

# Norfolk County-8 Coalition

*MDPH/LBOH Webinar 3/2/2021*



## Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn and Mary Clark, Office of Preparedness and Emergency Management, DPH
- Antonia Blinn, Madlyn Letellier, Alexandra Price, and Alicia Tran, Academic Public Health Volunteer Corps, DPH
- Jhana Wallace, Department of Transitional Assistance
- Michael Flanagan and Adam Kinney, Department of Labor Standards
- Helene Bettencourt, Anne Gilligan, and Anne Marie Stronach, Department of Elementary and Secondary Education
- Dr. John Welch, Community Tracing Collaborative
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Jeff Farnsworth, Executive Office of Public Safety and Security
- Chief Edward Dunne, Massachusetts Chiefs of Police Association

### **Announcements:**

***DESE Updated guidance on indoor singing:*** Schools are allowed to sing indoors if in-person school is occurring. Singers must wear a mask and be at least 10 ft away from each other. Students must wear well-fitting masks, sing at lower volumes, limit singing to 30 min, and prioritize the use of large, well-ventilated spaces. An updated version of "[Guidance for Courses Requiring Additional Safety Considerations](#)" reflects these changes. This guidance is just for schools, not any other institution or agency.

**Q:** Proms?

**A:** Currently having these discussions. Many schools have their proms not on school property, so they would have to follow the venue standards. Right now, we don't know about proms but we are looking at all possibilities.

***Musical performances:*** Effective March 1<sup>st</sup>, musical performances are allowed in restaurants with appropriate distancing. Performance centers and concert halls may reopen subject to capacity limits. NOTE: singing indoors in both sectors is still prohibited.

***Food Security Task Force Work:*** Two new program updates. Food boxes can now be used to support people who self-isolate due to at-risk status and are food insecure. This may include the elderly, immune-compromised, or other populations who are homebound due to COVID-19. Grocery store gift cards are now available for those isolating and quarantining due to COVID-19. These are available through the WebEOC portal. Due to limited supplies not yet

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available for the homebound population. Gift cards are available for Stop & Shop, Market Basket, Big Y to ensure geographical coverage across the state. Stop & Shop allows for free delivery/curbside pickup. Phase 2 purchase may expand vendors (based on feedback).

**CTC:** Reduced staff a bit, still plenty of capacity to handle cases coming at us as well as care resource referrals. Reaching folks typically in a day from when you send them to us.

**Academic Public Health Volunteer Corps (APHVC):** Students and professionals representing 13 MA universities in partnership with MDPH, MA Health Officers Association (MHOA), and the MA Public Health Association (MPHA). Formed March 20<sup>th</sup>, 2020 in response to COVID-19. 845 volunteers currently deployed, 577 waiting to serve, 19,963 hours donated, and 130 LBOH served. Also, areas of partnership expanding. We had a meeting last Friday with schools of social work, informatics, nursing, and medicine.

Once APHVC get a request from a LBOH, they identify a team lead to work with the LBOH to identify what they need support with and how much support they need.



APHVC have worked on data analysis and GIS mapping, protocol development (mobile flu clinics, restaurant reopening, k-12 safety plans), COVID test result calls, infographics and signs in different languages, social media management (talking points, content for public outreach), and more.

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Example projects include:

### Data analysis:

- 1) Connecting LBOH with census data that may be pertinent to COVID (i.e. number of people in the town with food insecurity/food stamps)
- 2) Mapping COVID cases as a way to identify clusters and trends in Peabody, Salem, Lynn, and Brockton. (i.e. tracking how the COVID spread through maps over time)
- 3) Special projects, such as Provincetown asking the team to create dashboards to see if/when they need to shut anything down, and for sharing community data in collaboration with Dover.

Health equity team projects: Aims to leverage the workforce of the APHVC to augment, amplify, and promote health equity efforts throughout Massachusetts by utilizing partnerships with nonprofits and community organizations around the state to help with data collection, education, and bringing awareness to programs that aim to address health inequities.

- 1) Communications and infographic-based content on health equity related topics for educational use translated into multiple languages.
- 2) Resource lists of MA-centered community-based organizations.
- 3) COVID-19 Community Impact Survey outreach to community-based organizations, schools, universities, faith-based organizations, and residential buildings to help promote the survey via social media, newsletters, direct handouts, and email.
- 4) Interviews with Cape Verdean and Haitian residents of Brockton and Randolph.

Other activities: Volunteers have created educational materials to ensure vaccine confidence, written news articles on public health topics, and infographics and posters. Have also updated contact information of local businesses and generating communications and developed vaccine hesitancy survey: <https://redcap.link/MAvaccinesurvey>

**Q:** Can volunteers help those without technology or tech skills to register for vaccine appointments?

**A:** Sure, if you need someone to help with this email us and we can set up a time to see if we can help you with this [APHVCfieldops@mass.gov](mailto:APHVCfieldops@mass.gov)

**Q:** Can higher-ed health science students volunteer? Can it fulfill a clinical requirement?

**A:** If the student belongs to one of the 13 academic institutions, then we are happy to work with you and yes we have students who have received credit for this.

***In-home vaccinations, local support of homebound individuals and statewide resource:*** The Commonwealth is ensuring everyone has access to the vaccine, including individuals who are homebound and cannot go to a vaccination site. LBOH understand the needs of their community and are a trusted resource with strong cultural and linguistic competency. LBOH play a vital role in identifying and serving vulnerable populations in their communities. Homebound individuals who are unable to leave their house and cannot access a vaccination site even with transportation assistance are at risk because they will not be vaccinated unless

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they receive the vaccine in their home. Municipalities are encouraged to provide in-home vaccination and support when capacity allows as well as provide education to address vaccine confidence, identify members of the community who have transportation and medical barriers to getting vaccines, match qualified volunteers with individuals who need help navigating the vaccination site, and refer individuals to the right resource. Given the complexity of providing in-home vaccinations, LBOH will be able to choose from two options to vaccinate residents who are homebound:

- 1) LBOH chooses to take responsibility for in-home vaccinations for the whole community: Commits to directly oversee and run in-home vaccination for homebound individuals in their municipality. Identify and screen community members to determine their need for in-home vaccination, be prepared to handle intake and screening of homebound individuals in their municipality (i.e. residents in their municipality who call into the State In-Home Vaccination Program would be referred to LBOH), create appropriate intake forms for community members (phone, web, email, etc.), handle scheduling, consent, administration, MIIS reporting, and billing of all vaccine administration, administer the vaccine.

LBOH may partner with providers that already receive vaccine allocation (e.g. local hospitals, health centers).

LBOH may also choose to request allocation directly from DPH. The same parameters apply to all vaccine allocations, ongoing 85% use threshold and reporting in MIIS within 24 hours of administration in order to be eligible for subsequent allocations. Excess doses caused by the minimum shipping quantities should be administered to other eligible individuals, and all vaccinators shall implement a zero waste policy.

- 2) LBOH chooses to use State In-Home Vaccination Program to manage and administer in-home vaccinations: State program will be responsible for all aspects of in-home vaccination administration (including intake, screening/eligibility, scheduling, vaccine allocation, staffing, in-home administration, reporting, billing).

LBOH directs people to the State Program intake link (tentatively scheduled for March 22<sup>nd</sup>). In addition, LBOH may work more directly with the State Program during the “soft launch”. LBOH can create “call back” lists of individuals believed to be homebound until the State Program call line opens. The State Program will reach out to these people the weeks of March 15<sup>th</sup> and March 22<sup>nd</sup>. It may take several weeks for an in-home appointment to be available.

*NOTE:* Some individual providers (e.g. hospitals, health centers) and health plans have already begun to provide in-home vaccination for their existing homebound patients. That is welcome

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and encouraged to continue under either option, as a complement or in partnership with LBOH efforts.

*Who meets the definition of homebound and who does not?*

Meets the definition for in-home vaccination program: Individuals who are not able to leave their home to get to a vaccination site without significant assistance. These individuals either require ambulance or two people assistance to leave the home; not able to leave the home for medical appointments under normal circumstances; have considerable difficulty and/or require significant support to leave the home for medical appointments.

Examples: “bedbound”; significant cognitive or behavioral needs (dementia, panic disorder); frail individual who can barely leave home and requires significant support to do so; individual with significant ongoing mobility issues who have trouble getting to the doctor.

Do not meet the definition: Individuals who can access a vaccination site with transportation support, even if they prefer in-home vaccination, who are short-term/temporarily homebound, who reside in a Long Term Care Facility.

Examples: individuals who fear leaving their home due to the virus, those with a broken leg, individual who has PCA/related supports but is able to leave their home with their support person, individual who leaves home for medical appointments but is concerned about going to a vaccination site.

*NOTE:* homebound individuals are eligible for in-home vaccination when they become eligible based on the State’s overall vaccine phases. Unvaccinated household members who are currently eligible for vaccination based on State’s overall vaccine phases may be vaccinated at the same time.

How does the State In-Home Vaccination Program works as a resource? Residents in municipalities where the LBOH is partnering with the State In-Home Vaccination Program will have access to a statewide vaccinator and intake/call center.

*Central intake call center:* Homebound individuals or their caregivers call a State call center. They will speak to a live representative who will walk them through a basic screening tool to ensure appropriateness for in-home vaccination. If in-home vaccination is appropriate, the State call center will refer them to the Statewide in-home vaccinator.

*Statewide In-home Vaccination (Commonwealth Care Alliance):* Will provide direct communications with individuals, trained vaccinator staff, scheduling appointments (geo-mapping and routing), consent, confirmations, reschedules, in-home vaccination including monitoring individuals usually for 15 min, and reporting.

*The Statewide vaccinator will adhere to the allocation criteria:* Manage centralized allocation and meet an ongoing 85% use threshold. Distribute vaccination out to regional hubs/individual vaccinators by day. MIRS reporting within 24 hours.

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### Roll out and timing:

#### Roll out and timing

##### Overview

- State In-Home Vaccination Program: Soft launch 3/8-3/22; Full launch week of 3/22
- LBOH informs DPH which Option they choose by 3/12 (submit Google survey)

If LBOH directly oversees in-home vaccination for their municipality  
(Option 1)

##### Planning phase Next ~1-3 weeks

- LBOH plans implementation, including with local providers
- LBOH notifies DPH by March 12<sup>th</sup> of intent to pursue Option 1

##### Launch / begin vaccinations By end of March

- In-home vaccinations begin
- Exact timing determined by LBOH

If LBOH uses State In-Home Vaccination Program  
(Option 2)

##### Soft launch March 8<sup>th</sup> to March 22<sup>nd</sup>

- LBOH can compile "call back list" for State Program
- State Program will reach out beginning week of 3/15 and 3/22 to start scheduling

##### Full launch Week of March 22<sup>nd</sup>

- In-home vaccinations begin with through the statewide vaccinator
- Public facing intake available for all consumers (1-800 line)

**Note: given supply, appointments will likely be scheduled several weeks out**

**Other updates:** After 33 years, Ron O'Connor retiring, effective July 31<sup>st</sup> of this year. Congrats!

#### Questions from Q&A answered out loud:

**Q:** Possible timeframe about COVID-19 guidelines for people who have been vaccinated and requirements for quarantine?

**A:** Medical advisor board meeting will discuss travel considerations for those who have been vaccinated.

**Q:** J&J vaccine?

**A:** We don't have a lot of information about prioritizing J&J for certain groups. We do know that we got an amount of J&J vaccine delivered to us this week. We have been told we are not getting more J&J vaccine until end of March/beginning of April.

**Q:** Will DESE be releasing guidance on how kids should be eating snacks and lunch in schools when less than 6ft?

**A:** Something we are working on.

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**Q:** Many municipal clinics closing out their second doses but not receiving them.

**A:** 6.5 times more vaccine was requested than what was received by the Commonwealth. For some in the state, 2<sup>nd</sup> doses are all what people got. Sometimes orders got pushed back a week and did not meet the 28<sup>th</sup> day mark. We will get this to you as soon as we can. People can go at least 6 weeks without needing the second dose, but DPH is not following that timeline. Trying to stick to no more than 2 weeks after. If you don't receive a notification about an order, this means the order has not gone in. Once the order has been placed you will receive a notification then.

### **Questions from Q&A not answered out loud:**

Barbara Reardon - 2:52 PM

**Q:** Can someone please confirm that all communities are advancing to Phase III, Step 2 and that communities will not drop back to Phase III Step 1 if they become a red community?-

-Michael - 3:07 PM

**A:** As of now color coding of a community does not alter the reopening phase and step. All communities are in Phase 3 Step 3. This is subject to change based on spread of the disease.

-Jana Ferguson - 3:07 PM

**A:** That is correct - this applies to all communities.

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Ruth Clay - 3:07 PM

**Q:** We are receiving questions from people about capacity of indoor events after March 22, .i.e., in addition to the 100 max are there square footage requirements? They just see the announcement and think that is the only guidance. thanks-

-Adam Kinney - 3:08 PM

**A:** Right now that is the max, until we get the updated standards in writing, we don't have the answer unfortunately.

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Nick Corcoran - 3:09 PM

**Q:** Can concessions be open at little league fields? If so, what protocols would need to be followed?-

-Michael - 3:11 PM

**A:** This would be similar to take out food. They would have to follow restaurant standards, including no self-service.

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61762566004310 Kress - 3:11 PM

**Q:** For musical instruments, are wind instruments allowed? -

-Michael - 3:12 PM

**A:** Yes, they are discouraged, but allowed. -

-Adam Kinney - 3:12 PM

**A:** I can't speak for schools, but in theater and performance venues they are not-

-Michael - 3:14 PM

**A:** To be clear, wind instruments are allowed indoors even outside school settings. -

-Adam Kinney - 3:15 PM

**A:** yes sorry, I misspoke

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Adrienne Klein - 3:12 PM

**Q:** Is the Stop and Shop curbside delivery cost covered out of the gift card or being provided free?-

-Jhana Wallace - 3:13 PM

**A:** The fee should be if waived if using the card.

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Matthew Brennan - 3:09 PM

**Q:** Do you have plans to update the recreational camp guidelines in the near future?? -

-Jana Ferguson - 3:15 PM

**A:** A draft has been sent for review-

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Jim Abare - 3:08 PM

**Q:** Are there any updates regarding singing in houses of worship? -

-Mike Coughlin - 3:18 PM

**A:** Singing in church continues to be allowed with appropriate distancing.

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Heidi Porter - 3:18 PM

**Q:** Are non-elderly, handicapped residents, with or without comorbidities, living in senior affordable housing eligible for vaccination as part of a vaccination program for that population?-

-Jana Ferguson - 3:20 PM

**A:** Yes. If the person is resident or staff in low income and affordable senior housing, then they are currently eligible to be vaccinated.

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Joshua Mathieu - 3:32 PM

**Q:** Is indoor bingo allowed?-

-Adam Kinney - 3:34 PM

**A:** Bingo falls under the event standard

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Jordan Brusco - 3:50 PM

**Q:** I am looking to confirm what standards a laundry mat falls under. Would it be the Sectors not-otherwise Specified Safety Standards?-

-Mike Coughlin - 3:52 PM

**A:** Yes. There is no specific standard for those establishments.

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Jennifer Frenette - 3:52 PM

**Q:** are travel restrictions still the same in MA for out of state and residents visiting needing a negative test and 10 day quarantine (with exceptions as listed)?-

-Jana Ferguson - 3:54 PM

**A:** Yes

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Jeff vaughan - 3:13 PM

**Q:** Will DESE be providing the studies that they have based their singing guidance on for schools indoors?-

-Helene Bettencourt - 3:56 PM

**A:** The studies are cited in the guidance.