Norfolk County-8 Coalition

MDPH/LBOH Webinar 1/25/2022

Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Erica Piedade, Michael Coughlin, Rachael Cain, and Aimee Petrosky, Office of Local and Regional Health, DPH
- Dr. Catherine Brown and Laurie Courtney, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Anne Gilligan and Anne Marie Stronach, Department of Elementary and Secondary Education
- Caitlin Molina, Christian Kelley, and Diana Phillips, Department of Early Education and Care
- Rob Hanley, Massachusetts Emergency Management Agency
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association

Announcements:

MEMA Public Assistance Overview for COVID-19: FEMA Public Assistance (PA) Program, Category B. Meant to be a supplemental funding source. The assistance FEMA provides through its PA program is subject to a cost share. The Federal share is 100% of the eligible costs. FEMA will not duplicate funding provided by the Department of Health and Human Services, including the CDC or other federal agencies. FEMA does not make direct financial assistance available to private businesses or individuals.

Cost eligibility

		Consolidated Period of Eligibility Eligible from January 20, 2020- December 31, 2021
Medical Care	Clinical Care for COVID patients	Eligible
	Vaccination	Eligible
	Alternate Care Sites & Community Testing Sites	Eligible
	Contact Tracing Disease & Research	NOT Eligible
Opening & Operating	Personal Protective Equipment	Eligible
	Cleaning & Disinfection	Eligible
	Screening incl. Testing & Temperature Checks	Eligible
	Physical Barriers	Eligible
	Virtual Operations	NOT Eligible
Mass Care	Non Congregate Sheltering	Eligible- State Authorization Ended 7/30/2021 (Governent Only)
	Emegency Feeding	Eligible- State Authorization Ended 7/26/2021 (Government Only)

*** Please note, the President authorized FEMA to extend this eligibility period to 4-1-22

State Public Assistance Contacts: MA Public Assistance Officer- erica.heidelberg@mass.gov; MA Public Assistance Program Coordinator (complex lane projects(- lorraine.eddy@mass.gov; MA Public Assistant

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Program Coordinator (standard lane projects)- Amanda.campen@mass.gov; MEMA Project Coordinator- Robert.hanley@mass.gov
For more information: here

EEC Covid-19 Update: COVID-19 Mitigation Protocols and Guidelines for Child Care updated 1/19/2022. These are designed to serve as a resource for child care providers, educators, and families to outline the most current guidelines and best practice recommendations to help prevent the spread of infectious diseases, including but not limited to COVID-19. Requirements=policies or behaviors that must be followed. They may be federal law, a state regulation, a Governor's Executive Order, or a Commissioner of Public Health Order. Recommendations=policies or behaviors that are recommended. These are based on best practice, science, data, experience, and resources.

The following updates were made from previous slides

The COVID-19 Mitigation Protocols and Guidelines for Child Care were updated on 1/19/2022 with the following key changes:

- Slide 6: Updated COVID-19 Reporting Requirements for EEC-Affiliated programs experiencing operational impacts due to COVID-19
- Slide 7: Added definition of "rapid antigen tests."
- Slides 12-15: Included *EEC's Suggested Strategies for the Response to COVID-19 in Early Education and Care Programs*. These strategies were published in May 2021 and have not been adjusted. Their inclusion in this deck is to support ease of use for providers/educators and families.
- Slide 16: Added further detail on EEC's Mask Policy and considerations for when children are unable to mask, such as during meals and naps.
- Slide 19: Added reference use of rapid antigen tests (effective 1/19) as an alternative option for close contacts to avoid quarantine.
- Slide 22: Added reference to use of rapid antigen tests (effective 1/19) for symptomatic individuals in child care, as well as rapid antigen test use for close contacts as an alternative to quarantine. Clarifies that only one negative test is required for close contacts who are unable or unwilling to mask to return to care after day 5.
- Slide 29: Condensed previous content related to testing and included reference to the Commonwealth's Testing for Child Care Program.

Additional updates: Effective 1/19, EEC-affiliated programs are no longer required to submit reports of COVID-19 positive cases through the DPH survey in the LEAD portal when reporting COVID-19 cases. EEC-affiliated programs are still required to submit an Incident Report in LEAD on all COVID-related incidents that impact program operations.

Suggested Strategies for the Response to COVID-19 in Early Education and Care Programs

Implementation tips can be found here

1. Monitor for symptoms and stay home when sick or if exposed to a COVID-19 positive individual outside the child care setting.
2. Have a clear, consistent visitor policy.
3. Increase ventilation and circulation of fresh air.
4. Promote physical distancing and smaller groups when indoors.
5. Promote frequent hand hygiene.

6. Isolate sick or a symptomatic individual.
7. Create routine and targeted cleaning practices.
8. Modify health and safety practices for special populations.
9. Track community Risk
10. Use EEC's Testing for Child Care Program options (dedicated mobile COVID-19 testing sites—Visit Healthcare--available to EEC families; partnering with Neighborhood Villages; or use statewide contract).

EEC strongly encourages programs that serve school-age children to follow the same guidelines as those followed by the public school to promote alignment at the community level. DESE's protocols (also slide 22 in the EEC Mitigation Strategies PPT)

Q: Antigen tests, can they be administered by the staff and the facility or the parents of the children prior to arrival?
A: Programs can make this decision within their testing policy and this should be communicated with staff members and parents/guardian through a written consent form. Test kits can also be sent home with families but that's a program decision.

Q: During quarantine, for 5 days of consistent testing does this matter for fully vaccinated individuals?
A: Those with vaccinations are exempt from the testing. We want to prioritize tests for those who are not vaccinated.

Q: If the kids are in daycare and are testing daily for 5 days but test positive on day 5, do the providers need to contact trace back 2 days even though they had negative results on those days?
A: The clock restarts for those close contacts regardless of them testing negative.

Q: Back in November 2021, there was a memo about Test and Stay being expanded to EEC programs. Is a YMCA childcare program qualified to do a Test and Stay program? If so, where is the guidance that the program needs to follow for this? Who should the program contact to discuss it?
A: Back in November, we quickly identified children that were being exposed to COVID-19 but not able to participate in Test and Stay and this extended the program to out of school activities. If school aged children are participating in a testing program in their school, not need to duplicate tests. If its safe for the child to attend school, its safe enough for childcare.

Q: What does "return to care" mean? The FAQ says, if I am in quarantine and I get tested, can I return to care while I wait for results?
A: Return to care means returns to school. The day you can exit quarantine or isolation to return.

Q: Parents can test on days 5,6, and 7 to come back to daycare. It was mentioned at the webinar that most at home test kits are for ages 2 and above. Could you speak to this a little bit at the webinar? I wasn't even thinking about how small babies are and that at home testing may not be available to them. Should this option not be available to children under 2? Should they just stay home for 10 days or get a PCR at doctor's office?

A: It is very frustrating that rapid antigen tests haven't been approved for infants but I cannot speak to whether or not these tests can be used for children under the age of 2.

Q: For kids in EEC programs who are positive and return to the program on day 6 with strict masking, what do they do for lunch/snacks and naptime? Should they be separated from their classmates during these times when masks are removed? Or should they just return to the usual flow of the program with no additional mitigation measures?
A: We understand children can't wear masks when napping or eating, but we encourage that these children are spaced at least 3 ft apart until they can be masked again.

DESE Q&A:
Q: If an individual tests positive during Test and Stay, and is asymptomatic, but then develops symptoms the following day, is their day 0 the day the positive test was collected or the symptom onset date?
A: Symptomatic onset day is day 0. The positive test date is day zero for asymptomatic people.

Q: If LBOH are not providing clearance letters what is our role with the schools moving forward?
A: School nurses should continue to collaborate with their LBOH as needed. School nurses will implement the State testing program selected by the district. All testing information can be found on the DESE COVID-19 Testing Program page.

Q: With the recent policy changes, what is the next step for Schools/school nursing as it regards to COVID-19?
A: School nurses will continue to collaborate with LBOH as needed. School nurses will implement the state testing program selected by the district. All testing information can be found on the DESE COVID-19 Testing Program page above. School nurses may find the COVID Resources for School Health on the BU SHIELD website helpful.

Questions to Dr. Brown:
Q: I understand that LBOH's can prioritize cases for contact tracing. I am looking for clarification as far as LBOH "requirements" for remaining cases not of first priority. Can you state exactly what is "required" of the LBOH's? Also, DESE is telling schools they do not need to tract anymore if they participate in the new program. If there is a cluster reported in a school, does LPH have to trace? Or do we not have to trace kids at all anymore?
A: These are public health decisions that the LBOH has both the authority and the responsibility to make DPH has provided guidance about priority settings and situations but those recommendations need to be applied by you in a way that makes sense for your LBOH and your community.

Q: DESE has announced that out of school exposures will fall under the domain of the LBOH. Even though we are prioritizing cases 18 years and under, how do we communicate positive cases to the school without overwhelming ourselves anymore?
A: I don't think there is a one size fits all answer to this question. School districts and LBOHs need to discuss what the testing plan is for the schools, whether or not there is contact tracing that will be happening in the school and what information does the school actually need about out of school

exposures. If there is no contact tracing in a particular school, there may not be a need, immediate or at all, for them to hear about out of school exposures. DPH is encouraging everyone parents included, to help do their own exposure notifications.

Q: Also, are we still not working at home tests for school age children?
A: Anyone with a positive antigen test should be considered a case and should follow recommended isolation guidance and notify their close contacts about their possible exposure.

Q: If a student tests positive while away at college, does that positive case count towards the city or town the college is located or the student's hometown?
A: It depends. Based on national standards, the case should be counted where a person lives the majority of the year which in this case, would be where the student lives while at college. However, for a large volume disease like COVID, in practice, cases get counted based on the address of residence they give the test provider. That may be the school, their parent's home address or their student residence.

Q: What is the point of any tracing at this point if schools don't report to DPH or Local Health? How is that helpful to us in trying to figure out the burden of disease in our communities, in order to make decisions on mask orders or vaccine requirement etc. Also, if home tests are not going into MAVEN, how will LBOH know about them? Yet we are responsible to our administration and residents to report data relating to case numbers and the burden of disease on the community.
A: We are at a point in time with COVID where we are going to have to make decisions about what surveillance looks like moving forward. For many high-volume diseases, like influenza, surveillance systems don't try to count every case. Rather, we focus on severe outcomes, prevention measures and protecting vulnerable populations. It is likely that surveillance will stop trying to capture every case of COVID but establish systems that help us monitor trends, emergence of new variants and identification of cases in vulnerable settings. This is a transition and it won't happen overnight and will require education of our elected officials and general public as we make decisions about what surveillance is necessary moving forward.

Questions to Jana:
Q: A local low-income housing complex reached out as their residents cannot order the 4 test kits per household because the system does not recognize individual units living as separate residencies. Is there a way the system can be updated to include those who are living in public housing or other apartment complexes so that they can access the test kits?
A: FAQ for the federal test kits program.

Other Updates:
Updated mask and isolation/quarantine guidance

Next Webinar: Feb 1st at 3:00 pm.