

# **CHUUK STATE COVID-19 Response Framework**

## **COVID-19 Readiness Plan for Chuuk State**

**Updated on 04/13/2020**

## **FOREWORD**

The purpose of this COVID-19 Readiness Plan is to provide detailed guidance to the Chuuk State Government to coordinate its preparedness and responses towards COVID-19 outbreak.

The Plan details lines of authority, allocation of responsibility and duties. In addition, it triggers necessary protocols thereby activate various necessary activities in time.

In general, this Readiness Plan expected to provide and assist the Chuuk State Government to respond with various interventions, based on the conditions (from condition 4 to Condition 1b) of COVID-19 in Chuuk.

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# Chuuk State COVID-19 Response Framework

## COVID-19 Readiness Plan for Chuuk State

### 1 Introduction

This Readiness Plan has been developed based upon consultation with the health sector, different agencies of the Chuuk State Government and partners, including WHO, UNICEF, IOM, Chuuk Red Cross Society and others.

#### 1.1 Purpose

The purpose of this document is to:

- Provide a framework for the Chuuk State in its response to the COVID-19 outbreak
- Co-ordinate efforts across all levels of the Government to minimize the human, social and economic impact of COVID-19
- Assist the Government and the health sector, prepared for and respond, at different conditions of COVID-19

This Readiness Plan outlines the strategies to manage a flexible, scalable and proportionate whole-of-Government's response, with appropriate and timely interventions and allocation of resources to minimize the morbidity and mortality from COVID-19.

#### 1.2 Related plans

Chuuk State Disaster Plan shall supplement the COVID-19 Readiness Plan. The Chuuk State Disaster Plan outlines the legislative, overarching incident command structure, financial and human resources response to a disaster in Chuuk State.

#### 1.3 Scalability of plan

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

#### 1.4 COVID-19 Readiness Condition

<b>COVID-19 Readiness Condition (COV-CON)</b>
<b>Condition 4: Zero "0" cases but COVID-19 threat still 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 the main island only)</b>
<b>Condition 1b: &gt;100 cases (widespread transmission throughout the State)</b>

## 1.5 Lead agency

Under the Chuuk Disaster Coordination Plan, for this COVID-19 emergency, the Department of Health (DOH) is the lead agency and the Chuuk Disaster Emergency Operation Center (C-DEOC) will co-lead the response, including ensuring other Government Departments, offices and agencies with their contribution and support for preparedness and response activities.

## 1.6 Activation of plan

- Currently the State of Chuuk has declared a State of Emergency, in response to COVID-19 threat; hence this Readiness Plan is already activated under Condition 4.
- If a confirmed case of COVID-19 is identified in the Chuuk State then Condition 3 of this plan will be activated.

## 1.7 Emergency Operations Centre

- Director's Emergency Operations Centre (DEOC) at the Hospital Conference Room
- State Taskforce Emergency Operations Centre (STEOC) at the Governor's Office Auditorium

## 1.8 COVID-19

Corona viruses are a large family of viruses which may cause illness in animals or in human. In human, several corona viruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered corona virus causes corona virus disease COVID-19.

This Corona Virus outbreak was declared by the World Health Organization (WHO), a Public Health Emergency of International Concern (PHEIC) on January 30, 2020 and further as a pandemic on March 11, 2020.

## 1.9 Assumptions

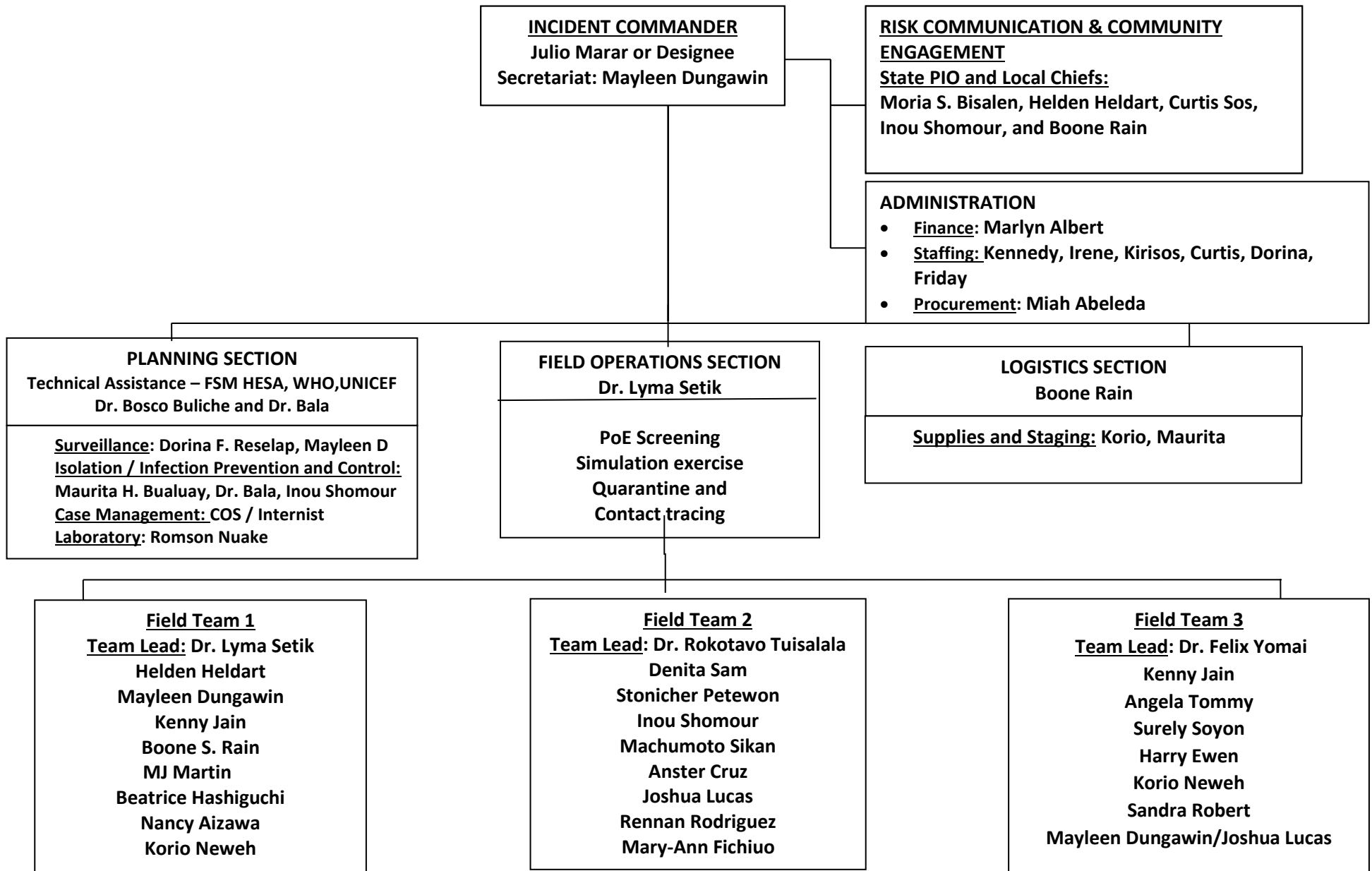
- Everyone is susceptible to COVID-19 infection, though children appear to be less affected
- The elderly and those with co-morbidities, including diabetes, heart disease and hypertension, respiratory illnesses may have more severe outcomes following infection
- There are no treatments or vaccines currently available
- Social / physical distancing measures are effective in slowing the transmission of COVID-19, however in the context of communal living in the FSM, tailored approaches to home based care and self-isolation need to be considered carefully

## 1.10 Target audience

The target audience for the Chuuk State COVID-19 Readiness Plan is all agencies listed under the Chuuk State COVID-19 State Taskforce, including the Government Departments and partners.

The intent of this Readiness Plan is to support a coordinated response to COVID-19 preparedness and response initiatives by contributing partners, pooling up of their respective networks and capacities.

## 2. Chuuk COVID-19 Incident Command Structure at Director's Emergency Operation Centre (DEOC)



## 2.1 STEOC Organizational Chart

Title	Team Lead	Contributing agency/partner	Activity description	Budget (USD)
<b>GOVERNANCE AND COORDINATION</b>				
Incident Command System (ICS)	DEOC STEOC		<ul style="list-style-type: none"> <li>- DEOC to conduct daily meetings.</li> <li>- STEOC to conduct thrice weekly meetings.</li> <li>- Co-lead by DEOC (lead) and STEOC (supporting lead).</li> <li>- Recommendations from STEOC to be presented to the Governor for final approval on issues of state of emergency, mass gathering cancellation, budget expenditure.</li> </ul>	
<b>INFORMATION MANAGEMENT</b>				
Information management	DEOC: Mayleen SEOC PIO: Angelino Rosokow /Tracy Meter		<ul style="list-style-type: none"> <li>- Ensure weekly Sitrep to be drafted and submitted to DEOC &amp; STEOC.</li> </ul>	
<b>COMMUNITY PREPAREDNESS AND SUPPORT (WASH AND RISK COMMUNICATION)</b>				
Risk communication & community engagement	DEOC Risk Communication: Moria Shomour Bisalen	IOM, WHO, UNICEF, CWAC (Chuuk Women’s Association Chapter), DOE	<ul style="list-style-type: none"> <li>- Coordinate all aspects of public communications and community outreach for COVID-19, ensuring harmonization of messaging and guidance to affected communities.</li> <li>- Ensure alignment of risk communication activities with other operational areas, including WASH programming, hospital and health worker communications etc.</li> </ul>	
<b>FINANCE &amp; ADMINISTRATION</b>				
Financing	DEOC: Marlyn Albert STEOC: Perez Graham		<ul style="list-style-type: none"> <li>- Review the request from ICS teams and submit to Incident Commander for approval.</li> <li>- STEOC to review and endorse final budget requests (compiled) and submit to Governor for approval.</li> </ul>	
Staffing	DEOC: Friday Shomour STEOC: Bradley Petrus / Roger Arnold		<ul style="list-style-type: none"> <li>- Ensure mobilizing staff for COVID-19 ICS works and draft roster</li> </ul>	
Procurement /Logistic	DEOC: Mhia Abeleda / Boone S. Rain STEOC: Tos Nakayama		<ul style="list-style-type: none"> <li>- Create inventory, Purchase / receive requested supplies on time and distribute, submit it receipts to finance (all ICS requests)</li> </ul>	
<b>PLANNING</b>				

Planning and partner coordination	DEOC: Dr. Bosco / Dr. Bala STEOC: Tos Nakayama / Roger Arnold / Perez Graham		- Planning unit to coordinate and forecast preparedness and response needs, and coordinate with finance and administration for implementation of said activities, including procurement, staffing and other.	
<b>PUBLIC HEALTH MANAGEMENT</b>				
Surveillance	DEOC: Dr. Dorina		- Ensure robust surveillance system for COVID-19 - Conduct Point of Entry (PoE) surveillance and report to DEOC / STEOC - Conduct appropriate contact tracing on PUI cases - Conduct ILI and SARI surveillance at all sentinel sites	
Isolation and IPC	DEOC: Dr. Bala. Maurita / Sanitarians		- Ensure isolation place daily disinfected, Ensure availability of Personal Protective Equipment (PPE) to be used by isolation room staff, Ensure appropriate biohazard waste management, Ensure implementing Infection Prevention & Control (IPC) guidelines	
Case management	Dr. Julius, Dr. Kennedy, Dr. Bala, Dr. Beth, Dr. James, Dr. Lyma, Dr. Felix, Dr. Siana, Dr. Abram, Dr. Farah, Dr. Hernaez. Dr. Dorina		- Ensure hospital and health facility management is undertaken consistent with case management guidelines. - Report through to DEOC identified needs and issues for addressing.	
Laboratory	DEOC: Romson		- Ensure proper specimen to be collected. - Ensure proper shipment protocol to be followed and test result to be shared and disseminated with ICS	
<b>FIELD OPERATIONS SECTION</b>				
PoE Screening, simulation and exercise, quarantine, contact tracing	DEOC: Dr. Lyma and Sanitation team. STEOC: Immigration, Customs, National Police, State Police, Municipal Police, Airport Manage, United Airlines Manager		- 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	
Lagoon and Outer Island Readiness	DEOC: Dr. Bosco and Dispensary team		- Conduct mapping of communication channels with outer island communities	



Planning	STEOC:DOT, DOE and Municipal Mayors		- Establish readiness plans for continuation of critical supplies and services to outer islands, in particular when domestic, interisland travel restrictions are enforced.	
<b>LOGISTICS AND SUPPLIES</b>				
Supplies / Staging	DEOC: Boone STEOC: Department of Transport / Department of Finance		- Coordinate supplies and inventories for overall response, including tracking and recording partner requests for assistance. - Report to ICS supplies stock list, including forecasting need and demand.	

## 2. Staged operational Readiness Plan to COVID-19

<b>COVID-19 Readiness Condition (COV-CON)</b>
<b>Condition 4: Zero “0” 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 the main island only)</b>
<b>Condition 1b: &gt;100 cases (widespread transmission throughout Chuuk State)</b>

### a. COV-CON 4: Zero cases

<b>COV-CON 4: Zero “0” Cases but COVID-19 threat exists</b>			
<b>Trigger:</b>			
No-cases identified in Chuuk State but external threat identified			
<b>Assumptions:</b>			
<ul style="list-style-type: none"> <li>• The disease represents a real risk to the health and safety (infectivity/severity) of Chuuk population</li> <li>• Travel restrictions and screening at Points of Entry (PoE) may help to delay the introduction of the COVID-19 to Chuuk State, but cannot bring the risk of introduction to nil</li> <li>• There are preparedness activities that Chuuk State can do now to limit the impact of the COVID-19 on the state, when it arrives</li> </ul>			
<b>Mission Goals:</b>			
1) Prevent / delay of introduction 2) Prepare for introduction			
<b>Activities by goal:</b>			<b>Assigned to:</b>
			<b>Date Completed:</b>
<b>Governance and Coordination</b>	1. Establish DEOC and STEOC 2. Conduct daily progress meetings, daily for DEOC)and three times weekly for STEOC 3. Establish the Emergency Operations Centers for DEOC and STEOC	All Done	February 7, 2020
<b>Prevent / delay of introduction</b>	4. Travel restrictions <ul style="list-style-type: none"> <li>a. Follow FSM National &amp; Chuuk State Requirements where applied</li> <li>b. Travel restrictions on inbound passengers until facilities, medical equipment and supplies are in place</li> <li>c. Mandatory 14 days quarantine for inbound passengers</li> <li>d. Regularize Cargo handling measures in place</li> </ul>	All are Done and few are on-going	
<b>Points of Entry measures</b>	5. Ports of Entry (PoE) screening <ul style="list-style-type: none"> <li>a. Implement PoE as mandated by the National Government / the State, including Post-travel detection</li> <li>b. Follow algorithm (<a href="#">see annex attachment</a>)</li> </ul>		

	<p>6. Post-Travel Detection</p> <ul style="list-style-type: none"> <li>a. Encourage traveler’s awareness on COVID-19 symptoms and how to engage the healthcare system safely <ul style="list-style-type: none"> <li>I. Provide <b>traveler health alert notifications</b> to all inbound passengers with information on how to contact the health department if they have symptoms of COVID-19</li> </ul> </li> <li>b. Ensure provider awareness on case definition (<b>Person Under Investigation (PUI) criteria</b>) <ul style="list-style-type: none"> <li>I. Provide weekly update at Hospital DEOC / CME on current PUI criteria</li> </ul> </li> <li>c. Establish clear process for PUI reporting <ul style="list-style-type: none"> <li>i. Develop flowchart of PUI reporting to all healthcare providers for posting in clinics (<b>attach annex</b>)</li> </ul> </li> <li>d. Germ and virus free workplace campaign to be conducted by sanitation team to all Government offices &amp; buildings and business entities</li> </ul>	All are Done and few are on-going	
		Many are Done and few are on-going	
		Many are Done and few are on-going	
<b>Prepare for Introduction</b>	<p>7. Planning</p> <ul style="list-style-type: none"> <li>a. Develop Readiness plan for COVID-19 in Chuuk, including multi-sector coordination for response</li> <li>b. Conduct simulation drills no less than twice weekly to identify areas of improvement and adherence of staff to SOPs to ensure good clinical practice.</li> <li>c. Develop COVID-19 Treatment Center plans for Infection Prevention &amp; Control (IPC) and clinical guidelines (<b>attach annex Tx Centre Plan</b>)</li> <li>d. Develop Quarantine plan for contacts of first initial cases identified on Chuuk (<b>attach annex Quarantine Plan</b>)</li> <li>e. Government agencies identify essential activities, and non-essential activities that could be interrupted during the emergency</li> </ul>	All Done and few are On-going	
	<p>8. Exercise plans with AAR (<b>After Action Report</b>)</p> <ul style="list-style-type: none"> <li>a. Exercise plans for PoE screening and PUI identification</li> </ul>		
	<p>9. Information Management</p> <ul style="list-style-type: none"> <li>a. Create organizational chart, task monitoring and reporting processes, operational period</li> <li>b. Draft and submit weekly Sitrep to STEOC.</li> </ul>		
	<p>10. Finance and Administration / Human Resources</p> <ul style="list-style-type: none"> <li>a. Aligned to Chuuk Preparedness and Response plan,</li> <li>b. Developing a costing for each operational area that forms the basis of a state budget request</li> <li>c. Identify HR gaps and needs for the response and identify opportunities for repurposing personnel from other sectors and departments to support the response.</li> </ul>	On-going by Finance & Manpower Unit. <b>To be discussed</b>	

	<p>11. Supplies and Logistics</p> <ul style="list-style-type: none"> <li>a. Based upon the Plan, conduct mapping of goods and supplies needed.</li> <li>b. Needs to be budgeted and presented to partners for consideration on their support for meeting needs. This includes supplies for health facility, case management, PoE, risk communication, outer island readiness planning, infection control, surveillance, Centralized Strategic Supply Room (CSSR) and other.</li> </ul>	Done & on-going	
	<p>12. Risk communication and Community Engagement:</p> <ul style="list-style-type: none"> <li>a. Strengthen the Capacity of Risk Communication Team; Develop Standard Guidelines (<b>attach annex</b>)</li> <li>b. Identify or/ designate focal person / mechanism for engaging the public; (Public Information Office (PIO) or C-DEOC or DEOC) (<b>List to be attached</b>)</li> <li>c. Prepare clear messages in advance for each scenario, and capacitate the focal person</li> <li>d. Revisit emergency contact numbers, and train telephone operators to be able to deal with caller’s inquiry. <b>Hotline: (691) 330-5442</b></li> <li>e. Develop a risk communication plan, aligned to various readiness stages and targeting audiences and issues. In particular targeted strategies for engaging the: Schools, paramount / traditional leaders, church leaders, Women’s Organization, Youth Association, Health facilities, Commercial Establishments, Private Sectors, Radio programs, social networks, text blast from FSMTC.</li> <li>f. Define Essentials and Non-Essential Gatherings; <ul style="list-style-type: none"> <li>i. <b>Essentials gatherings:</b> Government offices, Banks, CPUC, Telecom, Hospital services, Public transportations, Schools, Stores &amp; Markets, Restaurants, Religious gatherings, Funerals etc.</li> <li>ii. <b>Non-Essential gatherings:</b> Parties, Picnics, Sports events, Bars, clubs, joints or drinking sessions, Gambling centers, Weddings, Movies, Traditional feast etc.</li> </ul> </li> </ul> <p>Note: Any activities that interrupt the social distancing guidelines may be regulated</p> <ul style="list-style-type: none"> <li>iii. Prepare for possible situation when families would need to ‘shelter- at-home’ (stay at home for ~ 14 days): For instance, stocking up of food, water, and prescription medications</li> <li>iv. Social / Personal Distancing. Maintain practicing Social / Physical distancing of three (3) feet</li> </ul>	On-going	

	<p>perimeter and also limit social gathering in all public places. Schools are to be closed. Cough and sneezing etiquette must be practiced by covering mouth and nose with homemade mask or piece of cloth especially if someone is sick with cough. Regular hand washing and improving personal and respiratory hygiene is paramount important. (Guidelines to be annexed)</p>		
	<p>13. School closure a. School closure will be important in slowing the spread of COVID-19 on the island, however students must refrain from non-essential travel</p>	All done	
	<p>14. Improve Infection Prevention and Control (IPC) at the hospital and at identified isolation facilities a. Refine patient’s triage and workflow to reduce risk of infection to other patients and staff (flow chart to be attached) i. Provision of medical mask for any patient with fever, cough, or difficulty in breathing ii. Separation of all ill patients from other patients in Hospital Outpatient (OP) waiting area iii. Establishment of separate examination and treatment areas for infectious patients from other patients (especially Respiratory patients and patients for nebulization therapy) in OP iv. Limit the number nurses / healthcare providers who evaluate infectious patients. To develop a list v. Complete Advanced IPC training for 1<sup>st</sup> wave and 2<sup>nd</sup> wave of health care teams who will look after COVID-19 patients in isolation facilities. To develop a list vi. Germs and virus free workplace campaign to be conducted by sanitation to Hospital, all Government offices and buildings and business entity b. Consider modifications of hospital TB isolation facilities for infection control i. For example, install Plexiglass as barrier for initial presentation / triage, install windows in isolation room doors to allow for visual assessment of patient without the need of PPE c. Plan for managing COVID-19 patients – Medical team (one doctor, limited nurses) to reduce exposure and PPE requirements. Determine teams for 1<sup>st</sup> and 2<sup>nd</sup> wave of medical response (List to be attached)</p>	Done	
	<p>a. Refine patient’s triage and workflow to reduce risk of infection to other patients and staff (flow chart to be attached) i. Provision of medical mask for any patient with fever, cough, or difficulty in breathing</p>	Done	
	<p>ii. Separation of all ill patients from other patients in Hospital Outpatient (OP) waiting area</p>	In place	
	<p>iii. Establishment of separate examination and treatment areas for infectious patients from other patients (especially Respiratory patients and patients for nebulization therapy) in OP</p>	Done	
	<p>iv. Limit the number nurses / healthcare providers who evaluate infectious patients. To develop a list v. Complete Advanced IPC training for 1<sup>st</sup> wave and 2<sup>nd</sup> wave of health care teams who will look after COVID-19 patients in isolation facilities. To develop a list vi. Germs and virus free workplace campaign to be conducted by sanitation to Hospital, all Government offices and buildings and business entity</p>	FM: Andreas to report on Plexiglass	
	<p>b. Consider modifications of hospital TB isolation facilities for infection control i. For example, install Plexiglass as barrier for initial presentation / triage, install windows in isolation room doors to allow for visual assessment of patient without the need of PPE c. Plan for managing COVID-19 patients – Medical team (one doctor, limited nurses) to reduce exposure and PPE requirements. Determine teams for 1<sup>st</sup> and 2<sup>nd</sup> wave of medical response (List to be attached)</p>		

	<ul style="list-style-type: none"> <li>d. Procure PPE and management supplies <ul style="list-style-type: none"> <li>i. Submit orders for N95 respirators, medical masks, gowns, gloves, face shields, goggles, caps, shoe covers etc. to supplies and logistics team</li> </ul> </li> <li>e. Expand / renovate hospital and isolation facilities at CHS <ul style="list-style-type: none"> <li>i. Target initial COVID-19 patients to stay only in rooms assigned as the COVID-19 Treatment Center area - CHS</li> <li>ii. Insert small Plexiglass into all isolation room doors to allow for visual assessment of patient without having to open/enter the isolation room</li> <li>iii. Renovate two rooms for isolation. They do not need to be Airborne Infection Isolation Rooms (AIIR). Also renovation should be done quickly, and not impact the use of the other rooms, incase COVID patients are detected before renovation is complete.</li> <li>iv. Check tents and other areas for surge isolation capacity</li> <li>v. Check inventory of PPE and WASH material</li> <li>vi. Identify additional isolation facilities and renovate as per requirements</li> </ul> </li> <li>f. Develop Emergency Medical Services Protocols for patients with Influenza Like Illness (ILI) and Severe Acute Respiratory Illness (SARI) <b>To develop and annex</b> <ul style="list-style-type: none"> <li>i. Develop transportation protocols using CDC guidelines for EMS <b>To find out</b></li> <li>ii. Develop Emergency Room management protocols for someone with Severe Acute Respiratory Illness (including what IPC to use, how to limit the number of staff exposed, and post treatment decontamination / disinfection)</li> </ul> </li> </ul>		
	<p>15. Lagoon / Outer Island Readiness Plan</p> <ul style="list-style-type: none"> <li>a. Pre-deploy medical supplies and PPE to neighboring islands as appropriate</li> <li>b. Arrange supply-run to the neighboring islands to re-stock islands for possible long-term 'sequestration.' Option for people to choose to move to neighboring islands for a duration of the impending COVID-19 Pandemic</li> <li>c. Identify other supply needs (telecommunications, essential supplies (food &amp; Fuel, transport) and budget them accordingly and to submit to logistics &amp; supplies team, finance &amp; administration to include in State budget request.</li> </ul>		

	<p>16. Surveillance System</p> <ul style="list-style-type: none"> <li>a. Routine ILI surveillance</li> <li>b. Continue PoE screening</li> <li>c. Establish SARI screening</li> <li>d. EpiNet team to investigate suspicious clusters</li> </ul>		
	<p>17. Develop public health contact tracing team (<i>insert annex flow chart</i>)</p> <ul style="list-style-type: none"> <li>a. Create and train team who will perform the initial contact tracing of contacts of COVID-19 cases. This includes establishing a definition for close-contacts that require quarantine (<i>insert annex</i>) (might use CDC definitions for close contact and the exposure risk assessments) <i>Dr.Lyma</i></li> </ul>		
	<p>18. Pooling of additional Resources for Transportations</p> <ul style="list-style-type: none"> <li>a. Medical Evacuation within lagoon by using department boats as under: Marine Resources, Land Commission, Education, Disaster Coordination Office, Planning, Project Management Unit, Red Cross etc. Boat operators are available from respective units. Fuel and Medical team should be assigned.</li> <li>b. Surface Transport within Weno Island. Department of Education to provide its school buses with Drivers and fuel.</li> <li>c. For outer islands - private ships and FSM Patrol Boats</li> </ul>		
	<p>19. Communication Strategy</p> <ul style="list-style-type: none"> <li>a. Use of V6AK radio station, Baptist FM station, SSB radio, CB radio, Text, Cellphones</li> </ul>		

b. COV-CON 3: 1-10 cases

<b>COV-CON 3: 1-10 Suspected or Confirmed Cases</b>			
<b>Trigger:</b>			
Initial case(s) identified on Chuuk, but does not yet indicate sustained transmission (1st generation only)			
<b>Assumptions:</b>			
1) Only recent introduction of the virus with limited spread. 2) Opportunity exists to interrupt transmission with contact tracing and quarantine. 3) Isolation capability not yet exceeded.			
<b>Mission Goals:</b>			
1) Consider any alterations to current State of Emergency 2) Identify and mitigate local transmission 3) Prevent / delay additional introduction			
<b>Objectives / activities by goal:</b>		<b>Assign ed to:</b>	<b>Date Comple ted:</b>
<b>Incident command</b>	1. Conduct daily progress meetings by the DEOC and report to STEOC 2. Prepare daily situation report and distributed to key stakeholders 3. Conduct daily progress meetings by the STEOC		
<b>Identify and mitigate local transmission</b>	4. Rapidly detect of COVID-19 cases and isolate from the community		
	5. Activate Triage Protocol (for fever cases annex)		
	6. Activate Early Wave medical Staff (1 <sup>st</sup> wave of clinical team), the trained dedicated team for COVID-19 Treatment Center		
	7. Establish area for suspected cases – Person Under Investigation (PUI) at isolation facilities		
	8. Establish area for confirmed cases at assigned treatment places for isolation and treatment		
	a. Ensure COVID-19 suspected cases are identified and isolated immediately by the Screening team at the port of entry / Quarantine sites / contact tracing at communities. Hotline to be contacted. The suspect to be transported to Isolation sites		
	b. Maintain / refine the COVID-PUI reporting / testing processes. <b>To be annexed</b>		
	c. Ensure that the community understands the symptoms and risk factors for COVID-19 (i.e. travel) and how/why to quickly report for care through effective risk communication strategies		
	d. Case immediately isolated in assigned treatment / Isolation areas. Wrist band tags are assigned to each admitted patient		
	e. Ensure strict Infection and Prevention Control measures		
9. Quickly conduct contact tracing			
a. Public health contact tracing to be carried out quickly to identify the contacts and evaluate their risks based on the contact tracing guidelines and protocols for close contacts and risk assessment. <b>Protocols to be annexed</b>			
10. Implement quarantine of contacts and activate all identified			



	<p>Government quarantine facilities. Chuuk High School.</p> <ul style="list-style-type: none"> <li>a. All contacts are quarantined for 14 days from last exposure in community, at Government quarantine facility</li> </ul> <p>11. Prevent infection from occurring in healthcare settings</p> <ul style="list-style-type: none"> <li>a. Ensure appropriate IPC as described above</li> <li>b. Continue to refine / improve IPC options in the hospital</li> </ul> <p>12. Prevent introduction of COVID-19 to the Neighboring Islands (lagoon and outer islands)</p> <ul style="list-style-type: none"> <li>a. Place neighboring islands in ‘Sequestration,’ stop all travel to and from the neighboring islands (municipal leaders to implement this if lock-down and travel ban are lifted). Exceptions are for medical emergencies to Chuuk Hospital but such patients will not be allowed to get back to their islands.</li> </ul>		
<b>Prevent / delay additional introduction</b>	<p>13. Maintain travel restrictions</p> <ul style="list-style-type: none"> <li>a. Follow FSM National, State and/or Municipal Requirements where applied</li> </ul>		
	<p>14. Surveillance</p> <ul style="list-style-type: none"> <li>a. Maintain / refine Ports of Entry (PoE) screening. Implement PoE as mandated by National Government and Post-travel detection</li> <li>b. Continue ILI screening</li> <li>c. Continue SARI screening</li> <li>d. Update COVID-19 Case Definitions</li> <li>e. Create COVID-19 line list and Collect confirmed laboratory results</li> <li>f. Commence Contact Tracing – (Note: cease contact tracing if &gt;10 cases in Chuuk State)</li> <li>g. Report daily</li> </ul>		
	<p>15. Social gatherings/meetings are to be canceled or postponed</p> <ul style="list-style-type: none"> <li>a. Cancellation of Government sponsored meetings / gatherings</li> <li>b. Postponement / modification of church gatherings. This should be maintained in all future conditions</li> <li>c. Postponement of other gatherings <ul style="list-style-type: none"> <li>i. Enforce outer island travel ban (both ways), including enforcement of limited travel by the Police</li> </ul> </li> <li>d. Any traveler to Weno from outer islands (Mortlocks and Northwest islands) shall not be allowed to go back to their islands.</li> <li>e. Curfew to be in place</li> <li>f. Enforcement of social distancing in all gathering areas</li> <li>g. Closure of both essential and non-essential activities as defined by STEOC</li> </ul>		

	<p>16. Immediate implementation of COVID-19 treatment center at Chuuk High School and Gym</p> <ul style="list-style-type: none"> <li>a. Activate plans to stand-up alternate COVID-19 treatment Center</li> <li>b. Activate 2nd wave of clinical team to man expanded isolation facilities</li> </ul>		
	<p>17. All cases of respiratory illness are evaluated at COVID-19 Treatment Center</p> <ul style="list-style-type: none"> <li>a. Inform Public Health and EMS services of all respiratory infections, regardless of severity to be seen at the COVID-19 Center</li> </ul>		
	<p>18. Regardless of severity, all COVID cases are isolated at the COVID-19 Treatment Center</p> <ul style="list-style-type: none"> <li>a. This is to help limit / slow down further spread within the community</li> </ul>		
	<p>19. Shift all non-urgent services (NCD/well baby/prenatal) out of the hospital to CHC sites</p> <ul style="list-style-type: none"> <li>a. To help maximize CHC resources to provide well-patient care, while the hospital team takes urgent / emergency care at the COVID-19 Treatment Center focuses on all COVID-19 patients</li> <li>b. Implement arrangements for dispensing medicines outside of the hospital so as to minimize patients and visitors to hospital</li> </ul>		
	<p>20. Quarantine of close contacts for 14 days occurring at community managed sites</p> <ul style="list-style-type: none"> <li>a. Community quarantine sites set-up for each municipality with collaboration from Chuuk Community Health Centre (CCHC) to provide twice a day monitoring</li> <li>b. Governmental quarantine at selected school facilities. Once a person in quarantine is found to have symptoms, they are referred to the COVID-19 Treatment Center for evaluation</li> </ul>		
	<p>21. Stop all travel to and from lagoon and outer islands but allow medevac boats only</p>		
	<p>22. Continue Post-Travel Detection</p> <ul style="list-style-type: none"> <li>a. Encourage traveler awareness of COVID-19 symptoms and how to engage the healthcare system safely <ul style="list-style-type: none"> <li>i. Provide traveler health alert notifications to all in-bound passengers with information on how to contact the health department if they have symptoms of COVID-19</li> </ul> </li> <li>b. Ensure provider awareness of case definition of PUI criteria <ul style="list-style-type: none"> <li>j. Provide daily update at DEOC on current PUI criteria and current PUI status</li> </ul> </li> <li>c. Establish clear process for PUI reporting <ul style="list-style-type: none"> <li>k. Develop flowchart of PUI reporting to all healthcare providers for posting in clinics</li> </ul> </li> </ul>		

	23. Management of deceased a. Create protocols and train health care team in terms of managing the deceased ( <b>attach annex Morgue Protocol</b> )		
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c. COV-CON 2: >10-100 cases

<b>COV-CON 2: &gt;10 – 100 Suspected or Confirmed Cases</b>				
<b>Trigger:</b>				
<b>Any of the following</b> 1) Second generation transmission (cases identified in persons who contacts of contacts) 2) Three or more unrelated cases detected on Chuuk 3) Identified isolation capacity overwhelmed 4) Governor’s Degree				
<b>Assumptions:</b>				
1) Transmission of the virus is now established on Chuuk main land. 2) Isolation and quarantine are unlikely to stop transmission but can slow the spread of the illness. 3) Isolation capacity is exceeded, making the ability to safely manage COVID-19 patients at DHS impossible 4) Need to maintain COVID-19 management to site away from Hospital to prevent hospital-associated infections and allow the Hospital for its continued service delivery.				
<b>Mission Goals:</b>				
1) Maximize use of limited resources 2) Slow transmission in the community 3) Care for cases of COVID-19 4) Prevent infections occurring in healthcare settings 5) Maintain services for other urgent health conditions at DHS 6) Prevent spread to the Neighboring Islands				
<b>Objectives / activities by goal:</b>			<b>Assi gned to:</b>	<b>Date Comp leted:</b>
<b>Incident command</b>	1. Conduct daily progress meetings by the DEOC and report to STEOC 2. Prepare daily situation report and distributed to key stakeholders 3. Conduct daily progress meetings by the STEOC			
<b>Maximize use of limited resources</b>	4. Stop PoE screening 5. Stop contact tracing			
	6. Surveillance a. Stop contact tracing b. Establish COVID-19 surveillance system i. Update case definitions and continue SARI screening			

	<ul style="list-style-type: none"> <li>ii. Continue COVID-19 line list and Collect confirmed laboratory results</li> <li>iii. Collect data on hospitalized and serious cases</li> <li>iv. Numbers of HCW affected by COVID-19</li> <li>v. Deaths in hospital and in the community</li> <li>vi. Laboratory testing of all suspected cases</li> </ul>		
<p><b>Slow transmission in the community</b></p>	<p>7. All Social gatherings / meetings are canceled or postponed</p> <ul style="list-style-type: none"> <li>i. Cancellation of government sponsored meetings/gatherings</li> <li>ii. Postponement/modification of church gatherings</li> <li>iii. Postponement of other gatherings</li> </ul>		
	<ul style="list-style-type: none"> <li>b. Enforce outer island travel ban (both ways), including enforcement of limited travel by the Police</li> <li>c. Any traveler to Weno from outer islands (Mortlocks and Northwest islands) shall not be allowed to go back to their islands. (move up to condition 3)</li> </ul>		
	<p>Note: b) should be maintained in this condition 2.</p>		
	<p>8. Immediate implementation of COVID-19 treatment center – Chuuk High School</p>		
	<ul style="list-style-type: none"> <li>a. Activate plans to stand-up alternate COVID treatment Center (see attached do-outs for initial planning considerations)</li> <li>b. Activate 2nd wave of clinical staff to man expanded isolation facilities</li> </ul>		
	<p>9. All cases of respiratory illness evaluated at COVID Treatment Center</p>		
	<ul style="list-style-type: none"> <li>a. Inform public and all EMS services of all respiratory infections, regardless of severity to be seen at the COVID Center</li> </ul>		
	<p>10. Regardless of severity, all COVID cases are isolated at the COVID Treatment Center</p> <ul style="list-style-type: none"> <li>a. This is to help limit/slow further spread within the community</li> </ul>		
	<p>11. Shift of non-urgent services (NCD/well baby/prenatal) out of the hospital to CHC sites</p>		
	<ul style="list-style-type: none"> <li>a. To help maximize CHC resources to provide well-patient care, while the hospital takes urgent/emergent care and the COVID Treatment Center focuses on all COVID patients</li> <li>b. Implement program for pharmacy outside hospital to minimize visits to hospital</li> </ul>		
	<p>12. Quarantine of close contacts for 14 days occurring at community managed sites</p> <ul style="list-style-type: none"> <li>a. Community quarantine sites set-up for each municipality with collaboration from CHCC to provide twice a day monitoring</li> <li>b. Governmental quarantine at selected school facilities</li> <li>c. Once a person in quarantine is found to have symptoms, they are referred to the COVID Treatment Center for evaluation</li> </ul>		
	<p>13. Stop all travel to neighboring islands. but allow medevac boats</p>		

d. COV-CON 1: >100 cases

**COV-CON 1: >100 cases (widespread transmission on lagoon islands)**

**Trigger:**

Any of the following

- 1) Cases identified in four or more municipalities
- 2) Governor’s Decree

**Assumptions:**

- Widespread transmission now occurring in Chuuk Lagoon.
- Efforts to slow transmission using strict isolation and quarantine are no longer worthwhile in Chuuk Lagoon.
- Priority shifts to managing severe cases in the hospital, advise on home isolation and social distancing in Chuuk Lagoon.

**Mission Goals:**

- 1) Shift focus to management of severe cases
- 2) Reprioritize resources away from quarantine activities
- 3) Mandate social-distancing
- 4) Continue to prevent spread to outer islands

**Objectives/activities by goal:**

	<b>Assigned to:</b>	<b>Date Completed:</b>
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	<b>Assigned to:</b>	<b>Date Completed:</b>
Incident command	1. Conduct daily progress meetings and report to the STEOC 2. Daily situation report distributed to key stakeholders	
Shift focus to management of severe cases	3. Based on current census at COVID Treatment Center, consider shifting to home isolation so as to manage of milder cases (out of COVID Treatment Center)	
Reprioritize resources away from quarantine activities	4. Stop quarantine activities (all persons currently in quarantine are allowed to leave)	
Surveillance	5. Surveillance <ol style="list-style-type: none"> <li>a. Prioritize laboratory testing to persons with symptoms</li> <li>b. Implement sentinel testing (i.e. first five ILI cases presenting to hospital on a Monday morning at outpatient clinic)</li> <li>c. Numbers of deaths – hospital and community</li> <li>d. Numbers by clinical diagnosis – need to create case definition</li> <li>e. Continue routine ILI surveillance</li> </ol>	
Mandate social	6. Continue Shutdown non-essential government activities and release non-essential staff	

distancing	7. Encourage Families to ‘shelter-at-home’ (Stay at home unless illness or needs for necessities are required)		
	8. Police to enforce only essential travel and stay at home orders in Chuuk Main Island		
	9. Continue to limit travel to neighboring islands ( )		
	10. If urgent need: consider cargo-only run with skeletal staff and no interaction between crew and island (but only if people are starving in the islands)		

## COV-CON 1B: >100 cases (widespread transmission throughout Chuuk State)

### Trigger:

#### Any of the following

- 1) Cases identified in throughout Chuuk State
- 2) Governor’s Decree

### Assumptions:

- 1) Sequestration of the neighboring islands failed to prevent introduction.
- 2) Transmission is now occurring in the outer islands.
- 3) Once a neighboring island has cases, travel between that island and Chuuk Main Island can be reinstated.

### Mission Goals:

- 1) Continue management of severe cases
- 2) Support neighboring islands in managing cases
- 3) Continue isolation and social distancing efforts to slow spread

### Objectives / activities by goal:

	Assi gned to:	Date Comp leted:
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Incident command	<ol style="list-style-type: none"> <li>1. Conduct daily progress meetings and report to the STEOC</li> <li>2. Daily situation report distributed to key stakeholders</li> </ol>		
Continue management of severe cases	<ol style="list-style-type: none"> <li>3. Continue the COVID-19 Treatment Center for severe cases</li> </ol>		
Surveillance	<ol style="list-style-type: none"> <li>4. Surveillance               <ol style="list-style-type: none"> <li>a. Prioritize laboratory testing to persons with symptoms</li> <li>b. Implement sentinel testing (i.e. first five ILI cases presenting to hospital on a Monday morning at outpatient clinic)</li> <li>c. Numbers of deaths – hospital and community</li> <li>d. Numbers by clinical diagnosis – need to create case definition</li> </ol> </li> </ol>		

	e. Continue routine ILI surveillance		
Support neighboring islands in managing cases	<p>5. Evaluated on a case-by-case basis: medevac of severe cases to Chuuk (consider: current census / capability at COVID-19 Treatment Center; ability to decontaminate plane; severity and prognosis of the case; treatment success rate of severe cases at COVID -19 Treatment Center)</p> <p>6. Re-instate travel to neighboring islands if they have identified cases</p>		
Continue isolation and social distancing efforts to slow spread	<p>7. Continue Shutdown non-essential government activities and release non-essential staff</p> <p>8. Encourage Families to ‘shelter-at-home’ (Stay at home unless illness or needs for necessities are required)</p> <p>9. Police to enforce only essential travel and stay at home orders in Chuuk Main Island</p> <p>10. Continue to limit travel to neighboring islands</p> <p style="padding-left: 40px;">a. Lockdown measures of uninfected island(s) (Lockdown measures by each Municipality)</p> <p>11. If urgent need: consider cargo-only run with skeletal staff and no interaction between crew and island (but only if people are starving in the islands)</p>		

### 3. Recovery and return to normal

Thirty (30) days after the last case is confirmed, Chuuk 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