



COVID-19 TASK FORCE

Informing the Caribbean's Response

UWI COVID-19 Management Plan

08 March 2020

COVID-19: box summary

“COVID-19 is not SARS and it is not influenza. It is a virus with its own characteristics” Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)

- The COVID-19 virus belongs to the same coronavirus family as SARS
- COVID-19 is contagious, but in different ways to influenza and their transmission chains can be interrupted
- COVID-19 is thought to have a higher case fatality rate than influenza. This is observed mostly in high risk groups
 - the elderly
 - persons with chronic diseases and other medical conditions

CONTENTS	PAGE
1. Background	3
2. Purpose	3
3. Principles	4
4. A phased response	5
5. The virus	5
6. Mode of transmission	6
7. Transmission in clusters	7
8. Children	8
9. Who is at risk?	8
Case fatality rate by age and sex	8
Chronic medical conditions	9
10. Symptoms	9
11. Disease severity	10
12. Give treatment a chance	10
13. Co-ordinating the UWI response (UWI-Ready)	11
Planning and Preparedness	11
Communication	12
Containment and treatment of cases	12
Continuity of teaching and learning	13
Business continuity	14
14. Conclusion	14
Annex A: The UWI COVID-19 Task Force	16
Annex B: ICT Services for Remote Work & Remote Alternative Educational Delivery Methods	17

1. Background

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a '*Public Health Emergency of International Concern*'. WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

On February 28th 2020 the Vice-Chancellor of The University of the West Indies (UWI) announced the establishment of a UWI COVID-19 Task Force A.) to co-ordinate The UWI's internal readiness, and B.) to help inform the Caribbean's response to the COVID-19 outbreak. The UWI COVID-19 Task Force is based on the collaborative model pioneered for the UWI Zika Task Force in 2016.¹ This seeks to leverage the expertise within the university to assist Caribbean communities to cope with the COVID-19 epidemic. The guiding philosophy is for The UWI to work in synergy with the regional and national Caribbean agencies responsible for public health and disaster responsiveness.

The UWI COVID-19 Task Force consists of 12 members spanning expertise in virology/epidemiology/ laboratory diagnostics/ critical care/ veterinary medicine/ tourism/ trade/ development/ international relations/ communication. It also includes a student representative (**Annex A**).

2. Purpose

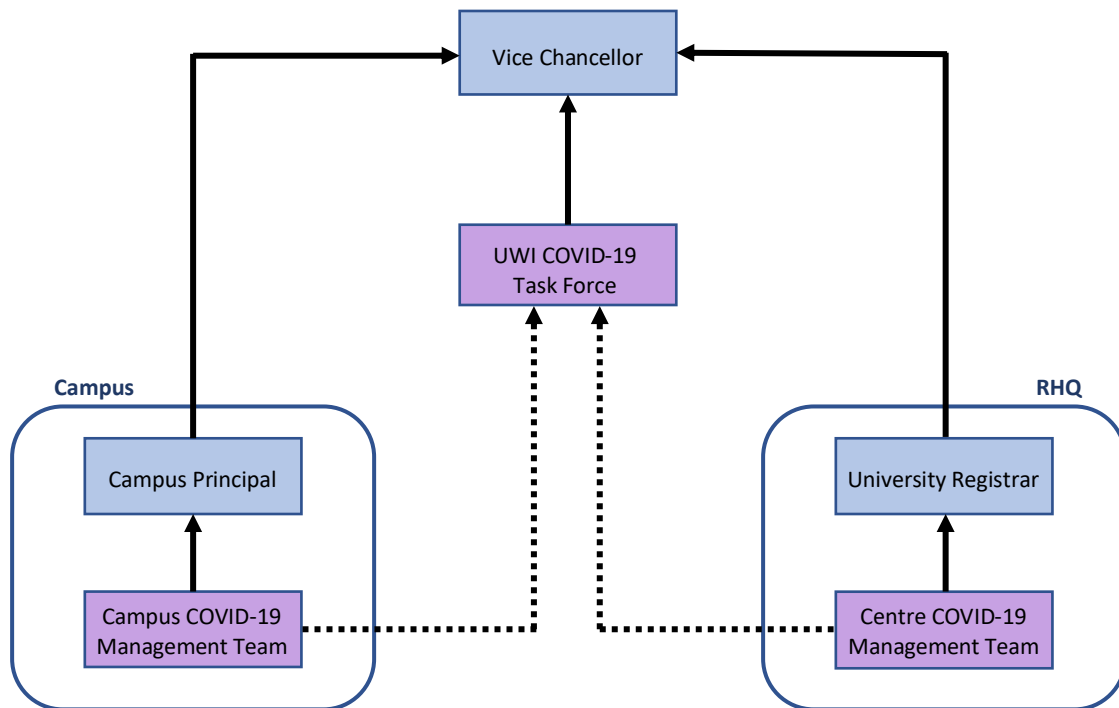
The purpose of the UWI COVID-19 Management Plan is to provide overarching guidance under remit A.) above: to coordinate the UWI's internal readiness and response to the COVID-19 epidemic. The UWI COVID-19 Management Plan provides guidance to the leadership of UWI Campuses and Centre in preparing for, and responding to the anticipated COVID-19 epidemic.

The UWI COVID-19 Management Plan is intended to be operationalized in conjunction with:

- Campus and Centre COVID-19 Management Teams; and
- the Emergency Operational Plan of each Campus; and
- health literacy campaigns targeted at staff and students; and
- guidance provided by national health ministries and disaster & emergency management agencies.

¹ Landis RC. 'Climate Change and Biosecurity - The Zika Lessons'. *Journal of Eastern Caribbean Studies* 44(1), 179-187 (2019)

Organogram of UWI COVID-19 management framework



The Campus and Regional Headquarters (Centre) Centre COVID-19 Management Teams have a solid line reporting relationship to the Campus Principal and UWI Registrar respectively. They have a dotted line relationship to the UWI COVID-19 Task Force to help co-ordinate the UWI-READY response. The UWI COVID-19 Task Force reports to the Vice-Chancellor and has the University Registrar as the Chief Administrative Officer as an *ex officio* member.

3. Principles

The principles underpinning the planning recommendations contained in the Management Plan are as follows:

- to undertake dynamic risk assessments of potential health and other impacts, using the best available scientific advice and evidence to inform decision making
- to minimize the potential health impact by slowing spread in the UWI Campuses and sites, and reducing infection, illness and death
- to maintain trust and confidence among the campus administration, staff, students and people who provide and use our key services

- to ensure dignified treatment of all affected, including those who die
- to be active Regional and Global players - working with CARPHA, PAHO, WHO, CDC, EDC and member countries, in supporting international efforts to detect the emergence of a pandemic and early assessment of the virus by sharing scientific information
- to ensure that the campuses and sites are properly resourced to tackle the threat
- to be guided by the evidence and review research and development needs to enhance our COVID 19 preparedness and response.

4. A phased response

Current advice from the WHO, CDC, ECDC and CDEMA recommends a phased response to the COVID-19 epidemic.² This reflects the dynamic nature of the outbreak and the fact that different parts of the UWI might be at different phases of the response due to their national circumstances.

The following phases are recommended for UWI's response:

- 1 **Preparedness phase:** Steps that the institution can undertake on its own before cases are detected in-country; and
- 2 **Containment phase:** Steps that the institution takes together with national health ministries to isolate and contain sporadic cases; and
- 3 **Transmission phase:** If and when community transmission has been declared in-country, these steps are taken by the institution in conjunction with the national health ministry and within the regional disaster & emergency management framework.

5. The virus

The World Health Organization (WHO) describes the Coronaviruses (CoV) as a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS-CoV) and Middle East Respiratory Syndrome (MERS-CoV). COVID-19 is a zoonotic disease, meaning that the COVID-19 virus³ has jumped from animal to human. Other coronaviruses that have jumped from animal to human are:

² WHO Report: 'Getting your workplace ready for COVID-19'

CDEMA: 'Proposal for a Regional Protocol for the Management of COVID 19 (Draft) February 29 2020'

CDC: 'Interim Guidance for Administrators of US Institutions of Higher Education (IHE) to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)'

³ The correct scientific name for the virus that causes COVID-19 disease is SARS-CoV-2. To avoid confusion the Management Plan will use COVID-19 to describe the disease and COVID-19 virus to describe the virus, as has been done by the WHO:

- 2003: SARS, from civets in Southern China; and
- 2012: MERS, from dromedary camels in the Middle East.

The global epidemic of COVID-19 is driven by human-to-human transmission.

6. Mode of transmission

“Airborne spread has not been reported for COVID-19” Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)

COVID-19 is spread via droplet:

- droplets are produced from sneezing and coughing
- droplets are heavier than air and land on surfaces
- coronaviruses may remain viable for several days on contaminated surfaces

Spread via droplet is both direct and indirect:

- indirectly: via the ‘hand to mouth’ route (touching a contaminated surface and then touching the face)
- directly: into the face of a person (a particular risk for healthcare workers)

The ‘hand to mouth’ route is thought to be the most prevalent route of transmission. Health literacy campaigns to promote respiratory hygiene and good hand washing practices therefore constitute a major plank of an institution’s prevention approach. The UWI COVID-19 Task Force recommends the WHO handwashing guidance for use in health literacy campaigns.

- WHO Report: ‘Getting your workplace ready for COVID-19’
 - ‘Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)’



7. Transmission in clusters

“In China, human-to-human transmission of the COVID-19 virus is largely occurring in families” Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)

In provinces outside of the epicenter of Wuhan, Hubei Province cluster analysis reveals that 78-85% of clusters in Guangdong Province and Sichuan Province have occurred in families. Family clusters offer an opportunity to trace contacts, isolate clusters, and interrupt transmission. Family clusters also offer an opportunity to provide medical care and observation for families in self-isolation

Clusters have also been detected in ‘closed settings’,⁴ such as:

⁴ *‘Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)’*

CDC: ‘Coronavirus Disease 2019 (COVID-19) Situation Summary’

China CDC Weekly: ‘The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19)’

- long-term care facilities; and
- prisons; and
- cruise ships; and
- among health care workers in Wuhan.

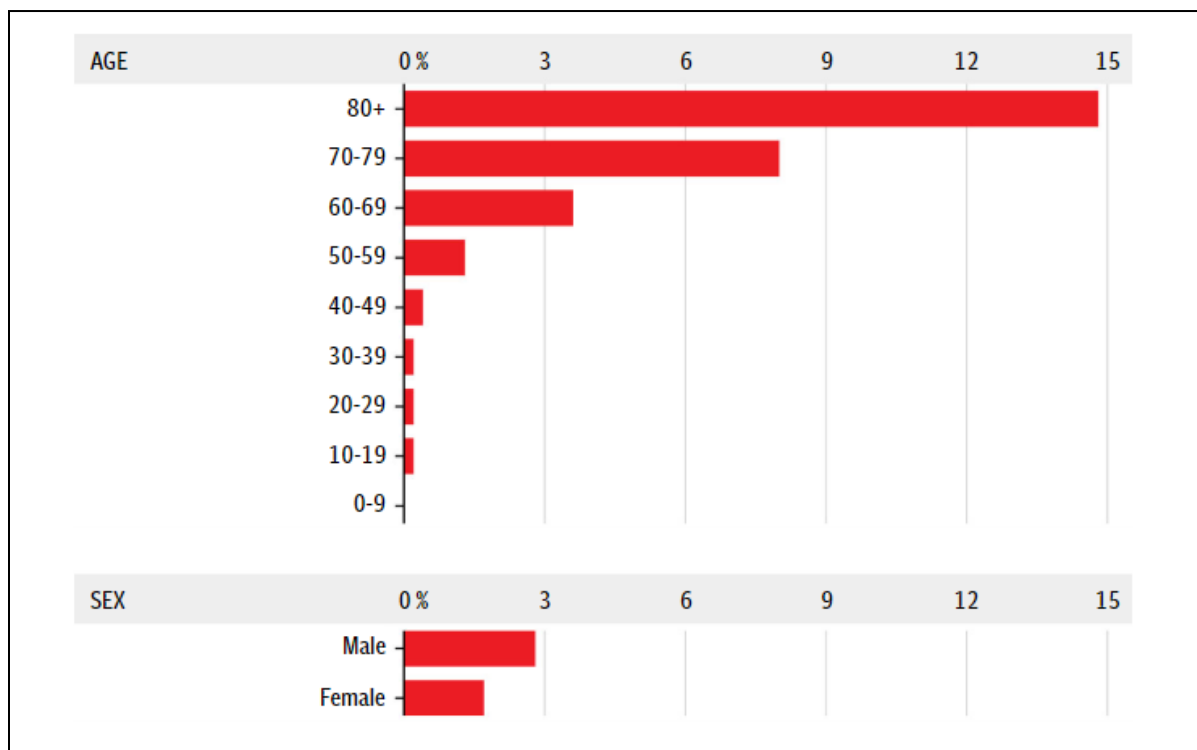
8. Children

Symptoms of COVID-19 disease appear to be mild in children. To date no deaths due to COVID-19 have been recorded in children aged 0-9. The role of children in the transmission of the virus is still unknown.

9. Who is at risk?

Case fatality rate by age and sex

The case fatality rate in China shows a remarkable distribution by age, with the elderly most at risk (n = 44,672 laboratory confirmed cases).⁵



⁵ China CDC Weekly: 'The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19)'

Chronic medical conditions

The case fatality rate in China was highest in persons with prior chronic medical conditions (known as co-morbidities).

Comorbid condition	Case fatality rate (%)
cardiovascular disease	13.2
diabetes	9.2
hypertension	8.4
chronic respiratory disease	8.0
cancer	7.6

The elderly and persons with chronic medical conditions are therefore most at risk of severe disease and death due to COVID-19. The reason for the higher risk in males in China remains uncertain.

10. Symptoms

Symptoms appear 5-6 days after exposure to the virus, with a range of 1-14 days. The following symptoms have been recorded among 55,924 laboratory confirmed cases in China.

Symptom *	prevalence (%)
fever	87.9
dry cough	67.7
fatigue	38.1
sputum production	33.4
shortness of breath	18.6
joint pain	14.8
sore throat	13.9
headache	13.6

11. Disease severity

In China, 80% of persons with COVID-19 disease experienced mild to moderate symptoms. 14% of cases had symptoms classified as severe and 6% of cases were classified as critical.

The median recovery time is 2 weeks for mild to moderate disease and 3–6 weeks for persons with severe and critical disease.

12. Give treatment a chance

A prevailing narrative is that there is no treatment for COVID-19 disease. However, while it is true there is no vaccine or specific antiviral as yet available a temporal-spatial analysis of the outbreak does not support a contention that there is no treatment available:

- the crude case fatality rate in Wuhan is 5.8% compared to 0.7% in other areas of China;
- **BUT** the fatality rate in Wuhan dropped from 17.3% in the early stages of the outbreak to 0.7% presently; and
- there have been 0 deaths from 957 confirmed cases in Germany, which has the highest proportion of critical care beds in Europe per population head.

The evidence therefore suggests mortality is higher when healthcare systems are under-resourced or overstretched. **The earliest possible identification of cases and contacts** is therefore essential to allow earlier treatment. ⁶

Intensive care capacity in the Caribbean is limited. However, laboratory capacity for COVID-19 detection is better than for previous viral outbreaks affecting the region. Hence a **prevent, contain, isolate and treat strategy** should be a **top priority** in order to:

- limit spread of the virus; and
- leverage available lab testing for earlier identification and isolation and treatment of cases; and
- delay and flatten the epidemic curve; and
- maximize early treatment benefits; and
- give healthcare systems a chance to treat severe and critical cases.

⁶ COVID-19 treatment is symptomatic and supportive e.g. provision of oxygen for patients with shortness of breath or treatment for fever. Antibiotics do not treat viral infections but if bacterial secondary infections develop antibiotics may be administered.

13. Co-ordination of the UWI response (UWI-READY)

A key recommendation in the UWI-READY response is for Campuses to establish Campus COVID-19 Management Team (C-CMT), with expertise to guide the Campus through the three phases of the response - Preparedness 1, Containment 2, and Transmission 3.

The C-CMT should stay informed of guidance issued by relevant agencies and national ministries (e.g. WHO/CARPHA/CDC/CDEMA/health ministries).⁷ The C-CMT has a solid line reporting relationship to the Campus Principal and a dotted line relationship to the UWI COVID-19 Task Force to help co-ordinate the UWI-READY response. The UWI COVID-19 Task Force reports to the Vice-Chancellor and has the University Registrar as the Chief Administrative Officer as an *ex officio* member. The Campus COVID-19 Management Team has responsibility in the following areas:

1. Planning and Preparedness 1

In this phase before cases are detected in-country, the institution can undertake a number of steps to prepare for the epidemic. The WHO workplace and CDC guidance for higher education institutions documents are the most relevant reference sources to guide planning and preparedness. The local Ministry of Health may provide additional guidance documents (see e.g. Antigua & Barbuda Ministry of Health 'COVID-19 guidance for businesses and employers'). The following steps should be taken:

- implement and promote enhanced hygiene measures on the Campus to limit virus transmission and support the health and safety of Campus users; and
- conduct a health and safety risk assessment at the level of the physical plant, faculties and departments to identify generic as well as specific risk exposures (e.g. Medicine, Dentistry). Identify appropriate safety and preventive measures; and
- establish safety and security protocols for Campus Security and Health Clinic staff; and
- conduct a risk assessment of critical HR functions and critical systems; and
- develop or adapt the Campus's Emergency Operational Plans to maintain business continuity in the event of disruption to staff or systems; and

⁷ The UWI COVID-19 Task Force website will host links to documentation from relevant health agencies, trade bodies and disaster preparedness agencies

- prepare to deliver teaching and learning via distance learning modalities. The Open Campus is available to assist training through the Campus CETLs for lecturers to convert face-to-face content to distance learning methodologies.

2. Communication

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The C-CMT should develop communication strategies to keep staff, students and external stakeholders informed of the Campus's response to COVID-19. Clear, consistent and compassionate communication is recognized as the key towards executing prevention and containment objectives, including adoption of handwashing and respiratory hygiene behaviors, early case detection, voluntary self-isolation, effective quarantine and optimal medical treatment.⁸ The following steps should be taken:

- conduct information campaigns on health literacy and non-stigmatization among the Campus community to foster a conducive environment for the promotion of good respiratory hygiene, reduced viral transmission, and compassionate health-seeking behaviors; and
- sensitize the campus community to the containment strategy, emphasizing that it is based on a compassionate and non-stigmatizing approach for the rapid identification, isolation and treatment of persons with suspected COVID-19 illness; and
- encourage voluntary self-isolation for persons experiencing symptoms of COVID-19 illness; mathematical modeling of the epidemic has shown that self-isolation is a cornerstone of an effective containment strategy⁹; and
- develop pre-set communication messages and statements for stakeholder groups at distinct phases of the response, cognizant that different countries may be at different stages of the epidemic.

3. Containment and treatment of cases

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The C-CMT should develop procedures to refer suspected cases to the Campus Medical Officer (where appropriate) or a medical centre for assessment and onward treatment as recommended by the Ministry of Health. The following steps should be taken:

⁸ *Singapore: The model for COVID-19 response? MedPage Today, 2020*

⁹ Anderson RM, Heesterbeek H, Klinkenberg D, Hollingsworth TD. 'How will country-based mitigation measures influence the course of the COVID-19 epidemic?', *theLancet.com* 2020

- sensitize the campus community to the containment strategy, that seeks to identify suspected cases quickly, to confirm or exclude cases, initiate appropriate quarantine and maximize effective and compassionate treatment; and
- implement safety protocols for security and healthcare staff; and
- in the event that a case is confirmed or excluded, liaise with the Ministry of Health on subsequent steps to discharge, isolate, and/or extend medical care to the individual; and
- make provision to extend support as necessary to persons in voluntary self-isolation. Special consideration is required to maintain support for foreign nationals residing in the host Campus country who may be required to self-isolate or to enter national quarantine centers without family support; and
- Special consideration is required for the cohort of students registered in the Software Engineering programme who are residing under self-isolation at the Suzhou Campus of the partner institution, the Global Institute of Software Technology, Suzhou, China. The extension of subsistence and medical care to this cohort via a UWI Assistant Registrar living in Suzhou, as well as information sessions hosted for students and families, has provided a model for collaboration with public health officials and diplomatic corps in a complex situation.

4. Continuity of teaching and learning

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The C-CMT should provide alternatives for distance learning to maintain continuity of teaching and learning in the event of isolation of a student or staff member, or the closure of Campus facilities. The following steps should be taken:

- encourage greater use of distance learning modalities for all teaching. The tools currently available at The UWI to accommodate students or staff who are unable to attend work/class in person are shown in **Annex B**; and
- make provision for continuity of learning for anyone unable to access physical teaching spaces; and
- make use of available options in UWI's Assessment Regulations to arrange alternative assessment methods for students who are not able to access examination centres (e.g. provision of supplemental examinations, orals, and 'absent no penalty' grading)

The respective Campus and University boards should demonstrate flexibility to ensure that students are not disadvantaged in their teaching and learning due to the COVID-19 epidemic.

Special consideration and flexibility has been extended to the final year students in the Software Engineering programme with UWI's joint partner in Suzhou, China to find acceptable alternatives to the internship programme which cannot take place face-to-face due to the travel restrictions in China.

5. Business continuity

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In the transmission phase of the epidemic when staff absences are likely, or if sections of a Campus are shut down or quarantined at the direction of national health or security ministries, the C-CMT will need to implement its Emergency Operational Plan to maintain business continuity. The CDEMA 'Continuity of Planning Guidance Note for COVID-19' is the most appropriate reference guide for this phase of the response. The Enterprise Singapore: 'Guide on Business Continuity Planning for Novel 2019 Coronavirus' is also valuable as a reference document. The following steps should be taken:

- maintain liaison with the appropriate national Health and Security Ministries; and
- implement emergency plans to maintain continuity of leadership and critical Campus services; and
- cross-train staff members and establish covering arrangements to avoid disruption of critical Campus services; and
- establish communication channels through which Campus community members working from home or confined to isolation can report their status and make enquiries; and
- identify essential service providers and discuss continuity planning issues with such entities; and
- ensure that contingency funds are available for increased demand for medical services, medical supplies and other contingencies
- monitor and update emergency response procedures as the epidemic evolves.

14. Conclusion

The UWI COVID-19 Management Plan provides overarching guidance for the leadership of UWI Campuses and Centre in preparing for - and responding to - the anticipated COVID-19 epidemic. It positions the university to maintain its operations within the Caribbean regional disaster & emergency framework and in collaboration with the national health and security agencies responsible for dealing with this public health epidemic.

The Management Plan seeks to leverage the relatively good availability of laboratory testing to allow the execution of an effective prevent, contain, isolate, and treat strategy by Campuses in conjunction with national Health Ministries. The strategy depends on a non-stop education and prevention campaign, rapid case identification, early isolation and optimum treatment gains. The strategy requires advance planning by the Campus and Centre COVID-19 Management Teams, ideally in the period before cases are detected within countries, and a continuous and effective health literacy campaign at all phases of the UWI response. A sense of solidarity and non-stigmatizing behavior is essential among the university community to foster a conducive environment in which students and staff are comfortable to voluntarily self-isolate, which analysis has shown may be key to effective containment.

Students and staff should be encouraged to work and study from home; contingency plans by Campuses must therefore focus on maintaining continuity of business operations and continuity of teaching and learning when persons are off campus, or when sections of the Campus may be shut down or quarantined on the advice of local ministries. The university should leverage training opportunities offered through the Open Campus to enhance the capacity for distance learning across the university. A data led approach requires that Campuses monitor and update their emergency response procedures as the epidemic evolves.

The UWI COVID-19 Task Force extends our best wishes to students, staff, and Caribbean communities for good health and forbearance over the coming months.

“together we will get through this”

Annex A – The UWI COVID-19 Task Force

UWI COVID-19 Task Force



**Prof. Clive Landis
(Chairman)**
Cardiovascular
Research



**Dr. Joshua
Anzinger**
Virology



Ms. Janet Caroo
Broadcast & Public
Outreach



**Prof. Christine
Carrington**
Molecular Genetics
and Virology



**Dr. Rhonda Jaipaul-
O'Garro**
Marketing &
Communications



Dr. Don Marshall
International
Relations &
Economics



Dr. Maurice Smith
University
Registrar (ex
officio member)



**Dr. Michelle
McLeod**
Tourism



Prof. Julie Meeks
Health Research



**Prof. Christopher
Ora**
Veterinary Virology



Dr. Veronica Simon
Continuing Education
& Public Outreach



Dr. Harold Watson
Emergency
Medicine

**President, Guild
The UWI Five
Islands Campus**

Annex B – Office of the University CIO: ICT Services for Remote Work and Remote Alternative Educational Delivery Methods

The objective of this paper is to provide a brief overview of the tools currently available at the UWI that accommodate students or staff who are unable to attend work/class in person for an extended period of time.

ICT Services to facilitate Remote Work/Virtual Collaboration

ZOOM

Zoom is a cloud-based video conferencing platform which is widely used across the university to facilitate virtual meetings. Zoom allows the viewing and sharing of real time videos, audio, and the sharing of content from a participants' computer screen. This technology also has a chat room and breakout rooms. An important advantage of this tool within the Caribbean region is that it is low bandwidth efficient.

How to access?

The Open Campus has a Zoom subscription and UWI affiliates can request a Zoom license at a cost of US\$41.88 per annum. Each Zoom license has a capacity for 300 participants. Request for Zoom accounts must be sent to alycia.parris-ross@open.uwi.edu and copy to cio@open.uwi.edu

MICROSOFT OFFICE 365 (O365)

Microsoft O365 is a cloud-based solution that facilitates online collaboration among users. The platform provides features for voice and video meetings, sharing of documents and virtual interactions with members of staff. The tools that provide these features are Microsoft Teams, OneDrive, and Microsoft Office apps (Word, Excel and PowerPoint). O365 provides a comprehensive set of software tools and services that facilitate office documentation, communication and management tasks.

How to access?

Each campus is at varying stages of implementing O365 for all staff. For users who require access, please contact the campus IT department. At the Regional Headquarters, requests can be made to the Office of the University CIO, email universitycio@uwimona.edu.jm

MICROSOFT SHAREPOINT

Microsoft SharePoint facilitates the creation of secure repositories for confidential documents for the University. It also facilitates the sharing and access of these documents by authorized staff and external stakeholders.

How to access:

Request for accessing MS Sharepoint should be sent to the Office of the University CIO by sending an email to universitycio@uwimona.edu.jm.

VIRTUAL PRIVATE NETWORK (VPN)

VPN Facilitates secured connectivity to campus IT resources such as servers which house enterprise applications (Ellucian Banner, PeopleSoft HR) and local file systems. This facility is further complimented by the use of Windows Remote Desktop.

How to Access:

MITIS is responsible for the configuration and administration of this facility. Request should be sent to helpdesk@uwimona.edu.jm

ICT Services to facilitate Remote Delivery of Classes**LEARNING MANAGEMENT SYSTEM (LMS)**

Moodle is the University's Learning Management system (LMS) which facilitates the online virtual classroom environment. This technology provides an asynchronous space for the uploading of content in various formats (Word doc., PPT, Excel, Images, videos) and linking to websites. There are several tools available that add interactivity to the course: discussion forum, quizzes and others that can be explored. This technology is branded OurVLE on the Mona Campus, and eLearning on the other campuses. All academic staff and students have access to this platform.

How to Access:

Academic staff and students of the University have access to the LMS through their Elearning/ Instruction Support Services team in the Campus IT Department.

BLACKBOARD COLLABORATE WEB CONFERENCE

The Blackboard Collaborate (BBC) Web Conference is a feature rich synchronous teaching/learning software that is integrated in the Learning Management System. This software enhances the experience and capabilities of the LMS as it adds the synchronous learning component that would have been otherwise missing from the experience of users.

BBC web conferencing has a capacity for 1000 participants and will accommodate larger number of participants if request is made prior to class schedule through the Campus IT Service Desk. Recording of classes is also available.

How to Access:

Academic staff and students of the University have access to Blackboard Collaborate web conference through the Learning Management System (refer section on LMS)

ZOOM

Zoom (refer to section above) is also useful in the teaching learning space. It is usually used to connect sites or to manage small class groups. Zoom does not have the same rich teaching and learning features as Blackboard Collaborate, however, because the basic features are available and it is efficient on low bandwidth, this platform is a widely used for teaching and learning.

MICROSOFT OFFICE 365 (O365)

Students at Mona, Cave Hill and St Augustine have O365 accounts which allow for virtual collaboration (refer section on Microsoft O365 for features). Students are automatically assigned O365 accounts.

There are other generally free technology tools that are useful in the teaching and learning space such as WhatsApp and Google Suite of Products.

*Prepared by: Office of University CIO
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