Monday, June 1, 2020 COVID-19 Command Center Massachusetts Emergency Management Agency

Situation Update

The Command Center Situation Report is issued Monday-Friday.

State Actions in Today's Report:

- Daily Case Update (link in sidebar)
- Executive Order Issued in Advance of Phase II of Reopening
- MA Submits COVID-19 Testing Plan to Federal Government
- New Guidance Issued for Long-Term Care Outdoor Visitations
- Guidelines Issued for Phased Reopening of Child Care, Camps & Summer Recreational Programs
- New Metrics Added to Daily Dashboard
- Update on Mobile Testing Numbers
- Update on Holyoke and Chelsea Soldiers' Homes



Helpful Links:

- Jobs Available to Assist Long Term Care Facilities
- Get Involved: Community Contact Tracing Collaborative
- Mass.Gov/covid19
- Massachusetts Emergency Management Agency
- Unemployment & COVID-19
- Dept. Of Transitional Assistance Online Portal
- FrontlineMA.org
- Emergency Childcare Site
- MBTA.com/covid19
- <u>COVID-19 Cost Eligibility and Tracking Guidance</u>
- Complete List of Emergency Orders & Guidance

Background on the Command Center

The COVID Command Center, under the leadership of Secretary Marylou Sudders and reporting to Governor Charlie Baker and Lt. Governor Karyn Polito, is the Commonwealth's single point of strategic decision making and coordination for the Administration's comprehensive COVID-19 response.



Situation in Numbers

Massachusetts current as of 6/01

100,805 Total Cases <u>(click here for</u> more information)

7,035 Deaths

599,919 patients tested to date by MA State Public Health Laboratory, hospitals and commercial laboratories.

United States Last Updated 6/01

Case numbers are updated regularly at noon. Saturday/Sunday reports are preliminary and have not been confirmed with state/territorial health departments.

Total Cases Reported to CDC:

1,787,680 Total Cases 104,396 Deaths

55 Jurisdictions Reporting Cases (50 states, D.C., Puerto Rico, Guam, Northern Marianas, and US V.I.)

Social Distancing Basics:

- ✓ Stay Home
- ✓ Call/Facetime/online chat with friends and loved ones.

If you go out for essential needs:

- ✓ Avoid crowds
- ✓ Stay 6 feet away from others
- ✓ Don't shake hands or hug
- Wear a face covering or mask if physical distancing is not possible.

State Actions Today

Today, Governor Charlie Baker joined Lt. Governor Karyn Polito to provide an update on Phase-II of Massachusetts reopening and the protests in Boston last night. During the Governors remarks, he spoke about a new executive order that clarifies which businesses and sectors fall into Phase-II of the Commonwealths reopening strategy. Effective today, all businesses listed in Phase-II will be permitted to enter their establishments to start preparing for their full opening.

Executive Order Issued in Advance of Phase II of Reopening Massachusetts

Today, Governor Baker issued an Executive Order that provides a detailed list of businesses and activities that fall into Phases II, III, and IV of the Commonwealth's Re-Opening Plan. The Order also permits all Phase II enterprises, including retail, to begin preparations to safely resume operation in advance of the start of the second phase. In addition to the retail sector, the Executive Order details further requirements for the safe resumption of amateur youth and adult sports and outdoor dining.



Effective immediately, the Executive Order permits Phase II businesses to reopen their physical workplaces to workers only to conduct necessary preparations prior to the start of Phase II. Preparations include but are not limited to completing a COVID-19 Control Plan, implementing sector-specific protocols, and complying with Mandatory Workplace Safety Standards.

- For Reopening Phase II Executive Order, click here.
- For Childcare Provider Reopening Order, click here.

VIEW UPDATED LIST OF ENTERPRISES IN PHASES II, III, and IV

Retailers: Retail stores will transition from curbside pickup and delivery-only to browsing and in-store transactions with restrictions at the start of Phase II.

Social distancing guidance requires each retail store to monitor customer entries and exits and limit occupancy at all times to either 8 persons (including store staff) per 1,000 square feet of accessible, indoor space, or 40% of the retail store's maximum permitted occupancy, whichever is greater.

Grocery stores and retail stores with pharmacy services must provide at least one hour of dedicated time for adults 60 years of age and older, while all stores are encouraged to offer exclusive hours or other accommodations for high-risk populations. For staffing, stores should adjust workplace hours and shifts, including leveraging staggered arrival / departure, to minimize contact across workers and to allow for on-going and off-hour sanitation and cleaning. Stores should also conduct frequent disinfecting of heavy transit areas and high-touch surfaces.

Operators of enclosed shopping malls and other indoor, multi-tenant retail spaces must monitor customer and worker entries and exits to common areas and limit occupancy of common areas at all times to 40% of maximum permitted occupancy levels. Mall amenities like seating in food courts, children's play areas, and arcades must remain closed, while mall food vendors and restaurants may only provide take-out or delivery service.

Once Phase II begins, these standards will apply to all retail businesses except for Farmers' Markets, which shall continue to be governed by Department of Public Health guidance. These standards will supersede and replace existing Department of Public Health guidance governing grocery stores and pharmacies.

Retailers that have been defined as providing Essential Services pursuant to COVID-19 Order No. 13 will be required to comply with these sector-specific safety protocols within one week of the date that Retailers are authorized to open pursuant to the Governor's Phase II Reopening Order.

For full retail business guidance, click here.

Sports: The Order also allows organizers of amateur sports programs for youths and adults to open their premises to staff only to make preparations in advance of the start of Phase II. In addition to requiring generally applicable COVID-19 workplace standards, the Order specifies that during Phase II organized sports programs will operate under the following provisions:

- Limiting traditional contact sports to no-contact drills and practices;
- Prohibiting games, scrimmages, and tournaments;
- Separating participants to into groups of 10 or less;
- Restricting the use of indoor athletic facilities to supervised sports programs and sport camps for youths under the age of 18.

Further sector-specific guidance for youth and adult amateur sports programs will be issued in the coming days. Subject to the implementation of COVID-19 health and safety rules adopted by respective leagues, this Order permits professional sports organizations to reopen their premises to employees and other workers for practices and training; however, professional sports organizations are not allowed to engage in inter-team games and sporting facilities will remain closed to the public.

Restaurants: Lastly, the Order permits restaurants to provide outdoor dining service with restrictions upon the start of Phase II; providing continued positive progression of public health data, indoor dining may be authorized by a subsequent order during Phase II. In order to provide improved opportunities for outdoor table service, the order also provides flexibility to a local licensing authority to grant approval for a change for any type of license that permits the sale of alcoholic beverages for on- premises consumption. In both outdoor and indoor dining cases, restaurants will be required to comply with sector-specific COVID-19 workplace safety rules for restaurants.

Commonwealth Submits COVID-19 Testing Plan to Federal Government

The Baker-Polito Administration filed its required federal plan on May 30, 2020 to expand COVID-19 testing under the *Paycheck Protection Program and Health Care Enhancement Act of 2020*. Massachusetts has received \$374 million in federal funding from the *Act*.

Massachusetts is among the states hardest hit by COVID-19, with the 3rd highest number of positive COVID-19 cases per capita in the nation. The Administration continues to prioritize expanding access to testing and currently has the 4th highest number of tests completed in the country. A key focus of that strategy has been to ensure access to testing in skilled nursing facilities, rest homes, and assisted living residences and other 24/7 staffed congregate care settings.

This funding will help the Commonwealth implement a comprehensive testing strategy that includes:

- Increasing lab testing capacity to 45,000 by the end of July;
- Reducing the positive test rate to less than 5 percent;
- Ensuring on-demand access to testing for all symptomatic individuals and their close contacts;

- Increasing access to testing for vulnerable and high-risk populations;
- Building a testing infrastructure to support a potential second surge;
- Modernizing public technology infrastructure to provide real-time data on cases and testing; and
- Operating a best-in-class contact tracing program.

In addition to expanding testing sites, the Massachusetts Department of Public Health this month will install the Roche Diagnostics cobas[®] 6800 platform in the State Public Health Lab. The State Lab expects to receive sufficient supplies and reagents to enable 1,300 tests/day. The State Lab will also conduct randomly sampled testing in tandem with the Harvard School of Public Health, to include at least 5,000 households linked to the US Census' American Community Survey sample to provide more complete demographic, risk, exposure, and health care data to complement these test results.

The State Lab will also expand the existing ARCHITECT platform with Abbott Laboratories to conduct antibody testing in conjunction with planned viral testing. This machine will enable up to 1,600 antibody tests per day. To date, Massachusetts has tested more than 595,000 people for COVID-19. On average, 10,000 individuals are tested each day, comprising 4.4% of the state's population each month. The state currently has capacity at 45 labs to perform up to 30,000 COVID-19 tests per day, and its nursing home testing strategies have been replicated by states across the country.

New Guidance Issued for Long-Term Care Outdoor Visitations

Beginning June 3, 2020, the Baker-Polito Administration is easing family visitation restrictions at nursing homes, rest homes and assisted living facilities to allow for scheduled outdoor visits. In addition, long-term care facilities should continue to use alternative electronic methods for communication between residents and visitors, such as Skype, FaceTime, etc.

<u>Guidance was issued today for nursing homes</u>, rest homes and assisted living facilities detailing how to safely allow scheduled visits with residents to occur. These measures include:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited. A resident who has recovered from COVID-19 may be visited.
- Visitors must be screened for fever or respiratory symptoms. Any individuals with symptoms of COVID-19 infection will not be permitted to visit with a resident.
- A long-term care facility staff member trained in patient safety and infection control measures must always remain with the resident during the visit.
- Visits must be limited to no more than two individuals. A visitor must always remain at least 6 feet from the resident and attending staff member(s) during the visit.
- Staff and residents must wear a surgical face mask and visitors must wear a face covering or mask for the duration of the visit.

Additional guidance will be issued in the coming days for the Holyoke and Chelsea Soldiers' homes and other 24/7 congregate care facilities.

Guidelines for Phased Reopening Issued for Child Care, Camps & Summer Recreation Programs

The Baker-Polito Administration today released health and safety requirements that apply to the reopening of all child care programs, recreational camps and municipal or recreational programs not traditionally licensed as camps as part of the phased reopening of the Commonwealth.

The Department of Early Education and Care (EEC) assembled a Health and Safety Working Group and solicited input from thousands of child care providers from across the Commonwealth, as well as consulted with medical experts at Boston Children's Hospital, to develop the <u>Massachusetts Child and Youth Serving Programs Reopen</u> <u>Approach: Minimum Requirements for Health and Safety</u>. These requirements must be implemented to protect the health and safety of all children, families and staff and minimize the spread of COVID-19.

Child care programs licensed by EEC will be required to submit plans to the department to be approved once Phase II reopening begins. The Department will provide templates for submission as the process is launched and will utilize an attestation approval process. In order to mitigate the impact of business interruptions caused by fluctuations in family demand and changes in group sizes outlined in the health and safety guidelines, EEC will provide grants to programs that currently receive CCDBG subsidies through the first two months of reopening. More details on the reopening process and child care provider grant program will be released shortly.

Recreational camps and municipal or recreational youth programs not traditionally licensed as camps may open during Phase III. Residential camps and other overnight stays will not be allowed until Phase III.

Some highlights of the Minimum Requirements for Health and Safety include:

Preparedness Planning: Prior to reopening, all programs must develop plans for daily health screenings and ways to identify children and staff who are sick, symptomatic, or who become exposed to coronavirus. Programs must also have a plan in place to handle possible closings, staff absences, and gaps in child attendance, as well as determine how to communicate with staff, parents, local boards of health and others.

- Programs must screen all staff and children with a temperature check, before they are permitted to enter the child care space. Programs must establish one entry point to ensure no one is allowed in the building until they pass a health screening.
- Parents must wear masks or face coverings when picking up and dropping off their child on a staggered schedule and will be met at the door by staff.

Face Coverings: Children over the age of 2 should be encouraged to wear a face covering, at the discretion of parents or guardians, if they can safely wear, remove, and handle masks. Certain exceptions are detailed in the guidance. Masks do not need to be worn while playing outdoors if children are able to keep 6 feet apart.

• Children should not wear masks while eating, drinking, sleeping, or napping.

Staff members are encouraged to wear masks or cloth face coverings at all times when caring for children and interacting with parents and families. If possible, the department recommends staff wear transparent masks to enable children to see facial expressions, which is important for child development.

Programs are asked to make additional changes to their operations, including canceling field trips and not holding activities involving attendance of multiple groups. Non-essential visitors, including parents and volunteers, will be restricted from entering the premises of child care programs.

Group sizes and staffing: Group sizes must be restricted to a maximum of 10 children, with a total of 12 individuals including children and staff in each room. Consistent with pre-Covid operations, the infant-to-staff ratio is smaller, with 7 infants to 2 staff members and a maximum of group size of 9.

• Children must remain with the same group each day and at all times while in care. Siblings should be kept in the same group, when suitable.

- Groups must not be combined at any time.
- The same staff must remain with the same group of children each day. Staff should not float between groups either during the day or from day-to-day, with some limited exceptions.

Group transportation should only be provided during the phased reopening when there is no other option to transport children to and from the program. Programs intending to provide transportation services should follow detailed <u>guidance</u>.

For summer day camps: Campers and counselors will need daily health screenings, including temperature and other checks for signs and symptoms of illness. Camps will need plans in place for when a staff member or child becomes sick.

- Camp spaces will need to be prepared to ensure physical distancing.
- Camps will need to have at least two health services staff on site at all times.
- Other protocols require campers and counselors to stay together in their groups and staff will not be able to move between groups either during the day or from day-to-day, unless needed to provide supervision of specialized activities such as swimming.
- Snacks and meals should be brought from home, pre-packaged, or ready-to-serve in individual portions to minimize handling and preparation. When this is not feasible, staff must prepare and serve meals. No family-style food service.
- Parents must wear face coverings and camps must develop safe pickup/drop off procedures to maintain social distancing.
- Camps may not take campers on field trips or for other offsite travel.

For the full document and Frequently Asked Questions about the minimum requirements click here.

COVID-19 Public Health Data

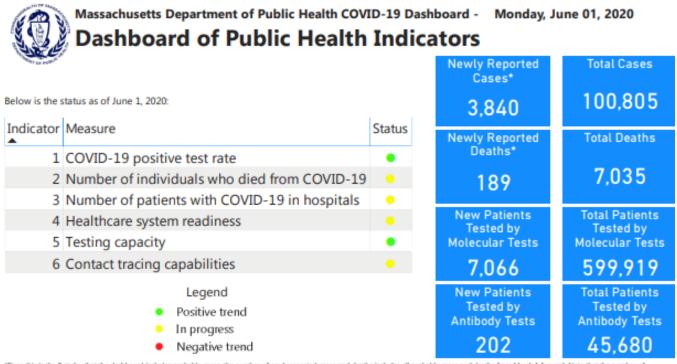
New Metrics Added to Daily Dashboard

In its efforts to continue to offer transparent reporting on COVID-19, Massachusetts is adding new data elements to its daily dashboard. Beginning this afternoon, the Commonwealth will include data on both **probable** cases and deaths in addition to reports on **confirmed** cases and deaths.

Since the beginning of the pandemic, the Department of Public Health has been reporting on the number of confirmed cases and deaths that had a positive COVID-19 molecular, or viral, test result. Probable cases are individuals who have not been tested by the standard molecular test. Probable cases have had a positive antibody test **and** either had COVID symptoms or were likely exposed to a positive case. Probable cases also include individuals whose death certificate listed COVID-19 as a cause of death but who were not tested. **The probable cases and deaths reported today were identified through a retrospective review that goes back to March 1, 2020.**

Also, today, in addition to its regular reporting on viral testing results, the dashboard will now include data on the total number daily and cumulative COVID-19 **antibody tests** performed. Viral testing, which is performed by nasal swab, is conducted to determine if an individual is currently infected with COVID-19. Antibody tests are blood tests used to determine if a person had COVID-19 in the past and now has antibodies against the virus.

You can find all the data reports by visiting the <u>COVID-19 Response Reporting page</u>. (<u>Find the Data Files Here</u>). Key data reflected in today's report is provided below:



*Since this is the first day that the dashboard includes probable cases, the number of newly reported cases and deaths includes all probable cases and deaths from March 1 forward. Note that the number of newly reported cases and deaths and deaths counted as confirmed or probable are reported to page 3.

Massachusetts Department of Public Health COVID-19 Dashboard - Monday, June 01, 2020 Confirmed and Probable Case Breakdown





Patients with a positive molecular test for COVID-19 are counted as confirmed.

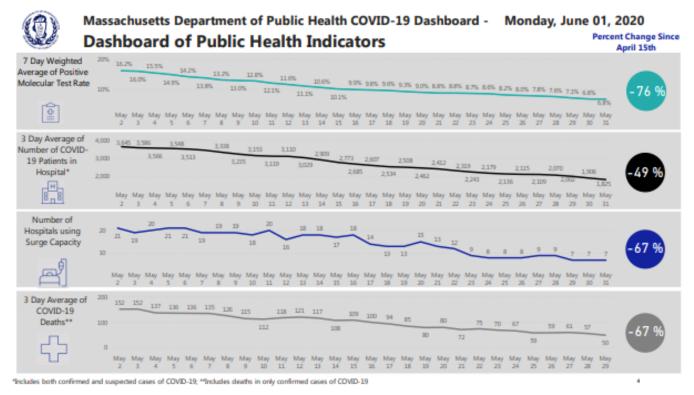
Patients with a positive serology/antibody test and either COVID-like symptoms or likely exposure to COVID-19 are counted as probable cases.

Patients who did not have a laboratory test but whose death certificate listed COVID-19 as a cause of death are counted as probable deaths.

Probable cases are included in all counts from March 1 onward.

For more information on Confirmed and Probable case definitions, see https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/Interim-20-ID-01_COVID-19.pdf

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences, and the Registry of Vital Records and Statistics; Tables and Figures created by the Office of Population Health. Note: all data are current as of 10:00am. * Since this is the first day that the dashboard includes probable cases, the number of newly reported cases and deaths includes all probable cases and deaths from March 1 forward. 2



Important Updates

Update on Mobile Testing Numbers for Long Term Care, Assisted Living Residences and EOHHS Sites

Note: The hours of operation for the Nursing Home/Long Term Care Family Resource Line have changed. The Family Resource Line is now available Monday-Friday, from 9 am to 5 pm.

Onsite Testing

	Number of Tests Completed	Unique Facilities Visited
6/1	18	1
Total (as of 6/1)	47,408	442

COVID-19 Cases in Long-Term Care (LTC) Facilities (as of 5/31)		
Residents/Healthcare		
Workers of LTC Facilities	21,127	
LTC Facilities Reporting at		
Least One Case of COVID-19	349	
Deaths Reported in LTC		
Facilities	4,257	

Mobile Testing at EOHHS Group Homes & Care Sites (as of 6/1 by Fallon Ambulance Service)

DDS, DMH, DCF and DPH Facilities		
Clients	12,024	
Staff	16,974	
Total Tests	28,998	
Number of Locations	1,909	



Holyoke Soldiers' Home Update

- Staff continue to work with veterans on iPad training, and have started to individualize iPads for veterans with contacts and apps. Members of the National Guard are supporting this and other recreation. iPads are being used for regular family communication through video chat, and the Family Hotline is available for ad hoc updates with support from social work and clinical staff.
 - Families can call the Family Hotline at 413-552-4764 Monday Friday 8:00 a.m. 4:00 p.m. Families can also request updates via email at <u>CommunicationsMailbox-HLY@Mass.gov</u>.
 - Please note the Soldiers' Home can only share medical information about a resident with the authorized health care proxy on file. If a family member requests an update and is **not** the health care proxy, the name of the health care proxy will be shared and it will be suggested that the health care proxy should call and request the update.
- The Holyoke Soldiers' Home has been intently focused on following infection control procedures and maintaining best practices for the safety of veteran residents and staff, and to support the recovery of veterans as the health status of many stabilizes. All veteran residents' health is being monitored and retesting is being conducted for veterans both on- and off-site as clinically appropriate. As results are received, veteran residents are being cohorted and further monitored. Recovery units are being identified and readied for residents.
- The Holyoke Soldiers' Home Clinical Command continues to respond to the COVID-19 outbreak, monitoring staffing levels, while bringing on additional management staff for nursing, facilities, and administration staff to build capacity for resuming regular operations and moving to the recovery phase.
- Governor Charlie Baker has advised flags be lowered to half-staff until the end of the public health emergency at the Soldiers' Home in Holyoke, Soldiers' Home in Chelsea, as well as the Massachusetts Veterans Memorial Cemetery in Agawam and Winchendon due to the fact Military Honors are unavailable during this public health crisis.
- The Soldiers' Home in Holyoke presented a virtual Memorial Day service, as part of the state's efforts to hold Memorial Day events virtually this year to honor military who have sacrificed for our country, and veterans who have passed in the last year. The program will continue to be available for viewing on their <u>Facebook page</u>.
- The total numbers at the Holyoke Soldiers' Home as of Monday June 1:
 - 93 veteran resident deaths (76 positive, 16 negatives, 1 unknown)
 - Testing results of all residents:
 - 74 veteran residents have tested positive
 - 57 veteran residents have tested negative
 - Resident locations:

- 103 residents are onsite
 - 28 residents are offsite
 - 28 residents are at a dedicated skilled nursing unit at Holyoke Medical Center
 - 0 residents are receiving acute care offsite
- 84 employees have tested positive

Chelsea Soldiers' Home Update

- This weekend, the Chelsea Soldiers' Home received a shipment of face shields, and other PPE, and installed PPE wall dispensers to ease distribution throughout the facility.
 - Chelsea Clinical Command continues to monitor and enforce staff use of personal protective equipment (PPE). Staff have been provided PPE core competency training, the entire facility is

rounded on daily for infection control quality assurance checks, all units have been provided with educational materials, and there are daily cleanings throughout the facility in addition to frequent terminal cleaning.

- The Chelsea Soldiers' Home clinical command continues to respond to the COVID-19 pandemic, including regular coordinating calls with the VA Health Care System. The Home continues to review its infection control and clinical operations with experts.
- Veteran residents' health is being monitored and retesting is being conducted for veterans both on- and off-site as clinically appropriate. As results are received, veteran residents are being cohorted and further monitored. Additional isolation space has been identified and is being readied.
- Video visits between veteran residents and their loved ones are continuing with support from the Chelsea Soldiers' Home Social Work team and staff. Families can request updates on their loved ones by contacting the Home at <u>CSH@mass.gov</u> and through phone and video conversations. Medical information can only be shared with an authorized health care proxy.
- Governor Charlie Baker has advised flags be lowered to half-staff until the end of the public health emergency at the Soldiers' Home in Chelsea, Soldiers' Home in Holyoke, as well as the Massachusetts Veterans Memorial Cemetery in Agawam and Winchendon due to the fact Military Honors are unavailable during this public health crisis.
- The Soldiers' Home in Chelsea presented a virtual Memorial Day service, as part of the state's efforts to hold Memorial Day events virtually this year to honor military who have sacrificed for our country, and veterans who have passed in the last year. The program is still available for viewing on the Home's <u>Facebook page</u>.
- The total numbers at the Chelsea Soldiers' Home as of Monday June 1:
 - 40 veteran resident deaths (31 tested positive, 9 tested negative)
 - 36 veteran residents who have tested positive
 - 178 veteran residents who have tested negative
 - 59 staff tested positive

Resources

MA COVID-19 Test Site Locator

MEMA, in coordination with the COVID-19 Command Center, has launched a <u>website</u> featuring an interactive map with information about COVID-19 test sites in Massachusetts, including contact information, address, hours of operation, website link, type of site, insurance coverage, and other important information. It also includes a downloadable full list of test sites.

COVID-19 Isolation and Recovery Sites

The Commonwealth's COVID-19 Command Center and MEMA have stood up regional isolation and recovery sites located in hotels across the state.

Providers or individuals from Boston can access isolation sites at Boston Hope or Newton Pavilion by calling (617) 534-5050.

Individuals who do not live in Boston can access Isolation & Recovery Sites in Lexington, Everett, Taunton, Northampton, and Pittsfield by calling (617) 367-5150 between the hours of 7 a.m. and 7 p.m.

More information, to include clinical and financial eligibility, can be found here.

Disaster Recovery Information

On March 27, the President <u>declared</u> a Major Disaster Declaration for the Commonwealth of Massachusetts related to the COVID-19 pandemic response. Through this declaration, federal aid will be made available to cities and towns, state agencies, and certain non-profits in all Massachusetts counties to help pay for emergency protective measures (response costs) related to the COVID-19 pandemic. MEMA's Recovery Unit has developed a <u>webpage</u> with information and guidance on, but not limited to, disaster declaration, eligibility criteria, and the application process.

COVID-19 Public Resources Map

MEMA, together with MA VOAD and other partners, has developed a <u>COVID-19 Public Resources Map</u> showing the location of resources available to the public, such as food banks, houses of worship, and Project Bread site locations. Please note that this map is not inclusive of all resources and is only as accurate as the information that has been provided to MEMA.

Massachusetts COVID-19 Response Dashboard

MEMA has developed and maintains a public-facing COVID-19 ArcGIS Online dashboard, available <u>here</u>. This dashboard is continuously updated and captures information about current COVID 19 case counts, cases by age, cases by county, hospital status, hospital bed status, death tolls, and deaths by age. Users should refresh the dashboard on a daily basis as enhancements are continuously being added.

Stay Informed

- Get information from trusted sources. Visit <u>https://www.mass.gov/covid19</u> for the latest news, case counts, and lab testing results. Call 2-1-1 with questions. Text the keyword COVIDMA to 888-777 to receive notifications to your phone. To receive these notifications in Spanish, text COVIDMAESP to 888-777
- Take care of your emotional health:
- Call 2-1-1 and choose the "CALL2TALK" option.
- Samaritans is continuing operations 24/7, as always. During this unprecedented time, it can feel
 overwhelming to receive constant messages about COVID-19. Call or text their 24/7 helpline any time at
 877-870-4673.
- The Disaster Distress Helpline, 1-800-985-5990, is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster, including disease outbreaks like COVID-19. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories.

Please share our Communications Resources

NEW: The DPH video "*How to Safely Cover Your Face Outside of Home*" is now available in Spanish, Portuguese, Simplified Chinese, Traditional Chinese, Haitian Creole and Vietnamese. Please share! (<u>Find The Videos Here</u>)

Infographics

- Stop the Spread of Germs
- Social distancing: for youth for general audience
- Coping with stress or fear



- What to do if you are sick
- 10 tips for at-home guarantine or self-monitoring

Short videos:

- How to Safely Cover Your Face Outside of Home 10 Tips for at home quarantine or self-monitoring
- <u>Stop the Spread of Germs like Seasonal Flu and COVID-19</u> (:30)
- Help Prevent COVID-19 with Social Distancing (:30)
- How Young People Can Help Prevent COVID-19 with Social Distancing (:30)
- <u>Coping with Stress and Fear from COVID-19</u> (:30)
- <u>Stay Home Save Lives (</u>:06)

Spanish Radio Spots (available on request):

- Prevent the Spread of Germs
- Social Distancing
- Stay Home. Stay Safe. Save Lives.

How to Help Out

- <u>Donate</u> to the Massachusetts COVID-19 Relief Fund.
- Volunteer opportunities for health professionals: Please click here.
- Get involved with the new Community Tracing Collaborative: Please click here.
- Donate or sell personal protective equipment: Please click here.
- Health care facilities can learn more about requesting personal protective equipment here.
- Apply for Jobs at COVID-19 Temporary Care Sites (Details Here).

The Need for Blood Donations Continues, and Recovered Covid-19 Donors Can Help Save Lives

In coordination with the U.S. Food and Drug Administration (FDA), the Red Cross is seeking people who are fully recovered from the new coronavirus to sign up to donate plasma to help current COVID-19 patients. People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus. This convalescent plasma is being evaluated as treatment for patients with serious or immediately life-threatening COVID-19 infections, or those judged by a healthcare provider to be at high risk of progression to severe or life-threatening condition. Interested individuals can visit <u>RedCrossBlood.org/plasma4covid</u> to learn more, and if eligible, sign up to help.

We are also encouraging people who have not had COVID-19 to schedule and keep appointments to donate blood or platelets to ensure a stable blood supply during this pandemic. Donating blood products is essential to community health and the need for blood products is constant. As part of our nation's critical infrastructure, healthy individuals can still donate in areas that have issued shelter in place declarations. The Red Cross follows the highest standards of safety and infection control, and volunteer donors are the only source of blood for those in need. To make an appointment to donate, please visit <u>www.RedCrossBlood.org</u>

Requests for Red Cross Emergency Response American Red Cross

The American Red Cross (ARC) of Massachusetts is committed to fulfilling our Mission of providing emergency relief to our neighbors following a home fire or other disaster. We have implemented temporary changes to our response protocols. ARC we will be responding to your requests for service with a virtual response and ask your assistance in sharing this information with your Incident Commanders and Dispatch Center personnel.

Notification: Continue to request a response by contacting our long-standing emergency line 800-564-1234.

When calling: Please have contact information for the head of household for each displaced family unit. A point of contact from the Fire Department or Emergency Management on-scene that we can coordinate with if needed. Quick assessment as to extent of damage.

What we will do:

- Contact each head of household by phone or video chat. Open a virtual case for each affected family.
- Arrange for lodging if needed.
- Deliver a Client Assistance Card (financial assistance) to hotel, family member's home, etc.
- Provide Recovery guidance and assistance in the days following the incident.

If a virtual response is not possible, we will send a minimal number of Red Cross volunteers to the scene to orchestrate the virtual intake process. We value our partnership with your department and encourage you to contact us with any questions.