CITY OF LOWELL, MASSACHUSETTS

BOARD OF HEALTH

AGENDA: Board of Health MAY 6, 2020 at 6:00 P.M. previously scheduled to be held in the Mayor's Reception Room, 375 Merrimack St., 2nd floor, Lowell, MA 01852

April 30, 2020

Michael Geary, City Clerk 375 Merrimack Street Lowell, Massachusetts 01852

Dear Mr. Geary: In accordance with Chapter 303 of the Acts of 1975 you are hereby notified that a meeting of the Lowell Board of Health will be held on Wednesday, May 6, 2020 @ 6:00 P.M. **As allowed by the Revised OPen Meeting Law to meet the social distancing requirements contained in Governor Charles Baker's Executive Order relative to the COVID-19 outbreak, this meeting will be conducted by conference call.**

AGENDA:

1. New Business

1.I. Conference Call Log-In Information

Documents:

CONFERENCE CALL DIAL IN INFORMATION.PDF

1.II. Introduction: Joanne Belanger, Health And Human Services Director

1.III. For Acceptance: MInutes Of April 1, 2020 Board Of Health Meeting
Motion: To accept the minutes of the April 1, 2020 meeting of the Board of Health.

Documents:

BOH - DRAFT MINUTES 4.1.2020.PDF

1.IV. Development Services Reports Submitted By Senior Sanitary Code Inspector Shawn Machado
Sr, Sanitary Code Inspector Shawn Machado will verbally update the Board.

1.V. For Review: Trinity EMS, Inc, Reports Submitted By Jon Kelley

Documents:

TRINITY Q1 2020.PDF
TRINITY EMS -OPIOID RELATED ILLNESS CALLS IN LOWELL MA 2020.PDF
LOWELL OVERDOSE REPORT MARCH 2020.PDF

1.VI. Update: COVID-19

Discussion will occur on on-going COVId-19 efforts and the use of masks in public areas.
Motion: To approve/deny Emergency BOH Orders regarding the use of masks in public areas.

Documents:

LAW OPINION - EMERGENCY ORDER MASKS_04.30.20.PDF
EMERGENCY ORDER MANDATING FACE COVERINGS.PDF

2. Old Business

2.I. Update: Service Zone Plan

Update on status of Service Zone Plan if available

3. Director's Report

3.I. Update: Departmental And Divisional Reports

Documents:

SCHOOL HEALTH DIVISION REPORT - FEB 2020.PDF
SCHOOL HEALTH DIVISION REPORT -MARCH 2020.PDF
SUBSTANCE ABUSE AND PREVENTION DIVISION.PDF

4. Motion: To Adjourn

THE NEXT MEETING OF THE LOWELL BOARD OF HEALTH WILL BE HELD ON JUNE 3, 2020.

This is the information for dialing into the Board of Health Meeting conference

Call scheduled for 6:00 PM on May 6, 2020

Conference Phone Number 720-835-5052 PIN 85441

CITY OF LOWELL, MASSACHUSETTS

BOARD OF HEALTH

April 1, 2020

A meeting of the Lowell Board of Health was held on Wednesday, April 1, 2020 by conference call. Chairperson John Donovan called the meeting to order at 6:00 P.M.

Phone-In Participants:
John Donovan, Chairperson
Kathleen Cullen-Lutter, Board Member
Lisa Golden, Board Member
William Galvin, Board Member
Jo-Ann Keegan, Interim Director of HHS
Shawn Machado, Sr. Sanitary Code Inspector
Dr. Peter Connolly, Medical Consultant

The meeting of the City of Lowell Board of Health was called to order at 6:00 PM by Chairperson John Donovan.

4/1/2020 – Minutes

1. **CONFERENCE CALL LOG-IN INFORMATION**
Information on how to log into the meeting was provided in the on-line meeting packet

2. **NEW BUSINESS**

2.1 **For Acceptance:** Minutes of the February 5, 2020 BOH Meeting
Motion: To accept the minutes of the February 5, 2020 Board of Health meeting made by Lisa Golden, seconded by Kathleen Cullen-Lutter. All in favor.

2.II **For Review:** Tobacco Control Report submitted by Cesar Pungirum, Tobacco Control Director
The Board had no questions. Accepted report and placed on file.

2.III **Development Services Monthly Reports** submitted by Shawn Machado, Sr. Sanitary Code Inspector
Sr. Sanitary Code Inspector Shawn Machado reviewed the reports with the Board. Mr. Machado reviewed the closure of China Star and the Lowell Asian Baker on Broadway St with the Board due to failed inspections. MR. Machado will conduct more frequent inspections and will enforce permanent closure for one more failed inspection. The Board requested that the owners of both businesses appear before the Board once the social distancing requirements allows for in-person meetings.

2.IV **2020 Funeral Director's Licenses**
Motion: To approve the 2020 Funeral Directors' licenses made by Lisa Golden, seconded by William Galvin. All in favor.

2.V **Animal Inspector Nominations for 2020**
Motion: To approve the Animal Inspector Nominations for 2020-2021 made by William Galvin, seconded by Lisa Golden. All in favor.

2.VI **For Review:** Trinity EMS, Inc. Reports
The board had no questions regarding the reports. Accepted and placed on file.

2.VII **Communication:** Central Mass Mosquito Control Project
The Board reviewed the communication and placed on file.

DRAFT

2.VIII **For Discussion:** COVID-19 update
Interim Director Jo-Ann Keegan discussed ongoing COVID-19 efforts by the Health Department. The Department is utilizing the School Nurses for case management. The Nurses will be stationed between the Health Department and office space at the Department of Planning and Development. The EOC has been activated and Director Keegan is in touch with the City Manager and other EOC staff daily as well as Lowell General. Discussion about quarantining/testing of citizens, as well as the sheltering of the homeless population occurred. The rapid testing site set up at the Showcase Cinemas on Reiss Ave was discussed, as well as the use of UMASS/Lowell dorms and area hotels as shelters. The Health Department has send available N95 masks to Lowell General and Trinity EMS as well as surgical masks and gloves to area nursing homes. Additionally the Department is tracking all positive cases. Discussion on the testing process and wait time occurred. The Board inquired on projected numbers for the City and was informed by Director Keegan that the first death of a resident has occurred. The Department is creating a database of positive cases inclusive of neighborhoods. Currently, the most cases are occurring in the 30-39 age group. Director Keegan also informed the Board that Tobacco Control Director Cesar Pungirum has looked at various reports to determine if smoking/vaping was a risk factor. There is that possibility but currently clustering is happening in households where travel had occurred.

2.IX **Communication:** Keolis Commuter Services 2020 Yearly Operational Plan
The Board reviewed the communication and placed on file.

3. **OLD BUSINESS**

3.1 **Update:** Service Zone Plan
Director Keegan informed the Board of the current status of the Service Zone Plan.

3.2 **Update**: Freshman Academy
An update on the Air Quality Test was not provided to the Board

4. **DIRECTOR'S REPORT**

4.1 **Update: Divisional and Departmental Updates**
Director Keegan informed the Board that some of the Health Department employees have been working from home. The Public Health Nurses, Administrative Staff and Syringe Collector Andres Gonzalez have continued to work from the office.

The Public Health Nurse position has been posted since February.

4.2 **Update**: Health and Human Services Director Position
The HHS Director's position has been filled. Joanne Belanger, currently the Assistant Health Director for the Town of Andover has been offered the position. Ms. Belanger will start on April 21, 2020. Director Keegan will remain to help Transition Director Belanger to the position.

5. **Motion to Adjourn**
Motion: To adjourn was made at 6:50 PM by William Galvin, seconded by Lisa Golden. All in favor.

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THE NEXT MEETING OF THE LOWELL BOARD OF HEALTH WILL BE HELD ON MAY 6, 2020 AT 6:00 PM BY CONFERENCE CALL.

2020 1st Quarter Report to the Lowell, Massachusetts Board of Health

Reporting Period: Jan 1- Mar 31 2020

• INTRODUCTION:

This is the 1st Qtr. 2020 Report for the Lowell Board of Health.

Any questions or concerns surrounding the contents of this report should be directed to:

Trinity EMS, Inc.

ATTN: Kirk Brigham, Director of Clinical Services

PO Box 187

Lowell, MA 01853

Email: kbrigham@trinityems.com

Thank you,

Management Team

Trinity EMS, Inc

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TIMES:	Trinity BLS Q2 2019	Trinity ALS	LGH ALS	Trinity BLS Q3 2019	Trinity ALS	LGH ALS
Fractile %	**94.28%**	**88.21%**	**93.32%**	**93.45%**	**88.50%**	**91.57%**
Avg out of chute	22 sec	56 sec	48 sec	24 sec	1 min	45 sec
Avg resp time	4 min 7 sec	5 min 47 sec	5 min 5 sec	4 min 11 sec	5 min 30 sec	5 min 12 sec
Avg on scene time	10 min 58 sec	10 min 22 sec	11 min 22 sec	11 min 42 sec	14 min 47 sec	13 min 10 sec
Avg transport time	6 min 41 sec	6 min 45 sec	10 min 34 sec	6 min 54 sec	7 min 38 sec	10 min 32 sec
# of events >7:59 response time	315	25	119	375	23	156
# of events using Non Trinity BLS	0			0		
	Trinity BLS Q4 2019			Trinity BLS Q1 2020		
	91.87%	**84.32%**	**92.12%**	**91.70%**	**84.92%**	**91.65%**
Avg out of chute	43 sec	1 min 5 sec	50 sec	58 sec	1 min 11 sec	56 sec
Avg resp time	4 min 48 sec	4 min 53 sec	5 min 56 sec	5 min 25 sec	7 min 8 sec	6 min 13 sec
Avg on scene time	11 min 41 sec	13 min 52 sec	15 min 16 sec	12 min 49 sec	15 min 17 sec	14 min 55 sec
Avg transport time	6 min 42 sec	7 min 9 sec	10 min 44 sec	7 min 4 sec	6 min 3 sec	10 min 25
# of events >7:59 response time	429	37	145	429	30	150
# of events using Non Trinity BLS	1	<-- 8th 911 call in Lowell at that time		0		

	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q 3 2019	Q4 2019	Q1 2020
TEMS BLS	**94.04%**	**94.72%**	**94.03%**	**92.75%**	**94.28%**	**93.45%**	**91.87%**	**91.70%**

BLS OUTLIERS:	2018 Total		2019		Last 4 Qs Total		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
1st Emergency	340	24%	386	26%	394	25%	80	25%	85	23%	121	28%	108	25%
2nd Emergency	372	26%	400	27%	402	26%	103	33%	102	27%	96	22%	101	24%
3rd Emergency	259	18%	306	20%	322	21%	49	16%	91	24%	95	22%	87	20%
4th Emergency	189	13%	181	12%	195	13%	30	10%	43	11%	58	14%	64	15%
5th Emergency	146	10%	135	9%	135	9%	24	8%	31	8%	39	9%	41	10%
6th Plus Emergency	115	8%	96	6%	100	6%	29	9%	23	6%	20	5%	28	7%
	1421		1504		1548		315		375		429		429	
BLS REASONS OVER 7:59:	2018 Total		2019		Last 4 Qs Total		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
Total	1421		1504		1548		315		375		429		429	
Couldn't locate house/lost	40	3%	88	6%	94	6%	14	4%	34	9%	26	6%	20	5%
Crew took long route	115	9%	105	7%	86	6%	27	9%	15	4%	29	7%	15	3%
Distance	350	24%	362	24%	378	24%	73	23%	85	23%	127	30%	93	22%
Dispatch delay	40	3%	141	9%	139	9%	26	8%	43	11%	35	8%	35	8%
Highway	9	1%	17	1%	19	1%	1	0%	7	2%	5	1%	6	1%
Out of chute	186	13%	149	10%	146	9%	29	9%	35	9%	39	9%	43	10%
TEMS Dispatch error	127	7%	49	3%	55	4%	12	4%	17	5%	12	3%	14	3%
Weather	47	5%	42	3%	22	1%	0	0%	11	3%	7	2%	4	1%
EMD	227	16%	257	17%	243	16%	60	19%	64	17%	70	16%	49	11%
911 Call volume	235	17%	215	14%	216	14%	50	16%	45	12%	56	13%	65	15%
others/blank	45	3%	79	5%	150	10%	23	7%	19	5%	23	5%	85	20%

BLS OUTLIERS:	2018 Total		2019		Last 4 Qs Total		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
Witin the standard (7:59 >)			20243	93.73%	20056	92.86%	5188	91.69%	5289	93.48%	4838	93.58%	4741	91.70%
0800-0859			734	3.40%	736	3.41%	158	3.00%	174	3.37%	197	3.81%	207	4.00%
0900-0959			402	1.86%	405	1.88%	78	1.48%	110	2.13%	110	2.13%	107	2.07%
1000-1059			201	0.93%	210	0.97%	42	0.80%	54	1.04%	61	1.18%	53	1.03%
1100-1159			77	0.36%	83	0.38%	19	0.36%	14	0.27%	29	0.56%	21	0.41%
1200 plus			83	0.38%	108	0.50%	18	0.34%	17	0.33%	32	0.62%	41	0.79%
							see below		see below		see below		see below	
12 PLUS BREAKOUT	2018 Total		2019		Last 4 Qs Total		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
911 Call volume (5th +)			26	24.07%	30	27.78%	8	25.00%	3	7.32%	10	24.39%	9	21.95%
Distance				0.00%		0.00%		0.00%	1	2.44%	1	2.44%	3	7.32%
Crew got lost/couldn't find house			11	10.19%	14	12.96%	3	9.38%	1	2.44%	4	9.76%	6	14.63%
EMD			13	12.04%	14	12.96%	3	9.38%	3	7.32%	5	12.20%	3	7.32%
Highway call			6	5.56%	6	5.56%	1	3.13%	1	2.44%	3	7.32%	1	2.44%
TEMS Dispatch error/delay			13	12.04%	11	10.19%	2	6.25%	4	9.76%	3	7.32%	2	4.88%
Others			12	11.11%	28	25.93%	1	3.13%	4	9.76%	6	14.63%	17	41.46%

41 Q1 2020 over 12 minutes					
1	Medical alarm- no tranport	17	Breathing diff, Fire and ALS with patient	33	ABD pain, no trans
2	Sick person priority 3 transport	18	Psych, no transport	34	Psych, no trans
3	Chest pain, Fire with patient	19	Chest pain, pt in care of dialysis nurses	35	Sec 12, PD with pt
4	Psych patient, priority 3 transport	20	Diff breathing, BLS tranport, ALS on site	36	Assault, priority 3
5	ETOH, priority 3 transport	21	Seisure, no transport	37	Lift asssit
6	Shoulder pain, priority 3 transport	22	MVA, Fire with patient, priority 2 transport	38	Seizure, ALS with pt
7	Fall, no transport	23	Breathing diff, Fire and ALS with patient	39	Diabetic, no trans
8	Fall, no transport	24	Overdose, ALS triage	40	Cardiac arrest, FD with
9	ETOH, priority 3 transport	25	Sec 12 at nursing home	41	Assault, priority 3
10	Diff uninating, priority 3	26	fall, priority 2 transport		
11	Vomiting, priority 3 transport	27	foot pain, priority 3 transport		
12	Altered mental, no transport	28	Finger stuck in toy, no transport		
13	Locked in bathroom, no transport	29	MVA, Fire with patient, priority 2 transport		
14	OD, Fire and LGH ALS with patient	30	ETOH, priority 3 transport		
15	Nose bleed, priority 3	31	Kids crying, no transport		
16	Check welfare, no transport	32	ETOH, waited for PD		

VOLUME:	2018		2019		Last 4 Qs		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
Total responses (ALS & BLS)	30318		30019		30148		7497		7710		7350		7591	
Total ALS Responses	8511	28%	8276	28%	8194	27%	1994	27%	2050	27%	2082	28%	2068	27%
TEMS ALS Responses	955	11%	871	11%	848	10%	212	11%	200	10%	236	11%	200	10%
LGH ALS Responses	7556	89%	7405	89%	7346	90%	1782	89%	1850	90%	1846	89%	1868	90%

INCIDENTS:	21807	21743	22118	5503	5660	5268	5687
BLS Incident	12340	13467	13924	3509	3610	3186	3619
ALS and BLS Incident	8467	8276	8194	1994	2050	2082	2068
Needle pick ups	728	280	208	77	62	41	28
Non Emergent Lift assists	784	582	270	116	102	37	15

TRANSPORTS:	2018		2019		Last 4 Qs		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
Total Transports (ALS & BLS)	16379		16483		16464		4117		4117		4167		4063	
Total BLS Transports	13078	80%	12963	79%	13098	80%	3274	80%	3206	78%	3348	80%	3270	80%
Total ALS Transports	3301	20%	3520	21%	3366	20%	843	20%	911	22%	819	20%	793	20%
TEMS ALS Transports	503	15%	362	10%	359	11%	109	13%	112	12%	118	14%	20	3%
LGH ALS Transports	2798	85%	3058	87%	3007	89%	734	87%	799	88%	701	86%	773	97%

TRIAGE:	2018		2019		Last 4 Qs		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
Total Triaged	1178	14%	1072	13%	1076	13%	240	12%	247	12%	294	14%	295	14%
TEMS Triage	57	6%	59	7%	52	6%	16	8%	12	6%	18	8%	6	3%
LGH ALS Triage	1121	15%	1013	14%	1024	14%	224	13%	235	13%	276	15%	289	15%

INTUBATIONS:	2018	2019	Last 4 Qs Total	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Trinity company total	63 of 69 ###	71 of 76 93%	67 of 74 91%	20 of 24 83%	12 of 12 100%	15 of 15 100%	20 of 23 87%
Trinity Lowell only	10 of 10 100%	6 of 7 86%	4 of 5 80%	1 of 2 50%	2 of 2 100%	0 of 0 ####	1 of 1 100%
LGH ALS Lowell only	151 of 155 97%	149 of 150 99%	154 of 155 99%	37 of 37 100%	26 of 27 96%	42 of 42 100%	49 of 49 100%
LGH Greater Lowell region				70 of 71 99%	56 of 57 98%	73 of 73 100%	75 of 75 100%
LGH ALS MAI* in Lowell only	62		Last 4 Qs Total	20 (35 system wide)	10 (22 system wide)	17 (30 system wide)	
IO SUCCESS RATE:	2018	2019	Last 4 Qs Total	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Trinity company total	81 of 81 100%	81 of 81 100%	78 of 78 100%	22 of 22 100%	16 of 16 100%	17 of 17 100%	23 of 23 100%
Trinity Lowell only	12 of 12 100%	8 of 8 100%	6 of 6 100%	2 of 2 100%	2 of 2 100%	1 of 1 100%	1 of 1 100%
LGH ALS Lowell only	83 of 83 100%	89 of 89 100%	86 of 86 100%	20 of 20 100%	18 of 18 100%	23 of 23 100%	25 of 25 100%

Airways:	2018	Last 4 Qs Total	Last 4 Qs Total	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Trinity company wide- King tube success rate-post ETT failure		####	###	3 of 3 100%	0 of 0 #V/0!	0 of 0 #V/0!	2 of 3 67%
Trinity Lowell- King tube success rate-post ETT failure		####	###	0 of 0 na	0 of 0 na	0 of 0 na	0 of 0 na

* Intubation total- Total patients intubated/ Total Patients intubated attempted.

** Medication Assisted Intubation, in MA, this requires the use of a Paralytic which is controlled & monitored by a special project

Last Name	First Name	Hire Date	Position	MA Certification #	National Registry Certification
Finerty	Andrew	2020-03-09	EMT-B	E0916937	E3507803
Higgins	John	2020-03-09	EMT-B	E0915447	E3463319
Mancuso	Joseph	2020-03-09	EMT-B	E0917243	E3511547
Britko	Courtney	2020-02-03	EMT-B	E0917043	E3512003
Cryer	Scott	2020-02-03	EMT-A	A0900393	A2031641
Gentile	Zackary	2020-02-03	EMT-B	E0917102	E3513420
Oyola	Alberto	2020-02-03	EMT-B	E0915020	E3452331
Piecewicz	Samantha	2020-02-03	EMT-B	E0917055	E3511320
Roderick	Casarra	2020-02-03	EMT-B	E0914457	E3434276
Berberian	Christopher	2020-01-06	EMT-B	E0916752	E3489604
Boucher	Julia	2020-01-06	EMT-B	E0915483	E3466753
Coutu	Samuel	2020-01-06	EMT-B	E0915015	E3452065
Hari	Darshana	2020-01-06	EMT-B	E0916909	E3465106
Kenyon	Erika	2020-01-06	EMT-P	P0903535	M5037055
Norman	Alexei	2020-01-06	EMT-B	E0915856	E3476486
Williams	Steven	2020-01-06	EMT-B	E858329	

EMD- Direct to Trinity

	2018 Total	2019	Last 4 Qs Total	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Alpha (BLS-P3)	1524	1296	1389	362	296	335	396
Bravo (BLS-P2)	444	453	464	125	90	129	120
Charlie (ALS-P1)	722	719	724	147	220	167	190
Delta (ALS-P1)	634	716	694	139	223	163	169
Echo (ALS-P1)	3	6	5	1	2	1	1
Total EMD by Trinity in Lowell	3327	3190	3276	774	831	795	876

The above data are direct calls to Trinity for patients in Lowell.

Alpha- results in BLS going no lights or sirens to the patient

Bravo- results in BLS going lights and sirens to the patient

Charlie, Delta, Echo- results in ALS and BLS going lights and sirens to the patient

As part of Trinity EMS's EMD accreditation a portion of the above calls are randomly selected for quality assurance review. TEMS reviews 25 EMD'ed calls per week. These 25 calls could come from any city or state. Potentially none or all 25 calls could be for patients in Lowell.

Trinity EMS an Accredited Center of Excellence through the International Academy of Emergency Dispatch. Trinity is 1 of 2 in Massachusetts and 1 of 184 of these centers in the world

	2018		2019		2019		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
Total ORI in Lowell	811		523		480		137		127		125		91	
Priority 1 ORI in Lowell	455		313		303		83		79		84		57	
Trinity wide ORI	1206		855		840		214		235		209		182	
Trinity wide Priority 1	708		545		557		138		151		144		124	
ORI in Lowell by setting:														
Inside Private home	327	40%	206	40%	193	40%	47	34%	42	33%	68	54%	36	40%
Public location inside	82	10%	76	10%	57	12%	18	13%	14	11%	15	12%	10	11%
Public location outside	386	48%	230	48%	221	46%	69	50%	69	54%	42	34%	41	45%
Other	16	2%	11	2%	9	2%	3	2%	2	2%	0	0%	4	4%
Gender:														
Female	224	28%	151	28%	139	29%	48	35%	33	26%	34	27%	24	27%
Male	588	72%	372	72%	340	71%	89	65%	94	74%	91	73%	66	73%
Females U20	2	1%	3	1%	2	1%	2	4%	0	0%	0	0%	0	0%
Female 20-29	78	35%	32	35%	33	24%	12	25%	5	15%	6	18%	10	42%
Female 30-39	79	35%	53	35%	45	32%	19	40%	7	21%	12	35%	7	29%
Female 40 - 49	36	16%	42	16%	37	27%	9	19%	14	42%	11	32%	3	13%
Female 50- +	29	13%	21	13%	22	16%	6	13%	7	21%	5	15%	4	17%
Male U20	2	0%	1	0%	1	0%	0	0%	0	0%	1	0%	0	1%
Male 20-29	178	30%	91	30%	71	21%	18	21%	19	20%	21	20%	13	23%
Male 30- 39	178	30%	129	30%	121	36%	29	36%	35	33%	34	37%	23	37%
Male 40 - +	124	21%	65	21%	65	19%	19	19%	19	21%	14	20%	13	15%
Male 50 - +	106	18%	86	18%	82	24%	23	24%	21	26%	21	22%	17	23%

	2018 Total		2019 Total		Last 4 Qs Total		Q2 2019		Q3 2019		Q4 2019		Q1 2020	
Acre	125	15%	63	15%	58	12%	17	12%	15	12%	13	10%	13	14%
Back Central	107	13%	82	13%	81	17%	26	19%	21	17%	20	16%	14	15%
Belvidere	17	2%	17	2%	21	4%	5	4%	5	4%	6	5%	5	5%
Centralville	109	13%	68	13%	69	14%	20	15%	14	11%	27	22%	8	9%
Downtown	204	25%	138	25%	114	24%	31	23%	34	27%	25	20%	24	26%
Highlands	48	6%	36	6%	30	6%	9	7%	8	6%	6	5%	7	8%
Lower Belvidere	21	3%	11	3%	8	2%	3	2%	2	2%	2	2%	1	1%
Lower Highlands	81	10%	51	10%	47	10%	15	11%	10	8%	16	13%	6	7%
Pawtucketville	48	6%	25	6%	24	5%	4	3%	10	8%	5	4%	5	5%
Sacred Heart	42	5%	21	5%	20	4%	6	4%	5	4%	3	2%	6	7%
South Lowell	9	1%	11	1%	8	2%	1	1%	3	2%	2	2%	2	2%

ALS:	Life Support- may refer to vehicles staffed with a least one paramedic or refer to a paramedic level of patient care. Trinity Emergency ALS vehicles are staffed with two paramedics.
A Response:	Is defined as dispatching or sending an ambulance to a request for service. In this report , a response is further sorted to include only emergency responses. These numbers do not include routine transfers such as dialysis patients or radiation treatment patients.
A Transport:	Is defined as taking a patient in an ambulance to a destination.
BLS:	Basic Life Support- may refer to a vehicle staffed with two emergency medical technicians (EMT) or an EMT level of patient care. Trinity BLS ambulances are staffed with two EMT's
EMD:	Emergency Medical Dispatch- a nationally recognized system whereby dispatchers are trained and follow a specific protocol to ascertain the nature of illness/injury and provide patient care instructions to the caller until the First Responders or ambulance arrives.
Intubation Attempt:	Is defined as insertion of the laryngoscope blade into the oral cavity for the purpose of inserting an endotracheal tube.
MAI:	Medication Assisted Intubation is generally regarded as facilitating an intubation with the use of sedatives. In Massachusetts how ever, this term includes the use of Paralytics. The Massachusetts MAI program is not part of the standard scope of practice for Paramedics. It is controlled through the Department of Public Health's Office of Emergency Medical Services Medical Services Committee.
On scene time:	The amount of time that has elapsed from the moment the ambulance is on scene to the moment the ambulance begins transport or is released back into service
Out of chute time:	The amount of time that elapses from the moment when the ambulance is dispatched to the moment the ambulance begins moving towards the call.
On time performance score:	Is the percentage of calls that meet or exceed the response time criteria.
Request for service:	When a dispatcher receives request for an ambulance usually via telephone or radio
Response time:	The amount of time that has elapsed from the moment the call is completely entered into the dispatch system to the moment the ambulance arrives on scene.

RSI:	Rapid Sequence Intubation is the facilitation of intubation using both sedatives and paralytics
Service Zone Plan:	M.G.L. Part 1 Title XVL Chpt. 11C Section 1 defines as "a geographic area defined by and comprised of one or more local jurisdictions, in which a local jurisdiction may select and the department shall designate an EMS first response service and an ambulance service to provide EMD first response and primary ambulance response to the public within the defined area, pursuant to section 10." Massachusetts Regulations 105 CMR 170.249.
Transport time:	The amount of time that has elapsed from the moment the ambulances leaves the scene with a patient to the moment the ambulance arrives at the receiving facility
Triage down:	When a paramedic units arrives at the patients side and based on the patient condition determines that the patient may be treated and transported at the BS level. Note- There is no protocol for this practice, however, OEMS does address it though an administrative advisory: A/R5=620.

- The following document is a detailed outline of the reporting process used by Trinity EMS.
- **Responding lights and sirens**
  - From Lowell 911
    - All calls require a lights and sirens response regardless of the patients condition except
      - Needle pick ups
      - Pt carry down/up without a medical issue
      - Unless requested to response without lights and sirens by the 911 center.
  - Direct to Trinity calls that Trinity EMD's
    - Bravo, Charlie, Delta, and Echo go with lights and sirens
    - Alpha or Omega level calls go without lights and sirens
  - Direct to Trinity that Trinity doesn't EMD
    - Response lights and sirens for any patients. Unless the calling agency EMD'ed the call to a non-urgent level.
    - This set of calls would include call from UMASS PD, or other ambulance services.
- Incident
  - A request for or by someone within the city limits of Lowell that requires an EMS response.
  - Each request is counted as 1 incident
    - A patient that gets a BLS unit for back pain is counted as 1 incident
    - A 10 car MVC with 20 patients requiring 6 BLS, 2 ALS, and 2 helicopters is counted as 1 incident
- Responses
  - Counts the number of occurrences when EMS vehicles response lights and sirens to a call.
    - An ALS and BLS unit response to a patient with chest pain, that counts as 2 responses. (2 vehicles put their lights on)
- Times:
  - All below are from incidents
  - BLS
    - Priority 1, and 2 incident responses
    - Includes 911 and calls direct to Trinity
      - ` Any call directly to Trinity from another call center that would require an emergent response
        - (IE- Umass Lowell calls Trinity for a chest pain)
        - Any Charlie, Delta, Echo response called and EMD'ed by Trinity
    - Includes call when ALS and BLS responded as well as call when just BLS responded.
    - **Q# year# Performance score**
      - Is the created by
- Dividing the number of incidents BLS units responded to.

        - Into the number of those calls that shows a response time over 08:00 or greater
        - Calls excluded
            - Delta level calls EMD'ed by Trinity that had a total response time of greater than 07:59
- **Avg out of chute**
    - Time from Trinity designated and selected ambulance was assigned call to selected crew to the time selected vehicles starts movement towards this call
    - Excluded-
        - Any time showing more than 10 minutes is excluded as likely time stamp missing
- **Avg response time**
    - From Call saved by Trinity dispatch to time ambulance arrived at geocoded location of the call.
        - Within Trinity CAD- The call saved time is called "call taken". This time is created after Trinity dispatch get an address, apartment, complaint, and any other info 911 passed along.
    - Excluded-
        - Charlie, delta, Echo, and Omega calls direct and EMD'ed by Trinity that result in a response time over 07:59
        - Any time showing more than 20 minutes is excludes as likely time stamp missing
- **Avg on scene time**
    - Includes only calls included above
    - Time from crew arrival on site to time vehicle:
        - Clears
        - Occupies to the hospital
    - Excluded
        - Any time showing more than 30 minutes is excludes as likely time stamp missing
- **Avg transport time**
    - Includes only calls included above
    - Time from crew: Clears or arrives to the hospital
    - Excluded
        - Any time showing more than 20 minutes is excludes as likely time stamp missing
- # of events >7:59 or greater
    - Includes any call that includes calls included from reasons earlier in the section
    - That's response time is greater than 07:59
    - Excluded
        - Any call where the unit is canceled prior to arrival
- Called that were EMD'ed by Trinity

        - No other calls are excluded- weather, 911 call volume as examples are outliers counted and categories in the "BLS reasons over 07:59"
    - **# of events using Non Trinity BLS units**
        - Requests for ambulances to Trinity that Trinity was not able to send a BLS unit on within the State mandated 5 minute dispatch time for
            - Any 911 priority 1 or 2 call
            - Any call directly to Trinity from another call center that would require an emergent response
                - (IE- UMass Lowell calls Trinity for a chest pain)
            - Any Charlie, Delta, Echo response called and EMD'ed by Trinity
  - ALS
    - The only difference from the BLS is the ALS times start at dispatch, and not call created
- BLS Outliers:
  - For any BLS response over 07:59
    - Trinity will make note and report in this section the number of concurrent emergencies in Lowell at the time this call is created.
        - Includes 911 calls and calls direct to Trinity
        - Non-emergency and call in other cities will not be counted
- BLS Reasons over 07:59
  - For any BLS response over 07:59
    - Trinity will conduct a route cause analyses as to the reason for the response time
    - Trinity will take note and report in this section. These reasons will be grouping into 1 of the following
        - Couldn't location house/lost
        - Crew passes the geo-coded location for the address more than once without getting on arrival
    - Crew took long route
        - Crew did not take the fastest route from their dispatch location to the pickup location
    - Distance
        - Usually this is used when a
            - Dispatcher gives the call out within 60 seconds
            - The crew is enroute within 120 seconds
            - Posting is happening
            - The ambulance crew went the most direct route
            - Circumstances include
                - If there is a second call in a sector of the city before reposting. 2nd call in downtown, this ambulance to the second call has two reports a much greater distance to the patient.

            - Also the extra time could be traffic, school buses, and people not willing to move. I I
            - Gets used if none of the others fit.
        - ALSO
            - If the address is far away from one of the top 4 posting locations
                - Posting location 1 is Chelmsford and Westford
                - Posting location 2 is Bridge & W 6th
                - Posting location 3 is Callery Park
                - Posting location 4 is Mammoth and 4th
        - Far away is not defined in miles. More looking at the map and lacking a different issue this is selected.
- Dispatch chute
    - A Trinity EMS dispatch took more than 59 seconds from call saved to dispatch. This could be due to error or workload
- Highway
    - The location of the call is a highway. Accessing highway locations usually takes extra time do to divided 1 way road
- Out of Chute
    - The Trinity EMS crew took at least 120 seconds to get from a dispatched stage to the ambulance physically moving towards the call
- GPS fail
    - If our ambulance tracking program is not running we cannot prove a response time or a root cause.
- TEMS Dispatch error
    - An example of this is TEMS dispatcher entering the wrong house or address.
- Weather
    - Did weather impact posting or travel time. Usually snow/ extreme cold or heat
- 911 Call volume
- Was this call more than the 4th emergency in Lowell at this time

Opioid-Related Illness calls in Lowell MA Q1 2020

Executive Summary:

- The City of Lowell MA saw 91 Opioid-Related Illness (ORI) calls in Q1 2020. These 91 ORI are the lowest quarterly total since Q1 2014.
- There were 57 instances that a patient in Lowell was revived with Narcan in Q1 2020. Again, the lowest total since Q1 2014.
- March 2020 had the lowest monthly total (28 ORI) for Lowell since December 2015(29 ORI).

	Total ORI	Priority 1
Jan 2020	32	21
Feb 2020	31	17
Mar 2020	28	19

Q1 2020 Data

Location of the patients

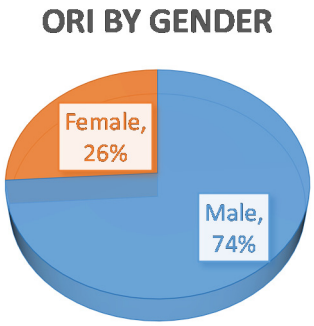
- 4 (or 4%) of the ORI occurred in Health Care Facilities
- 36 (or 40%) of the ORI occurred inside private homes
- 10 (or 11%) of the ORI occurred inside a public location
- 41 (or 45%) of the ORI occurred outside in a public location

	Acre	Back Central	Belvidere	Central -ville	Downtown	Highlands	Lwr Belv	Lwr Highlands	Pawtucket-ville	Sacred Heart	South Lowell
ORI	13	14	5	8	24	7	1	6	5	6	2
of Total	14%	15%	5%	9%	26%	8%	1%	7%	5%	7%	2%

Patient Info

Hometowns

- **Lowell** **49**
- None listed 19
- **Dracut** **2**
- **Billerica** **6**
- Lawrence 0
- **Tewksbury** **1**
- Haverhill 0
- **Chelmsford** **0**
- **Westford** **0**
- **Tyngsboro** **0**



Female patients had an average age of 36, and a range of 22 to 63 years old
Males patients had an average age of 40, and a range of 22 to 67 years old.

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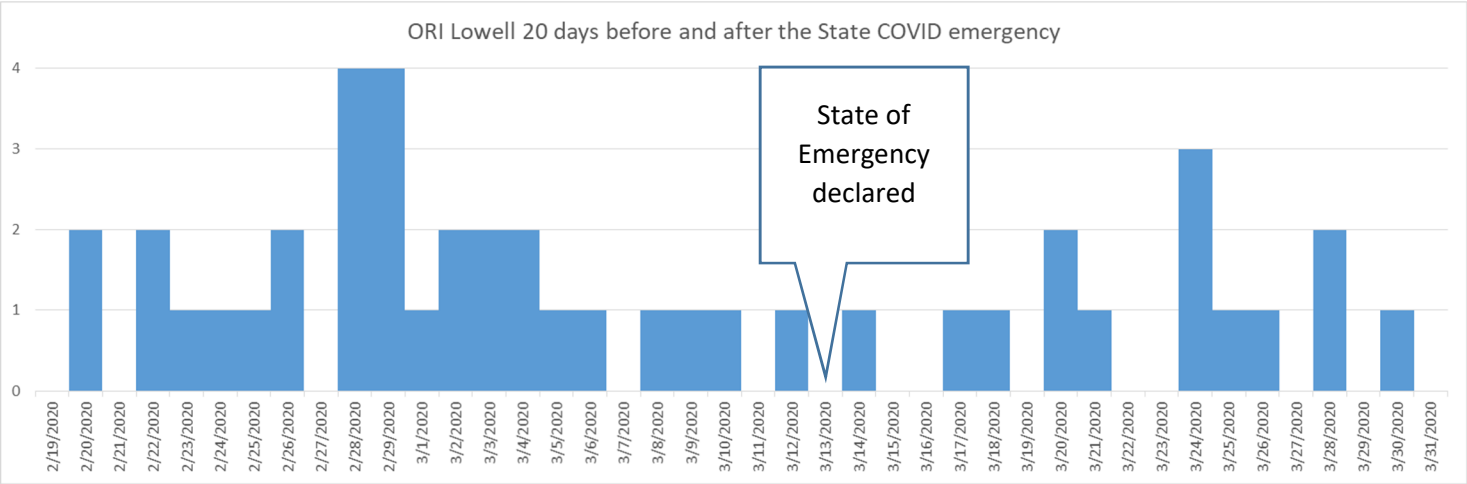
Friday, April 24, 2020

COVID. Massachusetts State of Emergency declared March 11, 2020.



We are not in any way suggesting a correlation between COVID and Opioids. We only present the data because we thought people might be interested in it. On 911 calls on the 20 days before the State of Emergency declaration Lowell averaged 1.45 ORI per day. In the 20 days after Lowell averaged 0.79 ORI per day.

2011- Q1 2020.

Yr	Qrt	1	2	3	4	Grand Total
2011		56	50	50	34	190
2012		47	74	63	59	243
2013		59	105	99	51	314
2014		73	124	148	133	478
2015		127	152	170	130	579
2016		153	146	178	199	676
2017		176	211	250	165	802
2018		189	183	236	203	811
2019		134	137	127	125	523
2020		91				91
Grand Total		**1105**	**1182**	**1321**	**1099**	**4707**

Left: Quarterly total ORI for the last 37 quarter.

Below: Monthly total ORI since 2011

In both the darker the red the higher the total was.

Yr	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2011		19	21	16	12	18	20	19	13	18	11	15	8	190
2012		16	14	17	19	18	37	11	27	25	11	23	25	243
2013		16	14	30	35	39	30	40	32	27	21	16	14	314
2014		20	23	30	24	37	63	43	65	40	46	26	61	478
2015		51	30	46	46	55	51	51	55	64	60	41	29	579
2016		49	48	56	43	47	56	59	53	66	56	78	65	676
2017		64	55	57	58	74	79	89	73	88	61	47	57	802
2018		56	68	65	56	59	68	99	67	70	75	69	59	811
2019		42	49	43	47	46	44	46	35	46	52	36	37	523
2020		32	31	28										91
Total		**365**	**353**	**388**	**340**	**393**	**448**	**457**	**420**	**444**	**393**	**351**	**355**	**4707**

Please email any questions to Jon Kelley at JKELLEY@TRINITYEMS.COM

Friday, April 24, 2020

TRINITY
EMERGENCY MEDICAL SERVICE

Overdose Report: **Mar-20** **Lowell, MA**

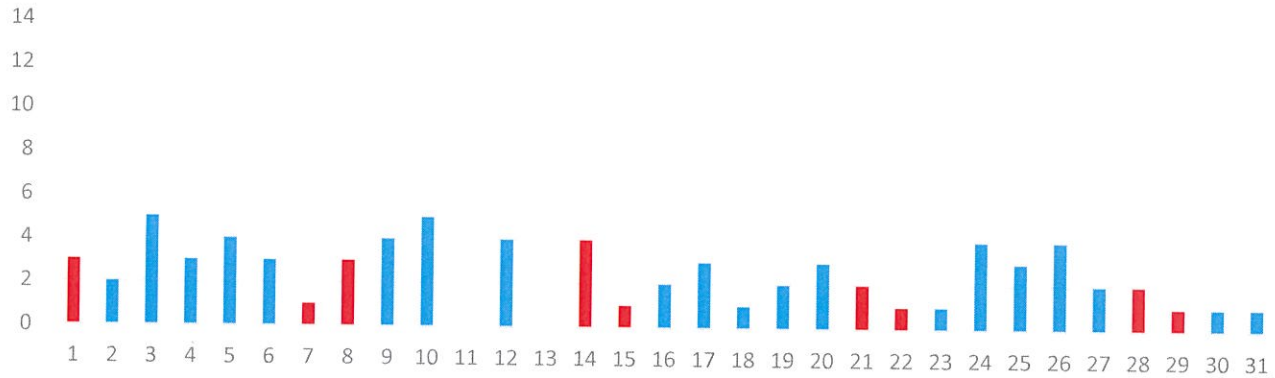
Overdoses: 75 or 2.4 per day

Day of the week:

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Count	10	18	7	14	8	9	9	75
Average	2.0	3.6	1.8	3.5	2.0	2.3	1.8	

Day of the month:

Note:Red columns are Saturdays and Sundays



Hour of the day:

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
2	1	1	2	0	2	0	2	2	1	4	6	4	2	2	3	5	5	8	4	4	4	5	6

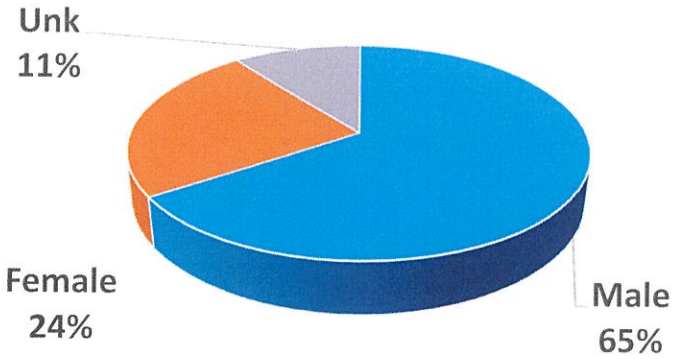
75

Section of the city:

Neighborhood	Count
Acre	9
Back Central	9
Belvidere	5
Centralville	8
Downtown	18
Highlands	8
Lower Belvidere	1
Lower Highlands	6
Pawtucketville	5
Sacred Heart	3
South Lowell	3
	75

Profile of patient

Sex	Count	Avg Age	Range
Female	18	32	14-56
Male	49	39	19-85



Age	#
12 and U	0
13-15	1
16-17	0
18-21	6
22	2
23	0
24	0
25	1
26	2
27	0
28	2
29	3
30	6
31	2
32	1
33	2
34	3
35	3
36	1
37	2
38	1
39	3
40	2
41	2
42	2
43	4
44	1
45	0
46	2
47	0
48	1
49	3
50	0
51-55	3
56-60	2
61-65	2
66-70	1
71 and up	1
Unk	8

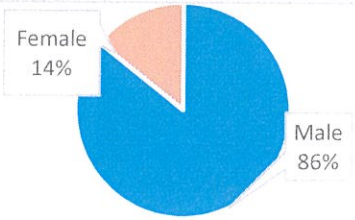
19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar
111	96	111	93	97	100	83	107	73	95	78	84	75
3.6	3.2	3.6	3.1	3.1	3.2	2.8	3.5	2.4	3.1	2.5	2.9	2.4

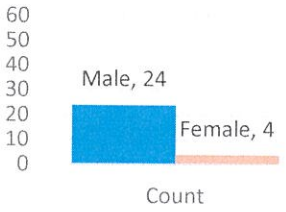
TRINITY EMERGENCY MEDICAL SERVICE

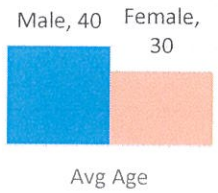
Categorized Opiate Report: Mar-20 Lowell, MA

Priority of patient

Priority 1	19
Priority 2	4
Priority 3	5





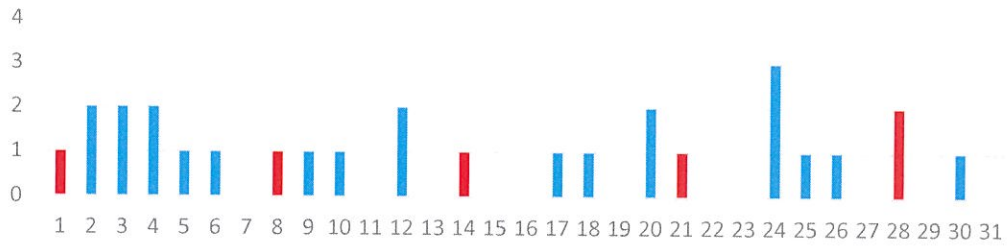


Age

12 and U	0
13-15	0
16-17	0
18-21	0
22	1
23	0
24	0
25	1
26	0
27	0
28	2
29	2
30	3
31	0
32	0
33	1
34	1
35	1
36	0
37	1
38	1
39	3
40	1
41	1
42	1
43	2
44	1
45	0
46	0
47	0
48	0
49	1
50	0
51-55	3
56-60	1
61-65	0
66-70	0
Unk	0

Day of the week:	#	Avg
Mon	4	0.8
Tue	7	1.4
Wed	4	1.0
Thu	4	1.0
Fri	3	0.8
Sat	4	1.0
Sun	2	0.4

Day of the month: Red are weekends (below)



Hour of the day:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	0	0	1	0	0	1	0	1	1	1	1	4	1	1	1	1	2	4	2	1	1	1	1	2

Location of patient	#
Private Residence	12
Public Location- Inside	1
Public Location- Outside	15
Residential Institutuion	0

Narcan used by:			
Lowell FD	9	Lowell PD	3
Trinity ALS	2	Trinity BLS	7
LGH ALS	2	Other	6
Park Ranger	0		

Narcan doses
2mg - 2
4mg - 8
6mg - 3
8mg+ - 8

Neighborhood

Acre - 2, Back Central - 6, Belvidere - 2, Centralville - 2, Downtown - 7, Highlands - 3, Lwr Highlands - 2, Sacred Heart - 2, South Lowell - 2

Home town of pt

Billerica - 1, Brockton - 1, Dracut - 1, Gardner - 1, Georgetown - 1, Groton - 1, Ipswich - 1, Lowell - 16, Merrimack - 1, North Billerica - 2, North Weymouth - 1, Unknown - 1

Last 12 months All ORI calls

19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar
43	47	46	44	46	35	46	52	36	37	32	31	28
1.4	1.6	1.5	1.5	1.5	1.1	1.5	1.7	1.2	1.2	1.0	1.1	0.9

Last 12 months Priority 1 only

19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar
23	28	25	30	26	26	27	34	23	27	21	17	19
0.7	0.9	0.8	1.0	0.8	0.8	0.9	1.1	0.8	0.9	0.7	0.6	0.6

ORI - daily average

	Q1	Q2	Q3	Q4	Yr avg
2012	0.5	0.8	0.7	0.6	0.7
2013	0.7	1.2	1.1	0.6	0.9
2014	0.8	1.4	1.6	1.4	1.3
2015	1.4	1.7	1.9	1.4	1.6
2016	1.7	1.6	2.0	2.3	1.9
2017	2.0	2.3	2.8	1.8	2.2
2018	2.1	2.0	2.6	2.2	2.2
2019	1.5	1.5	1.4	1.4	1.5
2020	1.0				

Priority 1 only- daily average

	Q1	Q2	Q3	Q4	Yr avg
2013	0.1	0.2	0.3	0.3	0.2
2013	0.3	0.4	0.5	0.2	0.3
2014	0.3	0.6	0.8	0.9	0.7
2015	0.8	0.7	0.9	0.8	0.8
2016	1.0	1.0	0.9	1.3	1.0
2017	1.2	1.4	1.6	1.0	1.3
2018	1.2	1.1	1.3	1.4	1.3
2019	0.7	0.9	0.9	0.9	0.9
2020	0.6				

The following data is from Trinity EMS electronic Patient Care Reports. This data is from calls in all 13 communities Trinity provides service for. Only data from March 2020 opioid related calls are included

Trinity EMS Inc provides EMS services for the following communities in MA: Boxford, Chelmsford, Dunstable, Groveland, Haverhill, Lowell, and Dracut. In NH: Atkinson, Danville, Hampstead, Newton, Plaistow, and Sandown.

Only opiate overdoses that Trinity EMS Inc responded to are included. If someone from one of the communities listed above overdosed in another community not listed, it will not be represented in this data set.

System wide, Trinity treated 62 patients with an opioid related issue in March 2020.

Row Labels	Count of Date
LOWELL	17
HAVERHILL	11
LAWRENCE	4
(blank)	4
DRACUT	3
NORTH WEYMOUTH	2
BRADFORD	2
NORTH BILLERICA	2
FITCHBURG	1
DERRY	1
GARDNER	1
GEORGETOWN	1
CHELMSFORD	1
NEW BEDFORD	1
MERRIMACK	1
DOVER	1
TYNGSBORO	1
GROTON	1
SALISBURY	1
HAMPSTEAD	1
WEYMOUTH	1
WILMINGTON	1
BROCKTON	1
BILLERICA	1
IPSWICH	1
Grand Total	**62**

City of Lowell - Law Department

375 Merrimack Street, 3rd Floor • Lowell MA 01852-5909
Tel: 978.674.4050 • Fax: 978.453.1510 • www.lowellma.gov

Christine P. O'Connor
City Solicitor

Rachel M. Brown
1st Assistant City Solicitor

Gary D. Gordon
John Richard Hucksam, Jr.
Adam LaGrassa
Stacie M. Moeser
Elliott J. Veloso
Assistant City Solicitors

MEMORANDUM
CITY OF LOWELL LAW DEPARTMENT

TO: BOARD OF HEALTH
FROM: Christine P. O'Connor, City Solicitor
CC: Eileen M. Donoghue, City Manager
RE: Opinion on Facial Coverings
DATE: April 30, 2020

Attached is a proposed Order of the City of Lowell Board of Health relative to the wearing of face coverings. Pursuant to this Order, all persons aged five and older, are required to wear a face covering at all times while in public spaces, indoors and outside. It also specifically requires that all persons, as defined above, wear face coverings when entering a business, and further that businesses post a sign similarly informing their customers of this requirement.

Boards of Health are granted broad powers during a State of Emergency. Here, the State has made such a declaration, and further, has issued several public health advisories. One such advisory is that members of the public wearing facial coverings, will have an impact on curbing transmission of COVID-19. Accordingly, the Board would be well within its authority and local jurisdiction, to order that all members of the public wear facial coverings while in public.

Pursuant to MGL c.111, Sections 30 and 31, Orders of a Board of Health enjoy a presumption of validity so long as the regulation is rationally related to a legitimate governmental purpose. Here, if such a regulation were challenged, a showing would need to be made that wearing a facial covering serves no health benefit in a communities attempts to halt the spread of COVID-19. Based on the wealth of supporting medical opinions and advisories on the subject, no such showing could be made.

Last, while a public hearing is generally required prior to the adoption of any new public health regulation, in the present case, the Board may proceed without such a hearing. Pursuant to 310 CMR 11.05: "Whenever an emergency exists in which the interest of protecting the public health…requires that ordinary procedures be dispensed with, the board of health or its authorized agent, acting in accordance with the provisions of MGL c. 111 Sec. 30, may, without notice or hearing, issue an order reciting the existence of the emergency and requiring that such action as the board of health deems necessary to meet the emergency."

CITY OF LOWELL, MASSACHUSETTS

CITY MANAGER AND BOARD OF HEALTH

EMERGENCY ORDER MANDATING FACE COVERINGS

WHEREAS, on March 10, 2020 the Governor of the Commonwealth of Massachusetts issued a Declaration of a State of Emergency to respond to the COVID-19 pandemic; and

WHEREAS, on March 15, 2020 Governor Baker issued an Emergency Order to respond to the evolving COVID-19 public health emergency impacting the Commonwealth, including prohibitions of public gatherings of twenty-five or more people and prohibiting on-premises consumption of food or drink at bars and restaurants; and

WHEREAS, on March 23, 2020 Governor Baker issued an Order limiting gatherings of more than ten people and ordering businesses, other than those that provide Essential Services, to close their operations and operate solely by remote means, and

WHEREAS, on March 31, 2020 and April 28, 2020 Governor Baker issued further Orders extending the period of time during which non-essential businesses are required to remain closed to the public; and

WHEREAS, on April 10, 2020 the Massachusetts Department of Public Health issued an Advisory stating that the wearing of face coverings may help the spread of COVID-19 by individuals infected with the virus, including those who show no signs of illness or are not experiencing symptoms; and

WHEREAS, the Centers for Disease Control and Prevention ("CDC") has advised that the spread of the disease from person to person is caused in part by respiratory droplets that can be passed through conversation, coughing and/or sneezing and the CDC, the United States Surgeon General and the National Institute of Allergy and Infectious Diseases, among other federal and state medical authorities have recommended that individuals wear masks or other suitable facial coverings that cover the individual's nose and mouth to prevent individuals from infecting others; and

WHEREAS, CVID-19 is easily transmitted and the Board of Health has determined that the threat of COVID-19 presents a real and imminent danger to the public health, safety and general welfare of the people of Lowell and the requirement of wearing face coverings in essential services workplaces, such as supermarkets, grocery stores, convenience stores, bodegas, restaurants offering take-out food and other facilities where the public has general access would serve to lessen, reduce or minimize the likelihood of the spread of this highly contagious disease;

NOW, **THEREFORE**, the Lowell Board of Health, pursuant to M.G.L. c. 111 Sections 30, 31, 98, 99, 100, and 104, 310 CMR 11.05 and all other authorizing statutes and regulations, hereby orders as follows:

1. Every person aged five or older shall wear a mask or face covering (e.g. disposables masks, cloth masks, face shields, bandanas, scarfs), that covers the nose and mouth at all times when in public, including, but not limited to, all indoor locations open to the public and outdoor

locations open to the public (including sidewalks, streets, parks, plazas and squares, bus stops, and non-residential parking lots and garages).

2. Any person, including employees of businesses, aged five or older, entering any business open to the public, including, but not limited to, supermarkets, grocery stores, convenience stores, bodegas, pharmacies, laundromats, dry cleaners, hardware stores, restaurants or cafes offering take-out food, meals and beverages and commercial office buildings shall wear a mask or face covering that covers the nose and mouth prior to entering the establishment and continuously during the time the person is present in such establishment.
3. All Essential Businesses, as defined by Governor Baker's March 23, 2020 Order, and all establishments open to the public shall post a sign at all entrances informing the public that masks or cloth face coverings must be worn at all times upon entry and continuously while present within the premises.
4. This Emergency Order shall take effect at 12:01 AM on Wednesday, May 6, 2020 and shall remain in effect until further notice by the Board of Health or the Governor's issuing an Order that the State of Emergency has been rescinded.

Members of the Board of Health

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Date:

Board of Health February 2020

School Health Unit

Management participated in the following: Pre-k & K Department Resource Fair, Middlesex DA Training on Teen Dating Violence, Presentation to School Nurses by Dr. Julie Lay from LCHC & Paulette Tattersall from Prevent Blindness to work collaboratively to improve the number of comprehensive eye exams received by students who fail their vision screening at schools. The asthma spacers that were received through a grant were distributed to all Lowell Public School students who were in need of them.

School Nursing Services Provided	19-Feb	20-Feb	Total 18-19	YTD 18/19	YTD 19/20
Total Student Encounters					
Totals	11058	12103	135213	82690	86567
911 Emergency Calls					
Student	5	5	68	45	37
Staff	3	1	24	14	10
Medical Administration					
Totals	3506	3415	44259	24262	23281
Nursing Assessment					
Student	7237	7304	86821	54426	56431
Staff	50	35	385	296	244
Glucose Testing	540	532	6631	3356	3888
Nausea/Vomiting	862	906	11071	5602	6508
Tube Feeding	189	147	2473	953	1100
Pulse Oximetry	7	7	328	85	92
Screenings					
Vision	430	681	9116	5183	5864
Hearing	335	694	7098	3736	4430
BMI	452	267	2919	2203	2440
Postural	379	125	4304	1077	1202

Board of Health March 2020

School Health Unit

Management Team participated in the following: Pre-k and Kindergarten School Department Community Resource Fair, COVID-19 DPH conference calls, Nurse Leader meeting, "Enough Training" on child sexual abuse, the School Department Crisis Team Meeting relating to COVID19. Schools were closed on March 13th at the close of the school day due to COVID-19.

**The numbers in this report do not include the numbers from the special ed nurses or the additional mandated screenings that were done just prior to the shutdown of schools.

School Nursing Services Provided	19-Mar	20-Mar	Total 18-19	YTD 18/19	YTD 19/20
Total Student Encounters					
Totals	17551	6827	135213	100241	93394
911 Emergency Calls821					
Student	8	1	68	53	38
Staff	0	1	14	14	11
Medical Administration					
Totals	5208	2127	44159	29470	25408
Nursing Assessment					
Student	12034	4187	86821	66460	60618
Staff	42	17	385	338	261
Glucose Testing	795	344	6631	4848	4232
Nausea/Vomiting	1650	610	11071	8274	7118
Tube Feeding	245	9	2473	1550	1109
Pulse Oximetry	7	8	328	91	100
Screenings					
Vision	1192	324	9116	6117	6188
Hearing	1001	234	7098	5534	4664
BMI	734	535	2919	3616	3005
Postural	1965	770	4304	3274	1972

Board of Health Report – May 6th, 2020

Substance Abuse and Prevention Division, Lowell Health Department

Substance Abuse Coordinator, Division Manager
Lainnie Emond, LMHC

Prescription Drug Monitoring Program (PDMP) Grant Initiatives:

- Lainnie continues to work with the Co-Chairs of the Mayor's Opioid Epidemic Crisis Task Force. She has engaged in no planning as the March and April meetings were canceled due to social distancing measures.
    - *Upcoming Meetings: May 18th from 5:30-6:30pm.*
- Lainnie continues to lead Data Subcommittee of the Mayor's Opioid Task Force. Meetings are being held virtually.
- Lainnie continues to co-lead Media Subcommittee meeting of the Mayor's Opioid Task Force.
- Lainnie continues to work the Lowell Police Department and UMass Lowell grant partners to document the progress of the grant for the final report, as the PDMP grant ends in September 2020.

Lowell CO-OP and Related Efforts:

- Lainnie continues to be involved in administrative planning for the Lowell CO-OP, including co-facilitating Lowell CO-OP Supervisors Meetings and working with team and grant partners to ensure effectiveness of the team. All meeting are being held virtually or via conference call at this time.

Additional Substance Abuse Coordinator Activities:

- Lainnie continues to be the point person for www.DrugFreeGreaterLowell.org (see MOAPC report).
- Lainnie continues to managing daily activities of the Substance Abuse and Prevention Division. The Division is checking-in twice a week via a virtual platform to share updates and provide mutual support.
    - Lainnie, Maricia (Lowell CO-OP Supervisor), Joe (Clinical Recovery Specialist), and Shannon (Outreach Health Educator) have been working from home since the last week of March. Andres (Syringe Collection Program Coordinator) has continued to respond to incoming syringe pick-up requests and proactive pick-ups.

Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)

*** Lainnie Emond will oversee the MOAPC Grant through the end of the grant cycle.***

Strategy One (implement Life Skills Training across the cluster): *Life Skills Training is an evidenced based prevention curriculum supported by the Bureau of Substance Addiction Services.*

- No updates at this time.

Grant Strategy Two (coordination and promotion of education on harm reduction strategies):

- Several organizations within the MOAPC cluster offer Narcan training and Narcan kits while engaging in appropriate social distancing measures.

Drug Free Greater Lowell Website

- www.DrugFreeGreaterLowell.org is being maintained via the MOAPC grant. A page was created that identifies COVID-19 resources related to mental health, substance abuse treatment and recovery, and youth prevention.

2020 Website Analytics

	Jan	Feb	Mar*	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Total page Views	645	497	--	--	--	--	--	--	--	--	--	--
Unique Page Views	496	362	--	--	--	--	--	--	--	--	--	--

**Analytics for March were unavailable at the time that this BOH report was submitted.*

Other Updates

- It was announced by BSAS on April13th that the MOAPC grant will be extended through June 31st, 2020. BSAS reported that they had to adjust their timeline to release the new prevention RFR due to COVID-19, and in doing so made the decision to extend the MOAPC and Substance Abuse and Prevention Collaboration (SAPC) grants.
- Due to the grant extension, the MOAPC Coalition Coordinator position job description will be posted.
- The Greater Lowell MOAPC/Tewksbury SAPC Coalition has rebranded as the Prevention Professionals of Northern Middlesex as a sustainability measure to address substance misuse prevention in the cluster communities with or without grant funding.

Partnerships for Success (PFS)
Shannon Gray, Outreach Health Educator

Strategy One (social media and education dissemination to high school-aged youth re: sharing prescription medications):

PFS Social Media Campaign:

Shannon has recently begun working with a contracted graphic designer on the Social Media Youth Campaign. The campaign had been started prior to Shannon starting as Outreach Health Educator. As the campaign uses "memes" to share messages, previously created draft memes and messages were reviewed, and new meme and message ideas were passed along to the contracted graphic designer for creation. Shannon received feedback from the PFS grant's assigned Technical Assistance (TA) Liaison, and plans to make necessary edits within the next month. Once these edits have been made, we will be gathering youth feedback from an online survey about the possible memes instead of running focus groups.

Strategy Two (social media and education dissemination to parents/guardians and high school-aged youth re: proper disposal and storage):

"Help Keep Our Kids Safe" Campaign

The educational flier for the parent campaign has been completed and approved by the PFS grant's TA Liaison and BSAS Grant Coordinator. Shannon is working with PFS Coalition members to identify additional methods of flier distribution to reach parents of high-school aged youth, as social distancing measures set in place for COVID-19 have impacted direct contact. A majority of the fliers will likely be shared through online resources rather than the original idea of printing hard copies.

Monthly Meeting:

The Partnerships For Success Coalition meeting was held April 22nd from 1-2pm via Zoom. The next Coalition meeting is scheduled for May 20th and will be held virtually.

Outreach Health Educator Position:

Due to the impact of COVID-19, Shannon and other nonessential staff at the Lowell Health Department have been working from home since the last week of March. Shannon has created, and is continuing to update, a new timeline for PFS grant activities to adjust for recommendations set in place for COVID-19.

Lowell Community Opioid Outreach Program (CO-OP)
Maricia Verma, Lowell CO-OP Supervisor

Lowell CO-OP Data

--	Mar 2019	Mar 2020*	Total 2019	Total 2020
Total Encounters	32	33	667	134
Unique Encounters	28	14	378	78
Initial Interaction	6	0	100	21
OD Follow-Up	9	0	116	10
Section 35	0	0	20	3
Clinical Clients	5	7	40	11
Disseminate Narcan	3	2	141	13
SUD Treatment	14	16	158	26
Medical Treatment	0	2	33	5
Other Services	2	6	47	19
Misc. Outreach	--	0	1581	43

**Due to restrictions placed on Lowell CO-OP staff because of Corona virus (COVID-19), data analysis has been restricted to electronic records only. When remote work requirements are lifted the data analysis of both electronic and paper records will be revised.*

Outreach and Educational Events

- Due to COVID-19 concerns, outreach and educational events have been temporarily suspended.

Relationship Building

- Due to COVID-19 concerns, in-person relationship building has transitioned to phone and email conversations. Although no new relationship building was engaged during March and April, Lowell CO-OP team members have maintained contact with local partners and collaterals working with the same population.

Additional

- 3/23/2020: In order to reduce the physical presence of employees in public buildings, the City of Lowell asked that non-essential workers begin working remotely. Lowell CO-OP Supervisor and Clinical Recovery Specialist were included in those who were asked to work remotely.
- At this time, all but one Lowell CO-OP member is working from home or has been temporarily reassigned within their agency/department to assist with COVID-19 needs.
- Posting for the Youth Outreach Specialist position has closed. It was decided to postpone interviews until COVID-19 concerns subside and interviews can be held in-person.

Syringe Collection Program

Andres Gonzalez, Syringe Collection Program Coordinator

City Department and Community Partner Engagement:

- Lowell Community Health Center
- Life Connection Center
- Healthy Streets
- UMass Lowell
- Trinity E.M.S.
- Middlesex County Superior Court
- Mass DOT
- Office of the City Manager
- Lowell CO-OP
- Department of Planning & Development
- Lowell Street Department
- Lowell Police Department
- Lowell Parks Department

Virtual Meetings Attended:

- 3/27/2020: Lowell SSP Stakeholder Meeting/H-RACK Study Presentation (Zoom)
- 4/15/2020: Homeless Lowell Providers Meeting (Zoom)

Areas Proactively Swept for Discarded Syringes:

- Dutton Street Bridge
- Riverfront Park
- Le Lachur Park
- Lowell Locks
- Eastern Canal Park
- Hunts Falls Bridge
- George Street
- Favor Street
- Rogers Street Bridge
- South Common Park
- North Common Park
- Thorndike Overpass
- Eastern Canal Park
- Concord River
- Point Park
- Bridge Street Park
- River Bike Path
- Lincoln Street

Syringe Collection Activity 2019 and 2020

Total Number of…	March 2019	April 2019	March 2020	April 1-22 2020	Total 2019 (Apr-Dec)	Total 2020
Discarded pick-up requests*	--	8	21	7	188	72
Incoming calls for pick-up requests**	--	6	11	6	144	44
Syringes picked-up while responding to **all** discarded pick-up requests	--	49	547	26	2,214	1,083
Syringes picked up during Community Clean-up Events	--	0	0	0	443	0
Syringes proactively picked-up while in the community	--	493	727	668	8,615	3,294
Hours proactively picking-up discarded syringes	--	9	40	38	329	172

**Discarded syringe pick-up request from City Employees (ie. police, fire) and Trinity EMS.*

***Discarded syringe pick-up request from Lowell residents.*