

Norfolk County-8 Coalition

MDPH/LBOH WEBINAR 1/5/2021



Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health
- Dr. Catherine Brown and Kathleen Shattuck, Bureau of Infectious Disease and Laboratory Sciences
- Donna Quinn, Office of Preparedness and Emergency Management
- Michael Flanagan, Mary Dozois, and Adam Kinney, Department of Labor Standards
- Helene Bettencourt and Anne Gilligan, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- John Welch, Community Tracing Collaborative

Announcements:

Public Messaging Campaign: “Stop COVID-19”—materials and resources for municipalities, businesses etc. Updated regularly with new state guidance, tips, seasonal materials. Sizes for a variety of needs (posters, social media, flyers) and multiple translations. Can be co-branded and available for download at mass.gov/covid-municipal-info. Hoping to mimic this campaign with vaccine materials. Content includes vaccine need-to-knows, post-vaccine information, FAQs. Messaging topic example: “It’s safe, it’s free, it will be administered in phases.” “Requires two doses to be fully vaccinated—remain vigilant about masks, distance etc.” “What to do after dose 1/fully vaccinated” and “How will you know it is your turn?”. Targeting to go-live by 1/11/21 with initial materials.

Example materials:

CEIT Marketing & Outreach

Employee Return-to-Work Guidance

Proper return-to-work protocols should be followed after an employee's quarantine or isolation to reduce the risk of spread of COVID-19 in the workplace.

WHEN SHOULD EMPLOYEES QUARANTINE?

If they develop signs or symptoms of COVID-19 within the last 10 days of having been exposed to someone who is COVID-19 positive and they start showing symptoms and/or a positive test result.

WHEN SHOULD EMPLOYEES ISOLATE?

If they have symptoms for COVID-19 OR have a positive at-home OR lab test.

WHEN CAN THEY RETURN TO WORK?

All employees in addition to quarantine should be advised to avoid others they meet the following criteria:

IF EMPLOYEE WAS IN QUARANTINE	IF EMPLOYEE WAS IN ISOLATION
Stop all close exposure Stop all close exposure to others in the household, workplace, and community and avoid public places and events. Avoid public places and events. Avoid public transportation. Avoid public transit. Avoid public transit. Avoid public transit.	Stop all close exposure Stop all close exposure to others in the household, workplace, and community and avoid public places and events. Avoid public places and events. Avoid public transportation. Avoid public transit. Avoid public transit.

Stop all close contact
Stop all close contact with others in the household, workplace, and community and avoid public places and events.
Avoid public places and events.
Avoid public transportation.
Avoid public transit.
Avoid public transit.

Employees should not consider COVID-19 test result as a confirmation to return to work.
Employees who are still symptomatic should remain, notify the employer, and return to work.

*You can avoid an quarantine being based on testing in symptomatic individuals.
www.mass.gov/quarantine

For more information on quarantine and isolation visit www.mass.gov/ceit

FACT vs FICTION

What you should know about a negative COVID-19 test result

FICTION: If I get a negative result, I can see friends and family again and not worry about spreading the virus.	FACT: A person can be asymptomatic and test negative and still have the virus, unknowingly passing it on to others.
FICTION: If I am exposed to someone with COVID-19 today I will test positive for the virus tomorrow.	FACT: It can take 3-5 days after exposure before a test result will show up as positive.

Regardless of your COVID-19 test result, you must quarantine for length of time advised by your public health authority.

For more information visit mass.gov/ceit/facts

HELP YOUR COMMUNITY STOP COVID-19

YOU HAVE THE POWER TO SAVE A LIFE

- Wear a mask.
- Wash your hands.
- Keep your distance.
- Don't share food, drinks or utensils.
- Feel sick? Stay home.
- Get tested.

Learn more at Mass.gov/StopCOVID19

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Vaccine communications and community engagement plan:

- Provide clear, accurate, consistent information about the vaccine
- Build trust and vaccine confidence
- Dispel vaccine misinformation
- Partner with community leaders, faith-based organizations, trusted voices (video series, not only clinical staff, but also sports figures i.e.)
- Launch comprehensive statewide public awareness campaign in multiple languages (Phase 2)
- Update and disseminate information on vaccination locations and availability
- LBOH are engaged in this communication and community engagement plan
[Mass.gov/covidvaccine](https://www.mass.gov/covidvaccine) (source of truth)

Engagement team interviewed 1,000 people in MA about vaccine attitudes. 47% of people identified as “early adopters” ready to get the vax as soon as possible; 30% “delayers” likely but hesitant to get it; 23% “most hesitant,” reason is concern about safety, this is the group we are trying to target.

Q: Is there a fact vs. fiction sheet for the vaccine? Specifically targeted at the misinformation circulating around social media sites

A: Pros and cons to doing this, because sometimes this publicizes the myths. What our team is doing is helping to answer questions that were brought up during the research program, but we are looking at all options

Q: Can we get messaging around “when is it someone’s turn?” How can people think through this for when they should expect to be vaccinated? Is there a plan for how to celebrate getting vaccinated?

A: We encourage people to celebrate on social media. If you’ve been vaccinated, tag us on twitter [@MassDPH](https://twitter.com/MassDPH) so we can circulate those photos.

COVID-19 [Vaccine Interactive Dashboard](#): Has everybody seen the new interactive dashboard? Went live at 5:00 pm on time yesterday, and then promptly crashed because of all the traffic, but now it’s back to being stable 😊. Every single data point that was on the previous daily dashboard is contained in this new interactive version. There is nothing missing. We have tried to organize it in a way that looks relatively familiar. Additional features include a “date” filter. This filter allows you to see all of the data since the beginning of the pandemic, or just a particular date. I encourage you to take a look, we value your feedback, send it along and we will consider it.

Managing clusters in SUD Treatment Programs: We are seeing clusters of cases in SUD treatment programs. There has been tension among LBOH, CTC, and treatment programs trying to manage clusters in this sites, and they say we can’t give you information. So from a legal standpoint, there is not way to work around this. We are encouraging anyone working with

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these programs by using. Programs will learn about how to do contact tracing and will provide contact information to their participant and will encourage them to call public health directly. They can provide their information to you, this is legal.

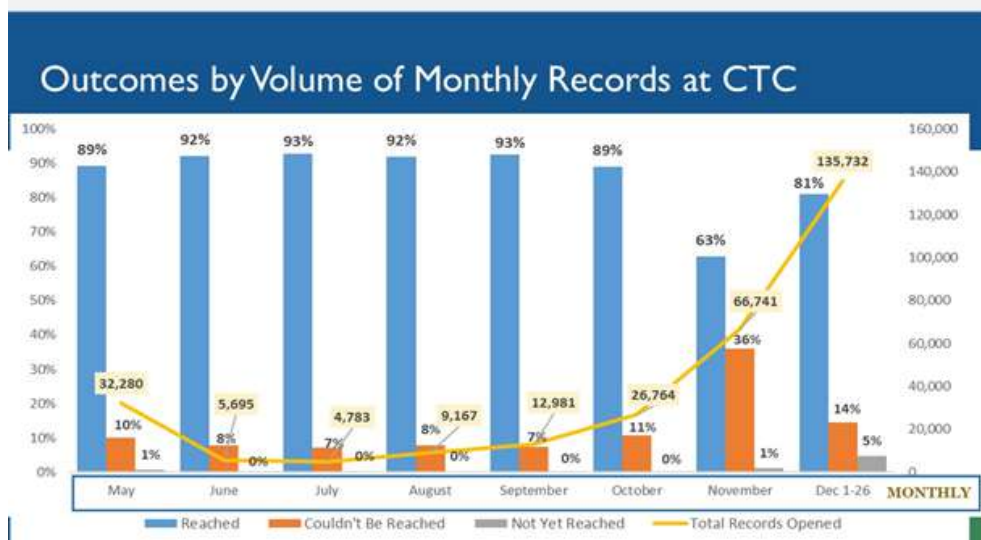
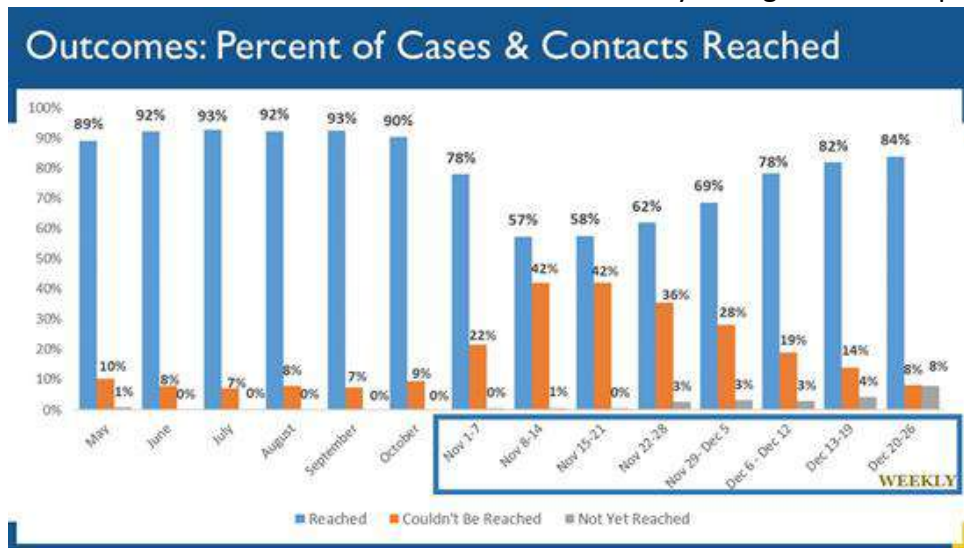
Q: Any immunization information added to the dashboard?

A: There is a vaccine dashboard that goes out once a week. Released on Thursdays. This is still a PDF file, there are talks about adding vaccine data to this dashboard or to create a new one.

Q: Does this also apply to domestic violence shelters?

A: *Dr. Brown jumped off the call before this question was asked.*

CTC: CTC numbers during the surge. During November's surge CTC experience a ~3 week period of capacity shortages before staffing caught up with the need. During this time, 60% of cases and contacts were reached. 77% of cases and contacts in the system got at least 1 phone call.



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In comparison to other states..

Comparator	Timeframe	Results	Massachusetts comparison during equivalent timeframe
Vermont ¹	November 15 th -28 th	Interviewed 74% of 1,782 cases (within 24 hours)	Reached 60% of cases and contacts combined (52% of 22,583 cases & 73% of 12,868 contacts)
Virginia ²	Dec 10 th - 17 th	Reached 77% of cases (within 24 hours) and 87% of contacts (total)	Reached 87% of cases and contacts combined (86% of cases & 89% of contacts)
Delaware ^{3*}	June 27 th - Jan 1 st	Reached 77% of cases and 46% of contacts	Reached 77% of 202,743 cases and 84% of 136,018 contacts since initiation of the CTC (80% of cases & contacts combined)
New Jersey ^{4*}	July - Dec	Attempted 83% of cases and 64% of contacts Reached 61% of cases and 54% of contacts	
LA County ^{5*}	April - Dec	Interviewed 54% of cases and 67% of contacts	

Referrals to Care Resource Coordinators (CRCs)



Since the CTC has started, we have referred over 30k cases. Restructured CRCs system so there won't be backlogs. More robust triage system and now able to reach out within 24 hrs.

Vaccine Planning Update: Not everyone is getting emails because interactions are going directly to health departments and individual health departments who have identified themselves as wanting to host First Responder clinics. If you have partnered with 12 other communities to do a clinic for First Responders, all of you are important but I only have one point of contact. If you are the point of contact please distribute this to your associated colleagues. This includes invitations to meetings and FAQs being distributed.

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A [First Responder Clinic Map](#) went live yesterday. Has a menu of options and the locations of your clinics are largely placed on there. Green arrows on the maps are mass vaccination clinics managed by DPH. Any first responder can go to any of those. We anticipate those mass vax clinics will continue to operate throughout Phase 3. Right now, we've been doing First Responder clinic planning only. Expecting general population to be vaccinated around April. No plans in place for Phase 2. If you are interested in vaccinating other phase groups, please let us know. We can work with you. Common topic: Medical offices are reaching out to LBOH for vaccines. DPH are working on partnering with other health care systems, unsure why medical offices are contacting you for vaccines. Information will be shared with them around a solution working with hospitals and other healthcare systems.

Vaccine allotments are starting to ship this week to clinic sites. Allotments are being shipped with the figures given to DPH. Tracked through MIIS. We will give you information about the process for how to do this. FAQ will be provided after this call. FAQ will provide guidance on who to reach out to if you have questions about vax allotment. If you said you have 1,000 first responders, you will not get 1,000 doses. We are also allotting depending on the number of first responders you can do per day. If you got less than accounted for, don't panic there are opportunities to request more as you use it.

Many requests that we received didn't indicate how many doses you could give. We gave you a partial order to start. Some of you may have gotten your entire order because you said you could get rid of it in one week. We wanted to make sure we could allocate to you as efficiently as possible. You will begin to receive a weekly survey about vaccine, answer questions to better understand your figures. Also, a way to reach out to indicate that you believe you have built out your appointments and there is need for vaccines. Vaccines arrived to people today, and we ordered them yesterday. Taking about 24-48 hours availability. DPH will be ordering a few times a week, ordering mid-week. I anticipate this will only be a hiccup for the first week or so. Once we get all of the information this will all go more smoothly.

[Priority lists](#) are still changing, and are updated on Tuesdays and Thursdays at 5pm. Additional materials like FAQ and new provider information are being added as we go. If your MIIS is incorrect, your shipment is going to the wrong place. Clinics can start vaccinating first week of January 11th, some of the clinics are not starting on that day, and that is okay.

Question being commonly asked: When can people staffing the clinics be vaccinated? I.e., MRC, school nurses, support staff for clinics, pharmacists/interns/technicians, school nurses/PHN. You can vaccinate before the clinic begins. Vaccinators need to be trained about handling the vaccine.

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Questions from Q&A chat box not answered aloud:

Theresa Cocio - 2:49 PM

Q: Does the 10 person limit apply to municipal boards? Do Board members count towards the total number of attendees? -

-Cheryl Sbarra - 3:03 PM

A: It would depend on what type of municipal board you are talking about. If it is a city or town council, they are legislative bodies are exempt. The order would apply to other boards, but staff and workers would not count toward the capacity limit. -

Theresa Cocio - 3:05 PM

Q: Zoning Board of Appeals meeting. 7 members/staff are exempt? Residents would be limited to 10? Even if the meeting is being held in a school auditorium? -

-Mike Coughlin - 3:13 PM

A: At this time yes, those are the limits. Best practice would be to offer a remote connection by open phone or video connection for the public. in order to comply with open meeting law.

Amy Donovan-Palmer - 3:09 PM

Q: There was a restaurant in town that was almost full to capacity on New Year's Eve. There is a police report with pictures documenting the event. Can the BOH pull a food permit because of this? Or can they only fine? -

-Cheryl Sbarra - 3:19 PM

A: They can issue a cease and desist order and have them in for a hearing and decide whether to pull the permit for violating the order and for creating a nuisance. -

-Michael - 3:19 PM

A: You should work with ABCC about action against their liquor license. As for pulling their permit, that is a local issue. There is no authority within the standards to do so, only issue fines. -

-Cheryl Sbarra - 3:26 PM

A: You would consider pulling the permit pursuant to the your legal authority to pull a permit for violating other laws. A permit is a privilege, not a right. -

Maribeth Ting Wenham Public Nurse - 3:20 PM

Q: Where can I find the information about capacity limits for a funeral home for wakes and memorial services-

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-Mike Coughlin - 3:21 PM

A: wakes and funeral services are addressed in the Places of Worship Standards

JEFFREY PASTER - 3:22 PM

Q: It's possible this may be a minority opinion, but as a member of a LBOH I would be hesitant to go immediately to a cease and desist order without having issued a warning or at least a citation first.-

-Michael - 3:24 PM

A: Cease and Desist can be reversed if they come into compliance or meet other stipulations. It is an appropriate first line of enforcement for egregious cases. -

-Cheryl Sbarra - 3:28 PM

A: You can begin with a Notice of Violation and Michael is right. Many Cease and Desist Orders contain the ability to rectify the situation. We have 2 different templates. Just email me at sbarra@mahb.org and I will send them to you.

Maribeth Ting Wenham Public Nurse - 3:23 PM

Q: so that i'm crystal clear a funeral home is a place of worship?-

-Mike Coughlin - 3:24 PM

A: No,. The Places of Worship standard applies to religious services held in funeral homes. -

-Michael - 3:25 PM

A: Not at all times. Only when they are holding a funeral service.

JEFFREY PASTER - 3:24 PM

Q: Cheryl you would go immediately to a cease and desist without a warning or citation?-

-Cheryl Sbarra - 3:30 PM

A: I think I answered this. I have 2 different templates you can review. One is a Notice of Violation and the other is a Cease and Desist. It depends on how serious the situation is and what the templates you use state.-

-Mike Coughlin - 3:33 PM

A: <https://www.mahb.org/?s=template>

Michael Hugo - 3:37 PM

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Q: Mike and Mike, a question from a fellow Mike ... the funeral home question from a slightly different view ... If the funeral home is doing a viewing (wake) but not a funeral service, what's the occupancy? Today's answer differs from last week's-

-Michael - 3:44 PM

A: 25% for a wake based on the current Standard, which is set to expire 01/10. A wake is an event and needs to adhere to those rules.

Mia Haddad - 3:46 PM

Q: For travelers who have had COVID in the past 90 days prior to travel, how should we advise them in terms of quarantining upon return/getting tested?-

-Mike Coughlin - 3:50 PM

A: if you took a test within 72 hours of your arrival and it came back positive due to your previous infection, you can use the positive test result plus a note from your doctor to meet requirements-

-Mike Coughlin - 3:50 PM

A: The above language is on the travel order website