



NUS PANDEMIC PLAN

Preparedness and Response Plan 2020/2021



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Signed:

VICE CHANCELLOR/PRESIDENT



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1. INTRODUCTION

1.1 Background

Pandemic: A Worldwide Outbreak of an Infectious Disease

A pandemic is a global outbreak of a disease that occurs when a new virus appears or “emerges” in the human population, which causes serious illness, and then spreads easily from person to person worldwide. Pandemics are different from seasonal outbreaks or “epidemics” of influenza for example. Seasonal outbreaks are caused by subtypes of influenza viruses that are already in existence among people, whereas pandemic outbreaks are caused by new subtypes or by subtypes that have never circulated among people or that have not circulated among people for a long time. Past influenza pandemics have led to high levels of illness, death, social disruption, and economic loss.

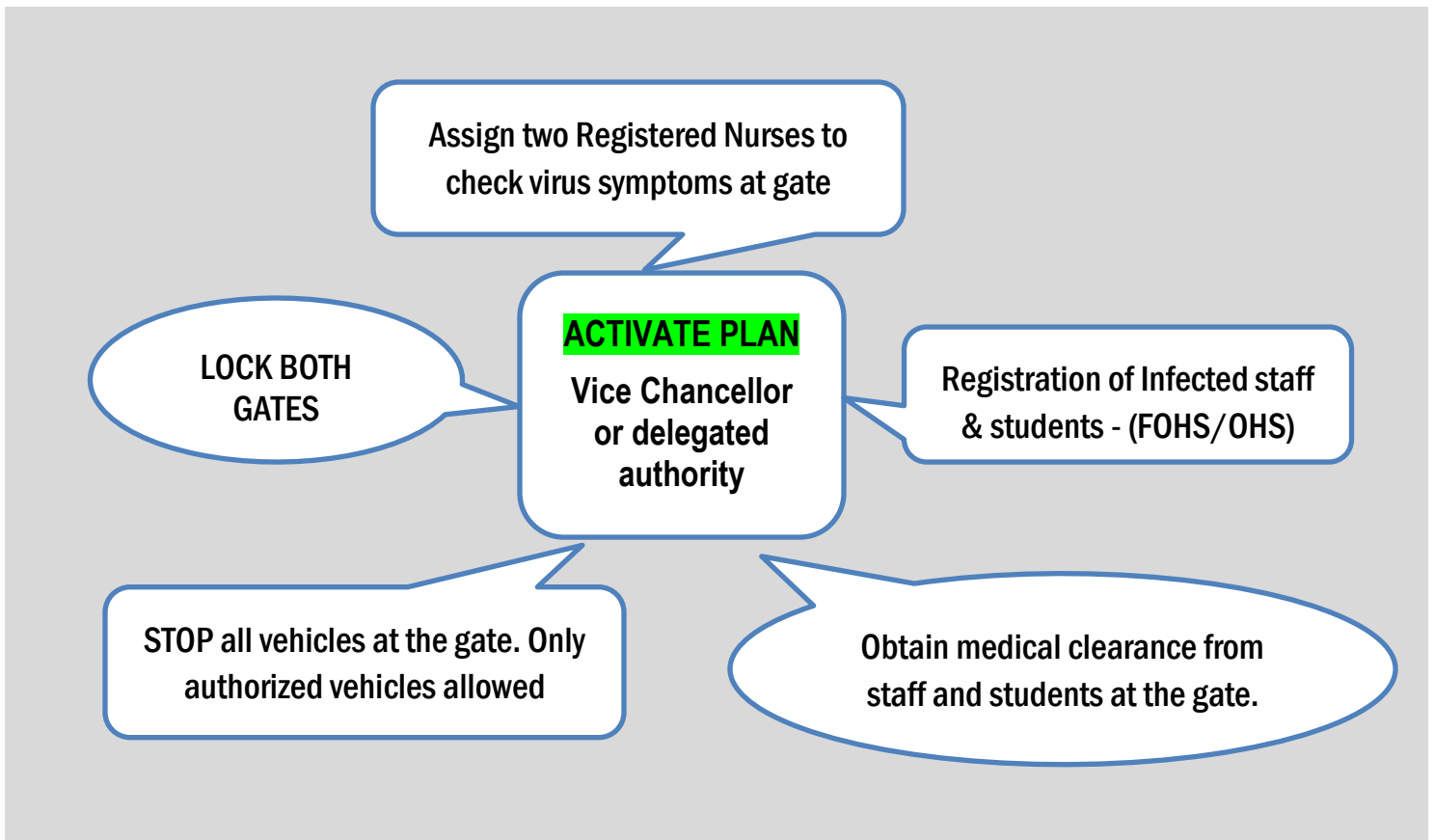
1.2 Phases of a Pandemic

Phase	Definition
Phase 1	No new virus subtypes have been detected in humans. However, a circulating animal virus subtype poses a substantial risk of human disease.
Phase 2	No new virus subtypes have been detected in humans. A virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).
Phase 6	Pandemic: increased and sustained transmission in general population.



2. ACTION PLAN

Colleges and universities will be essential partners in protecting the public's health and safety when a pandemic occurs. At the onset of a pandemic, public health officials will determine the severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be cared for in a hospital. However, most people with the virus will be safely cared for at home. Community mitigation recommendations will be based on the severity of the pandemic and may include the following:



- a) Ask unwell people to voluntarily remain at home and not to come to work or go out into the community for about 14 days or until they are well and can no longer spread the infection to others.
- *(ill individuals may be treated with the medically prescribed medications, as deemed appropriate by health care providers or public health officials, if these medications are effective and available).*



- b) Asking members of households with a person who is ill to voluntarily remain at home for about 14 days
 - *(Household members may also be provided with antiviral medications, as deemed appropriate by health care providers or public health officials, if these medications are effective and available).*
- c) At the direction of Ministry of Health Authorities, the Vice Chancellor or a delegated member(s) of the NUS Emergency Planning Team (NUSEPT), campus may be closed and students may be asked to stay away for up to 12 weeks, while classes may be offered online through the Moodle platform or Google classroom, coupled with protecting students, faculty and staff through social distancing in the community to include reductions of out-of-school social contacts and community mixing.
- d) Recommending social distancing of all campus community members, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services; and ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.
- e) All such community-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette, mask and other appropriate preventative actions

3. Purpose

The National University of Samoa has developed this institutional guide to assist in the reduction of a pandemic virus spread within the university community. The plan also serves to provide a framework for the University to work together with public health authorities to reduce the disease morbidity, mortality, and social disruption which would result from a pandemic outbreak. Our National University will follow recommendations and directives from governmental authorities such as the Ministry of Health (MOH, National Emergency Operational Centre (NEOC), Disaster Management Plan (DMO) and the World Health Organization (WHO)



4. Scope and Applicability

Our plan is designed to outline the duties of various departments that would have special responsibilities to supplement the NUS **Disaster Management Plan (DMP)** in the event of a pandemic outbreak on campus. Additionally, the plan focuses on pre-event planning activities. A coordinated response from all involved departments is essential.

5. Authorities

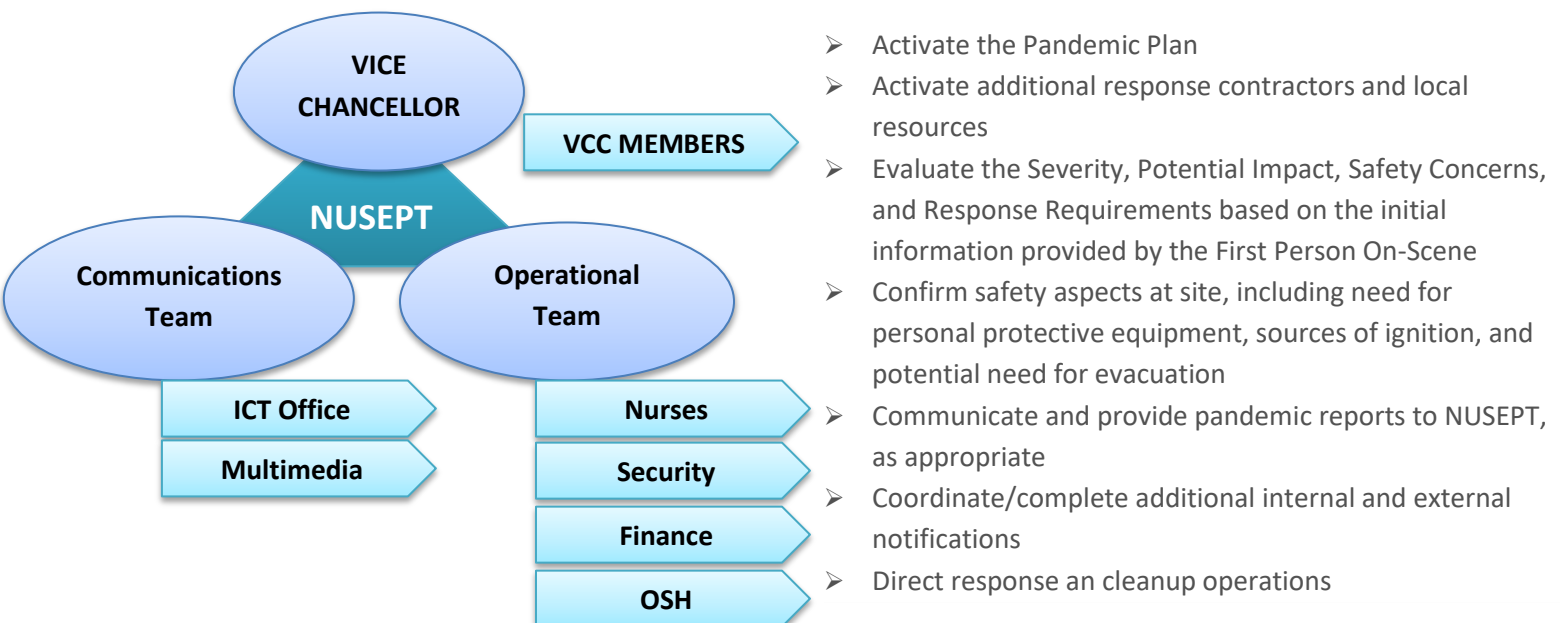
The National University of Samoa Pandemic Preparedness and Response Plan is written based on guidance from the Ministry of Health, and the World Health Organization.

The overall authority for direction and control, within the university, of the response to a pandemic illness outbreak rests with the NUS Emergency Planning Team (NUSEPT) chaired by the Vice Chancellor.

This plan is consistent with the overall DMP and follows the same chain of command. Before or during a pandemic illness outbreak, the NUS Emergency Planning Team (NUSEPT) can initiate any portion of the DMP, at any time and will be in overall command of plan operations. The level of plan activation will be determined by Campus Emergency Planning Team officials with the guidance and direction of Ministry of Health (MOH), National Emergency Operational Centre authorities (NEOC) and Government Advisory Committee Chaired by the Prime Minister of Samoa.

6. Members of NUS Emergency Planning Team

The NUS Emergency Response Team (NUSERT) is responsible for creating, implementing, updating and maintaining an appropriate plan of action. Members of the NUSEPT consist of the Vice Chancellor, Deans and Directors, Managers and Campus Managers. The NUS emergency response team is dedicated to maintaining a safe environment for its students and staff.





7. Plan Goals and Objectives

a) Ensure optimal coordination, decision-making, and communication between internal departments as well as with local health authorities.
b) Keep our community and families educated and informed.
c) Implement measures to decrease the spread of disease among the NUS community, thus protecting the health and safety of students, employees and their families.
d) Maintain continuity of essential operations during any period when students are sent home.
e) Maintain financial viability despite possible campus evacuation of students
f) Preserve human life

8. PLANNING CONSIDERATIONS

8.1 Situation

NUS main campus houses approximately 1,300 students and employs over 400 faculty and staff. A pandemic illness outbreak presents a real threat to any University campus, with our residence halls, classrooms, cafeterias, and other large gatherings of individuals in close contact with one another. The outbreak may be localized or widespread. Preparedness, planning, training and exercises are our only defense and are the focus of emergency plans. A pandemic illness outbreak will require the interactions and collaboration of university community members, education sector, and health agencies and personnel depending on the scope of the outbreak. Planning for a prolonged period of student dismissal will help the university to plan for alternate ways to provide continued instruction and services for students and staff. Even if students are dismissed from classes, the university may remain open during a pandemic and may continue to provide services to students who must remain on campus and provide lessons and other services to off-campus students via Internet or other technologies. Some students, particularly international students, may not be able to rapidly relocate during a pandemic and may need to remain on campus for some period. They would continue to need essential services from the university during that time.

These preparedness efforts will be beneficial to our school, staff, students, and the community, regardless of the severity of the pandemic.



8.2 Assumptions

a) A pandemic is a public health emergency that has political, social, and economic dimensions and will be governed by factors that cannot be fully known in advance.
b) The Occupational Health and Safety Manager will provide members of the NUS community with updates and directives from the Ministry of Health (MOH) and National Emergency Operational Centre (NEOC)
c) Nationwide, a pandemic could last up to several years with several peak waves of activity. A pandemic wave in an affected community would typically last six to eight weeks.
d) University operations may be interrupted for up to twelve weeks.
e) Dismissing students for up to 12 weeks will have educational implications.
f) Many students, faculty and staff may become ill. Increased absenteeism can be expected during a pandemic illness outbreak. Rates of absenteeism will vary based on the severity of the pandemic, but could be as high as 50% of the student population and/or workforce.
g) Non-medical containment measures, such as social isolation, will be the principle means of disease control until vaccinations are available.
h) Students exhibiting symptoms of influenza-like illness will return home if possible. Those students not living within driving distance will be asked to self-isolate in their rooms.
i) Vaccinations and treatment with antiviral medications are anticipated to be the most effective medical intervention, but they may be unavailable or in limited supply during the first wave of a pandemic.

9 Plan Organization

This plan describes coordination between departments and decision making within the University as well as coordination with local public health officials.

The Appendices describe activities of the primary and support elements needed for effective response. They contain contact lists and planning checklists.

9.1 Plan Development

The Pandemic Preparedness and Response Plan is based on instruction and guidance provided by the Health Services, DMO and NEOC.

9.2 Plan Activation

The plan is activated at the discretion of the Vice Chancellor and NUSEPT officials and/or at the instruction of the MOH and NEOC.



DIRECTION AND CONTROL
Upon activation of the plan, the Vice Chancellor Committee (VCC) and NUSEPT Officials shall be responsible for the overall command and control of emergency operations related to the plan. The Dean of Students, as well as the Directors of Sections, Vice Chancellor and OHS Office will be key points of contact during an event. NUS response will be supported and largely directed by the official government agencies that will provide surveillance on the pandemic, public health advisories, emergency management updates, vaccine and resource information, and the pandemic severity index.
INCIDENT MANAGEMENT ACTIVITIES
An Incident Command System (ICS) will be followed in response to any public health emergency. The plan fully supports and complies with the National Incident Management System (NIMS) in preparing for and responding to an emergency.
ROLES AND RESPONSIBILITIES
National University of Samoa plays an integral role in protecting the health and safety of students, employees and their families. University departments and their personnel may be assigned duties during an emergency that are different from those performed routinely. (Refer Part six, page four)
COMMUNICATION
NUSEPT will communicate directly to staff and students through any kind of social media eg. Facebook, messenger, whatsapp, email and viber.
CONCEPT OF OPERATIONS
NUS Pandemic Preparedness and Response Plan is a dynamic document. The plan is on-going and specific components can be executed based on the scenario presenting itself and the level of event severity.
CONTINUITY OF OPERATIONS
During a pandemic event, it is essential that the University operations continue to function at a level sufficient to perform necessary operations regardless of the absence of any critical personnel. The University has mechanisms in place for continuing academic operations utilizing various on-line technologies including Blackboard. NUS Campus Emergency Operations Plan (CEOP) contains a Continuity of Operations (COOP) annex which outlines procedures to assure that NUS employees and students are safe and essential operations can be continued even during emergencies.
RECOVERY
Recovery is the development, coordination, and execution of service and site restoration plans. Recovery involves actions needed to help the University return to a normal service level and to help campus community members return to normal when feasible. Recovery efforts shall be the responsibility of the University under the guidance of the Vice Chancellor and NUS Emergency Planning Team (NUSEPT). Depending on the magnitude of the situation, internal efforts may be supplemented with assistance from the MOH and/or NEOC.
PLAN MAINTENANCE, REVIEW, AND UPDATE
The National University of Samoa Pandemic Preparedness and Response Plan will be reviewed and updated at least annually by the Occupational Health and Safety Officer and NUS Emergency Planning Team (NUSEPT).



Other Sources:

- The Pandemic Flu Planning Checklist for Colleges and Universities describes approaches to school planning for a pandemic and can be found at <https://www2.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html>. https://www.who.int/influenza/resources/pip_framework/en/
- Recommendations for implementation of pandemic mitigation strategies are available at www.pandemicflu.gov and reliable, accurate, and timely information on the status and severity of a pandemic will also be posted on this site.



Refer to the Appendices of this plan for specific and detailed planning information

Appendix 1: Stats of Measles Virus Outbreak in Samoa.

The 2019 Samoa measles outbreak began in September 2019. As of 6 January 2020, there were 5,697 confirmed cases of measles and 83 deaths, out of a Samoan population of 200,874. Over two percent of the population has been infected.

A state of emergency was declared on 17 November, ordering the closure of all schools, keeping children under 17 away from public events, and making vaccination mandatory.

On 2 December 2019, the government imposed a curfew and cancelled all Christmas celebrations and public gatherings. All unvaccinated families have been ordered to display a red flag or cloth in front of their homes to warn others and to aid mass vaccination efforts. Some families added messages like "Help!" or "I want to live!"

On 5 and 6 December, the government shut down everything other than public utilities to move all civil servants over to the vaccination campaign. This curfew was lifted on 7 December when the government estimated that 90% of the population was reached by the vaccination program.

On 14 December, the state of emergency was extended to 29 December. Samoan anti-vaccination activist Edwin Tamasese was arrested and charged with "incitement against a government order".

As of 22 December, an estimated 94% of the eligible population had been vaccinated.

DISEASE		MEASLES
VIRUS STRAIN		D8 strain (genotype) of measles virus
FIRST CASE		30 September 2019
DATES		30 September 2019 – ongoing
DEATHS		83
CONFIRMED CASES		5,707



Appendix 2: Worldwide Stats on Corona Virus (COVID-19) Pandemic.

In December 2020, the first cases of the coronavirus were reported in Wuhan province in China. As of 28 February 2020, 78,927 people have been infected with 2,790 of them dead. The coronavirus has been identified as Covid-19, It causes respiratory tract infections and in severe cases leads to pneumonia or bronchitis. It is easily transmitted from human to human via touching of infected surfaces touched by an infected person, by shaking hands or kissing the cheek or lips of an infected person. Through an infected person's cough droplets or misty sneeze.

Today the disease has spread to the following countries: Italy, Thailand, Republic of Korea, Hong Kong, Taiwan, Malaysia, Macau, United Arab States, Singapore, Japan, Ireland, France, Iran, USA, Australia, Mexico, Ecuador, Brazil, Algeria, Egypt, Nigeria, Croatia, Greece, Norway, Switzerland, Georgia, North Macedonia and NZ. About 50 countries have reported confirmed cases of the Coronavirus with more than 7,000 cases of infections.

(Source: BBC website)

DISEASE		CORONAVIRUS
VIRUS STRAIN		Covid-19
FIRST CASE		December 2019 in Wuhan Province, China
DATES		December 2019 – ongoing
DEATHS		In Samoa as at 2 March 2020: 0
CONFIRMED CASES		In Samoa as at 2 March 2020; 0