UNIVERSITY of HAWAI'I®

MAUI COLLEGE

Pandemic Response Plan

April 2009

Updated February 2020

Promulgation of the University of Hawai'i Maui College Pandemic Response Plan

As the Chancellor for the University of Hawai'i Maui College (UHMC), by virtue of the authority vested in me, I approve this Pandemic Response Plan and as the administrator ultimately responsible for Emergency Management (EM) on campus, I hereby promulgate and issue this updated UHMC Pandemic Response Plan dated February 24, 2020. This plan provides for a response to any pandemic, including and in conjunction with the direction of local, state, or federal public health authority which may alter strategies that are outlined in this plan.

This plan falls under the authority of UHMC Emergency Management Plan This emergency response planning is based on the National Incident Management System (NIMS), a standard model throughout the United States and the Incident Command System (ICS), the management structure adopted by first responders at UH. NIMS contains flexible and functional positions for each critical operation of the University during any emergency.UHMC response to emergencies and disasters in order to save lives; to protect public health, safety, and property; to restore essential campus services; and to enable and assist with economic recovery.

The purpose of this plan is to provide guidance in preparing for, identifying, and responding to pandemic influenza that affects the UHMC. The objectives of this plan are to reduce the morbidity, mortality, and social and economic disruption caused by an outbreak of influenza on the students, staff, and faculty of the UHMC community.

This plan provides a framework for pandemic influenza preparedness and response activities and serves as a foundation for further planning, drills, and emergency preparedness activities. Pandemic influenza will pose unique and long-standing challenges not common to other disasters. The goal of pandemic influenza preparedness and response is to limit the spread of the virus; to minimize serious illness, hospitalizations, and death; to sustain critical infrastructure; and to minimize social disruption as a result of pandemic influenza.

The overall objective is to respond to emergency conditions and manage the process of restoring University academic programs and special services. This plan is limited to preparedness and response for the UHMC campus.

This Promulgation shall be effective upon its signing and shall remain in full force and effect until amended or rescinded by further promulgation.

Given under my hand and under the Seal of the UHMC, this date 24th of Feburary 2020.

Lui K. Hokoana

Lui Hokoana
University of Hawai'i Maui College Chancellor

TABLE OF CONTENTS

RECORD OF CHANGES

The changes implemented through the current year will be highlighted in the chart below. All other previous year changes will be kept on file in the Campus Security Office.

CHANGE PAGE	DATE OF CHANGE	AUTHORIZED BY	DESCRIPTION
Entire Document	02/20/2020	Denise Cohen/ Angela Gannon	Entire pandemic influenza document has been reviewed and updated to encompass any pandemic from it's 2009 status

RECORD OF ANNUAL REVIEW

DATE OF REVIEW	REVIEWED BY
02/20/2020	Angela Gannon, Denise Cohen

1.0 Authority, Purpose & Scope, Situation and Planning Assumptions

This plan has been approved by the University of Hawai‘i Maui College (UHMC) Chancellor, Vice Chancellor for Student Affairs, and Vice Chancellor for Administration and was developed by the Department of Campus Safety and Allied Health Campus Health Center. During a response to any pandemic, the direction of local, state, or federal public health authority may alter strategies that are outlined in this plan.

This plan falls under the authority of UHMC Emergency Management Plan This emergency response planning is based on the National Incident Management System (NIMS), a standard model throughout the United States and the Incident Command System (ICS), the management structure adopted by first responders at UH. NIMS contains flexible and functional positions for each critical operation of the University during any emergency.

1.1 Purpose and Scope

The purpose of the (UHMC) pandemic plan is to provide guidance in caring for, identifying, and responding to a pandemic situation that affects the University of Hawai‘i Maui College. The objectives of this plan are to reduce morbidity, mortality, and social and economic disruption caused by an outbreak of disease on the students, staff, and faculty of the UHMC Ohana. This plan provides a framework for pandemic disease preparedness and response activities and serves as a foundation for further planning, drills and emergency preparedness activities.
Any pandemic disease will pose unique and long-standing challenges not common to other disasters. The goal of pandemic planning is to limit the spread of disease, to minimize serious illness, hospitalizations, and death; to sustain critical infrastructure; and to minimize social disruption in Hawai‘i as a result of a pandemic.

1.2 What is a Pandemic

The word “pandemic” stems from the Greek words “pan” (meaning “all”) and “demos” (meaning “people”). Thus, a pandemic is a widespread infectious disease, bacteria, or virus that sickens a large number of people worldwide. When a disease or illness is isolated to one region or country, it’s called an “epidemic.”

Throughout history, humans have experienced a number of pandemics, some of which have killed tens of millions of people. These pandemics include influenza, cholera, bubonic plague, smallpox, measles, yellow fever, tuberculosis, malaria, and Ebola.

In December 2019 an outbreak of respiratory illness caused by a novel coronavirus (covid19) was initially detected in Wuhan City, Hubei Province, China. Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to Severe Acute Respiratory Syndrome (SARS-CoV) or Middle East Respiratory Syndrome (MERS-CoV). A novel coronavirus is a new strain not previously identified in humans.

The influenza virus has been the cause of many pandemics. In 1918, a strain of the virus called the “Spanish flu” swept the world. The Centers for Disease Control (CDC) estimates that this virus sickened up to one-third of the world’s population (around 500 million people) and killed more than 50 million people. Some died within hours of symptom onset. Influenza (flu) epidemics that occur nearly every year are important events. Influenza is a respiratory illness to which hundreds of thousands of people

succumb each year. Duration of typical primary influenza illness is about one week and is characterized by an abrupt onset of fever, muscle aches, sore throat, and nonproductive cough. Occasionally, severe malaise and cough can persist for several days or weeks. Serious complications leading to hospitalization and even death can develop in the elderly, the very young, and those with chronic diseases, such as diabetes or heart, lung, or other immunocompromising disease.

1.3 Pandemic Phases

The World Health Organization (WHO) has designated four periods of the pandemic episode with six identified phases. They are as listed below:

1.3.1 Interpandemic Period

Phase 1: Risk of human infection with animal virus is considered low. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals.

Phase 2: Animal virus poses threat. No new influenza virus subtypes or other diseases have been detected in humans. However, a circulating animal influenza or other disease virus subtype poses a substantial risk of human disease.

1.3.2 Pandemic Alert Period

Phase 3: Human infection with new subtype but minimal human-to-human transmission, or at most, rare instances of spread to a close contact.

Phase 4: Small clusters of human-to-human transmission, highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Larger clusters of human-to-human transmission, but still highly localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

1.3. 3 Pandemic Period

Phase 6: Increased and sustained transmission in the general population.

1.3.4 Post-Pandemic Period

Return to Interpandemic Period.

1.4 Why do we need to prepare for it?

Communities need to prepare for a pandemic because if a human-to-human transmission is identified, it has the potential to spread very quickly. A new variation of influenza strain or a novel coronavirus have the ability to significantly disrupt normal college functions for a period of two to four weeks or up to several months, and may require closure of on-campus housing and college operations. The college community is taking aggressive steps now to prepare for the potential of such a pandemic in the best interest of minimizing the risk of exposure among faculty, staff and students.

1.5 What can you do to avoid exposure?

Avoid being around others who are at risk for exposure. As a outbreak/epidemic/pandemic emerges, do not kiss, hug, shake hands or come in close contact with others, particularly in large gatherings. Wash your hands frequently with hot water and soap, for a total of 20 seconds; if hot water is not available any water is good; if water is not available use hand sanitizer with 60% alcohol content, especially if you suspect that you may have been exposed. Avoid persons with symptoms of cold or flu such as persons coughing or sneezing. Check your temperature regularly for several days after you suspect possible exposure and, should your temperature rise, see a physician immediately. Obtain an annual flu shot. This is recommended so as not to confuse symptoms of influenza with novel coronaviruses.

1.6 What will the college do in the event of a Pandemic?

Should an outbreak occur, the college will begin to activate its emergency response plan. Steps will be taken to:

- Maintain constant contact with the State Civil Defense, Department of Health, County of Maui and University of Hawaii System Offices. These agencies will disseminate information and implement actions accordingly.
- Help faculty, staff and students get home safely before national and international travel restrictions begin;
- Maintain a reduced level of key campus operations through remote or online interaction; implement on-campus wages and other payments through direct deposit and other electronic means; and
- Communicate contingencies if phone or internet access becomes bogged down as a result of increased activity.
- Finally, and once the outbreak has been controlled, the university will begin its recovery process.

The specific phases of the pandemic events are outlined in section 3.0 and the detail of activities preparations for each phase are identified in section 4.0 (attachment 1).

1.7 Planning Assumptions for pandemic influenza and other potential pandemic diseases

1. Seasonal influenza vaccination may or may not offer some level of protection against a novel pandemic influenza strain. Influenza vaccine will not offer protection for any Coronavirus infection although it is recommended to obtain one to differentiate between flu and coronavirus infection.
2. It is highly unlikely that the most effective tool for mitigating a pandemic (a well-matched vaccine) will be available when a pandemic begins.
3. The time from a candidate vaccine strain to the production of the first vaccine dosage could be six months or more for novel influenza and years

for coronavirus.

4. Once a vaccine is available, it may take five months to produce an adequate supply of vaccine for the entire U.S. population (currently production capacity is approximately five million doses per week).
5. Two doses of vaccine administered 30 days apart may be required to develop immunity to a novel virus.
6. There is a limited supply of antiviral medications. Antiviral distribution to states will occur through the Strategic National Stockpile.
7. Non-medical containment measures will be the principal means of disease control until adequate supplies of vaccines and/or antiviral medications are available.
8. The novel influenza virus or coronavirus may initially be spread by human-to-human contact with people in Hawai‘i, or by people entering the state and already contagious with the virus. It is suspected that asymptomatic individuals for both influenza and coronavirus have the ability to spread disease despite having no symptoms.
9. Multiple waves of illness are likely to occur - each wave may last six to eight weeks for influenza virus and is unknown for coronavirus if the disease comes in waves.
10. Pandemic influenza may severely affect even otherwise healthy individuals in all age groups, and will limit or degrade the response capabilities of all levels of government. Pandemic coronavirus has an increased severe affect to older (> 50 years) people, males, and individuals with comorbidities (such as asthma, high blood pressure, diabetes), and is mostly asymptomatic or mild symptoms in children (< 15 years).
11. Persons who become will shed virus and may transmit virus up to one day previous to the onset of influenza disease. A symptomatic disease of coronavirus is driving disease spread. It is unclear how many days prior to onset of disease the individual is infectious. Persons who are ill may shed virus up to five to six days after onset for influenza and it is unknown how long for coronavirus.
12. Those exposed and infected with influenza exhibit symptoms in about two days, however it could take anywhere between one and four days. Those infected with coronavirus may exhibit symptoms between 2-14 days with the average being 5.2 days.
13. Systematic application of disease control measures can significantly reduce the disease transmission rates with accompanying reductions in the intensity and velocity of pandemic influenza or novel coronavirus.

14. Control and monitoring of any pandemic disease such as influenza or novel coronavirus will involve many state and federal agencies, not just those associated with public health activities.
15. Some individuals may not believe the reality of the threat posed by a pandemic influenza or a coronavirus incident, and may take actions counterproductive to the government process to quarantine, control and treat infected people with the disease. Health education will be needed on multiple levels and at multiple points to achieve full cooperation.
16. Over the course of the pandemic, up to 50 percent of the work force may be absent due to illness, caretaking responsibilities, fear of contagion, loss of public transportation, or public health control measures.
17. The health impact of a pandemic event will be great. Up to 25-35% of the population may become ill in a major pandemic influenza. Rates of influenza-related hospitalizations and deaths may vary substantially from year to year. Estimates based on past pandemic influenza events indicate that 0.01-8% of the population may be hospitalized and 0.001-1% of the population may die. It is unknown at this time the effect of the current outbreak of Covid19 will have on the world population.
18. There will likely be critical shortages of healthcare resources such as pharmaceuticals, personal protective equipment (such as masks, gowns, etc), vaccine (once developed), staffed hospital beds, healthcare workers, mechanical ventilators, morgue capacity, and temporary refrigerated holding sites.
19. Pandemic disease will severely affect local and state economies, as well as intrastate, interstate, and international travel and commerce.
20. Any pandemic disease may result in long-term and costly emergency response operations.
21. Pandemic disease may cause stress and/or emotional trauma.
22. Disseminating timely, consistent, and accurate information to public and private sector stakeholders, the media, and the general public is one of the most critical facets of pandemic disease preparedness and response.
23. Individuals with the highest risk for serious influenza complications include; older people, young children and people with certain health conditions. Individuals at highest risk for coronavirus complications are older male smokers (recent 2020 data from China sources) with comorbidities such as diabetes, heart disease, high blood pressure and asthma.

2.0 Concept of Operations

The University of Hawai‘i Maui College conducts emergency response operations using the National Incident Management System (NIMS) and the Incident Command System (ICS) models. NIMS and ICS provide a consistent nationwide mechanism designed to assist all government, private sector, and nongovernmental organizations in working together during incidents when necessary. More information and education regarding NIMS and ICS can be found at the Federal Emergency Management Association's (FEMA) Emergency Management Institute (EMI) website at http://training.fema.gov/EMI/.

The clinical director of the UHMC Campus Health Center (currently Denise Cohen) serves in a health advisory role for the university regarding pandemic disease. This role includes interpreting guidance from public health authorities and recommending actions to be taken or implemented at the University of Hawai‘i Maui College. The UHMC Campus Health Center may review and seek guidance from local, state or other health authorities.

2.1 UHMC Emergency Planning Structure

The University of Hawai‘i Maui College Pandemic Plan falls under the review by the Emergency Planning Committee. As such, a reference to the structures has been included for information.

Executive Operations Team (EOT):

The Executive Operations Team (EOT) has the following roles in regard to emergency planning: policy approval, procedure analysis, compliance related matters, making recommendation to the University President regarding campus closure/cancellation of classes, as well as making recommendations to the University President regarding campus response/recovery efforts in the event of a campus-wide emergency. The Executive Operations Team (EOT) is responsible for the final approval of any major planning developments or changes created by the Emergency Planning Committee. The EOT is comprised of the Chancellor, Vice Chancellors/Deans of the Chancellor‘s Crisis Management Team (CCMT), Clinic director campus health center, Fiscal officer, Personnel director, and an O&M manager.

Key Individuals and Units	Phase 1, 2 & 3 Inter-pandemic period and beginning Pandemic Alert period	Phase 4 & 5 PandemicAlert	Pandemic	Post Pandemic Period
Assessment Team Incident Commander (IC) and IC Support Team and Communications Lui Hokoana Debra Nakama David Tamanaha Kahele Dukelow; Laura Nagle Denise Cohen Cindy Yamamoto Melvin Hipolito Susan Tokunaga Deanna Reece	1. Participate in development, review and approval of UHMC Pandemic Response Plan 2. Assure appropriate personnel training and resources are in place to execute plan when needed 3. Plan for appointment of Incident Commander (IC) and 2 back up persons to fill the role if necessary	1. Monitor national situation 2. Communicate with housing and dining services for planning 3. Develop a list of essential personnel 4. Develop a point of distribution for vaccines, prophylaxis 5. Develop media strategy 6. Monitor National situation 7. Meet weekly	1. Activate the Emergency Operations Center 2. Coordinate all actions with Maui Memorial Medical Center and DOH 3. Receive respirators and respirator training 4. Meet daily to update situation	1. Resumption of classes
IC and IC support team	1. Identify personnel necessary/essential in an emergency 2. Enhance communications and information technology to support telecommuting if necessary 3. Assess IT capacity and enhance as needed	1. Communicate with campus faculty, staff, students and parents 2. Update plans as appropriate 3. Follow US travel advisories 4. Monitor faculty and staff in endemic regions. 5. Provide Campus Health Center with list of students, faculty and staff returning from endemic area 4. Meet and coordinate with Public Health Officials 5. Communicate with other colleges and universities 6. Brief emergency operations group on regular basis 7. Formulate the plan for the University's response 6. Develop policy for suspension of classes due to pandemic flu 7. Encourage faculty that if students	1. Continue communication with campus community 2. Initiate poster, email, text message campaign for self-protection 3. Consider closing buildings frequented by infected persons 4. Implement emergency action plan 5. Ensure that all functional groups have appropriate staffing 6. Evaluate information on institutional effects and set response priorities 7. Family notification of ill students, faculty or staff 9. Notification of family of any student, faculty or staff	

		are sick have them stay home especially if they have a fever	fatalities	
Safety Officer or appointed person	1. Assess respiratory protection plan and resources 2. Obtain additional N95 respirators 3. Identify essential staff that can maintain the life safety systems in College facilities	1. Begin informational training sessions	1. Receive respirator training and respirators 2. Stockpile N95 respirators 3. Notify Building emergency action coordinators	
Communications Academic and IT	1. Identify essential staff that can maintain the College Communications Systems 2. Update the College's webpage as appropriate	1. Broadcast essential information and CDC, DOH bulletins 2. Arrange for an emergency telephone line (984-3700) for pandemic flu issues 3. Update UHMC webpage as needed	1. Arrange for additional telephones if necessary.	
Operations and Maintenance Auxiliary services	1. Identify essential staff that can maintain the college's facilities and operations	1. Prepare to shut down ventilation systems on buildings on an individual or entire campus basis. 2. Increase distribution of hand sanitizers by custodial staff	1. Receive respirator training and respirators 2. Shut down ventilation as instructed by IC	
Emergency Management	1. Develop plans and distribute in accordance with the directions of the planning group. 2. Develop tabletop exercises and implement exercises as appropriate		1. Coordinate with DOH, Civil Defense and UH System	
Mass Care, Housing and Human Services	1. Monitor students traveling in affected region	1. Formulate plans for quarantine of students. 2. Report suspicious illnesses to the Campus Health Center 4. Post posters in all bathrooms to wash hands frequently 5. Encourage social distancing (Keep six feet away from sick individual)	1. Identify needs for any student in quarantine 2. Activate plans to quarantine students in conjunction with DOH guidance 3. Assist with location of students if quarantined 4. Identify student	

			events where confirmed flu patients have attended	
Resource Support Vice-Chancellor for Administrative Affairs-David Tamanaha	1. Allocate funding for educational programs/training 2. Pre-purchase small supplies of necessary items personal protective equipment (PPE)	1. Allocate funding for necessary supply purchases		
Public Health and Medical Services Denise Cohen Kathleen Hagen Allied Health	1. In-service training for staff	1. Post signs that patients that have flu-like symptoms and have been out of the country should notify Campus Health Center immediately 2. Isolate exam rooms of patients with flu-like symptoms 3. Respiratory protection equipment available 4. Follow local quidance for evaluation and treatment 5. Monitor health care workers 6. Develop and implement hand washing campaign 7. Inform students, faculty and staff on social distancing stay six feet away from sick person	1. Isolate suspected cases 2. Notify Public Health and CDC. 3. Notify the IC and/or IC support group. 4. Receive respirator training and respirators 5. Initiate vaccination or prophylaxis under DOH guidelines 4. Isolate patients in Student Health. 5. Locate persons who have been in contact with patient. 6. Arrange for counseling Arrange for screening for those who came in contact of the patient	
Hazardous Material Denise Cohen Kathleen Hagan Allied Health	1. Develop management plan for the control and disposal of increased volumes of infectious waste			

2.2 Actions by Phases of Emergency Management

1. <u>Prevention/Mitigation:</u>
    a. Update and maintain the UHMC Pandemic Disease Plan.
    b. Promote seasonal flu vaccinations.
    c. Promote protective measures like hand-washing and respiratory etiquette during cold and flu season.
    d. Promote social distancing for students, staff and faculty with symptoms ie. 6 feet distance

2. Preparedness:

   a. Educate students, faculty and staff regarding personal protection or mitigation strategies including seasonal influenza vaccination, respiratory etiquette, and responsible use of antiviral drugs.
   b. Utilize pandemic influenza surveillance and testing at the UHMC Campus Health Center.
   c. Direct persons with flu-like symptoms to the UHMC Campus Health Center for point of care testing for Influenza strains A and B
   d. Conduct training and awareness campaigns to educate students, staff and faculty on symptom recognition and infection control measures.
   e. Develop and disseminate pandemic disease related public information campaigns for travelers who may have visited potential pandemic Disease affected areas.
   f. Ensure a communication system is established and maintained throughout a pandemic influenza response.
   g. Conduct tabletop exercises to implement pandemic influenza plans and test response procedures.

3. Response

   a. Activate the UHMC Campus Crisis Management Team (CCMT), if necessary.
   b. Continue enhanced communication and surveillance activities.
   c. As available, distribute antiviral medications, vaccines and medical supplies to address UHMC needs (this will be in conjunction with HDOH and CoM).
   d. Collaborate with Campus security and law enforcement entities to assist in pandemic disease control measures and maintenance of social order.
   e. Continue to educate citizens about personal protective strategies and population level interventions that may be initiated during a pandemic within their community (in conjunction with HDOH and CoM).
   f. Develop and disseminate public service announcements, utilizing UH alerts, Communications and Media Relations, for release to the media concerning any pandemic disease outbreak.

4. Recovery

   a. Obtain all critical documents, information, and paperwork from all officials regarding emergency and disaster declarations.
   b. Prepare and submit documentation for any requests for emergency and disaster assistance to local jurisdiction, State, FEMA or other appropriate entity.
   c. Develop an After Action Report (AAR) to evaluate responses and outcomes to initial waves of the pandemic to determine best practices.
   d. Prepare a follow-up CCMT meetings to determine strengths and areas of improvement related to the planning, response and recovery.
   e. Prepare for additional pandemic waves.

3.0 Organization and Assignment of Responsibilities Assignment of Responsibilities

The University of Hawai‘i Maui College (UHMC) will refer to the Centers for Disease Control and Prevention (CDC), state and local guidance during a public health emergency. The UHMC Campus Health Center acts as the college’s health authority and will work closely with the Campus Crisis Management Team (CCMT) to aid in planning and decision making during a pandemic situation.

The assignment of responsibilities section contains specific information and direction provided by the individual department, division or college on said responsibilities during a pandemic influenza event for the University of Houston. The assignment of responsibilities are reviewed annually and approved by the Emergency Planning Committee. The items listed may be done at any time in order to maintain the safety of the campus.

1. General:

   All UHMC divisions and departments are responsible for the following tasks:

   a. Ensure Continuity of Operations Plans, Continuity of Operations Planning, are developed that ensure essential university functions can continue during a pandemic influenza incident.
   b. Ensure personnel are clear on their roles and responsibilities if pandemic influenza is suspected or confirmed.

2. The UHMC Chancellor or UH President will:

   a. Authorize a cancellation of classes or a campus closure, if necessary.
   b. Provide overall direction of the response activities of all departments with support from the crisis management teams, VCAS, VCAA, VCSA security chief for Campus Safety & Security. The Vice Chancellor for Administrative Services will be the liaison with UHCC and UH System office. The Campus Health Center Director will be the liaison with HDOH.

3. Campus Crisis Management Team (CCMT) will:

   a. Meet regularly in order to determine next steps for planning and/or response functions.
   b. Help facilitate an effective response by mobilizing needed resources.
   c. Activate the CCMT, if needed.
   d. Monitor the status of the current pandemic influenza in conjunction with the UHMC Student Health Center.
   e. Coordinate with University Marketing, Communications and Media

Relations in order to keep UHMC students, faculty, and staff informed of the current situation.

f. Help facilitate educational information regarding infection control measures, and symptom recognition.
g. Assist University Marketing, Communications and Media Relations as needed with sharing information regarding any campus closings or class suspensions to UHMC Campus Community.
h. Assist in planning next steps for preparedness and/or response.
i. Determine potential actions and/or resources to mitigate the impact from pandemic influenza.
j. Meet regularly with the Maui EOC to discuss the status of the pandemic influenza, and to promote planning and response functions.

4. UHMC Campus Health Center will:
   a. Serve in a health advisory role for the College. This advisory role sits with the Governing Body of the UHMC Student Health Center director. This role includes interpreting guidance from public health authorities and recommending actions to be taken or implemented at the UHMC.
   b. Work closely with the UHMC Campus Security Office (CSO) to develop a plan for a potential pandemic influenza event.
   c. Coordinate with the CSO during a potential pandemic influenza event. In addition, the Health Center Director to act as the Medical Liaison, if requested.
   d. Coordinate university recommendations with the UH System, UHCC System, Maui EOC, local and state public health authorities' guidance. In the event that the public health guidance differs, the UHMC Health Center will defer to the recommendation of the local level public health authority.
   e. Meet with the CSO in the event of a potential pandemic influenza event and discuss recommendations.
   f. Conduct point of care testing for influenza strains A and B. Further subtyping will be completed at an outside lab.
   g. Offer seasonal flu vaccines to UH students, faculty and staff. In the event of a new influenza strain, the UHMC Health Center will follow guidance provided by the local public health authority regarding priority and vaccine administration.
   h. Train UHMC Health Center staff with an annual review of protocols, policies and procedures.

i. Educate UHMC Health Center staff regarding infection control measures, UHMC Emergency Plan and UHMC Pandemic Influenza Plan.
j. Maintains records and documents suspected and confirmed cases during a pandemic influenza threat.

5. Office of University Marketing, Communications and Media Relations will:
   a. Provide updates to the campus community regarding a pandemic flu threat and communicate protective measures recommended by local public health authorities.
   b. Respond to media inquiries.
   c. Draft updates and any campus closure notices, as needed, in order to post on the UH System ALERT website (https://www.hawaii.edu/alert/) and the UHMC homepage (https://maui.hawaii.edu/) as well as on the UHMC Coronavirus Update Page (http://maui.hawaii.edu/health-center/coronavirus-update/).

6. Center for Students with Disabilities will:
   a. Communicate emergency information regarding a pandemic flu threat or campus closure to students registered with Center for Students with Disabilities.

7. International Student and Scholar Services will:
   a. Coordinate with the University in order to relay information to international students and scholars concerning the prevention and preparedness measures as well as the University's response related to a pandemic flu threat.
   b. Communicate health education information through the International Student and Scholar Services website and listserv. In addition, flyers and brochure will be posted in the reception area and bulletin board in the office.
   c. Consult with UHMC Student Health Center regarding students and scholars who become ill and if advised, direct them to the UHMC Student Health Center or Emergency Room depending on severity of symptoms or presentation.
   d. Assist with visa-related requirements in the event that an international student needs to drop one or more classes.
   e. Communicate with the Student and Exchange Visitor Program (SEVP) and

the U.S. Department of State.

4.0 Direction, Control and Coordination

Direction and Control

Direction and Control procedures will be flexible and adaptable to all pandemic influenza periods and phases as defined by the World Health Organization (WHO), the CDC as well as guidance provided by local public health authorities.

The President of the University retains authority for making decisions affecting the University. All decisions to be made should be based on federal, state, and/or local recommendations/mandates and applicable best practices of other institutions. These decisions may include issuing travel advisories, suspending mass gatherings (including classes), suspending research, suspending normal university operations, and resumption of university operations.

The UHMC Student Health Center serves as the health authority for the UH Maui College and is responsible for making recommendations to the UHMC Administration.

UHMC Campus Security Office (CSO) is responsible for supporting departments in implementing their respective all-hazards and pandemic response plans as needed. CSO will support departments in accessing information and guidance. In addition, CSO will encourage all UHMC departments to maintain open and frequent communication with CSO to improve coordination related to a pandemic flu event. CSO will coordinate with departments to share situational awareness.

Campus Security Office

The UHMC Campus Security Office (CSO) is the physical location where the coordination of information and resources to support incident management (on-scene operations) occurs, while the ICP focuses on command and operations.

The CSO may or may not be physically activated during a pandemic. If social distancing measures are in place, administration may decide that the physical CSO will not be staffed. Regardless the CSO will use the levels of readiness and be activated in concept as stated in the UH Emergency Operations Management Plan (EOMP).

The University will use a graduated emergency response posture which conforms to the State of Hawaii and Department of Health Systems. These levels are used to communicate the University's state of readiness to internal and external response partners. As the potential severity of the incident or the demand on University resources grows, emergency response and coordination activities will increase to meet the demands. In addition, this approach is used for assessing activation of the campus UHEOC.

The UH Emergency Operations Center readiness levels are as follows:

Level 4: Normal Readiness

A Level 4 incident describes localized campus incidents that may quickly be resolved with internal resources and/or limited assistance from the external responders. The incident may only affect a single, localized area of the campus, and most normal University operations are not disrupted.

Level 3: Increased Readiness

A Level 3 incident refers to a situation that presents a greater potential threat than "Level 4", but poses no immediate threat to life and/or property. A Level 3 may be implemented for planning of large events, gatherings, high-level dignitary presence; or an incident or situation in which threatening conditions "may" or "may never" cause adverse effects.

Level 2: High Readiness

A Level 2 incident refers to a situation with a significant potential and possibility of causing adverse effects to life and/or property. A Level 2 may be implemented during monitoring of large events, or a situation or event in which threatening conditions have developed, but which have not yet caused adverse effects.

Level 1: Maximum Readiness

An emergency or disaster that is imminent or already impacted a large portion or all of the campus community requiring a broad array of university departments and outside agencies to respond.

The campus emergency levels define the magnitude of a campus incident, which allows for an assessment of the impact on the campus facility, its services, and its impact to students, faculty and staff.

Decision Making Process

The priorities of decisions may change as the situation evolves.

1. Cancellation of Special Events
2. Cancellation of Classes

    a. The decision whether to suspend classes —or when to suspend classes— will be the most difficult and critical decision that the University leadership may make during a pandemic event. These decisions will be made and implemented based on information received from various entities including University departments/units, county, state, and national authorities, and other advisories gathered during the pandemic event.
    b. The following decision points are only a guide to the decision-making process and may not be the only considerations. As the pandemic unfolds, new information may provide alternative choices.

    c. Decision Points

        - Transmissibility
        - Morbidity
        - Mortality
        - Geographic spread
        - Proximity of confirmed cases
        - State Department of Public Health & Environmental Services recommendations
        - Closing of K-12 public schools
        - Rising employee absenteeism
        - Assessment of stakeholder's risk perception

    d. The decision whether to close the College or University —or when to close— will also be a difficult and critical decision that the University/College leadership may make during a pandemic event. This policy decision will be made and implemented based on information received from various entities including University/College departments/units, county, state, and national authorities, and other advisories gathered during the pandemic.

3. Resumption of Normal Operations

a. Resumption of Normal Operations should be predicated on the recommendations of federal, state, and/or local health authorities. Other factors for university resumption should be:

   - Decreased morbidity and/or mortality rate
   - Decreased rate/speed of disease spread
   - Other regional schools/school systems resuming operations
   - Transportation systems opening/increasing interstate travel
   - Availability of sufficient faculty and staff to support resumption of classes and research

Coordination with the Public Health Authority

The public health authority for the UHMC is Hawai‘i Department of Health, Bruce Anderson, Sarah Park MD, Lorin Pang MD, or the current local public health authority for the County of Maui. The County of Maui and Hawai‘i Department of Health serves as a key resource in preparedness and coordination of the public health response and recovery activities during a pandemic influenza or other public health incident.

5.0- Plan Development and Maintenance

Annual Plan Review

The UHMC Office of Safety is responsible for developing and maintaining this plan. Recommended changes to this plan should be forwarded as needs become apparent. This plan will be reviewed and updated annually. Departments with assigned responsibilities in this plan must develop and maintain procedures for their responsibilities. Current changes to this plan will be notated on the Record of Change table. This plan will be updated based upon deficiencies identified during actual emergency situations and exercises and when changes in threat hazards, resources and capabilities occur. In addition, the plan will also be updated when any changes in laws, regulations, or policies that affect the contents or the significance of the plan are identified. Changes to any part of the plan must be conveyed to the UHMC Chancellor, Vice Chancellor for Student Affairs, and Vice Chancellor for Administrative Affairs and Deans.

Plan Distribution

The UHMC Crisis Management Team is responsible for distributing this plan accordingly. In general, copies of this plan and its appendices should be distributed to those

individuals, departments, agencies, and organizations tasked in this document. A public version of this plan will be posted on the Maui College website.

6.0 - Authorities

This plan has been approved by UH Maui College Chancellor. The UHMC Security Chief and UHMC Campus Health Center Director developed the plan in cooperation with both the Administrative Services Vice Chancellor and Student Affairs Vice Chancellor. During a response to any pandemic disease, the direction of local, state, or federal public health authority may alter the strategies that are outlined in this plan.

This plan falls under the authority outlined in the UHMC Emergency Management Plan which outlines how any emergency is managed on the University of Hawai‘i Maui College Campus. This emergency response planning is based on the National Incident Management System (NIMS), a standard model throughout the United States and the Incident Command System (ICS), the management structure adopted by first responders at UH. NIMS contains flexible and functional positions for each critical operation of the University during any emergency.

Attachment 1

Incident Command

IC Title	Name	UHMC Position
Incident Commander	Dr. Lui Hokoana	Chancellor
	David Tamanaha	VC Admin Services
Medical Support Team	Denise Cohen, APRN	Director Health Services
Safety Officer	Angela Gannon	Campus Security Chief
Public Information	Debra Nakama	VC Student Affairs
Finance Officer	Cindy Yamamoto	Fiscal Officer Bus Ofc
Logistics/Operations	Melvin Hipolito	Auxiliary Services O&M
Network Communications	Deanna Reece	VC Information Tech
Educational Continuity	Kahele Dukelow	Dean Arts & Sciences
	Laura Nagle	Dean CTE
Human Resources	Susan Tokunaga	Director Human Resources
Personal Support	Aris Banaag	Counselor
	Mari Kanemura	Counselor

Appendix 1

References

State of Hawai‘i Disease Outbreak Control Division
https://health.hawaii.gov/docd/advisories/novel-coronavirus-2019/
Centers for Disease Control and Prevention
website https://www.cdc.gov/coronavirus/2019-ncov/index.html
Global Health Alert
https://www.who.int/emergencies/diseases/novel-coronavirus-2019
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Appendix 2

Guidelines

HDOH Guidelines for Schools and Colleges

Update 03.02.2020

03.02.2020 HDOH/CDC update for COVID-19 for Higher Education

The Centers for Disease Control and Prevention have issued Interim Guidance for Administrators of US Institutions of Higher Education (IHE) to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19):
https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html

In addition, Guidance for Student Foreign Travel for Institutions of Higher Education state that given the global outbreak of COVID-19, IHEs should consider postponing or canceling student foreign exchange programs:
https://www.cdc.gov/coronavirus/2019-ncov/community/student-foreign-travel.html

03.03.2020 HDOH update HDOH has been advised that CDC is planning to update language regarding travelers from Level 2 and Level 3 alert countries tomorrow morning (3/4/20).

The language will instruct travelers from countries with a Level 3 alert to “stay home and monitor their health for 14 days after returning to the United States.”
Travelers from countries with a Level 2 alert will be instructed to “monitor their health and limit interactions with others for 14 days after returning to the United States.”
Please note that only persons returning from mainland China and Iran will be actively monitored by HDOH. Travelers from other Level 3 alert countries should inform schools/universities upon their return that they will be monitoring their health at home for 14 days.

The travel alert levels may be found on the CDC website at:
https://www.cdc.gov/coronavirus/2019-ncov/travelers. The updated information will be posted at this site tomorrow morning (3/4/20).

As always, please stress the importance of students/staff staying home when ill and following everyday preventive actions to decrease the spread of respiratory illness in the

community (e.g., washing hands, avoid touching your eyes, nose, and mouth with unwashed hands, etc.).

Also, as you are aware, this is a rapidly evolving situation. To ensure you are accessing the latest information, please visit HDOH's webpage at: https://health.hawaii.gov/docd/advisories/novel-coronavirus-2019/ or the CDC's COVID-19 website at: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

02.03.2020 HDOH/CDC update

2019 Novel Coronavirus (Covid-19) Information for Schools and Universities Last reviewed: February 10, 2020

The following guidance is for persons who return to Hawaii from mainland China (excludes Hong Kong, Macau, and Taiwan) on or after February 3, 2020. Given the lockdown in China since January 22nd, travelers who pose a risk for 2019-nCoV infection by exposure in Hubei province are not anticipated to be arriving at Daniel K. Inouye Airport after February 5th.

The volume of travelers from China in general is also expected to be limited given the cancellation of numerous flights and the travel ban for non-United States citizens. There is no recommendation to exclude asymptomatic students, faculty or staff who returned from mainland China (including Hubei province) prior to February 3, 2020. They should monitor their health for 14 days from the time they left mainland China and contact their healthcare provider should they become ill. Effective February 3, 2020:

- All international travelers are currently being screened by federal partners at the Daniel K. Inouye International Airport and will be either quarantined1 or on self-monitoring under public health supervision if they were in mainland China during the previous 14 days. At this time, public health will perform active monitoring of both groups, which includes recommendations to remain at home for the self-monitoring group.

- HDOH will contact the school if a student is identified for active monitoring and will provide the time period when the student should not attend school.

- Faculty and staff members on active monitoring should inform their employer.

- Persons who have had close contact with a confirmed case of 2019-nCoVCovid 2019 infection or a person under investigation (PUI) for Covid 2019 2019-nCoV should NOT be allowed to attend school. There are currently no Covid 2019 cases or PUIs in Hawaii. If a case or PUI is identified in Hawaii, HDOH will inform close contacts and the school of the time period when the student should not be in attendance. Faculty and staff members should inform their employer.

- Siblings and other household contacts of returned asymptomatic travelers from mainland China are not subject to monitoring and may attend school or work. If household contacts of asymptomatic travelers have respiratory symptoms or fever, usual school exclusion policies should apply.

- If schools receive inquiries regarding eligibility to return to school or work for students who have returned from China after February 3, 2020 and have not yet completed 14 days of home monitoring, and have not yet been notified by HDOH

of an exclusion for such persons, please contact HDOH for additional guidance (see below).

- In accordance with the U.S. State Department Level 4 Travel Advisory issued February 5, 2020, students, faculty and staff should not travel to the People's Republic of China (this does not include the Special Administrative Regions of Hong Kong and Macau, or the island of Taiwan). 1 Restricted movement at home or at a designated facility with active public health monitoring

Given the time of year, it is important to remember the best way to prevent transmission of any respiratory illness (including flu) in schools is to follow everyday preventive actions:

- ♣ Get vaccinated against the flu. With current seasonal influenza activity, it is likely there will be confusion as persons with influenza will exhibit similar signs and symptoms such as fever and cough. We strongly recommend residents ages 6 months and older protect themselves against flu by receiving the seasonal influenza vaccination.
- ♣ Wash hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, before eating, and after going to the bathroom
- ♣ Avoid touching your eyes, nose and mouth with unwashed hands ♣ Avoid close contact with people who are sick
- ♣ Stay home when sick
- ♣ Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- ♣ Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

If you have any questions related to travel to China or exclusion policies for school students, faculty or staff related to 2019-nCoV, please contact HDOH at one of the numbers below.

Oahu (Disease Reporting Line)……..	(808) 586-4586
Maui District Health Office.....	(808) 984-8213
Kauai District Health Office.....	(808) 241-3563
Big Island District Health Office (Hilo).....	(808) 933-0912
Big Island District Health Office (Kona).....	(808) 322-4877
After hours on Oahu.....	(808) 600-3625
After hours on neighbor islands.....	(800) 360-2575 (toll free)

For more information, please visit HDOH's Novel Coronavirus webpage at: https://health.hawaii.gov/docd/advisories/novel-coronavirus-2019/ or the CDC's 2019 Novel Coronavirus website at: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

02/25/2020 Update for Schools and College #2

The changes are as follows:

1. Name change from "2019 Novel Coronavirus" to "Coronavirus Disease 2019 (COVID-19)
2. In addition to the U.S. Department of State's Level 4 Travel Advisory to **not** travel to the People's Republic of China, students, faculty, and staff should reconsider travel to any area where the Centers for Disease Control and Prevention (CDC) has recognized ongoing community transmission of COVID-19.

Persons who are planning to travel should stay up to date with information related to COVID-19 by visiting the following websites:

a) U.S. Department of State Travel Advisories:
https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/

b) Centers for Disease Control and Prevention's Coronavirus Disease 2019 Information for Travel:
https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

c) CDC's Travel: Frequently Asked Questions and Answers:
https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html

Guidelines for pandemic influenza

Guidelines for Recognizing Influenza (Flu) Symptoms and Management

Signs and Symptoms of Influenza (Flu)
Infection with the influenza virus typically causes:

- fever (temperature >101º F)
- cough
- sore throat
- tiredness
- headache
- muscle aches.

People infected with a new human pandemic influenza strain may show typical human influenza-like symptoms such as those listed above, but some will have more serious symptoms such as pneumonia, severe respiratory diseases, and other life-threatening complications.

Other Facts about Influenza Infection
The influenza virus is spread by the tiny droplets expelled when an infected person coughs or sneezes. These respiratory droplets do not usually remain airborne as they are heavy enough to quickly fall out of the air; however, they can spread approximately 3-6 feet from the infected individual. Infection can result from breathing in these droplets before they fall or by touching a surface on which the droplets landed (such as a doorknob or computer keyboard) and then touching the mucous membranes of the mouth, nose, or eyes. Depending on conditions, the virus may live for 1-2 days on hard surfaces.
A person infected with influenza can spread the virus in their respiratory droplets for about 24 hours before they begin to feel ill and will continue to expel the virus in respiratory secretions for about 3-5 days after they develop symptoms.

How to Limit the Spread of Infection

- Stay healthy – eat, rest, drink plenty of fluids, exercise, and get vaccinated yearly against seasonal flu
- Wash your hands frequently preferably using hot water and soap if that is not available us alcohol-based sanitizing gel
- Clean hard surfaces such as doorknobs and telephones with disinfecting wipes

- Cover your nose and mouth with the inside of your elbow or a tissue when you cough or sneeze and encourage others to do the same
- Put tissues in the trash
- Stay home from school or work if you are ill, and keep your children home from school if they are ill.
- Practice social distancing (for example, work from home, bank on the internet, or avoid unnecessary travel).
- Be prepared if you are asked to voluntarily remain at home-have an emergency supply kit for your home including water, food and medications (both basic non-prescription medications like ibuprofen and at least a 2 week supply of prescription medication.

What to Do if You Are Ill

A fever may indicate infection with influenza. Have a thermometer at home and know how to use properly. Follow instructions on package.

If you have a fever and have recently traveled to a country where a new strain of influenza has been identified, or if you have been in contact with someone who has, you should contact your physician or the campus health center immediately. Avoid contact with other persons to whom you could spread infection. Putting on a surgical-type mask may be helpful to decrease the chance of spreading infectious respiratory droplets

If you have not recently traveled or been in contact with anyone who has, you may still wish to see your doctor for seasonal influenza treatment or to exclude other illnesses (including leptospirosis or dengue fever). In general, health persons with seasonal flu may remain at home and care for themselves in the next section.

If the pandemic phase increases, meaning there is human-to-human transmission of a pandemic influenza virus, persons with fever should follow the directions issued by Hawaii DOH to obtain treatment from the appropriate hospital, clinic, or alternative health care facility.

Caring for a Person Infected with Influenza at Home:

- The ill person should:
- Avoid contact with healthy family members
- If possible, stay in a separate room with the door closed
- Cover coughs and sneezes with a tissue and dispose of the tissue in the trash
- Wear a surgical-type mask, if available
- Not go out to go to work, school, church or anywhere eles
- Drink plenty of fluids and eat a healthy diet as possible
- Get plenty of rest
- Take over the counter medications to treat fever, congestion and cough as needed to relieve symptoms through the illness

Other people in the house should:

Discourage visitors

- Try to stay away from the ill person, or at least stay more than 3 feet away
- Encourage the ill person to drink plenty of fluids and a nourishing diet and get plenty of rest.
- Not use the ill person's plates, silverware, towel, or toothbrush
- Wash the ill person's sheets and clothing in warm water and soap
- Wash any other items touched by the ill person with soap and water or clean with

disinfectant

- Monitor the ill person for signs of potential need for specialized health care at an appropriate facility. Such signs include:
    - Shortness of breath or increasing difficulty breathing
    - Persistently high fever (temperature greater than 102 degrees F) despite taking appropriate medications such as acetaminophen, or ibuprofen
    - Mental confusion
    - Lethargy
- If the ill person shows signs of worsening or if uncertain contact you primary care provider and/or public health authorities (contact information will be made available during a pandemic)
- Stay at home until at least three days after the ill person has recovered