriate Regional and International partners – including SAR; Maritime; Health as needed. Notification should provide the following minimum information:

1. Who is calling (name and agency, post/title of caller, and telephone number).
2. Nature/type of incident.
3. Location of the incident.
4. Estimated number of casualties.
5. The degree of alert

The Alert stages: As follows:

1. Green Alert. Responding agencies/states must organize themselves to make a response while awaiting confirmation of the incident and/or required response.
2. Amber Alert. Requires assets of responding agencies/states be on 1 Hour Notice To Move.
3. Red Alert. Requires responding agencies to deploy to incident site. This may be preceded by the previous stages or it may be declared from the outset.

Activation:

Following the alert and notification process the decision to activate the plan and the required level of response would be made by CDERA in consultation with the Affected State and the RCC. The plan shall be activated by CDERA issuing an appropriate notification which shall include words to the effect “MCI Response Plan is activated” and which shall indicate the level of response anticipated. The level of response will be determined based on demands in the Affected State and may expand or contract over time.

<u>Level I response:</u>	Only Affected State assets required.
<u>Level II response:</u>	Limited specific assistance required or call out of closest neighboring states for a defined limited response.
<u>Level III response:</u>	Call out of all states and possible request for additional support from other regions and international agencies anticipated.

Field Organization & Management:

Field organization encompasses all procedures used to arrange the disaster area in order to facilitate medical management of victims. Scene assessment, scene safety, field layout, Incident Command shall be as provided for under plans/SOPs of the Affected State. All external assets shall operate under authority of appropriate national offices of the Affected State. Primary coordinating authorities – CAA & NDO.

Search & Rescue:

As provided for under national SAR policies and procedures of the Affected State. First Response/SAR assets - Coord by CAA & NDO. Requested support as per ECAR/SAR arrangements. Coordination of external support by RCC and CDERA. Procedures for Hand-off of rescued/recovered victims-to be determined. SAR assets to hand-off to Med assets operating under authority of MOH of Affected State.

Patient Care:

MOH of the Affected State would be responsible for medical management and emergency care and treatment of victims. The nature and scope of such management and care is intended to save life and to stabilize victims. Patient care would be provided both on-site and at health care facilities. It is anticipated that under the MCI system rescued/recovered victims will be triaged, treated and transferred to an appropriate health care facility. Transfer to health care facilities shall be based on the system of triage. Transfer may be effected by land, sea or air and may be effected to a health facility in the Affected State, or to an appropriate facility in another state. Transferring authorities are to communicate and ensure reception of transferred victim is agreed to and coordinated with the receiving facility. Receiving facilities are to be prepared to receive and manage expected victim(s). Transferring facilities are to provide all relevant information for emergency care and treatment of the transferred victim. Without

prejudice to the rights of the victim transfers to health facilities outside of the Affected State may be effected based on medical grounds or at the request of an appropriate authority. Arrangements to be as agreed/determined by interested parties. External Med assets providing med care in the Affected State are to do so under authority of the MOH (or equivalent) of the Affected State.

Coordination:

Overall Coordination:

CDERA; in collaboration with CAA & NDO of Affected State and RCC.

Requests for assistance under the plan:

By Affected State (Oral requests to be put into writing as soon possible).

Mobilization of requested external resources & assets:

CDERA, PAHO & RCC.

Deployment of mobilized assets/resources to affected state:

On order of CDERA, RCC as appropriate.

SAR:

Under coord of authorities of Affected State; CAA & NDO.

Scene Safety:

All Overall Coord by Affected State.

Scene Assessment & Incident Command:

Affected State.

SITREPS:

To be issued by CDERA.

Demob of External Assets:

When no longer in demand, as negotiated or upon realization of condition(s) agreed to. Affected State to provide all relevant advice and information to all parties concerned. Demob of assets of Affected State as provided for under national plans.

Deactivation:

To be issued by CDERA-following consultation with Affected State. Implemented by issue of notification to effect "MCI Response Plan DEACTIVATED". To be issued when it is anticipated that assets/resources of the Affected State will be adequate to ensure all victims have been accounted for, transferred to an appropriate health care facility and been in receipt of emergency care and treatment to stabilize them.

Debriefing:

In Affected State: as arranged by national authorities.

Final Report:

In Supporting States: as arranged by Supporting State.

Prepared by CDERA in collaboration with Affected State and all supporting parties. Dissemination/Publication as arranged by CDERA in consultation with Affected State.

4. ADMIN & LOGISTICS:

Plan:

Repository:

CDERA to be repository of authoritative original (inclusive of any amendments).

Dissemination:

CDERA to make available to ICAO, PAHO, RCC and CAA, NDO & MOH of each E/CAR state, e-copy. Each CAA, NDO and MOH to disseminate as appropriate and maintain hard copies.

Exercises/Testing:

To be determined by agreement. It is anticipated this will be undertaken at least once biannually. As far as possible

Amendments & Updates:
Incident Reports:

this E/CAR MCIRP is to be integrated into Regional exercises.

To be determined by agreement.

Prepared by CDERA in collaboration with Affected State and all supporting parties. Dissemination/Publication as arranged by CDERA in consultation with Affected State.

Cost Recovery:

Without prejudice to the rights of the Affected State and other interested parties it is understood and agreed in principle that all external support duly requested by Affected States and provided by Supporting States under this plan are done on the basis that cost may be recovered by the providing state at prevailing market rates. Parties may negotiate waivers, mechanisms and all other matters attendant hereto.

Dispute Resolution:

Mechanisms for dispute resolution to be determined as may be agreed to by parties concerned.

5. COMMUNICATIONS:

Details Annexed.

6. AUTHORITY:

Effective Date:

This plan comes into effect on theday of2004.

Authority:

This plan was developed under authority articulated in the documents referenced and is duly authorized and authenticated by the signatories hereto.

Signed:.....

D. HAPPYMAN

Title, Agency

Authenticated:.....

J. COLLYMORE

Coordinator, CDERA

List of Annexes:

A. MCI Standard Operating Procedures: *Procedure 001 – Field Organization; Procedure 002 – On-site Emergency Care and Treatment; Procedure 003 –Hospital Organization; Procedure 004 - Medical Management.*

B. List of Health Disaster Coordinators.

C. Key Health Resources.

D. Civil Aviation Resources.

E. Disaster Management Resources.

ANNEX A TO
E/CAR CAAMCIRP
DATED 2003

STANDARD OPERATING PROCEDURES

Procedure 001 **Field organization procedure.**

Agencies Responsible NDO, First Response Agencies

Objective **To facilitate the medical management of victims in a safe and secure environment.**

Steps:

Permanent

1. Must ensure that the necessary communication equipment is available.
2. Must train officers in mass casualty management and incident command.
3. Keep updated maps showing population, routes etc. (for use in the CP).
4. Keep and verify monthly an updated communication network directory of all response agencies i.e. a complete and current list of inter agency contact and communication data.
5. Keep and test an alert procedure for all agencies expected to respond.
6. Keep a quantity of road traffic control kit and equipment.

During

1. On arrival at the incident site the first responders team would conduct an initial assessment and report immediately to the local command center, identifying and confirming the following:
 - i. Precise location of incident
 - ii. Access routes
 - iii. Details of aircraft
 - iv. Estimated of number of casualties
 - v. Any additional potential risk and exposed population
 - vi. Proposed Location of the on-site CP
2. The team should then identify/establish the following field areas:
 - i. The work areas i.e. impact zone (strictly restricted area), secondary area (restricted area) and tertiary area (buffer zone);
 - ii. A command post with (radio) communication, at the external boundary of the impact zone. It should be sited to facilitate on-site overall command, coordination and control. Where appropriate it may be close to the AMP (if established) and the evacuation area.
 - iii. An AMP with an Evacuation area,
 - iv. A VIP/media area, and
 - v. Access routes.

3. Set up either a basic or a standard AMP (a minimum of approx. 85 sq. yards) within walking distance (50-100 meters) of the impact zone: in a safe area; with direct access to evacuation routes; at a short distance from the CP; and in a clear radio communication zone.
4. Must implement safety measures to protect victims, responders and exposed populations.
5. Must implement crowd and traffic control measures.
6. Must establish congestion free ingress and egress roads i.e. traffic detour, for the emergency vehicles.
7. Identify rendezvous point or staging area to prevent obstruction of the access route and confusion/jam at the accident scene.

After

8. Debriefing and Report(s) to NDO.

END OF PROCEDURE

Procedure 002	On-site Emergency Care and Treatment.
Agencies Responsible	MOH & health services
Objective	To reduce loss of life by providing prompt and effective triage and field stabilization of victims, allowing them to tolerate delayed transfer to appropriate health care facilities.

Steps***Permanent***

1. Train staff in MCM, trauma and triage.
2. Establish and maintain specifically trained medical teams (medical mobile response teams).
3. Establish and maintain an emergency medical service or a patient care transport service.
4. Establish and maintain mobile response kit (medical supplies and equipment).

During

1. Dispatch to site expeditiously medical response team with mobile response kit, triage tags, medical record forms and AMP supplies.
2. Dispatch to site emergency medical service or a patient care transport service.
3. Establish the internal organization of AMP.
4. Conduct medical triage to determine level of care utilizing color code triage tag (red, yellow, green and black).
5. Provide field stabilization care to patients (intubations, tracheotomy, chest drainage, drug treatment of shock, analgesia, fluid replacement, faciotomy, fracture immobilization and dressing).
6. Organize patient transfer to adapted health care facility ensuring that the health care facility is correctly informed and ready to receive the patient.
7. Conduct evacuation triage prioritizing victims for transfer to ready-to-receive health care facility.
8. Maintain direct communication (by radio/phone) between the local responding health care facility and AMP via the CP.
9. Ensure adequate supplies and equipment are available.
10. Register and keep record, including names, destination and status of all patients passing through the AMP.
11. Ensure that all casualties have received attention before the operation is terminated.

After

16. Report to CP.
17. Report to MOH details of on-site patient care delivered.
18. Debriefing.

END OF PROCEDURE***Attachments***

Directory of medical mobile response team.
 Mobile response kit (medical equipment and supplies).
 Medical records forms.
 Triage tags.

Procedure 003	Organization of hospitals .
Responsible Agency	Hospitals.
Objective	To prepare for the medical management of MCI victims through effective mobilization and management of available resources.

Steps***Permanent***

1. Maintain updated hospital MCM procedures which form part of the hospital emergencies/contingency plan or the National MCM plan.
2. Ensure adequate staff is trained in MCM.
3. Establish and maintain a mobile team comprised of persons capable of effecting emergency care and treatment/emergency medicine.
4. Establish and maintain a contingency plan for blood donation.
5. Establish and maintain arrangements including MOUs for the availability of adequate human resource (doctors and nurses) and facilities (operating rooms, ambulances, laboratory etc.) including arrangements with private sector facilities as appropriate.
6. Establish a two-way communication system to provide a link between the hospital and the other responding entities.

During

7. Activate the hospital MCM procedures or emergency/contingency plan.
8. Activate hospital EOC or CP with communication network.
9. Dispatch mobile team if within appropriate radius of the scene.
10. Reinforce key departments: Accident and Emergency, Surgery, Operating theatre(s), ICU.
11. Determine/estimate hospital capacity (beds, human resources services and equipment) to deliver care at that point in time.
12. Make beds available to accommodate victims.
13. Establish a reception area where hospital triage would be conducted with direct access from the ambulance off loading area and easy access to key care sectors of the hospital.
14. Provide medical care to the casualties that arrive.
15. Inform the field CP when it cannot receive more "red" patients.
16. Maintain constant communication between the hospital EOC/CP, the field CP and the AMP.
17. Keep record of all victims seen/admitted to the hospital.

After

18. Report to Incident Commander.
19. Report to MOH (patient care delivered).
20. Debriefing.

END OF PROCEDURE***Attachments***

Medical record forms
Communication network
Hospital MCM procedures
Memoranda of Understanding

Procedure 004	Medical Management of MCI.
Agencies Responsible	MOH of E/CAR states.
Objective	To provide medical care to victims both on-site and at appropriate health facilities.
Steps	
<i>Permanent</i>	
1.	Train staff in MCM and keep updated information on trained personnel.
2.	Keep updated MCM procedures and health facilities emergencies/contingency plan.
3.	Establish mobile response team.
4.	Keep updated directory of medical personnel (mobile response team).
5.	Keep supply of emergency medical supplies available.
<i>During</i>	
6.	Activate MCI and health facility disaster response plans.
7.	Be in contact with health facility and AMP.
8.	Provide control and dispatch of casualties to appropriate external hospitals by land, sea or air.
9.	Maintain an accurate list of casualties including those sent to external destinations for treatment.
10.	If additional resources (manpower and equipment) are needed assist in obtaining and sending them to requesting/responding unit.
11.	Ensure that all casualties have received medical attention before confirming termination of the operation.
<i>After</i>	
12.	Debriefing.
13.	Written report from AMP and responding health facilities.
14.	Prepare final report and submit to all relevant authorities.

END OF PROCEDURE***Attachments***

List of personnel trained in MCM.

MCM procedures .

Health facilities emergencies/contingency plan(s).

Directory of mobile response team.

List of health facilities key and essential personnel and contacts.

List of emergency medical supplies.

ANNEX B TO
E/CAR CAAMCIRP
DATED 2003-12-XX

LIST OF HEALTH DISASTER COORDINATORS

E/CAR Country	Health Disaster Coordinators	Address	Phone	Email
Antigua and Barbuda	Dr. Carlos Mulrairie Chief Medical Officer	Ministry of Health Cecil Charles Building Cross Street, St. John's	T (268) 462-5522 /2675 F (268) 462-5003	healthandsocial_2001@hotmail.com
Barbados	Dr. Beverly Miller Chief Medical Officer Of Health	Ministry of Health Jemmotts Lane St. Michael	T (246) 426-3470/ 5080 F (246) 427-3741	bmiller@sunbeach.net
Dominica	Dr. Niniola Aderibigbe Acting Director, Primary Health Care Services	Ministry of Health 33 Fields Lane, P.O. Box 2149 Roseau	T (767) 448-2401 Ext. 3462 / 3464 F (767) 448-6086	smohsouth@sunbeach.net
Grenada	Dr. Satnarine Maharaj Chief Medical Officer	Ministry of Health c/o St. David's Post office, St. David's	T (473) 440-2962 F (473) 440-4127	min.healthgrenada@caribsurf.com
Guadeloupe	Mr. Jean Hamlet Deputy Major	Hotel De Ville Boite Postale 374 97054 St. Martin, Cedex	T (590 590) 875 004 F (590 590) 878 853	
Martinique	Dr. Valerie Cicchelero Médecin Inspecteur de Santé Publique	Direction de la Santé et du Développement Social 37 Av. Pasteur, Bp 658 Fort De France	T (596 596) 606 008 F (596 596) 60 32 82	valerie.cicchelero@sante.gouv.fr dsds972-secretariat- direction@sante.gouv.fr
St. Kitts and Nevis	Mr. Llewellyn Newton Disaster Preparedness Coordinator	Nevis Island Government P.O. Box 88 Charlestown	T (869) 469-1423 F (869) 469-5407	newton@caribsurf.com odpnevis@caribsurf.com
St. Lucia	Dr. McDonald Chase Health Disaster Coordinator	Ministry of Health, Human Services, Family Affairs & Gender Relations Chausse Rd., Castries	T (758) 453-2195 F (758) 453-1080	health@candw.lc
St. Vincent and the Grenadines	Dr. Simone Keizer Senior Register	Kingstown General Hospital Kingstown	T (784) 456-1955 F (784) 457-1014	mosimi@caribsurf.com
Trinidad and Tobago	Dr. Rohit Doon Principal Medical Officer Environmental Health	Ministry of Health Independence Square Port of Spain	T (868) 625-0110 F (868) 628-9523	rdoon@tstt.net.tt

**ANNEX C TO
E/CAR CAAMCIRP
DATED 2003-12-XX**

LIST OF HEALTH RESOURCES

Country	Main Hospitals	Capabilities							Emergency Contacts
		Beds	Burn Unit	Pediatrics	Gynecologist	Obstetrician	Surgery	A&E	
Antigua and Barbuda	Holberton Hospital Hospital Rd. P.O. Box 2797, St. Johns						y		All Depts. Tel: (268) 462-0251-3
	Adelin Medical Centre P.O. Box 1123 Fort Road St. John's								Tel: (268) 462-0866-7
	Fiennes Institute Queen Elizabeth High Way								Tel: (268) 462-0419
	Mental Hospital Skerritts								Tel: (268) 462-0617
Barbados	Queen Elizabeth Hospital Lower Collymore Rock, St. Michael	600		y	y	y	y	y	Tel: (246) 436-6450
	Bayview Hospital Ltd. St. Paul's Ave. Bayville, St. Michael						y		Tel: (246) 436-5446 Fax: (246) 429-3081
	Psychiatric Hospital								
Dominica	Princess Margaret Hospital Goodwill, Roseau	247					y		Tel: (767) 448-2231
	Portsmouth Hospital, Portsmouth								Tel: (767) 445-5237
	Marigot Hospital, Marigot								Tel: (767) 445-7091
	Grand Bay Hospital								Tel: (767) 446-3706
Grenada	Grenada General Hospital, St George's			y	y	y	y		Tel: 440-2051
	Mount Gay Hospital, St George's, psychiatric hospital								
	St Augustine's Medical Services, St Paul's, St George's	120							Tel: (473) 440-6173
	Princess Alice Hospital, Mirabeau, St Andrew's								Tel: (473) 442-7251
	Princess Royal Hospital, Carriacou								

[illegible]

**ANNEX D TO
E/CAR CAAMCIRP
DATED 2003-12-XX**

CIVIL AVIATION CONTACTS

Country	Main Airports	Key Persons	* ATC	** CAA
Antigua and Barbuda	VC Bird Airport PO Box 1051, Coolidge T (268) 462-0358 F (268) 462-0642, 562-3042 vcbia@candw.ag	<i>Operations Director:</i> Joshua James +1 268 460-7903 <i>Security Manager:</i> Peter Abraham +1 268 460-4670 <i>Superintendent:</i> Errol George	Eugene Thomas (268) 562-0302 Email: vcbia@candw.ag	Herald Wilson (268) 462 3401 Email: oece.dca@candw.ag
Barbados	Grantley Adams Bridgetown Airport, Seawall, Christ Church T (246) 428-7101 F (246) 420-7069 adamsair@sunbeach.net		Reynold Allman (246) 428-7377 Email : civilav@sunbeach.net	Ezra A. Archer (246) 428-0930 Email : civilav@sunbeach.net
Dominica	Canefield Airport, Roseau T (767) 449-1199 F (767) 449-2020		Don Corriette (767) 449 2020 Email: dcorriette@hotmail.com metoffice@cwdom.dm	
	Melville Hall Airport, Melville Hall, Roseau T (767) 445-7100/1, 445-7109 F (767) 445-7405		Jean Williams (767) 449 2020 Email: metoffice@cwdom.dm	Herald Wilson (268) 462 3401 Email: oece.dca@candw.ag
Grenada	Grenada Airport, PO Box 385 St George's T (473) 444-4150, 444-4555, 444-4101 F (473) 444-4838 gaa@caribsurf.com	<i>Managing Director:</i> Philippe Baril <i>Operations Director:</i> Sydney Charles <i>Security Manager:</i> Augustine Belfon	Simon Lewis (473) 444 4148 Email: lewisgaa@caribsurf.com	Herald Wilson (268) 462 3401 Email: Oece.dca@candw.ag
Guadeloupe	Point-a-Pitre Le Raizet International Airport, Guadeloupe Pole Caraibes Airport, Morne Mamiel, 97139 Les Abymes T (590 590) 21 14 32 F (590 590) 21 14 28 contact@aeroport.gp www.aeroport.gp	<i>Managing Director:</i> Alain Bievre (590 590) 211 453 o 211 426 <i>Operations Director:</i> Claude Pineau 21 14 15 <i>Security Manager:</i> Fred Jacquin +590 93 73 71	Daniel Picandet (596 596) 48 21 01	Jean-Marc Sansovini (596 596) 55 60 10 Email: drac-ag-dir@wanadoo.fr Jean-marc.sansovini@aviation-civile.gouv.fr
	Grande Case, Aeroport L'Esperance Saint Martin Airport, 97150 St Martin T (590 590) 87.53.03 F (590 590) 87.09.77			

Country	Main Airports	Key Persons	* ATC	** CAA
Martinique	Lamentin Airport Aéroport Int'l De Fort de France, BP 279, 97285 Le Lamentin Cedex 2 T (596 596) 42.16.00 F (596 596) 42.18.77 ccim@cgit.com / cyrille@martinique.cci.fr		Roger Treutenaere (596 596) 42 24 90 Email: roger.treutenaere@aviation-civile.gouv.fr	Jean-Marc Sansovini (596 596) 55 60 10 Email: drac-ag-dir@wanadoo.fr Jean- marc.sansovini@aviation-civile.gouv.fr
St. Kitts and Nevis	Golden Rock PO Box 186, Basseterre T (869) 465-8472, 465-8972, 465-1699 F (869) 465-9122, 465-8124		Bernard Rawlins (St. Kitts) (869) 465 2750 /2749 / 466- 5598 Email: skbmetof@caribsurf.com	Herald Wilson (268) 462 3401 Email: Oecs.dca@candw.ag
	Nevis-Newcastle Airport Ministry of Communications, Charlestown, Nevis T (869) 469-9040	<i>Managing Director:</i> Carlisle Powell	Brian Dyer (Nevis) (869) 469 8460 / 8463 / 9040 Email: nevistwr@caribsurf.com	
St. Lucia	Hewanorra International Airport Vieux-Fort Airport, PO Box 373, Vieux Fort T (758) 454-6355 F (758) 454-6900	<i>Managing Director:</i> Peter Jean +1 758 456-0339 <i>Operations Director:</i> Teddy Matthews +1 758 454-6355 <i>Security Manager:</i> Frances Nelson +1 758 452-2893 <i>Deputy Chief:</i> Paul Charlery <i>Inspector:</i> Kennedy Francis	Errol Cherubin (758) 454-6355 / 454-6343, F 454-5146 Email: amscaspa@caribsurf.com	Herald Wilson (268) 462 3401 Email: Oecs.dca@candw.ag
	Vigie Airport PO Box 651, Castries Apia T (758) 452-1156 F (758) 452-1180			
St. Vincent and the Grenadines	E T Joshua Airport, Arnos Vale T (784) 458-4011 F (784) 457-2152		Corsel Robertson (784) 458 4011 Email : etjoshua@caribsurf.com	Herald Wilson (268) 462 3401 Email: Oecs.dca@candw.ag
Trinidad and Tobago	Piarco Port of Spain Airport, Airports Authority of Trinidad & Tobago, Caroni North Bank Road, Piarco T (868) 669-8047/9 F (868) 669-0228 www.caribinfo.com/aatt/piarco.html	<i>Operations Director:</i> Trevor Benjamin +1 868 669-8047 Ext 101 <i>Security Manager:</i> Dennis John +1 868 669-8047 Ext 227	Leslie Payne (868) 669 0635 / 4806 Email: civilav@tsst.net.tt	Ramesh Lutchmedial (868) 669 4302 Email: dgca@caa.gov.tt tcaa@tsst.net.tt ; civilav@cablenett.net
	Crown Point Airport Tobago Airport, Administration Office, Crown Point T (868) 639-8547 F (868) 639-8146			

* Air Traffic Control

** Civil Aviation Authority

**ANNEX E TO
E/CAR CAAMCIRP
DATED 2003-12-XX**

DISASTER MANAGEMENT CONTACTS

E/CAR Country	NDC	Other Key Staff	Address	Phone
Antigua and Barbuda	Mrs. Patricia Julian Director/Coordinator	Mr. Philmore Mullin Deputy director filaman43@hotmail.com	National Office Of Disaster Services (NODS) P.O.B.1399 American Rd St. John's nods@candw.ag	W (268) 461 4747; 460 7075; 562 2144 F 462-4742/5003
Barbados	Ms. Judy R. Thomas Director jthomas@barbados.gov.bb	Mr. Clive Lorde Deputy Director cliveclorde@yahoo.com	Central Emergency Relief Org. (CERO) Bnb Building Cnr. James And Lucas Streets St. Michael ceroc@caribsurf.com	W (246) 427-8513; 436 6624/9945 F 429-4055
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Grenada	Mr. Sylvan McIntyre	Ms. Ann-Denise Ashton Technical Officer anndenise@caribsurf.com	National Emergency Relief Organization (NERO) Mt. Wheldale Upper Lucas Street St. George's nero@caribsurf.com	W (473) 440-8390 / 0838 F 440-6674
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E/CAR Country	NDC	Other Key Staff	Address	Phone
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