

Norfolk County-8 Coalition

MDPH/LBOH Webinar 2/16/2021



Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Glynnis LaRosa, and Catherine Reilly, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn and Mary Clark, Office of Preparedness and Emergency Management, DPH
- Michael Flanagan and Adam Kinney, Department of Labor Standards
- Helene Bettencourt, Anne Gilligan, and Anne Marie Stronach, Department of Elementary and Secondary Education
- Emily Cooper, Executive Office of Elder Affairs
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Jeff Farnsworth, Executive Office of Public Safety and Security
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- John Welch, Community Tracing Collaborative

Announcements:

Vaccination clinics in partnerships with senior affordable housing: How can you be involved with clinics happening in conjunction with affordable housing in your communities? All residents and staff of public and private low income and affordable senior housing are a priority population and are eligible for vaccines in Group 2 of Phase 2. Includes both public housing operated by the Local Housing Authority and age-restricted housing owned by private landlords who receive state/federal funding to ensure the housing was affordable to low-income older adults. [Not all senior housing meets the definition of SAHA.](#) Around 950- 1,000 buildings in the state are eligible.

Steps 1 (Now): Senior Affordable Housing Agencies (SAHA) are looking for vaccine providers to partner with to organize onsite vaccinations clinics in the housing or offsite in a mutually agreeable location. Once a partner has been identified, the housing agency must complete the online planning [survey](#). One survey should be completed for each planned clinic. Survey asks about contact information for both the housing agency and the vaccine provider as well as the provider PIN, estimated number of doses to be needed (first and second), and estimated date of first clinic. The planning survey only needs to be completed once. It will not need to be completed to receive second doses. Providers can include any agency in the MA COVID-19 vaccine program (MCVP) with a PIN and able to report information to MIIS. Providers include agencies such as LBOH, pharmacies, CHCs, healthcare systems/hospitals. Vaccine providers that partner with SAHA to organize clinics will be able to access vaccine allocation for this purpose, beyond their usual amount, as part of Group 2 of Phase 2.

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Step 2 (Now): Plan and prepare for the clinic. SAHA are currently doing this. They are educating residents about upcoming clinics and addressing any vaccine hesitancy. Housing agencies should distribute and post materials from [the Commonwealth's website](#). Housing agency and vaccine provider should discuss available space in the building and identify a layout that would work. Three areas needed: pre-vaccine registration/check-in, vaccination, post-vaccine observation. If adequate space is not available in the building, reach out to municipal agencies (Council on Aging, Town Administrator, Library) to see if there is community space that could be used. For an off-site clinic, the housing agency may also need to work with local COA and other aging service agencies to arrange for transportation of residents to the clinic. Tasks to work on right now:

Complete required paperwork: vaccine provider should identify any paperwork, such as consent forms or copies of insurance cards, that will be required for the vaccination. Housing agency should be working with residents to complete this paperwork now, rather than waiting until the day of the clinic.

Develop system for scheduling appointments: Given the layout and estimated number of people to vaccinate, the housing agency and vaccine provider should develop a schedule for the clinic based on how many shots and observation period can be going on at the same time. Once the vaccine request is approved, the housing agency and vaccine provider can set a date for the clinic. Sign-up options include: paper sign-up board in the common area, online system such as PrepMod/Sign-up Genius, proactively assigning each resident a scheduled time.

Identify staffing needs for the clinic: At the clinic the vaccine provider will be responsible for vaccinating individuals and observing them for at least 15 minutes after the vaccination. At the clinic, the housing agency will be responsible for checking people in, assisting with flow of individuals, helping residents get from their room to the clinic and other logistical tasks. Housing agency should identify if additional staff or volunteers are needed. Reach out to the local COA, Aging Service Access Point Agency, or MRC unit to recruit volunteers. Consider if translators would be needed at the clinic (note that volunteers at the clinic are considered "staff" and are eligible to be vaccinated; make sure to include them in estimate of doses needed).

Step 3 (later): Vaccine provider is responsible for requesting vaccine doses from DPH. Provider must submit request for vaccine through DPH's weekly MCVP survey due Tuesday at 5:00 pm. Additionally, when completing the request, the following information should be considered:

- Only request a quantity that can be fully administered in 10 days after receipt.
- Requests must be in increments of 100 for Moderna and 1,170 for Pfizer. Please note, DPH will round requests in different increments to minimize waste (e.g. a request for 115 doses will be rounded down to 100).
- The provider must have a plan for using any extra allocation that may be received beyond what is needed due to the required increment sizes.

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Do not advertise the clinic until you get confirmation that you will receive the vaccine.

Vaccine provider should follow DPH instructions available here: [Vaccine request process](#)

- # of doses you have on hand (not including any doses received Mon-Tues of that week)
- weekly capacity, number of vaccines that you can administer Monday-Sunday of next week
- # first and second doses you plan to administer Monday-Sunday of this week and next week.

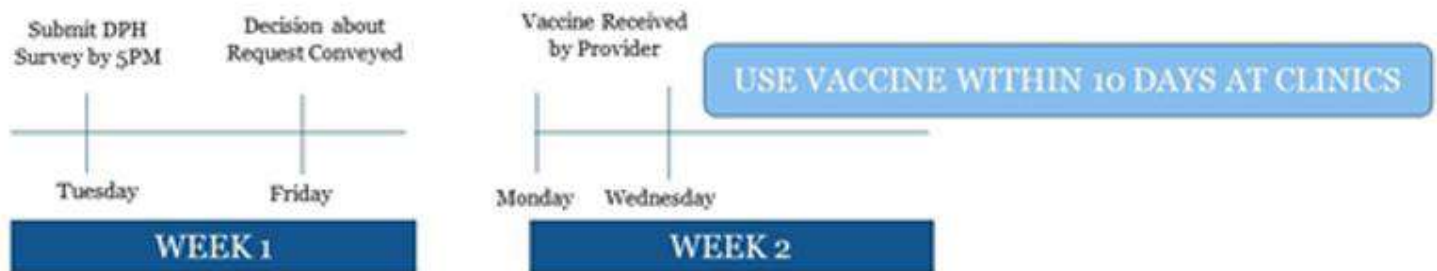
-In the "notes" field write "Senior affordable housing" followed by specific information about the planned clinic including name and address of property(s) being assisted and the number of first/second doses being requested.

Request may be approved, modified, delayed or denied by DPH depending on multiple factors, including, but not limited to:

- a housing planning survey was not submitted or does not match the vaccine allocation request
- the provider has not met the 65%/85% threshold for distribution of previously allocated vaccines
- insufficient vaccine available for the week for SAHAs

Completing the survey does not guarantee vaccine distribution. No clinics or appointments should be confirmed until the vaccine provider receives the order confirmation.

If vaccine is approved, it will be shipped to arrive Mon-Wed of the following week. Clinics must occur within 10 days of receipt of the vaccine.



Step 4 (later): Once DPH has approved vaccine request, housing agency and vaccine provider should finalize date and time of the clinic (make sure to build in time for lunch/breaks for volunteers and staff); confirm staff and volunteers; review and finalize logistics (e.g. what supplies will vaccine provider bring related to PPE, thermometers, etc.); notify residents and schedule appointments (note: remind residents to bring ID and glasses, wear loose clothing/short sleeves); organize and obtain materials needed for clinic.

Possible materials needed for the clinic include: name tags; pens and clipboards; hand sanitizer/wipes; timers/sticky notes for 15 min observation period; signs on floors and walls to

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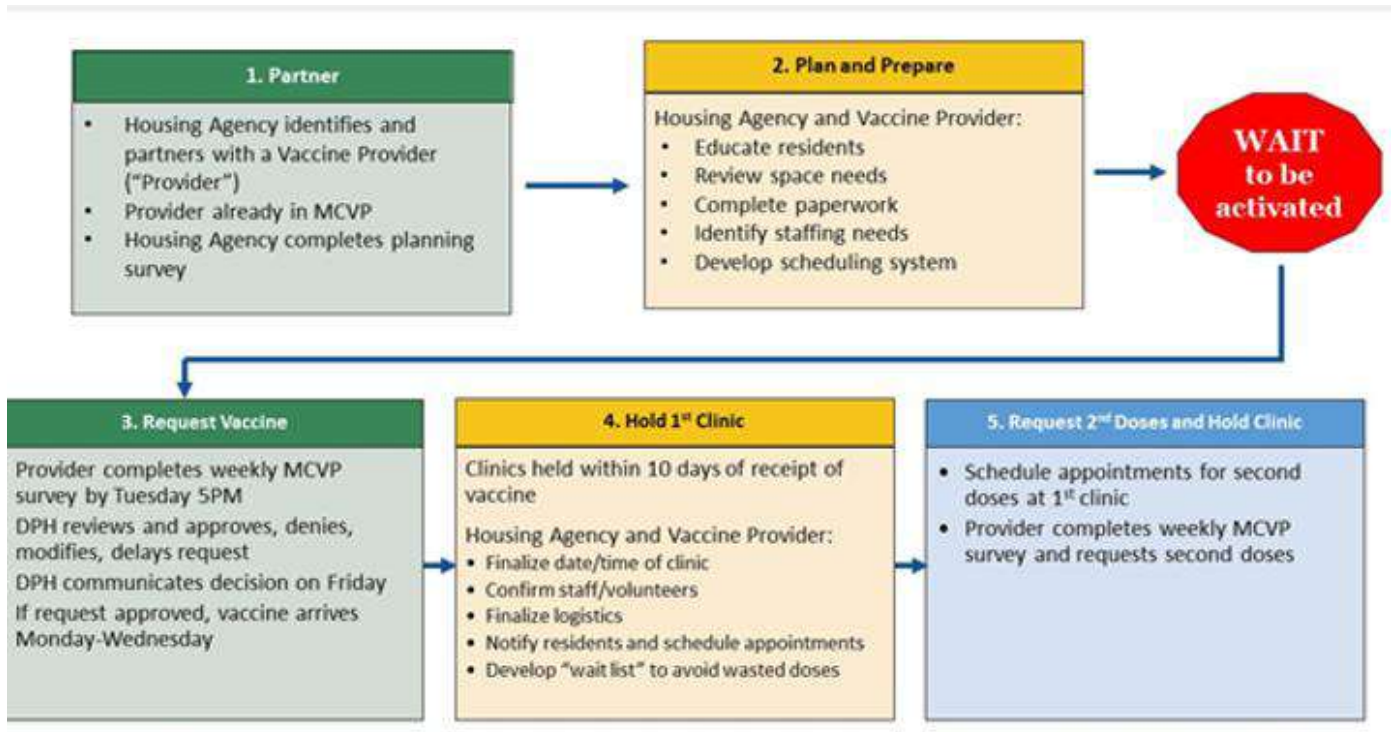
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manage flow and to ensure social distancing; extra thermometers and batteries; stapler/paperclips/tape; trash containers/bags; masks.

To encourage participation, housing agency and vaccine provider should consider making the clinic an “event” with stickers, photos, social media, and food. Must maintain a waitlist of eligible individuals who can come quickly if there are any opened vials at the end of the clinic that need to be administered the same day to prevent wastage.

Step 5 (later): At the first clinic, each person vaccinated should receive an appointment for a second dose (either 21 or 28 days depending on the vaccine). Appointments can be made for second doses even if the vaccine provider does not have those doses available at the time. *Second doses are not sent automatically.* Providers are required to complete the weekly MCVP survey to request/confirm their anticipated second dose needs. Vaccine requests for second doses are prioritized each week as long as providers are meeting the 65%/85% threshold. Vaccine providers do not need to, and should not, save first doses in “reserve” to use for second doses.



Q: Who would be considered eligible for the housing clinics, should they presume that all residents are eligible?

A: Anybody who is on the lease to live in that housing (regardless of age), and anyone working there as staff, volunteer, or personal aid entering the building.

Q: How is vaccine set aside for senior housing?

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A: Finite amount managed separately from other groups. We have come up with an estimated number of people to be vaccinated based on how many people live in these buildings. Uptake might be lower since some of these people will probably get vaccinated on their own. As we go through the different steps, we'll have a better idea of what the numbers are going to be. There might be a delay in shipments, but we have vaccine available for this group.

Q: Can you send us a list of all SAHAs?

A: If you reach out to that email, they can send you a list.

For help, contact seniorhousingvaccine@mass.gov. Support includes helping housing agencies find vaccine providers to partner with, answering questions about vaccine allocation process, assisting in finding local volunteers to help at clinics, troubleshoot issues that arise. MCVF providers that have never received/requested vaccine before should contact seniorhousingvaccine@mass.gov to get assistance.

CTC: Continues to keep up with case volume, able to reach out the same day. Still continuing to see a large number of Care Resource Coordinator referrals, lots of these to food resources that exist in your community or the food security task force. Still open to adjusting our staffing as needed.

SARS-CoV-2 variants update: Saturday, a press release was disseminated because the B.1.1.7 (UK) variant went from 10 cases to 29. In the first group of 10 cases, 4 were linked to travel. In the 19, not linked to travel. B.1.1.7 is circulated in the environment. Worcester county is overrepresented in the number of cases reported, but there are some cases in the eastern part of the state. Since the press release, there have been 5 new B.1.1.7 cases. Lots of sequencing happening through CDC, academic labs, DPH. Anticipate more of this information being released. Right now, we aren't receiving sequencing results until weeks after being confirmed positive, so no new steps in how to work with positive cases. Remember there are two other variants of concern right now, don't be surprised if we have information to share about these. This is a rapidly evolving situation; we will keep you up to date as soon as we can. For LBOH, if there is evidence of an explosive cluster, this is a situation where we might need some sequencing. For individuals who have received both doses of the vaccine, and after two weeks they become positive, we will want to sequence them.

Q: Are there US variants?

A: We are going to follow [CDC's designation of variants of concern](#). There is some information about some specific genetic sequences being found in MA cases, but at this point they don't seem to represent something concerning. All part of the surveillance system.

Q: Clusters in hospitals? Who is tracking this?

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A: This shows up in the cluster data produced every week, and there are epidemiologists who work with hospitals to gather more information.

Questions from Q&A answered out loud:

Q: When will we know about residential camps?

A: Recommendations about camps are currently being evaluated and working on being released soon. Day camps can operate in Phase 2, so they can technically be open since we are in Phase 3 Step 1.

Q: Vaccine deliveries?

A: Did not get specific information that any vaccine has been delayed, but the Midwest weather situation might delay the vaccine. The vaccines come from a different vendor, DPH does not ship them. If we have updates, we'll reach out via the HHAN.

Q: First doses? Some hospitals have been booking out first dose appointments for weeks (in the thousands) and the vaccine wasn't available to them. The expectations were set with scheduling appointments, and then cancelling, and what happened last week is that the hospital can keep their first dose appointments that they had, DPH would work with them for 2nd doses, but we didn't want additional scheduling to occur without having an indication that vaccine is available.

A:

Questions from Q&A not answered out loud:

Eileen Alexander - 3:09 PM

Q: Hi If our Special Olympic Group has a fundraiser/awareness event (polar plunge by means of onsite hose spray) are the volunteers included in the max outdoor gathering limits of 25? Such as the towel holder etc. -

-Mike Coughlin - 3:10 PM

A: Event staff do not count against the participant limits

Eileen Alexander - 3:11 PM

Q: Are we expecting Vaccine deliveries to be here by tomorrow morning?-

-Jana Ferguson - 3:12 PM

A: It's possible the vaccine deliveries could be delayed by weather in the mid-west, but we haven't heard anything specific. -

-Anne Stronach - 4:01 PM

Kerry Dunnell - 3:14 PM

Q: Does the presenter understand that Local health has been preparing for EDS and running vaccine clinics for decades? -

-Jana Ferguson - 3:15 PM

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A: This has been developed for all vaccine providers and the consistent messaging is helpful for the housing providers.

John Hedden - 3:14 PM

Q: At an ice rink, how many participants are allowed on the physical ice surface at a time? -

-Mike Coughlin - 3:17 PM

A: According to EEA youth and adult sports standard, for team and group sports, no more than 25 players or participants can be on a single playing surface/area/court at any one time

Fran Fortino - 3:20 PM

Q: Planning for a Bike for Cancer event in June and slow vaccine rollout for general population, will the 25 person event limit hold for such an event?-

-Mike Coughlin - 3:21 PM

A: Hi Fran, At this time Its not possible to project what participation limits might be in June.

Jared Orsini - 3:31 PM

Q: Is there a plan to make DPW workers eligible under emergency first responders allowance? We are concerned if we don't take care of these folks our roads and sidewalks won't get plowed if they have an outbreak or cluster. It is irresponsible not to do this

-Jana Ferguson - 3:37 PM

A: Public works is part of the "other worker" category in Phase 2 along with public health workers, etc.

Suzy Feinberg - 3:47 PM

Q: Hi - Could Dr. Brown say how many samples being tested per week at all labs?-

-Jana Ferguson - 3:48 PM

A: Do you mean all tests or just variants? -

-Catherine Brown - 3:53 PM

A: Best general info website on data about variants: <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>-

Michael Mendez - 3:52 PM

Q: For youth & adult amateur sports, do we use 40% capacity for the playing surface or no more than 25 per playing surface? If it is the 40%, does that 8 people /1,000 sq/ft apply if no posted occupancy? -

-Mike Coughlin - 3:55 PM

A: Indoor facilities must limit capacity to no more than 40% of the building's maximum permitted occupancy and ensure adequate social distancing of at least 6 feet for all visitors and staff. There is no language in the sports standard regarding sq footage-

-Mike Coughlin - 3:56 PM

A: The limit of 25 applies to individual rinks or courts