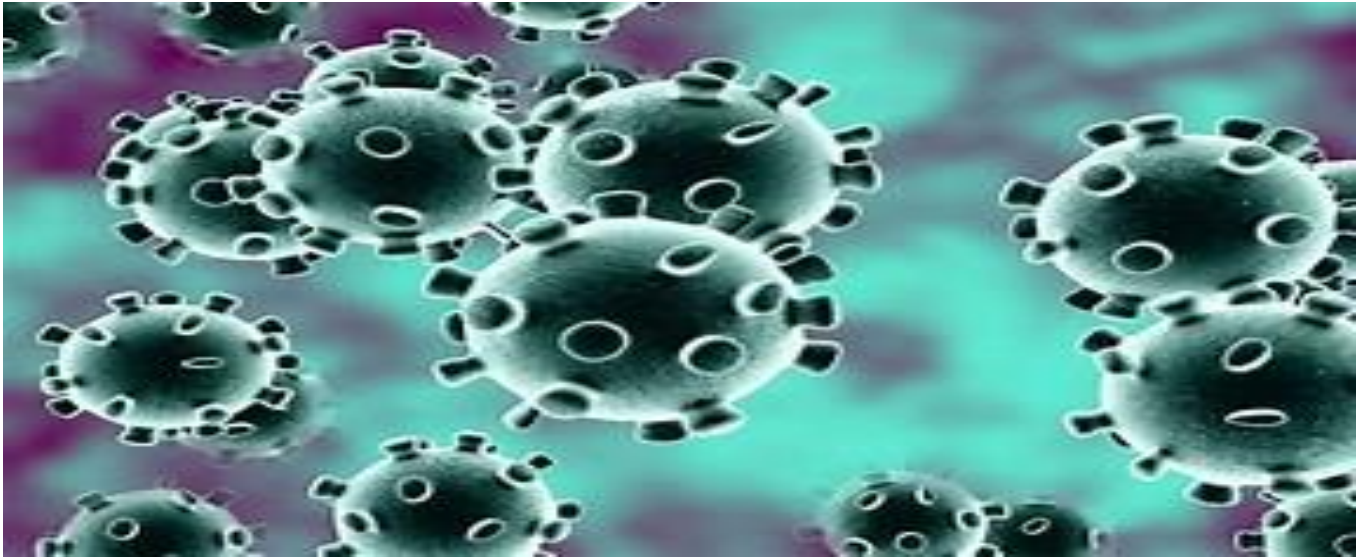


# COVID-19 Contingency Response Plan

## Kosrae State



## **FOREWORD**

The purpose of COVID-19 Response Plan is to provide a guide to Kosrae State COVID-19 Task Force and Incident Command System members to reduce the risk of COVID-19 importation and spread, to improve capabilities to mitigate impact of any cases which may occur in the State.

It assigns responsibility to individuals for carrying out specific actions in emergency mode, which is exceeding the capacity or routine responsibility.

The Plan sets forth lines of authority and organizational relationships and shows how coordination should be achieved.

The Plan describes how people and property will be protected and identifies personnel and resources available within the state, or by agreement with others, for use during response and recovery operations.

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# 1 Table 1: Summary of tasks

<p><b>Condition 4a: Zero cases but COVID-19 threat exists</b></p> <ul style="list-style-type: none"> <li>• Establish ICS health structure and link with Disaster Taskforce</li> <li>• Open COVID-19 Command Centre. Daily DEOC meetings. Weekly situation report (sitrep)</li> <li>• Set up a triage screening station, included signs at Emergency Room and outpatients</li> <li>• Identify alternative locations for routine outpatient care. Establish 1<sup>st</sup> wave medical care team (RNs/MDs) for COVID-19 patients. Consider how to surge hospital staff.</li> <li>• Ensure adequate resources and training – IPC, human resources, medical supplies</li> <li>• Implement risk communication, focusing on awareness and prevention</li> <li>• Continue routine surveillance, POE, establish SARI screening, develop daily sitrep template</li> <li>• Identify and establish isolation and quarantine facilities, and plan how to manage these</li> <li>• Support POE activities around travel restrictions</li> </ul>
<p><b>Condition 3: 1-10 cases (FIRST CASES)</b></p> <ul style="list-style-type: none"> <li>• Daily meeting of DEOC. Daily sitrep to stakeholders</li> <li>• Ensure separate triage area at hospital or open COVID-19 clinic. Activate 1<sup>st</sup> wave of RNs/MDs</li> <li>• IMMEDIATELY start contact tracing (Day 1, first suspected case) – close and casual contacts</li> <li>• Quarantine or self-isolation of contacts of suspected cases</li> <li>• Strengthen risk communication activities, focusing on social distancing, hand and respiratory hygiene, addressing rumors and misinformation, partnership with all sectors</li> <li>• Continue surveillance activities (routine ILI, linelist, SARI surveillance, numbers hospitalized, confirmed cases, numbers in quarantine/self-isolation). Test those meeting case definition</li> <li>• Mitigate transmission through social distancing measures – consider telemedicine, school closures, reduced social activities, limit sporting events, limit church gatherings etc</li> <li>• Build more hand-washing stations at hospital, clinics, schools, main town, villages</li> </ul>
<p><b>Condition 2: &gt;10-100 cases</b></p> <ul style="list-style-type: none"> <li>• Daily meeting of DEOC team. Daily situation report to stakeholders</li> <li>• Cease contact tracing if more than 10 cases or 100 close contacts.</li> <li>• Consider ceasing mandated quarantine and encourage self-isolation/home quarantine</li> <li>• Cease POE screening</li> <li>• Strengthen social distancing measures. Sick people should not go to work</li> <li>• Risk communication and outreach - focus on what we know/don't know/what we're doing/what you can do, social distancing, home quarantine, hand and respiratory hygiene</li> <li>• Open overflow areas/tents in hospital for ill cases. Activate 2<sup>nd</sup> wave of RNs/MDs. Employ student nurses for surge. Use alternative venues for routine outpatient care. Implement telemedicine</li> <li>• Mildly sick people should not be hospitalised. Consider cohorting mildly sick people in external venue (i.e. gymnasium) or home-based care</li> <li>• Surveillance – routine ILI, linelist, report on suspected and confirmed cases, SARI cases, severe cases, deaths (hospital and community), sick HCW. Test those meeting case definition</li> <li>• Repurpose staff from other government departments to help with response</li> </ul>
<p><b>Condition 1: &gt;100 cases</b></p> <ul style="list-style-type: none"> <li>• Daily meeting of DEOC team. Daily then weekly sitreps if outbreak continues &gt;2 months</li> <li>• Continue social distancing strategies</li> <li>• Cease quarantine</li> <li>• Encourage self-isolation/home-care of mildly sick patients</li> <li>• Focus risk communication on reassurance, self-help measures, social distancing</li> <li>• Review hospital capacity. Consider opening additional overflow areas/tents in hospital. Use alternative venues for routine outpatient care and medication resupplies</li> <li>• Surveillance – routine ILI, linelist, cases meeting clinical definition, SARI cases, severe cases, deaths (hospital and community), sick HCW. Test all SARI cases and commence sentinel testing</li> </ul>

- **Plan for return to business-as-usual**

## **Kosrae COVID-19 Response Framework**

### **Contingency-based plan for Kosrae State**

## **2 Introduction**

This plan has been developed through a consultative process with different sectors within the Kosrae government and with input from the FSM national government and the World Health Organization.

### **2.1 Purpose**

The purpose of this document is to:

- provide a framework for Kosrae in its response to the COVID-19 outbreak
- provide technical information and guidance for co-ordinate efforts of all levels in Government in collaboration with their stakeholders to minimize the impact of COVID-19; in terms of serious illness or overall deaths in the people of Kosrae, and to minimize social disruption and economic losses
- assist local government and health care systems with preparedness and response planning at different phases of the COVID outbreak in order to ensure optimal medical care and to maintain continuity in provision of other essential community services.

This contingency plan outlines the strategies to manage a flexible, scalable and proportionate health system response, with appropriate and timely interventions and allocation of resources to protect the community by minimising the morbidity and mortality from COVID-19.

### **2.2 Scalability of plan**

The operational response to COVID-19 will utilize a staged approach (Condition 5, Condition 4, Condition 3, Condition 2, Condition 1) depending on the level of threat to Kosrae. The plan is designed to be scalable depending on the progress or phase of the COVID-19 threat. As such, the plan outlines likely approaches and responses which can be scaled up or down depending on the situation.

### **2.3 COVID-19 Readiness Condition**

<b>COVID-19 Readiness Condition (COV-CON)</b>
<b>Condition 5: 'All clear'</b>
<b>Condition 4: Zero cases but COVID-19 threat exists</b>
<b>Condition 3: 1-10 cases</b>
<b>Condition 2: &gt;10-100 cases</b>
<b>Condition 1: &gt;100 cases (widespread transmission on main island)</b>
<b>Condition 1b: &gt;100 cases (widespread transmission throughout State)</b>

## 2.4 Lead agency

Health is the lead agency in the COVID-19 response.

## 2.5 Activation of plan

- Condition 3 is activated when 1 or more suspected or confirmed cases are present in Kosrae.

## 2.6 Emergency Operations Centre

The COVID-19 command post will be the Hospital Conference Room.

## 2.7 Background

In late December of 2019, WHO was alerted to a cluster of pneumonia cases in Wuhan City, Hubei Province of People Republic of China (PRC). Upon further investigation, a novel corona virus, a new strain of corona virus first detected in human, was identified and currently named COVID-19. Since the identification of the first cases, imported cases have been reported in other countries. Given normal sized-scale population movement in the region and the observed human-to-human transmission, it is expected that new cases will continue to appear in other areas and countries.

On January 30th, 2020 the World Health Organization (WHO) declared this as a Public Health Emergency of International Concern (PHEIC) due to evidence of human-to-human transmission outside China. The local, regional and global risk is now considered HIGH. Therefore, the FSM President, His Excellency David Panuelo issued a Public Health Emergency Declaration and created a National Task Force (NTF) to plan and coordinate the nation's response to this global Public Health threat.

Kosrae State Department of Health Service activated Emergency Operations Center to develop COVID-19 Response Plan and coordinate health response operations on February 04<sup>th</sup>, 2020. On February 10<sup>th</sup>, the Governor of Kosrae State, Honorable Carson Sigrah issued a Directive ensuing President Panuelo's emergency declaration and designate Kosrae Department of Health Services to plan and coordinate prevention efforts in Kosrae State.

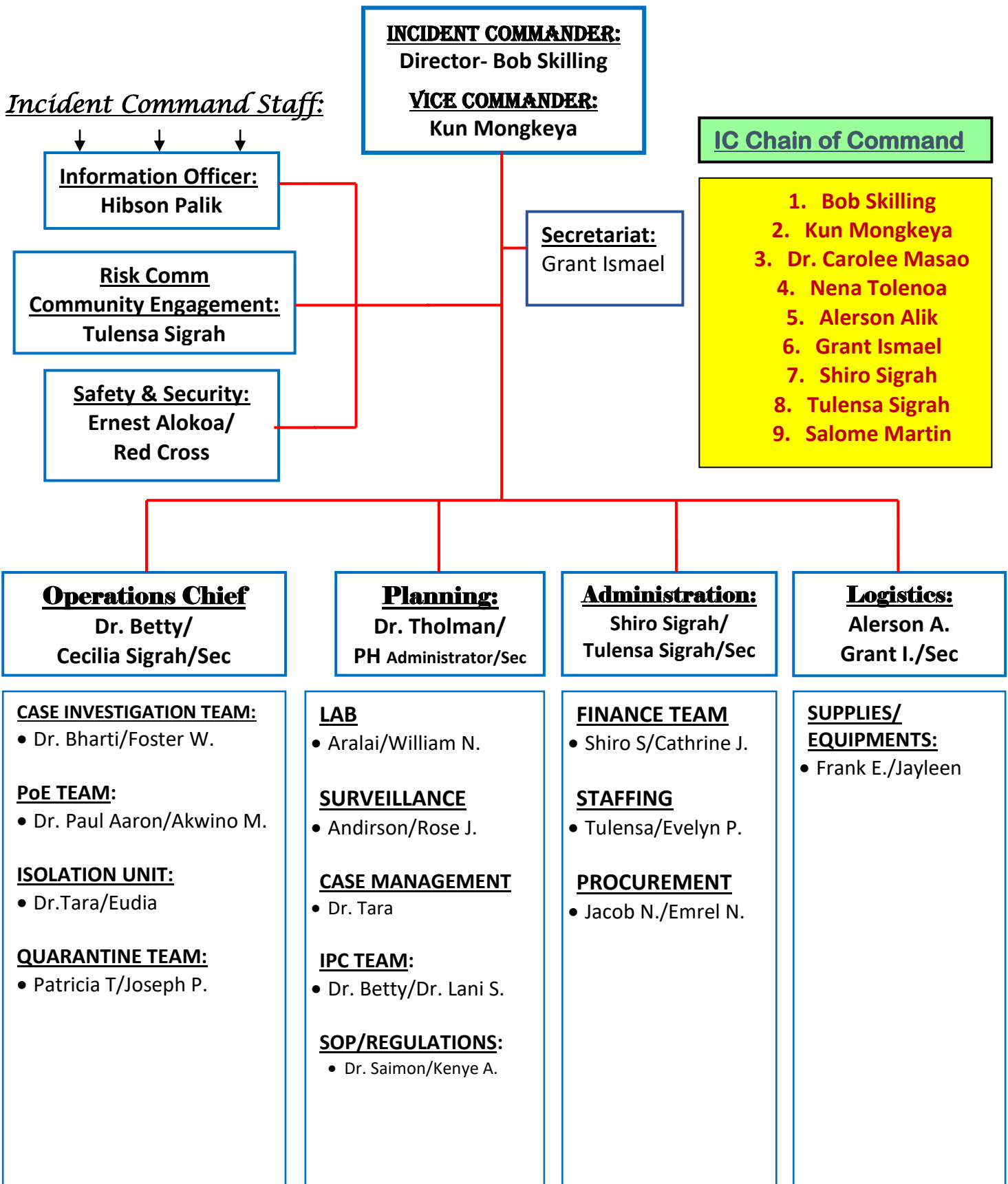
## 2.8 Assumptions

- Everyone is susceptible to COVID-19 infection, though children appear to be less affected
- Those with co-morbidities, including diabetes and hypertension, may have more severe outcomes following infection
- There are no treatments or vaccines currently available
- Social distancing measures are effective in slowing transmission of COVID-19

## 2.9 Target audience

The target audience for the Kosrae COVID-19 contingency plan are those who will be involved in the COVID-19 response across all sectors of government. The plan may also provide useful guidance to non-health sector agencies involved in COVID-19 response.

### 3 Director's Emergency Operations Center (DEOC) Incident Command Structure (ICS)



### 3.1 Incident Command System TOR

<b>Title</b>	<b>Team member</b>	<b>Activity description</b>
<b>INCIDENT COMMANDER</b>	Bob Skilling or Designee	Conduct daily DEOC meeting, Join and brief to Kosrae State TF and SEOC, Approve budget request from ICS teams
<b>SECRETARIAT TO ICS</b>	Grant Ismael	Ensure weekly Sitrep to be drafted and submitted to DEOC and SEOC, Draft and disseminate ICS meeting minute, follow up on all committee action items
<b>RISK COMMUNICATION &amp; COMMUNITY ENGAGEMENT</b>	Tulensa Sigrah	
		Ensure Kosraean translation of posters, radio message and social media message and disseminated in the communities, hospital, CHC and dispensaries, Conduct a meeting with traditional chiefs, and municipal chiefs in Kosrae. Conduct education at schools in collaboration with other health programs and DOE, Unicef and IOM (SEOC – to do national telecom message)
<b>ADMINISTRATION</b>	Kun Mongkeya & Shiro Sigrah	
FINANCING	Tulensa Sigrah	Review the request from ICS teams and submit to Incident Commander for approval
STAFFING	Chiefs	Ensure mobilizing staff for COVID-19 ICS works and draft roster
PROCUREMENT	Jacob Ned	Create inventory, Purchase/receive requested supplies on time and distribute, Submit receipts to finance
<b>PLANNING SECTION</b>	Dr. Tholman Alik and Patricia Tilfas	
Surveillance	Dr. Carolee, Hibson Palik, Martha Esau	Ensure robust surveillance system for COVID-19, Conduct PoE surveillance and report to DEOC, Conduct appropriate contact tracing on PUI cases, Conduct ILI and SARI surveillance at all sentinel sites
Isolation and IPC	Dr. Betty Taotao-Wini	Ensure isolation place daily disinfected, Ensure availability of PPE to be used by isolation room staff, Ensure appropriate biohazard waste management, Ensure implanting IPC guideline
Case management	Dr. Alexander Tara	Ensure getting the call from PoE and sending the ambulance to PoE to transport to the isolation room, Ensure patients to receive the recommended treatment provided by WHO guideline
Laboratory	Aralai Tuione	Ensure proper specimen to be collected, Ensure proper shipment protocol to be followed, Ensure test result to be shared and disseminated with ICS
<b>OPERATIONS SECTION</b>	Dr. Betty Taotao-	



	Wini and Cecilia Sigrav	
PoE Screening, simulation and exercise, quarantine, contact tracing	Dr. Paul Aaron	Conduct PoE (airport and seaport) screening when the vessels arriving, Ensure the availability of PPE to be used by PoE officers and the PUI, Ensure forms (health declaration form, PUI reporting forms, health alert) available at PoE, Ensure implementing staff roster for PoE operation, Ensure quarantine place to be available for immediate use when necessary, Contact ER and ensure transporting sick patients to hospital isolation room, Conduct simulation and exercise to PoE staff, Conduct contact tracing in collaboration with surveillance team
<b>LOGISTICS SECTION</b>	Aleron Alik & Grant Ismael	
Supplies/Staging		Ensure supplies to be available at sites and development of necessary working space and staging

## 4 Staged operational response plan to COVID-19

### 4.1 COV-CON 4: Zero cases

CONDITION 4: ZERO CASES BUT COVID-19 THREAT EXISTS		STATUS
RESPONSIBILITY	TASKS	
INCIDENT COMMANDER	<b>Establish ICS health structure</b> <b>Open COVID-19 Command Centre</b> <ul style="list-style-type: none"> <li>Daily DEOC meetings 8:30am-9am Daily situation report to Task Force (sitrep)</li> </ul>	<b>Completed</b> <b>Completed</b>
	<b>Linkage with national Disaster Taskforce</b> <b>Report on Tracker to Health Secretary</b>	<b>Ongoing</b>
RISK COMMUNICATIONS & COMMUNITY ENGAGEMENT	<b>Implement risk communication, focusing on awareness and prevention</b> <ul style="list-style-type: none"> <li>Develop risk communication plan</li> <li>Engage with community leaders</li> <li>Messages via facebook, text and radio</li> </ul> <b>Home Quarantine</b> <ul style="list-style-type: none"> <li>Risk communication message via facebook and radio</li> </ul>	
PARTNERSHIP	<b>Identify and engage key agencies and community groups</b> <ul style="list-style-type: none"> <li>WHO, IOM, RedCross, community leaders</li> </ul> <b>Engage with other government agencies</b> <ul style="list-style-type: none"> <li>including education and police</li> </ul>	
SAFETY & SECURITY	<b>Triage &amp; Isolation Unit</b> <ul style="list-style-type: none"> <li>Security – training/awareness of how to direct people to the triage area (Security needs masks)</li> </ul> <b>Security for Isolation Unit</b>	
PLANNING	<b>Surveillance</b> <ul style="list-style-type: none"> <li>Continue routine surveillance, POE, establish SARI screening, develop daily sitrep template</li> </ul> <b>Protecting staff</b> <ul style="list-style-type: none"> <li>Ensure that all staff (including dentists) are aware that anyone with respiratory symptoms should be triaged</li> <li>Ensure hand washing stations at every point of patient/staff interaction</li> <li>IPC training</li> </ul>	
OPERATIONS	<b>Getting ready for the first PUI at the hospital</b> <ul style="list-style-type: none"> <li>Nurses/clinician – ensure that the team are identified, have PPE and are trained</li> <li>PPE and medical supplies available in isolation ward</li> <li>Protocol for PUI on arrival – triage – isolation ward – testing</li> </ul> <b>Clinical</b> <ul style="list-style-type: none"> <li>Map of hospital for planning purposes</li> <li>Identify alternative locations for routine outpatient care. Establish 1<sup>st</sup> wave medical care team (RNs/MDs) for COVID-19 patients. Consider how to surge hospital staff</li> </ul> <b>Training</b> <ul style="list-style-type: none"> <li>IPC</li> </ul>	

	<ul style="list-style-type: none"> <li>• Simulations, including Isolation Unit drills</li> <li>• Contact tracing</li> </ul> <p><b>Contact tracing</b></p> <ul style="list-style-type: none"> <li>• Develop Contact Tracing SOP</li> <li>• Training of contact tracers</li> <li>• Contact identification forms for Isolation Unit</li> <li>• Log of contacts</li> </ul> <p><b>Home Quarantine</b></p> <ul style="list-style-type: none"> <li>• Identify and establish isolation and quarantine facilities, and plan how to manage these <ul style="list-style-type: none"> <li>○ Hotel quarantine protocol – training of hotel staff</li> </ul> </li> <li>• Managing home isolation <ul style="list-style-type: none"> <li>○ Information sheet for quarantined people</li> <li>○ Supervision/random visits to ensure that people are remaining in quarantine</li> <li>○ Masks for quarantined people</li> <li>○ Log of quarantined people – daily check</li> </ul> </li> </ul> <p><b>Support POE activities around travel restrictions</b></p>	
<b>LOGISTICS</b>	<p><b>Triage &amp; Isolation Unit</b></p> <ul style="list-style-type: none"> <li>• Building <ul style="list-style-type: none"> <li>○ Triage site, including external donning and doffing area</li> <li>○ Completion of Isolation Unit</li> </ul> </li> <li>• Signage <ul style="list-style-type: none"> <li>○ Signage at entrance to hospital</li> <li>○ Signage on door of hospital</li> <li>○ Signage directing respiratory cases to Triage area</li> </ul> </li> <li>• Handwashing stations <ul style="list-style-type: none"> <li>○ Hospital entrance</li> <li>○ Public health</li> <li>○ Triage area</li> </ul> </li> </ul> <p><b>Supplies</b></p> <ul style="list-style-type: none"> <li>• Management of PPE supplies</li> <li>• Stock inventory of existing supplies</li> <li>• Track requested supplies (commercial &amp; donor)</li> </ul>	
<b>ADMINISTRATION</b>	<p><b>Human resources</b></p> <ul style="list-style-type: none"> <li>• Overtime</li> <li>• Identify additional surge staff (trainee nurses, retired HCW)</li> </ul> <p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>• Rapid procurement of required resources</li> </ul>	

4.2 COV-CON 3: 1-10 cases

<b>CONDITION 3: 1-10 CASES (FIRST CASES)</b>	
<b>Incident Commander</b>	<p><b>Secretariat</b></p> <ul style="list-style-type: none"> <li>• Daily DEOC meeting</li> </ul>

	<ul style="list-style-type: none"> <li>• Daily sitrep to stakeholders</li> <li>• Report on Tracker to Health Secretary</li> </ul> <b>Report to TaskForce</b>
<b>Risk communications &amp; Community Engagement</b>	<b>Strengthen risk communication activities</b> <ul style="list-style-type: none"> <li>• focusing on social distancing, hand and respiratory hygiene, addressing rumors and misinformation, partnership with all sectors</li> </ul>
<b>Partnership</b>	<b>Contact tracing assistance</b>
<b>Safety &amp; Security</b>	<b>Triage &amp; Isolation Unit</b> <ul style="list-style-type: none"> <li>• Continue security</li> </ul>
<b>Planning</b>	<b>Public health interventions</b> <ul style="list-style-type: none"> <li>• Mitigate transmission through social distancing measures – consider telehealth, school closures, reduced social activities, limit sporting events, limit church gatherings, reducing numbers at funeralsetc</li> </ul> <b>Surveillance</b> <ul style="list-style-type: none"> <li>• Continue surveillance activities (routine ILI, POE, PUM, SARI surveillance, numbers hospitalized, confirmed cases, numbers in quarantine/self-isolation). Test those meeting case definition</li> </ul>
<b>Operations</b>	<b>Triage &amp; Isolation Unit</b> <ul style="list-style-type: none"> <li>• Ensure separate triage area at hospital or open COVID-19 clinic.</li> <li>• Activate 1<sup>st</sup> wave of RNs/MDs</li> </ul> <b>Contact tracing</b> <ul style="list-style-type: none"> <li>• IMMEDIATELY start contact tracing (Day 1, all suspected cases)</li> <li>• Home quarantine of contacts of suspected cases</li> </ul> <b>Support POE activities around travel restrictions</b>
<b>Logistics</b>	<b>Handwashing stations</b> <ul style="list-style-type: none"> <li>• Build more hand-washing stations at hospital, clinics, schools, main town, villages</li> </ul>
<b>Administration</b>	<b>Human resources</b> <ul style="list-style-type: none"> <li>• Overtime</li> <li>• Identify additional surge staff (trainee nurses, retired HCW)</li> </ul>

### 4.3 COV-CON 2: >10-100 cases

	Condition 2: >10-100 cases
<b>INCIDENT COMMANDER</b>	<b>Secretariat</b> <ul style="list-style-type: none"> <li>• Daily DEOC meeting</li> <li>• Daily sitrep to stakeholders</li> <li>• Report on Tracker to Health Secretary</li> </ul> <b>Report to TaskForce</b>
<b>RISK COMMUNICATIONS &amp; COMMUNITY ENGAGEMENT</b>	<b>Risk communication and outreach</b> <ul style="list-style-type: none"> <li>• focus on what we know/don't know/what we're doing/what you can do, social distancing, home quarantine, hand and respiratory hygiene</li> </ul>
<b>PARTNERSHIP</b>	<b>Repurpose staff</b> <ul style="list-style-type: none"> <li>• Repurpose staff from other government departments to help with response</li> </ul>
<b>SAFETY &amp; SECURITY</b>	<b>Hospital entrance</b> <b>Triage &amp; Isolation Unit</b> <ul style="list-style-type: none"> <li>• Continue security</li> </ul>
<b>PLANNING</b>	<b>Public health interventions</b>

	<ul style="list-style-type: none"> <li>Strengthen social distancing measures. Sick people should not go to work</li> </ul> <p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>Routine ILI, report on suspected and confirmed cases, SARI cases, severe cases, deaths (hospital and community), sick HCW. Test those meeting case definition</li> </ul>
<b>OPERATIONS</b>	<p><b>Contact tracing</b></p> <ul style="list-style-type: none"> <li>CEASE contact tracing if more than 10 cases or 100 close contacts.</li> <li>Consider ceasing mandated quarantine and encourage self-isolation/home quarantine</li> </ul> <p><b>CEASE POE SCREENING</b></p> <ul style="list-style-type: none"> <li>Open overflow areas/tents in hospital for ill cases. Activate 2<sup>nd</sup> wave of RNs/MDs. Use alternative venues for routine outpatient care. Implement telehealth</li> <li>Mildly sick people should not be hospitalised. Consider cohorting mildly sick people in external venue (i.e. gymnasium) or home-based care</li> </ul>
<b>LOGISTICS</b>	<b>As required</b>
<b>ADMINISTRATION</b>	<p><b>Human resources</b></p> <ul style="list-style-type: none"> <li>Overtime</li> </ul> <p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>Rapid procurement of required resources</li> </ul>

#### 4.4 COV-CON 1: >100 cases

<b>CONDITION 1: &gt;100 cases</b>	
<b>INCIDENT COMMANDER</b>	<p><b>Secretariat</b></p> <ul style="list-style-type: none"> <li>Daily DEOC meeting</li> <li>Daily then weekly sitreps if outbreak continues &gt;2 months</li> <li>Report on Tracker to Health Secretary</li> </ul> <p><b>Report to TaskForce</b></p>
<b>RISK COMMUNICATIONS &amp; COMMUNITY ENGAGEMENT</b>	<p><b>Risk communication</b></p> <ul style="list-style-type: none"> <li>Focus risk communication on reassurance, self-help measures, social distancing</li> </ul>
<b>PARTNERSHIP</b>	<p><b>Repurpose staff</b></p> <ul style="list-style-type: none"> <li>Repurpose staff from other government departments to help with response</li> </ul>
<b>SAFETY &amp; SECURITY</b>	<p><b>Hospital entrance</b></p> <p><b>Triage &amp; Isolation Unit</b></p> <ul style="list-style-type: none"> <li>Continue security</li> </ul>
<b>PLANNING</b>	<p><b>Public health interventions</b></p> <ul style="list-style-type: none"> <li>Continue social distancing strategies</li> <li>Cease quarantine</li> <li>Encourage self-isolation/home-care of mildly sick patients</li> </ul> <p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>Surveillance – routine ILI, cases meeting clinical definition, SARI cases, severe cases, deaths (hospital and community), sick HCW. Test all SARI cases and commence sentinel testing</li> </ul> <p><b>Plan for return to business-as-usual</b></p>
<b>OPERATIONS</b>	<ul style="list-style-type: none"> <li>Review hospital capacity. Consider opening additional overflow areas/tents in hospital. Use alternative venues for routine outpatient care and medication</li> </ul>

	resupplies
<b>LOGISTICS</b>	<b>As required</b>
<b>ADMINISTRATION</b>	<b>Human resources</b> <ul style="list-style-type: none"> <li>• Overtime</li> </ul> <b>Procurement</b> Rapid procurement of required resources

## 5 Recovery and return to normal

Thirty days after the last case is confirmed, Kosrae will return to COV-CON 5 and the State of Emergency declaration will be lifted. An After-Action Review will be undertaken by all key stakeholders to assess the response and the lessons learned.

## Annex 1: Kosrae Emergency Declaration



**GOVERNMENT OF KOSRAE**  
*Office of the Governor*  
*Kosrae State*  
*Post Office Box 158*  
*Tofol, Kosrae FM 96944*  
*Telephone (691) 370-3002/3003/3009*

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### **DECLARATION OF A STATE OF EMERGENCY**

**WHEREAS**, on January 30, 2020, the World Health Organization declared the new Coronavirus (COVID-19) as a Public Health Emergency of International Concern (PHEIC); and

**WHEREAS**, on January 31, 2020, the President of the Federated States of Micronesia issued a Public Health Emergency Declaration with travel restrictions for all FSM States; and

**WHEREAS**, on March 4, 2020, the Governor of Kosrae State issued Directive No. 01-20 as a guideline in conducting the required health screening and maintaining necessary operations at the Ports of Entry in Kosrae State; and

**WHEREAS**, on March 11, 2020, the World Health Organization declared COVID-19 as a Pandemic; and

**WHEREAS**, on March 11, 2020, the 21<sup>st</sup> Congress of the Federated States of Micronesia through Congress Resolution 21-129 uplifted the travel restrictions imposed by the FSM President; and

**WHEREAS**, on March 14, 2020, the President of the Federated States of Micronesia reinstated the National Declaration for a State of National Public Health Emergency with the COVID-19 Pandemic; and

**WHEREAS**, as of March 16, 2020, over 167,511 cases of COVID-19 have been confirmed worldwide with 6,606 deaths in 152 effected countries; and

**WHEREAS**, the COVID-19 Pandemic is a threat to the peace, health and safety of the citizens, nationals and residents of Kosrae State; and

*"TUKENI OREKMA IN AKWOYE MWET LASR A AN SESR KOSRAE"*  
*"WORKING TOGETHER FOR THE WELLBEING OF OUR PEOPLE AND KOSRAE"*



**WHEREAS**, it is the responsibility of the Kosrae State Government to take immediate precautionary measures to protect its citizens, nationals and residents.

**NOW THEREFORE**, in conjunction with the FSM Presidential Declaration on March 14, 2020, I, **Carson K. Sigrah**, Governor of Kosrae State, by virtue of Article V Section 13 of the Kosrae State Constitution, do hereby declare a state of emergency for the State of Kosrae to prevent the possible entry of COVID-19 and order as follows:

- 1) Except for urgent medical emergencies, all Kosraeans are banned from traveling to countries with confirmed cases of COVID-19 until further notice.
- 2) The Department of Finance and Administration shall identify sources of funds necessary to carry out this order and shall ensure that any unessential/non-urgent spending is suspended until further notice.
- 3) Persons traveling directly or indirectly, either by air or sea, from anywhere in mainland China since January 6, 2020, are banned from entering into Kosrae.
- 4) The following shall be used as Kosrae's Contingency Plan for COVID-19:
  - a) **Condition 5**                      **All Clear. No risk.**
  - b) **Condition 4**                      **Zero cases but COVID-19 threat exists**
    - i) Ports of Entry screening
    - ii) Public meetings/gatherings are highly discouraged
    - iii) Schools will close until further notice when there is a Person(s) Under Investigation
  - c) **Condition 3**                      **1 to 10 confirmed cases**
    - i) Health screenings are shifted from Points of Entry to the local communities
    - ii) Ban on all public gatherings and conferences
  - d) **Condition 2**                      **10 to 100 cases**
    - i) *(to be determined)*
  - e) **Condition 1**                      **100 cases or more**
    - i) *(to be determined)*





- 5) Except for citizens, nationals and residents of Kosrae State, travelers from or transiting through countries, states or territories with confirmed cases of COVID-19 are not allowed to enter Kosrae for the duration of this declaration. A home quarantine period of 14 days shall be required for citizens, nationals and residents arriving from affected countries, states or territories with no symptoms of COVID-19. Others with any symptom shall be subject to quarantine/isolation as deemed necessary by the Department of Health Services.
  
- 6) A task force is hereby established to coordinate all activities in connection with COVID-19. The Department of Health Services is designated as lead department and chair of this Task Force who will set plans and implement necessary measures to ensure that the movement of people and all travelers does not cause or allow the introduction of COVID-19 to Kosrae and to further ensure that within the next 30 days, the Kosrae State Government becomes better equipped to contain and manage any cases of COVID-19. The members of the Task Force are as follows:
  1. Kosrae State Legislature Representative - HSA Committee Chairman
  2. Department of Finance and Administration
  3. Department of Transportation and Infrastructure
  4. Department of Resources and Economic Affairs
  5. Department of Education
  6. FSM Department of Justice (National Police – Kosrae Office)
  7. Kosrae Port Authority
  8. United Airlines – Kosrae Office
  9. FSM Immigration & Labor – Kosrae Office
  10. FSM Customs & Tax – Kosrae Office
  11. FSM R&D – Quarantine - Kosrae Office
  12. Council of Mayors
  13. Private Sector Representative
  14. Church Representatives
  15. Kosrae Women Association
  16. Civil Society of Kosrae (CSoK Representative)
  17. Micronesia Red Cross Society – Kosrae Chapter
  18. International Organization for Migration – Kosrae Office
  19. State Disaster Coordination Office

The Task Force shall convene immediately upon the issuance of this declaration and shall provide to the Governor periodic reports with any recommendations for amendment to this declaration as necessary.



- 7) For this emergency, a civil right may be impaired only to the extent actually required for the preservation of peace, health, or safety of the people of Kosrae and all residents.
- 8) The normal requirement for competitive price bidding is hereby waived for any procurement made in connection to this declaration.
- 9) Unless revoked or amended sooner, this Declaration of Emergency is valid for a period of thirty (30) days from the date of its approval below.

Copies of this declaration shall be transmitted to the President of the FSM, the Chairman of the Kosrae Delegation to the 21<sup>st</sup> FSM Congress, the Speaker of the 12<sup>th</sup> Kosrae State Legislature, the Chief Justice of the Kosrae State Court and the Council of Mayors.

**SO ORDERED**

  
\_\_\_\_\_  
Carson K. Sigrah  
Governor of Kosrae State

Date: 3.17.20

## Annex 2: Incident Command Team Contact details (State & National)

### Kosrae State Director's Emergency Operation Command

DEOC Positions	Designation	Cell Phone	Office Phone	Home Phone
<b>Incident Commander</b>	<b>Director Bob H. Skilling</b>		370-3199/3200	3703193
<b>Chain of Command</b>	Kun P. Mongkeya		370-3199/3200	370-8610
	Dr. Carolee Masao	970-2493	370-3012/3200	370-3470/2324
	Nena Tolenoa		370-2011	
	Alerson Alik		370-3199/3200	370-2493

<b>EOC Secretariat</b>	<b>Grant Ismael</b>	970-9666	370-3199/3200	370-5552
<b>Information Officer</b>	Hibson Palik		370-3199/3200	
<b>Risk Communication</b>	Tulensa Sigrah	970-1319		
<b>Safety Officer</b>	Ernest Alokoa			

<b>Operations Chief</b>	<b>Dr. Betty Taotao-Wini</b>	970-1693	370-3200/3199	370-2304
	Dr. Milind Bharti		370-2011	
	Dr. Paul Aaron		370-3200/3199	
	Dr. Saimon Albert	970-2732	370-2011	
	Dr. Alexander Tara		370-3012/3199	
	Cecilia Sigrah		370-2011	
	Patricia Tilfas	970-1142	370-3200/3199	370-2260
	Jocelyne Charley			370-4962
	Foster Wagus			

<b>Logistics Chief</b>	<b>Alerson Alik</b>		370-3200/3199	370-2493
	Grant Ismael	970-9666	370-3199/3200	370-5552
	Jacob Ned		370-3200/3199	
	Wilson Mackwelung		370-3200/3199	
	Jayleen Chieda		370-3200/3199	
	McNally Daley	970-1175	370-3200/3199	

<b>Planning Chief</b>	<b>Dr. Tholman Alik</b>	970-5355	370-2011	
	Patricia Tilfas	970-1142	370-3200/3199	
	Aralai Tuione		370-3200/3012	370-7771
	Andirson Andrew		370-3200/3199	
	Dr. Alexander Tara		370-3200/3199	

<b>Finance &amp; Admin</b>	<b>Shiro Sigrah</b>	970-2102	370-3199/3200	
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Chief					
		Tulensa	970-1319	370-3200/3199	
		Cathrine		370-2011	
		Evelyn		370-2011	
		Jacob Ned		370-3200/3199	
		Emrel Nena		370-2011	

### FSM EpiNetMemebers:

Name	Position	Email Address:
Dr. Carolee Masao	Chief of staff	<a href="mailto:cmasao@fsmhealth.fm">cmasao@fsmhealth.fm</a>
Hibson Palik	Records Supervisor	<a href="mailto:HPalik@fsmhealth.fm">HPalik@fsmhealth.fm</a>
Kenye Asher	QA Officer	<a href="mailto:keasher@fsmhealth.fm">keasher@fsmhealth.fm</a>
Salome Martin	PH Administrator	<a href="mailto:smartin@fsmhealth.fm">smartin@fsmhealth.fm</a>
Foster Waguk	CD Supervisor	<a href="mailto:fnwaguk@fsmhealth.fm">fnwaguk@fsmhealth.fm</a>
Jacob Ned	Supply Supervisor	<a href="mailto:jchned@fsmhealth.fm">jchned@fsmhealth.fm</a>
Grant Ismael	DHS Administration rep	<a href="mailto:ghismael@fsmhealth.fm">ghismael@fsmhealth.fm</a>
Jocelyn Charley	IP Supervisor	<a href="mailto:jmcharley@fsmhealth.fm">jmcharley@fsmhealth.fm</a>
Norlin Livaie	Chief Sanitarian	<a href="mailto:nlivaie@fsmhealth.fm">nlivaie@fsmhealth.fm</a>
Wilson Mackwelung	Vector Specialist	<a href="mailto:WMackwelung@fsmhealth.fm">WMackwelung@fsmhealth.fm</a>
Rose Joe	Epitech	<a href="mailto:rjoe@fsmhealth.fm">rjoe@fsmhealth.fm</a>
Cecilia Sigrah	CHC Admin	<a href="mailto:CSigrah@fsmhealth.fm">CSigrah@fsmhealth.fm</a>
Paul Aaron	Physician	<a href="mailto:paaron@fsmhealth.fm">paaron@fsmhealth.fm</a>
Ilisiva Tara	NCD Coordinator	<a href="mailto:ITara@fsmhealth.fm">ITara@fsmhealth.fm</a>

## FSM National Secretary's Emergency Operation Command

DEOC Positions	Designation	Cell Phone	Office Phone	Home Phone
<b>Incident Commander</b>	<b>Dr. Livingston A. Taulung</b>	921-3096	320-2619/2872	
<b>Chain of Command</b>	Marcus samo	920-4714	320-2643/2872	320-6139
	Moses Pretrick	920-4715	320-8300/1909	
	Wincener J. David	920-0222	320-2619/2872	320-2026



<b>Information Officer</b>	Wincener J. David/Dr. Eliaser Johnson	N/A	320-8300/1909	320-2386
<b>Liason Officer</b>	Norleen Oliver	925-0000	320-6982	
<b>Safety Officer</b>	Mayson Fredrick	921-7617	320-8300/1909	320-3759
<b>Operations Chief</b>	<b>Marcus Samo</b>	920-4714	320-2643/2872	320-6139
	Moses Pretrick	920-4715	320-8300/1909	
	Fancelyn P. Solomon	923-0000	320-2643/2619	320-1915
	RuotpongPongliyab	952-9941	320-8300/1909	
	Resel Elias	920-2825	320-2619/2643	
	Ben Jackson Jr. Amor	926-4110	320-1909/8300	

<b>Logistics Chief</b>	<b>Dr. JoanesSarofalipy</b>	922-8300	320-8300/1909	
	Dr Mayleen Ekiek	920-8982	320-2619/2643	320-1203/7912
	Rodney Phillip	922-1919	320-8300/1909	320-4555
	Eliashib Edward	926-1265	320-8300/1909	
	TeliwyLiwiy	N/A	320-5520/5521	320-6716

<b>Planning Chief</b>	<b>Lisa Barrow-Kohler</b>	926-5072	320-8300/1909	
	Xner Luther	926-1300	320-8525/5700	320-4257
	Wiriel Dewey	N/A	320-8300/1909	N/A
	Shinmashin Gonzaga	923-0651	320-8300/1909	
	Benito Victor	921-4494	320-5520/5521	

<b>Finance Chief</b>	<b>Scott Mori</b>	926-0544	320-2619/2872	320-5935
	Jackie James	926-9518	320-2619/2872	320-3958
	Takikolfamilik	926-2601	320-2619/2872	
	sherlynRaynold	925-8191	320-5520/5521	320-7321
	Lucy Solomon	926-1088	320-8525/5700	
	Gloria L Urseram	926-0208	320-5520/5521	
	Senolyn Syne	920-4788	320-2619/2872	320-1166

**FSM EpiNetMembers:**

<b>Name</b>	<b>Position</b>	<b>Email Address:</b>
Marcus Samo	Assistant Secreatry - Health Division	<a href="mailto:msamo@fsmhealth.fm">msamo@fsmhealth.fm</a>
Carter Apaisam	Immunization Program Manager	<a href="mailto:capaisam@fsmhealth.fm">capaisam@fsmhealth.fm</a>
Lisa Barrow-Kohler	National laboratory Coordinator	<a href="mailto:lbarrow@fsmhealth.fm">lbarrow@fsmhealth.fm</a>
Moses Pretrick	Environment Health Program Manager	<a href="mailto:mpretrick@fsmhealth.fm">mpretrick@fsmhealth.fm</a>
Ruotpong Pongliyab	PHHEP Project Director	<a href="mailto:rponglyab@fsmhealth.fm">rponglyab@fsmhealth.fm</a>
Dr MayleenEkiek	TB/Leprosy Program Manager	<a href="mailto:mekiek@fsmhealth.fm">mekiek@fsmhealth.fm</a>
Eliashib Edward	National Surveillance Coordinator	<a href="mailto:Eedward@fsmhealth.fm">Eedward@fsmhealth.fm</a>
SiocySoaz	Natioanl Health Statisian	<a href="mailto:ssoaz@fsmhealth.fm">ssoaz@fsmhealth.fm</a>
Xner Luther	Cancer Program Manager	<a href="mailto:XLuther@fsmhealth.fm">XLuther@fsmhealth.fm</a>
Dr JoanesSarofalpiy	Medical Director-Bioterrorism Program	<a href="mailto:jsarofalpiy@fsmhealth.fm">jsarofalpiy@fsmhealth.fm</a>
DionisSaimon	MCH Program Manager	<a href="mailto:dsaimon@fsmhealth.fm">dsaimon@fsmhealth.fm</a>
Wincener J. David	FSM National Health Planner	<a href="mailto:Wdavid@fsmhealth.fm">Wdavid@fsmhealth.fm</a>
Ari Skilling	Tobacco Program Manager	<a href="mailto:salik@fsmhealth.fm">salik@fsmhealth.fm</a>
Benitor Victor	Acting SAMH Program Manager	<a href="mailto:bvictor@fsmhealth.fm">bvictor@fsmhealth.fm</a>
Dr Eliaser Johnson	National Epidemiologist	<a href="mailto:ejohnson@fsmhealth.fm">ejohnson@fsmhealth.fm</a>
Mayson Fredrick	PHHEP Exercise & Training Coordinator	<a href="mailto:mfredrick@fsmhealth.fm">mfredrick@fsmhealth.fm</a>

**Annex 3: Surveillance Plan**

Condition 5	All clear		
Surveillance System	Reporting	Triggers	Influenza Testing
Existing systems – ILI -routine reporting and influenza testing	Weekly syndromic data	Threshold exceeded – further investigation	Influenza testing  Continue sentinel site influenza testing at GPLH
Condition 4	Zero cases, threat identified		
Surveillance System	Reporting	Triggers	Testing
Existing systems - ILI	Weekly syndromic data HBAS weekly reporting	Threshold exceeded – further investigate and commence testing using rapid test and send to GPLH for testing	<i>Assuming limited testing availability</i> Meets PUI definition  IF EpiNet investigation indicates suspicion of potential COVID19 cases
POE screening - daily	Numbers/percentage		Unusual ILI clusters – test ONE case in

SARI surveillance to be implemented at hospital	screened Numbers/percentage secondary screening PUI		cluster  All SARI cases with no other aetiology explaining presentation
<b>Condition 3</b>	<b>1-10 suspected or confirmed cases</b>		
<b>Surveillance System</b>	<b>Reporting</b>	<b>Triggers</b>	<b>Testing</b>
Existing systems – ILI  POE screening    SARI screening Contact tracing       <i>Case definitions updated</i>	Weekly reporting  Daily - percentage screened - percentage secondary screening PUI  Daily: Numbers in quarantine Numbers in home isolation Numbers in isolation Numbers contact tracing – daily Numbers admitted  Daily situation report	Commencing: Any PUI or Condition 3 (First Few initial cases)  Cease contact tracing if >10 cases in State	<i>Assuming limited testing availability</i>  Meets PUI definition  Unusual ILI clusters – test ONE case in cluster  SARI cases with no other aetiology explaining presentation (post-exclusion respiratory panel testing)
<b>Condition 2</b>	<b>&gt;10-100 cases</b>		
<b>Surveillance System</b>	<b>Reporting</b>	<b>Triggers</b>	<b>Testing</b>
COVID-19 surveillance – daily reporting       Existing systems – ILI – normal reporting schedule <i>Case definitions updated</i>	-SARI surveillance -Suspected cases -Lab confirmed cases -Numbers hospitalised -deaths -recovered -COVID-19 deaths in the community (verbal autopsy) -Mild cases in the home (self-isolation)  Daily situation report	Commencing: First suspected case – PUI using current case definition	<i>Assuming limited testing availability</i>  Testing of PUIs Testing all SARI cases
<b>Condition 1</b>	<b>&gt;10-100 cases</b>		
<b>Surveillance System</b>	<b>Reporting</b>	<b>Triggers</b>	<b>Testing</b>
COVID-19 surveillance	- suspected cases	Continuing	<i>Depends on</i>

<p>Existing systems – ILI – normal reporting schedule SARI screening COVID-19 sentinel testing and diagnosis by clinical suspicion</p>	<ul style="list-style-type: none"> <li>- lab confirmed cases</li> <li>- numbers hospitalised</li> <li>- deaths, recovered</li> <li>- mild cases in the home (self-isolation)</li> <li>-HCW cases</li> <li>-COVID-19 deaths in the community (verbal autopsy)</li> <li>Clinical suspicion (syndromic)</li> <li>Proportion positive % (epi curve)</li> <li>Daily and then weekly situation reporting</li> </ul>	<p>Ceasing: No reported cases for 28 days (2 incubation periods)</p> <p>Lab capacity exceeded and widespread community transmission</p>	<p><i>availability of testing kits and laboratory capacity</i></p> <p>If available: -test all suspected cases -test all SARI cases until capacity is no longer available</p> <p>THEN move to sentinel testing First five cases of ILI presenting to Outpatients on a Monday morning are swabbed (should be scheduled with flights)</p>
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## Annex 4: Risk communications

### KOSRAE STATE COVID-19 RISK COMMUNICATION SUBCOMMITTEE PLAN

#### OVERVIEW

This risk communication plan has been developed to support improved coordination and consistent approach to risk communication and community engagement for coronavirus (COVID-19) in Kosrae State.

This plan helps guide the Kosrae State response to COVID-19, in partnership with key partners, including other government departments, community leaders, IOM, WHO, UNICEF, Micronesia Red Cross, Church Leaders, Women Associations, local governments, and youth organizations.

This plan has been developed in alignment with the COV-CON Stages 1 – 5, for each of the various stages of the response.

COVID-19 Readiness Condition(COV-CON)
Condition 5: 'All clear'
Condition 4: Zero cases but COVID-19 threat exists (NOW)
Condition 3: 1-10 suspected or confirmed cases (FIRST FEW)
Condition 2: >10-100 suspected or confirmed cases (COMMUNITY TRANSMISSION)
Condition 1: >100 cases (widespread transmission on main island) (WIDESPREAD)

#### COORDINATION AND OVERSIGHT

Under the KSA COVID-19 risk communication plan, a risk communication and community engagement team has been established to coordinate all aspects of community outreach and communications for Kosrae State.

#### RISK COMMUNICATION TEAM MEMBERS

Person	Agency	Email	Phone	Roles/Responsibilities
Tulensa Sigrah	DHS	<a href="mailto:tsigrah@fsmhealth.fm">tsigrah@fsmhealth.fm</a>	370-2141	Compile information from Team
Witson Phillip	FSMTC	<a href="mailto:Witson.phillip@fsmtc.fm">Witson.phillip@fsmtc.fm</a>	370-3164	Work with DHS on telecom needs
Rickson Jonathan	IOM	<a href="mailto:rjonathan@iom.int">rjonathan@iom.int</a>	370-5905	WASH
Moses Timothy	PIO	<a href="mailto:kosraepio@gmail.com">kosraepio@gmail.com</a>	370-3009	Kosrae PIO facebook page
Nena William	DCO	<a href="mailto:kosraedco@gmail.com">kosraedco@gmail.com</a>	370-3002	NORMA/Governor's Office updates
Keitson Jonas	V6AJ	<a href="mailto:kaustinjonas@gmail.com">kaustinjonas@gmail.com</a>	370-3040	Information broadcast
Jackson Albert	Mayors	<a href="mailto:Tmg3211@outlook.com">Tmg3211@outlook.com</a>	370-3211	Info to/from Council of Mayors
Moses Thomson	United	<a href="mailto:Moses.thomson@united.com">Moses.thomson@united.com</a>	370-3024	Info to/from UA
Smith Sigrah	ChOC	<a href="mailto:kosraeace@mail.fm">kosraeace@mail.fm</a>	370-2250	Info to/from private sector
James George	KT&SC	<a href="mailto:airdoc@mail.fm">airdoc@mail.fm</a>	370-3085	Info to/from dock operations
Hans Skilling	MRCSS	<a href="mailto:Acheng_08@yahoo.com">Acheng_08@yahoo.com</a>	370-3238	WASH
Quartus Esau	DOE	<a href="mailto:kdoecni@yahoo.com">kdoecni@yahoo.com</a>	370-3008	Info to/from schools
Jesse Tulensru	KPA	<a href="mailto:Jessewilly8@gmail.com">Jessewilly8@gmail.com</a>	370-2100	Provide info to/from POEs
Robson Henry	CSOK	<a href="mailto:Robson.henry@rocketmail.com">Robson.henry@rocketmail.com</a>	970-1917	Info to society groups

#### PARTNERS & RESOURCE MAPPING

Partner	Agency Focus	Resources/Networks
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Department of Health Services	Awareness, surveillance, isolation/quarantine, training	EPINET, budget
Department of Education	Education, schools	School programs
Municipal Governments	Communities	Community meetings
International Organization for Migration	WASH (Water, Sanitation & Hygiene)	Hand-wash stations, UNICEF, DHS, MRCS, DOE
World Health Organization	Technical guidance, consultations	Trainings, planning, information update
Kosrae Women Association	Women and Children	
Micronesia Red Cross	Community outreach, hygiene kit distribution	Hygiene kits, buckets, volunteers
Radio Station	Information announcements	Broadcast station (FM89.7)
Church leaders	Information announcements	Community meetings
Public Information Office	General Public (Digital info)	Facebook PIO page
Kosrae Youth Development Association	Information to youth groups	Youth meetings
Chamber of Commerce	Business Community	Chamber meetings
FSMTC	Awareness	

### **INFORMATION PROCESS**

Each team member will submit to DHS any update/new information at end of each day

### **CLEARANCE PROCESS**

All materials and messages developed must be reviewed and endorsed by the Director’s Office prior to any dissemination. The Risk Communication Focal Point will be tasked to ensure that the clearance process is adhered to.

### **STATE SPOKESPERSON**

The Kosrae State Health Spokesperson for COVID-19 are:

- Director of Health Services
- DEOC Incident Manager
- State Public Information Officer
- Risk Communication Committee Lead

All spokespersons should be provided talking points, with content cleared by the Director of Health Services, before any prior media or public engagements to ensure accuracy of information.

## CONTINGENCY PLANNING

**\*\*based upon the timing of the development of this plan, it commences from Condition 4, as there exists an imminent threat.**

COVID-19 Readiness Condition(COV-CON)					
Condition 4: Zero cases but COVID-19 threat exists (NOW)					
<b>Objective:</b>					
<ol style="list-style-type: none"> <li>1) <b>Public Communications:</b> Use mass media (radio, Facebook, mass messaging ) for information sharing to strengthen disease awareness, promote adoption of prevention measures, encourage self-reporting for symptomatic cases upon entry to Pohnpei and consideration for social distancing measures.</li> <li>2) <b>Traveler communications:</b> Develop risk communication strategies for inbound and outbound travelers, including information dissemination at POE.</li> <li>3) <b>Internal Communications:</b> Share internal updates via group email. Ensure awareness across sectors of COVID-19 preparedness activities in Kosrae.</li> <li>4) <b>Community outreach:</b> Build community awareness and readiness for COVID-19 introduction through community outreach via public health workers, engagement with community leaders, education outreach by community volunteer (refer to above partners list).</li> <li>5) <b>WASH infrastructure and hygiene promotion:</b> Improve WASH in schools, health care facilities and communities.</li> <li>6) <b>Monitoring and community feedback:</b> Partner to provide regular updates through the RCSC meetings on emerging issues, misinformation and rumors that may have impact on overall operations.</li> </ol>					
Area	Activity	Resource	Lead	Timeframe	Budget
Public C.	Provide regular information via Facebook	Facebook tiles – disease info; handwashing; self-reporting; myth busting; travel measures			
	Radio (script and talk show)	Q&A for talk show; radio script x 6 (voice recorder)			
	Establish a COVID-19 hotline for self-reporting and potential telemedicine	Toll-free COVID-19 hotline			
Internal C.	Disseminate regular situation update via email and taskforce members	Weekly sitrep			
	To provide maximum efficiency, cross training will be conducted to sister outreach programs (public health staffing)	Training presentation			
	Provide training to the dispensaries out in the community (on spot training)	Training presentation			
Traveler	Provide health customs form and information on reporting at POE	Health customs form <i>Update with new number</i>			
WASH	Group handwashing stations	Portable group handwashing			
	Install handwashing docketts at hospital; POE	5 gallon buckets; 25 pieces and 250 pieces of soap			
	Conduct assessment report on water supply	Assessment team; per diem			
	Provide orientation on WASH setup and handwashing at various locations; schools, private sector, gov't, churches	WASH orientation package			
Community outreach	Outreach team training to MRCS, Faith based Leaders, health assistants, PWAC	allowances; conference room for orientation			
	IEC outreach package	Design, translate and print IEC			

		package for community outreach teams; poster, flipchart, information sheet,			
	Outreach to community leaders and mayors in 5 areas (total 40 participants)	Travel, briefing materials			
<b>Monitoring and reporting</b>	All partners to provide 3x weekly updates on rumors/emerging issues to RCCE taskforce	N/A			
<b>HCW/Facility</b>	Promote strong IPC in hospital	Poster – 5 moments of hand hygiene			
	Visual reminders on who to ensure appropriate case management; PPE use; health facility management; triage	Poster and WHO materials for COVID-19 management			

**Condition 3: 1-10 suspected or confirmed cases (FIRST FEW)**

**Objective:**

- 7) **Public Communications:** Provide regular (daily) updates on situation status, and also increased emphasis on social distancing, hand and respiratory hygiene. Strengthen messaging on self-reporting. Sensitize the community on likelihood for banning all mass gatherings and inter-island travel.
- 8) **Community outreach:** Conduct intensified community outreach to address community anxiety and concerns, assist with contact tracing efforts by public health officials, and engage with other community partners and sectors to ensure adoption of social distancing measures.
- 9) **WASH infrastructure and hygiene promotion:** Intensively increase WASH and hygiene promotion in health facilities, high risk settings (schools; workplaces; churches)
- 10) **Monitoring and community feedback:** Intensively monitoring and respond to rumors and misinformation, including address issues of stigma and discrimination.

Area	Activity	Resource	Lead	Timeframe	Budget
<b>Public C.</b>	Issue immediate health alert for confirmed case	Facebook; radio			
	Provide regular external situation updates	Facebook; radio			
	Intensify public communications on social distancing; hygiene and self-reporting	SMS Facebook Radio script			
<b>Community outreach</b>	Community outreach teams to assist with contact tracing	Contact tracing form; PPE			
	Targeted outreach for at-risk groups (elderly; existing medical conditions, )	Pamphlet			
	Support churches; schools; workplaces to implement risk reducing measures in their control	Information sheet			

**Condition 2: >10-100 suspected or confirmed cases (COMMUNITY TRANSMISSION)**

**Objective:**

- **Public communications and outreach:** Strengthen social distancing measures, home quarantine, hand and respiratory hygiene, telemedicine, counseling and psychosocial support.
- **Traveler communications:** Provide information to incoming passengers about COVID-19 and health service access if the traveler becomes infectious whilst in country.

- **Community outreach:** Support with distribution of home quarantine kits to affected households, for at risk populations, provide targeted assistance.
- **WASH infrastructure and hygiene promotion:** Provide household WASH support for those in home quarantine.
- **Monitoring and community feedback:** Intensively monitoring and respond to rumors and misinformation, including address issues of stigma and discrimination.

Area	Activity	Resource	Lead	Timeframe	Budget
<b>Public C</b>	Continue Social Distancing Educations (self-quarantine, isolation, ie)	Social Media platforms (Facebook, Youtube, ie), All available media			
	Update on current cases/status in state				
	Intensify education on self-quarantine, self protection,				
<b>Internal C</b>	Continue information sharing to all sectors				
	Communique on limiting mass gatherings at all public services	Executive Order, Declaration			
<b>WASH</b>	Expand WASH stations beyond schools, churches and POE.(ie to Nahs and other public gathering places				
<b>Community Outreach</b>	Education on social distancing (cultural practices)				
<b>Condition 1: &gt;100 cases (widespread transmission on main island) (WIDESPREAD)</b>					

Objective	1.	2. Establish and maintain communication channels on sit-reps and daily updates			
Audience		General Public			
Activity	Lead	Resources	Timeline	Budget	Status
1.1 DHS to ensure sit-rep is compiled and cleared by Director	Tulensa	RC Team, Kosrae Taskforce,	Weekly submission	0	RC team to ensure sit-rep is cleared and shared with PIO for dissemination
1.2 Ensure daily dissemination	Witson Phillip and Keitson Jonas	RC Team, Kosrae Taskforce,	Ongoing	0	Propose extending invitation to Radio, Video, Red Cross, IOM.
1.3 Develop Weekly	Tulensa /	National (Ari),	Ongoing	0	DHS is taking the

Status Reports to be disseminated to all stakeholders	Roxanne	Taskforce Daily Minutes/Sit-rep			lead on this with input from RC team
1.4 Disseminate Weekly Status Report through Information Subcommittee reps of all sectors	Tulensa / Roxanne	National (Ari), Taskforce Daily Minutes/Sit-rep	Weekly	0	DHS is taking the lead on this with input from RC team

<b>Objective</b>	3.	4. Develop IEC materials to be disseminated to the public			
<b>Audience</b>		Kosrae State General Public			
<b>Activity</b>	<b>Lead</b>	<b>Resources</b>	<b>Timeline</b>	<b>Budget</b>	<b>Status</b>
2.1 Develop Corona Virus Information Sheet	Harry Risk Comm	National (Ari), Yap Information sample	Ongoing	\$500	Share Kosrae's Corona Virus 1pager for reference to be posted in public
2.2 Inventory available Risk Comm Materials for dissemination	Harry Foster	FSM DHS National, WHO presentation slides,	Ongoing	0	
2.3 Identify additional IEC materials (posters, radiosspots, interview, billboard and records) and proposed location	Harry Quartus	Risk Comm workgroup, National (Ari),	Monday (Feb24) Friday (April 03)	\$2,300	Contact United and Airport Authority for PA use
2.4 Community engagement and outreach	Robson Witson	RC team	3/20/2020 and 3/27/2020 to 04/03/2020 * completed phase 1	\$2,250-food & drinks \$300 –fuel \$ 500 - rentals	Private vehicles to be used; PA system; Tents for Outdoor Setup; Food & Drinks for Team & Participants
2.5 Ensure messaging is out in the communities through caravan, town hall meetings	Robson Witson	RC team	3/23/2020 *completed phase 1	\$300 –fuel	Private vehicles to be used; Mayors will be engaged in this activity leveraging resources
<b>Objective</b>	5.	6. Develop and disseminate public bulletins to be broadcasted to the public			
<b>Audience</b>		Kosrae State General Public (Radio Subscribers)			
<b>Activity</b>	<b>Lead</b>	<b>Resources</b>	<b>Timeline</b>	<b>Budget</b>	<b>Status</b>
3.1 Develop script for public broadcast	Foster Harry	RC Team, National (Ari), (Use Yap script)	4X a week	0	RC agreed to have at least 4 radio spots per day

3.2 Ensure clearance of SMS messaging	Witson	National (Ari), Kosrae script	Weekly Update	0	
3.3 Produce public broadcast	Keitson Tulensa	National (Ari), Kosrae V6AJ Radio Station/Studio (TBD), Video (TBD)	Weekly Update	0	
3.4 Broadcast program across available outlets	Keitson Moses	Kosrae V6AJ Radio Station (TBD), United Airlines Airport PA System (TBD), Available Health Program Social Media Platforms	Feb 25-27	0	FSM Tobacco, FSM Cancer will assist with the dissemination of message
<b>Objective</b>	7.	8. Reach out to public via SMS			
<b>Audience</b>	All active FSMTC cell phone users in Kosrae				
<b>Activity</b>	<b>Lead</b>	<b>Resources</b>	<b>Timeline</b>	<b>Budget</b>	<b>Status</b>
4.1 Develop SMS script	Witson	KSA Telecom, FSMTC, National (Ari)	3/19/2020	0	Option for translation into local vernacular
4.2 Ensure clearance of SMS messaging	Witson	RC Team	3/19/2020	0	
4.3 Broadcast SMS	Witson	FSMTC, National (Ari)	3/19/2020	0	
<b>Objective</b>	5. Inform general warning of COVID-19 PUI and Quarantine				
<b>Audience</b>	Kosrae State General Public				
<b>Activity</b>	<b>Lead</b>	<b>Resources</b>	<b>Timeline</b>	<b>Budget</b>	<b>Status</b>
5.1 develop messaging on PUI and Quarantine issues	National (Ari)	Taskforce, National (Dr. Ekiek & Maggie)	Monday (Feb 24) completed	0	Urgent
5.2 identify mode of communication	Tulensa	RC members	Ongoing	0	Urgent
5.3 Localize Standard Messaging on PUI and Quarantine (Update existing IEC materials)	Harry /Foster	RC team, Council of Mayors, Radio Station, Telecom,	Ongoing	0	Urgent
5.4 Ensure IEC materials are cleared by Director of Health	Tulensa	Standard messaging and localized IEC materials	Daily	0	Urgent
5.5 Broadcast message to general public	Keitson Jonas	Social media, FSMTC Cable	Daily (4X)	0	Urgent

\$5,850.00