Norfolk County-8 Coalition

MDPH/LBOH CALL 9/25/2020

Announcements:

*PrepMod:* Immunization clinic for all providers who completed the implementation survey. Authorized users will receive log-in information once survey is completed. Contacts identified for the survey will receive training information as soon as it’s available, local health departments can still sign up, might be delay in account creation (link to be sent after the call) Commonwealth Medicine is also offering additional and supplemental training once PrepMod training is completed for any local health department having trouble organizing clinics, and also helping with billing data. Also training with MIIS, but providers should keep reporting to MIIS in the interim.

*CARES Act:* Opportunity to listen and participate in CARES Act round 2 call. Explaining guidance and what needs to be done to apply and access CARES Act round 2 funding planned for October 1st, sponsored by Department of Local Services and Massachusetts Municipal Association. Link will be provided once available. Originally scheduled for town/city CEO’s, but health departments now invited to join.

*Halloween guidance:* Not final, but language is written. Lots of questions about activities and [recreational standards](#) apply to all activities in Massachusetts. At a minimum, residents continue to adhere to wearing face masks/face coverings. Face covering should be worn on top of a mask. Also, follow basic public health practices, don’t pass out candy if you don’t feel well, wash your hands before you eat candy, stand 6 ft apart, etc. If people travel to Massachusetts from a place not classified as low risk in the past 14 days, these persons should not pass out candy. Halloween activity guidance already released by CDC, and Halloween activities are subject to gathering size limits. There are some prohibitions on activities that are not allowed to Phase 4.

**Questions from emails:**

**Q:** Can plexiglass barriers be installed at the bar to separate customers and allow for more bar seating?

**A:** No provisions in standards that allows for this. Plexiglass created to separate worker from patron not for patron between patron. Just like a face shield doesn’t serve the same function as a face covering/mask, the plexiglass barrier does not serve the same function as a mask. Mask reduced the respiratory droplets coming from a person. Plexiglass does not do this, it keeps droplets in the air and still have a risk for transmission.

**Q:** If a student is sent home with symptoms and is awaiting test results, should any siblings in the home also isolate?

**A:** If a sibling is asymptomatic and healthy while one of their siblings is symptomatic and waiting test results then the healthy sibling can attend school but best efforts should be made
to isolate the sick child. If the child then tests positive, then different decisions will need to be made.

Q: Winery or craft breweries want to set up a booth at an art fair, can they sell cans/bottles to take home? Are art fairs allowed?
A: Certainly allowed to do retail (selling items) but not allowed to sell for consumption at location because not a seated table service with food. Art fairs/community fairs, specially prohibited until Phase 4. If outdoor event, then may be limited to 50 people anyway.

Q: Roller skating rinks—when are they allowed to be open?
A: Will look into this.

Q: Student tests positive who recently participated in a choir session, session was held with 6ft distance between students and everyone wearing masks, should the other students in the class isolate?
A: Have not produced individual guidance for every other circumstance that arises, we have an activity that we know that is somewhat higher risk, and we have the known guidance about how to address high-risk activities. We remind LBOH that you are empowered to look at an individual situation. For this instance, yes it is a higher risk setting, students were at least 6ft apart, were wearing masks, in the absence of additional information, I think it’s appropriate to use 6ft and 15 min of close contacts. No need to quarantine all the students/test all of them. Having said this, we are still in uncharted territory with COVID.

Q: Close contacts—would athletes who play in a competition for an 1hr or more be considered a close contact?
A: Depends on the sport and the type of contact (within 6ft, for periods of contact throughout the game). Based on all case investigations the local health departments and DPH have done, it appears the sport with greatest transmission is ice hockey. Soccer can also be a place where athletes come into close contact, baseball less so. However, if you have questions about the type of sport, they’re probably breathing heavily because that is the nature of sports, which contributes to transmission. Can’t say that “this person was 15 min and other 12 min in close contact” to clear people. Also questions have been brought up about what happens when a player is not playing, do they sit on the bench with the other players? Are they physically distanced? This is not a clear-cut answer, but these are the type of things that I recommend thinking about.

Q: Bulk item dispenser for grains still prohibited? Even though self serve stations are approved? Is this different for co-ops?
A: Revised standard was written specifically for given reasons, this is why it only applies to drink dispensing stations. This is said explicitly in the standards. No idea on co-ops

Q: Coat rooms, any updated specific guidance on this?
A: Still being worked on.

Q: Igloos to maintain outdoor dining space in the colder months?
A: Spoke to Fire Marshall’s office. 1) Existing tents that are set up (with foldable sides, not made of cloth or plasticized materials) CANNOT have space heaters underneath them that have an open flame. This is a VERY bad plan and does not meet fire code, whether the flaps are up or down. 2) Igloos and greenhouses, these can be used, but this is a much larger issue than a COVID-19 issue. From a COVID-19 standard, no reason for not using this, but there are significant building and fire code issues. Look at Department of Fire Service website they have bulletin on this. Ron will distribute this after the call.

Questions from callers:
Q: Youth sports spectators at a field, what is the gathering limit for spectators on a field? If this is repeatedly violated, can LBOH issue a cease and desist order, who should it go to? The athletic association running the event or should it go to the town because the field is part of town property?
A: Question for EEA (not on the call today), but standards says no more than 50 people. If you can fit 50 but not all people can maintain 6ft of social distancing between spectators, then you need to limit that number. No spectators allowed for people 21 years or older who are participating in sport. Yes, the LBOH can issue a cease and desist order. Should go to whoever is responsible for organizing the event. The town should be aware of the situation, but almost virtually impossible to send a cease and desist order from one department to another, so go to whoever is organizing this event. Previous examples are basketball and spectators there.

Q: Haunted houses and museums—trying to find the best way to identify if museums can turn into haunted houses?
A: Will follow up with you later today.

Q: When a student returns from having COVID-19 like symptoms, if a student sees the doctor and receives an alternative diagnosis, do they also need a negative COVID-19 test, or is the doctor’s note sufficient?
A: For students ill with non-COVID-19 related illness, follow the policies, procedures, and protocols in place for what is required for students coming back to school after an illness. Doctor’s note is sufficient. There was a follow-up to this topic: There is new guidance from Sept.
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21st about the testing of symptomatic individuals. It should always be the default practice. The student with an alternative diagnosis should almost always receive an additional COVID-19 test before returning to school. This is where a clinical provider will use their own discretion, but this is the default method.

Q: Plexiglass—U shaped bar, want to hang plexiglass from the ceiling all the way down to the bar, also have moveable plexiglass dividers on the bar, can they do this? If there is a solid plexiglass between groups, still follow 6ft rule? Can you have a party of two, or three by moving the plexiglass between them to limit 6 ft distance between parties?
A: Plexiglass for bars and countertops allows for barrier between workers and patrons would not allow for parties to sit less 6 ft apart. New clarifications in new standards about how high these glasses need to go. Barrier does not limit parties needing to be 6 ft apart.

Q: Soft-serve drinks, is this just for retail? Or can places like McDonalds/Burger King have soft serve drinks?
A: Only allowed for retail. Not allowed for restaurants or other settings.

Q: Local church in the planning stage to reopen, in their outlines, looking to have a singer behind plexiglass barrier for funeral or regular church service, is this allowed?
A: It is allowed, to have one singer who would be considered a leader of the gathering to sing, a barrier is recommended and they need to be appropriately spaced they do not need to wear a mask.

Q: Any additional framework about the type of data/information we should or should not provide to community members? Community looking for more information about what is going on specially in schools or nursing homes or colleges?
A: At some point in the pandemic, the burden of cases was occurring in LTCFs. Looking at cases by older age group, really had utility early on. Now, concerns are expanding to include school-aged kids, k-12 and college aged kids, as well as adults. There is value in looking at age groups to search for trends, identify places to intervene or educate. A school/college/LTCFs are not in a bubble and are a part of the community. If COVID-19 enters these locations, it’s because someone in the community brings it in. Also, need to frame it with the understanding that COVID-19 does hit all age groups and spreads easily between age groups. Just because one week cases are higher in one particular age group, it does not mean this should be the sole focus of the community.

Q: Halloween—wanted to clarify that at this point we should be basing all of our decisions on CDC guidance, but there is DPH guidance coming up?
A: CDC has Halloween guidance on how to be more creative to celebrate for trick-or-treating for example. If you are talking about an activity or school who wants to do something, these sector specific standards need to be reviewed.

Q: Students under 10 coming in with their parents traveling from high risk areas?
A: Travel quarantine order does not say that if the parents test negative that the kids do not need to test. It says that people over the age 18, or unaccompanied minor, need to fill out the form. Children under 10, they should do whatever their parents/guardians are doing. If parents get tested/quarantined, then the children should also.

Q: Hockey and the spread of COVID-19, is this for youth hockey or adult hockey?
A: This is what we have seen so far, in both youths and adults.

Q: Drive-through haunted houses, what guidance do they fall under? People would remain in their vehicle, less than 50 people allowed on the ground doing the haunted house, and then people would pass out a bag of candy at the end.
A: Performers/staff would be limited by the performance/theater's standards. People inside the cars would not count towards that.

Q: Church—what approach should they take if a member refuses to wear a mask. They say it’s for a medical reason. Other parishioners feel unsafe about this member not wearing a mask. We also have Zoom option for them to join, but they refuse to participate in this.
A: If they say it’s for medical reasons, you cannot ask for medical proof. Look at ADA and look at their suggestions and policies and the law relative to reasonable accommodation. If there is a way for the person without the mask to worship and do it in a way to still protect the safety of others, is there a way the person can worship online, or more socially distanced from others? Not a black and white situation, and there is no blanket exemption. If this is truly posing a risk to other parishioners, the goal is to let this person do what they want to do (pray) but protect the other parishioners. If the person doesn’t want to do Zoom, then the church should speak to an attorney about this. They are within their right to discuss this with their attorney.