

# Norfolk County-8 Coalition

*MDPH/LBOH WEBINAR 12/15/2020*



## Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Helene Bettencourt and Anne Gilligan, Department of Elementary and Secondary Education
- Michael, Flanagan, Mary Dozois and Adam Kinney, Department of Labor Standards
- Gerben Scherpbier, Executive Office of Energy and Environmental Affairs
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- John Welch and Jason Lefferts, Community Tracing Collaborative

### **Announcements:**

***Rollback to Phase 3, Step 1: Q:*** Is the state still using the Red Yellow Green metrics? For communities who are red for 3 weeks, do they need to roll back even further, like Phase 2? ***A:*** Yes, still using the RYG metrics and right now they do not need to go back to Phase 2. If you want to scale back your Phase, you are welcomed to do this as it is in your authority. You can be stricter than what the Governor has indicated.

***Vaccine related links:*** [covid-19-vaccine-plan-ma@mass.gov](mailto:covid-19-vaccine-plan-ma@mass.gov) (for the vaccine planning unit, questions about local vaccination clinics, or questions you might be getting from the public or members of the municipality, i.e. the level of the prioritization for vaccinations.)

Vaccine plan: <https://www.mass.gov/info-details/massachusetts-covid-19-vaccine-information>

Vaccine FAQs: <https://www.mass.gov/info-details/covid-19-vaccine-frequently-asked-questions>

Information for providers: <https://www.mass.gov/info-details/covid-19-vaccine-information-for-providers>

FAQs for providers: <https://www.mass.gov/info-details/covid-19-vaccine-frequently-asked-questions-vaccine-providers>

Action=Consequences Campaign: Social media links—Instagram

([www.instagram.com/p/ClotBMQFi4D/](https://www.instagram.com/p/ClotBMQFi4D/)), Twitter

([twitter.com/massGov/status/1338867453464436736](https://twitter.com/massGov/status/1338867453464436736)), Facebook (links to be sent out)

***Stop the Spread (STS) Program overview:*** Questions around testing and access to STS locations. STS sites, across MA, new express locations, Revere, Framingham, New Bedford, Lynn. These sites are also known as Project Beacon. This is a network of testing providers although they are separate sites. The STS sites are open to all residents in all communities in the Commonwealth.

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***Isolation and Recovery Sites (I&RS):*** Individuals must meet both clinical and financial eligibility in order to stay at an I&RS. Clinical eligibility: individuals with a positive COVID-19 test result are eligible for I&RS. Individuals must be able to safely isolate without intensive medical supervision. These sites are NOT appropriate for individuals who require assistance with Activities of Daily Living from on-site staff; or require medication administration except for Methadone; or require the level of care provided at a Skilled Nursing Facility. Financial eligibility: Individuals that are experiencing homelessness or housing instability. I.e. People who normally sleep at a shelter, on the street, for whom home is unsafe due to violence, or who do not have a permanent address OR individuals in households making less than 400% of the [Federal Poverty Level](#) in need of a safe place to isolate, including but not limited to overcrowded households, living with a high risk individual (older adult, immunocompromised) etc. An annual income of 400% of the Federal Poverty Level is:

\$51,040 for individuals

\$68,960 for family of 2

\$86,880 for a family of 3

\$104,800 for a family of 4

To make a referral call 617 367 5150

At I&RS guests are provided with all necessary services to ensure a safe recovery, similar to if they were isolating at home. Provided their own hotel room along with 3 meals per day. Additional services on-site include nurse oversight, security, behavioral health supports, laundry, cleaning services, and linkages to other state services (e.g. DMH, DDS, MassHealth—enrollment support). Once recovered, guest returns to their point of origin and may be connected to additional social services if appropriate.

Clinical services provided at I&RS include: CNS, Home health aides, RNs, MD, Pharmacy (to fill prescriptions through guest's existing prescriber, filled prescription is delivered to I&RS). Telehealth services and 24/7 translation services also available.

Behavior Health Services provided at I&RS include: MSWs, LICSWs, Psychiatrists. Case management, SUD medication continuation, recovery coaching, de-escalation training for staff, telehealth.

***CTC:*** Doubled staff from mid-point in November and added temporary staff to support the surge. Current daily volume about 3,500 new cases referred daily (7-day average). By 12/26, targeting approx. 2k FTE active employees and working on Outbound and Inbound call lines, 7 days a week, from 8 am – 8 pm. As well as Epi Intelligence Unit. Cohort started training yesterday, will begin calling a week from yesterday, another group starting next Monday, and starting calling a week after that. Training available for cohorts are also available to LBOH if they want to send someone to it. There are portions of the training that aren't applicable to

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LBOH (because LBOH uses MAVEN) and the outcome of the training is not to have access to Salesforce system, but to learn about the protocols and engage with our training team.

Process: In initial text messages we continue to state “we will be calling you” but have also encouraged residents to “Call us back” at their convenience. If we get a voicemail on our first call, we leave our number to “call us back.” We substantially expanded Inbound phone line team, and are taking around 1200-1500 inbound calls every day. We also have triggers if the wait time is longer than expected we add another team to join that group. Using “call us back” we were connecting and talking with 60% or more of residents even on the highest surge days post-Thanksgiving. In the post-Thanksgiving surge, CTC adopted a surge protocol, prioritizing the most recent test and exposure dates. This surge protocol included an internal administrative process that automatically made case records appear “closed” after that single outbound call and voicemail. The case closure was visible to LHS in MAVEN and generated a referral back to LHDs. We understand the concern that this caused. We reverted back to using another type of administrative procedure and those cases have been left “open” in MAVEN through their isolation and quarantine period.

Initial outreach routine: Cases with a test date within the last four days + contacts with most recent exposure within last six days will each receive six successive initial outreach call attempted from the CTC over a 3-day period. If after 6 attempts the case or contact cannot be reached, the case will be reverted to LHDs. Initial outreach will continue to include text messages and voicemails to “call us back” and incoming phone lines are staffed for these calls. All tests now include short URL [mass.gov/isol8](https://mass.gov/isol8) for comprehensive isolation and quarantine information for residents.

Care resource coordinator referrals: Up to 2k last week. Food needs, housing needs, and continuing to connect all these individuals to the resources that they need.

***Additional Funding:*** \$10 M dollars for LHDs that the Governor just signed today. Finding out what mechanisms exist to send this money out quickly, how it should be prioritized, stay tuned. Also, expansion of the SAPHE Act.

***Also:*** Thanks to Camille Griffin from Framingham who worked with Amazon to create an email address where you can send inquiries and concerns about Amazon. Email address to be sent later.

***12/18 last Friday webinar for rest of the year.***

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### **Questions from emails:**

**Q:** What are the face covering requirements for people in offices that have open floor plans with cubicles or workstations?

**A:** Face-coverings in offices, there is a line in the standard that allows for the removal when in a workspace by yourself. This means that if you are in a private office you can remove, if you are in a cubicle and have 6 ft of distance, and ideally 6ft tall barriers, you can remove your face covering if you are in a cubicle by yourself. As long as cubicles are not next to each other, so for most offices it'll be every other cubicle, this is roughly about 6 ft of distancing. As soon as you leave your cubicle, you need to have your face-covering on.

**Q:** Are fitness centers allowed to rely solely on customers to sanitize equipment after they use it?

**A:** No unattended gyms. There is a provision in the standards that allows gym members to clean equipment, but the gym still needs to have staff there to make sure that it's getting done, and to perform other cleaning duties as required.

**Q:** Cumby's continues to be a challenge. We know that the company has a policy of not enforcing the mask order for customers but does BOH have to follow that policy? Can we fine for not enforcing mask orders?

**A:** Every employer has an obligation to make sure employees are wearing face coverings. Our stance, from the beginning, is we don't expect businesses to confront customers for safety reasons. We don't expect Cumby's to go on any further besides posting signs.

**Q:** Can a customer be denied entry if the proprietor thinks they are supposed to be in quarantine or isolation?

**A:** This is tricky, because how would you know that the person is supposed to be in quarantine or isolation? But let's assume that the establishment does know that the person is supposed to be in quarantine or isolation, and the proprietor has a mask on, I (Cheryl Sbarra) would ask the person to leave if I was sure they needed to be quarantined or in isolation and notify the LBOH that this has occurred. I don't want to equate this with medical conditions, because this is a contagious situation, but if the proprietor was challenged for denying entrance, they would most likely win if the case ever went to court. But if I were the proprietor, I would talk to a lawyer about it.

**Q:** Is DPH familiar with the Megna IgM IgG combo test kits? My police department wants to administer them to all their officers.

**A:** This is clearly testing for antibodies, serologic test kit. The conversation that needs to happen is what is the rationale for doing these tests? There are no recommendations for using serology tests to prove immunity. Unsure why this would be a good idea or a good way to spend money.

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**Q:** Has the rollback had any impact on restaurant capacity? What about bar seating?

**A:** Reduction in the number of individuals sitting at a table from 10 to 6, so this reduced restaurant capacity, but restaurant standards haven't changed, no capacity limit compared to the other standards at 40% occupancy. Restaurants never had that from the beginning and continues to not have this. Bar seating—has not changed during this current rollback. Rules that went into effect 1 month ago are still in place.

**Q:** Is live music still allowed at drive-in theatres?

**A:** No answer to this right now. Stay tuned for Friday.

**Q:** If a traveler tests negative on Friday, goes away for the weekend, and returns within 72 hrs, do they need to quarantine or be tested again?

**A:** There is a statement that says this is not allowed. Information to be sent out by Ron O'Connor et al.

**Q:** Can a gym ask its customers for a doctor's note if they claim a medical exemption for not having to wear a mask while working out?

**A:** This references the ADA, the law that everyone needs to comply with when you see anyone with a disability. The Dr's note might clarify that the person might have a disability or not, but it does not address whether the gym can let someone in or what they should do if someone comes in without a mask because they have a disability. ADA addressed this in the FDA and face mask policies. Updated end of September (*I couldn't find the document Cheryl was referring to.*) It does a good job at looking at what a disability is, and in what situations a business needs to provide a reasonable modification to the facemask policy, what those modifications might be, and 3 reasons for why you cannot have someone not enter the facility. You should also reach out to your legal counsel. The doctor's note might make the gym feel better, but the person doesn't have to provide the note.

**Q:** Do military personnel returning home on leave need to quarantine or be tested upon returning to MA?

**A:** They don't, as long as they are traveling related to their military service. Not a reason for military personnel to go on vacation, only if they're coming back from their leave.

**Q:** Does an outdoor ice rink need to follow outdoor recreation or sports standards? Public skating related.

**A:** [Outdoor skating rinks in sports guidance](#). Even for public skating, and capacity is limited to 25 people.

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### Questions from Q&A chat box answered aloud:

**Q:** Alignment about quarantine--travel order still says 14 days, DESE standards, then new adoption of the CDC quarantine, are they going to align so no confusion? Can LBOH stay with the 14 day quarantine because it's simpler?

**A:** DESE--still in the process of aligning all of the DESE guidance with DPH quarantine guidance. Have about 400 pages of guidance, and this needs to be done very thoroughly. Shorter quarantine--Full incubation period is 14 days, and full quarantine is 14 days, but what the shorter quarantine time allows for is individuals who are not able to quarantine for all 14 days to at least be at home avoiding interactions with people in public. For either of the shorter periods, people need to understand that they need to self-monitor until the 14<sup>th</sup> day. Think about what a hardship a quarantine period can be, and think about whether enforcing a 14 day quarantine is in the best interest of the individual. I.e., if Dr. Brown had to quarantine, she has all the support. She can work from home, she has people who can bring her food, etc. Individuals with lower income work for an hourly wage, cannot tell work they will be out for 14 days. It is the most significant reason to consider the shorter quarantine periods. Be thoughtful about applying the quarantine periods. Travel order--you do have the option to test out sooner.

**Q:** Why would CTC revert cases back to LBOH?

**A:** There are a number of circumstances from the very beginning of the CTC to send cases back, and an example is for congregate care settings, they would be sent back to LBOH. Also, if we can't reach someone within the 72 hr time frame, that is an indication that the person cannot be reached, this was set up at the beginning of the CTC with DPH. Could be that LHD have a better way to contact them.

**Q:** Who is enforcing students not getting flu shots?

**A:** DESE is in discussion with the Governor's Office and Medical Team re: the requirement for flu immunization, and we are looking to get updates hopefully by Friday.

**Q:** Why are teachers not being required to get a vaccine when students are?

**A:** Local issue, depending upon what the CBA look like with teacher's union.

### Questions from Q&A chat box not answered aloud:

**Q:** municipal based testing sites don't have to go through the command center correct?-

-Mike Coughlin - 3:10 PM

**A:** That's correct.

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Edward Weiner - 3:06 PM

**Q:** If a business refuses to comply with an order; their lawyers interpret something differently. Can local boards of health fine establishments or do we need to go to (Superior) court to impel comply?-

-Cheryl Sbarra - 3:18 PM

**A:** This would depend on the circumstances of the case and the type of order issued and should be answered by your city or town attorney. However, in general, if you issued a Notice of Violation and the establishment has not complied, you can fine the owner.

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Edward Weiner - 3:20 PM

**Q:** Fines" At what amount do you suggest? Is there a limit/day?-

-Cheryl Sbarra - 3:23 PM

**A:** Email me at sbarra@mahb.org and I will send you the templates identify the fines.

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Karen Keane - 3:03 PM

**Q:** Would security and operation employees of nuclear power plants be considered public safety officials? and if not when would they be eligible for the vaccine? Thank you.-

-Jana Ferguson - 3:24 PM

**A:** Please send this question to COVID-19-vaccine-plan-ma@mass.gov

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Emma Dragon - 3:35 PM

**Q:** Is 14 feet still required between aerobic machines even with mask on (since mask is now required at all times in a gym)-

-Mike Coughlin - 3:39 PM

**A:** That requirement is still in the standard. If there are barriers between the workout stations they can be spaced no less than 6 feet apart.

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Jared Orsini - 3:33 PM

**Q:** Does a cubicle have to have walls?-

-Michael Flanagan - 3:43 PM

**A:** Yes, and they should be 6 feet tall.

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Tammy Goodhue - 3:40 PM

**Q:** I don't see the provision in the office standard to say that workers can be unmasked in a workspace defined as a cubicle 6 ft apart and the partitions are 6 feet high. Is this in writing? -

-Michael Flanagan - 3:47 PM

**A:** The language is, "Workers and visitors must wear face coverings at all times, except where unsafe due to medical condition or disability or except when in their own individual workspace and alone."

-Michael Flanagan - 3:47 PM

**A:** The 6 feet distance and 6 foot barrier is how we define an "individual workspace"

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Thomas Carbone - 3:45 PM

**Q:** Am I reading the Youth & Adult Amateur Sports guidance correctly? Are indoor high-risk sports limited to Level 1 and modified Level 2 Cohort play only? Does this mean that ice hockey and basketball cannot play competitively right now?-

-Gerben Scherpbier - 3:47 PM

**A:** No, I think you may be referencing outdated guidance. Those sports are currently allowed to compete (if meeting the requirements listed in the guidance).

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michael mendez - 3:42 PM

**Q:** With winter coming and some construction sites taking place outside, are they required to have a handwashing station? Concern is that the water may start freezing. Are face coverings required on construction sites?-

-Michael Flanagan - 3:48 PM

**A:** Construction standard has not changed since July. there is no plan to do so.

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Kristin Black - 3:51 PM

**Q:** Does the state anticipate extending the Stop the Spread sites beyond January 15th?-

-Jana Ferguson - 3:52 PM

**A:** Hi Kristin - Testing has been extended into March.

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Thomas Carbone - 3:48 PM

**Q:** Thanks - that language is on the bottom of page 4 of the guidance effective 12/13/2020.-

-Gerben Scherpbier - 3:54 PM

**A:** Right, it says that basketball, lacrosse, ice-hockey, ultimate frisbee are allowed to participate in levels 1, 2, 3 play. Wrestling, cheer (stunting), pair skating are limited to 1 and 2.



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NICOLA BORDELON - 3:33 PM

**Q:** I would again like to bring forth the confusion and additional work the new 3 step quarantine protocol is creating within schools. We would prefer to stay with the 14 days quarantine for close contacts, as it is very confusing for families and especially -

-Jana Ferguson - 3:57 PM

**A:** This question has been answered verbally.

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-Tammy Goodhue - 3:53 PM

**Q:** Thank you, Michael. Is that defined in writing? Also, you said preferably 6 feet tall partitions. What if they are shorter than that but people are sitting and at least 6 feet apart? This is an issue at 211 itself and has been the subject of calls too.-

-Michael Flanagan - 3:58 PM

**A:** It was in the initial standard. I do not believe it is in writing elsewhere.

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Rachel Lee - 3:13 PM

**Q:** Sorry I missed the part about municipalities limiting testing to residents with symptoms/close contacts? Not a stop the spread site. Can they limit testing to residents, school members and town employees/families as we are paying for uninsured tests.-

-Jana Ferguson - 4:00 PM

**A:** Municipal funded testing sites can limit their access to residents, but state-supported locations cannot limit access to city/town residents.

**Additional questions please email:** [Michael.j.coughlin@mass.gov](mailto:Michael.j.coughlin@mass.gov)