

Norfolk County-8 Coalition

MDPH/LBOH Webinar 3/23/2021



Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Laurie A. Courtney, and Shumethia Seal, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn and Mary Clark, Office of Preparedness and Emergency Management, DPH
- Steve Hughes, Kerry Wagner, and Dave Williams, Community Sanitation Program, DPH
- Michael Flanagan and Adam Kinney, Department of Labor Standards
- Helene Bettencourt, Anne Gilligan, and Anne Marie Stronach, Department of Elementary and Secondary Education
- Gerben Scherpbier, Executive Office of Energy and Environmental Affairs
- Dr. John Welch, Community Tracing Collaborative
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Jeff Farnsworth, Executive Office of Public Safety and Security
- Kristin Crandall, Massachusetts Emergency Management Agency Disaster Recovery Unit
- Anna Dunbar-Hester, MassHealth

Announcements:

Recreational Camps and Programs: Cohorts (does not include staff and volunteers) but there should be no mixing of cohorts except for staff supervising specialized activities and providing breaks. Day camps/programs have a max of 25 campers per cohort. Residential camps/programs have a max of 12 campers per cohort. Note: The requirement in the Rec. Camp Code that camps must submit their application 90 days prior to their desired opening date may be waived by the LBOH at their discretion and allow for a short application period. COVID-19 oversight: Designate 1 senior staff member responsible for responding to COVID-19 concerns. Also have healthcare consultant train staff to conduct screenings, and 2 healthcare supervisors must be present at all times. General COVID-19 standards: Compliance with Governor's [most recent gathering order](#) and [order on face coverings in public](#); food service compliant with [restaurant safety standards](#); cleaning and [disinfecting in accordance with CDC guidance](#); sports activities, beaches, and pools operated in accordance with [EEA guidance](#); transportation in accordance with DESE guidance.

Residential Camps/Programs: *Prior to arrival*, campers should self-quarantine for 10 days prior to camp and conduct daily screenings. Must obtain a PCR test (unless they tested positive within the last 90 days) within 72 hours of coming to camp. *When they arrive to camp*, they must provide a negative PCR test result. If they are unable to provide results, they must quarantine from all other campers/staff. Everyone will also be tested upon arrival, either PCR or BinaxNOW test (unless they've tested positive within the last 90 days). If a child must quarantine, they must always maintain 6ft distance from everyone, use masks, have a separate sleeping area and bathroom, and cannot participate in camp activities. A modified quarantine would require the child to stay in the smallest practical group size within the cohort, must socially distance and wear a mask within the cohort, and have no interaction with other cohorts.

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Sleeping arrangements: Cohorts based off sleeping arrangements. Cabin access only for individuals who reside in the cabin. Encouraged to provide 6ft between beds (6ft between heads of sleepers required) and to increase ventilation to cabins whenever possible.

Limited interaction outside camp: Campers must stay on-site except for field trips and medical appointments. Staff should remain on-site for duration of session, if they do not stay on-site staff must be re-screened each day and continue masking and distancing. No new campers mid-session, and visitors are not permitted.

Testing: All residential camps/programs must meet testing requirements. Camps can opt to use a cohort exception to allow for elimination of masking and distancing within a cohort if certain standards are met.

Cohort exemption: Distancing and masking within a cohort is not required if all campers and staff in a cohort at a residential camp or overnight program have completed all arrival testing requirements with no identified positive results; completed modified quarantine; and no one in the cohort has traveled off-site, other than for medical care and planned field trips. Masking and distancing still required for all in the cohort where there is interaction or the possibility of interacting with other cohorts or staff outside the cohort; camper/staff showing symptoms of COVID-19; or if a staff member goes off-site (for reason other than field trips or medical care).

Resources: Full reopening health and safety standards will be made available on the Community Sanitation Recreational Camps page, Reopening Page, and Distributed to LBOH and stakeholders later today. There will be a MHOA training on April 21st and additional stakeholder trainings TBD. Questions can be directed to Kerry.f.wagner@mass.gov

Q: Is testing only for overnight camps or also to day camps?

A: Testing requirement only for overnight camps, not day camps.

Q: Camp standards for kids? Do these apply for adult retreats?

A: For these standards, we believe it's just for children given they mention minors.

In-home vaccination status update and launch details: Homebound individuals and their caregivers seeking in-home vaccination should call the In-Home Vaccination Central Intake Line at **TBD** (Monday-Friday, 9am-5pm). The Central Intake Line will either register you for the State In-Home Vaccination Program or connect you in real-time with your LBOH if they are running an in-home vaccination program for your community. If you want to know if your community is running its own in-home vaccination program, you can look at a list of cities/towns on mass.gov. Regardless, you can always call the Central Intake Line at **TBD**. We are confirmed to launch the Central Intake Line publicly on Friday, March 26th. In advance of that, the Central Intake Line for elected officials/municipal leaders, ASAPs, ILCs, COAs, and LBOH will be on Tuesday, March 23rd. This staggered approach will help titrate call volume. 180 agents will be trained and ready to receive calls starting Tuesday, March 23rd. Working with CCA (state vendor to perform first round of vaccinations).

Soft launch update: we began a "soft launch" and ramp up of the State In-Home Vaccination Program on March 12th. 107 eligible individuals from ASAP/LBOH/2-1-1 referrals. Home health agencies are beginning referrals now as well.

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LBOH across the Commonwealth have chosen between two options to support in-home vaccinations. On Feb. 18th LBOH received guidance from EOHHS outlining how they could begin to support the vaccination of homebound residents. On March 5th, LBOH received survey and resource packet to help inform their decision between selecting one of two options for supporting homebound individuals. On March 12th, deadline for LBOH to notify EOHHS of whether they chose Option 1 or Option 2.

Option 1: LBOH will manage in-home vaccination program for their entire community. ~166 LBOH, accounting for 40% of residents in the Commonwealth, have chosen to manage their own in-home vaccination program or work with a regional collaborative to do so. We do not need to approve your plan, but you need to fill out that survey link DPH sent you yesterday afternoon. This allows us to know who to expect will receive vaccine, and how many individuals you are planning on vaccinating, all of this coming through the survey tool.

Option 2: LBOH will work with the Commonwealth to support residents through a Statewide In-home vaccination program. ~185 LBOH, accounting for 60% of residents in the Commonwealth, will work with the Commonwealth to support residents through the State program.

FEMA public assistance COVID-19 vaccination: Recently issued and updated policy released on March 15th. Eligible costs include, but are not limited to, the following:

- PPE, other equipment, and supplies required for storing, handling, distributing/transporting, and administering vaccines.
- Facility support costs, including leasing space for storage and/or administration of vaccines, utilities, maintenance, and security.
- Additional staff if necessary, including medical and support staff not paid for by another funding source.
- Onsite infection control measures and emergency medical care for COVID-19 vaccine administration sites.
- Resources to support mobile COVID-19 vaccination in remote areas and/or transportation support for individuals with limited or lack of access to transportation, when reasonable and necessary.
- Vaccine-related costs incurred by a Federally Qualified Health Center (FQHC), Rural Health Clinics and Critical Access Hospitals that are not covered by HHS or another funding source.
- Communications to disseminate public information regarding vaccinations including translation and interpretation services as necessary.
- IT equipment and systems, when reasonable and necessary, for patient registration and tracking, vaccine-related inventory management, and/or analytics and reporting needs.
- Training and technical assistance specific to the proper storage, handling, distribution, and administration of COVID-19 vaccinations in accordance with CDC.

The March 15th policy also requires new reporting to demonstrate equitable pandemic response. This is not the only form of documentation. If you have labor costs you need to submit payroll and scheduling records. If it's for supplies, you need receipts. FEMA now requests documentation on the following points to be submitted on a set schedule as specified in the policy:

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-Score for every CVC on the CDC Social Vulnerability Index (or a similar vulnerability composite index).

-Description of how vaccination site locations, relative to other locations, best advances FEMA's focus on highest-risk communities.

-Description of site strategy used to operationalize equitable access including:

-Community outreach and engagement; registration processes that prioritize marginalized groups; physical designs including transportation and accessibility considerations; plan for ongoing evaluation and continuous improvement.

Submit actual costs incurred within 30, 60, or 90 day (max) periods into a single application, known as FEMA PWs (project worksheets) for review. When applying for FEMA Public Assistance, we encourage communication between vaccination site stakeholders and community's finance or emergency management teams. Many cities and towns have applied for FEMA funding for previous storms and have staff on hand familiar with FEMA's process and reporting requirements. To support application, maintain records and appropriate documentation. More information on required documentation and the overall application process is available on [MEMA's website](#).

Resources: MA Assistant Director for Mitigation and Recovery (thad.leugemors@mass.gov)

MA Public Assistance Officer (erica.heidelberg@mass.gov)

MA Public Assistance Program Coordinator (Lorraine.eddy@mass.gov)

Additional questions to disaster.recovery@mass.gov

Q: If a municipality uses CARES Act funds to pay vaccinators, are they precluded from charging insurance for administration?

A: Unsure, will need to loop back, but you don't want to duplicate this on your balance sheet twice. If you did receive benefits you want to make sure that it's deducted.

Q: FEMA only available to cities and towns, and not other sites working with a CHC?

A: 501c3's are also eligible to receive funds in addition to municipalities.

Phase IV Step 1 Sports Guidance Updates: Removal of the spectator cap of 2 adults and siblings per participant for youth events. Spectators still not allowed for activities played by individuals 21 years and older. Indoor facilities still limited to 50% capacity. Locker rooms and showers are permitted to open at 50% capacity. All facilities and youth/adult programs need to maintain rosters of organized events and must share these rosters with LBOH in case a cluster occurs from that facility. Updated guidance removes references to the Travel Order and restrictions on out-of-state teams playing at Massachusetts facilities. Beaches—towel/blanket groups increased to 15 persons from 10. Parks and Open space—nature walks, clean-ups, community service projects, etc. group size limit increased to 25 from 12.

Q: Rowers and sailors need to wear face coverings?

A: Yes, if in multi-person boat unless they are from the same household.

Q: Dance competitions allowed if they come back same day?

A: Yes.

Q: Face masks required for doubles tennis and for golf?

A: Yes for doubles tennis. Golf, if you are golfing with a group/caddy you need to wear a mask.

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Variants update: B.1.1.7 (U.K.) is known to be more transmissible than wild type COVID. Listed as a variant of concern. Two other variants are B.1.351 (S. Africa) and P.1 (Brazil). These are also more transmissible, and vaccines/monoclonal antibodies have also shown somewhat less efficacy against these variants. Innumerable other variants of the virus exist, and not all of these end up being important/areas of concerns. The way tracking of variants is happening is primarily through testing a sub-set of samples to identify what variants are circulating and at what levels. We aren't interested in specific individuals, but more interested in collecting random cases and sequencing them. This sequencing happening at DPH, academic institutions, and large national labs. Cases where individuals are fully vaccinated, more than 2 weeks out, and get covid—these are individuals we are interested in getting samples from. Want to track if we are seeing more variant cases, whether it be reinfection or variant breakthrough. So much of the U.K. variant circulating, that results will be circulated into MAVEN. We need to understand what the proportion of cases are for B.1.1.7. The P.1 and B.1.351 variants are still rare, 500 cases in MA of B.1.1.7 and 10 of the other ones. For cases with the P.1 or B.1.351 variants, Dr. Brown will continue to contact LBOH until it becomes more widespread. For the moment, the broad public health messaging about prevention is the same. Do all you can to prevent transmission. The more transmission, the more we let these variants gain footholds. If we see a variant where a vaccine is not as effective against it, there might be clinical advisories but all the steps to prevent wild type can be used to prevent the variants. Rapidly evolving situation, Dr. Brown will keep you updated.

Questions from Q&A answered out loud:

Q: At an event, can a customer walk up to a food truck to order food and have that food delivered to their table?

A: Yes, you can order it following social distancing standards and it can be served to your table.

Q: What standards do churches reference who want to do easter egg hunts?

A: Event standards.

Q: Lifeguards, are they expected to enforce 6ft separation of people in the water? What about at camps?

A: No. At camps, cohort leaders should be the ones having to handle anything like this.

Q: Snack bars at ball games/large venues, they might have a separate seating area where they can take off their masks?

A: Answering this from youth sports and concession stands, they have to have a separate seating area for people to take off the masks and eat so they aren't bringing the food back to where they were sitting to watch the game. Tables will follow restaurant standards.

Q: CTC continuing to ask positive cases information about close contacts?

A: Yes, still happening.

Q: Healthcare consultants/supervisors—how many at camp and what are their minimum requirements?

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A: All recreational camps need to have healthcare consultants (MD/DO or NP) and 2 properly trained and qualified healthcare supervisors onsite. Can be a nurse, or someone who is at least 18 years of age and trained in CPR/First Aid and additional trainings from camp healthcare consultants as well.

Q: Two cases of fully vaxed individuals tested positive using PCR test. Do they need to isolate?

A: We would expect that there will be cases of disease in fully vaccinated people, because the vaccine is not 100% effective. We do think that people who are vaccinated are likely to have less severe disease and lower viral loads, but we don't know that yet, so we have to isolate them as if they were any other case. The only place where there is a difference is that people who are exposed two weeks after full treatment do not need to quarantine.

Questions from Q&A not answered out loud:

-Gerald Clarke - 3:04 PM

Q: Had 1st Moderna @ Gillette late in the 1st responder cohort - busy day - 2nd shot reservation failed; 2nd @ CVS = have no certification card f - does one obtain? Thanks-

-Laurie Courtney - 3:09 PM

A: Gerald, the vaccinator supplies the card (or should). If you don't get a card, they best thing to do is contact your healthcare provider. Most providers can get the record from MIIS, or from their own electronic health record. All doses are recorded in MIIS. -

-Michael Theroux - 3:13 PM

Q: Do you think amusement parks will open in step 2 of Phase 4? I am getting a lot of questions from Six Flags New England.-

-Michael Flanagan - 3:14 PM

A: That is the plan as of now. There is no timeline for when that step will occur.-

-Matthew Brennan - 3:15 PM

Q: 25 children for max cohort amount or max amount of campers?-

-Kerry Wagner - 3:23 PM

A: There can be multiple cohorts at a day camp/ program but each cohort cannot exceed 25 campers.-

-Sandra Martin - 3:14 PM

Q: are the Day Camp protocols the same as last year?-

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-Kerry Wagner - 3:24 PM

A: yes, there were updates to the day camp standards-

-Joanne Belanger - 3:22 PM

Q: is there any screening of campers/staff required daily for day camps?-

-Kerry Wagner - 3:25 PM

A: Yes, a daily screening will be required conducted by designated camp staff who have been trained by the HCC-

-fran fortino - 3:04 PM

Q: Any updates on recreational adult and youth baseball leagues?-

-Gerben Scherpbier - 3:26 PM

A: Yes, the [Youth and Adult Amateur Sports Guidance](#) was updated on Monday the 22nd for Phase IV, Step 1. I will cover the major changes in an upcoming slide. -

-Thomas Carbone - 3:08 PM

Q: It's nice to hear our friends from Community Sanitation are on this subject!-

-steven Hughes - 3:28 PM

A: TU Tom - Steve-

-susan mosler - 3:16 PM

Q: for residential camps, vaccinated staff follow same regulations?-

-Kerry Wagner - 3:29 PM

A: at this time, vaccinated staff must follow testing, masking, and distancing requirements-

-Marykate Franks - 3:13 PM

Q: Are people on rowing and sailing teams exempt from wearing face coverings when practicing or competing outdoors? -

-Gerben Scherpbier - 3:29 PM

A: Only if they are in a boat by themselves and will therefore remain greater than 14 feet from all other participants. Anyone rowing a multi-person boat or sailing a multi-person boat needs to wear a face covering (the exception is if all occupants live in the same household). -

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-Kristin Black - 3:32 PM

Q: How should we advise residents who need to schedule a second dose only? We are receiving lots of calls from residents who have had to cancel their second dose appointments (at Mass vaccination sites and other locations) and have not been able to reschedule.-

-Laurie Courtney - 3:34 PM

A: See the section on Scheduling a 2nd Dose Appt, at <https://www.mass.gov/info-details/covid-19-vaccination-locations> -

-Laurie Courtney - 3:35 PM

A: Mass Vaccination Locations: The preregistration system for mass vaccination locations is for first doses only. Second doses cannot be scheduled through the preregistration system.

You can schedule a second dose at a mass vaccination location if:

You were unable to schedule your second dose when you received your first dose at a mass vaccination location

You can't go back to another location where you received your first dose-

-Laurie Courtney - 3:36 PM

A: There are phone #s listed for mass vax sites. - - - -

-Laurie Courtney - 3:36 PM

A: You can also call 2-1-1 for help scheduling a second dose at a mass vaccination location if you're unable to do so on your own.

Pharmacies: If you received your first dose at a pharmacy, you should schedule your second dose appointment on-site after your first dose appointment. If you need to schedule just a second dose appointment at a pharmacy, follow the same process as scheduling a first dose appointment on Vaxfinder. Some pharmacies also have their phone numbers listed on VaxFinder. -

-Adrienne Klein - 3:39 PM

Q: For the teacher designated vaccination days, how does that operation with the pre-registration system? Are teachers assigned one day? Can the just show up on those days?-

-Jana Ferguson - 3:41 PM

A: Everyone must have an appointment to receive a vaccine and educator clinics are being held on the dates. Pre-registration includes identification of a person's eligibility and so this is part of what will go into assigning individuals for appointments. -

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-Kristin Black - 3:37 PM

Q: If they received their first dose at a local BOH clinic (extra dose from a second dose clinic), where should we send them to schedule their second dose?-

-Laurie Courtney - 3:39 PM

A: See the same guidance on 'Scheduling a 2nd Dose'. Most vaccination sites should do it, but it will need to be scheduled per the guidance in this section.-

-Alicia McCartin - 3:38 PM

Q: For outdoor sports fields that have multiple fields can all fields be used at once? -

-Gerben Scherpbier - 3:40 PM

A: Yes. (with the reminder that any spectators and players must be able to socially distance from people watching/playing in the other game(s).

-Carol McMahon - 3:26 PM

Q: Can the FEMA Interim policy document be sent to us? -

-Kristina Crandall - 3:42 PM

A: We will include link-

-Adrienne Klein - 3:43 PM

Q: @Janna so educators will be assigned one of the educator clinics days via the pre-registration site?-

-Jana Ferguson - 3:45 PM

A: If they pre-registered and if appointments are available when their place is reached in the queue, then yes. -

-Wesley Chin - 3:37 PM

Q: For youth sports, what are cleaning requirements for porta-pottys at fields? -

-Gerben Scherpbier - 3:43 PM

A: There is a document titled "EEA Outdoor Recreation Facility Restroom Cleaning Best Practices" that can provide best practices. The Youth and Adult Amateur Sports guidance does not specify frequency. -

-anita arnum - 3:30 PM

Q: If I haven't applied yet but have held clinics, can I still apply for refunding from FEMA??-

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-Kristina Crandall - 3:44 PM

A: Yes-

-Nicole Berndt - 3:27 PM

Q: Can some define the “85% use threshold” for the mobile vaccination clinics?-

-Jana Ferguson - 3:44 PM

A: the administration threshold is calculated by looking at the total number of vaccinations administered and divided by the total number of doses shipped to a provider. This must be 85% or higher in order for a provider to order vaccine. -

-Robert Casper - 3:39 PM

Q: What are capacity limits for an outdoor high school football field? The fields maximum capacity pre covid is 1500 persons/spectators. -

-Gerben Scherpbier - 3:44 PM

A: 50% of permitted capacity AND all spectators must be able to socially distance. -

-Dan McCormack - 3:43 PM

Q: Will the state be issuing updated guidelines for Farmers Markets? -

-Michael Flanagan - 3:46 PM

A: No, there will not be Farmer's Market specific standards. They should follow the retail standard.-

-Sandra Martin - 3:27 PM

Q: FEMA funds are only available to towns/cities, not regional collaborations that are not housed in a municipality? -

-Kristina Crandall - 3:47 PM

A: Regional collaborations may also apply to FEMA. It is recommended that each community submits their own costs, but the lead community may also submit on others' behalf-

-Sharon Cameron - 3:46 PM

Q: I thought outdoor fields were not subject to the 50% limit as long as social distance maintained?-

-Gerben Scherpbier - 3:47 PM

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A: If the facility has a permitted capacity, it is restricted to 50%.-

-Pamela Ciccone - 3:36 PM

Q: Face masks now not required for doubles tennis and golf?-

-Gerben Scherpbier - 3:50 PM

A: yes, still required for doubles tennis. Golf is outside of EEA guidance, so I will let HED/DLS answer. -

-Andrew Fraser - 3:50 PM

Q: New Prom guidance. How is that coming?-

-Anne Gilligan - 3:52 PM

A: This guidance will be forthcoming in the next week or two.-

-Nicholas Corcoran - 3:53 PM

Q: Will saunas and steam rooms at fitness and health clubs be able to reopen in Phase IV Part II?-

-Michael Flanagan - 3:53 PM

A: That is the current plan.-

-Noelle Freeman - 3:53 PM

Q: Thanks for the info about rowing and masks. Where can that be found in the most recent guidance? -

-Gerben Scherpbier - 3:55 PM

A: There is a section in the Youth and Adult Amateur Sports Guidance that discusses face coverings and the exemptions from the requirement.

-Ellen Lufkin - 3:07 PM

Q: From a Dr. on our BOH, A colleague communicated to me over the weekend that they heard from the state that “fully vaccinated individuals were not subject to the private residence capacity limits in Massachusetts, and were exempt from the distancing measures as well” - we may want to attempt to get information on this from the State -

-Jana Ferguson - 3:55 PM

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A: The CDC has indicated that fully vaccinated individuals may be able to meet in small groups with other fully vaccinated individuals. The CDC has indicated that this may be able to be done without masks or social distancing. -

-Debra Goodsell - 3:56 PM

Q: I'm sorry if you already answered this as I was interrupted, but can you provide the phone number for the homebound individuals to call to set up getting the vaccine?-

-Mike Coughlin - 3:57 PM

A: We have to confirm that number and will send it out as soon as we can.-

-Christopher Webb - 3:58 PM

Q: Will there be vaccine clinics set aside for DPW workers? Asking for a friend...-

-Mike Coughlin - 4:00 PM

A: Chris, no, that's not in the plans. -

-Darlene Coyle - 3:48 PM

Q: School inquiring if there is any Prom guidance available yet?-

-Helene Bettencourt - 4:00 PM

A: Darlene, prom guidance expected in 1-2 weeks.-