COMMONWEALTH OF MASSACHUSETTS

Supreme Judicial Court

WORCESTER, SS. NO. SJC-12983

DAWN DESROSIERS, AND DAWN DESROSIERS D/B/A HAIR 4 YOU, AND SUSAN KUPELIAN, AND NAZARETH KUPELIAN, AND NAZ KUPELIAN SALON, AND CARLA AGRIPPINO-GOMES, AND TERRAMIA, INC., AND ANTICO FORNO, INC., AND JAMES P. MONTORO, AND PIONEER VALLEY BAPTIST CHURCH INCORPORATED, AND KELLIE FALLON, AND BARE BOTTOM TANNING SALON, AND THOMAS E. FALLON, AND THOMAS E. FALLON D/B/A UNION STREET BOXING, AND ROBERT WALKER, AND APEX ENTERTAINMENT LLC, AND DEVENS COMMON CONFERENCE CENTER LLC, AND LUIS MORALES, AND VIDA REAL EVANGELICAL CENTER, AND BEN HASKELL, AND TRINITY CHRISTIAN ACADEMY OF CAPE COD,
Petitioners,

v.

CHARLES D. BAKER, JR. IN HIS OFFICIAL CAPACITY AS THE GOVERNOR OF MASSACHUSETTS,
Respondent.

ON RESERVATION AND REPORT BY THE
SUPREME JUDICIAL COURT FOR SUFFOLK COUNTY

BRIEF OF THE RESPONDENT

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TABLE OF CONTENTS

TABLE OF AUTHORITIES

Cases

Statutes

Constitutional Provisions

Rules and Regulations

Miscellaneous

INTRODUCTION

In response to a novel and highly contagious respiratory virus that has infected millions of people, overwhelmed public health systems, and killed over 180,000 people in the United States, the Governor of Massachusetts, exercising his authority under the Civil Defense Act, St. 1950, c. 639 ("CDA" or the "Act"), declared a state of emergency and implemented a series of emergency measures to protect the Commonwealth and its residents. These measures focused first on slowing the virus' spread in the Commonwealth and coordinating the Commonwealth's medical resources to ensure that its hospital system was not overwhelmed with an influx of cases. Once that initial surge passed, the measures transitioned to ensuring an orderly re-opening of the Commonwealth, while endeavoring to keep the virus in check. Based on recommendations of state, local, and federal officials, scientific and medical experts, and business leaders, the measures have balanced a host of competing interests and represented the Governor's best judgment for how to protect the health, safety, and welfare of the Commonwealth's residents during this time of unprecedented crisis.

Petitioners urge this Court to invalidate all the Governor's emergency measures issued under the CDA because, in their view, the Governor is powerless under the Act to address this crisis. They claim that until the Legislature gives the

Governor express statutory authority to act, the response to the pandemic in Massachusetts must proceed on a municipality-by-municipality basis under G.L. c. 111, with local boards of health determining what is best for their individual communities. That contention is profoundly misguided. The CDA's express purpose is to authorize the Governor to coordinate the Commonwealth's response to disasters and catastrophes, marshalling the state's public and private resources to "protect the public peace, health, security and safety, and to preserve the lives and property of the people of the [C]ommonwealth[.]" This pandemic, which has killed 822,000 globally, including more than 8,700 Massachusetts residents statewide, is precisely the kind of civil defense emergency that warrants a coordinated state-level response by the Governor under the Act.

The emergency measures taken by the Governor are not ultra vires, they do not violate separation-of-powers principles, and they do not violate petitioners' constitutional rights. Under our state and federal constitutions, elected officials like the Governor have broad latitude to protect the public health, safety, and welfare in times of crisis. The Governor has faithfully executed his duties under the CDA, implementing measures to safeguard the Commonwealth's residents and curb the spread of disease, and those measures do not infringe due process, freedom of assembly, or any other constitutional protections.

STATEMENT OF THE ISSUES

The parties requested that the Single Justice reserve and report two issues to this Court:

(1) Whether the [CDA] provides authority for Governor Baker's declaration of a state of emergency on March 10, 2020, and issuance of the emergency orders pursuant to the emergency declaration and, if so, whether such orders, or any of them, violate the separation of powers doctrine reflected in article 30 of the Massachusetts Declaration of Rights; and

(2) Whether the emergency orders issued by Governor Baker pursuant to his declaration of a state of emergency on March 10, 2020, violate plaintiffs' federal or state constitutional rights to procedural and substantive due process or free assembly as alleged by plaintiffs.

STATEMENT OF THE CASE

The Emergency Declaration

On March 10, 2020, Governor Baker declared a State of Emergency because of the "extreme risk" posed by COVID-19 to Massachusetts residents and the need for the Commonwealth "to take additional steps to prepare for, respond to, and mitigate the spread of COVID-19" to "protect the health and welfare of the people of the Commonwealth." Joint Appendix ("JA") 60-61 ¶¶ 10-13. The emergency declaration, the Governor explained, would "facilitate and expedite" the use of "Commonwealth resources and deployment of federal and interstate resources to protect persons from the impacts of the spread of COVID-19." JA 61 ¶ 12.

The emergency declaration was an essential part of the Commonwealth's coordinated response to the pandemic, signifying the seriousness of the COVID-19 outbreak. In issuing the declaration, the Governor invoked the authority conferred by the Legislature in both the CDA and G.L. c. 17, § 2A. The declaration thus authorized the Governor, in accordance with the CDA, to direct the Commonwealth's mitigation efforts and protect the health and welfare of the Commonwealth's residents. It also authorized the Commissioner of Public Health to "take such action and incur such liabilities…necessary to assure the maintenance of public health and the prevention of disease." G.L. c. 17, § 2A.

Characteristics of COVID-19

The coronavirus that causes COVID-19 spreads mainly among people who are in close proximity for prolonged periods of time. *See* Addendum ("Add.") 88. Respiratory droplets, "produced when an infected person coughs, sneezes, or talks," cause person-to-person spread, as "[t]hese droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs." *Id.* Many with COVID-19 are asymptomatic or pre-symptomatic but still spread the virus. *See* Add. 93. Experts have identified certain interventions—prime among them, social distancing and the use of face coverings—that are effective at slowing transmission of the virus. *See* Add. 90-91, 102-06.

The Initial Surge

On March 14, days after the World Health Organization declared COVID-19 a pandemic and President Trump declared a national emergency, *see* JA 161 ¶ 2, Add. 218-20, the Governor established the COVID Command Center as the single point of strategic decision-making for the Executive Branch's comprehensive response to the pandemic. The Command Center was tasked with coordinating between executive agencies, the Legislature, municipalities, private healthcare providers, and the federal government. *See* Add. 208-12. Its initial objectives included expanding testing capacity, planning quarantine operations, coordinating state government operations, responding to the needs of local boards of health, monitoring supply chains, and identifying surge capacity in the Commonwealth's health network. *Id*. On March 12, the Legislature appropriated $15 million in supplemental funds for the Commonwealth's COVID-19 response. *Id*.; *see* St. 2020, c. 39, § 2A.[1]

When the Governor declared an emergency on March 10, there were about 100 confirmed COVID-19 cases in Massachusetts. That number grew rapidly,

[1] In St. 2020, c. 124, § 2A, the Legislature later appropriated an additional $1.1 billion to supplement the Commonwealth's COVID-19 response efforts.

reaching almost 10,000 by March 31; 35,000 by mid-April; and more than 70,000 by May 5. *See* Add. 118. So too did the death toll. *See* Add. 123.

Recognizing the threat to the public, the Governor issued Orders during March and April to improve the Commonwealth's virus-related healthcare capacity and to implement community mitigation strategies (including social distancing measures) to slow the virus' spread. *See e.g.*, JA 62-155. The Commissioner of Public Health, acting under G.L. c. 17, § 2A, likewise issued dozens of Emergency Orders[2] and multiple guidance documents, including a stay-at-home advisory. *See* Add. 169-70.

On March 23, the Governor issued COVID-19 Order No. 13 ("Order 13"),[3] which authorized continued operation of "essential services"—*i.e.*, businesses involved in distribution of food and beverages, provision of health care, law enforcement, telecommunications, energy, and transportation—but temporarily closed the "physical workplaces and facilities" of "all businesses and other

[2] Those Orders ranged from curtailing visitation at certain high-risk facilities, Add. 202 (long-term care facilities); 203 (hospitals); 204 (assisted-living), to COVID-19 data reporting, Add. 206-07, to expanding medical capacity by changing licensing and ratio requirements, Add. 205.

[3] COVID-19 Orders issued by the Governor in response to the pandemic will be cited in this brief by number (*e.g.*, "Order 31").

organizations that do not provide COVID-19 Essential Services." *See* JA 90-94.[4] The Order also limited in-person gatherings to 10 people. *Id*. As the virus continued to surge in the Commonwealth, the Governor extended Order 13's limitations, to May 4 and then May 18. *See* JA 137-139, 158-160.

On May 1, the Governor issued Order 31, which required persons over age two, unless medically exempted, to wear a face covering in indoor or outdoor public places when unable to maintain a distance of six feet from others. *See* JA 161-163. Order 31 was based on the Center for Disease Control and Prevention's ("CDC") recommendation that all persons wear a face covering when outside the home. The Order specified that, in grocery stores, pharmacies, retail stores, and transit services, the face covering requirement always applied. *Id*.

Phased Reopening

Like other States that endured a springtime surge of COVID-19 infections, Massachusetts experienced its peak of new confirmed cases in late April and early May. *See* Add. 110-12. As the growth rate slowed and other key metrics improved, the Governor began planning for a phased reopening, forming the Reopening Advisory Board in late April. The Board, which comprised representatives from

[4] The Order accommodated religious institutions, permitting them to keep their physical premises open subject to the Order's generally applicable 10-person limitation on gatherings.

the business community, public health officials, and municipal leaders, developed a reopening advisory based on input and testimony from thousands of individuals.

The advisory, issued on May 18, emphasized that reopening should be driven by public health data. Add. 177, 179. Maintaining and improving these key indicators, the advisory emphasized, required statewide cooperation. Add. 176. Individuals would need to practice good hygiene, stay home if sick, minimize non-essential outings, continue social distancing, and wear face coverings if unable to socially distance. Add. 180-81. Businesses and other entities would need to follow mandatory workplace standards and sector-specific protocols to reduce the risk of COVID-19 transmission. Add. 180, 182-83. The advisory also recommended a four-phased reopening plan that would carefully allow businesses, services, and activities to resume, while avoiding a COVID-19 resurgence. Add. 184-91.

Based on the Advisory Board's recommendations, the Governor issued Order 33, announcing that "improving public health data permits a carefully phased relaxation of certain restrictions" in Order 13. *See* JA 166-174. Order 33 provided that, beginning on May 18, "Phase I" entities could operate their brick-and-mortar premises subject to Order 33's generally-applicable "COVID-19 workplace safety rules," as well as "sector-specific rules" established by the

Director of Labor Standards ("DLS"), addressing specific sectors' "particular circumstances and operational needs." *Id.*

As public health data continued to improve, on June 1, Governor Baker issued Order 35, which identified those entities that could reopen their physical premises in the remaining phases. *See* JA 179-186. Based on further improvements, Phase II began on June 8, while Phase III is proceeding in two steps, with Step 1 beginning on July 6. *See* JA 200-203, 218-226. As in Phase I, Phase II and III entities reopened subject to generally applicable "COVID-19 workplace safety rules" and DLS' "sector-specific rules." *See* JA 179-186, 200-203, 218-226.

The Governor continues to adjust these requirements as warranted by evolving public health data.

SUMMARY OF THE ARGUMENT

The CDA gives the Governor extensive authority to protect the Commonwealth during a civil defense emergency. (Pp. 24-38) . The Act defines "civil defense" broadly, and responding to the current pandemic falls within its scope because COVID-19 is a "natural cause" that threatens the public health and welfare of the Commonwealth's residents. The Orders are within the Governor's authority to execute the laws, and they respect the separation-of-powers principles

in Article 30 of the Massachusetts Declaration of Rights. (Pp. 38-44). They do not deprive the Legislature of its power to make laws, and the Legislature's actions following the emergency declaration confirm as much.

The Governor's Orders also do not violate petitioners' federal and state rights to due process and assembly. Emergency measures like these, aimed at containing public health crises, are typically afforded broad deference. (Pp. 46-47) But even without deference, the measures readily survive scrutiny under traditional constitutional analysis. (Pp. 48-62).[5]

ARGUMENT

I. The Civil Defense Act Gives the Governor Broad Authority to Protect the Commonwealth from the COVID-19 Global Pandemic.

The emergency declaration and emergency orders ("COVID-19 Orders") fall within the Legislature's broad grant of authority in the CDA and have been repeatedly ratified by the Legislature. Petitioners are therefore wrong to argue that the Governor exceeded his authority.

[5] This Court reviews questions of statutory interpretation *de novo*, giving substantial deference to a reasonable interpretation of a statute by the agency charged with its enforcement. *Commerce Ins. Co. v. Comm'r of Ins.*, 447 Mass. 478, 481 (2006). Review of petitioners' individual rights claims is under the deferential standard in *Jacobson v. Massachusetts*, 197 U.S. 11, 25 (1905), or, in the alternative, the traditional constitutional analysis governing such claims. (Pp. 45-62).

A. The CDA Authorizes the Governor to Respond to the Pandemic Because COVID-19 Is an "Other Natural Cause" Under the Act.

The CDA provides that "upon the occurrence of any disaster or catastrophe" from enemy attack, civil disturbance, or "fire, flood, earthquake or other natural causes," the Governor may declare a civil defense emergency and act to "protect the public peace, health, security and safety, and to preserve the lives and property of the people of the commonwealth." St. 1950, c. 639, § 5. The Act's definition of "civil defense" encompasses "preparation for and carrying out all [non-military] emergency functions…for the purpose of minimizing and repairing injury and damage result resulting from" enemy act, civil disturbance, or "fire, flood, earthquake or other natural causes." *Id*. § 1. The Governor has broad discretion under the Act to determine whether a disaster arises from an "other natural cause." *See* Op. of the Atty. Gen., Aug. 18, 1943, pp. 68-70 (Add. 215-17) (Governor has "discretion" to determine whether a particular matter falls with the War Powers Act, a CDA-precursor, "so long as that discretion is an exercise of judgment and not a display of arbitrary power"); *CommCan, Inc. v. Baker,* No. 2084CV00808-BLS2, 2020 WL 1903822, at * 7 (Mass. Super. Ct. April 16, 2020) (Salinger, J.); *cf*. *Alliance to Protect Nantucket Sound, Inc. v. Energy Facilities Siting Bd.*, 457 Mass. 663, 681 (2010) (according "substantial discretion to an agency to interpret

statute it is charged with enforcing, especially where…the Legislature has authorized the agency to promulgate regulations").[6]

The Governor's emergency declaration readily falls within the Act's broad definition of a civil defense emergency. *See* St. 1950 c. 639, §§ 1, 5. Like fires, floods, and earthquakes, COVID-19 is a natural phenomenon that threatens "the public peace, health, security and safety…of the people of the Commonwealth." St. 1950, c. 639, § 5. It is a disease caused by a novel, naturally occurring coronavirus that has infected millions of people, overwhelmed public health systems, and killed over 180,000 people in the United States, including more than 8,700 in Massachusetts.[7] The virus is highly contagious, has a lengthy incubation period, and can be spread by symptomatic and asymptomatic individuals. There is no known cure, and no vaccine has been approved for public use. *See CPCS v. Chief Justice of the Trial Court*, 484 Mass. 431, 433 (2020). As this Court has recognized, these are "extraordinary circumstances," with conditions in

[6] The CDA authorizes the Governor to "exercise any power, authority or discretion conferred upon him by any provision of the act" by "executive orders or general regulations." St. 1950, c. 639, § 8.

[7] *See* Add. 107 (CDC: "[w]e do not know the exact source of the current outbreak…, but we know that it originally came from an animal, likely a bat").

Massachusetts "dramatically…chang[ing]" since the Governor first declared the emergency. *Goldstein v. Sec. of the Com.*, 484 Mass. 516, 518, 525 (2020). The COVID-19 pandemic plainly falls within the Legislature's definition of a civil defense emergency from an "other natural cause."

Interpreting similar statutory language that also did not expressly list pandemics, the Pennsylvania Supreme Court applied nearly identical reasoning, holding that under the Pennsylvania Emergency Code the "COVID-19 pandemic is, by all definitions, a natural disaster and a catastrophe of massive proportions." *Friends of Danny DeVito v. Wolf*, 227 A.3d. 872, 889 (Pa. 2020). It explained that the only unifying factor among the "disparate types of disaster" listed in Pennsylvania's definition of "natural disaster" is that hurricanes, tornados, floods, tidal waves, fires, and earthquakes all involve "substantial damage to property, hardship, suffering or possible loss of life." *Id*.[8] That reasoning is equally applicable here: the only "commonality" among the disasters listed in sections 1

[8] Interpreting the phrase "natural emergency" in Florida's Emergency Management Act, the Florida Supreme Court similarly held that "a pandemic is a 'natural emergency' within the meaning of [the Florida act]." *See Abramson v. DeSantis*, 2020 WL 3464376 (Fla. June 25, 2020); *see also* Fla. St. § 252.34(8) ("'natural emergency' means an emergency caused by a natural event, including, but not limited to, a hurricane, a storm, a flood, severe wave action, a drought, or an earthquake").

and 5 of the Act is that, like this pandemic, they are phenomena threatening "the public peace, health, security and safety…of the people of the Commonwealth."

Language elsewhere in the Act confirms the Legislature's intent to confer emergency powers on the Governor that are sufficiently broad to encompass public health emergencies. Indeed, the Act's very statement authorizing the Governor to act expressly references protecting public health. *See* St. 1950, c. 639, § 5 ("protect[ing] the public peace, health, security and safety," and to "preserve the lives and property of the people of the commonwealth"). Similarly, the Act's emergency preamble declares the Act "an emergency law, necessary for the immediate preservation of the public health, safety and convenience." St. 1950, c. 639.

B. Once an Emergency Is Declared, the Act Gives the Governor Extensive Authority to Protect the Public Peace, Health, Security, and Safety.

Upon declaration of the emergency, the Act gives the Governor, as head of the executive branch, "very extensive and highly flexible" powers to prepare for and meet the emergency. *Dir. of Civil Def. Agency & Office of Emerg. Prep. v. Civil Serv. Comm'n*, 373 Mass. 401, 404 (1977). The Act grants the Governor "any and all authority over persons and property necessary or expedient for meeting" the emergency that the Legislature may constitutionally "confer upon him as supreme

executive magistrate of the commonwealth and commander-in-chief of the military forces thereof." St. 1950, c. 639, § 7. It spells out some of this authority over "persons and property" expressly, *see id*., §§ 7(a)-(q);[9] provides that the enumerated subsections are merely examples—not an exhaustive list—of the Governor's powers, *see id*. § 7 (listing the specific powers "without limiting the generality of the foregoing" grant); and provides that so much of "any general or special law" or "any rule, regulation, ordinance or by-law" that is "inconsistent" with any "order or regulation issued or promulgated" under the Act "shall be inoperative" during the emergency, *see id*. § 8A.

The Governor has faithfully executed that broad authority here. It is well established that "one can carry and spread the COVID-19 virus without any apparent symptoms," with "every encounter with another person…pos[ing] a risk of infection." *Goldstein*, 484 Mass. at 526. Thus, COVID-19 prevention is "highly dependent on physical social distancing (*i.e.*, remaining at least six feet apart from other people)," "frequent hand-washing and sanitizing,", and mask-wearing in

[9] The 17 enumerated powers granted to the Governor in Sections 7(a)-(q) include the authority to "polic[e], protect[], or preserv[e]" all property, *see id*. § 7(c), and to regulate "transportation and travel," *id*. § 7(e), certain hours of labor and business, *id*. § 7(f), "assemblages, parades, or pedestrian travel" to "protect the physical safety of persons," *id*. § 7(g), and the sale of food and household articles, *id*. § 7(p).

public spaces. *Christie v. Commonwealth*, 484 Mass. 397, 399 (2020). The Orders advance these disease-prevention objectives, are consistent with public health measures adopted across the country, and fall within the powers enumerated in the CDA. *See* St. 1950, c. 639, §§ 7, 8A.

C. The Legislature Has Repeatedly Ratified the Governor's Determination that COVID-19 Is an "Other Natural Cause" Requiring Action Under the Act.

The Legislature's actions following the declaration of emergency confirm that the Governor acted within his statutorily authorized powers. *Dir. of Civil Def.*, 373 Mass. at 409-10 (Legislature's "affirmative conduct…can well be taken as a practical confirmation or ratification of the executive orders"). The Legislature, which has previously deferred to the Governor's designation of an event as a "natural disaster," in the context of professionals providing natural disaster and catastrophe services, *see* G.L. c. 112, § 60Q,[10] has repeatedly ratified the Governor's COVID-19 emergency declaration. *See Student No. 9 v. Board of Educ.*, 440 Mass. 752, 766-67 (2004).

[10] Section 60Q defines "natural disaster or catastrophe" as "an event, whether man-made or natural, that is declared an emergency by the President of the United States or by the governor, or which results in the deployment of emergency response personnel or the displacement of persons from the area of the event."

Since the Governor's emergency declaration, the Legislature has enacted a host of laws that approvingly acknowledge the state of emergency and are even contingent on the existence of a declared state of emergency. *See, e.g.*, St. 2020, c. 45, § 1(d) (municipal elections); St. 2020, c. 53, § 7 (municipal budgets); St. 2020, c. 65, §§ 1-2, 6-7 (tying expiration of portions of eviction and foreclosure moratorium to state of emergency); St. 2020, c. 71, §§ 7, 8 (remote notarization); St. 2020, c. 81, §§ 3-4, 6 (expansion of unemployment insurance); St. 2020, c. 92, §§ 7(a), 8(a), 9, 10(a), 11, 12(a)(1), 13(a)(1), 14(b)-(c), 16, 17 (municipal governance); St. 2020, c. 93, § 1(c) (COVID-19 data collection). The Legislature also enacted statutes—operative only during the state of emergency declared by the Governor—providing liability protection for healthcare workers and authorizing sales of alcoholic beverages for off-premises consumption. St. 2020, c. 64, §§ 1, 2(a), 4; St. 2020, c. 118, § 2(b). Finally, since the Governor declared an emergency, the Legislature has appropriated billions of dollars for COVID-19 mitigation. St. 2020, c. 39, § 2A ($15 million); St. 2020, c. 124, § 2A (additional $1.1 billion to supplement 2020 and 2021 COVID-19 response). *See Dir. of Civil Def.*, 373 Mass. at 409-10 (appropriations constitute practical form of ratification). These statutes can "be taken as a practical…ratification" of the COVID-19 Orders and the clearest sign that the Governor is using the Act just as the Legislature

intended—to protect the public health and safety during a disaster from "other natural causes." *Id.* at 410 ("Such confirmation or ratification can be raised from a course of legislative behavior and need not be set out in a statute in haec verba").

D. Petitioners' Narrow Definition of "Other Natural Causes" Is Inconsistent with the Phrase's Plain Meaning, the Governor's Broad Authority Under the Act, and the Legislature's Repeated Ratification of the Emergency.

Against all this, petitioners fall back on a canon of statutory interpretation, extrinsic interpretative aids, and an in-their-view competing statute to advocate for a cramped construction of the phrase "other natural causes."

Petitioners first argue that the canon of statutory interpretation *ejusdem generis* and a 1981 Report from the Massachusetts Legislative Research Council preclude reading the phrase "other natural causes" to cover a pandemic arising from natural causes. Petrs.' Br. 16-19. But resort to a canon of statutory interpretation is appropriate only when the statutory language is unclear, *see Commonwealth v. Escobar*, 479 Mass. 225, 228 (2018), which is not the case here. *See supra*, pp. 25-30; *see also DeVito*, 227 A.3d at 888-89 (canon of *ejusdem generis* inapplicable to the interpretation of the term "natural disaster").[11]

[11] Even if the canon applied, the only "commonality" among the various disasters listed in sections 1 and 5 is that they are natural phenomena that threaten "the public peace, health, security and safety…of the people of the

(footnote continued)

Likewise, a narrower reading of the Act advanced in the 1981 report of the now-defunct Legislative Research Council carries little weight, *see New England Survey Sys. v. Dep't of Indus. Accidents*, 89 Mass. App. Ct. 631, 638 (2016) ("when the words used by the Legislature have a plain meaning and achieve a logical and workable result, we do not turn to extrinsic interpretative aids"), and, in any event, is fatally undermined by the current Legislature's repeated ratification of the Governor's emergency declaration in statutes conditioned on existence of the emergency. *See supra*, pp. 30-32.

Petitioners next suggest that because the CDA "is not codified as a general law," the Legislature did not intend it to apply to a crisis affecting all Massachusetts residents. Petrs.' Br. 23-24. In fact, special laws typically address "discrete, specific circumstances," and a novel pandemic, even one that affects all Massachusetts residents, is precisely the type of discrete, specific circumstance that would be governed by a special law. *Lavecchia v. Massachusetts Bay Transp. Auth.*, 441 Mass. 240, 243 (2004). Moreover, many generally applicable laws are never codified as general laws. These include laws with ongoing effect that

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Commonwealth," just like COVID-19. *See supra*, pp. 25-28. The canon therefore supports interpreting the Act to uphold the Governor's authority to respond to a naturally caused, public-health pandemic.

organize state government, *e.g.*, St. 1956, c. 465 (creating MassPort) and St. 1997, c. 48 (abolishing counties);[12] establish rules and policies, *e.g.*, St. 1995, c. 5 (welfare reform), St. 2020, c. 1 (simulcasting authorization), St. 2008, c. 169 (long-term contracts with renewable emergency generators), and St. 1969, c. 546 (hotel-motel tax surtax); and authorize supplemental spending, *e.g.*, St. 2020, c. 124. The Act is of a piece with these enactments, and this Court has already recognized the Act's scope and the "very extensive and highly flexible" powers it confers on the Governor in a declared emergency. *Dir. of Civil Def.*, 373 Mass. at 404. *See supra*, pp. 24-30. That the Act is a special law therefore does not detract from the plain meaning of "other natural causes."

Third, and relatedly, petitioners argue that the CDA may cover only events of "limited duration." Petrs.' Br. 15. But the COVID-19 Orders are of limited duration and will last only so long as the COVID state of emergency remains in effect. And in any event, by (1) including such emergencies as "wars," which are not inherently limited to a particular duration,[13] and (2) repeatedly amending, then

[12] This was later codified in G.L. c. 34B.

[13] During World War II, for instance, the state of emergency under CDA precursors ran from Governor Saltonstall's December 29, 1941, declaration until Governor Bradford's June 27, 1947, Executive Order, *see* Exec. Order 99 (1st series) (June 27, 1947), with Executive Orders issued under that declaration and

(footnote continued)

removing, the sunset clause in Section 22,[14] the Legislature plainly intended that an emergency's hypothetical duration should not operate to curtail the Governor's present authority to protect the civil defense under the Act. Further, in *Dir. of Civil Def.*, this Court was untroubled that the Executive Order concerning a comparatively less urgent civil defense matter—the civil service status of Civil Defense Agency employees—had been in effect for 15 years at the time the decision issued. 373 Mass. at 407 (describing the order, which had "not been rescinded," as "without limit of time").

Fourth, petitioners contend that G.L. c. 111 is the Commonwealth's primary mechanism for suppressing dangerous infectious diseases and that the Legislature did not intend to give the Governor separate authority under the CDA to mitigate pandemics caused by infectious diseases. Petrs.' Br. 24-31. Therefore, they

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CDA-precursors running throughout that period. (One example: blackout orders remained in effect in some form from January 1942 until December 1945. *See* Exec. Order Nos. 3 (Jan. 8, 1942), 10 (March 31, 1942), 31 (July 17, 1942), 40 (Nov. 27, 1942), 52 (Feb. 12, 1943), 55 (June 7, 1943), 86 (Dec. 26, 1945) (all first series).)

[14] When enacted in 1950, the Legislature provided for the Act to become inoperative upon joint resolution and, in any event, no later than July 1, 1952. St. 1950, c. 639, § 22. It 1952, it extended the latter date to July 1, 1953. St. 1952, c. 269. Finally, in 1953, it removed the latter date-certain language altogether. St. 1953, c. 491. *See also Dir. of Civil Def.*, 373 Mass. at 404 (1953 "indefinite extension" broadened scope of Act's original conception).

contend, this Court should interpret the phrase "other natural causes" to prohibit the Governor from acting under the CDA to respond to a pandemic that otherwise threatens to overwhelm the State's ability to address the staggering toll on its residents. *Id*. Petitioners' mode of statutory interpretation runs afoul of this Court's instruction to "construe statutes to harmonize and not to undercut each other." *Sch. Comm. of Newton v. Newton Sch. Custodians Ass'n, Local 454, SEIU*, 438 Mass. 739, 751 (2003). They point to no "explicit legislative commands" in G.L. c. 111 that preclude the Governor from acting under the CDA to supplement actions taken by the Department of Public Health and local health boards pursuant to c. 111. Nor do they identify actions the Governor has taken that interfere with local boards' responsibilities under G.L. c. 111.[15] *Id*. *See, e.g.*, G.L. c. 111, §§ 95-96A, 104, 111, 112, 113. And even if there were a conflict, the CDA is clear that the Governor's actions control. *See* St. 1950, c. 639, §§ 7 & 8A; *supra*, pp. 28-30.

Last, petitioners claim this Court should interpret the Act narrowly because otherwise the Governor's authority under the Act is unbounded. Not so. First, the

[15] Petitioners do contend that Order 45 usurps local boards' authority under Section 106 to examine travelers entering their communities. Even if the petitioners had standing to raise that challenge, there is no conflict. The CDA gives the Governor express authority over "travel." *See* St. 1950, c. 639, §§ 7(e) & 7(g). Further, under Order 45, local boards remain free to act, subject to the state-wide floor established by the Governor.

circumstances set forth in the declaration must fall within the Act's broad definition of "civil defense" emergency, and any associated orders must relate to the emergency. *See supra*, pp. 24-30.[16] Second, Section 22 of the Act reserves to the Legislature the power to render any part of the CDA inoperative by joint resolution. St. 1950, c. 639, § 22. Third, the Legislature separately retains the ability to not fund the Governor's actions and, if necessary, undo the Governor's actions by subsequent legislation. And finally, there is no dispute that the Governor's emergency declaration and related orders are subject to judicial review, whether under G.L. c. 214, § 1, or under the state constitution directly.[17] Given all these checks, there is no warrant for interpreting "other natural causes" narrowly

[16] Any review of the factual predicate for an emergency declaration and subsequent orders is under an "arbitrary and capricious" standard. *See* Op. of the Atty. Gen., Aug. 18, 1943, pp. 68-70.

[17] This Court has only disturbed the Governor's declaration of a civil defense emergency when the basis for the declaration has no logical connection to the statutory grant. *Compare Dir. of Civil Def.*, 373 Mass. at 408-09 (executive order giving Civil Defense Agency employees civil service status within Governor's authority under the Act), *with Mass. Bay Trans. Auth. Advisory Bd. v. Mass. Bay Trans. Auth.*, 382 Mass. 569, 578 (1981) (budget shortfall, which would have resulted in the shutdown of the MBTA, is not the type of "other cause" that the Legislature intended when it inserted the phrase "absence of rainfall or other cause" into Section 5 in a 1958 amendment); *see also* St. 1950, c. 639, § 5 (authorizing Governor to declare emergency "whenever because of absence of rainfall or other cause a condition exists in all or in any part of the commonwealth whereby it may reasonably be anticipated that the health, safety or property of the citizens thereof will be endangered because of fire or shortage of water or food").

and constraining the Governor from using his authority under the Act to respond to a pandemic-caused emergency.

II. The COVID-19 Orders Respect the Separation-of-Powers Principles Embodied in Article 30.

The COVID-19 Orders also fall well within the limits on executive authority set by the Massachusetts Constitution. In issuing the Orders, the Governor is discharging his constitutional duty to execute the laws. Each Order is grounded in statutory authority delegated to the Governor, and the Legislature has repeatedly expressed its approval of the Governor's actions through subsequent legislation. The Orders, issued as part of the executive and legislative branches' collaborative response to a pandemic of unprecedented scale, accord with both the spirit and the letter of Article 30 of the Declaration of Rights.

A. The COVID-19 Orders Are Within the Governor's Authority to Execute the Laws, a Power That Is at Its Height in Times of Emergency.

Article 30 ensures that the legislative, executive, and judicial branches refrain "from 'exercis[ing] the…powers' of the other branches." *Commonwealth v. Cole*, 468 Mass. 294, 301 (2014) (quoting Article 30). The "critical inquiry" in any Article 30 challenge is whether one branch's actions "interfere with the functions of [another] branch of government." *Opinion of the Justices to the Senate*, 375 Mass. 795, 813 (1978). This Court has long explained that while "the lawmaking

power…is within the prerogative of the Legislature," it "is the constitutional prerogative, as well as duty, of the Governor to execute the laws." *Opinion of the Justices to the Senate*, 375 Mass. 827, 833 (1978). When executing laws in accordance with statutory authorization by the Legislature, "the Governor ha[s] authority to use discretion in applying the energies of the executive branch and the resources of the Commonwealth…to achieve the purposes or objectives of the laws." *Id.* Thus, the "power to execute the laws, constituting the essence of the Governor's constitutional office, must be accorded the same deference as the several specific executive powers enumerated in the Constitution." *Id.*

In issuing the COVID-19 Orders, Governor Baker is discharging his constitutional prerogative, as well as his constitutional duty, to execute the Act. As described, the CDA is the source of statutory authority for each of the Orders. *See supra*, pp. 24-30. Each Order, accordingly, identifies the provision or provisions of the CDA through which the Legislature delegated the Governor authority to act. *See, e.g.*, JA 91, 167, 232. While petitioners object that the Orders amount to an exercise of the police power, executive branch officials can of course exercise the police power of the Commonwealth when acting pursuant to a delegation of authority from the Legislature. *See Arno v. Alcoholic Beverages Control Comm'n*, 377 Mass. 83, 85-89 (1979) (statute delegating authority regarding liquor licenses

was a valid delegation of police power); *DeVito*, 227 A.3d at 886 (upholding COVID-19 order because "[t]he broad powers granted to the Governor in the Emergency Code are firmly grounded in the Commonwealth's police power").[18] And while petitioners specifically object to the inclusion of civil and criminal penalties in the Orders as an exercise of the police power, those penalties were authorized by the Legislature in the CDA itself. *See* St. 1950, c. 639, § 8 (establishing penalties for violations of "any "executive order…issued or promulgated by the governor" under the CDA). Thus, this is not a case of the executive branch exercising a power that is committed exclusively to the Legislature by the Massachusetts Constitution, but rather involves the Governor's power to execute laws and his exercise of delegated authority. *Compare Opinion of the Justices to the Senate*, 430 Mass. 1201, 1203-04 (1999) (proposed bill giving Governor authority to prevent appropriation of money infringed on Legislature's

[18] Petitioners do not make a non-delegation argument—*i.e.*, that the Legislature has impermissibly "delegated the general power to make laws" to the executive branch. *Opinion of the Justices to the House of Representatives*, 393 Mass. 1209, 1219 (1984). Indeed, they expressly disclaim any such argument, writing that the Legislature "did *not* delegate the lawmaking prerogative…to the governor in either [G.L. c. 111] or the [CDA]." Petrs.' Br. 35 (emphasis added). Petitioners therefore have waived any non-delegation argument. *See* Mass. R. App. P. 16(a)(9)(A); *Assessors of Boston v. Ogden Suffolk Downs, Inc.*, 398 Mass. 604, 608 n.3 (1986) ("issue raised for the first time in an appellant's reply brief comes too late, and we do not consider it.").

prerogative to appropriate money, a power committed "exclusively [to] the legislative branch" by the Constitution).[19]

When, as here, the Governor acts pursuant to an express authorization of the Legislature, his authority to act is at its apex. *See, e.g.*, *Youngstown Sheet & Tube Co. v. Sawyer*, 343 U.S. 579, 636 (1952) (Jackson, J., concurring in the judgment). This principle applies with particular force in emergency contexts, where the executive branch can act most expeditiously to stem a crisis. *See* THE FEDERALIST NO. 70 (1788) (A. Hamilton) (the unitary executive can best respond to "the most critical emergencies of the state," whereas "[i]n the legislature, promptitude of decision is oftener an evil than a benefit"); *South Commons Condominium Ass'n v. Charlie Arment Trucking, Inc.*, 775 F.3d 82, 86 (1st Cir. 2014) ("By their nature, emergency situations require an immediate response."). When assessing Article 30 claims contesting executive action in emergency contexts, this Court has thus honored "the Legislature's recognition that the executive branch has the detailed and contemporaneous knowledge" to enable action "on an expedited basis." *New England Div. of Am. Cancer Society v. Comm'r of Admin.*, 437 Mass. 172, 184 (2002) (quotation marks omitted) (upholding statute empowering Governor "to

[19] Petitioners also contend that Governor Baker has somehow suspended laws, *see* Petrs.' Br. 32, 34, but conspicuously fail to identify any laws that have purportedly been suspended.

reduce public expenditures in a time of true financial emergency" as consistent with Article 30). The COVID-19 Orders, issued under the CDA during the largest disaster faced by the Commonwealth in a century, fit comfortably within the powers committed to the executive branch by Article 30. *See DeVito*, 227 A.3d at 892-93 (COVID-19 order closing non-life-sustaining businesses comports with separation-of-powers doctrine because Pennsylvania's Emergency Code "specifically and expressly authorizes the Governor to declare a disaster emergency" and issue related orders).

B. The COVID-19 Orders Do Not Deprive the Legislature of Its Power to Make Laws.

Rather than contest any particular COVID-19 Order as violative of Article 30, petitioners assert that the COVID-19 Orders, writ large, "depriv[e] the Legislature of its full authority to pass laws." Petrs.' Br. 35 (quoting *Opinion of the Justices to the Senate*, 430 Mass. at 1203-04). Put otherwise, they contend that, in acting under the CDA, the Governor is preventing the Legislature from exercising its constitutional prerogative to make laws to address COVID-19. *See id.* This far-fetched assertion is belied by the Legislature's conduct during the period of emergency.

Nothing about the Orders prevents the Legislature from enacting statutes to address COVID-19 or any other matter of concern. The Legislature retains all of its

authority to make laws. Indeed, the Legislature has enacted a wide range of legislation over the past six months to address the COVID-19 outbreak. *See, e.g.*, St. 2020, c. 45; St. 2020, c. 53; St. 2020, c. 56; St. 2020, c. 64; St. 2020, c. 65; St. 2020, c. 71; St. 2020, c. 92; St. 2020, c. 93; St. 2020, c. 115; St. 2020, c. 118; St. 2020, c. 124. Given the breadth and number of laws enacted since the Governor's emergency declaration, it blinks reality to suggest that the Legislature has been deprived of its authority to enact COVID-19-related laws. And should the Legislature disagree with any action taken by the Governor under the CDA—including any COVID-19 Order—it has multiple remedies, including one reserved within the CDA itself: the power to make any part of the CDA "inoperative by the adoption of a joint resolution to that effect by the house and senate acting concurrently." St. 1950, c. 639, § 22. *Cf. DeVito*, 227 A.3d at 886 (similar provision in Pennsylvania's Emergency Code).

While the Governor's emergency declaration has been in effect, the Legislature has not disapproved of the declaration or any of the COVID-19 Orders. Rather, it has repeatedly endorsed the Governor's actions by tying the operation of statutes to the existence of the emergency or incorporating the state of emergency as a condition of effectiveness. *See supra*, pp. 30-32. The Legislature's choice to repeatedly acknowledge the emergency declaration, and to make statutes

conditional on that declaration, is powerful evidence of its approval of the Governor's actions. *See Student No. 9*, 440 Mass. at 766-67 (Legislature "expressed its acceptance of" and "approval of" implementation of Education Reform Act of 1993 by repeatedly funding through budgetary line items programs to aid students in passing MCAS exam); *Dir. of Civil Def.*, 373 Mass. at 409-10 ("The affirmative conduct of the Legislature in passing [a] statute, and in repeatedly making appropriations that attracted Federal contributions dependent upon" the effectiveness of certain executive orders, "can well be taken as a practical confirmation or ratification of the executive orders.").

The mutually reinforcing actions by the Legislature and Governor demonstrate why this Court has affirmed, time and again, that "a rigid separation" between branches of government "'is neither possible nor always desirable.'" *Cole*, 468 Mass. at 301 (quoting *Opinion of the Justices to the House of Representatives*, 365 Mass. 639, 641 (1974)). It is "*interference* by one department with the function of another" that is the "essence of what cannot be tolerated under art. 30." *Gray v. Comm'r of Revenue*, 422 Mass. 666, 671 (1996) (emphasis added) (internal quotation marks omitted). But Massachusetts' experience shows that, far from interfering with one another, the legislative and executive branches have worked in tandem to address the pandemic. The COVID-19 Orders, part of the

record of complementary legislative and executive action during the period of emergency, accord fully with Article 30.

III. The COVID-19 Orders Do Not Violate Petitioners' Federal and State Rights to Due Process and Assembly.

Petitioners next claim that the COVID-19 Orders violate their rights to substantive and procedural due process under the Fourteenth Amendment to the U.S. Constitution and Article 10 of the Massachusetts Declaration of Rights and their rights to peaceably assemble under the federal and state Constitutions. Their alleged injuries, however, are abstract and generic, premised on conclusory allegations of constitutional injury that do not identify how the supposed denials occurred or how petitioners have been personally affected. *See infra*, note 25.[20] In any event, none of the Orders violates the state or federal Constitutions. Emergency measures to forestall epidemics are typically afforded broad deference, but even without the application of deference, the measures readily survive scrutiny under ordinary constitutional analysis.

[20] The sole exception is a paragraph questioning Bare Bottom Tanning's placement in Phase Two instead of Phase One of the reopening. Petrs.' Br. 44-45. Although petitioners assert in their complaint that they all "have experienced, and will continue to experience, concrete and particularized harm as a direct consequence of" the Governor's Orders, *see* JA 37, the allegations that follow that heading are not concrete and particularized in any way, *see* JA 37-39 ¶¶ 111-16.

A. The Governor Is Entitled to Broad Deference and Wide Latitude in Coordinating the Commonwealth's Public Health Response to the Global Health Pandemic.

The Supreme Court has long recognized that a "community has the right to protect itself against an epidemic of disease which threatens the safety of its members." *Jacobson v. Massachusetts*, 197 U.S. 11, 27 (1905) (internal quotation marks omitted). The "liberty secured by the Constitution…does not import an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint," particularly during a pandemic when cooperative action is necessary for the common good. *Id.* at 26; *see also id*. at 29. State action, *Jacobson* instructs, should thus be upheld unless it lacks a "real or substantial relation to the protection of the public health" or represents "a plain, palpable invasion of rights secured by the fundamental law." *Id*. at 31; *see also Prince v. Massachusetts*, 321 U.S. 158, 166-67 (1944) (no "liberty to expose the community…to communicable disease").

Courts reviewing emergency challenges to COVID-19-related orders have consistently applied *Jacobson*. Most significantly, the Supreme Court upheld the denial of a request to enjoin California's capacity limitations on places of worship, with Chief Justice Roberts explaining that, under *Jacobson*, government officials' latitude "must be especially broad" to safeguard the "safety and health of the

people" from COVID-19. *South Bay United Pentecostal Church v. Newsom*, 140 S. Ct. 1613, 1613 (May 29, 2020) (Roberts, C.J., concurring) (quoting *Jacobson*, 197 U.S. at 38, and *Marshall v. United States*, 414 U.S. 417, 427 (1974)). Other courts have echoed this deferential standard. *See, e.g.*, *League of Indep. Fitness Facilities & Trainers, Inc. v. Whitmer*, 2020 WL 3468281, at *2 (6th Cir. 2020) (unpublished) (collecting cases); *Calvary Chapel of Bangor v. Mills*, 2020 WL 2310913, at *7 (D. Me. 2020).

Jacobson's deferential standard is easily met here. Simply put, there is a "real [and] substantial relation" between Governor Baker's COVID-19 Orders and the "protection of the public health." 197 U.S. at 31. COVID-19 is a global pandemic and national public health emergency that has affected every Massachusetts resident. As of August 24, 2020, Massachusetts had over 116,000 confirmed cases and over 8,700 deaths attributable to the disease. Add. 146. Moreover, the coronavirus is highly contagious, has no known cure or vaccine, and spreads from person to person via respiratory droplets. *See CPCS*, 484 Mass. at 433; *see also South Bay*, 140 S. Ct. at 1613 (Roberts, C.J., concurring). Under *Jacobson* alone, the Orders therefore can and should be upheld against petitioners' constitutional challenges.

B. Under a Traditional Analysis, the COVID-19 Orders Do Not Violate Petitioners' Federal and State Rights to Due Process and Assembly.

Even if this Court departs from *Jacobson*'s deferential standard, the COVID-19 Orders do not violate petitioners' individual rights.

1. Petitioners' Substantive Due Process Claims Are Meritless.

The COVID-19 Orders are wholly compatible with the substantive due process protections of the federal and state Constitutions. As an initial matter, petitioners neither specify which Orders they believe violate their substantive due process rights nor identify which of their assorted businesses and religious institutions is affected by any particular Order. Petrs.' Br. 35-43.[21] And they invoke in only an abstract fashion the concepts of "liberty" and "property," offering no facts to support their broad-brush assertion that the Orders "have burdened or denied" their interests in "earning a lawful wage, running a lawful business, preaching, worshiping as a community, associating with one another, or teaching their children." *Id.* at 38. For example, petitioners do not contend that the Orders temporarily closing the physical premises of non-essential services precluded remote operation of their business, religious, or educational activities,

[21] Petitioners acknowledge that some Orders do *not* violate their substantive due process rights. Petrs.' Br. 38 n.8.

nor do they represent that any of their business licenses have been suspended. Indeed, most of petitioners' businesses or places of worship—having been designated as Phase I, II, or III enterprises—have been able to reopen their physical premises.

More to the point, as they relate to petitioners' activities, the COVID-19 Orders are eminently reasonable and far from arbitrary. In deciding initially which businesses were "essential services," and later which businesses were included in each reopening phase, Governor Baker consulted recommendations from public health officials concerning "critical infrastructure sectors," JA 90, 137, 166, and obtained input from the Reopening Advisory Board. Thus, in initially limiting the operations of petitioners' restaurants (where diners sit in close proximity), while allowing grocery stores (where customers ordinarily do not linger) to remain open, the Governor acted in accordance with public health recommendations. Similarly, he reasonably designated gyms (where people share equipment, breathe heavily, and come into close contact) and hair and tanning salons (which also entail close contact) as "non-essential" services. And given the heightened risk of virus transmission associated with large indoor gatherings—like religious services where people congregate for sustained periods of time—he did not act arbitrarily in subjecting religious organizations to generally applicable occupancy limits. *See*

CommCan, 2020 WL 1903822, at * 6-8, 12 (plaintiffs unlikely to succeed on equal protection challenge to essential services order, since "[e]conomic rules do not have to be perfectly tailored, even in non-emergency situations," and, in economic sphere, regulation is constitutional as long as it is not arbitrary); *Talleywhacker v. Cooper*, 2020 WL 3051207, at *10-12 (E.D.N.C. 2020) (similar).[22]

Petitioners, in any event, cannot prevail on their substantive due process claims because they have no constitutional right to conduct their business, religious, or educational activities free from government regulation, particularly during this pandemic. "[T]he substantive component of the Due Process Clause is violated by executive action only when it 'can properly be characterized as arbitrary, or conscience shocking, in a constitutional sense.'" *Cty. of Sacramento v. Lewis*, 523 U.S. 833, 847 (1998) (internal citation omitted); *see also United States v. Salerno*, 481 U.S. 739, 746 (1987) (similar); *In Re Dutil*, 437 Mass. 9, 10 n.2 (2002) (substantive due process standard generally the same under federal and state Constitutions).[23] Petitioners' claims fail under these standards because their

[22] Petitioners suggest that their challenge to the inclusion of arcades in Phase IV could also be considered under an Equal Protection analysis but acknowledge not having asserted this claim. Petrs.' Br. 42 n.11.

[23] Although Article 10 "may afford greater protection of rights than the due process clause of the Fourteenth Amendment," this Court's "treatment of due

(footnote continued)

interests in operating their businesses are not "fundamental." While this Court has recognized that individuals have a right "to follow any legitimate calling," *Commonwealth v. Beaulieu*, 213 Mass. 138, 141 (1912), the right to work or to choose a profession is not "fundamental." *Commonwealth v. Henry's Drywall Co.*, 366 Mass. 539, 542 (1974) ("neither the United States Supreme Court nor this court has ever held that the right to work or to pursue one's business is a fundamental right infringement of which deserves strict judicial scrutiny"); *see SH3 Health Consulting, LLC v Page*, 2020 WL 2308444, at *1, 10 (E.D. Mo. 2020) (businesses "shut down by government [COVID-19] 'stay at home' orders" did not establish substantive due process violation because asserted right "to conduct their business and to earn a living" is not "fundamental"). And petitioners' claim as it relates to the operation of their places of worship and their church-

process challenges adheres to the same standards followed in Federal due process analysis." *Gillespie v. City of Northampton*, 460 Mass. 148, 153 n.12 (2011) (internal quotation marks and citation omitted); Petrs.' Br. 36. Article 10 may confer greater protection than its federal counterparts in the realm of "fundamental" rights. *See, e.g.*, *Foster v. Comm'r of Corr.*, 484 Mass. 698, 728 (2020); *Goodridge v. Dep't of Pub. Health*, 440 Mass. 309, 313 (2003). But under both state and federal constitutional law, the right to operate a business is not "fundamental." To the extent that the First Amendment provides enhanced protection to petitioners' operation of their churches or church-affiliated school, the COVID-19 Orders are not in conflict with those protections. *See, e.g.*, *South Bay*, 140 S. Ct. at 1613 (Roberts, C.J., concurring); *Doe v. Sup't of Schs. of Worcester*, 421 Mass. 117, 129-130 (1995) (education not a fundamental right).

affiliated school—which reads like a Free Exercise Clause claim—likewise would fail even if evaluated under that framework. *See South Bay*, 140 S. Ct. at 1613 (Roberts, C.J., concurring) (California rules temporarily limiting attendance at places of worship "appear consistent with the Free Exercise Clause" because "[s]imilar or more severe restrictions apply to comparable secular gatherings").[24]

As discussed, the Essential Services and Phased Reopening Orders are consistent with public health recommendations and serve the Commonwealth's compelling interest in slowing COVID-19's spread. The Orders cannot credibly be characterized as "conscience-shocking." *See*, *e.g.*, *Henry v. DeSantis*, 2020 WL 2479447, at *8 (S.D. Fla. 2020) (Governor's temporary business closure orders "are reasonable and measured, based on data and science, and rationally related to a legitimate end"). Petitioners argue that it was arbitrary for the Governor initially to designate certain businesses as "essential," while omitting others from that designation, Petrs.' Br. 41-42, but the fact that the Orders necessarily entail some

[24] Protected substantive due process rights reflect basic values "implicit in the concept of ordered liberty" and those characterized as "fundamental." *Gillespie v. City of Northampton*, 460 Mass. at 153 (fundamental rights are those "deeply rooted in this Nation's history and tradition…and implicit in the concept of ordered liberty") (citing Supreme Court cases) (internal citations and quotations omitted).

line-drawing does not violate substantive due process rights.[25] *See 4 Aces Enters., LLC v. Edwards*, 2020 WL 4747660, at *14 (E.D. La. 2020), *appeal pending* (5th Cir. 20-30526).[26] Petitioners cite *Goodridge v. Dep't of Pub. Health*, 440 Mass. 309, 329 (2003), but that case, in contrast, involved a "fundamental" right, *see id.* at 325-26, and its broader principle—that governmental authority may not be exercised arbitrarily—was not violated here. It was entirely rational for the Governor to maintain restrictions on some entities during the reopening phases, particularly since all open entities remain subject to social distancing measures.

[25] Insofar as Order 13's designation of certain businesses as "essential" has been superseded by the phased reopening orders, *see supra*, pp. 21-23, petitioners' challenge to Order 13 (and for that matter any other superseded order) may be moot. Petitioners, most of whom may now re-open their physical premises, fail to establish that they have suffered redressable harm that could save the case from mootness and, for that reason, may lack standing as well. In any event, for the same reason that the Governor could reasonably initially designate certain entities as "essential," he likewise could differentiate between entities in the phased reopening.

[26] The only specific example petitioners cite is Orders 37 and 43, under which casinos were designated as Phase III enterprises, while arcades were designated Phase IV enterprises. Petrs.' Br. 41-43. Without any further elaboration, petitioners also state in a one-sentence footnote that the COVID-19 Orders governing gatherings, restaurants and bars, childcare, and essential businesses and the phased reopening (Orders dated March 13 and March 18, 2020, as well as Orders 13, 21, 30, 32, 33, 35, 37, 38, 40 43, and 44) are further examples of orders that "favor some citizens and disfavor others." Petrs.' Br. 43 & n.12. Where, as here, no fundamental right is at stake, the Governor may permissibly make such line-drawing judgments.

See South Bay, 140 S. Ct. at 1613 (Roberts, C.J., concurring) ("[W]hen restrictions on particular social activities should be lifted during the pandemic is a dynamic and fact-intensive matter subject to reasonable disagreement" and "should not be subject to second-guessing" by courts).[27]

2. Petitioners' Procedural Due Process Claims Are Meritless.

Petitioners' procedural due process claims—premised on the contention that petitioners were deprived of notice of and an opportunity to be heard on the COVID-19 Orders, *see* Petrs.' Br. 43—are likewise meritless, for at least two reasons.

First, the Due Process Clause does not entitle individuals to notice and an opportunity to be heard before the government acts to stem a large-scale public health crisis. This rule, adopted by the Supreme Court over a century ago, emerged from circumstances like those faced by the Commonwealth today. *Compagnie Francaise de Navigation a Vapeur v. Board of Health of State of Louisiana* involved a health board's order quarantining a ship whose passengers had sailed from a country that was previously a source of yellow fever outbreaks in

[27] Petitioners' passing assertion that the emergency declaration itself violates their substantive due process rights, *see* Petrs.' Br. 35, also lacks merit. In response to a global pandemic involving a deadly disease, the Governor's emergency declaration is not "conscience-shocking."

Louisiana. 186 U.S. 380, 381-83 (1902). The Court rejected the ship's owner's contention that the quarantine deprived it of "property without due process of law," *id.* at 387, explaining that, if accepted, the theory would "strip the government… [of its] power to enact regulations protecting the health and safety of the people, or, what is equivalent thereto, necessarily amounts to saying that such laws when lawfully enacted cannot be enforced against person or property without violating the Constitution." *Id.* at 393. In the Court's view, "the contention demonstrate[d] its own unsoundness"; no individualized process was required before the board could lawfully quarantine the ship. *Id.* The rule is sensible: if, for example, every licensed professional in Massachusetts were entitled to notice and an opportunity to be heard before the Governor could temporarily order non-essential businesses closed in Massachusetts to prevent the spread of a highly infectious virus, his powers under the CDA—and the government's ability to respond to the pandemic—would be severely constrained. The Constitution does not require government officials to take such time-consuming steps before taking emergency action to stem a life-and-death public health crisis.

Petitioners' claim also fails for a second reason: because the COVID-19 Orders are prospective rules of general application, they are not subject to the Due Process Clause's notice and hearing requirements. This Court and the Supreme

Court have long distinguished between "proceedings for the purpose of promulgating policy-type rules or standards, on the one hand, and proceedings designed to adjudicate disputed facts in particular cases, on the other." *United States v. Fla. E. Coast Ry. Co.*, 410 U.S. 224, 245 (1973); *see Hayeck v. Metropolitan Dist. Comm'n*, 335 Mass. 372, 374-75 (1957) (where a decision made "by the Legislature or by public officers to whom the Legislature has delegated the power" is not "judicial or quasi judicial," "a hearing is not essential to due process under the [federal or state constitutions]"). Dating to *Bi-Metallic Investment Co. v. State Board of Equalization*, the Supreme Court has held that "[w]here a rule of conduct applies to more than a few people, it is impracticable that everyone should have a direct voice in its adoption." 239 U.S. 441, 445 (1915); *accord Morrissey v. State Ballot Law Comm'n*, 312 Mass. 121, 133-34 (1942). In such contexts, individual process rights—including notice and a right to be heard—do not attach. *See Bi-Metallic*, 239 U.S. at 445-46. Instead, individual rights affected by rules of general applicability "are protected in the only way that they can be in a complex society, by [the affected individual's] power, immediate or remote, over those who make the rule." *Id*. at 445.

Under this precedent, the COVID-19 Orders were not subject to the Due Process Clause's notice and hearing requirements. The Orders—which, among

other things, required the temporary closure of non-essential organizations statewide and governed the phased reopening of Massachusetts—have adopted "policy-type rules or standards"; they have not been "designed to adjudicate disputed facts in particular cases." *Fla. E. Coast*, 410 U.S. at 245. Moreover, they have "affec[ted] a large number of people, as opposed to targeting a small number of individuals based on individual factual determinations." *Gallo v. U.S. Dist. Ct. for the Dist. of Arizona*, 349 F.3d 1168, 1182 (9th Cir. 2003) (court rules changing attorney licensing standards not subject to notice and hearing requirement). And they apply "prospectively, and d[o] not seek to impose any retroactive penalty." *Interport Pilots Agency Inc. v. Sammis*, 14 F.3d 133, 143 (2d Cir. 1994) (generally applicable government action that "look[s] to the future…is not subject to the notice and hearing requirements of the due process clause"). Based on these "considerations of functional suitability," the Orders are not adjudicative in nature and, therefore, petitioners' procedural due process claims fail as a matter of law. *Cambridge Elec. Light Co. v. Dep't of Pub. Utils.*, 363 Mass. 474, 488 (1973); *see also Best Supplement Guide, LLC v. Newsom*, 2020 WL 2615022, at *5-6 (E.D. Cal. 2020) (challenge to COVID-19 orders unlikely to succeed because "'governmental decisions which affect la[rge] areas and are not directed at one or a few individuals do not give rise to the constitutional procedural due process

requirements of individual notice and hearing; general notice as provided by law is sufficient'") (quoting *Halverson v. Skagit Cnty.*, 42 F.3d 1257, 1260 (9th Cir. 1994)); *Hartman v. Acton*, 2020 WL 1932896, at *8-10 (S.D. Ohio 2020) (same).

3. Petitioners' Right to Assembly Claims Are Meritless.

Finally, petitioners' assembly claims under the First Amendment and Article 19 must be rejected. The right to assemble is not absolute. States may place content-neutral time, place, and manner regulations on speech and assembly "so long as they are designed to serve a substantial governmental interest and do not unreasonably limit alternative avenues of communication." *City of Renton v. Playtime Theatres, Inc.*, 475 U.S. 41, 46-47 (1986); *see also Ward v. Rock Against Racism*, 491 U.S. 781, 791 (1989); *Sullivan v. City of Augusta*, 511 F.3d 16, 32-33 (1st Cir. 2007) (content-neutral regulation of public assemblies satisfies First Amendment if designed to serve legitimate, content-neutral governmental interest and leaves open alternative communication channels). This standard for content-neutral regulations of assemblies applies to state and federal claims alike. *In re Opinion of the Justices to the Senate*, 430 Mass. 1205, 1208-09 & n.3 (2000).

Here, the Governor's Orders pass constitutional muster because they are content-neutral, narrowly tailored to serve a substantial governmental interest, and allow for other opportunities for expression. As discussed, the containment and

suppression of COVID-19 and related public health impacts are substantial governmental interests. *See supra*, pp. 48-54. Indeed, petitioners do not dispute that these goals are "compelling." *See* Petrs.' Br. 46-48.

The Governor's Orders are content-neutral because they do not involve any effort to regulate speech and do not discriminate based on any particular speaker's message. *See Ward*, 491 U.S. at 791 ("The principal inquiry in determining content neutrality…is whether the government has adopted a regulation of speech because of disagreement with the message it conveys."). Rather, they apply generally to entities regardless of any message that those organizations or their members may impart. Likewise, the limitations on gatherings are entirely neutral. Order 46 distinguishes between indoor and outdoor gatherings, and between "large, unenclosed public spaces such as beaches, parks, and recreation areas" generally and specific programs or events that occur within such public spaces; and it excludes "outdoor gatherings for the purpose of political expression" and "gatherings for religious activities." JA 236-240. None of those distinctions or exclusions is dependent on anyone's political, religious, or ideological beliefs or messages.[28]

[28] For these reasons, petitioners' suggestion that the Governor engaged in discrimination by establishing "definitive numbers for gatherings for some events," but not for "certain protests," Petrs.' Br. 48, is unfounded.

Last, the Orders are narrowly tailored and do not unreasonably limit alternative avenues of communication. Because COVID-19 is spread mainly by person-to-person contact, and because large in-person gatherings can significantly contribute to community spread, the Orders limit people's ability to assemble in person. Certain gatherings may still occur, however, including gatherings of up to 25 persons indoors and 50 persons outdoors, depending on accessible floor space. Further, the Orders leave open ample alternative channels of expression by, for example, imposing no limits on people's ability to assemble or otherwise exercise their First Amendment rights in settings not involving physically close, sustained interaction, such as by telephone or video-conferencing or communications through the Internet. *See Packingham v. North Carolina*, 137 S. Ct. 1730, 1732 (2017) (cyberspace and social media offer "relatively unlimited, low-cost capacity for communication of all kinds") (internal citation and quotation omitted).

Petitioners' arguments for narrow tailoring rest on the erroneous premise that strict scrutiny applies. *See* Petrs.' Br. 47-48. But there is no basis for the claim that strict scrutiny applies to these claims, under either state or federal law; again, this Court has ruled to the contrary. *See Opinion of the Justices*, 430 Mass. at

1208-09 n.3.[29] And as the Supreme Court has explained, "the same degree of tailoring" is not required of content-neutral time, place, or manner regulations, "and least-restrictive-alternative analysis is wholly out of place." *Ward*, 491 U.S. at 798 n.6.

In any event, petitioners' tailoring objections fail under any standard. For example, they contend that the Orders are not narrowly tailored because they do not consider "factors that could make the assemblage low-risk for spread of COVID-19," such as "whether the assemblage consists of people who do not have the virus." Petrs.' Br. 47-48. Because many people who spread the coronavirus are asymptomatic and do not know that they are infected, it would be impossible to tailor any gatherings limitation in this manner. Petitioners also suggest that the limitations should be tailored based on whether people are "masked," Petrs.' Br. 47-48, but, consistent with established public health research, the Governor's Orders require *all* persons over the age of two to wear face coverings for all indoor or outdoor gatherings of more than 10 people. The Orders therefore reflect the

[29] Citing *Bowe v. Secretary of Commonwealth*, 320 Mass. 230, 249-50 (1946), petitioners argue that the "right to assemble is fundamental under Massachusetts law," Petrs.' Br. 45, and the Governor must therefore "prove that his restrictions are narrowly tailored to achieve a compelling government interest," *id.* at 46. *Bowe* does not say that. Rather, *Bowe* only observes that Article 19 protects the right of the people "in an orderly and peaceable manner, to assemble to consult upon the common good." 320 Mass. at 249.

Governor's judgment that *both* wearing masks *and* limiting the size of gatherings are necessary to stop the spread of this deadly disease. Because the COVID-19 Orders clearly promote "a substantial government interest that would be achieved less effectively absent the regulation," *Ward*, 491 U.S. at 799 (internal citation and quotation omitted), the narrow tailoring requirement is satisfied.

CONCLUSION

For the foregoing reasons, this Court should conclude that the Civil Defense Act provides authority for Governor Baker's March 10, 2020, emergency declaration as well as the issuance of the COVID-19 Orders; that the emergency declaration, and the COVID-19 Orders, are consistent with the Article 30 of the Massachusetts Declaration of Rights; and that the COVID-19 Orders do not violate petitioners' federal or state constitutional rights to procedural and substantive due process or free assembly.

Respectfully submitted,

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August 28, 2020

CERTIFICATE OF COMPLIANCE

I hereby certify that the foregoing brief complies with all of the rules of court that pertain to the filing of briefs, including, but not limited to, the requirements imposed by Rules 16 and 20 of the Massachusetts Rules of Appellate Procedure. The brief complies with the applicable length limit in Rule 20 because it contains 10,937 words in 14-point Times New Roman font (not including the portions of the brief excluded under Rule 20), as counted in Microsoft Word (version: Word 2016).

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CERTIFICATE OF SERVICE

I hereby certify that on August 28, 2020, I filed with the Supreme Judicial Court and served the attached Brief of the Respondent in *Desrosiers et al. v. Baker*, No. SJC-12983, by electronic filing:

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ADDENDUM

TITLE III
CIVIL DEFENSE, MILITARY AFFAIRS AND VETERANS

_____

Chapter S31
Civil Defense Act
(Acts 1950, Ch.639)

SEC.

§ 1. Definitions.
In this act, unless the context otherwise requires, the following words shall have the following meanings: ---

"Civil defense" shall mean the preparation for and carrying out of all emergency functions, other than functions for which military forces other than national guard are primarily responsible, for the purpose of minimizing and repairing injury and damage resulting from disasters caused by attack, sabotage or other hostile action; or by riot or other civil disturbance; or by fire, flood, earthquake or other natural causes. Said functions shall include specifically, but without limiting the generality of the foregoing, firefighting and police services other than the actual control or suppression of riot or other civil disturbance, medical and health services, rescue, engineering and air-raid warning services, evacuation of persons from stricken areas, emergency welfare services, communications, radiological, chemical and other special weapons of defense, emergency transportation, existing or properly assigned functions of plant protection, temporary restoration of public utility services and other functions.

"Local organization for civil defense" shall mean an organization created in accordance with the provisions of this act by state or local authority to perform local civil defense functions.

§ 2. Creation of Massachusetts Emergency Management Agency and Office of Emergency Preparedness; Term, Salary and Powers and Duties of Director.
There is hereby created within the executive branch of the commonwealth a division of civil defense to be known as the "Massachusetts Emergency Management Agency and office of emergency preparedness" hereinafter called the "Massachusetts Emergency Management Agency", which shall be under the direction of a director of civil defense hereinafter called the "director". The governor shall, with the advice and consent of the council, appoint the director to serve during his pleasure. The director shall devote his full time to his duties under this act, shall not hold any other public office and the position of director shall be classified in accordance with section forty-five of chapter thirty of the General Laws and the salary shall be determined in accordance with section forty-six C of said chapter thirty. He shall co-ordinate the activities of all organizations for civil defense within the commonwealth, and shall co-operate and maintain liaison with civil defense agencies of other states and the federal government, shall, subject to the direction and control of the governor, be the executive head of the Massachusetts Emergency Management Agency, and shall have such additional authority, duties and responsibilities authorized by this act as may be prescribed by the governor, and shall be responsible to the governor for carrying out the program of civil defense for the commonwealth. The director may, within limits of the amount appropriated therefor, appoint such experts, clerks and other assistants as the work of the Massachusetts Emergency Management Agency may require and may remove them, and may make such expenditures as may be necessary in order to execute effectively the purposes of this act. Such employees shall not be subject to chapter thirty-one of the General Laws. The director and other personnel of the Massachusetts Emergency Management Agency shall

be provided with suitable office space, furniture, equipment and supplies in the same manner as provided for personnel of other state departments.

§ 2A. Construction of Fallout Shelter; Standards.

The director shall establish standards for the construction of fallout shelters designed to protect the members of a family unit from the effects of enemy attack and shall file the same with the inspector of buildings in each city and town. As used in this section the term "family unit" shall mean a group of persons living together and sharing at least in part their living quarters and accommodations.

A fallout shelter built in accordance with such standards in any location upon any residential property shall be deemed to be an accessory use to such property and, as long as it shall be used exclusively as a fallout shelter, shall not be deemed to violate any provisions of any zoning ordinance or by-law. Such a shelter shall not be deemed to violate the provisions of any building code with respect to the materials or method of construction used, but shall be subject to all administrative provisions of any applicable building code, including, without limiting the generality of the foregoing, any provisions relating to application for and issuance of permits, fees, inspection, appeals, penalties and enforcement. The inspector of buildings of the city or town where any such fallout shelter is to be built may waive any provisions of any applicable building code requiring the employment of a licensed builder, provided he is satisfied that the proposed shelter can be constructed by an unlicensed person without serious danger to himself or others.

Said director shall also establish standards for shelters other than those designed to protect members of a family unit, and inspectors of buildings may grant deviations from the applicable building codes pending the establishment of such standards.

§ 2B. Designation of Nuclear Power Plant Areas.

The director shall designate certain areas of the commonwealth as "nuclear power plan areas". For purposes of this section. Said areas shall consist of all communities located within a ten mile radius of a nuclear power plant, whether of not said power plant is located within the commonwealth.

The director shall annually publish and release to local officials of each political subdivision within areas preparedness and response plans which will permit the residents of said areas to evacuate or take other protective actions in the event of a nuclear accident. Copies of such plans shall be made available to the public upon request for a fee which is not to exceed the cost of reproduction.

The director shall also annually publish and release through local officials to the residents of the said areas emergency public information. Such information shall include warning and altering provision, evacuation routes, reception areas, and other recommended actions for each area;

The director shall propose procedures for annual review by state and local officials of the preparedness and response plans with regard for, but not limited to, such factors as

changes in traffic patterns, populations densities, and new construction of schools, hospitals, industrial facilities, and the like. Opportunity for full public participation in such review including a public hearing, shall be provided pursuant to section two of chapter thirty A.

§ 3. Creation of Defense Council; Membership; Duties

There is hereby created an unpaid civil defense advisory council hereinafter called the "defense council", the members of which shall be appointed by the governor. The defense council shall include such department heads and other officers of the commonwealth as the governor may deem necessary and the director of the Massachusetts Emergency Management Agency. The governor shall appoint the chairman of said defense council to serve during his pleasure. Said defense council shall be in the executive branch of the government and shall serve under the governor and shall be subject to his supervision and control. Said defense council shall advise the governor and the director on matters pertaining to civil defense.

§4. Powers and Duties of the Governor, Generally

The governor shall have general direction and control of the Massachusetts Emergency Management Agency, and shall be responsible for carrying out the provisions of this act may assume operational control over any part or all parts of the civil defense functions within the commonwealth; he may at the request of the director authorize the employment of such technical, clerical, stenographic or other personnel, and may make such expenditures, within the appropriation therefor or from other funds made available to him for the purposes of civil defense or to deal with disaster or threatened disaster should it occur, as may be necessary to carry out the purposes of this act. He may cooperate with the federal government, and with other states and private agencies in all matters pertaining to civil defense of the commonwealth and the nation, and may propose a comprehensive plan and program for the civil defense of the commonwealth, and in accordance with said plan and program may institute training and public information programs and take all other preparatory steps, including the partial or full mobilization of civil defense organizations in advance of actual disaster as he may deem necessary. He may make studies and surveys to ascertain the capabilities of the commonwealth for civil defense and to plan for the most efficient emergency uses thereof, may delegate any administrative authority vested in him under this act, and may appoint, in co-operation with local authorities, metropolitan area directors.

§5. Proclamation of State of Emergency; Power to Seize or Possess Personal and Real Property; Awards to Owners of Seized Property.

Because of the existing possibility of the occurrence of disasters of unprecedented size and destructiveness resulting from enemy attack, sabotage or other hostile action, in order to insure that the preparations of the commonwealth will be adequate to deal with such disasters, and generally to provide for the common defense and to protect the public peace, health, security and safety, and to preserve the lives and property of the people of the commonwealth, if and when the congress of the United States shall declare war, or if and when the President of the United States shall by proclamation or otherwise inform the governor that the peace and security of the commonwealth are endangered by

belligerent act of any enemy of the United States or of the commonwealth or by the imminent threat thereof; or upon the occurrence of any disaster or catastrophe resulting from attack, sabotage or other hostile action; or from riot or other civil disturbance; or from fire, flood, earthquake or other natural causes; or whenever because of absence of rainfall or other cause a condition exists in all or in any part of the commonwealth whereby it may reasonably be anticipated that the health, safety or property of the citizens thereof will be endangered because of fire or shortage of water or food; or whenever the accidental release of radiation from a nuclear power plant endangers the health, safety, or property of people of the commonwealth, the governor may issue a proclamation or proclamations setting forth a state of emergency,

(a) Whenever the governor has proclaimed the existence of such a state of emergency, he may employ every agency and all members of every department and division of the government of the commonwealth to protect the lives and property of its citizens and to enforce the law. Any member of any such department or division so employed shall be entitled to the protection of existing applicable provisions of law relative to any type of service of the commonwealth as well as the protection afforded by this act.

(b) After such proclamation has been made, the governor may, in the event of disaster or shortage making such action necessary for the protection of the public, take possession (1) of any land or building, machinery or equipment; (2) of any horses, vehicles, motor vehicles, aircraft, ships, boats or any other means of conveyance, rolling stock of steam, diesel, electric railroads or of street railways; (3) of any cattle, poultry and any provisions for man or beast, and any fuel, gasoline or other means of propulsion which may be necessary or convenient for the use of the military or naval forces of the commonwealth or of the United States, or for the better protection or welfare of the commonwealth or its inhabitants as intended under this act. He may use and employ all property of which possession is taken, for such times and in such manner as he shall deem for the interests of the commonwealth or its inhabitants, and may in particular, when in his opinion the public exigency so requires, lease, sell, or, when conditions so warrant, distribute gratuitously to and among any or all inhabitants of the commonwealth anything taken under clause (3) of this paragraph. If real estate is seized under this paragraph a declaration of the property seized containing a full and complete description shall be filed with the register of deeds in and for the county in which the seizure is located, and a copy of said declaration furnished the owner. If personal property is seized under this paragraph the civil defense authorities who seized shall maintain a docket containing a permanent record of such personal property, and its condition when seized, and shall furnish a true copy of the docket recording to the owner of the seized property. He shall, with the approval of the council, award reasonable compensation to the owners of the property which he may take under the provisions of this section, and for its use, and for any injury thereto or destruction thereof caused by such use.

(c) Any owner of property of which possession has been taken under paragraph (b), to whom no award has been made, or who is dissatisfied with the amount awarded him by the governor, with the approval of the council, as compensation, may file a

petition in the superior court, in the county in which he lives or has a usual place of business, or in the county of Suffolk, to have the amount to which he is entitled by way of damages determined. The petitioner and the commonwealth shall severally have the right to have such damages assessed by a jury, upon making claim, in such a manner as may be provided, within one year after the date when possession of the property was taken under paragraph (b), except that if the owner of the property is in the military service of the United States at the time of the taking, is shall be brought within one year after his discharge from said military service.

(d) Any owner of property of which possession has been taken under this act, to whom no award has been made, or who is dissatisfied with the amount awarded him as compensation by the governor, with the approval of the council, may have his damages assessed under chapter seventy-nine of the General Laws, instead of proceeding under the provisions of this act. If any such taking, in itself, constitutes an appropriation of property to the public use, compensation may be recovered therefor under chapter seventy-nine of the General Laws from the body politic, or corporate, appropriating such property.

§ 6. Cooperation with Federal and Sister State Authorities.

The governor shall have the power and authority to cooperate with the federal authorities and with the governors of other states in matters pertaining to the common defense or to the common welfare, and also so to co-operate with the military and naval forces of the United States and other states, and to take any measures which he may deem proper to carry into effect any request of the President of the United States for action looking to the national defense or to the public safety.

§ 7. Additional Powers of Governor During State of Emergency.

During the effective period of so much of this act as is contingent upon the declaration of a state of emergency as hereinbefore set forth, the governor, in addition to any other authority vested in him by law, shall have and may exercise any and all authority over persons and property necessary or expedient for meeting said state of emergency, which the general court in the exercise of its constitutional authority may confer upon him as supreme executive magistrate of the commonwealth and commander-in-chief of the military forces thereof, and specifically, but without limiting the generality of the foregoing, the governor shall have and may exercise such authority relative to any or all of the following:---

(a) Health or safety of inmates of all institutions.

(b) Maintenance, extension or interconnection of services of public utility or public-service companies, including public utility services owned or operated by the commonwealth or any political subdivision thereof.

(c) Policing, protection or preservation of all property, public or private, by the owner or person in control thereof, or otherwise.

(d) Manufacture, sale, possession, use or ownership of (1) fireworks or explosives, or articles in simulation thereof; (2) means or devices of communication other than those exclusively regulated by federal authorities; (3) articles or objects (including birds and animals) capable of use for the giving of aid or information to the enemy or for the destruction of life or property.

(e) Transportation or travel on Sundays or week-days by aircraft, watercraft, vehicle or otherwise, including the use of registration plates, signs or markers thereon.

(f) Labor, business or work on Sundays or legal holidays.

(g) Assemblages, parades or pedestrian travel, in order to protect the physical safety of persons or property.

(h) Public records and the inspection thereof.

(i) Regulation of the business of insurance and protection of the interests of the holders of insurance policies and contracts and of beneficiaries thereunder and of the interest of the public in connection therewith.

(j) Vocational or other educational facilities supported in whole or in part by public funds, in order to extend the benefits or availability thereof.

(k) The suspension of the operation of any statute, rule or regulation which affects the employment of persons within the commonwealth when, at such times as such suspension becomes necessary in the opinion of the governor to remove any interference, delay or obstruction in connection with the production, processing or transportation of materials which are related to the prosecution of war or which are necessary because of the existence of a state of emergency.

(l) Regulation of the manner and method of purchasing or contracting for supplies, equipment or other property or personal or other services, and of contracting for or carrying out public works, for the commonwealth or any of its agencies or political subdivisions, including therein housing authorities.

(m) Receipt, handling or allocation of money, supplies, equipment or material granted, loaned or allocated by the federal government to the commonwealth or any of its agencies or political subdivisions.

(n) Protection of depositors in banks, and maintenance of the banking structure of the commonwealth.

(o) Variance of the terms and conditions of licenses, permits or certificates of registration issued by the commonwealth or any of its agencies or political subdivisions.

(p) Regulating the sale of articles of food and household articles.

(q) Modification or variation in the classifications established under sections forty-five to fifty, inclusive, of chapter thirty of the General Laws and sections forty-eight to fifty-six, inclusive, of chapter thirty-five of the General Laws.

§ 8. Executive Orders, General Regulations, and Written Instructions of Governor; Violations; Penalties

The governor may exercise any power, authority or discretion conferred on him by any provision of this act, either under actual proclamation of a state of emergency as provided in section five or in reasonable anticipation thereof and preparation therefor by the issuance or promulgation of executive orders or general regulations, or by instructions to such person or such department or agency of the commonwealth, including the Massachusetts Emergency Management Agency, or of any political subdivision thereof, as he may direct by a writing signed by the governor and filed in the office of the state secretary. Any department, agency or person so directed shall act in conformity with any regulations prescribed by the governor for its or his conduct.

Whoever violates any provision of any such executive order or general regualtion issued or promulgated by the governor, for the violation of which no other penalty is provided by law, shall be punished by imprisonment of not more than one year, or by a fine of not more than five hundred dollars, or both.

§ 8A. Inconsistent Laws, Rules, Regulations, etc.

Any provision of any general or special law or of any rule, regulation, ordinance or by-law to the extent that such provision is inconsistent with any order or regulation issued or promulgated under this act shall be inoperative while such order or such last-mentioned regulation is in effect; provided that nothing in this section shall be deemed to affect or prohibit any prosecution for a violation of any such provision before it became inoperative.

§ 9. (Repealed, 1962, 743, §1.)

§10. Entrance upon Private Property to Enforce Certain Laws, Rules, Regulations, etc.

During any blackout or during the period between the air raid warning and the following "all clear" signal, regular, special and reserve members of the police and fire forces of the commonwealth or of its political subdivisions, and members of the state guard and the armed forces of the United States, while in uniform, may enter upon private property for the purpose of enforcing blackout or air-raid precaution rules, regulations or orders issued by or under authority of the governor. Such members may at

any time enter upon private property in compliance with the written order of the governor, for the sole purpose of enforcing the laws, rules, regulations, by-laws or ordinances specifically set forth by the governor in such orders; provided, that nothing in this section shall be construed or deemed to prohibit any entry upon private property otherwise authorized by law. Any entry made under the aforegoing provision shall be reported by the person making such entry forthwith to the director of the local organization for civil defense.

§ 11. Auxiliary Firemen and Police.

(a) The mayor and city council in cities and the selectmen in towns, or such other persons or bodies as are authorized by law to appoint firemen or policemen, may appoint, train and equip volunteer, unpaid auxiliary firemen and auxiliary police and may establish and equip such other volunteer, unpaid public protection units as may be approved by said Massachusetts Emergency Management Agency and may appoint and train their members. Coats and other like garments issued hereunder to be worn as outer clothing by auxiliary firemen shall bear on the back the letters C.D. five inches in height and helmet so issued shall be in yellow. Every such fireman, unless wearing a coat or other like garment and helmet issued as aforesaid, shall, while on duty as such, wear an arm band bearing the letters C.D. Chapters thirty-one, thirty-two and one hundred fifty-two of the General Laws shall not apply to persons appointed hereunder. Coats, shirts and other garments to be worn as outer clothing by auxiliary police officers shall bear a shoulder patch with the words "Auxiliary Police" in letters not less than one inch in height.

(b) Cities and towns may be ordinance or by-law, or by vote of the aldermen, selectmen or board exercising similar powers, authorize their respective police departments to go to aid another city of town at the request of said city or town in the suppression of riots or other forms of violence therein, and, while in the performance of their duties in extending such aid, the members of such departments shall have the same powers, duties, immunities and privileges as if performing the same within their respective cities or towns. Any such ordinance, by-law or vote may authorize the head of the police department to extend such aid subject to such conditions and restrictions as may be prescribed therein. Any city or town aided under and in accordance with this section shall compensate any city or town rendering aid as aforesaid for the whole or any part of any damage to its property sustained in the course of rendering the same and shall reimburse it in whole or in part for any payments lawfully made to any member of its police department or to his widow or other dependents on account of injuries or death suffered by him in the course of rendering aid as aforesaid or of death resulting from such injuries.

(c) The head of the fire or police department of any city, town or district of the Commonwealth shall, after the issuing of any proclamation provided for in this act, order such portion of his department, with its normal equipment, as the governor may request, for service in any part of the commonwealth where the

governor may deem such service necessary for the protection of life and property. When on such service, police officers and firemen shall have the same powers, duties, immunities and privileges as if they were performing their duties within their respective cities, towns or districts. The commonwealth shall compensate any city, town or district for damage to its property sustained in such service and shall reimburse it for any payments lawfully made by it to any member of its police or fire department or to his widow or other dependents on account of injuries sustained by him in such service or of death resulting from such injuries. Persons appointed to an auxiliary police force in a city of town shall exercise or perform such of the powers or duties of police officers as may be prescribed by the appointing authority including but not limited to replacing and performing the duties of regular personnel who may be actually engaged in the direct control or suppression of riots or other civil disturbance, and no civil defense personnel shall be so utilized in any such direct riot control activities; provided, that said powers or duties shall not be exercised or performed by them except while they are on active duty and displaying an authorized badge or other insignia after being called to such duty by the head of the police force of such city or town to meet a situation which, in his opinion, cannot be adequately handled by the regular police force and by the reserve police force if any, of such city or town. Auxiliary police in towns, but not in cities, may be authorized by the appointing authorities to exercise powers conferred by section ten of this act upon members of regular, special or reserve police forces of said towns except as provided above.

(d) Auxiliary police shall not be sent to another city or town pursuant to the provisions of paragraphs (b) or (c) of this section or any other provisions of law, except upon order of the head of the police force of the city or town in which such auxiliary police were appointed provided, that auxiliary police shall not be so dispatched to another city or town unless they are authorized by the appointing authority to exercise or perform to the full powers or duties of police officers subject to the limitation in paragraph (b) relating to direct riot control activities, except that auxiliary police appointed in a town shall not while performing their duties in a city, exercise the powers conferred by section ten in this act upon members of regular, special or reserve police forces of said town. When on such service, auxiliary police shall have the same powers, duties, immunities and privileges. Except as provided above, as if they were performing their duties within their respective cities and towns.

(e) When participating in any training exercise ordered or authorized by the director, Policemen and fire fighters shall have the same powers, duties, immunities and privileges as if they were performing their duties within their respective cities, towns or districts. The commonwealth shall compensate any city, town or district for damage to its property sustained in any such training, and shall reimburse it for any payments lawfully made by it to any member of its police of fire department or to his widow or other dependents on account of injuries sustained by him in such training or of death resulting from such injuries.

§11A. Civil Defense Claims Board; Indemnification of Auxiliary Forces and Volunteer; Survivor Benefits; Procedure in Filing Claims.

There shall be in the Massachusetts Emergency Management Agency a civil defense claims board consisting of three members as follows: The chairman of the industrial accident board or such person as shall be designated by him in writing from time to time, the chairman of the commission on administration and finance or such person as shall be designated by him in writing from time to time, and such assistant attorney general as the attorney general shall designate in writing from time to time. The director of civil defense or such person as shall be designated by him in writing from time to time shall be the secretary of the board. The board shall act upon and decide claims files under this section, and shall have power to adopt and from time to time to revise rules and regulations necessary or apt for the expeditious handling and decision of such claims. No hearing shall be held upon any claims unless the board so orders, but nothing herein contained shall prevent the board from ordering and holding a hearing upon any claim, and for such purpose the board shall have power to take evidence, administer oaths, issue subpoenas and compel witnesses to attend and testify and produce books and papers. Any person so subpoenaed who shall refuse to attend or to be sworn or affirm or to answer any question or produce any book or paper pertinent to the matter under consideration by the board shall be punished by a fine of not more than five hundred dollars or by imprisonment for not more than six months or both.

Every person appointed under paragraph (a) of section eleven of this act and every volunteer, unpaid person appointed by the director of civil defense under section two of this act who, while participating in training, or performing duty, in the city or town in this commonwealth or in another state under or pursuant to any provision of this act or any mutual aid arrangement or interstate compact made under authority thereof, shall without fault or neglect on his part sustain loss of or damage to his property by reason of such participation in training or performance of duty, shall be indemnified by the commonwealth for such loss or damage; but said indemnification shall not exceed fifty dollars for any one accident. Every such person who, while participating in training or performing duty, shall by reason thereof without fault or neglect on his part sustain personal injury, shall be indemnified by the commonwealth for the reasonable hospital, medical and surgical expenses incurred by him or in his behalf by reason of such injury, and also for his loss of earning capacity, if any; but any such indemnification for loss of earning shall not exceed for any one week a sum equal to thirty-five dollars and fifty cents for each person wholly dependent on such person within the meaning of section thirty-five A of chapter one hundred fifty-two of the General Laws. Every such person who, while so participating in training or performing duty, shall by reason thereof without fault or neglect on his part receive any of the injuries specified in section thirty-six of said chapter one hundred and fifty-two shall be indemnified by the commonwealth at the rate and for the period specified in said section thirty-six except that any determination required by said section to be made by the industrial accident board shall be made by the civil defense claims

board. If any such person is killed while, and by reason of, so participating in training or performing duty, or if any such person dies from injuries received, or as a natural and proximate result of undergoing a hazard, while, by reason of, so participating in training or performing duty, the reasonable expense of his burial, not exceeding five hundred dollars, shall be paid by the commonwealth, which shall also pay to his dependents the following annuities. To the widow, so long as she remains unmarried, an annuity not exceeding fifteen hundred dollars and year, increased by not exceeding three hundred and twelve dollars for each child of such person during such time as such child is under the age of eighteen or over said age and physically or mentally incapacitated from earning; and if there is any such child and no widow or the widow later dies, such an annuity as would have been payable to the widow had there been one or had she lived, to or for the benefit of the such child, or of such children in equal shares, during the time aforesaid; and, if there is any such child and the widow remarries, in lieu of the aforesaid annuity to her, an annuity not exceeding five hundred and twenty dollars to or for the benefit of each such child during the time aforesaid; and , if there is no widow and no such child, an annuity not exceeding one thousand dollars to or for the benefit of the father or mother of the deceased, or to or for the benefit of an unmarried or widowed sister of the deceased with whom he was living at the time of his death, if such father, mother or sister was dependent on him for support at the time of his death, during such time as such beneficiary is unable to support himself or herself and does not marry.

No indemnification or payment of any kind shall be made by the commonwealth under this section unless a claim therefore in writing, on a form approved by the civil defense claims board, is filed with the secretary thereof within ninety days after the loss of or damage to property or the personal injury or the death, as the case may be, nor unless a duplicate copy of such claim is filed within said period with the director of the local organization for civil defense or, in the case of persons appointed under section two of this act, with the director of civil defense. As soon as reasonably may be after the receipt by such director of such duplicate copy, he shall file with the secretary of the civil defense claims board, on a form approved by such board as complete a report as may be concerning such claim and his recommendation with respect to the allowance thereof. No decision shall be made by the civil defense claims board upon a claim unless such report and recommendation relative thereto has been filed with its secretary. The decision of the civil defense claims board upon a claim shall constitute the final determination thereof; and there shall be no review thereof or appeal therefrom, but nothing contained herein shall be construed to prevent the board from reconsidering any decision.

The provisions of this section shall not apply to any injury or death, or to any loss, damage or expense, for which any federal law heretofore or hereafter passed shall provide reimbursement, indemnification or compensation.

Any contrary provision of this section notwithstanding, the civil defense claims board is hereby authorized to approve in its sole discretion a claim in accordance with the provisions of this section notwithstanding that the person by or on account of whom said claim shall have been filed was not appointed as required by paragraph (a) of section eleven of this act, provided, that said person, at the time of the occurrence out of which said claim shall have originated, was in good faith actually participating in civil defense training or performing civil defense duty as an unpaid volunteer, under the supervision or at the direction of a person actually or apparently authorized to direct or supervise such person in training or duty; and provided, further, that said person, previous to occurrence out of which such claim shall have originated, shall have enrolled, registered otherwise previously signified his attention of joining the civil defense organization concerned. A decision of the board approving or denying a claim by or on account of such person shall constitute the final determination thereof and there shall be no review thereof or appeal therefrom, provided, however, that nothing contained herein shall be construed to prevent the board from reconsidering any such decision.

A volunteer, unpaid director of a local organization for civil defense appointed under section thirteen of this act shall be deemed an appointee under paragraph (a) of section eleven of this act for the purpose of this section only, provided, that the duplicate copy of any claim filed under this section by or on account of such local director shall be filed with the appointing authority designated in said section thirteen , and said appointing authority shall report and recommend to the civil defense claims board concerning such claim.

§ 11B. Employee, Defined.

The word "employee" as used in clause (1) of section five of chapter forty and in section one hundred A of chapter forty-one of the General Laws, shall include, for the purposes of said sections, a person appointed under the provisions of paragraph (a) of section eleven of this act, while performing his properly assigned training or duties.

§ 12. Immunity from Civil Liability for Commonwealth, Political Subdivisions or Persons Engaged in Civil Defense Activities.

On and after a declaration of an emergency neither the commonwealth nor any political subdivision thereof, nor other agencies, nor any person engaged in any civil defense activities while in good faith complying with or attempting to comply with this act or any other rule or regulation promulgated pursuant to the provisions of this act, shall be civilly liable for the death of or any injury to persons or damage to property as a result of such activity except that the individual shall be liable for his negligence. The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this act, or under the workmen's compensation law, or under any pension law, or under any other special and general law nor the right of any such person to receive any benefits or compensation under any act of congress.

No city or town shall be liable for any damage sustained to person or property as the result of an authorized blackout.

§ 12A. Immunity From Civil Liability for Owner of Real Estate or Premises Used to Shelter Persons During Enemy Attack.

Any person owning or controlling real estate or other premises who voluntarily and without compensation grants to a city or town a license or privilege, or otherwise permits a city or town, to inspect, designate and use the whole or any part or parts of such real estate or premises for the purpose of sheltering persons during an actual, impending or mock enemy attack shall, together with his successors in interests, if any, not be civilly liable for negligently causing the death of, or injury to, any person, or for loss of, or damage to, the property of such person on or about such real estate or premises under such license, privilege or other permission, and section fifteen of chapter one hundred and eighty-six of the General Laws shall not be deemed to apply to any agreement granting such license or privilege or to such other permission, whether such agreement is executed or such other permission given, before or after the effective date of this section.

§13. Establishment of Local Civil Defense Organizations; Duties; Powers of Political Subdivisions During Disasters.

Each political subdivision of the commonwealth is hereby authorized and directed to establish a local organization for civil defense in accordance with the state civil defense plan and program.

Each local organization for civil defense shall have a director, who shall, in the case of a city, be appointed by the mayor, or in a city having the Plan E form of government by the city manager, and in towns shall be appointed by the selectman, or in towns having a town manager by the manager, and who shall have direct responsibility for the organization, administration and operation of such local organization for civil defense, subject to the direction and control of such appointing authority. Each local organization for civil defense shall perform civil defense functions within the territorial limits of the political subdivision within which it is organized, and, in addition, shall conduct such functions outside of such territorial limits as may be required pursuant to the provisions of section seven of this act.

In carrying out the provisions of this act, each political subdivision in which in any disaster, as described in section one, occurs, shall have the power to enter into contracts and incur obligations necessary to combat such disaster, protecting the health and safety of persons and property, and providing emergency assistance to the victims of such disaster. Each political subdivision is authorized to exercise the powers vested under this section in the light of the exigencies of the extreme emergency situation, without regard to time-consuming procedures and formalities prescribed by law, excepting mandatory constitutional requirements, pertaining to the performance of public work, entering into Contracts, the incurring of obligations, the employment of temporary workers, the rental of equipment, the purchase of supplies and materials, the levying of taxes and the appropriation and expenditure of public funds.

§ 14. Local Civil Defense Organizations to Render Mutual Aid.

The director of each local organization for civil defense may, in collaboration with other public and private agencies within the commonwealth, develop or cause to be developed mutual aid arrangements for reciprocal civil defense aid and assistance in case of disaster too great to be dealt with unassisted. Such arrangements shall be consistent with the state civil defense plan and program, and in time of emergency it shall be the duty of each local organization for civil defense to render assistance in accordance with the provisions of such mutual aid arrangements. The director of each local organization for civil defense may, subject to the approval of the governor, enter into mutual aid arrangements with civil defense agencies or organizations in other states for reciprocal civil defense aid and assistance in case of disaster too great to be dealt with unassisted.

§ 15. Appropriations by Political Subdivisions for Local Civil Defense Organizations; Commonwealth and Political Subdivisions May Accept Gifts, Grants, or Loans for Civil Defense.

Each political subdivision shall have the power to make appropriations in the manner provided by law for making appropriations for the ordinary expenses of such political subdivision, for the payment of expenses of its local organization for civil defense.

Whenever the federal government or any agency or office thereof, or any person, firm or corporation, shall offer to the commonwealth, or to any political subdivision thereof, services, equipment, supplies, materials or funds by way of gift, grant or loan, for purposes of civil defense, the commonwealth, acting through the governor, or such political subdivision, acting through its governing body, may accept such offer, and upon acceptance the governor or governing body of such political subdivision may authorize any officer of the commonwealth, or of the political subdivision, as the case may be, to receive such services, equipment, supplies, materials or funds on behalf of the commonwealth, or such political subdivision, and subject to the terms of the offer and rules and regulations, if any, of the agency making the offer.

§ 15A. Indebtedness Incurred by Political Subdivision for Payment of Local Civil Defense Organization.

For the purpose of meeting expenditures authorized under section fifteen, a city, town, district or county may raise such sums as may be necessary by taxation, or by transfer from available funds, or may borrow from time to time and may issue bonds or notes therefor. For the purpose of meeting expenditures authorized under section fifteen, counties may borrow through their county commissioners. Each authorized issue shall constitute a separate loan, and such loans shall be paid in not more than five years from their dates and shall bear on their face the words (city, town or county) Civil Defense Loan. Act of 1950. Indebtedness incurred under this act by a city, town or district shall be in excess of the statutory limit, but shall, except as provided herein, be subject to chapter forty-four of the General Laws, exclusive of the limitation contained in the first paragraph of section seven thereof. Indebtedness incurred by a county under this act shall, except as provided herein, be subject to the provisions of chapter thirty-five of the General Laws. No indebtedness shall be incurred under the provisions of this section without the approval of the majority of the members of the emergency finance board

established under section one of chapter forty-nine of the acts of nineteen hundred and thirty-three, upon such terms and conditions as said board shall determine. The members of the board aforesaid, when acting under this act, shall receive from the commonwealth compensation to the same extent as provided for services under chapter three hundred and sixty-six of the acts of nineteen hundred and thirty-three, as amended, including chapter seventy-four of the acts of nineteen hundred and forty-five, as amended.

§ 15B. Financial Offices of Political Subdivisions to File Annual Reports of Expenditures.

The city auditor, town accountant, or, if there is no such officer, the town treasurer, district treasurer and county treasurer, of every city, town, district and county making expenditures under the authority of section fifteen or section fifteen A of this act shall file annually with the director of accounts of the department of corporations and taxation of the commonwealth a report of liabilities incurred and expenditures made under the authority of sections fifteen and fifteen A in such form and detail as said director may require.

§ 15C. Interconnection of Water Distribution Systems

Any city or town, water district, water supply district, fire and water district, fire district or water company may contract with any other such city, town, district or water company for the interconnection if their water distribution systems and for providing and using any necessary pumping equipment for the supplying of water for domestic, fire and other purposes. The supplying of water for domestic purposes for extended periods shall be subject to the provision of section forty of chapter forty of the General Laws. Such interconnections made with the works of the metropolitan district commission or any municipality, district or water company supplied therefrom shall be subject to the provisions of chapter ninety-two of the General Laws.

§ 16. Utilization of State and Local Departments, Agencies, Officers, and Personnel.

In carrying out the provisions of this act, the governor and the executive officers, or governing bodies of the political subdivision of the commonwealth, are directed to utilize the services, equipment, supplies and facilities of existing departments, offices and agencies of the commonwealth, and of the political subdivisions thereof, to the maximum extent practicable; and the officers and personnel of all such departments, offices and agencies of the commonwealth, and of the political subdivisions thereof, to the maximum extent practicable; and the officers and personnel of all such departments, offices and agencies are directed to co-operate with and extend such services and facilities to the governor and to the civil defense organizations of the commonwealth upon request.

The governor may assign to a state agency any activity concerned with disaster preparedness and relief of a nature related to the existing powers and duties of such agency, and it shall thereupon, become the duty of such agency to undertake and carry out such activity on behalf of the commonwealth.

§ 16A. Administration of District Courts and Municipal Court of City of Boston During State of Emergency; Transfer of Matters from Boston Juvenile Court.

During a state of emergency, the administrative justice of the district courts may direct that a district court shall be held at any place or places, including other district courthouses, outside the district of which said court has jurisdiction, and at such times, including Sundays, as he may direct; and said administrative justice may direct justices, clerks, probation officers and any other personnel of other district courts to act as such in a district court other than their own; and with the concurrence of the administrative justice of the municipal court of the city of Boston, the administrative justice of the district courts may direct any district court to hold sessions in the said municipal courthouse, and may employ such justices, clerks, probation officers or other personnel of said municipal court as the administrative justice of the said municipal court may designate; and the administrative justice of the municipal court of the city of Boston may direct that said court shall be held at any place or places outside the district over which said court has jurisdiction, and at such times, including Sundays, as he may direct; and with the concurrence of the administrative justice of the district courts, the administrative justice of the municipal court of the city of Boston may direct that the municipal court hold sessions in any district courthouse, and may employ such justices, clerks, probation officers or other personnel of any district court as the administrative justice of the district court may designate; and which the concurrence of the administrative justice of the superior court, the administrative justice of the district courts or the administrative justice of the municipal court of the city of Boston may order the holding of sessions of any district court in any premises of the superior court that the administrative justice of the superior court may designate; and with the concurrence of the justice of the Boston juvenile court and the administrative justice of the district court, jurisdiction over any matters pending in said juvenile court may be transferred to another court as defined in section fifty-two of chapter one hundred and nineteen of the General Laws, and jurisdiction of any matter so transferred shall remain therein after the termination of the emergency unless the administrative justice of the district courts and the justice of the Boston juvenile court concur that said matter ought to be transferred back to the Boston juvenile court. In the event of the absence from the commonwealth, illness other disability of the justice of the Boston juvenile court, the administrative justice of the district courts may act as a aforesaid without his concurrence; and in the event of any such disability of any of said administrative justices to act as a aforesaid, any other justice previously designated by any of said administrative

May act in his stead, or if no such designation has been made; or if a justice so designated is similarly disabled, or in any other instance where the chief justice of the supreme judicial court shall deem it necessary, the chief justice of the supreme judicial court may act in his stead or designate any other justice of any court so to act.

§ 17. Civil Defense Organizations to be Apolitical.

No organization for civil defense established under the authority of this act shall participate in any form of political activity, nor shall it be employed directly or indirectly for political purposes.

§ 18. Loyalty Requirements of Persons Associated With Civil Defense Organizations; Oaths.

No person shall be employed or associated in any capacity in any civil defense organization established under this act who advocates or has advocated, a change by force or violence in the constitutional form of the government of the United States, or in this commonwealth, or the overthrow of any government in the United States by force or violence, or who has been convicted of, or is under indictment or information charging any subversive act against the United States. Each person who is appointed to serve in an organization for civil defense shall, before entering upon his duties, take an oath, in writing, before a person authorized to administer oaths in this commonwealth, which oath shall be substantially as follows: --

"I, _____, do solemnly swear (or affirm) that I support and defend the constitution of the United States and the constitution of the Commonwealth of Massachusetts against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties on which I am about to enter.

"And I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates, the overthrow of the government of the United States or of this commonwealth by force or violence; and that during such time as I am a member of the (name of civil defense organization), I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this commonwealth by force or violence.

§19. Severability.

In any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or application of the act which can be given effect without the invalid provision or application; and to this end the provisions of this act are declared to be severable.

§20. Cooperation With Governor and Civil Defense Director; Supremacy of Governor's Orders, Rules and Regulations.

It shall be the duty of the members of, and of each and every officer, agent and employee of every political subdivision of this commonwealth and of each member of all other governmental bodies, agencies and authorities of any nature whatsoever fully co-operate with the governor and the director of civil defense in all matters affecting civil defense. The governor is authorized to make, amend and rescind orders, rules and regulations pertaining to civil defense, and it shall be unlawful for any municipality or other subdivision or any other governmental agency of this commonwealth to adopt any rule or regulation or to enforce any such rule or regulation that may be at variance with any such order, rule or regulation established by the governor. Each such organization shall have available for inspection at its office all orders, rules and regulations made by the governor, or under his authority. In the event of a dispute on the question of whether

or not any such rule or regulation is at variance with an order, rule or regulation established by the governor under this act, the determination of the governor shall control.

§ 20A. Designated Substitutes for Commissioners and Department Heads.

The commissioner or head of each executive or administrative department of the commonwealth, including the state secretary, the attorney general, the treasurer and receiver-general, and the auditor, and the director or head of each division in each such department, shall designate, by name or position, five persons in his respective department or division who shall exercise, successively, his duties in the event of his absence or disability. Each such designation shall be subject to approval by the governor and council and shall be in effect until revoked by the governor who made such designation. Persons designated under this section to perform the duties of a department or division head in his absence or disability shall perform such duties only in succession to persons so authorized under any other provision of general or special law.

§ 20B. Filling Certain Vacancies by Governor Without Advice and Consent of Council.

Any vacancy in any office, which, by reason of the provisions of any statute, is to be filled by the governor, with the advice and consent of the council, may, in the event of a vacancy therein resulting from enemy attack and in the event that enemy attack or the effects thereof prevents a quorum of the council from assembling, be filled by the governor without the advice and consent of the council. Any appointment made under the authority of this section shall be temporary, pending appointment in the usual manner, with the advice and consent of the council, when circumstances shall permit.

§ 20C. Removal of Certain Officers by Governor Without Advice and Consent of Council.

Any office who, by reason of the provisions of any statute, may be removed by the governor, with the advice and consent of the council, may, in the event that enemy attack or the effects thereof prevents a quorum of the council from assembling, be removed by the governor without such advice and consent, provided that the removal is for grounds that would be grounds for removal with the advice and consent of the council. Any removal made under the authority of this section shall be temporary, pending removal in the usual manner, with the advice and consent of the council, when circumstances shall permit. Pending such removal with the advice and consent of the council, the governor may fill any vacancy resulting from a removal effected under the authority of this section, by appointment thereto without the advice and consent of the council.

§ 21. Expenditure of Appropriations by Massachusetts Emergency Management Agency.

For the purpose of carrying out the provisions of this act, the Massachusetts Emergency Management Agency may expend such sums as may hereafter be appropriated therfor.

§ 22. Inoperativeness Act.

This act or any part hereof shall become inoperative by the adoption of a joint resolution to that effect by the house and senate acting concurrently.

Coronavirus Disease 2019 (COVID-19)

How COVID-19 Spreads

Updated June 16, 2020

Print Page

COVID-19 is thought to spread mainly through close contact from person-to-person. Some people without symptoms may be able to spread the virus. We are still learning about how the virus spreads and the severity of illness it causes.

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

The virus spreads easily between people

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.

The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, **the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.**

The virus may be spread in other ways

It may be possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.

Spread between animals and people

- At this time, the risk of COVID-19 spreading **from animals to people** is considered to be low. Learn about COVID-19 and pets and other animals.
- It appears that the virus that causes COVID-19 can spread **from people to animals** in some situations. CDC is aware of a small number of pets worldwide, including cats and dogs, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Learn what you should do if you have pets.

Protect yourself and others

The best way to prevent illness is to avoid being exposed to this virus. You can take steps to slow the spread.

- Maintain good social distance (about 6 feet). This is very important in preventing the spread of COVID-19.
- Wash your hands often with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Routinely clean and disinfect frequently touched surfaces.
- Cover your mouth and nose with a cloth face covering when around others.

Learn more about what you can do to protect yourself and others.

More Information

ASL Video Series: How does COVID-19 Spread?

Page last reviewed: June 16, 2020

COVID-2019 Menu

About Cloth Face Coverings

Updated June 28, 2020 Print

A cloth face covering may not protect the wearer, but it may keep the wearer from spreading the virus to others.

COVID-19 spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, talks, or raises their voice (e.g., while shouting, chanting, or singing). These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Recent studies show that a significant portion of individuals with COVID-19 lack symptoms (are "asymptomatic") and that even those who eventually develop symptoms (are "pre-symptomatic") can transmit the virus to others before showing symptoms.

To reduce the spread of COVID-19, CDC recommends that people wear cloth face coverings in public settings when around people outside of their household, especially when other social distancing measures are difficult to maintain.

Why it is important to wear a cloth face covering

Cloth face coverings may help prevent people who have COVID-19 from spreading the virus to others. Wearing a cloth face covering will help protect people around you, including those at higher risk of severe illness from COVID-19 and workers who frequently come into close contact with other people (e.g., in stores and restaurants). Cloth face coverings are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings. The spread of COVID-19 can be reduced when cloth face coverings are used along with other preventive measures, including social distancing, frequent handwashing, and cleaning and disinfecting frequently touched surfaces.

The cloth face coverings recommended here are not surgical masks or respirators. Currently, those are critical supplies that should be reserved for healthcare workers and other first responders. Cloth face coverings are not personal protective equipment (PPE). They are not appropriate substitutes for PPE such as respirators (like N95 respirators) or medical facemasks (like surgical masks) in workplaces where respirators or facemasks are recommended or required to protect the wearer.

More Information

- Considerations for Wearing Cloth Face Coverings
- How to Wear Your Cloth Face Covering
- How to Wash Your Cloth Face Covering
- How to Make Your Own Cloth Face Covering
- ASL Video Series: Easy DIY Cloth Face Covering
- How to Make Your Own Face Covering Video (Spanish)

Page last reviewed: June 28, 2020

COVID-2019 Menu

- Coronavirus Home
- Your Health
- Community, Work & School
- Healthcare Workers

- Health Departments
- Cases, Data & Surveillance
- More Resources

Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

MENU >

Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)
Clinical Care Guidance

Updated June 30, 2020 Print

Summary of Recent Changes

Revisions were made on June 20, 2020, to reflect the following:

- Updated content to Clinical Presentation
- Refer to People Who Are at Increased Risk for Severe Illness
- New information about Reinfection
- New information about Therapeutics
- Minor revisions for clarity and updates to footnotes throughout

Revisions were made on May 29, 2020, to reflect the following:

- Refer to updated symptoms of Coronavirus

Revisions were made on May 25, 2020, to reflect the following:

- Refer to new multisystem inflammatory syndrome in children (MIS-C) guidance for healthcare providers

Revisions were made on May 20, 2020, to reflect the following:

- Refer to new guidance for Evaluation and Management Considerations for Neonates At Risk for COVID-19

Revisions were made on May 12, 2020, to reflect the following:

- New information about COVID-19-Associated Hypercoagulability
- Updated content and resources to include new NIH Treatment Guidelines
- Minor revisions for clarity

This interim guidance is for clinicians caring for patients with confirmed infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19). CDC will update this interim guidance as more information becomes available.

Clinical Presentation

Incubation period

The incubation period for COVID-19 is thought to extend to 14 days, with a median time of 4-5 days from exposure to symptoms onset.[1-3] One study reported that 97.5% of persons with COVID-19 who develop symptoms will do so within 11.5 days of SARS-CoV-2 infection.[3]

Presentation

The signs and symptoms of COVID-19 present at illness onset vary, but over the course of the disease, most persons with COVID-19 will experience the following[1,4-9]:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptoms differ with severity of disease. For example, fever, cough, and shortness of breath are more commonly reported among people who are hospitalized with COVID-19 than among those with milder disease (non-hospitalized patients). Atypical presentations occur often, and older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.10,14 In one study of 1,099 hospitalized patients, fever was present in only 44% at hospital admission but eventually developed in 89% during hospitalization.[1] Fatigue, headache, and muscle aches (myalgia) are among the most commonly reported symptoms in people who are not hospitalized, and sore throat and nasal congestion or runny nose (rhinorrhea) also may be prominent symptoms. Many people with COVID-19 experience gastrointestinal symptoms such as nausea, vomiting or diarrhea, sometimes prior to developing fever and lower respiratory tract signs and symptoms.9 Loss of smell (anosmia) or taste (ageusia) preceding the onset of respiratory symptoms has been commonly reported in COVID-19 especially among women and young or middle-aged patients who do not require hospitalization.[11,12] While many of the symptoms of COVID-19 are common to other respiratory or viral illnesses, anosmia appears to be more specific to COVID-19.[12]

Several studies have reported that the signs Signs and symptoms of COVID-19 in children are similar to adults vary by age of the child, and are usually milder compared to adults.[15-19] For more information on the clinical presentation and course among children, see Information for Pediatric Healthcare Providers.

Asymptomatic and Pre-Symptomatic Infection

Several studies have documented SARS-CoV-2 infection in patients who never develop symptoms (asymptomatic) and in patients not yet symptomatic (pre-symptomatic).[16,18,20-30] Since asymptomatic persons are not routinely tested, the prevalence of asymptomatic infection and detection of pre-symptomatic infection is not yet well understood. One study found that as many as 13% of reverse transcription-polymerase chain reaction (RT-PCR)-confirmed cases of SARS-CoV-2 infection in children were asymptomatic.[16] Another study of skilled nursing facility residents who were infected with SARS-CoV-2 after contact with a healthcare worker with COVID-19 demonstrated that half of the residents were asymptomatic or pre-symptomatic at the time of contact tracing, evaluation, and testing.[27] Patients may have abnormalities on chest imaging before the onset of symptoms.[21,22].

Asymptomatic and Pre-Symptomatic Transmission

Increasing numbers of epidemiologic studies have documented SARS-CoV-2 transmission during the pre-symptomatic incubation period,[21,31-33]. Virologic studies using RT-PCR detection have reported tests with low cycle thresholds, indicating larger quantities of viral RNA and viable virus has been cultured from persons with asymptomatic and pre-symptomatic SARS-CoV-2 infection.[25,27,30,34] The relationship between SARS-CoV-2 viral RNA shedding and transmission risk is not yet clear. The proportion of SARS-CoV-2 transmission due to asymptomatic or pre-symptomatic infection compared to symptomatic infection is unclear.[35]

Clinical Course

Illness Severity

The largest cohort reported of >44,000 persons with COVID-19 from China showed that illness severity can range from mild to critical:[36]

- Mild to moderate (mild symptoms up to mild pneumonia): 81%
- Severe (dyspnea, hypoxia, or >50% lung involvement on imaging): 14%
- Critical (respiratory failure, shock, or multiorgan system dysfunction): 5%

In this study, all deaths occurred among patients with critical illness, and the overall case fatality rate was 2.3%.[36] The case fatality rate among patients with critical disease was 49%.[36] Among children in China, illness severity was lower with 94% having asymptomatic, mild, or moderate disease; 5% having severe disease; and <1% having critical disease.[16] Among U.S. COVID-19 cases with known disposition, the proportion of persons who were hospitalized was 19%.[37] The proportion of persons with COVID-19 admitted to the intensive care unit (ICU) was 6%.[37]

Clinical Progression

Among patients who developed severe disease, the median time to dyspnea from the onset of illness or symptoms ranged from 5 to 8 days, the median time to acute respiratory distress syndrome (ARDS) from the onset of illness or symptoms ranged from 8 to 12 days, and the median time to ICU admission from the onset of illness or symptoms ranged from 10 to 12 days.[5,6,10,11] Clinicians should be aware of the potential for some patients to rapidly deteriorate one week after illness onset. Among all hospitalized patients, a range of 26% to 32% of patients were admitted to the ICU.[6,8,11] Among all patients, a range of 3% to 17% developed ARDS compared to a range of 20% to 42% for hospitalized patients and 67% to 85% for patients admitted to the ICU.[1,4-6,8,11] Mortality among patients admitted to the ICU ranges from 39% to 72% depending on the study and characteristics of patient population.[5,8,10,11] The median length of hospitalization among survivors was 10 to 13 days.[1,6,8]

Risk Factors for Severe Illness

Age is a strong risk factor for severe illness, complications, and death.[1,6,8,14,36-40] Among >44,000 confirmed cases of COVID-19 in China, the case fatality rate was highest among older persons: ≥80 years, 14.8%; 70–79 years, 8.0%; 60–69 years, 3.6%; 50–59 years, 1.3%; 40–49 years, 0.4%; <40 years, 0.2%.[36,41] In early U.S. epidemiologic data, case fatality was highest in persons aged ≥85 years (range 10%–27%), followed by those aged 65-84 years (3%–11%), aged 55-64 years (1%–3%), and aged <55 years (<1%).[37]

Patients in China with no reported underlying medical conditions had an overall case fatality of 0.9%. Case fatality was higher for patients with comorbidities: 10.5% for those with cardiovascular disease, 7.3% for those with diabetes, and approximately 6% for those with chronic respiratory disease, or cancer.[1,6,14,36,38,41,42] Prior stroke, diabetes, chronic lung disease, and chronic kidney disease have all been associated with increased illness severity and adverse outcomes. Serious heart conditions, including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension, may put people at higher risk for severe illness from COVID-19. People with hypertension may be at an increased risk for severe illness from COVID-19 and should continue to take their medications as prescribed. At this time, people whose only underlying medical condition is hypertension are not considered to be at higher risk for severe illness from COVID-19.[43,44]

Accounting for differences in age and prevalence of underlying condition, mortality associated with COVID-19 reported in the United States has been similar to reports from China.[26,37,39]

Reinfection

There are no data concerning the possibility of re-infection with SARS-CoV-2 after recovery from COVID-19. While viral RNA shedding declines with resolution of symptoms, it may continue for days to weeks.[34,38,45] However, the detection of RNA during convalescence does not necessarily indicate the presence of viable infectious virus. Clinical infection has been correlated with the detection of IgM and IgG antibodies.[46-49] However, definitive data are lacking, and it remains uncertain whether individuals with antibodies are protected against reinfection with SARS-CoV-2, and if so, what concentration of antibodies is needed to confer protection.

Viral Testing

Diagnosis of COVID-19 requires detection of SARS-CoV-2 RNA by reverse transcription polymerase chain reaction (RT-PCR). Detection of SARS-CoV-2 viral RNA is better in nasopharynx samples compared to throat samples.[34,50] Lower respiratory samples may have better yield than upper respiratory samples.[34,50] SARS-CoV-2 RNA has also been detected in stool and blood.[15,45,47,51] Detection of SARS-CoV-2 RNA in blood may be a marker of severe illness.[52] Viral RNA shedding may persist over longer periods among older persons and those who had severe illness requiring hospitalization (median range of viral shedding among hospitalized patients 12–20 days).[34,38,45,46,53]

Infection with both SARS-CoV-2 and with other respiratory viruses has been reported, and detection of another respiratory pathogen does not rule out COVID-19.[54]

For more information about testing and specimen collection, handling and storage, visit Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) and Frequently Asked Questions on COVID-19 Testing at Laboratories.

Laboratory and Radiographic Findings

Laboratory Findings

Lymphopenia is the most common laboratory finding in COVID-19, and is found in as many as 83% of hospitalized patients.[1,5] Lymphopenia, neutrophilia, elevated serum alanine aminotransferase and aspartate aminotransferase levels, elevated lactate dehydrogenase, high CRP, and high ferritin levels may be associated with greater illness severity.[1,5,6,8,38,55] Elevated D-dimer and lymphopenia have been associated with mortality.[8,38] Procalcitonin is typically normal on admission, but may increase among those admitted to an ICU.[4-6] Patients with critical illness had high plasma levels of inflammatory makers, suggesting potential immune dysregulation.[5,56]

Radiographic Findings

Chest radiographs of patients with COVID-19 typically demonstrate bilateral air-space consolidation, though patients may have unremarkable chest radiographs early in the disease.[1,5,57] Chest CT images from patients with COVID-19 typically demonstrate bilateral, peripheral ground glass opacities.[4,8,36,58-67] Because this chest CT imaging pattern is non-specific and overlaps with other infections, the diagnostic value of chest CT imaging for COVID-19 may be low and dependent upon radiographic interpretation.[59,68] One study found that 56% of patients who presented within two days of diagnosis had a normal CT.[60] Conversely, other studies have identified chest CT abnormalities in patients prior to the detection of SARS-CoV-2 RNA.[58,69] Given the variability in chest imaging findings, chest radiograph or CT alone is not recommended for the diagnosis of COVID-19. The American College of Radiology also does not recommend CT for screening, or as a first-line test for diagnosis of COVID-19. (See American College of Radiology Recommendations).

Clinical Management and Treatment

The National Institutes of Health published guidelines on prophylaxis use, testing, and management of patients with COVID-19. For more information, please visit National Institutes of Health: Coronavirus Disease 2019 (COVID-19) Treatment Guidelines . The recommendations were based on scientific evidence and expert opinion and will be updated as more data become available.

Mild to Moderate Disease

Patients with a mild clinical presentation (absence of viral pneumonia and hypoxia) may not initially require hospitalization, and many patients will be able to manage their illness at home. The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend on the clinical presentation, requirement for supportive care, potential risk factors for severe disease, and the ability of the patient to self-isolate at home. Patients with risk factors for severe illness (see People Who Are at Higher Risk for Severe Illness) should be monitored closely given the possible risk of progression to severe illness, especially in the second week after symptom onset.[5,6,14,38]

For information regarding infection prevention and control recommendations, please see Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.

Severe Disease

Severe Disease

Some patients with COVID-19 will have severe disease requiring hospitalization for management. Inpatient management revolves around the supportive management of the most common complications of severe COVID-19: pneumonia, hypoxemic respiratory failure/ARDS, sepsis and septic shock, cardiomyopathy and arrhythmia, acute kidney injury, and complications from prolonged hospitalization, including secondary bacterial infections, thromboembolism, gastrointestinal bleeding, and critical illness polyneuropathy/myopathy.[1,4-6,14,36,38,70-73]

More information can be found at National Institutes of Health: Coronavirus Disease 2019 (COVID-19) Treatment Guidelines and Healthcare Professionals: Frequently Asked Questions and Answers. Additional resources and guidance documents on the treatment and management of COVID-19, including inpatient management of critically ill patients, are provided below.

Hypercoagulability and COVID-19

Some patients with COVID-19 may develop signs of a hypercoagulable state and be at increased risk for venous and arterial thrombosis of large and small vessels.[74,75] **Laboratory abnormalities** commonly observed among hospitalized patients with COVID-19-associated coagulopathy include:

- Mild thrombocytopenia
- Increased D-dimer levels
- Increased fibrin degradation products
- Prolonged prothrombin time

Elevated D-dimer levels have been strongly associated with greater risk of death.[74,76-79]

There are several reports of hospitalized patients with **thrombotic complications**, most frequently deep venous thrombosis and pulmonary embolism.[80-82] Other reported manifestations include:

- Microvascular thrombosis of the toes
- Clotting of catheters
- Myocardial injury with ST-segment elevation
- Large vessel strokes[83-86]

The pathogenesis for COVID-19-associated hypercoagulability remains unknown. However, hypoxia and systemic inflammation secondary to COVID-19 may lead to high levels of inflammatory cytokines and activation of the coagulation pathway.

There are limited data available to inform clinical management around prophylaxis or treatment of venous thromboembolism in COVID-19 patients.

Several national professional associations provide resources for up-to-date information concerning COVID-19-associated hypercoagulability, including management of anticoagulation. This is a rapidly evolving topic, with new information released often.

More information on hypercoagulability and COVID-19 is available from the American Society of Hematology and National Institutes of Health: Coronavirus Disease 2019 (COVID-19) Treatment Guidelines – Antithrombotic Therapy in Patients with COVID-19.

Pediatric Management

Illness among pediatric patients with COVID-19 is typically milder than among adults. Most children present with symptoms of upper respiratory infection. However, severe outcomes have been reported in children, including deaths. Data suggest that infants (<12 months of age) may be at higher risk for severe illness from COVID-19 compared with older children.[16] CDC and partners are also investigating reports of multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19.

For expanded guidance on the management of children with COVID-19 and associated complications, see Evaluation and Management Considerations for Neonates At Risk for COVID-19, Information for Pediatric Healthcare Providers, and the Surviving Sepsis Campaign International Guidelines for the Management of Septic Shock and Sepsis-Associated Organ Dysfunction in Children.

Investigational Therapeutics

The National Institutes of Health have published interim guidelines for the medical management of COVID-19 which include information on therapeutic options for COVID-19 currently under investigation. No U.S. Food and Drug Administration (FDA)-approved drugs have demonstrated safety and efficacy in randomized controlled trials when used to treat patients with COVID-19, although FDA has granted an Emergency Use Authorization for the use of remdesivir to treat severe cases. Use of investigational therapies for treatment of COVID-19 should ideally be done in the context of enrollment in randomized controlled trials, so that beneficial drugs can be identified. For the latest information, see Information for Clinicians on Therapeutic Options for COVID-19 Patients. For information on registered trials in the United States, see ClinicalTrials.gov.

Discontinuation of Transmission-Based Precautions or Home Isolation

Patients who have clinically recovered and are able to discharge from the hospital, but who have not been cleared from their Transmission-Based Precautions, may continue isolation at their place of residence until cleared. For recommendations on discontinuation of Transmission-Based Precautions or home isolation for patients who have recovered from COVID-19, please see:

- Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19
- Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19

CDC Resources

- Healthcare Professionals: Frequently Asked Questions and Answers
- Information for Pediatric Healthcare Providers
- Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)
- Frequently Asked Questions on COVID-19 Testing at Laboratories
- Infection Control Guidance for Healthcare Professionals about COVID-19
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) or in Healthcare Settings
- Evaluation and Management Considerations for Neonates At Risk for COVID-19
- COVIDView: A Weekly Surveillance Summary of U.S. COVID-19 Activity

Additional resources

- World Health Organization. Interim Guidance on Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected
- Surviving Sepsis Campaign: Guidelines on the Management of Critically Ill Adults with Coronavirus Disease 2019 (COVID-19)
- Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016
- Surviving Sepsis Campaign International Guidelines for the Management of Septic Shock and Sepsis-Associated Organ Dysfunction in Children
- Diagnosis and Treatment of Adults with Community-acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America
- ACR Recommendations for the use of Chest Radiography and Computed Tomography (CT) for Suspected COVID-19 Infection
- National Institutes of Health: Coronavirus Disease 2019 (COVID-19) Treatment Guidelines
- Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19 Infection

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Coronavirus Disease 2019 (COVID-19)

Social Distancing

Keep a Safe Distance to Slow the Spread.

Updated July 15, 2020

Limiting close face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19).

What is social distancing?

Social distancing, also called "physical distancing," means keeping a safe space between yourself and other people who are not from your household.

To practice social or physical distancing, stay at least 6 feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces.

Social distancing should be practiced in combination with other everyday preventive actions to reduce the spread of COVID-19, including wearing cloth face coverings, avoiding touching your face with unwashed hands, and frequently washing your hands with soap and water for at least 20 seconds.

Why practice social distancing?

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Since people can spread the virus before they know they are sick, it is important to stay at least 6 feet away from others when possible, even if you—or they—do not have any symptoms. Social distancing is especially important for people who are at higher risk for severe illness from COVID-19.

If you are sick with COVID-19, have symptoms consistent with COVID-19, or have been in close contact with someone who has COVID-19, it is important to stay home and away from other people until it is safe to be around others.

COVID-19 can live for hours or days on a surface, depending on factors such as sunlight, humidity, and the type of surface. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. However, this is not thought to be the main way the virus spreads. Social distancing helps limit opportunities to come in contact with contaminated surfaces and infected people outside the home.

Although the risk of severe illness may be different for everyone, anyone can get and spread COVID-19. Everyone has a role to play in slowing the spread and protecting themselves, their family, and their community. In addition to practicing everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread in communities.

Tips for Social Distancing

When going out in public, it is important to stay at least 6 feet away from other people and wear a cloth face covering to slow the spread of COVID-19. Consider the following tips for practicing social distancing when you decide to go out.

- **Know Before You Go:** Before going out, know and follow the guidance from local public health authorities where you live.
- **Prepare for Transportation:** Consider social distancing options to travel safely when running errands or commuting to and from work, whether walking, bicycling, wheelchair rolling, or using public transit, rideshares, or taxis. When using public transit, try to keep at least 6 feet from other passengers or transit operators – for example, when you are waiting at a bus station or selecting seats on a bus or train. When using rideshares or taxis, avoid pooled rides where multiple passengers are picked up, and sit in the back seat in larger vehicles so you can remain at least 6 feet away from the driver. Follow these additional tips to protect yourself while using transportation.

- **Limit Contact When Running Errands:** Only visit stores selling household essentials in person when you absolutely need to, and stay at least 6 feet away from others who are not from your household while shopping and in lines. If possible, use drive-thru, curbside pick-up, or delivery services to limit face-to-face contact with others. Maintain physical distance between yourself and delivery service providers during exchanges and wear a cloth face covering.
- **Choose Safe Social Activities:**It is possible to stay socially connected with friends and family who don't live in your home by calling, using video chat, or staying connected through social media. If meeting others in person (e.g., at small outdoor gatherings, yard or driveway gathering with a small group of friends or family members), stay at least 6 feet from others who are not from your household. Follow these steps to stay safe if you will be participating in personal and social activities outside of your home.
- **Keep Distance at Events and Gatherings**: It is safest to avoid crowded places and gatherings where it may be difficult to stay at least 6 feet away from others who are not from your household. If you are in a crowded space, try to keep 6 feet of space between yourself and others at all times, and wear a cloth face covering. Cloth face coverings are especially important in times when physical distancing is difficult. Pay attention to any physical guides, such as tape markings on floors or signs on walls, directing attendees to remain at least 6 feet apart from each other in lines or at other times. Allow other people 6 feet of space when you pass by them in both indoor and outdoor settings.
- **Stay Distanced While Being Active**: Consider going for a walk, bike ride, or wheelchair roll in your neighborhood or in another safe location where you can maintain at least 6 feet of distance between yourself and other pedestrians and cyclists. If you decide to visit a nearby park, trail, or recreational facility, first check for closures or restrictions. If open, consider how many other people might be there and choose a location where it will be possible to keep at least 6 feet of space between yourself and other people who are not from your household.

Many people have personal circumstances or situations that present challenges with practicing social distancing to prevent the spread of COVID-19. Please see the following guidance for additional recommendations and considerations:

- Households Living in Close Quarters: How to Protect Those Who Are Most Vulnerable
- Living in Shared Housing
- People with Disabilities
- People Experiencing Homelessness

More Information

How to Protect Yourself

Cleaning and Disinfecting Your Home

Gatherings and Community Events

Page last reviewed: July 6, 2020

COVID-2019 Menu

- Coronavirus Home
- Your Health
- Community, Work & School
- Healthcare Workers
- Laboratories
- Health Departments
- Cases, Data & Surveillance
- More Resources

Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

MENU >

How to Protect Yourself & Others

Protect Yourself

Updated July 31, 2020 Print

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing serious complications from COVID-19 illness. More information on Are you at higher risk for serious illness.

Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone Should

Wash your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- It's especially important to wash:
  - Before eating or preparing food
  - Before touching your face
  - After using the restroom
  - After leaving a public place
  - After blowing your nose, coughing, or sneezing
  - After handling your mask
  - After changing a diaper
  - After caring for someone sick

  - After touching animals or pets
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Inside your home:** Avoid close contact with people who are sick.
  - If possible, maintain 6 feet between the person who is sick and other household members.
- **Outside your home:** Put 6 feet of distance between yourself and people who don't live in your household.
  - Remember that some people without symptoms may be able to spread virus.
  - Stay at least 6 feet (about 2 arms' length) from other people.
  - Keeping distance from others is especially important for people who are at higher risk of getting very sick.

Cover your mouth and nose with a mask when around others

- You could spread COVID-19 to others even if you do not feel sick.
- The mask is meant to protect other people in case you are infected.
- Everyone should wear a mask in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain.
  - Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Do NOT use a mask meant for a healthcare worker. Currently, surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders.
- Continue to keep about 6 feet between yourself and others. The mask is not a substitute for social distancing.

Cover coughs and sneezes

- **Always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- **Clean AND disinfect** frequently touched surfaces **daily**. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them.** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant.** Most common EPA-registered household disinfectants will work.

Monitor Your Health Daily

- **Be alert for symptoms.** Watch for fever, cough, shortness of breath, or other symptoms **of COVID-19.**

- Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.

- **Take your temperature** if symptoms develop.
  - Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- Follow CDC guidance if symptoms develop.

Stop the Spread of Germs

Robert R. Redfield, MD | #COVIDStopsWithMe

CDC Director Robert R. Redfield, MD discusses how we can slow the spread of COVID-19.

COVID-19 Stop the Spread of Germs

Help stop the spread of COVID-19 and other respiratory illnesses by following these steps.

Handwashing Resources

- Handwashing tips
- Hand Hygiene in Healthcare Settings

More information

- Symptoms
- What to do if you are sick
- If someone in your house gets sick
- Frequently asked questions
- Travelers
- Individuals, schools, events, businesses and more
- Healthcare Professionals
- 10 Things You Can Do to Manage COVID-19 at Home
- 10 Things You Can Do to Manage COVID-19 at Home (ASL Version)
- Social Distancing (ASL Video)
- ASL Video Series: What You Need to Know About Handwashing

Last Updated July 31, 2020

Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

MENU >

COVID-19 and Animals
Animals & COVID-19

Updated Aug. 24, 2020 Print

What you need to know

- We do not know the exact source of the current outbreak of coronavirus disease 2019 (COVID-19), but we know that it originally came from an animal, likely a bat.
- At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19.
- Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low.
- More studies are needed to understand if and how different animals could be affected by COVID-19.
- We are still learning about this virus, but it appears that it can spread from people to animals in some situations.

For more information, see COVID-19 and Animals Frequently Asked Questions. For information on pets, see If You Have Pets.

Coronaviruses are a large family of viruses. Some coronaviruses cause cold-like illnesses in people, while others cause illness in certain types of animals, such as cattle, camels, and bats. Some coronaviruses, such as canine and feline coronaviruses, infect only animals and do not infect humans.

Risk of animals spreading the virus that causes COVID-19 to people

Some coronaviruses that infect animals can be spread to humans and then spread between people, but this is rare. This is what happened with the virus that caused the current outbreak of COVID-19, with the virus likely originating in bats. The first reported infections were linked to a live animal market, but the virus is now spreading from person to person.

The virus that causes COVID-19 spreads mainly from person to person through respiratory droplets from coughing, sneezing, and talking. Recent studies show that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. More studies are needed to understand if and how different animals could be affected by COVID-19.

Risk of people spreading the virus that causes COVID-19 to animals

We are still learning about this virus, but it appears that it can spread from people to animals in some situations, especially after close contact with a person sick with COVID-19.

For information on how to protect pets from possible infection with SARS-CoV-2, see If You Have Pets.

The first US case of an animal testing positive for COVID-19 was a tiger at a NY zoo.

Animals that can be infected with the virus that causes COVID-19

We know that cats, dogs, and a few other types of animals can be infected with SARS-CoV-2, the virus that causes COVID-19, but we don't yet know all of the animals that can get infected. There have been reports of animals being infected with the virus worldwide.

- A small number of pet cats and dogs have been reported to be infected with the virus in several countries, including the United States. Most of these pets became sick after contact with people with COVID-19.
- Several lions and tigers at a New York zoo tested positive for SARS-CoV-2 after showing signs of respiratory illness. Public health officials believe these large cats became sick after being exposed to a zoo employee who was infected with SARS-CoV-2. All of these large cats have fully recovered.
- SARS-CoV-2 has been reported in mink (which are closely related to ferrets) on multiple farms in the Netherlands, Denmark, Spain, and the United States .
  - SARS-CoV-2 infection in farmed mink has been characterized by respiratory disease and an increased mortality rate.
  - Because some workers on these farms had symptoms of COVID-19, it is likely that infected farm workers were the source of the mink infections.
  - Currently, there is no evidence that animals play a significant role in the spread of SARS-CoV-2 to people. However, reports from infected mink farms in the Netherlands suggest that in these environments there is the possibility for spread of SARS-CoV-2 from mink to humans.
  - Additionally, some farm cats and dogs on mink farms in Europe also tested positive for SARS-CoV-2, suggesting they had been exposed to the virus.

CDC, USDA, and state public health and animal health officials are working in some states to conduct active surveillance of SARS-CoV-2 in pets, including cats, dogs, and other small mammals, that had contact with a person with COVID-19. These animals are being tested for SARS-CoV-2 infection and also tested to see whether the pet develops antibodies to this virus. This work is being done to help us better understand how common SARS-CoV-2 infection might be in pets as well as the possible role of pets in the spread of this virus.

The U.S. Department of Agriculture (USDA) maintains a list of all animals with confirmed infections with SARS-CoV-2 in the United States.

Research on animals and COVID-19

Research on SARS-Cov-2 in animals is limited, but studies are underway to learn more about how this virus can affect different animals.

- Recent research shows that ferrets, cats, and golden Syrian hamsters can be experimentally infected with the virus and can spread the infection to other animals of the same species in laboratory settings.
- A number of studies have investigated non-human primates as models for human infection. Rhesus macaques, cynomolgus macaques, Grivets, and common marmosets can become infected SARS-CoV-2 and become sick in a laboratory setting.
- Mice, pigs, chickens, and ducks do not seem to become infected or spread the infection based on results from these studies.
- Data from one study suggest some dogs can get infected but might not spread the virus to other dogs as easily compared to cats and ferrets, which can easily spread the virus to other animals of the same species

These findings were based on a small number of animals, and do not show whether animals can spread infection to people. More studies are needed to understand if and how different animals could be affected by COVID-19.

Guidance and recommendations

- Interim Guidance for Public Health Professionals Managing People with COVID-19 in Home Care and Isolation Who Have Pets or Other Animals
- Interim recommendations for intake of companion animals from households where humans with COVID-19 are present
- Interim Infection Prevention and Control Guidance for Veterinary Clinics
- Evaluation for SARS-CoV-2 Testing in Animals
- Interim Guidance for SARS-CoV-2 Testing in North American Wildlife
- Toolkit: One Health Approach to Address Companion Animals with SARS-CoV-2
- COVID-19 Recommendations for Pet Stores, Pet Distributors, and Pet Breeding Facilities

More Information

COVID-19 and Animals FAQs

COVID-19 and Pets

Information on Bringing an Animal into the United States

World Organisation for Animal Health: COVID-19 Events in Animals

USDA: Confirmed cases of SARS-CoV-2 in Animals in the United States

USDA: Coronavirus Disease 2019

FDA: Coronavirus Disease 2019

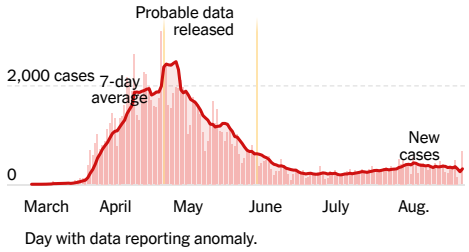
Media Announcements

- USDA Confirms SARS-CoV-2 in Mink in Utah
- Confirmation of COVID-19 in Pet Dog in New York
- Confirmation of COVID-19 in Two Pet Cats in New York
- USDA Statement on the Confirmation of COVID-19 Infection in a Tiger in New York

Last Updated Aug. 24, 2020

Massachusetts Coronavirus Map and Case Count

By The New York Times Updated August 25, 2020, 12:12 P.M. E.T.



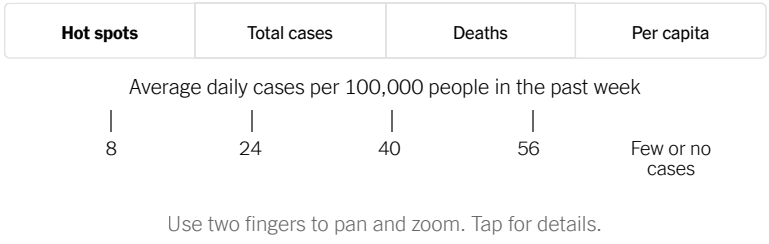
TOTAL CASES
126,022
DEATHS
8,949
Includes confirmed and probable cases where available

Map | By county
New cases | Tips
Latest news »

At least 28 new coronavirus deaths and 662 new cases were reported in Massachusetts on Aug. 24. Over the past week, there have been an average of 312 cases per day, a decrease of 18 percent from the average two weeks earlier.

As of Tuesday afternoon, there have been at least 126,000 cases and 8,949 deaths in Massachusetts since the beginning of the pandemic, according to a New York Times database.

Note: As of Aug. 12, Massachusetts updates the number of cases and deaths by county once a week. The state previously updated these counts each day. This change affects daily county trends.



Sources: State and local health agencies and hospitals. Population and demographic data from Census Bureau.

▶ About this data

Reported cases and deaths by county

This table is sorted by places with the most cases per 100,000 residents in the last seven days. Charts are colored to reveal when outbreaks emerged.

Search counties

Cases | Deaths

	TOTAL CASES	PER 100,000	CASES IN LAST 7 DAYS	▼ PER 100,000	WEEKLY CASES PER CAPITA FEWER … MORE
Massachusetts	126,022	1,828	2,181	32	March 1 … Aug. 24
Suffolk	22,904	2,849	887	110	
Essex	18,510	2,346	580	74	
Plymouth	9,483	1,819	195	37	
Hampshire	1,244	773	60	37	
Middlesex	27,158	1,685	593	37	
Hampden	7,808	1,674	171	37	
Worcester	13,989	1,684	303	36	
Bristol	9,603	1,699	195	35	
Norfolk	10,885	1,540	203	29	
Nantucket	39	342	2	18	

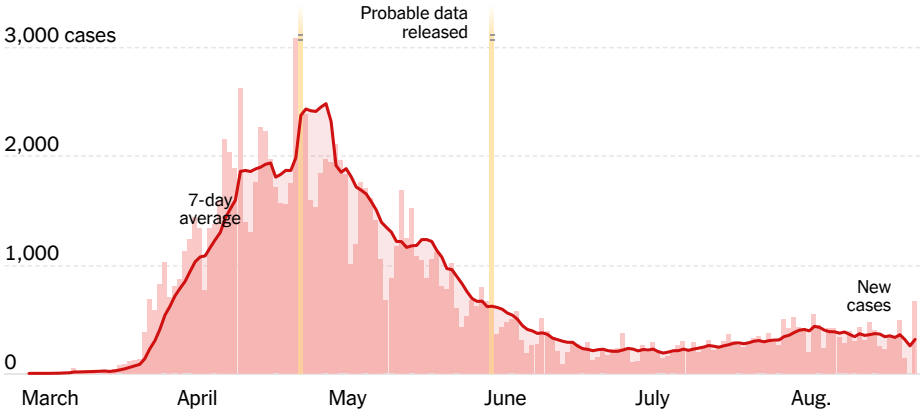
Show all

▶ About this data

The New York Times is engaged in a comprehensive effort to track details about every reported case in the United States, collecting information from federal, state and local officials around the clock. The numbers in this article are being updated several times a day based on the latest information our journalists are gathering from around the country.

We're tracking what has reopened in Massachusetts »

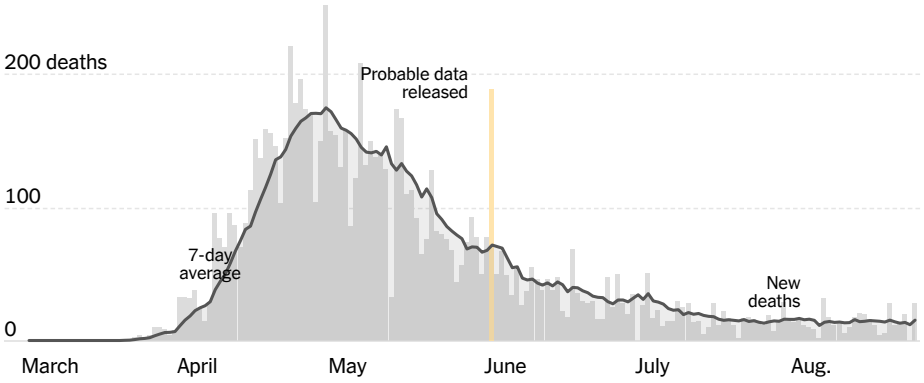
New reported cases by day in Massachusetts



These are days with a data reporting anomaly. Read more here.

Note: The seven-day average is the average of a day and the previous six days of data.

New reported deaths by day in Massachusetts



These are days with a data reporting anomaly. Read more here.

Note: Scale for deaths chart is adjusted from cases chart to display trend.

The New York Times has found that official tallies in the United States and in more than a dozen other countries have undercounted deaths during the coronavirus outbreak because of limited testing availability.

About the data

In data for Massachusetts, the Times primarily relies on reports from the state. Massachusetts typically releases new data each day. Weekend counts may be lower because fewer sources report to the state. The state reports cases and deaths based on a person's permanent or usual residence.

The Times has identified the following reporting anomalies or methodology changes in the data:

- **April 24:** The state reported the results of a large number of backlogged tests performed by Quest Diagnostics dating back to April 13.
- **June 1:** Massachusetts started reporting probable cases and deaths. This included the cumulative total of probable cases and deaths going back to March 1, leading to a large one-day increase.

- **June 30:** The state removed duplicate reports, causing a decrease in the total number of deaths.
- **Aug. 23:** The state did not report new cases or deaths during data system maintenance.
- As of Aug. 12, Massachusetts updates the number of cases and deaths by county once a week. The state previously updated these counts each day.

The tallies on this page include probable and confirmed cases and deaths.

Confirmed cases and deaths, which are widely considered to be an undercount of the true toll, are counts of individuals whose coronavirus infections were confirmed by a molecular laboratory test. **Probable cases and deaths** count individuals who meet criteria for other types of testing, symptoms and exposure, as developed by national and local governments.

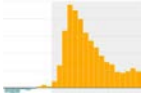
Governments often revise data or report a single-day large increase in cases or deaths from unspecified days without historical revisions, which can cause an irregular pattern in the daily reported figures. The Times is excluding these anomalies from seven-day averages when possible.

Read more about the methodology and download county-level data for coronavirus cases in the United States from The New York Times on GitHub.

Tracking the Coronavirus

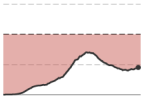
United States

Latest Maps and Data
Cases and deaths for every county

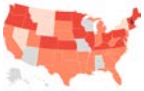


Deaths Above Normal
The true toll of coronavirus in the U.S.

Cities and Metro Areas
Where it is getting better and worse



Testing
Is your state doing enough?

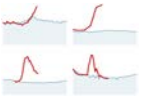


Nursing Homes
The hardest-hit states and facilities

Reopening
Which states are open and closed

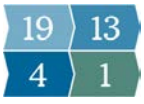
World

Latest Maps and Data
Cases and deaths for every country



Deaths Above Normal
The true toll of coronavirus around the world

Health



Vaccines
Track their development

Treatments
Rated by effectiveness and safety

Countries

Brazil Canada France

- Keep your distance from others. Stay at least six feet away from people outside your household as much as possible.
- Wear a mask outside your home. A mask protects others from your germs, and it protects you from infection as well. The more people who wear masks, the more we all stay safer.
- Wash your hands often. Anytime you come in contact with a surface outside your home, scrub with soap for at least 20 seconds, rinse and then dry your hands with a clean towel.
- Avoid touching your face. The virus can spread when our hands come into contact with the virus, and we touch our nose, mouth or eyes. Try to keep your hands away from your face unless you have just recently washed them.

Here's a complete guide on how you can prepare for the coronavirus outbreak.

By Sarah Almukhtar, Aliza Aufrichtig, Matthew Bloch, Julia Calderone, Keith Collins, Matthew Conlen, Lindsey Cook, Gabriel Gianordoli, Amy Harmon, Rich Harris, Adeel Hassan, Jon Huang, Danya Issawi, Danielle Ivory, K.K. Rebecca Lai, Alex Lemonides, Allison McCann, Richard A. Oppel Jr., Jugal K. Patel, Kirk Semple, Julie Walton Shaver, Anjali Singhvi, Charlie Smart, Mitch Smith, Derek Watkins, Timothy Williams, Jin Wu and Karen Yourish. · Reporting was contributed by Jordan Allen, Jeff Arnold, Ian Austen, Mike Baker, Ellen Barry, Samone Blair, Nicholas Bogel-Burroughs, Aurelien Breeden, Elisha Brown, Emma Bubola, Maddie Burakoff, Alyssa Burr, Christopher Calabrese, Sarah Cahalan, Zak Cassel, Robert Chiarito, Izzy Colón, Matt Craig, Yves De Jesus, Brendon Derr, Brandon Dupré, Melissa Eddy, John Eligon, Timmy Facciola, Bianca Fortis, Matt Furber, Robert Gebeloff, Matthew Goldstein, Grace Gorenflo, Rebecca Griesbach, Benjamin Guggenheim, Lauryn Higgins, Josh Holder, Jake Holland, Jon Huang, Anna Joyce, Ann Hinga Klein, Jacob LaGesse, Alex Lim, Patricia Mazzei, Jesse McKinley, Miles McKinley, K.B. Mensah, Sarah Mervosh, Jacob Meschke, Lauren Messman, Andrea Michelson, Jaylynn Moffat-Mowatt, Steven Moity, Paul Moon, Thomas Gibbons-Neff, Anahad O'Connor, Ashlyn O'Hara, Azi Paybarah, Elian Peltier, Sean Plambeck, Elisabetta Povoledo, Cierra S. Queen, Savannah Redl, Scott Reinhard, Thomas Rivas, Frances Robles, Natasha Rodriguez, Alison Saldanha, Kai Schultz, Alex Schwartz, Emily Schwing, Libby Seline, Sarena Snider, Brandon Thorp, Alex Traub, Maura Turcotte, Tracey Tully, Lisa Waananen Jones, Amy Schoenfeld Walker, Jeremy White, Kristine White, Sameer Yasir and John Yoon. · Data acquisition and additional work contributed by Will Houp, Andrew Chavez, Michael Strickland, Tiff Fehr, Miles Watkins, Josh Williams, Albert Sun, Shelly Seroussi, Nina Pavlich, Carmen Cincotti, Ben Smithgall, Andrew Fischer, Rachel Shorey, Blacki Migliozzi, Alastair Coote, Steven Speicher, Hugh Mandeville, Robin Berjon, Thu Trinh, Carolyn Price, James G. Robinson, Phil Wells, Yanxing Yang, Michael Beswetherick, Michael Robles, Nikhil Baradwaj, Ariana Giorgi and Bella Virgilio.

Germany	Mexico	U.K.
India	Spain	United States
Italy		

States, Territories and Cities

Alabama	Maine	Oklahoma
Alaska	Maryland	Oregon
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	Puerto Rico
California	Minnesota	Rhode Island
Colorado	Mississippi	South Carolina
Connecticut	Missouri	South Dakota
Delaware	Montana	Tennessee
Florida	Nebraska	Texas
Georgia	Nevada	Utah
Hawaii	New Hampshire	Vermont
Idaho	New Jersey	Virginia
Illinois	New Mexico	Washington
Indiana	New York	Washington, D.C.
Iowa	New York City	West Virginia
Kansas	North Carolina	Wisconsin
Kentucky	North Dakota	Wyoming
Louisiana	Ohio	

What you can do

Experts' understanding of how the Covid-19 works is growing. It seems that there are four factors that most likely play a role: how close you get to an infected person; how long you are near that person; whether that person expels viral droplets on or near you; and how much you touch your face afterwards. Here is a guide to the symptoms of Covid-19.

You can help reduce your risk and do your part to protect others by following some basic steps:

Massachusetts Department of Public Health COVID-19 Dashboard - Tuesday, May 05, 2020

Overview

This COVID-19 dashboard presents data in an easy to interpret way and enhances the information provided in the previous daily reports with trends and situational insights into the epidemic. While this dashboard includes the same information from the daily reports, it presents new visuals of data and displays trends over time.

Newly Reported Cases Today	Confirmed Cases	Newly Reported Deaths Today	Deaths of Confirmed COVID-19 Cases
1,184	70,271	122	4,212

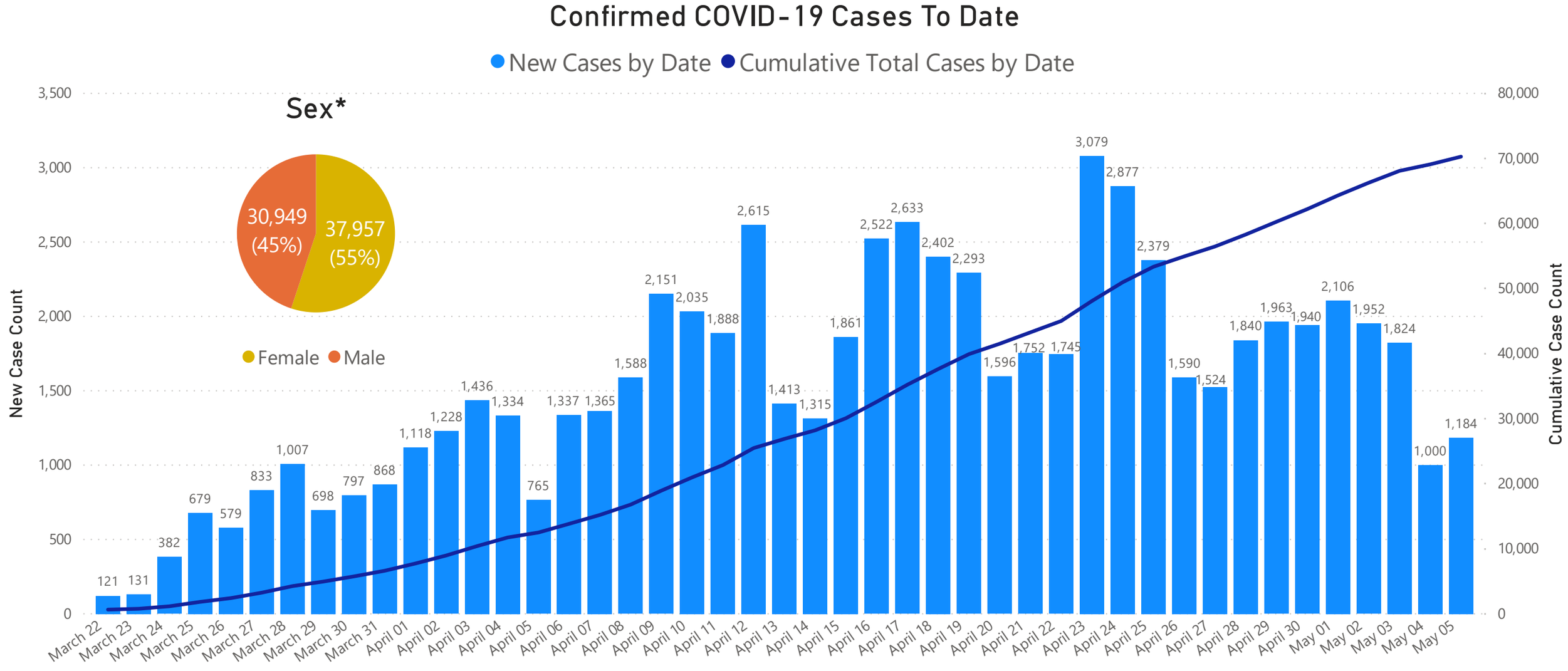
Percent of All Cases Currently Hospitalized	Count of Cases Currently in ICU	New Tests Reported Today	Total Tests Performed
5%	914	9,081	333,349

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences, the Registry of Vital Records and Statistics, and MDPH survey of hospitals (hospital survey data are self-reported); Tables and Figures created by the Office of Population Health.

Note: all data are cumulative and current as of 10:00am on the date at the top of the page for all statistics except current hospitalizations/hospitalization trends, which are current as of 12:00pm.

Table of Contents

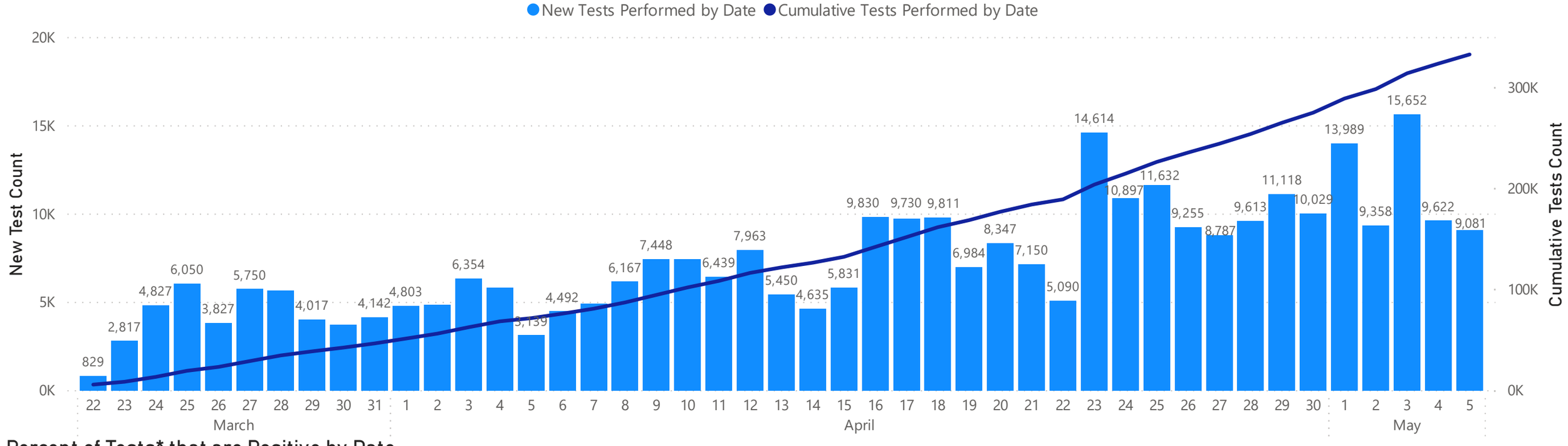
Daily and Cumulative Confirmed Cases



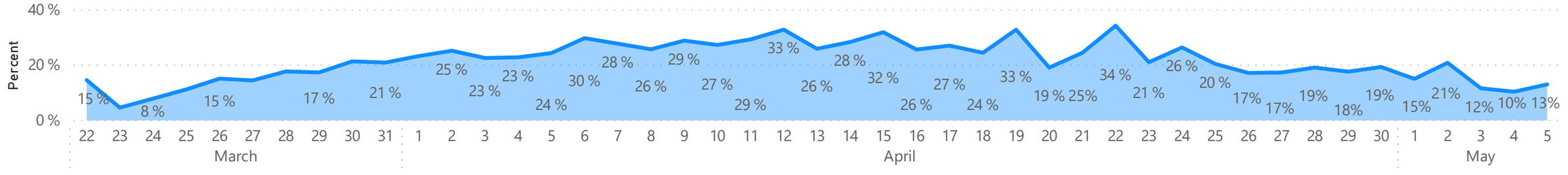
Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.
Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *Excludes unknown values

Testing by Date

Number of Tests* Performed by Date



Percent of Tests* that are Positive by Date



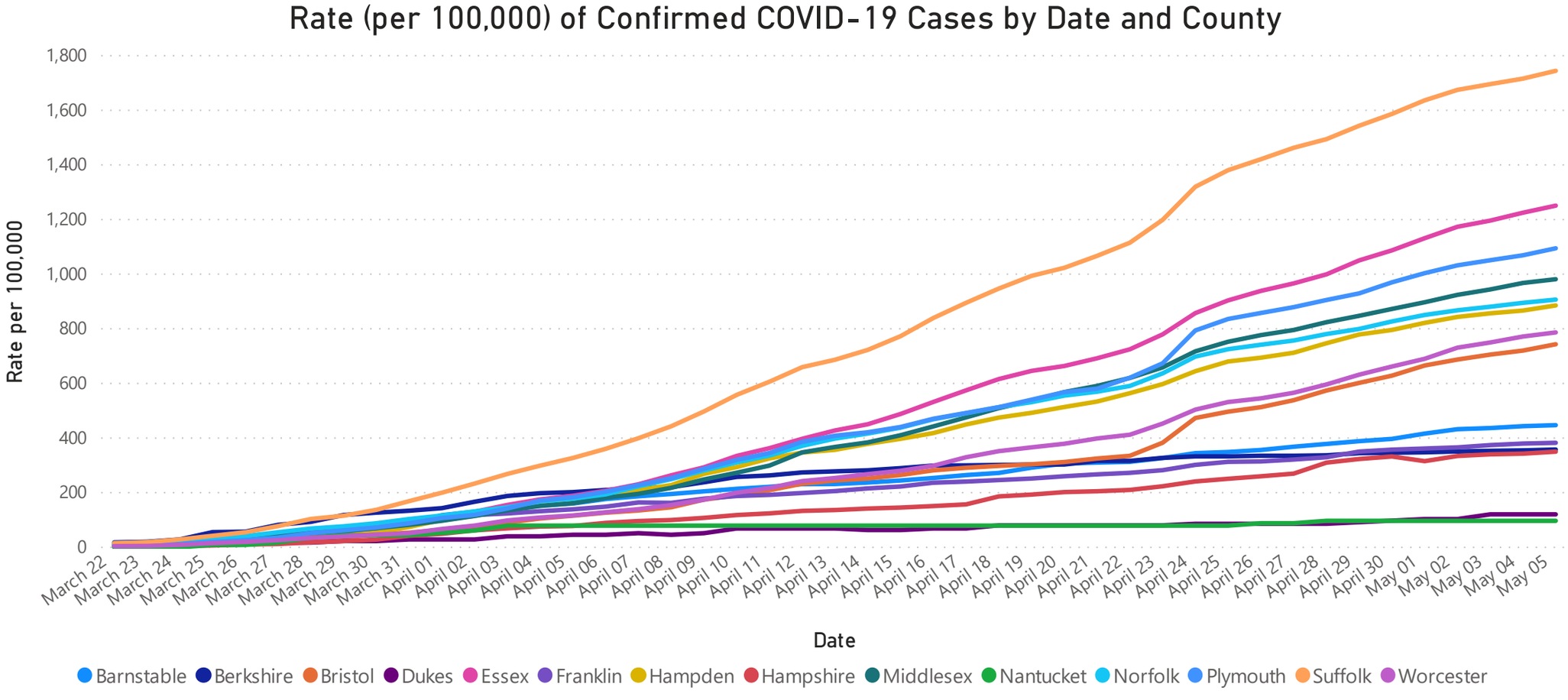
Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.

Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *The on-site mobile testing (nursing homes, assisted living residence, etc.) program launched as a pilot on 3/31, increasing daily capacity throughout the first week of April, and began testing at full facilities on April 9th. Add. 119

Cases and Case Growth by County

Count by County

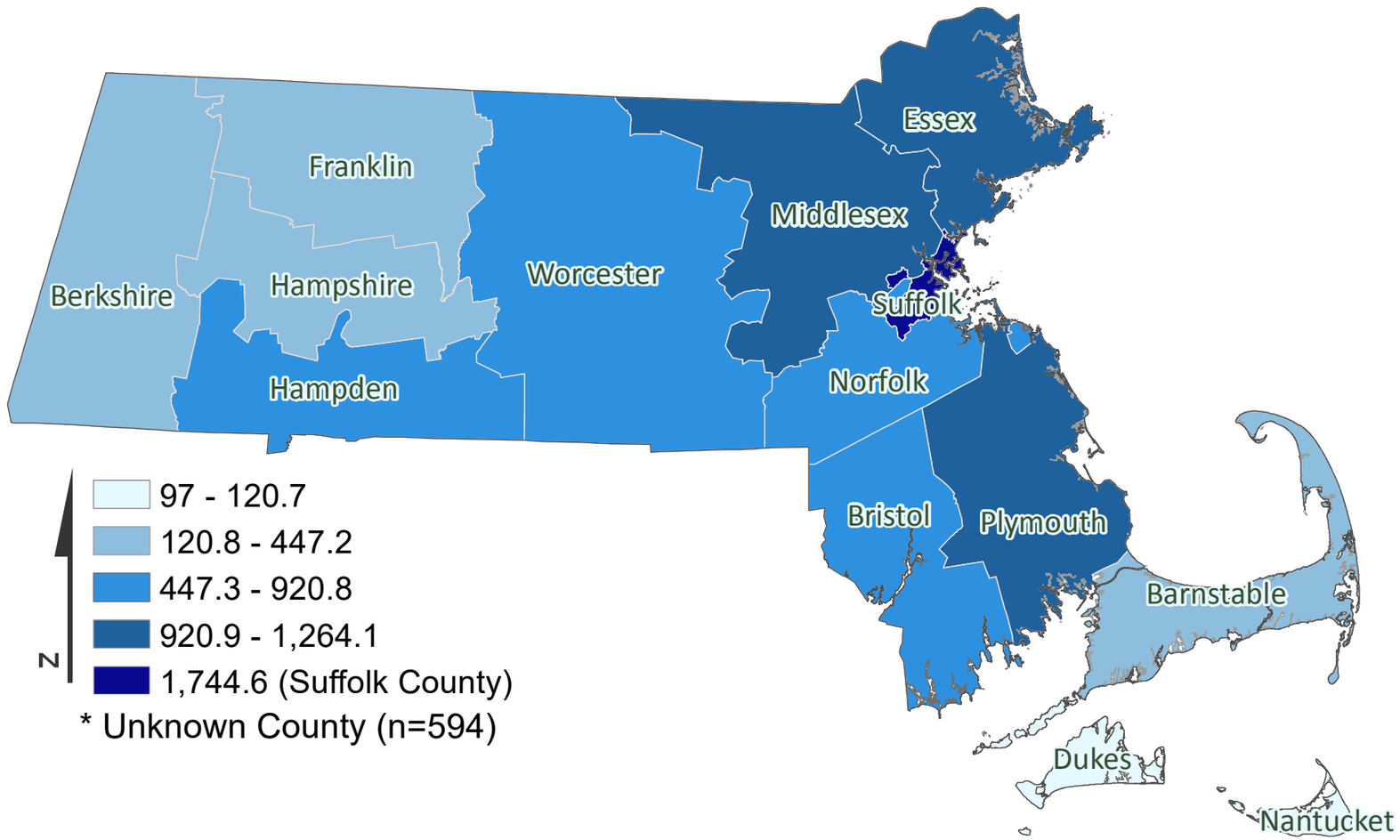
County	Count
Middlesex	15,980
Suffolk	14,173
Essex	9,979
Worcester	6,597
Norfolk	6,466
Plymouth	5,736
Bristol	4,235
Hampden	4,203
Barnstable	969
Unknown	594
Hampshire	575
Berkshire	457
Franklin	275
Dukes	21
Nantucket	11
Total	**70,271**



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; County Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018, Massachusetts Department of Public Health, Bureau of Environmental Health; Tables and Figures created by the Office of Population Health.
Note: all data are cumulative and current as of 10:00am on the date at the top of the page.

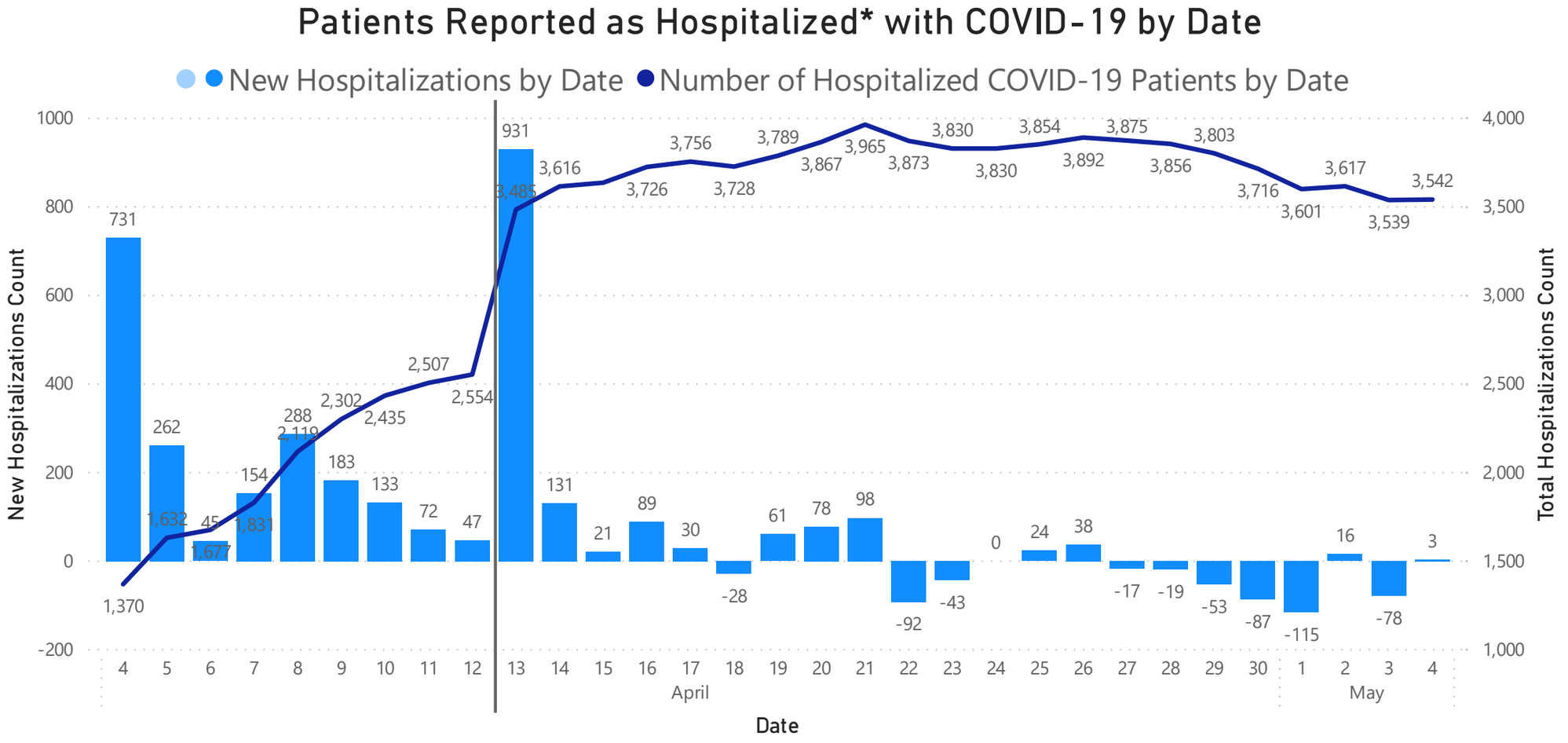
Prevalence by County

Rate (per 100,000) of Confirmed COVID-19 Cases by County (n=70,271)*



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Map created by the Office of Population Health;
County Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018, Massachusetts Department of Public Health, Bureau of Environmental Health;
Note: All data are cumulative and current as of 10:00 am on the date at the top of the page.

Daily and Cumulative COVID-19 Hospitalizations



COVID-19 Cases Currently Hospitalized

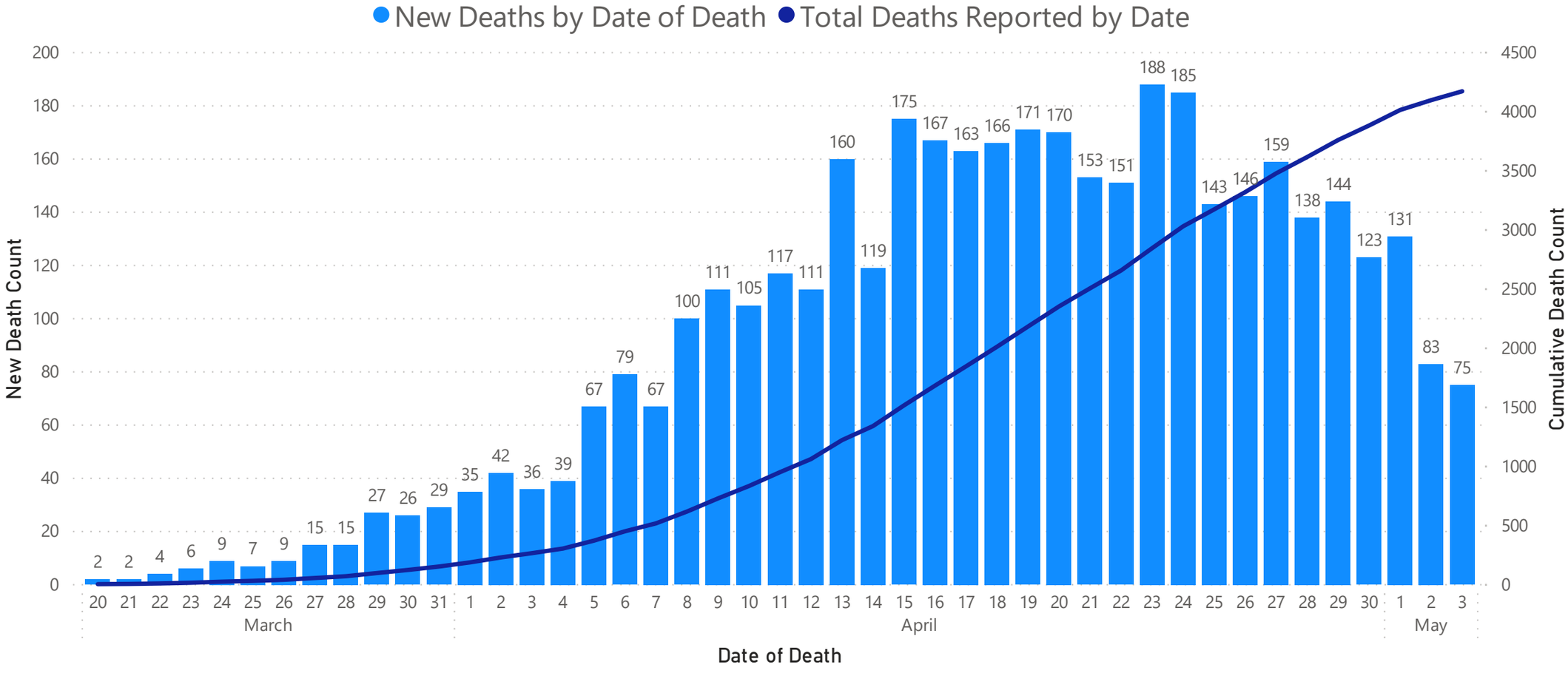
3,542

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and MDPH survey of hospitals (hospital survey data are self-reported); Tables and Figures created by the Office of Population Health.

Notes: data are current as of 12:00pm on the date at the top of the page; ***prior to 4/13 only confirmed cases were included in the hospitalization count data (light blue bars); starting 4/13 both confirmed and suspected cases are included (dark blue bars).***

Daily and Cumulative Deaths

Deaths* in Confirmed COVID-19 Cases by Date of Death



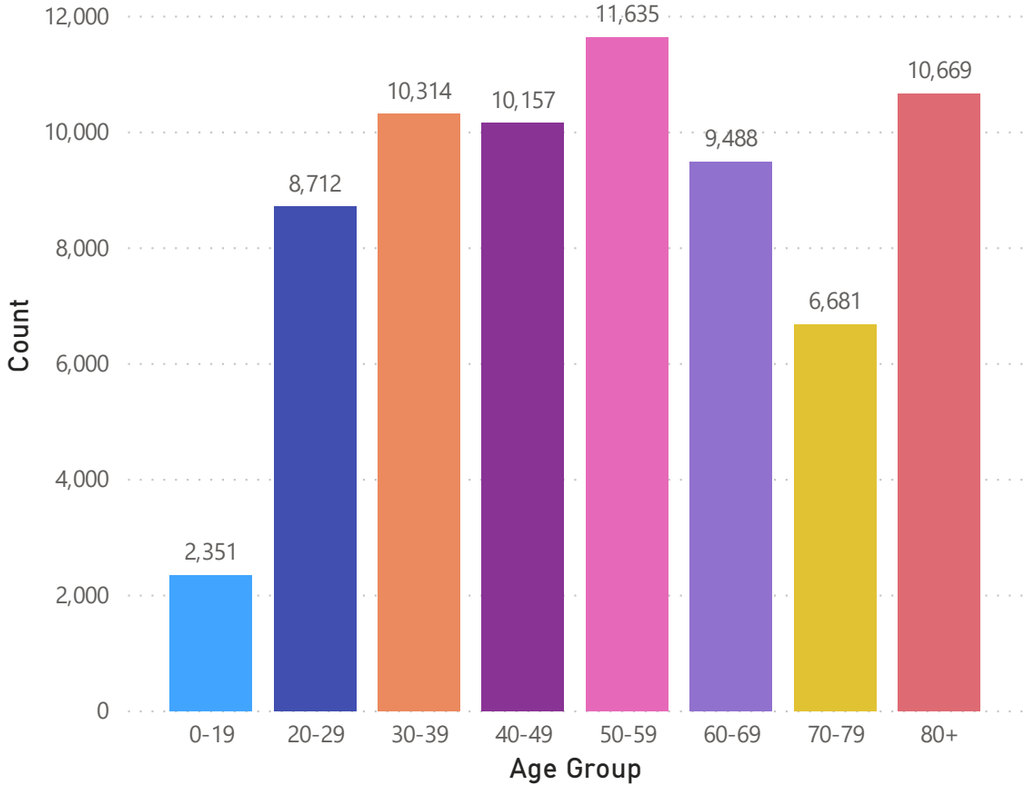
Deaths in Confirmed COVID-19 Cases

4,212

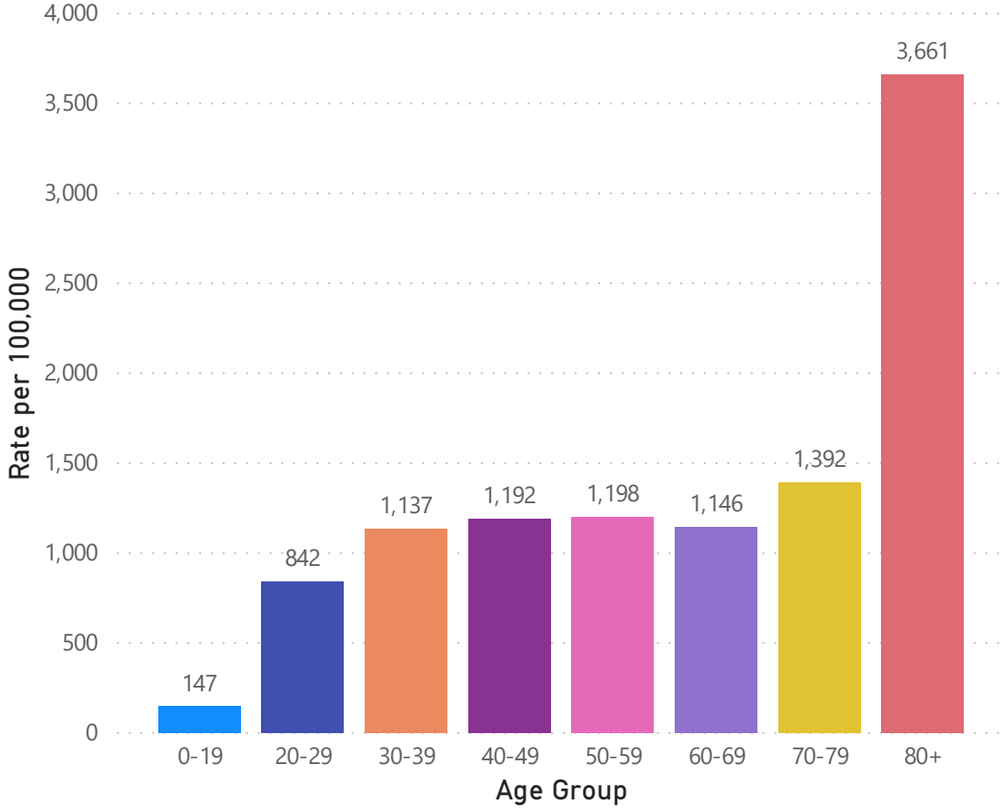
Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Tables and Figures created by the Office of Population Health
Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *Counts on the trend chart do not match total number of deaths reported, as there is a several day lag in reporting by date of death.

Cases and Case Rate by Age Group

Confirmed COVID-19 Cases by Age Group



Rate (per 100,000) of Confirmed COVID-19 Cases by Age Group



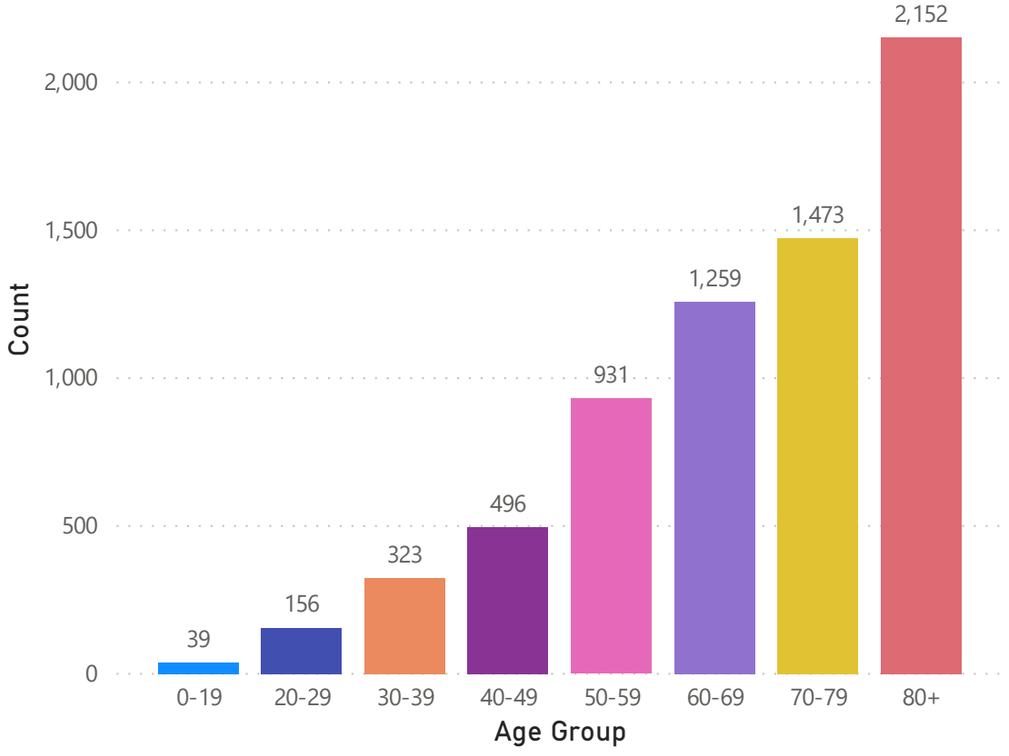
Average age of COVID-19 Cases

53

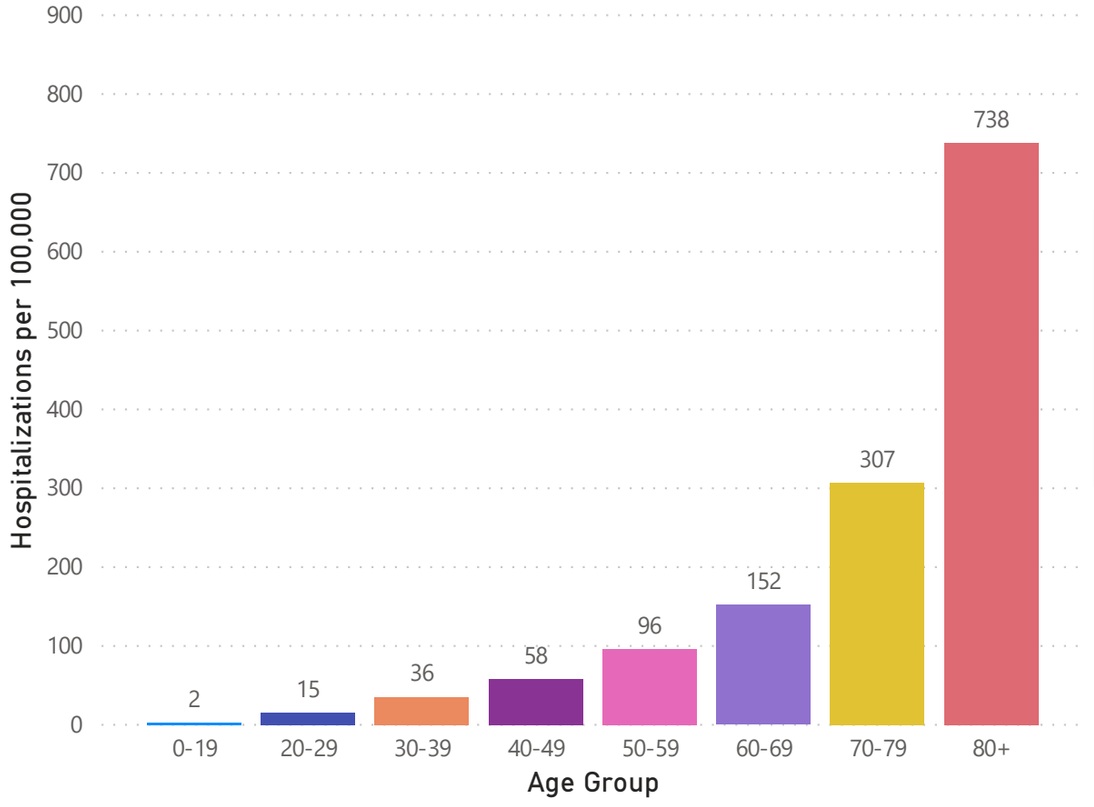
Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences, Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018; Tables and Figures created by the Office of Population Health.
Note: all data are cumulative and current as of 10:00am on the date at the top of the page

Hospitalizations & Hospitalization Rate by Age Group

Confirmed COVID-19 Cases Reported as Hospitalized* by Age Group



Rate (per 100,000) of Confirmed COVID-19 Cases Reported as Hospitalized* by Age Group



Average Age of Cases Reported as Hospitalized*

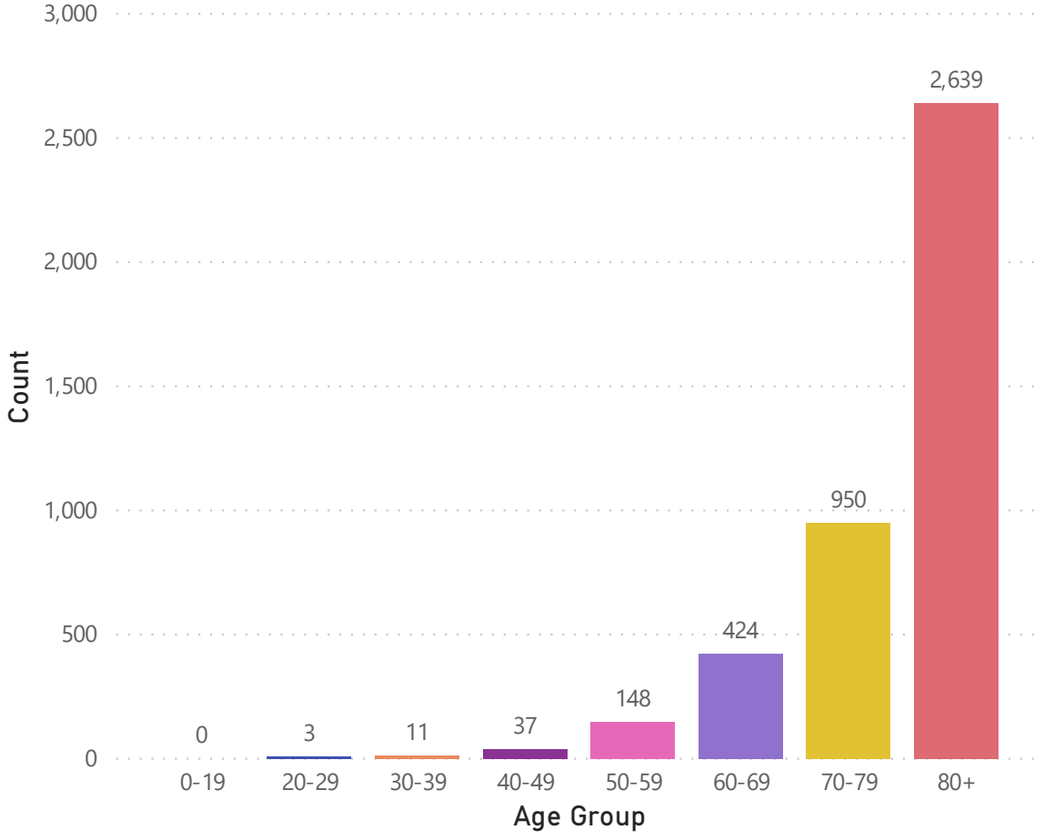
69

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018; ; Tables and Figures created by the Office of Population Health.

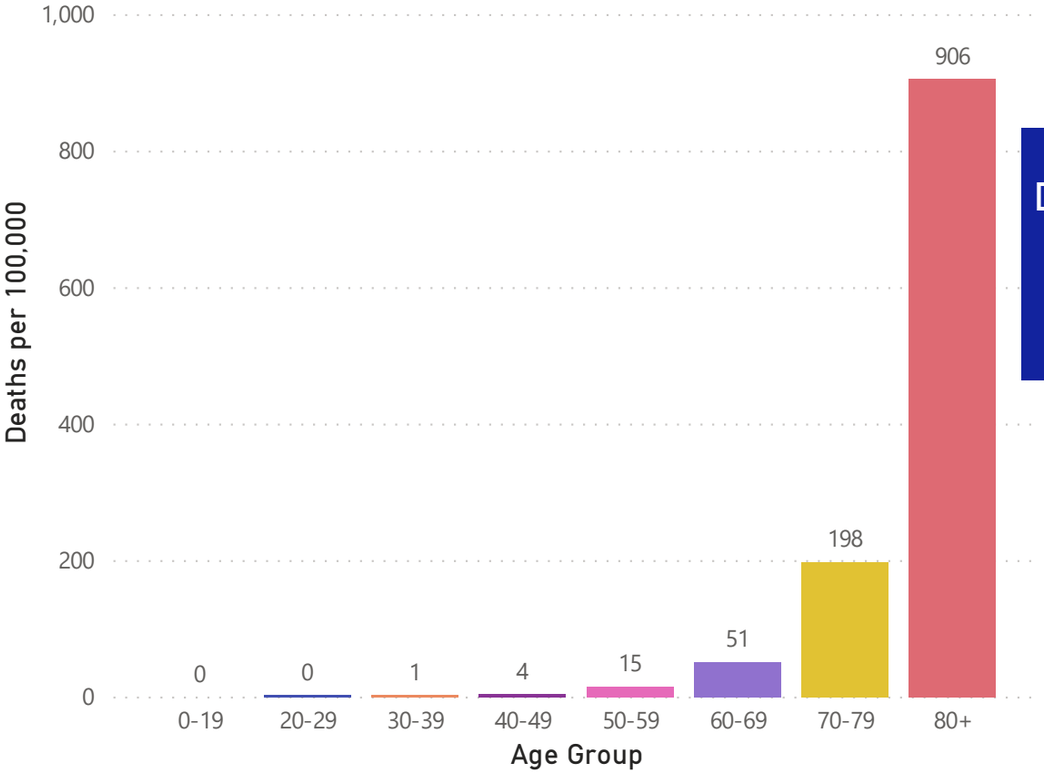
Notes: all data are cumulative and current as of 10:00am on the date at the top of the page; *Hospitalization refers to status at any point in time, not necessarily the current status of the patient, demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital surveys

Deaths and Death Rate by Age Group

Deaths by Age Group in Confirmed COVID-19 Cases



Rate (per 100,000) of Deaths in Confirmed COVID-19 Cases by Age Group



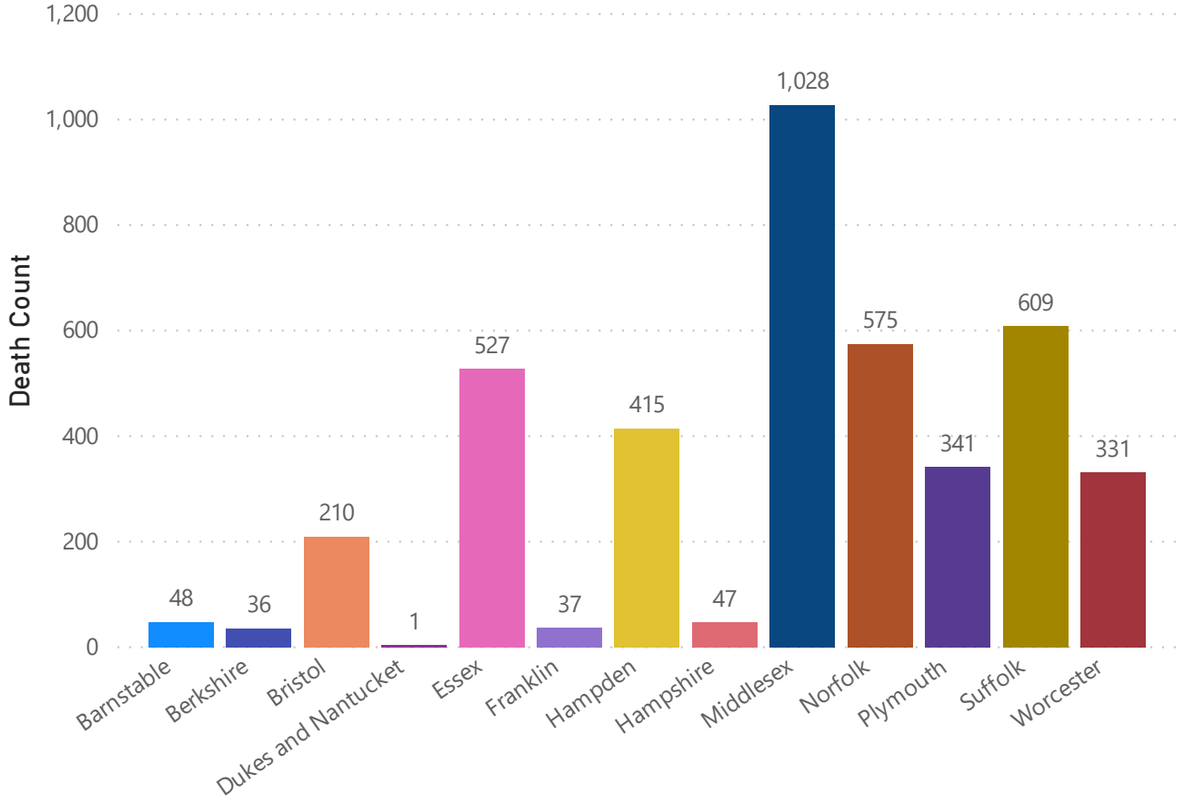
Average Age of Deaths in Confirmed COVID-19 Cases

82

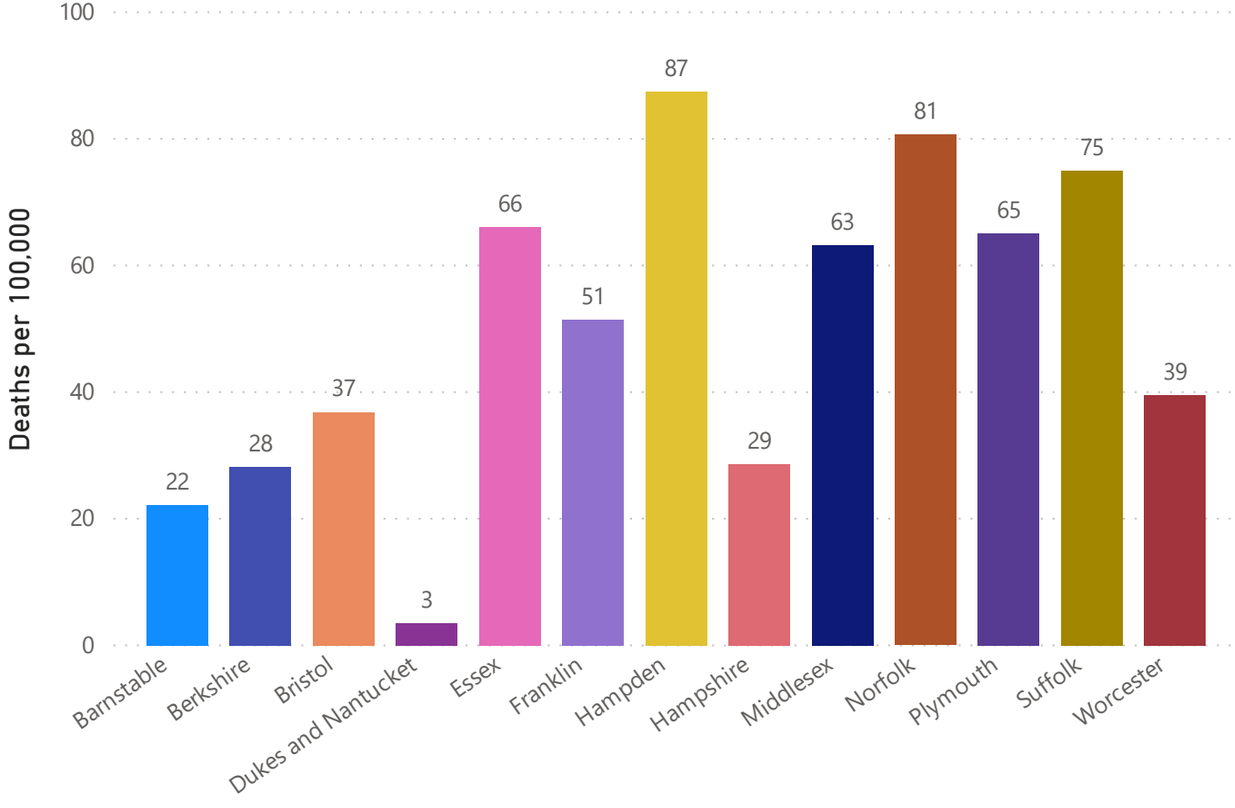
Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018; Tables and Figures created by the Office of Population Health.
Note: all data are cumulative and current as of 10:00am on the date at the top of the page

Deaths and Death Rate by County

Count of Deaths in Confirmed COVID-19 Cases by County



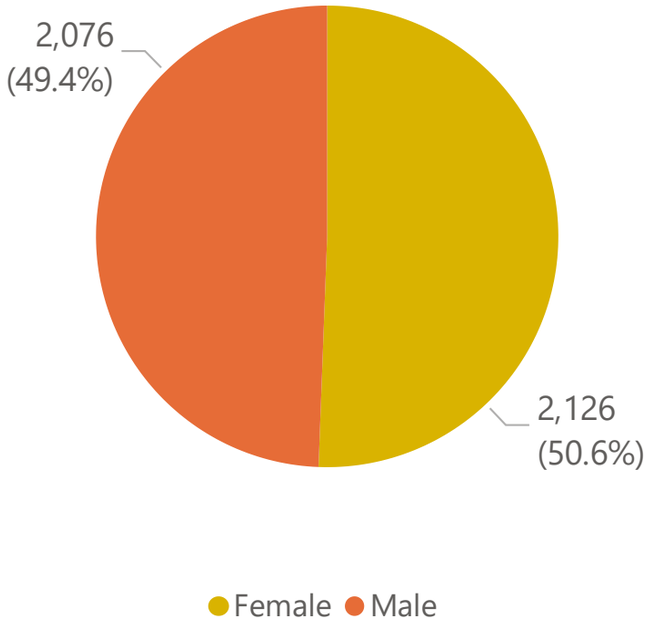
Rate (per 100,000) of Deaths in Confirmed COVID-19 Deaths by County



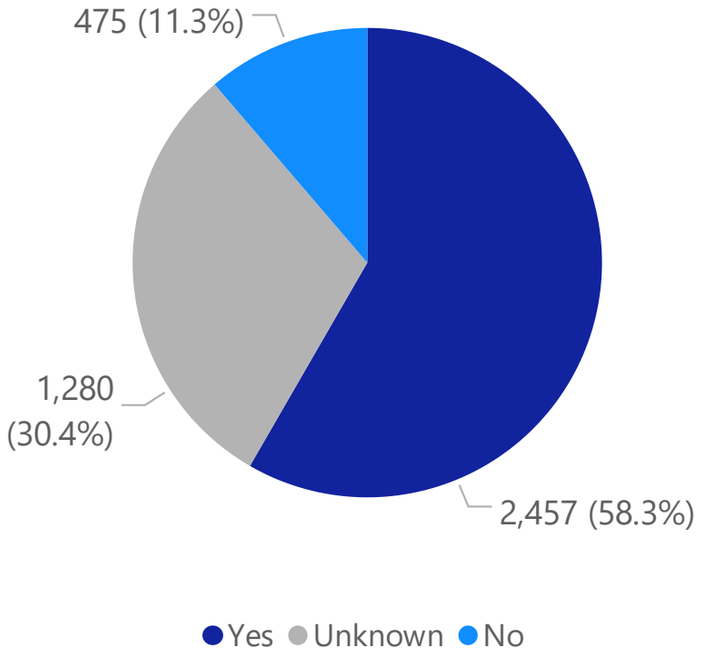
Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; County Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018, Massachusetts Department of Public Health, Bureau of Environmental Health; Tables and Figures created by the Office of Population Health.
Note: all data are cumulative and current as of 10:00am on the date at the top of the page

Deaths by Sex, Previous Hospitalization, & Underlying Conditions

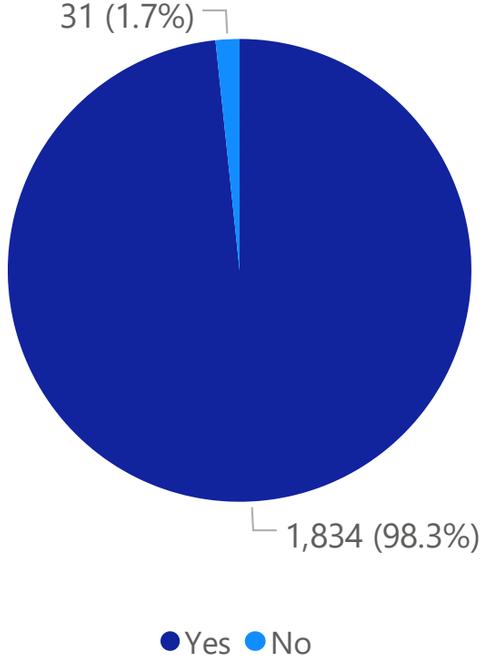
Deaths by Sex+



Deaths with a Previous Hospitalization*



Deaths** with Underlying Conditions



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health.
Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *Hospitalized at any point in time, not necessarily the current status; **Only includes data from deaths following completed investigation, figures are updates as additional investigations are completed; + Excludes unknown values

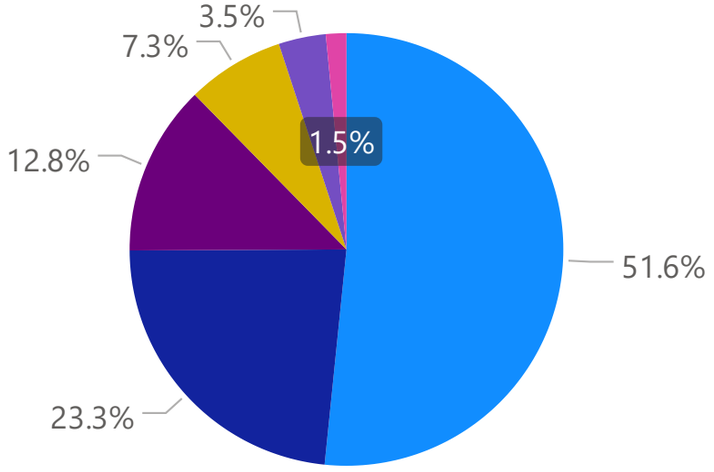
Cases, Hospitalizations, & Deaths by Race/Ethnicity

The following caveats apply to these data:

1. Information on race and ethnicity is collected and reported by laboratories, healthcare providers and local boards of health and may or may not reflect self-report by the individual case.
2. If no information is provided by any reporter on a case's race or ethnicity, DPH classifies it as missing.
3. A classification of unknown indicates the reporter did not know the race and ethnicity of the individual, the individual refused to provide information, or that the originating system does not capture the information.
4. Other indicates multiple races or that the originating system does not capture the information.

Note: COVID-19 testing is currently conducted by dozens of private labs, hospitals, and other partners and the Department of Public Health is working with these organizations and to improve data reporting by race and ethnicity, to better understand where, and on whom, the burden of illness is falling so the Commonwealth can respond more effectively. On 4/8, the Commissioner of Public Health issued an Order related to collecting complete demographic information for all confirmed and suspected COVID-19 patients.

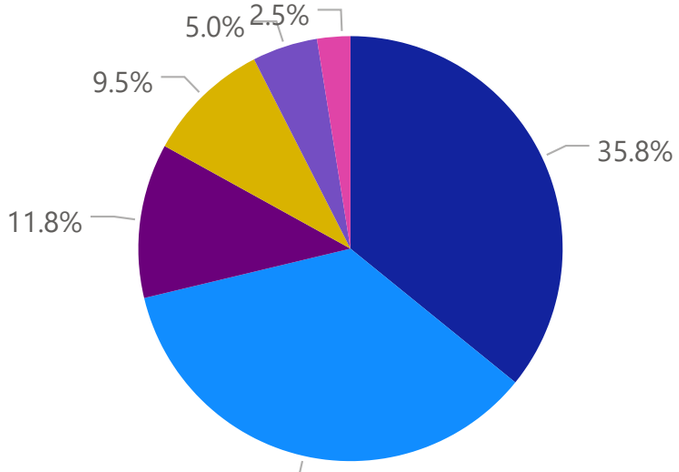
Cases by Race/Ethnicity



70,271

Total Case Count

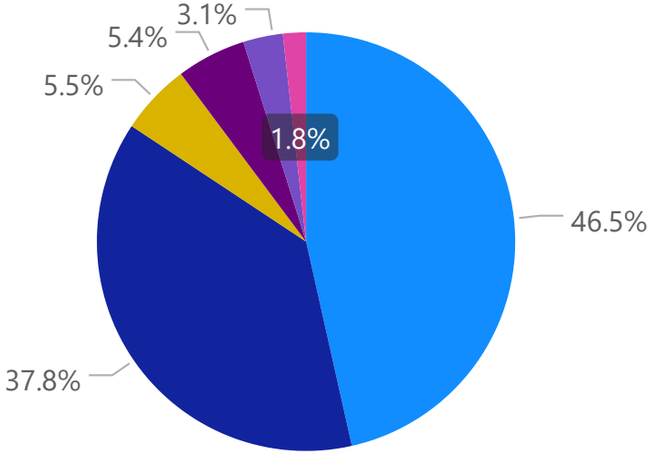
Cases Reported as Hospitalized* by Race/Ethnicity



6,831

Total Cases Reported as Hospitalized

Deaths by Race/Ethnicity



4,212

Total Deaths

Hispanic Non-Hispanic Asian Non-Hispanic Black/African American Non-Hispanic Other Non-Hispanic White Unknown/Missing

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health.

Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *Hospitalization refers to status at any point in time, not necessarily the current status of the patient/demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital surveys

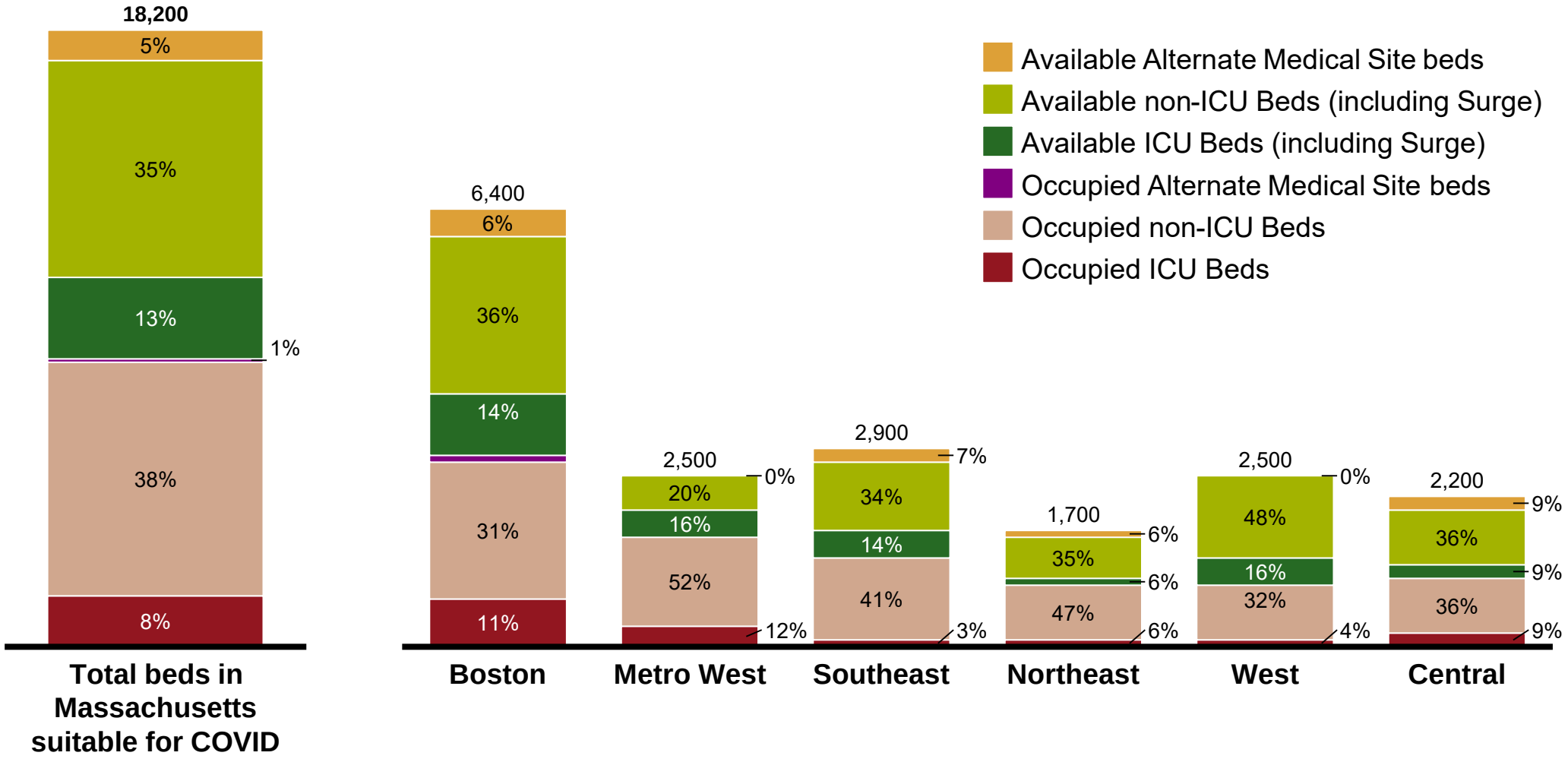
COVID-19 Cases in Long-Term Care (LTC) Facilities

Residents/Healthcare Workers of Long-Term Care Facilities with COVID-19	Long-Term Care Facilities Reporting At Least One Case of COVID-19	COVID-19 Deaths Reported in Long-Term Care Facilities
14,383	330	2,520

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 cumulative and current as of 10:00am on the date at the top of the page

Total Hospital Capacity by Region

Data collected as of 5/4/2020 5:00pm



Occupancy/ availability as reported by hospitals to DPH.

Regions shown represent EOHHS Regions. Note that total bed estimates may change day-to-day due to hospitals updating surge planning. This data includes 4,800 unstaffed surge beds.

COVID Patient Census by Hospital (1/2)

Data collected as of 5/4/2020 5:00pm

Hospital Name	Hospital county and zip code	Hospitalized Total COVID patients - suspected and confirmed (including ICU)	Hospitalized COVID Patients in ICU - suspected and confirmed
Addison Gilbert Hospital	Essex - 01930	1	1
Anna Jaques Hospital	Essex - 01950	14	3
Athol Memorial Hospital	Worcester - 01331	0	0
Baystate Franklin Medical Center	Franklin - 01301	7	1
Baystate Medical Center	Hampden - 01199	95	14
Baystate Noble Hospital	Hampden - 01085	5	0
Baystate Wing Hospital	Hampden - 01069	8	0
Berkshire Medical Center	Berkshire - 01201	4	2
Beth Israel Deaconess Hospital - Milton	Norfolk - 02186	52	7
Beth Israel Deaconess Hospital - Needham	Norfolk - 02492	20	3
Beth Israel Deaconess Hospital - Plymouth	Plymouth - 02360	64	4
Beth Israel Deaconess Medical Center	Suffolk - 02215	226	81
Beverly Hospital	Essex - 01915	94	9
Boston Childrens Hospital	Suffolk - 02115	5	2
Boston Medical Center	Suffolk - 02118	233	53
Brigham and Womens - Faulkner	Suffolk - 02130	53	5
Brigham and Womens Hospital	Suffolk - 02115	163	68
Brockton Hospital	Plymouth - 02302	82	13
Cambridge Hospital	Middlesex - 02139	64	21
Cape Cod Hospital	Barnstable - 02601	18	4
Carney Hospital	Suffolk - 02124	63	14
Clinton Hospital	Worcester- 01510	0	0
Cooley Dickinson Hospital	Hampshire - 01060	16	5
Emerson Hospital	Middlesex - 01742	44	6
Fairview Hospital	Berkshire - 01230	3	0
Falmouth Hospital	Barnstable - 02540	5	1
Good Samaritan Medical Center	Plymouth - 02301	80	11
Harrington Hospital	Worcester - 01550	6	2
Health Alliance-Leominster	Worcester - 01453	26	5
Heywood Hospital	Worcester - 01440	12	0
Holy Family Hospital	Essex - 01844	68	24
Holyoke Hospital	Hampden - 01040	39	5
Lahey Hospital Burlington	Middlesex - 01805	127	53

Occupancy/ availability as reported by hospitals to DPH.

COVID Patient Census by Hospital (2/2)

Data collected as of 5/4/2020 5:00pm

Hospital Name	Hospital county and zip code	Hospitalized Total COVID patients - suspected and confirmed (including ICU)	Hospitalized COVID Patients in ICU - suspected and confirmed
Lahey Hospital Peabody	Essex - 01960	0	0
Lawrence General Hospital	Essex - 01841	62	18
Lowell General Hospital	Middlesex - 01854	82	22
Marlborough Hospital	Middlesex - 01752	24	12
Marthas Vineyard Hospital	Dukes - 02557	2	1
Massachusetts General Hospital	Suffolk - 02114	371	130
Melrose Wakefield Hospital	Middlesex - 02176	58	8
Mercy Medical Center	Hampden - 01104	38	14
Merrimack Valley Hospital	Essex - 01830	0	0
MetroWest Medical Center Framingham	Middlesex - 01702	44	16
MetroWest Medical Center Natick	Middlesex - 01760	11	1
Milford Regional Medical Center	Worcester - 01757	44	8
Morton Hospital	Bristol - 02780	76	12
Mount Auburn Hospital	Middlesex - 02138	69	9
Nantucket Cottage Hospital	Nantucket - 02554	0	0
Nashoba Valley Medical Center	Middlesex - 01432	0	0
New England Baptist Hospital	Suffolk - 02120	0	0
Newton-Wellesley Hospital	Middlesex - 02462	74	15
North Shore Medical Center Salem	Essex - 01970	125	25
Norwood Hospital	Norfolk - 02062	41	10
Saint Vincent Hospital	Worcester - 01608	71	16
Saints Memorial Medical Center	Middlesex - 01852	0	0
South Shore Hospital	Norfolk - 02190	114	13
Southcoast Charlton Memorial Hospital	Bristol - 02720	48	13
St Annes Hospital	Bristol - 02721	10	0
St Elizabeths Medical Center	Suffolk - 02135	49	19
St Lukes Hospital	Bristol - 02740	73	13
Sturdy Memorial Hospital	Bristol - 02703	34	5
Tobey Hospital	Plymouth - 02571	15	2
Tufts Medical Center	Suffolk - 02111	87	43
UMass Memorial-Memorial Campus	Worcester - 01605	74	19
UMass Memorial-University Campus	Worcester - 01655	94	47
Winchester Hospital	Middlesex - 01890	55	6

Occupancy/ availability as reported by hospitals to DPH.

Nursing Homes, Rest Homes, and Skilled Nursing Facilities With 2+ Known COVID Cases (1/6)

Facility	County	Total Licensed Beds	Number of confirmed cases[1]
16 Acres Healthcare Center	Hampden County	120	>30
Aberjona Nursing Center	Middlesex County	123	>30
Academy Manor	Essex County	174	>30
Advinia Care	Essex County	123	>30
Advinia Care at Wilmington	Middlesex County	142	>30
Advocate Health Care	Suffolk County	190	>30
Agawam Health Care	Hampden County	176	<10
Alden Court Nursing Care & Rehab	Bristol County	142	10-30
Alliance Health at Abbott	Essex County	55	10-30
Alliance Health at Baldwinville	Worcester County	94	>30
Alliance Health at Braintree	Norfolk County	101	>30
Alliance Health at Devereux	Essex County	64	>30
Alliance Health at Marina Bay	Norfolk County	167	>30
Alliance Health at Rosewood	Essex County	135	>30
Alliance Health at West Acres	Plymouth County	130	>30
Armenian Nursing & Rehab Center	Suffolk County	83	>30
Attleboro Health Care	Bristol County	120	>30
Baker-Katz Skilled Nursing and Rehab	Essex County	77	<10
Bay Path	Plymouth County	120	<10
Baypointe Rehab Center	Plymouth County	169	>30
Bear Hill Rehabilitation and Nursing Center	Middlesex County	169	>30
Bear Mountain Healthcare at Andover	Essex County	135	>30
Bear Mountain Healthcare at Reading	Middlesex County	123	>30
Bear Mountain Healthcare at Sudbury	Middlesex County	142	10-30
Bear Mountain Healthcare at Worcester	Worcester County	173	10-30
Beaumont Rehab & Skilled Nursing Center - Natick	Middlesex County	53	>30
Beaumont Rehabilitation and Skilled Nursing Center - Northborough	Worcester County	96	>30
Beaumont Rehabilitation and Skilled Nursing Center - Northbridge	Worcester County	154	>30
Beaumont Rehabilitation and Skilled Nursing Center - Westborough	Worcester County	152	>30
Beaumont at University Campus	Worcester County	164	10-30
Belmont Manor Nursing Home	Middlesex County	156	>30
Belvidere Health Center	Middlesex County	115	10-30
Benchmark SNR Living at the Commons	Middlesex County	81	10-30
Benjamin Healthcare Center	Suffolk County	205	>30
Bethany Skilled Nursing Facility	Middlesex County	169	>30
Blair House of Milford	Worcester County	73	>30
Blaire House at Tewksbury	Middlesex County	131	>30
Blaire House of Worcester	Worcester County	75	10-30
Blue Hills Health and Rehab Stoughton	Norfolk County	92	>30
Blueberry Hill Rehabilitation and Healthcare Center	Essex County	132	>30
Bostonian Nursing and Rehab	Suffolk County	121	<10
Bourne Manor Extended Care Facility	Barnstable County	142	<10
Braintree Manor HealthCare	Norfolk County	177	>30
Brandon Woods Dartmouth	Bristol County	118	>30
Briarwood Rehabilitation & Healthcare Center	Norfolk County	120	>30
Brighton House Rehabiliation & Nursing Center	Suffolk County	78	>30
Brockton Health Center	Plymouth County	123	>30
Brush Hill Care Center	Norfolk County	160	10-30
Buckley-Greenfield Healthcare Center	Franklin County	120	>30
Cambridge Rehab & Nursing Center	Middlesex County	83	>30
Campion Health & Wellness, Inc.	Middlesex County	70	<10
Cape Heritage Rehab and Health Care Center	Barnstable County	123	<10
Cape Regency Rehabilitation & Health Care Center	Barnstable County	120	>30
Care One at New Bedford	Bristol County	154	<10
CareOne at Brookline	Norfolk County	120	>30
CareOne at Concord	Middlesex County	135	>30
CareOne at Essex Park	Essex County	202	>30
CareOne at Holyoke	Hampden County	164	>30
CareOne at Lexington	Middlesex County	211	>30
CareOne at Lowell	Middlesex County	160	>30

1. Staff and residents

Note: This list includes Nursing Homes, Rest Homes, and Skilled Nursing Facilities with at least 2 reported COVID-19 cases to date (staff and residents).
Assisted living residences are not currently included. The number of cases for a facility relies on the amount of testing conducted; facilities not included on this list may have COVID-19 cases that have not yet been identified.
Some facilities have tested some or all residents only; some have also tested staff. A low number of cases may reflect that not all residents and staff have not been tested, not necessarily low prevalence
Source: MAVEN

Nursing Homes, Rest Homes, and Skilled Nursing Facilities With 2+ Known COVID Cases (2/6)

Facility	County	Total Licensed Beds	Number of confirmed cases[1]
CareOne at Millbury	Worcester County	154	>30
CareOne at Newton	Middlesex County	202	>30
CareOne at Northampton	Hampshire County	125	>30
CareOne at Peabody	Essex County	150	>30
CareOne at Randolph	Norfolk County	168	>30
CareOne at Redstone	Hampden County	254	>30
CareOne at Weymouth	Norfolk County	154	>30
CareOne at Wilmington	Middlesex County	132	>30
Carleton-Willard Village	Middlesex County	179	10-30
Carlyle House	Middlesex County	55	>30
Casa de Ramana Rehabiliation Center	Middlesex County	124	>30
Catholic Memorial Home	Bristol County	300	<10
Cedar View Rehabilitation and Healthcare Center	Essex County	106	>30
Center for Extended Care at Amherst	Hampshire County	134	>30
Chapin Center	Hampden County	160	>30
Charlene Manor & Extended Care Facility	Franklin County	123	10-30
Chestnut Woods Rehab	Essex County	88	>30
Chetwynde Healthcare	Middlesex County	75	>30
Chicopee Rehab and Nursing Center	Hampden County	68	<10
Christopher House of Worcester	Worcester County	156	<10
Clifton Rehab and Nursing Center	Bristol County	142	<10
Coleman House	Worcester County	22	>30
Colony Center for Health & Rehabilitation	Plymouth County	92	>30
Commons Residence at Orchard Cove	Norfolk County	45	>30
Copley at Stoughton	Norfolk County	123	10-30
Countryside Health Care of Milford	Worcester County	109	<10
Courtyard Nursing Care Center	Middlesex County	224	>30
D'Youville Senior Care	Middlesex County	208	>30
Day Brook Village Senior Living	Hampden County	92	>30
Dedham Healthcare	Norfolk County	145	10-30
Den-Mar Health and Rehab Center	Essex County	76	10-30
Dexter House Healthcare	Middlesex County	130	10-30
East Longmeadow Skilled Nursing Center	Hampden County	119	>30
Eastpointe Rehabilitation	Suffolk County	195	>30
Elaine Center at Hadley	Hampshire County	154	10-30
Eliot Center for Health and Rehab	Middlesex County	114	>30
Elizabeth Seton Residence	Norfolk County	84	>30
Elmhurst Healthcare	Middlesex County	45	10-30
Fairhaven Healthcare Center of Lowell	Middlesex County	169	>30
Fairview Commons Nursing & Rehabilitation	Berkshire County	146	<10
Fall River Healthcare	Bristol County	176	>30
Fitchburg HealthCare	Worcester County	160	>30
Garden Place Health Care	Bristol County	133	10-30
Glen Ridge Nursing Care Center	Middlesex County	164	>30
Gloucester HealthCare	Essex County	101	>30
Governor's Center	Hampden County	100	>30
Greenwood Nursing and Rehab Center	Middlesex County	36	10-30
Hancock Park Rehabilitation & Nursing Center	Norfolk County	142	>30
Hannah Duston Healthcare Center	Essex County	128	10-30
Harbor House Nursing & Rehab Center	Plymouth County	142	10-30
Hathaway Manor Extended Care	Bristol County	142	10-30
Hathorne Hill	Essex County	120	10-30
Heathwood Healthcare	Middlesex County	73	10-30
Hellenic Nursing & Rehab Center	Norfolk County	154	>30
Heritage Hall East	Hampden County	123	>30
Heritage Hall North	Hampden County	124	10-30
Heritage Hall West	Hampden County	164	>30
Hermitage Healthcare	Worcester County	101	<10
Highview of Northampton	Hampshire County	120	10-30
Holden Rehabilitation & Nursing Center	Worcester County	123	<10

1. Staff and residents

Note: This list includes Nursing Homes, Rest Homes, and Skilled Nursing Facilities with at least 2 reported COVID-19 cases to date (staff and residents).
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Some facilities have tested some or all residents only; some have also tested staff. A low number of cases may reflect that not all residents and staff have not been tested, not necessarily low prevalence
Source: MAVEN

Nursing Homes, Rest Homes, and Skilled Nursing Facilities With 2+ Known COVID Cases (3/6)

Facility	County	Total Licensed Beds	Number of confirmed cases[1]
Holy Trinity Nursing and Rehabilitation Center	Worcester County	113	>30
Hunt Nursing and Rehab Center	Essex County	120	>30
JML Care Center Falmouth	Barnstable County	132	<10
Jeanne Jugan Residence - Little Sisters of the Poor	Middlesex County	84	<10
Jeffrey and Susan Brudnick Center for Living	Essex County	180	>30
Jesmond Nursing Home	Essex County	57	10-30
Jewish Healthcare Center - Worcester	Worcester County	141	>30
John Adams Healthcare Center	Norfolk County	71	<10
John Scott House Nursing & Rehab	Norfolk County	138	>30
Julian J Levitt Family Nursing Home	Hampden County	200	>30
Katzman Family Center For Living	Suffolk County	120	>30
Knollwood Nursing Center	Worcester County	82	10-30
Lafayette Rehab & Skilled Nursing	Essex County	65	10-30
Laurel Ridge Rehab and Skilled Care Center	Suffolk County	120	10-30
Ledgewood Skilled Nursing and Rehabilitation Center	Essex County	123	10-30
Leonard Florence Center for Living	Suffolk County	100	10-30
Liberty Commons	Barnstable County	132	<10
Life Care Center of Acton	Middlesex County	155	10-30
Life Care Center of Attleboro	Bristol County	123	>30
Life Care Center of Leominster	Worcester County	133	<10
Life Care Center of Merrimack Valley	Middlesex County	124	>30
Life Care Center of Plymouth	Plymouth County	150	>30
Life Care Center of Raynham	Bristol County	154	>30
Life Care Center of Stoneham	Middlesex County	94	>30
Life Care Center of Wilbraham	Hampden County	123	>30
Life Care Center of the North Shore	Essex County	123	>30
Life Care Center of the South Shore	Plymouth County	117	<10
LifeCare Center of Auburn	Worcester County	154	<10
LifeCare Center of West Bridgewater	Plymouth County	150	10-30
Lifecare Center of Nashoba Valley	Middlesex County	120	>30
Lighthouse Nursing Care Center	Suffolk County	123	>30
Linden Ponds	Plymouth County	132	10-30
Longmeadow of Taunton	Bristol County	100	>30
Loomis Lakeside at Reeds Landing	Hampden County	15	10-30
Lutheran Rehabilitation and Skilled Care Center	Worcester County	150	<10
Lydia Taft House	Worcester County	53	<10
MI Nursing and Restorative Center	Essex County	250	>30
Madonna Mannor Nursing Home	Bristol County	129	>30
Maples Rehab & Nursing Center	Norfolk County	144	10-30
Maplewood Rehab and Nursing	Essex County	120	<10
Marian Manor	Suffolk County	355	>30
Marion Manor of Taunton	Bristol County	116	<10
Marist Hill Nursing & Rehabilitation Center	Middlesex County	123	>30
Marlborough Hills Rehab & Healthcare Center	Middlesex County	196	>30
Mary Ann Morse Nursing & Rehab Center	Middlesex County	124	>30
Masconomet Healthcare Center	Essex County	123	>30
Mattapan Health and Rehab	Suffolk County	85	10-30
Mayflower Place Nursing and Rehab West Yarmouth	Barnstable County	72	<10
Meadow Green Rehabilitation and Nursing Cente	Middlesex County	123	>30
Medford Rehabilitation & Nursing Center	Middlesex County	142	>30
Medway Country Manor Skilled Nursing & Rehab	Norfolk County	123	10-30
Melrose Healthcare	Middlesex County	106	10-30
Merrimack Valley Health Center	Essex County	203	10-30
Milford Center	Worcester County	135	>30
Mont Marie Rehabilitation & Healthcare Center	Hampden County	84	10-30
Mt. St. Vincent Nursing Home	Hampden County	125	>30
Nemasket Healthcare Center	Plymouth County	102	<10
Neville Center	Middlesex County	112	>30
Nevins Nursing & Rehab Center	Essex County	153	>30
New England Homes for the Deaf, Inc	Essex County	81	>30

1. Staff and residents

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Source: MAVEN

Nursing Homes, Rest Homes, and Skilled Nursing Facilities With 2+ Known COVID Cases (4/6)

Facility	County	Total Licensed Beds	Number of confirmed cases[1]
NewBridge on the Charles	Norfolk County	48	>30
Newfield House Convalescent Home	Plymouth County	100	10-30
Northwood Rehabilitation and Healthcare Center	Middlesex County	123	>30
Norwood Healthcare	Norfolk County	170	>30
Notre Dame Long Term Care Center	Worcester County	123	>30
Oak Knoll Nursing Home	Middlesex County	123	>30
Oakhill Healthcare	Plymouth County	123	10-30
Oaks Nursing Home	Bristol County	122	<10
Odd Fellows Home of Worcester	Worcester County	100	10-30
Our Lady's Haven Skilled Nursing & Rehabilitative Care	Bristol County	117	>30
Oxford Rehab & Healthcare	Essex County	120	>30
Palm Skilled Nursing Center	Middlesex County	124	>30
Park Avenue Health Center	Middlesex County	89	>30
Park Place Nursing & Rehabilitation Center	Suffolk County	53	10-30
Parkway Health & Rehabilitation Center	Suffolk County	141	>30
Parsons Hill Rehab and Health Care Center	Worcester County	162	>30
Penacook Place	Essex County	160	>30
Phillips Manor Nursing Home	Essex County	29	10-30
Pilgrim Rehabilitation and Skilled Nursing Facility	Essex County	152	>30
Pine Knoll Nursing	Middlesex County	81	>30
Pleasant Bay Nursing	Barnstable County	135	>30
Pleasant Street Rest Home	Bristol County	60	10-30
Plymouth Harborside Healthcare	Plymouth County	101	<10
Poet's Seat	Franklin County	63	10-30
Pope Nursing home	Norfolk County	49	>30
Prescott House	Essex County	126	10-30
Presentation Rehabilitation & Skilled Care Center	Suffolk County	122	>30
Queen Anne Nursing Home	Plymouth County	106	>30
Quincy Health & Rehabilitation Center	Norfolk County	126	>30
Recuperative Services Unit - Hebrew Rehabiliation Center	Suffolk County	50	>30
Rehabilitation and Nursing Center at Everett	Middlesex County	183	>30
Reservoir Center for Health & Rehab	Middlesex County	144	10-30
Revolution Charlwell	Norfolk County	124	>30
Revolution Kimwell	Bristol County	124	>30
River Terrace Rehab and Healthcare Center	Worcester County	82	>30
Riverbend of South Natick	Middlesex County	55	<10
Rivercrest Long Term Care	Middlesex County	42	>30
Royal Braintree Nursing and Rehab	Norfolk County	204	>30
Royal Cape Cod Nursing Center	Barnstable County	99	>30
Royal Meadow View Center	Middlesex County	113	>30
Royal Norwell Nursing and Rehabilitation	Plymouth County	86	>30
Royal Nursing, LLC	Barnstable County	121	<10
Royal Wood Mill Center	Essex County	94	>30
Sachem Center for Health & Rehabilitation	Plymouth County	111	>30
Sacred Heart Nursing Home	Bristol County	217	>30
Sancta Maria Nursing Facility	Middlesex County	141	>30
Sarah Brayton Nursing Center	Bristol County	183	<10
Saugus Rehab and Nursing	Essex County	80	10-30
Seacoast Nursing and Rehab Center	Essex County	142	<10
Serenity Hill Nursing Home	Norfolk County	44	10-30
Seven Hills At Groton	Middlesex County	83	<10
Sherrill House	Suffolk County	196	>30
Shrewsbury Nursing & Rehab Center	Worcester County	99	10-30
Skilled Nursing Facility at North Hill	Norfolk County	72	>30
Soldiers' Home Chelsea	Suffolk County	88	>30
Soldiers' Home in Holyoke	Hampden County	247	>30
Somerset Ridge Center	Bristol County	135	<10
South Dennis Healthcare Center	Barnstable County	128	10-30
South Shore Rehabilitation	Plymouth County	96	>30
Southeast Health Care Center	Bristol County	171	>30

1. Staff and residents

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Source: MAVEN

Nursing Homes, Rest Homes, and Skilled Nursing Facilities With 2+ Known COVID Cases (5/6)

Facility	County	Total Licensed Beds	Number of confirmed cases[1]
Southpointe Rehab Center	Bristol County	152	>30
Southwood at Norwell Nursing	Plymouth County	142	10-30
Spaulding Nursing & Therapy Center - Brighton	Suffolk County	123	10-30
St. Camillus Health Center	Worcester County	123	<10
St. Francis Rehab and Nursing Center	Worcester County	137	<10
St. Joseph Rehabilitation and Nursing	Suffolk County	123	>30
St. Joseph's Manor	Plymouth County	118	>30
St. Mary Health Care Center	Worcester County	172	>30
St. Patrick's Manor	Middlesex County	333	>30
Sterling Village	Worcester County	143	10-30
Stone Rehabilitation & Senior Living	Middlesex County	82	>30
Stonehedge Rehab	Suffolk County	79	>30
Sudbury Pine Extended Care	Middlesex County	92	10-30
Sunny Acres Nursing and Rehab	Middlesex County	93	10-30
Sutton Hill Center	Essex County	142	>30
The Boston Home	Suffolk County	96	<10
The Brentwood Rehabilitation and Healthcare Center	Essex County	159	>30
The Ellis Nursing and Rehabilitation Center	Norfolk County	191	>30
The Fitch Home, INC	Middlesex County	26	<10
The German Center for Extended Care	Suffolk County	31	>30
The Guardian Center	Plymouth County	123	>30
The Highlands	Worcester County	168	>30
The Meadows	Essex County	60	<10
The Meadows of Central Massachusetts	Worcester County	135	>30
The Newton Wellesley Center for Alzheimers Care	Norfolk County	110	>30
The Pavilion	Barnstable County	82	<10
Timberlyn Heights	Berkshire County	71	<10
Town & Country Health Care Center	Middlesex County	80	10-30
Tremont Rehabilitation	Plymouth County	104	>30
Twin Oaks Rehab	Essex County	101	>30
VA Brockton Hospital (subacute rehab and nursing center)	Plymouth County	36	10-30
Vero Health and Rehab of Hampden	Hampden County	100	<10
Vero Health and Rehab of Wilbraham	Hampden County	135	>30
Wachusett Manor	Worcester County	96	>30
Wakefield Center	Middlesex County	149	>30
Walpole Healthcare Nursing Home	Norfolk County	90	>30
Watertown Health Center	Middlesex County	163	>30
Waterview Lodge	Middlesex County	103	10-30
Webster Manor Rehabilitation & Health Care Center	Worcester County	135	<10
Webster Park Rehabilitation & Healthcare Center	Plymouth County	110	>30
Wedgemere Healthcare	Bristol County	94	10-30
West Newton HealthCare	Middlesex County	123	10-30
West Revere Health Center	Suffolk County	119	>30
West Roxbury Health and Rehab Center	Suffolk County	76	>30
West Side House	Worcester County	91	10-30
Westborough Healthcare	Worcester County	117	>30
Westford House	Middlesex County	123	>30
Williamstown Commons	Berkshire County	180	>30
Willow Manor	Middlesex County	90	<10
Winchester Nursing Center	Middlesex County	121	10-30
Windsor Nursing & Retirement Home	Barnstable County	120	<10
Wingate at Chestnut HIll	Norfolk County	135	>30
Wingate at Harwich	Barnstable County	135	>30
Wingate at Haverhill	Essex County	146	>30
Wingate at Needham	Norfolk County	142	>30
Wingate at Sharon	Norfolk County	66	10-30
Wingate at Silver Lake	Plymouth County	164	10-30
Wingate at Weston	Middlesex County	160	>30
Woburn Nursing Center, Inc.	Middlesex County	140	>30
Worcester Health Center	Worcester County	160	>30

1. Staff and residents

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Source: MAVEN

Nursing Homes, Rest Homes, and Skilled Nursing Facilities With 2+ Known COVID Cases (6/6)

Facility	County	Total Licensed Beds	Number of confirmed cases[1]
Worcester Rehabilitation	Worcester County	160	>30

1. Staff and residents

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Source: MAVEN

Assisted Living Residences With 2+ Known COVID Cases (1/3)

Data collected as of 5/5/2020 8:00am

Facility	County	Maximum Capacity	Number of confirmed cases[1]
Adelaide of Newton Centre	Middlesex County	61	<10
All American Assisted Living at Hanson	Plymouth County	96	10-30
All American Assisted Living at Raynham	Bristol County	112	<10
All American Assisted Living at Wrentham	Norfolk County	122	10-30
Allerton House at Harbor Park	Plymouth County	78	<10
Allerton House at Proprietors Green	Plymouth County	110	<10
Allerton House at The Village at Duxbury	Plymouth County	36	<10
Armbrook Assisted Living	Hampden County	84	>30
Artis Senior Living of Reading	Middlesex County	64	<10
Atria Fairhaven	Bristol County	91	10-30
Atria Longmeadow Place	Middlesex County	114	<10
Atria Maplewood Place	Middlesex County	105	<10
Atria Marina Place	Norfolk County	130	<10
Atria Marland Place	Essex County	136	<10
Atria Woodbriar Place	Barnstable County	149	<10
Atrium at Faxon Woods	Norfolk County	60	10-30
Atrium at Veronica Drive	Essex County	62	10-30
Autumn Glen at Dartmouth	Bristol County	87	<10
Avita of Needham	Norfolk County	70	<10
Bayberry at Emerald Court	Middlesex County	119	<10
Benchmark Senior Living at Clapboardtree	Norfolk County	115	10-30
Benchmark Senior Living at Forge Hill	Norfolk County	109	<10
Benchmark Senior Living at Robbins Brook	Middlesex County	89	<10
Benchmark Senior Living at The Commons in Lincoln	Middlesex County	81	<10
Benchmark Senior Living at Woburn	Middlesex County	97	10-30
Bertram House of Swampscott	Essex County	70	10-30
Billerica Crossings	Middlesex County	78	<10
Blaire House at Tewksbury Assisted Living	Middlesex County	35	<10
Bridges by EPOCH at Hingham	Plymouth County	54	<10
Bridges by EPOCH at Pembroke	Plymouth County	54	<10
Bridges by EPOCH at Sudbury	Middlesex County	54	10-30
Bridges by EPOCH at Westford	Middlesex County	56	10-30
Bridges by EPOCH at Westwood	Norfolk County	72	<10
Brigham House	Middlesex County	62	<10
Brightview Arlington	Middlesex County	93	<10
Brightview Concord River	Middlesex County	93	<10
Brightview Danvers	Essex County	84	10-30
Brightview of North Andover	Essex County	123	10-30
Broadview	Worcester County	63	10-30
Brookdale Attleboro	Bristol County	151	<10
Brookdale Cape Cod	Barnstable County	118	<10
Brookdale Cushing Park	Middlesex County	116	<10
Brookdale Quincy Bay	Norfolk County	150	<10
Cadbury Commons	Middlesex County	80	>30
Cape Cod Senior Residences at Pocasset	Barnstable County	60	10-30
Carmel Terrace	Middlesex County	76	<10
Carriage House at Lee's Farm	Middlesex County	63	10-30
Chestnut Knoll at Glenmeadow	Hampden County	34	<10
Chestnut Park at Cleveland Circle	Suffolk County	88	<10
Christopher Heights of Attleboro	Bristol County	81	10-30
Christopher Heights of Belchertown	Hampshire County	95	<10
Christopher Heights of Worcester	Worcester County	80	10-30
Clifton Assisted Living Community	Bristol County	66	<10
Cohen Florence Levine Estates	Suffolk County	69	<10
Coleman House	Worcester County	22	<10
Compass on the Bay	Suffolk County	55	10-30
Concord Park	Middlesex County	86	<10
Connemara Senior Living Campello	Plymouth County	109	<10
Cornerstone at Canton	Norfolk County	92	10-30
Cornerstone at Milford	Worcester County	90	10-30

1. Staff and residents

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Source: Self-reported data from ALRs to Office of Elder Affairs

Assisted Living Residences With 2+ Known COVID Cases (2/3)

Data collected as of 5/5/2020 8:00am

Facility	County	Maximum Capacity	Number of confirmed cases[1]
Country Club Heights	Middlesex County	107	10-30
East Village Place	Hampden County	77	<10
Evans Park at Newton Corner	Middlesex County	115	<10
Florence & Chafetz Home for Specialized Care	Suffolk County	36	<10
Gery & Emil Eisenberg Residence	Worcester County	80	10-30
Goddard House	Norfolk County	119	10-30
Golden Pond Assisted Living	Middlesex County	173	10-30
Grove Manor Estates	Norfolk County	70	<10
Harriett and Ralph Kaplan Estates	Essex County	133	10-30
Haverhill Crossings	Essex County	109	10-30
Hearthstone at Choate	Middlesex County	25	<10
Heights Crossing	Plymouth County	107	>30
Heritage at Framingham	Middlesex County	102	<10
Heritage Woods	Hampden County	1115	<10
Herrick House	Essex County	90	10-30
John Bertram House	Essex County	27	<10
Landmark at Monastery Heights	Hampden County	120	10-30
Landmark at Ocean View	Essex County	91	>30
Laurelwood at The Pinehills	Plymouth County	83	<10
Life Care Center of Stoneham	Middlesex County	18	<10
Loomis Lakeside at Reeds Landing	Hampden County	15	<10
Maplewood at Brewster	Barnstable County	153	<10
Maplewood at Weston	Middlesex County	130	<10
Marguerite's House	Essex County	106	<10
Mason Wright Assisted Living	Hampden County	99	>30
Methuen Village at Riverwalk Park	Essex County	95	10-30
Neville Place	Middlesex County	73	<10
New Horizons at Choate	Middlesex County	40	<10
New Pond Village	Norfolk County	34	<10
NewBridge on the Charles	Norfolk County	94	<10
Notre Dame du Lac	Worcester County	166	>30
Orchard Hill	Middlesex County	80	<10
Orchard Valley of Wilbraham	Hampden County	66	<10
Plymouth Crossings	Plymouth County	70	10-30
Providence House	Suffolk County	139	10-30
Putnam Farm at Danvers	Essex County	84	>30
RiverCourt Residences	Middlesex County	66	<10
Robbie's Place	Middlesex County	22	<10
Rogerson House	Suffolk County	68	<10
Ruggles Assisted Living	Suffolk County	43	<10
Ruth's House	Hampden County	82	<10
Scandinavian Living Center	Middlesex County	40	10-30
Springhouse	Suffolk County	85	10-30
Stafford Hill Assisted Living	Plymouth County	89	10-30
Standish Village at Lower Mills	Suffolk County	108	>30
Stone Hill at Andover	Essex County	109	<10
Sunrise at Gardner Park	Essex County	62	<10
Sunrise of Arlington	Middlesex County	95	>30
Sunrise of Braintree	Norfolk County	79	10-30
Sunrise of Burlington	Middlesex County	126	10-30
Sunrise of Leominster	Worcester County	85	<10
Sunrise of Lynnfield	Essex County	94	10-30
Sunrise of Norwood	Norfolk County	88	10-30
Sunrise of Wayland	Middlesex County	74	10-30
Sunrise of Weston	Middlesex County	34	<10
Susan Bailis Assisted Living Community	Suffolk County	136	<10
The Arbors at Stoneham	Middlesex County	89	10-30
The Arbors at Stoughton	Norfolk County	91	>30
The Arbors at Taunton	Bristol County	87	>30
The Arbors at Westfield	Hampden County	90	10-30

1. Staff and residents

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Source: Self-reported data from ALRs to Office of Elder Affairs

Assisted Living Residences With 2+ Known COVID Cases (3/3)

Data collected as of 5/5/2020 8:00am

Facility	County	Maximum Capacity	Number of confirmed cases[1]
The Branches of Framingham	Middlesex County	104	<10
The Branches of Marlboro	Middlesex County	104	10-30
The Branches of North Attleboro	Bristol County	104	<10
The Falls at Cordingly Dam	Middlesex County	93	>30
The Gables at Winchester	Middlesex County	141	<10
The Inn at Silver Lake	Plymouth County	93	10-30
The Linden at Danvers	Essex County	116	<10
The Linden at Dedham	Norfolk County	113	<10
The Parc at Harbor View Senior Living	Suffolk County	73	<10
The Residence at Five Corners	Bristol County	90	<10
The Residence at Pearl Street	Middlesex County	89	10-30
The Residence at Vinnin Square	Essex County	88	<10
The Rubin Home Assisted Living	Essex County	16	<10
The Saab Residence	Middlesex County	62	<10
The Woodlands Inn at Edgewood	Essex County	40	<10
Traditions of Wayland	Middlesex County	81	10-30
Village at Willow Crossings	Bristol County	118	>30
Waltham Crossings	Middlesex County	112	>30
Waterstone at Wellesley	Norfolk County	52	<10
White Oak Cottages	Norfolk County	24	<10
Whitney Place at Natick	Middlesex County	106	10-30
Whitney Place at Northborough	Worcester County	83	<10
Whitney Place at Northbridge	Worcester County	30	<10
Whitney Place at Sharon	Norfolk County	91	<10
Windrose at Weymouth	Norfolk County	53	10-30
Windrose at Woburn	Middlesex County	33	10-30
Windsor Place of Wilmington	Middlesex County	101	<10
Wingate Residences at Boylston Place	Norfolk County	48	<10
Wingate Residences at Haverhill	Essex County	69	10-30
Wingate Residences at Needham	Norfolk County	101	>30
Wood Haven Senior Living	Middlesex County	58	10-30
Youville House Assisted Living Residence, Inc.	Middlesex County	143	10-30
Youville Place	Middlesex County	101	10-30
Zelma Lacey House	Suffolk County	83	<10

1. Staff and residents

Note: This list includes Assisted Living Residences with at least 2 reported COVID-19 cases to date (staff and residents).
The number of cases for a facility relies on the amount of testing conducted; facilities not included on this list may have COVID-19 cases that have not yet been identified.
Some facilities have tested some or all residents only; some have also tested staff. A low number of cases may reflect that not all residents and staff have not been tested, not necessarily low prevalence
Source: Self-reported data from ALRs to Office of Elder Affairs

Daily nursing home, rest home, assisted living residence and EHS testing program

Mobile Testing Program Key Metrics

		Day before yesterday	Yesterday	Today (planned)
MA National Guard on-site testing of NH, RH, and ALRs	Daily facilities visited	15	12	9
	Total facilities visited to date	542	554	563
	Total unique facilities visited[1]	302	311	315
	Daily tests completed	1,208	1,477	1,030
	Total tests completed to date	29,417	30,894	31,924
EMS on-site testing at EHS facilities[1]	Daily facilities visited	57	36	
	Total facilities visited to date	922	958	
	Daily tests completed	423	568	
	Total tests completed to date	14,801	15,369	

1 Data from prior days may change due to adjustments for data quality and data consistency

PPE Distribution by Recipient Type and Geography

PPE Distribution Summary – By Entity Type

Cumulative PPE distribution as of May 5, 2020 at 9:00am	N95s/KN95s	Masks	Gowns	Gloves	Ventilators
Nursing home/Senior living	303,745	676,600	54,475	574,900	-
Hospital	213,840	190,400	29,506	120,900	675
Community health center	47,250	79,750	8,013	59,400	-
Local Municipalities (e.g. Fire, Police, Public EMS)	256,184	311,191	132,252	1,143,650	-
Public safety (30-day supply)	167,325	-	-	-	-
EMS (Private)	30,240	26,300	1,668	34,000	-
Local BOH	10,725	21,500	786	38,000	-
State agency	60,696	268,750	50,061	1,690,680	-
Other (e.g. home and pediatric care)	134,939	657,998	55,871	1,111,404	-
Total distributions	**1,224,944**	**2,232,489**	**332,632**	**4,772,934**	**675**

PPE Distribution Summary – By Region

Southeastern Massachusetts	265,127	475,085	78,712	810,120	79
Metro West	283,620	458,262	53,607	512,330	136
Western Massachusetts	195,195	349,592	52,573	359,230	60
Central Massachusetts	166,124	288,517	46,602	485,650	79
Metro Boston	115,642	144,300	27,956	530,892	204
Northeastern Massachusetts	143,400	256,483	24,949	414,732	117
State agency	55,836	260,250	48,233	1,659,980	-
Total distributions	**1,224,944**	**2,232,489**	**332,632**	**4,772,934**	**675**

Note: Total distributions include those from DPH and MEMA. Those state agencies which are not linked to specific geographies are tagged as state agencies

Massachusetts Department of Public Health COVID-19 Dashboard – Tuesday, May 5, 2020

PPE Distribution by Recipient Type and Geography

Region	Entity	N95s/KN95s	Masks	Gowns	Gloves	Ventilators
Massachusetts	Nursing home/Senior living	303,745	676,600	54,475	574,900	-
	Hospital	213,840	190,400	29,506	120,900	675
	Community health center	47,250	79,750	8,013	59,400	-
	Local municilapities[1]	256,184	311,191	132,252	1,143,650	-
	Public safety (30 day supply)	167,325	-	-	-	-
	EMS (Private)	30,240	26,300	1,668	34,000	-
	Local BOH	10,725	21,500	786	38,000	-
	State agency	60,696	268,750	50,061	1,690,680	-
	Other (e.g. home and pediatric care)	134,939	657,998	55,871	1,111,404	-
	Total	**1,224,944**	**2,232,489**	**332,632**	**4,772,934**	**675**
Southeastern Massachusetts	Nursing home/Senior living	75,500	152,900	17,812	184,400	-
	Hospital	51,500	42,800	11,240	47,000	79
	Community health center	9,030	15,200	285	8,400	-
	Local municilapities[1]	51,650	66,105	30,722	199,620	-
	Public safety (30 day supply)	37,800	-	-	-	-
	EMS (Private)	3,360	2,600	186	8,000	-
	Local BOH	320	2,000	96	6,000	-
	State agency	1,720	1,400	280	3,800	-
	Other (e.g. home and pediatric care)	34,247	192,080	18,091	352,900	-
	Total	**265,127**	**475,085**	**78,712**	**810,120**	**79**
Metro West	Nursing home/Senior living	151,500	11,680	117,000	-	-
	Hospital	47,720	27,400	4,374	2,000	136
	Community health center	12,140	14,350	2,154	6,000	-
	Local municilapities[1]	53,124	69,002	22,528	133,580	-
	Public safety (30 day supply)	42,785	-	-	-	-
	EMS (Private)	7,520	8,600	240	-	-
	Local BOH	1,560	11,500	-	6,000	-
	State agency	1,940	3,800	1,390	9,500	-
	Other (e.g. home and pediatric care)	33,421	172,110	11,241	238,250	-
	Total	**283,620**	**458,262**	**53,607**	**512,330**	**136**
Western Massachusetts	Nursing home/Senior living	49,320	120,350	10,222	78,800	-
	Hospital	32,160	51,500	4,004	-	60
	Community health center	6,020	12,100	990	11,000	-
	Local municilapities[1]	43,828	71,042	26,532	131,680	-
	Public safety (30 day supply)	33,015	-	-	-	-
	EMS (Private)	9,040	6,900	942	16,000	-
	Local BOH	2,185	2,000	300	5,000	-
	State agency	-	-	50	200	-
	Other (e.g. home and pediatric care)	19,627	85,700	9,533	116,550	-
	Total	**195,195**	**349,592**	**52,573**	**359,230**	**60**

Region	Entity	N95s/KN95s	Masks	Gowns	Gloves	Ventilators
Central Massachusetts	Nursing home/Senior living	38,140	103,000	5,229	82,400	-
	Hospital	23,120	11,600	2,466	2,200	79
	Community health center	8,420	20,100	1,158	12,000	-
	Local municilapities[1]	54,615	47,484	27,749	211,650	-
	Public safety (30 day supply)	14,450	-	-	-	-
	EMS (Private)	3,800	1,300	180	5,000	-
	Local BOH	1,340	3,000	90	8,000	-
	State agency	-	2,300	-	400	-
	Other (e.g. home and pediatric care)	22,239	99,733	9,730	164,000	-
	Total	**166,124**	**288,517**	**46,602**	**485,650**	**79**
Metro Boston	Nursing home/Senior living	17,870	48,950	2,766	32,700	-
	Hospital	32,110	26,300	5,580	60,500	204
	Community health center	9,960	14,700	3,030	17,000	-
	Local municilapities[1]	29,597	17,200	12,870	259,120	-
	Public safety (30 day supply)	6,455	-	-	-	-
	EMS (Private)	5,000	-	-	-	-
	Local BOH	3,720	1,000	300	6,000	-
	State agency	1,200	1,000	108	16,800	-
	Other (e.g. home and pediatric care)	9,730	35,150	3,302	138,772	-
	Total	**115,642**	**144,300**	**27,956**	**530,892**	**204**
Northeastern Massachusetts	Nursing home/Senior living	39,505	99,900	6,766	79,600	-
	Hospital	27,230	30,800	1,842	9,200	117
	Community health center	1,680	3,300	396	5,000	-
	Local municilapities[1]	23,370	40,358	11,851	208,000	-
	Public safety (30 day supply)	32,820	-	-	-	-
	EMS (Private)	1,520	6,900	120	5,000	-
	Local BOH	1,600	2,000	-	7,000	-
	State agency	-	-	-	-	-
	Other (e.g. home and pediatric care)	15,675	73,225	3,974	100,932	-
	Total	**143,400**	**256,483**	**24,949**	**414,732**	**117**
State agency	Nursing home/Senior living	-	-	-	-	-
	Hospital	-	-	-	-	-
	Community health center	-	-	-	-	-
	Local municilapities[1]	-	-	-	-	-
	Public safety (30 day supply)	-	-	-	-	-
	EMS (Private)	-	-	-	-	-
	Local BOH	-	-	-	-	-
	State agency	55,836	260,250	48,233	1,659,980	-
	Other (e.g. home and pediatric care)	-	-	-	-	-
	Total	**55,836**	**260,250**	**48,233**	**1,659,980**	**-**

Note: Total distributions include those from DPH and MEMA. Those state agencies which are not linked to specific geographies are tagged as state agencies

1. Includes police, fire, EMS

Dashboard of Public Health Indicators

Newly Reported Confirmed Cases*
571

Total Confirmed Cases
116,421

Newly Reported Deaths among Confirmed*
27

Total Deaths among Confirmed Cases
8,717

New Individuals Tested by Molecular Tests*
37,815

Total Individuals Tested by Molecular Tests
1,581,978

Total Molecular Tests Administered
2,122,991

Legend
- Positive trend
- In progress
- Negative trend

Below is the current status:

Measure	Status
COVID-19 positive test rate	●
Number of individuals who died from COVID-19	●
Number of patients with COVID-19 in hospitals	●
Healthcare system readiness	●
Testing capacity	●
Contact tracing capabilities	●

*These figures are reported for the period 5pm 8/21 through 8am 8/24.

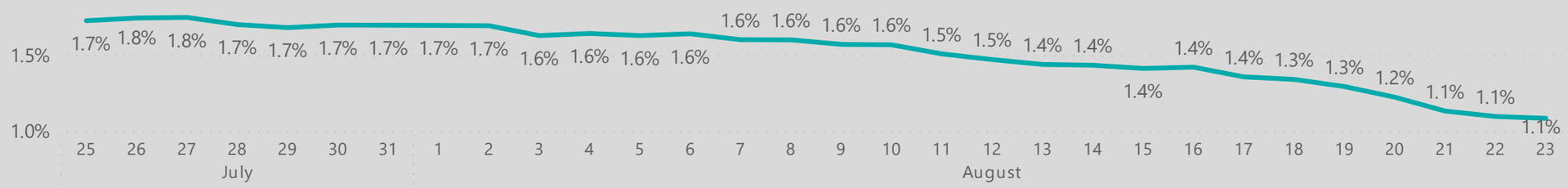
PLEASE NOTE: Due to the planned upgrade by DPH of its electronic laboratory reporting system during the weekend of August 22-23, today's data report includes information reported to DPH over the weekend (from 5PM Friday 8/21 through 8AM Monday 8/24) and so numbers are higher than usual. All laboratory results, cases, and deaths have been assigned to their respective test dates. The front page of the dashboard has been reformatted. Antibody tests (individual and total numbers) can be found on page 17.

Massachusetts Department of Public Health COVID-19 Dashboard - Monday, August 24, 2020

Dashboard of Public Health Indicators

Percent or Count of Change Since Lowest Observed Value (LOV)

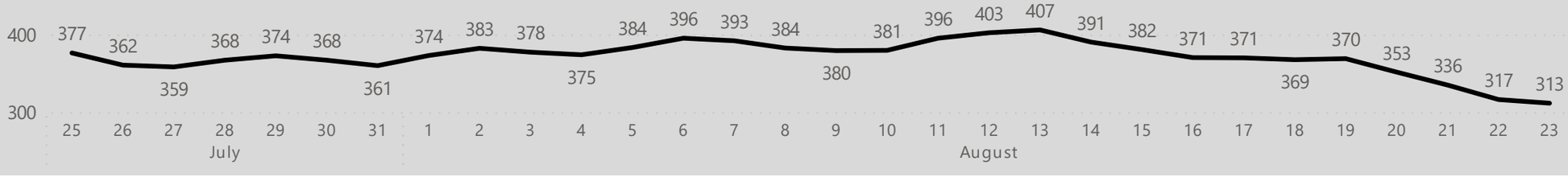
7 Day Weighted Average of Positive Molecular Test Rate*



0 %

LOV = 1.1%

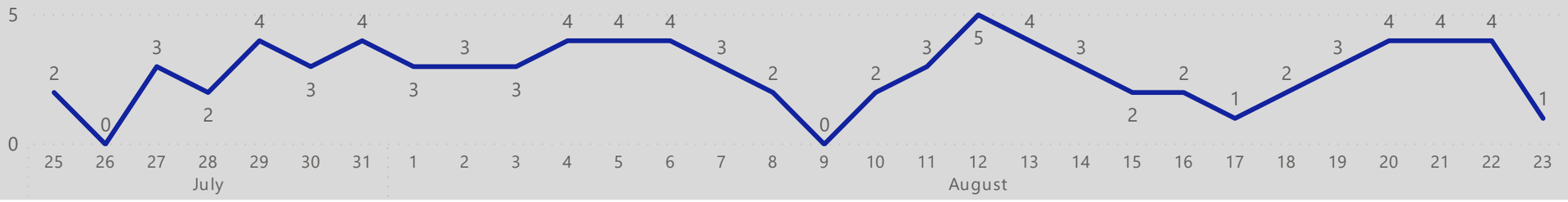
3 Day Average of Number of COVID-19 Patients in Hospital**



0 %

LOV = 313

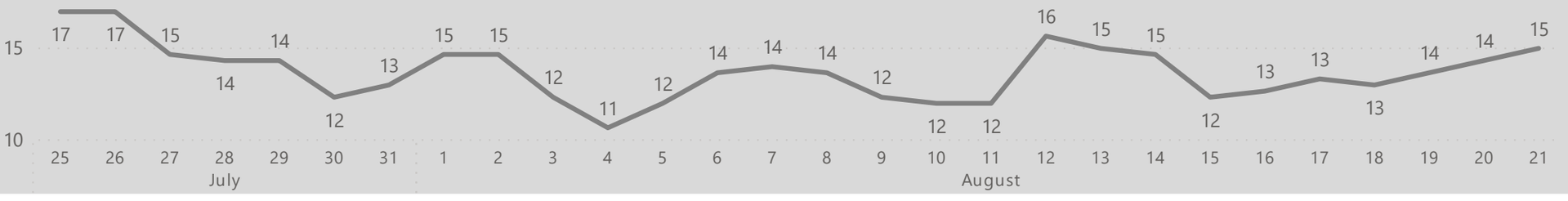
Number of Hospitals using Surge Capacity



1

LOV = 0

3 Day Average of COVID-19 Deaths***



41 %

LOV = 11

*Calculated from total molecular tests; **Includes both confirmed and suspected cases of COVID-19; ***Includes deaths in only confirmed cases of COVID-19

Note: Hospital-reported data included here reflects a transition to new federal reporting standards imposed as of 7/22. The third graph (number of hospitals using surge) does not include data from July 22 due to this transition. As a result, data may not be directly comparable to hospital data previously reported. LOV = Lowest observed value, i.e. the lowest value the public health indicator has been since tracking started.

Table of Contents

Glossary of Terms

Please Note: the following terms and definitions apply to COVID-19 only.

COVID-19 Molecular Test: Also known as a PCR test. This diagnostic test identifies the presence of virus's genetic material. These tests are very accurate and a positive result means someone has current or very recent infection.

COVID-19 Antigen Test: This test identifies the presence of proteins on the surface of the virus. These diagnostic tests are somewhat less accurate (i.e., low sensitivity) than molecular tests but a positive result is suggestive of current infection.

COVID-19 Antibody Test: Also known as a serology test. This test identifies antibodies; antibodies are the proteins produced by the immune system to fight off an infection. Because antibodies take days to weeks to make after infection, a positive result indicates infection at some point in the past. It is not a diagnostic test.

Testing by Date: This refers to the date the sample (usually nasal swab or blood) was taken. Most reports and figures in this dashboard use this date.

Total Tests: This represents the total number of tests done and includes people who have had multiple tests.

Persons Tested: This represents the total number of persons who had at least one test done. If a person had more than one test, they are still counted only once.

Case Definition: A standard set of criteria (including symptoms, laboratory tests and exposure) used to count persons who may have COVID-19. Case definitions tell public health professionals which people with disease to count; they don't tell healthcare providers how to diagnose or treat COVID.

Confirmed Case: A person is counted as a confirmed case of COVID-19 if they have a positive molecular test.

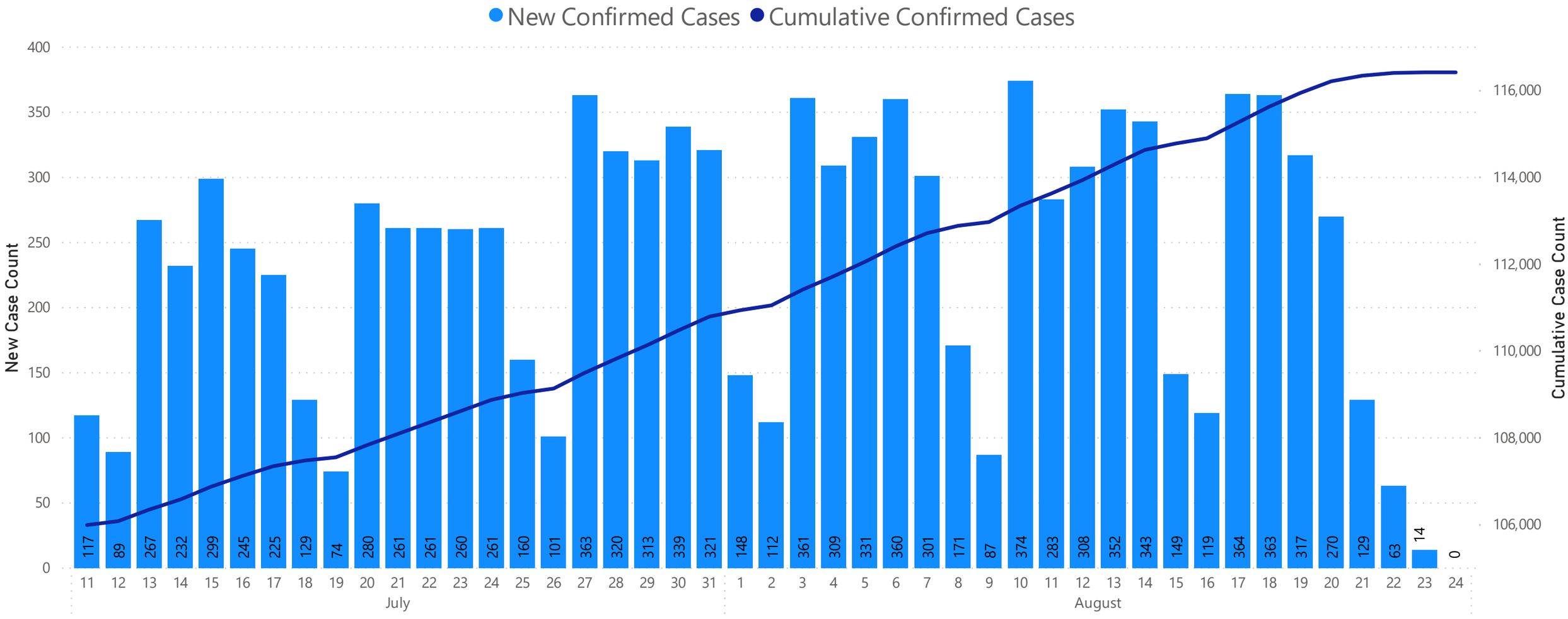
Probable Case: A person is counted as a probable case in four ways:

1. if they have a positive antigen test AND have symptoms OR were exposed to someone with COVID;
2. if they have a positive antibody test AND have symptoms OR were exposed to someone with COVID;
3. if they have COVID symptoms AND were exposed to someone with COVID;
4. if they died and their death certificate lists COVID as a cause of death.

More complete information about the COVID-19 case definition may be found here: https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/positionstatement2020/Interim-20-ID-02_COVID-19-19.pdf

Suspected Hospitalized Cases: Patients without a laboratory confirmed COVID-19 diagnosis but who, as determined by the hospital, have signs and symptoms compatible with COVID-19 (most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness, such as cough, shortness of breath, or myalgia/fatigue).

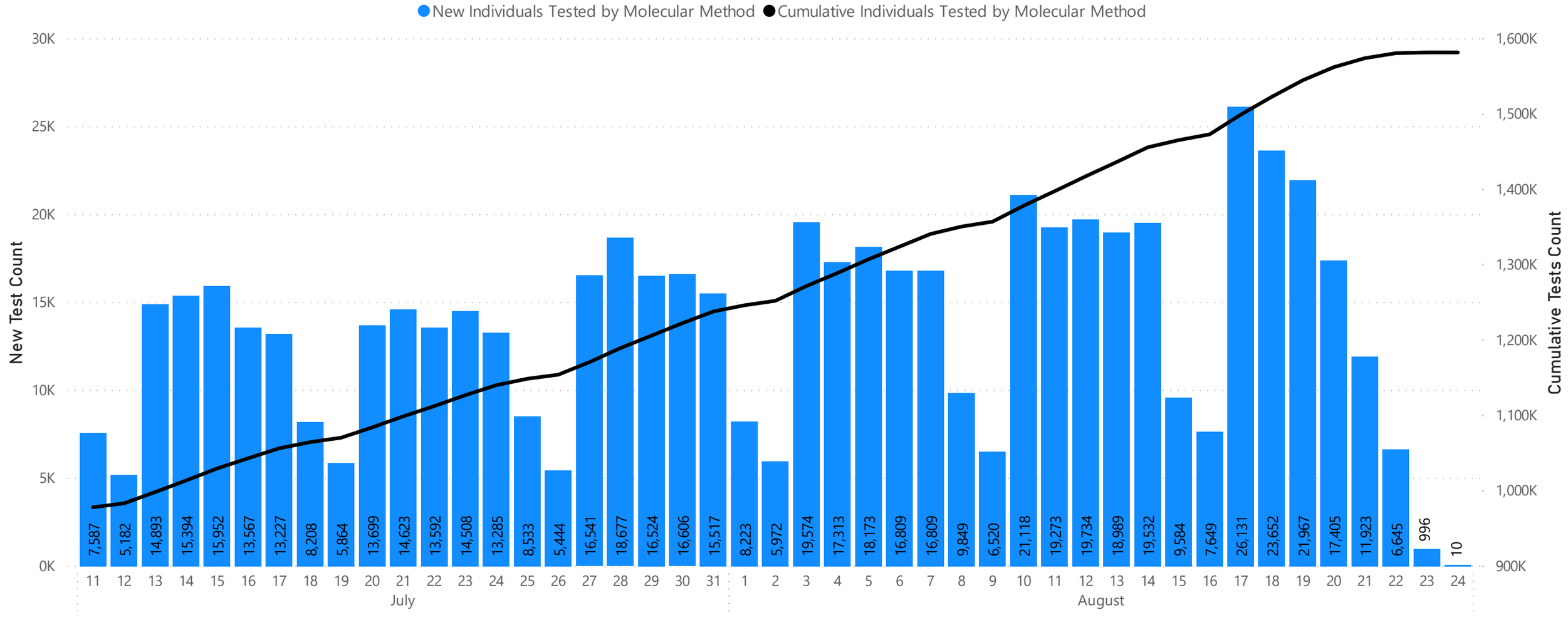
Daily and Cumulative Confirmed Cases



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.
Note: all data are current as of 8:00am on the date at the top of the page; Data previously shown according to date report received; data now presented according to date the individual was tested. Due to lag in reporting by laboratories, counts for most recent dates are likely to be incomplete.

Testing by Date - Molecular (Individuals)

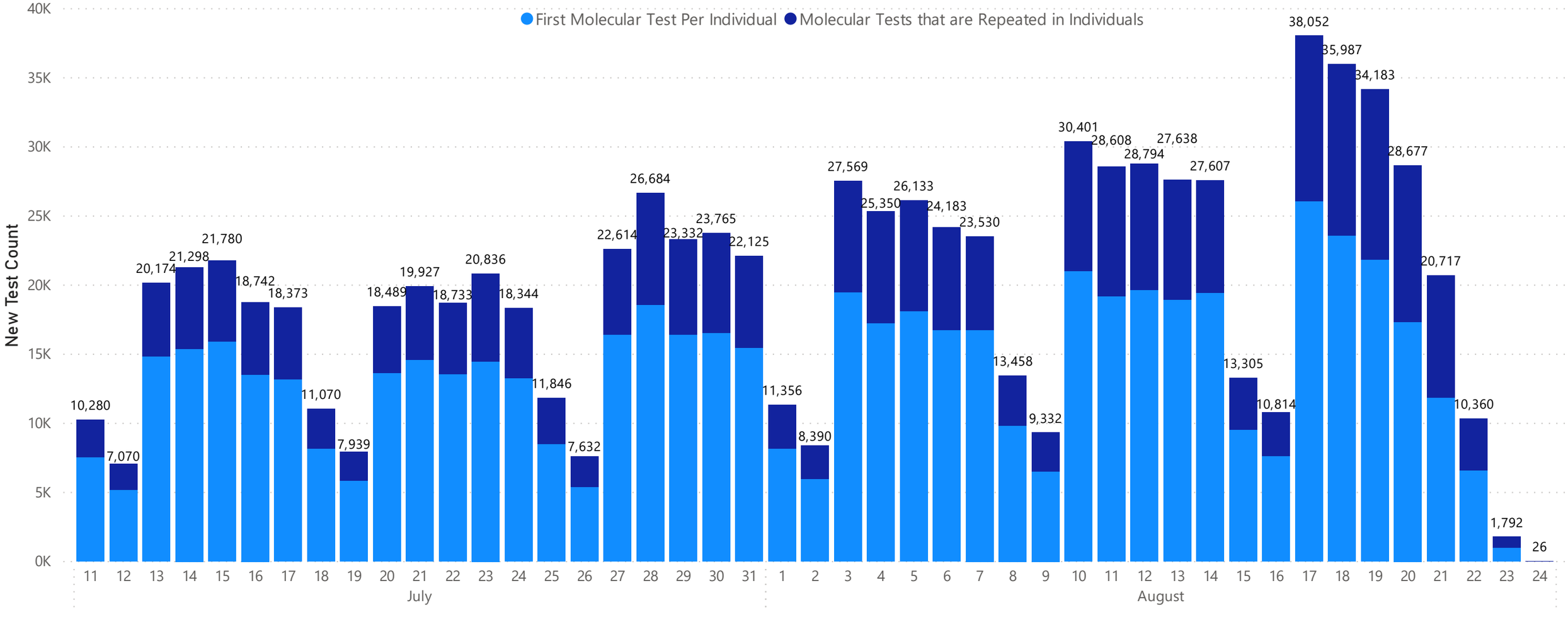
Total Number of Individuals with at Least One Molecular Test Performed by Date



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.
Note: all data are current as of 8:00am on the date at the top of the page. Data previously shown according to date report received; data now presented according to date the individual was tested. Due to lag in reporting by laboratories, counts for most recent dates are likely to be incomplete. Testing by Date - Molecular (Individual) counts the number of individuals with at least one molecular test; Testing by Date - Molecular (Total Tests Conducted) counts the total number of molecular tests performed. This includes individuals who have had more than one molecular test.

Testing by Date - Molecular (Total Tests Conducted)

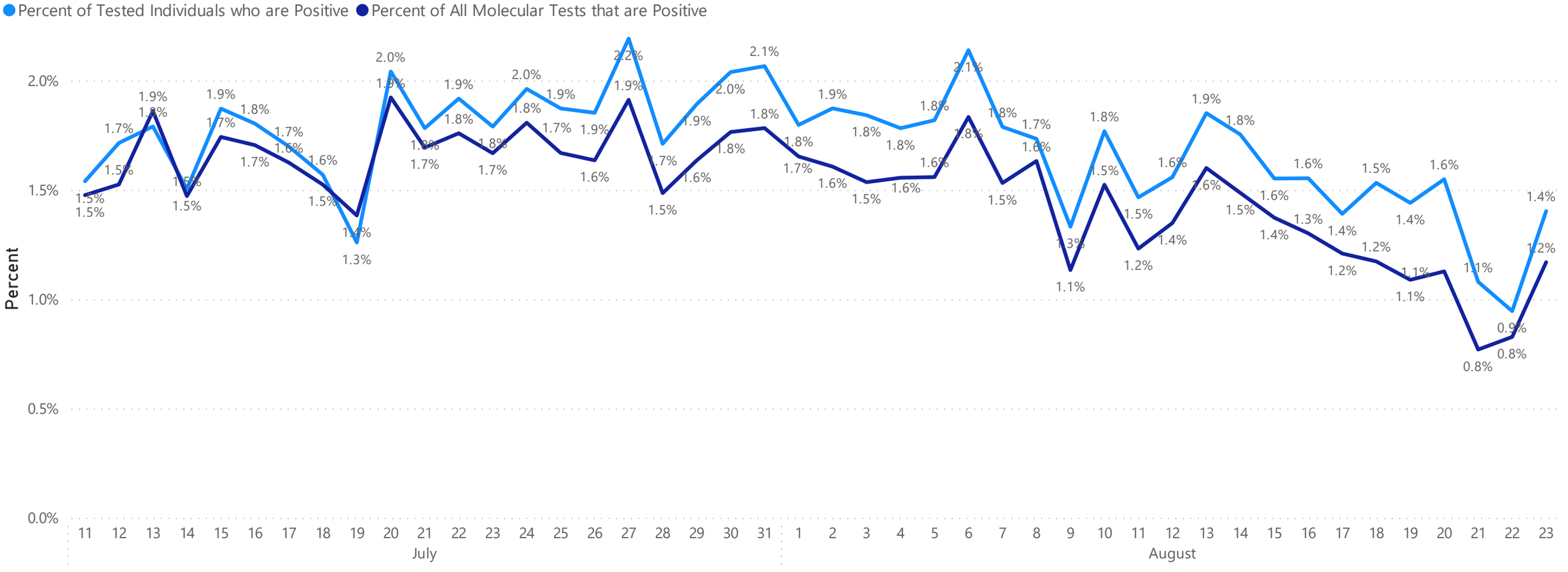
Total Number of Molecular Tests Performed by Date



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.
Note: all data are current as of 8:00am on the date at the top of the page. Data previously shown according to date report received; data now presented according to date the individual was tested. Due to lag in reporting by laboratories, counts for most recent dates are likely to be incomplete. Testing by Date - Molecular (Individual) counts the number of individuals with at least one molecular test; Testing by Date - Molecular (Total Tests Conducted) counts the total number of molecular tests performed. This includes individuals who have had more than one molecular test.

Testing by Date - Molecular (Percent Positive)

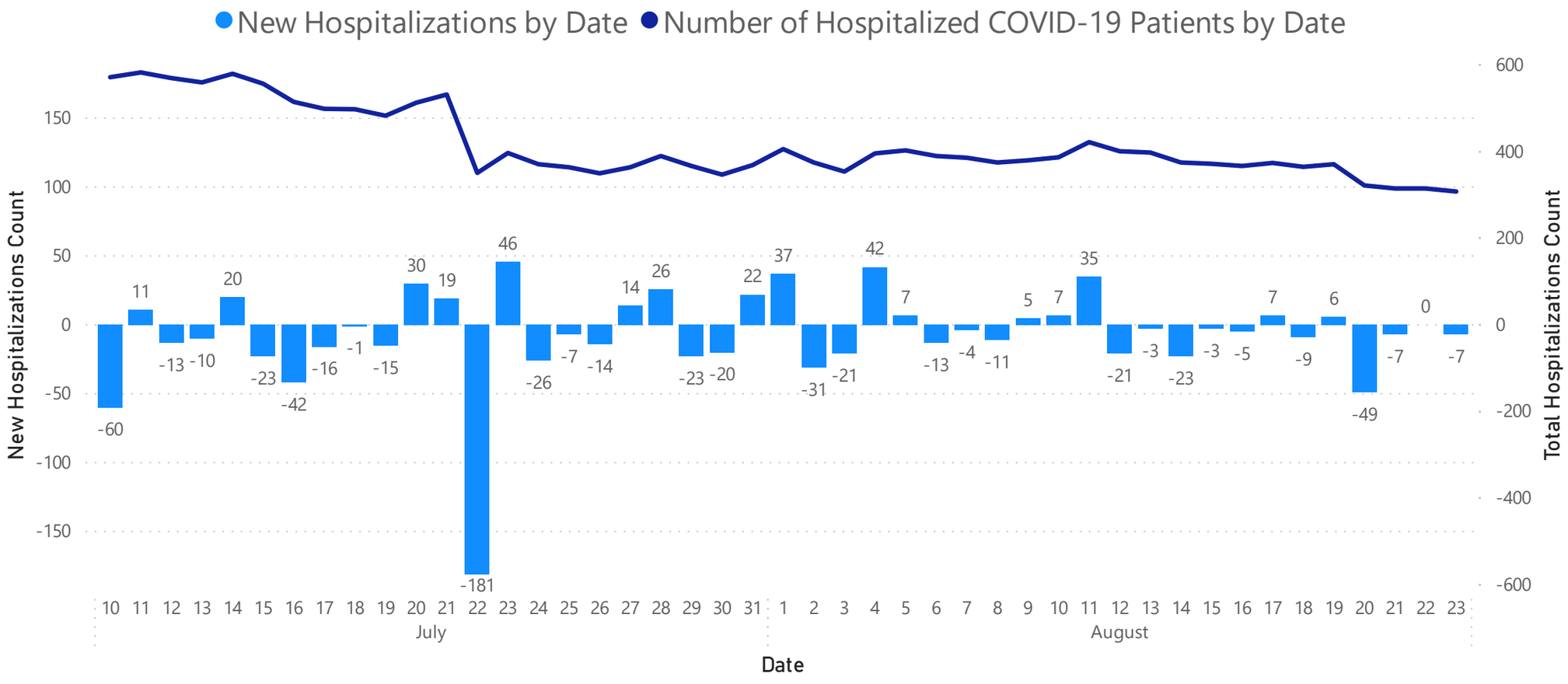
Percent of Tests By Molecular Method that are Positive by Test Date



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.
Note: all data are current as of 8:00am on the date at the top of the page. Data previously shown according to date report received; data now presented according to date the individual was tested. Due to lag in reporting by laboratories, counts for most recent dates are likely to be incomplete; this graph is lagged by one day as a result. Percent of Tested Individuals who are Positive counts the number of individuals with at least one molecular test; Percent of all Molecular Tests that are Positive counts the total number of molecular tests performed. This includes individuals who have had more than one molecular test.

Daily and Cumulative COVID-19 Hospitalizations

Patients Reported as Hospitalized with COVID-19 by Date



COVID-19 Cases Currently Hospitalized

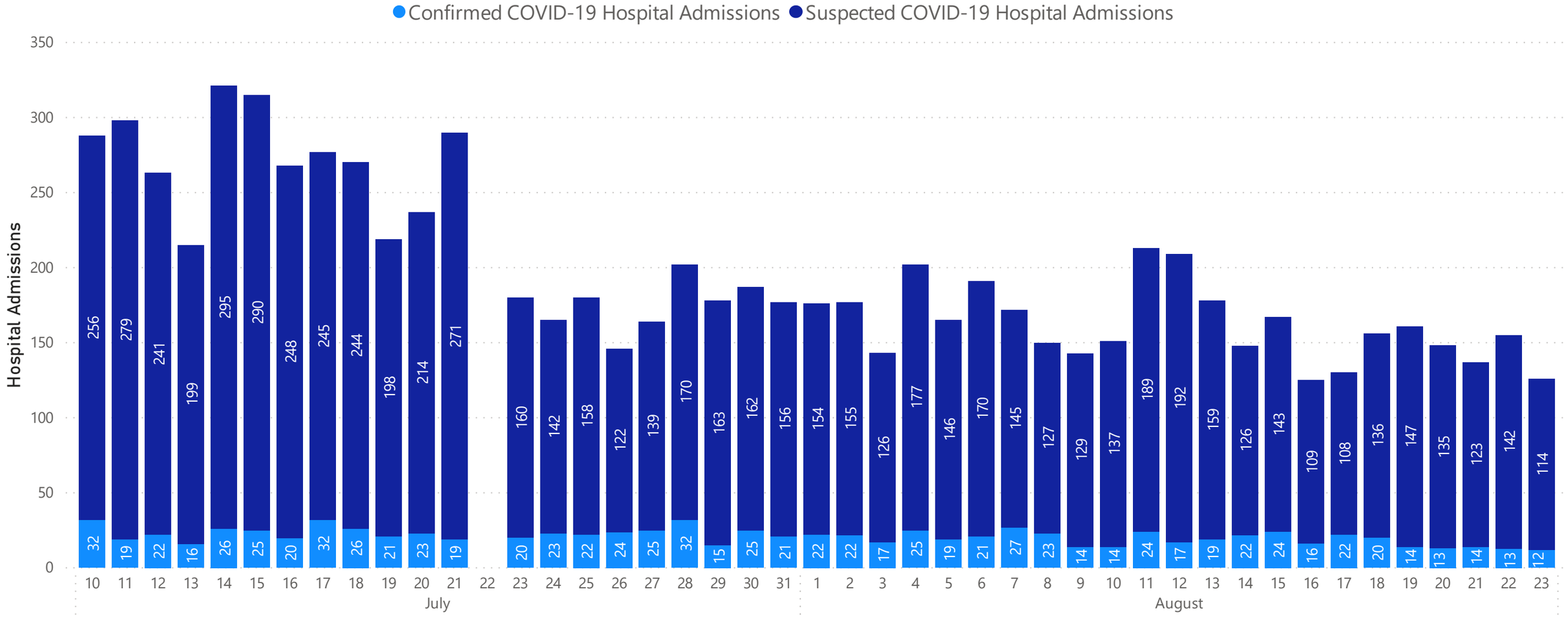
308

Data Sources: COVID-19 Data provided by the MDPH survey of hospitals (hospital survey data are self-reported); Tables and Figures created by the Office of Population Health.

Notes: data are current as of 12:00pm on the date at the top of the page. These data include both confirmed and suspected COVID-19 cases. For purposes of this reporting, "confirmed" are cases with a PCR test. "Suspected" are those with symptoms who have not had a test result yet. Hospital-reported data included here reflects a transition to new federal reporting standards imposed as of 7/22. As a result, data may not be directly comparable to hospital data reported previously.

New Daily COVID-19 Hospital Admissions

Confirmed and Suspected COVID-19 Hospital Admissions by Day

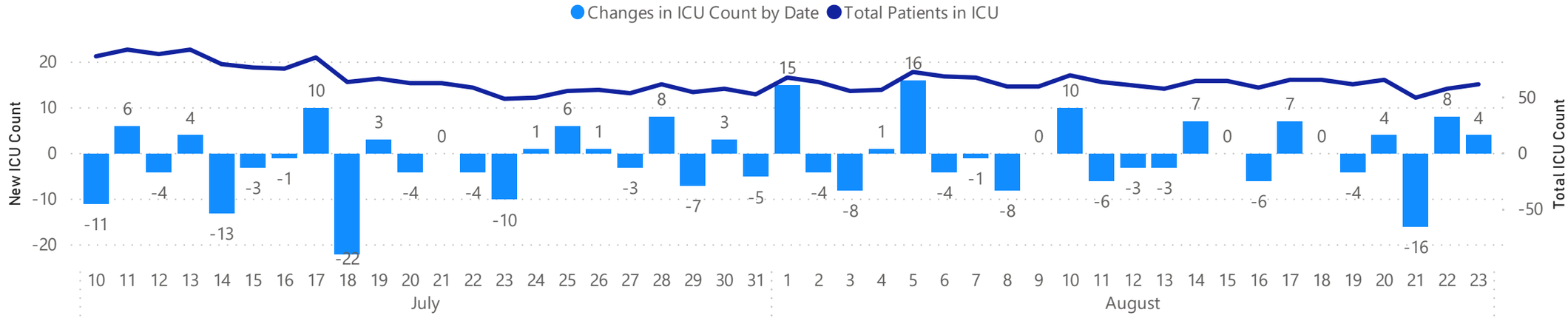


Data Sources: COVID-19 Data provided by the MDPH survey of hospitals (hospital survey data are self-reported); Tables and Figures created by the Office of Population Health.

Notes: data are current as of 12:00pm on the date at the top of the page. For purposes of this reporting, "confirmed" are cases with a PCR test. "Suspected" are those with symptoms who have not had a test result yet. Hospital-reported data included here reflects a transition to new federal reporting standards imposed as of 7/22. The chart on this page does not include data from July 22 due to this transition. As a result, data may not be directly comparable to hospital data reported previously.

Daily and Cumulative COVID-19 ICU and Intubations

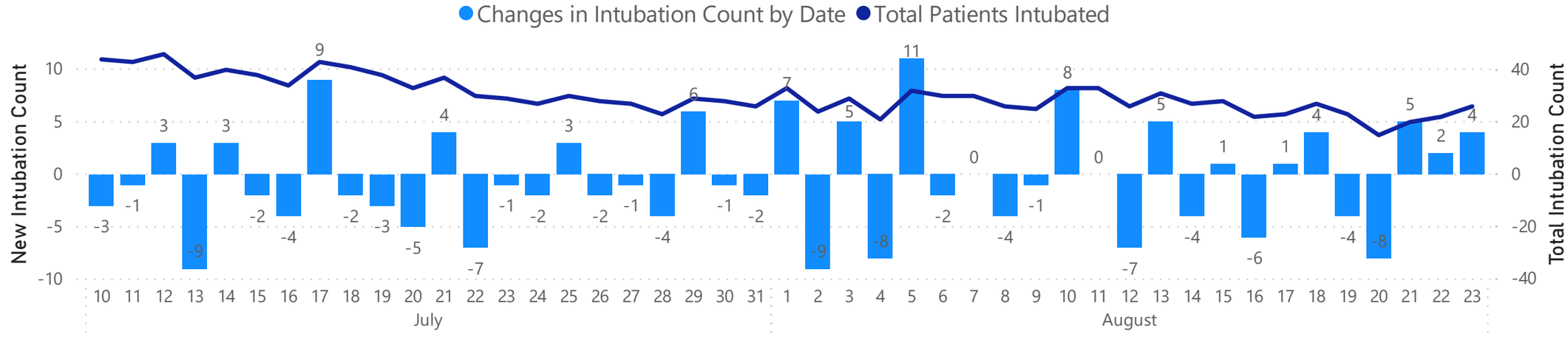
Patients Reported in ICU with COVID-19 by Date



Count of Cases Currently in ICU

62

Patients Reported as Intubated with COVID-19 by Date



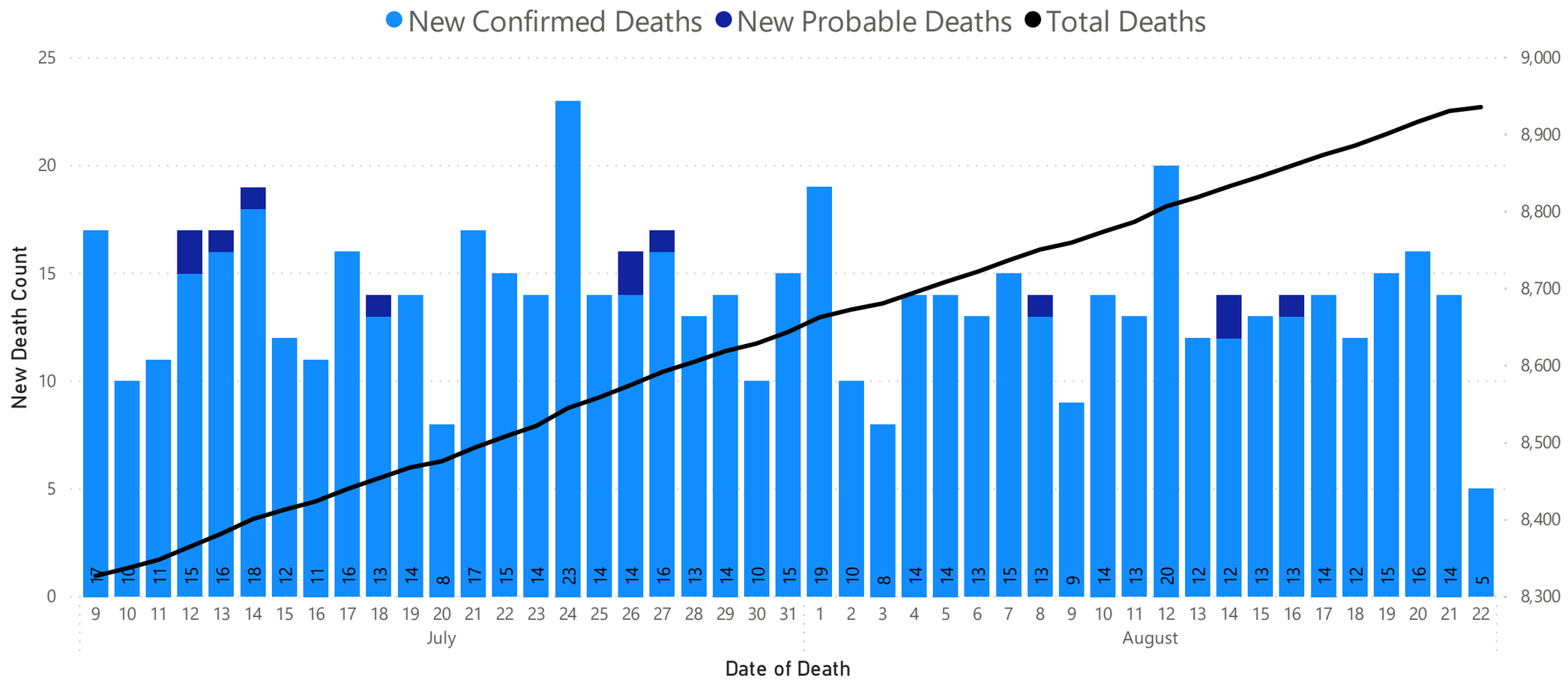
Count of Cases Currently Intubated

26

Data Sources: COVID-19 Data provided by the MDPH survey of hospitals (hospital survey data are self-reported); Tables and Figures created by the Office of Population Health.
Notes: data are current as of 12:00pm on the date at the top of the page. Hospital-reported data included here reflects a transition to new federal reporting standards imposed as of 7/22. As a result, data may not be directly comparable to hospital data reported previously.

Daily and Cumulative Deaths

Total Deaths* in COVID-19 Cases by Date of Death



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 8:00am on the date at the top of the page; *Counts on the trend chart do not match total number of deaths reported, as there is a several day lag in reporting by date of death. Includes both probable and confirmed cases. For confirmed and probable case definitions, please see the Glossary on p. 4.

Daily and Cumulative County Data

County	New Confirmed Cases Reported*	Cumulative Confirmed Cases To Date
Barnstable	2	1,585
Berkshire	8	641
Bristol	35	8,954
Dukes	0	51
Essex	80	17,654
Franklin	1	381
Hampden	17	7,538
Hampshire	14	1,130
Middlesex	102	24,800
Nantucket	1	36
Norfolk	40	9,382
Plymouth	40	8,955
Suffolk	198	21,786
Unknown	0	298
Worcester	34	13,230
Total	**572**	**116,421**

County	New Confirmed and Probable Deaths Reported*	Cumulative Confirmed and Probable Deaths To Date
Barnstable	0	164
Berkshire	0	46
Bristol	0	650
Dukes and Nantucket	0	1
Essex	5	1,220
Franklin	0	61
Hampden	3	737
Hampshire	1	134
Middlesex	10	2,053
Norfolk	1	1,005
Plymouth	1	737
Suffolk	2	1,095
Unknown	0	5
Worcester	5	1,041
Total	**28**	**8,949**

*These numbers are reported for the period 5pm 8/21 through 8am 8/24.

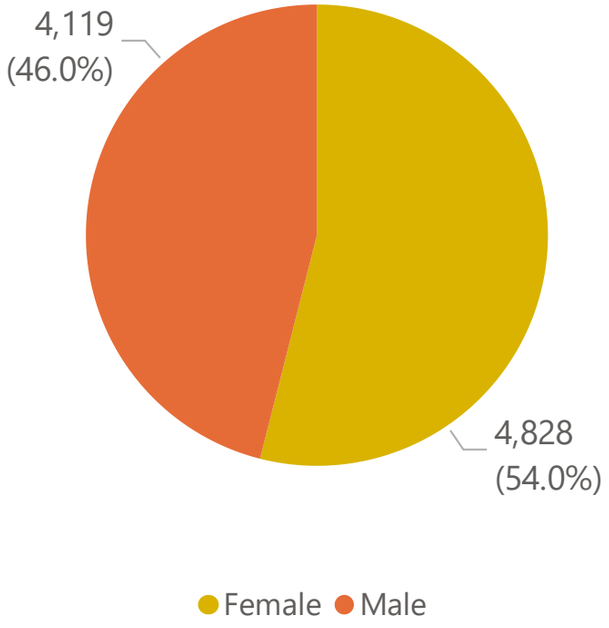
PLEASE NOTE: Due to the planned upgrade by DPH of its electronic laboratory reporting system during the weekend of August 22-23, today's data report includes information reported to DPH over the weekend (from 5PM Friday 8/21 through 8AM Monday 8/24) and so numbers are higher than usual. All laboratory results, cases, and deaths have been assigned to their respective test dates.

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

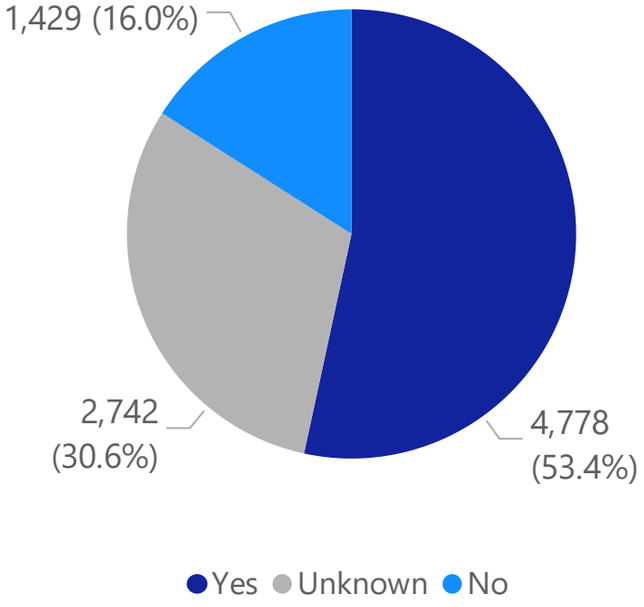
Note: all data are current as of 8:00am on the date at the top of the page. Includes both probable and confirmed cases. For confirmed and probable case definitions, please see the Glossary on p. 4.

Deaths by Sex, Previous Hospitalization, & Underlying Conditions

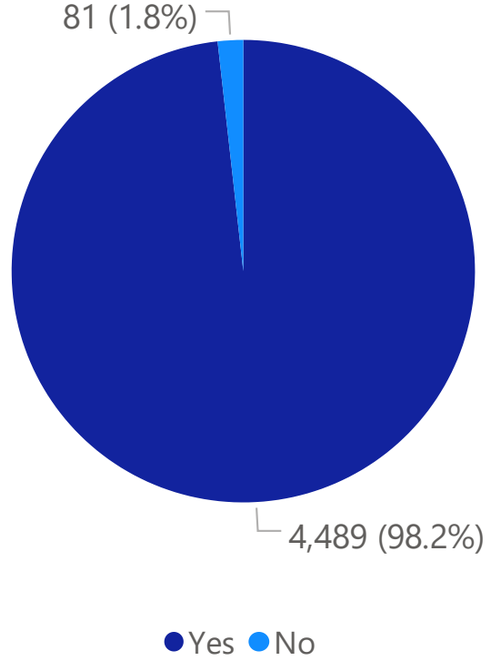
Total Deaths by Sex+



Total Deaths with a Previous Hospitalization*



Total Deaths** with Underlying Conditions



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health.
Note: all data are cumulative and current as of 8:00am on the date at the top of the page; *Hospitalized at any point in time, not necessarily the current status; **Only includes data from deaths following completed investigation, figures are updates as additional investigations are completed; + Excludes unknown values. Includes both probable and confirmed cases.

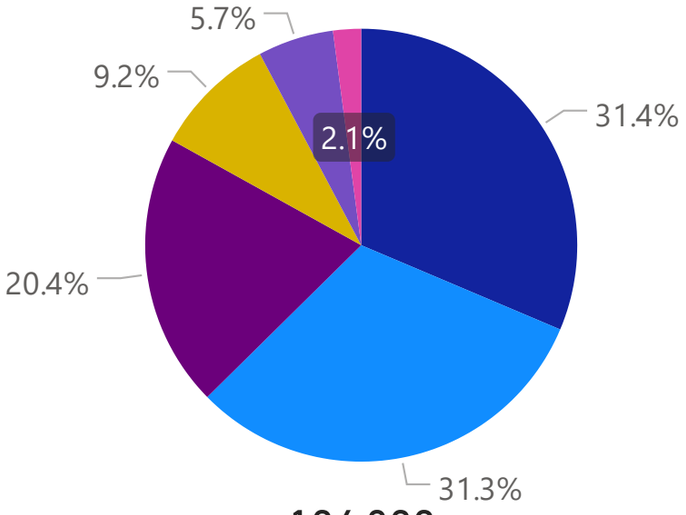
Cases, Hospitalizations, & Deaths by Race/Ethnicity

The following caveats apply to these data:

1. Information on race and ethnicity is collected and reported by laboratories, healthcare providers and local boards of health and may or may not reflect self-report by the individual case.
2. If no information is provided by any reporter on a case's race or ethnicity, DPH classifies it as missing.
3. A classification of unknown indicates the reporter did not know the race and ethnicity of the individual, the individual refused to provide information, or that the originating system does not capture the information.
4. Other indicates multiple races or that the originating system does not capture the information.

Note: COVID-19 testing is currently conducted by dozens of private labs, hospitals, and other partners and the Department of Public Health is working with these organizations and to improve data reporting by race and ethnicity, to better understand where, and on whom, the burden of illness is falling so the Commonwealth can respond more effectively. On 4/8, the Commissioner of Public Health issued an Order related to collecting complete demographic information for all confirmed and suspected COVID-19 patients.

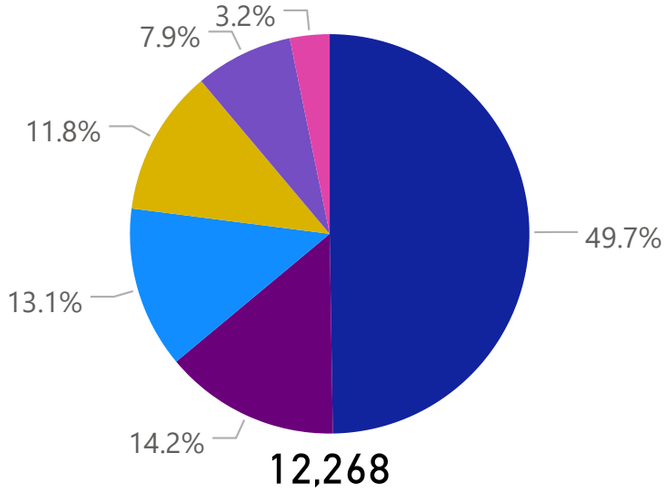
Total Cases by Race/Ethnicity



126,022

Total Case Count

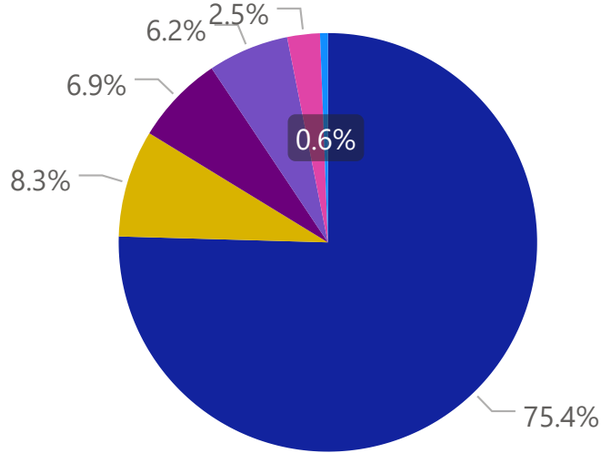
Total Cases Reported as Hospitalized* by Race/Ethnicity



12,268

Total Cases Reported as Hospitalized

Total Deaths by Race/Ethnicity



8,949

Total Deaths

Hispanic Non-Hispanic Asian Non-Hispanic Black/African American Non-Hispanic Other Non-Hispanic White Unknown/Missing

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health.

Note: all data are cumulative and current as of 8:00am on the date at the top of the page; *Hospitalization refers to status at any point in time, not necessarily the current status of the patient/demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital surveys. Includes both probable and confirmed cases.

COVID-19 Cases in Long-Term Care (LTC) Facilities

Residents/Healthcare Workers of Long-Term Care Facilities with Probable or Confirmed COVID-19	Long-Term Care Facilities Reporting At Least One Probable or Confirmed Case of COVID-19	Probable or Confirmed COVID-19 Deaths Reported in Long-Term Care Facilities
24,567	379	5,728

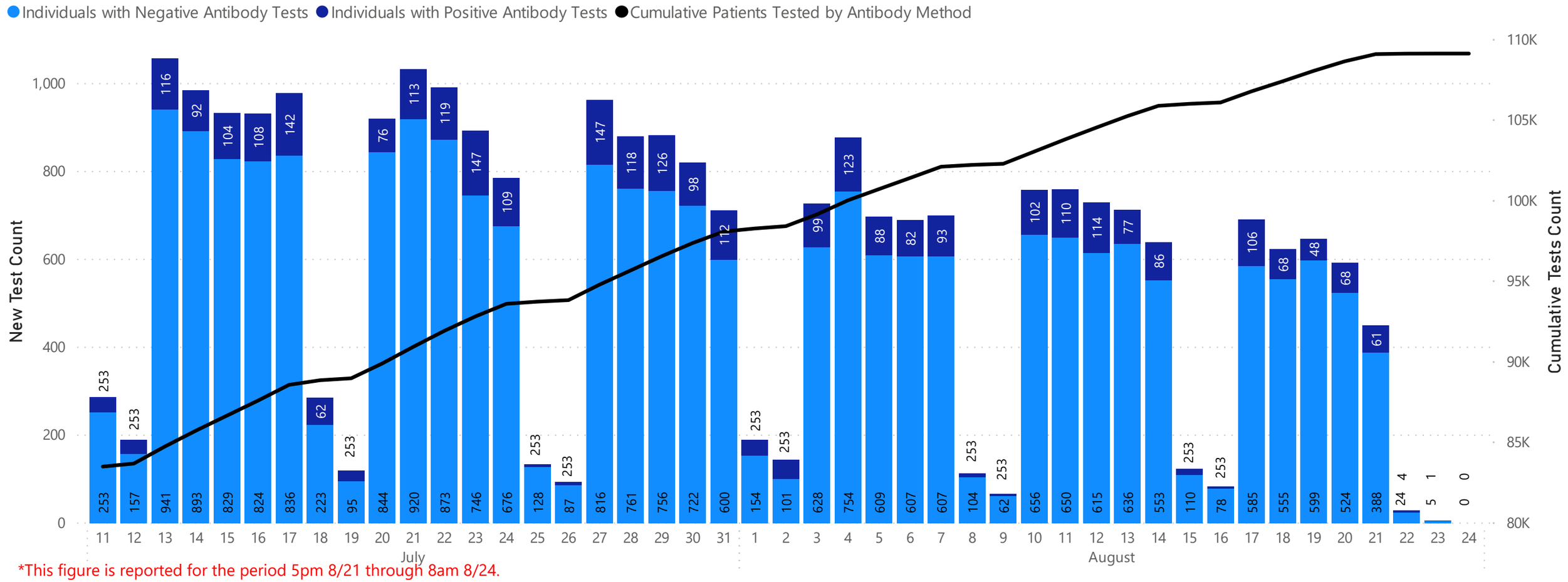
Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Tables and Figures created by the Office of Population Health
Note: all data are cumulative and current as of 8:00am on the date at the top of the page. Data includes nursing homes, skilled nursing facilities, and rest homes.

Massachusetts Department of Public Health COVID-19 Dashboard - Monday, August 24, 2020

Testing by Date - Antibody

New Individuals Tested by Antibody Tests*	Total Individuals Tested by Antibody Tests
795	109,138

Number of Individuals Tested by Antibody by Test Date



*This figure is reported for the period 5pm 8/21 through 8am 8/24.

PLEASE NOTE: Due to the planned upgrade by DPH of its electronic laboratory reporting system during the weekend of August 22-23, today's data report includes information reported to DPH over the weekend (from 5PM Friday 8/21 through 8AM Monday 8/24) and so numbers are higher than usual. All laboratory results, cases, and deaths have been assigned to their respective test dates.

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.

Note: all data are current as of 8:00am on the date at the top of the page. Data previously shown according to date report received; data now presented according to date the individual was tested. Due to lag in reporting by laboratories, counts for most recent dates are likely to be incomplete. Please note that some individuals have been tested by both molecular and antibody methods.

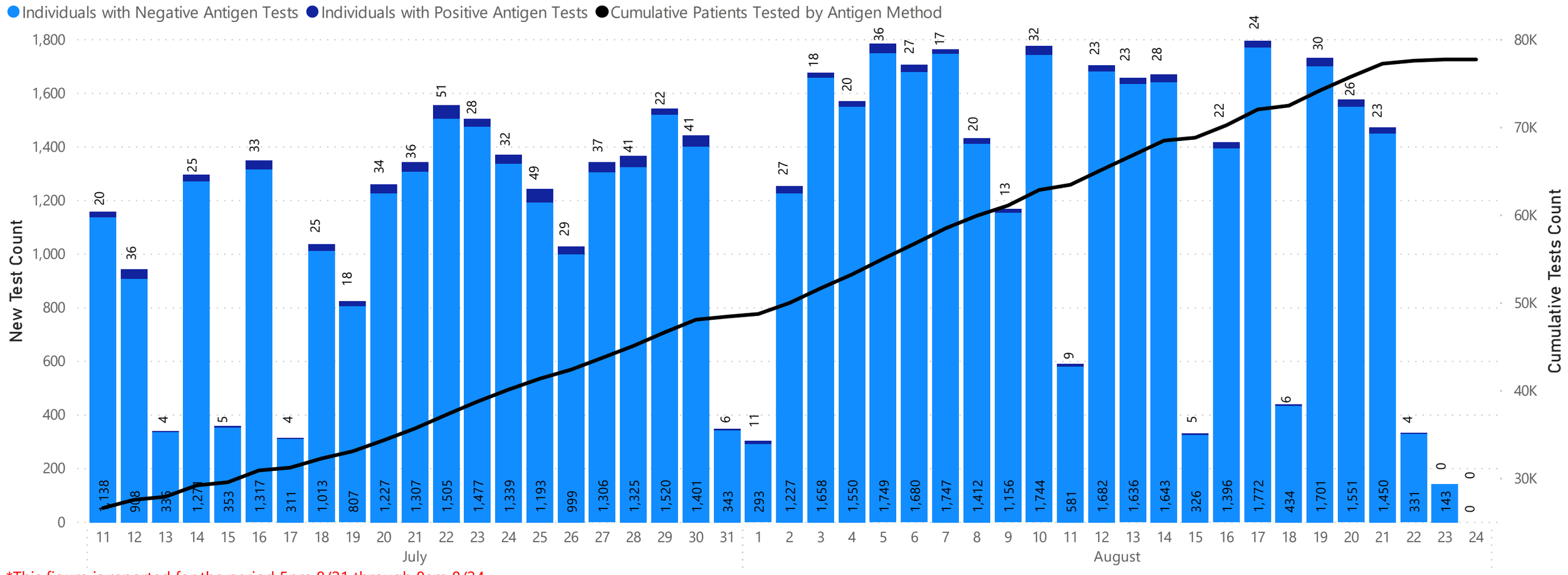
Massachusetts Department of Public Health COVID-19 Dashboard - Monday, August 24, 2020

Testing by Date - Antigens

New Individuals Tested by Antigen Tests*
3,142

Total Individuals Tested by Antigen Tests
77,748

Number of Individuals Tested by Antigens by Test Date



*This figure is reported for the period 5pm 8/21 through 8am 8/24.

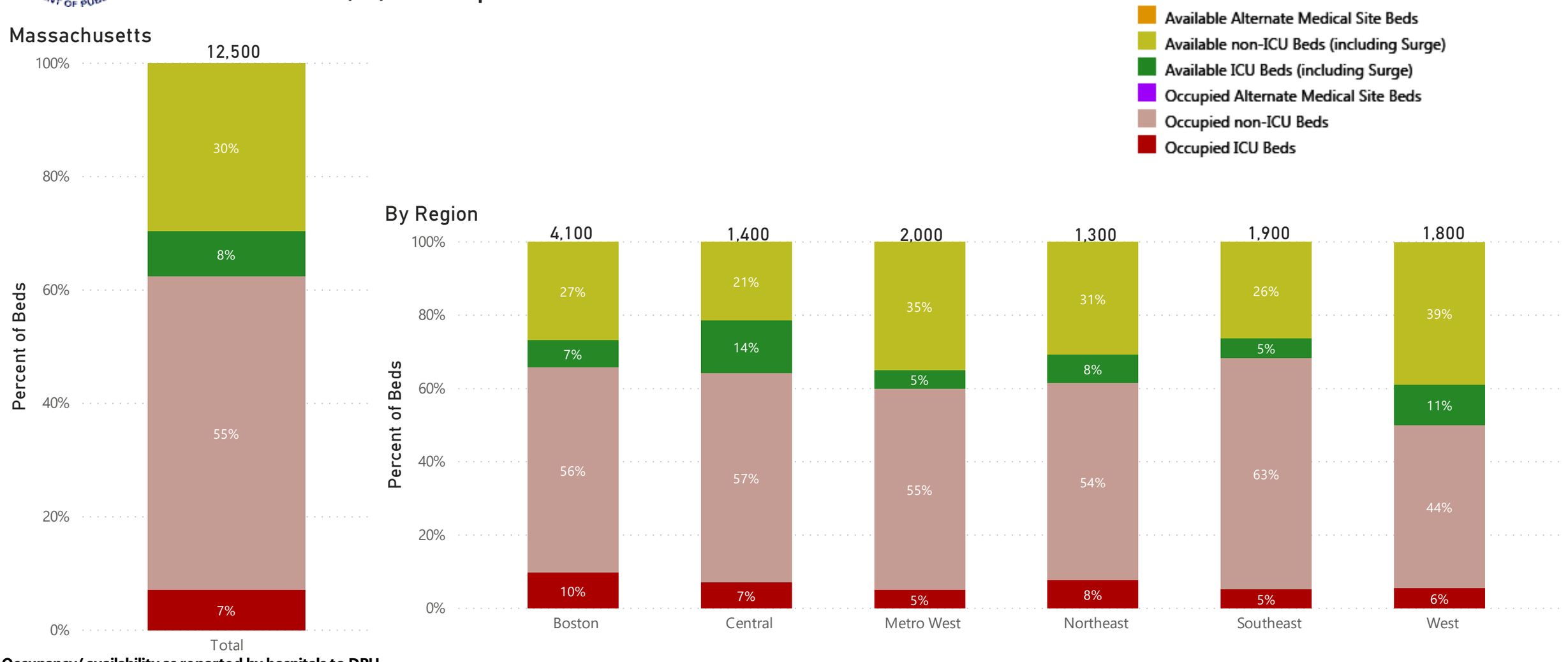
PLEASE NOTE: Due to the planned upgrade by DPH of its electronic laboratory reporting system during the weekend of August 22-23, today's data report includes information reported to DPH over the weekend (from 5PM Friday 8/21 through 8AM Monday 8/24) and so numbers are higher than usual. All laboratory results, cases, and deaths have been assigned to their respective test dates.

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.

Note: all data are current as of 8:00am on the date at the top of the page. Data previously shown according to date report received; data now presented according to date the individual was tested. Due to lag in reporting by laboratories, counts for most recent dates are likely to be incomplete.

Total Hospital Capacity by Region

Data collected as of 8/23/2020 5:00pm



Occupancy/ availability as reported by hospitals to DPH.

Regions shown represent EOHHS Regions. Note that total bed estimates may change day-to-day due to hospitals updating surge planning. As of June 16th, data reflects updated data collection methodology and the removal of unstaffed beds from this analysis. Analysis here reflects total beds that hospitals could staff within 12-24 hours.

Note: Hospital-reported data included here reflects a transition to new federal reporting standards imposed as of 7/22. As a result, data may not be directly comparable to hospital data reported previously.

COVID Patient Census by Hospital (1/3)

Data collected as of 8/23/2020 5:00pm

Hospital Name	Hospital County	Hospitalized Total COVID patients - suspected and confirmed (including ICU)	Hospitalized COVID patients in ICU - suspected and confirmed
Addison Gilbert Hospital	Essex	0	0
Anna Jaques Hospital	Essex	2	0
Athol Memorial Hospital	Worcester	0	0
Baystate Franklin Medical Center	Franklin	1	1
Baystate Medical Center	Hampden	31	3
Baystate Noble Hospital	Hampden	2	0
Baystate Wing Hospital	Hampden	1	0
Berkshire Medical Center	Berkshire	0	0
Beth Israel Deaconess Hospital - Milton	Norfolk	1	0
Beth Israel Deaconess Hospital - Needham	Norfolk	10	4
Beth Israel Deaconess Hospital - Plymouth	Plymouth	12	0
Beth Israel Deaconess Medical Center	Suffolk	13	1
Beverly Hospital	Essex	8	0
Boston Childrens Hospital*	Suffolk	4	3
Boston Medical Center	Suffolk	39	2
Brigham and Womens - Faulkner	Suffolk	3	1
Brigham and Womens Hospital	Suffolk	11	2
Brockton Hospital	Plymouth	1	0
Cambridge Hospital	Middlesex	6	2
Cape Cod Hospital	Barnstable	0	0
Carney Hospital	Suffolk	2	0
Clinton Hospital	Worcester	0	0
Cooley Dickinson Hospital	Hampshire	4	1

Occupancy/ availability as reported by hospitals to DPH.
*Specialty hospital data may be delayed and patient composition may vary.
Note: Hospital-reported data included here reflects a transition to new federal reporting standards imposed as of 7/22. As a result, data may not be directly comparable to hospital data reported previously.

COVID Patient Census by Hospital (2/3)

Data collected as of 8/23/2020 5:00pm

Hospital Name	Hospital County	Hospitalized Total COVID patients - suspected and confirmed (including ICU)	Hospitalized COVID patients in ICU - suspected and confirmed
Dana Farber Cancer Institute*	Suffolk	0	0
Emerson Hospital	Middlesex	0	0
Fairview Hospital	Berkshire	0	0
Falmouth Hospital	Barnstable	0	0
Good Samaritan Medical Center	Plymouth	4	1
Harrington Hospital	Worcester	0	0
Health Alliance-Leominster	Worcester	3	0
Heywood Hospital	Worcester	0	0
Holy Family Hospital	Essex	2	0
Holyoke Hospital	Hampden	7	0
Lahey Hospital Burlington	Middlesex	9	1
Lahey Hospital Peabody	Essex	0	0
Lawrence General Hospital	Essex	6	2
Lowell General Hospital	Middlesex	4	3
Marlborough Hospital	Middlesex	1	1
Marthas Vineyard Hospital	Dukes	0	0
Massachusetts Eye and Ear Infirmary*	Suffolk	0	0
Massachusetts General Hospital	Suffolk	11	3
Melrose Wakefield Hospital	Middlesex	0	0
Mercy Medical Center	Hampden	6	1
Merrimack Valley Hospital	Essex	0	0
MetroWest Medical Center Framingham	Middlesex	8	3
MetroWest Medical Center Natick	Middlesex	0	0

Occupancy/ availability as reported by hospitals to DPH.
*Specialty hospital data may be delayed and patient composition may vary.
Note: Hospital-reported data included here reflects a transition to new federal reporting standards imposed as of 7/22. As a result, data may not be directly comparable to hospital data reported previously.

COVID Patient Census by Hospital (3/3)

Data collected as of 8/23/2020 5:00pm

Hospital Name	Hospital County	Hospitalized Total COVID patients - suspected and confirmed (including ICU)	Hospitalized COVID patients in ICU - suspected and confirmed
Milford Regional Medical Center	Worcester	1	0
Morton Hospital	Bristol	0	0
Mount Auburn Hospital	Middlesex	9	0
Nantucket Cottage Hospital	Nantucket	0	0
Nashoba Valley Medical Center	Middlesex	0	0
New England Baptist Hospital	Suffolk	0	0
Newton-Wellesley Hospital	Middlesex	3	1
North Shore Medical Center Salem	Essex	8	2
Norwood Hospital	Norfolk	0	0
Saint Vincent Hospital	Worcester	4	3
Saints Memorial Medical Center	Middlesex	0	0
South Shore Hospital	Norfolk	24	4
Southcoast Charlton Memorial Hospital	Bristol	2	0
St Annes Hospital	Bristol	1	0
St Elizabeths Medical Center	Suffolk	5	2
St Lukes Hospital	Bristol	4	1
Sturdy Memorial Hospital	Bristol	6	4
Tobey Hospital	Plymouth	0	0
Tufts Medical Center	Suffolk	8	5
UMass Memorial-Memorial Campus	Worcester	4	0
UMass Memorial-University Campus	Worcester	8	4
Winchester Hospital	Middlesex	9	1

Occupancy/ availability as reported by hospitals to DPH.
*Specialty hospital data may be delayed and patient composition may vary.
Note: Hospital-reported data included here reflects a transition to new federal reporting standards imposed as of 7/22. As a result, data may not be directly comparable to hospital data reported previously.

Department of Corrections Data

Department of Corrections data as required by Chapter 93 of the Acts of 2020, previously found on this page, are available at https://www.mass.gov/guides/doc-coronavirus-information-guide and on the dashboard website: https://www.mass.gov/info-details/covid-19-response-reporting under "Additional COVID-19 data."

Direct links to the DOC information found on those pages include:

-Inmate data - https://www.mass.gov/info-details/doc-covid-19-inmate-dashboard
-Staff data - https://www.mass.gov/lists/doc-covid-19-staff-testing-reports
-Inmate Housing Reports - https://www.mass.gov/lists/doc-covid-19-institution-cell-housing-reports

EMERGENCY ALERTS

Coronavirus Update

Stay informed about COVID-19: Latest on cases, guidance, regulations *Aug. 25th, 2020, 9:00 am* **Read more**

Travel Order: Requirements for individuals entering Massachusetts *Aug. 1st, 2020, 12:00 am* **Read more**

Reopening Massachusetts: Learn more about the phased approach *Aug. 7th, 2020, 12:00 pm* **Read more**

HIDE ALERTS

Mass.gov

NEWS

Safer-at-Home Advisory

DPH Public Health Advisory

5/18/2020

Department of Public Health

Safer-at-Home

- People over the age of 65 and people who have underlying health conditions – who are at high risk for COVID-19 – should continue to stay home except for essential errands such as going to the grocery store and to attend to healthcare needs
- All residents are advised to leave home only for healthcare, worship and permitted work, shopping, and activities

- When going to the pharmacy ask if you can fill your prescriptions for 90 days if possible; for some medications this is not allowed. If you are at high-risk, try to use a mail-order service
- All residents are **REQUIRED** to cover their face when they cannot maintain six feet of social distance in public
- Parents should limit play dates for children
- All residents are advised to wash their hands frequently for at least 20 seconds with soapy water
- All residents are advised to be vigilant, monitor for symptoms and stay home if you feel sick
- Use remote modes of communication like phone or video chat instead of visiting friends or family who are high risk for COVID-19

Resources

- **Reopening Massachusetts**
  - Plan and Guidance (/info-details/reopening-massachusetts)
  - First Phase Press Release (/news/reopening-massachusetts-baker-polito-administration-initiates-transition-to-first-phase-of)
  - Second Phase Press Release (/news/reopening-massachusetts-baker-polito-administration-initiates-transition-to-second-phase-of)
  - Third Phase Press Release (/news/reopening-massachusetts-baker-polito-administration-initiates-transition-to-third-phase-of)
- **Wear a Mask in Public**
  - Order and Guidance (/news/wear-a-mask-in-public)
  - Video (https://www.youtube.com/watch?v=HtUJPizQVPI)
- **Stop the Spread of Germs**
  - Fact Sheets (/info-details/covid-19-printable-fact-sheets#prevention-)
  - Video (https://www.youtube.com/watch?v=atoYsk9IFXs)
- **Social Distancing**
  - Fact Sheets (/info-details/covid-19-printable-fact-sheets#prevention-)
  - Video (https://www.youtube.com/watch?v=TkW72NwcOUg)
- **Stay Home. Stay Safe. Save Lives.**

- **Video** (https://www.youtube.com/watch?v=jQLOTdjHjn8)

- Self- Quarantine
  - **Information sheet** (/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download)
  - **Infographic** (/info-details/covid-19-printable-fact-sheets#at-home-quarantine-or-self-monitoring-)
  - **Video** (https://youtu.be/QIRd6F9BWUA)
- Coping with Stress and Anxiety
  - **Fact Sheets** (/info-details/covid-19-printable-fact-sheets#coping-with-stress-and-fear-)
  - **Video** (https://www.youtube.com/watch?v=jSGIsQkrP-U)

If you or a family/household member does not feel safe at home, please call **1-800-799-7233** for live support. If you are unable to speak safely, you can log onto thehotline.org to chat online, or text **LOVEIS** to **22522**.

If you or a family/household member have another concern or need regarding this stay-at-home advisory, please call **2-1-1**.

You can sign up to get the most up-to-date information sent to your phone by texting **COVIDMA** to **888-777**.

Key Actions

Learn about the third phase of reopening Massachusetts

(https://www.mass.gov/news/reopening-massachusetts-baker-polito-administration-initiates-transition-to-third-phase-of)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

150 YEARS
OF ADVANCING
PUBLIC
HEALTH

Department of Public Health (/orgs/department-of-public-health)

DPH promotes the health and well-being of all residents by ensuring access to high-quality public health and healthcare services, and by focusing on prevention, wellness, and health equity in all people.

More (/orgs/department-of-public-health)

RELATED

NEWS

Order and Guidance: Wear a Mask in Public (/news/mask-up-ma)

7/31/2020 | ***Department of Public Health***

Wear a mask or face covering in public to slow the spread of COVID-19 and help keep MA headed in the right direction.

Reopening Massachusetts

May 18, 2020

THE ROAD WE'VE TRAVELLED TOGETHER

March 10
State of Emergency declared

March 14
COVID-19 Command Center established

March 23
Non-essential businesses closed

April 28
Business closures extended

May 18th
Reopening announcement

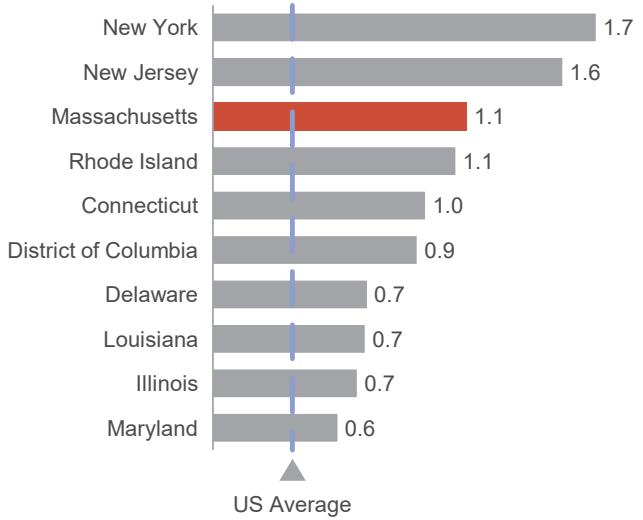
Massachusetts has been one of the hardest hit states in the U.S., with over 86,000 confirmed cases and 5,700 deaths through May 17, 2020.

On March 23, 2020 Governor Baker issued an executive order closing all non-essential businesses across the Commonwealth in order to reduce the transmission of COVID-19.

In combatting COVID-19, the Baker-Polito administration has:

- In partnership with healthcare providers and municipalities, conducted more than 460,000 COVID-19 tests, making Massachusetts a top-5 per capita tester
- Launched a national model for contact tracing
- Committed over $1 billion in funding to support our health care system
- Distributed more than 10.5 million pieces of personal protective equipment

Number of confirmed COVID-19 cases, per 100k population (thousands)
As of 5/12/2020



All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

GETTING STARTED ON THE PATH TO REOPENING

On April 28, Governor Baker formed the Reopening Advisory Board, chaired by Lieutenant Governor Karyn Polito and Secretary of Housing and Economic Development Mike Kennealy, and comprised of representatives from the business community, public health officials, and municipal leaders from across the Commonwealth.

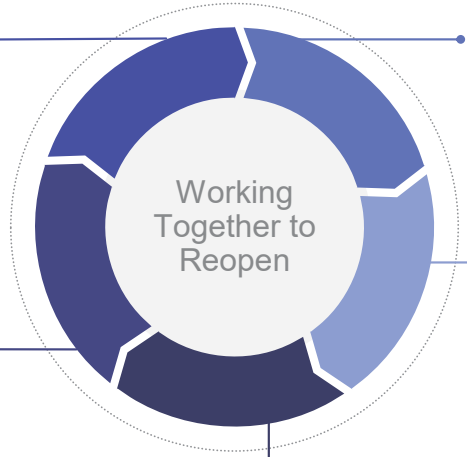
In crafting this report, the Reopening Advisory Board and other state officials:

- Heard testimony from more than 75 business associations, labor unions, non-profits, and community coalitions that collectively represent more than 112,000 businesses and more than 2,000,000 employees
- Received and reviewed more than 4,600 written submissions from associations, businesses, and residents
- Engaged stakeholders and analyzed information in over 45 hours of Zoom meetings over the past 20 days

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

WORKING TOGETHER TO REOPEN

Until a treatment or vaccine for COVID-19 is available, life will not return to normal. We each have a collective responsibility to ensure that reopening proceeds smoothly and safely. Everyone must follow public health directives and use common sense to protect yourself, your family, your neighbors, and vulnerable populations across the Commonwealth.



Individuals

- Cover your face
- Wash your hands
- Socially distance
- Be vigilant for symptoms
- Stay home if you feel sick

Employers

Set business practices that adhere to the Mandatory Workplace Safety Standards and Sector-Specific Protocols for your industry

Employees

Abide by employer practices that adhere to the mandatory safety standards and sector specific protocols

Government

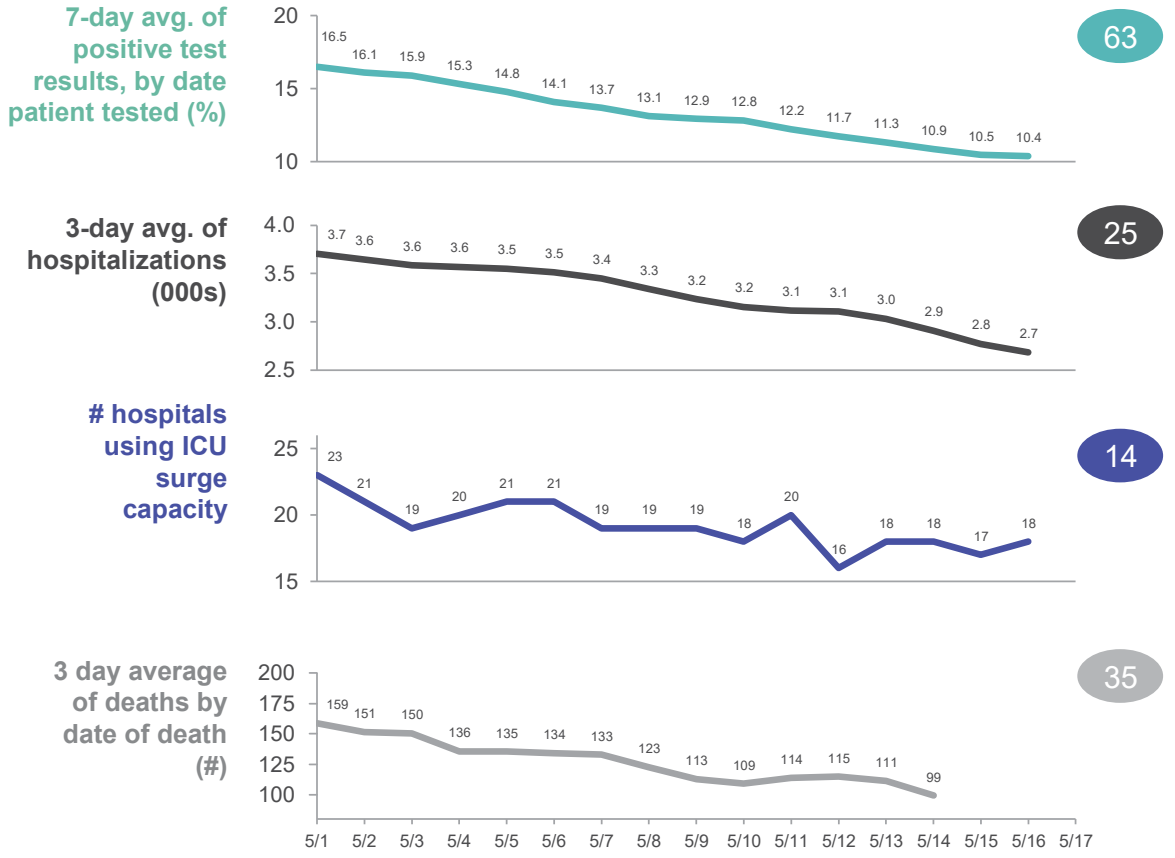
- Set standards in the interest of public health
- Invest in necessary capabilities
- Communicate to and educate the public
- Regularly track and report COVID-19 data
- Expand testing capacity

Health system

Monitor progression to ensure sufficient system capacity to meet needs

REOPENING WILL BE DRIVEN BY PUBLIC HEALTH DATA

- Key public health metrics will determine if and when it is appropriate to proceed through reopening phases
- Public health data trends indicating significant increases in viral transmission could result in returning to prior phases or closing sectors of the economy



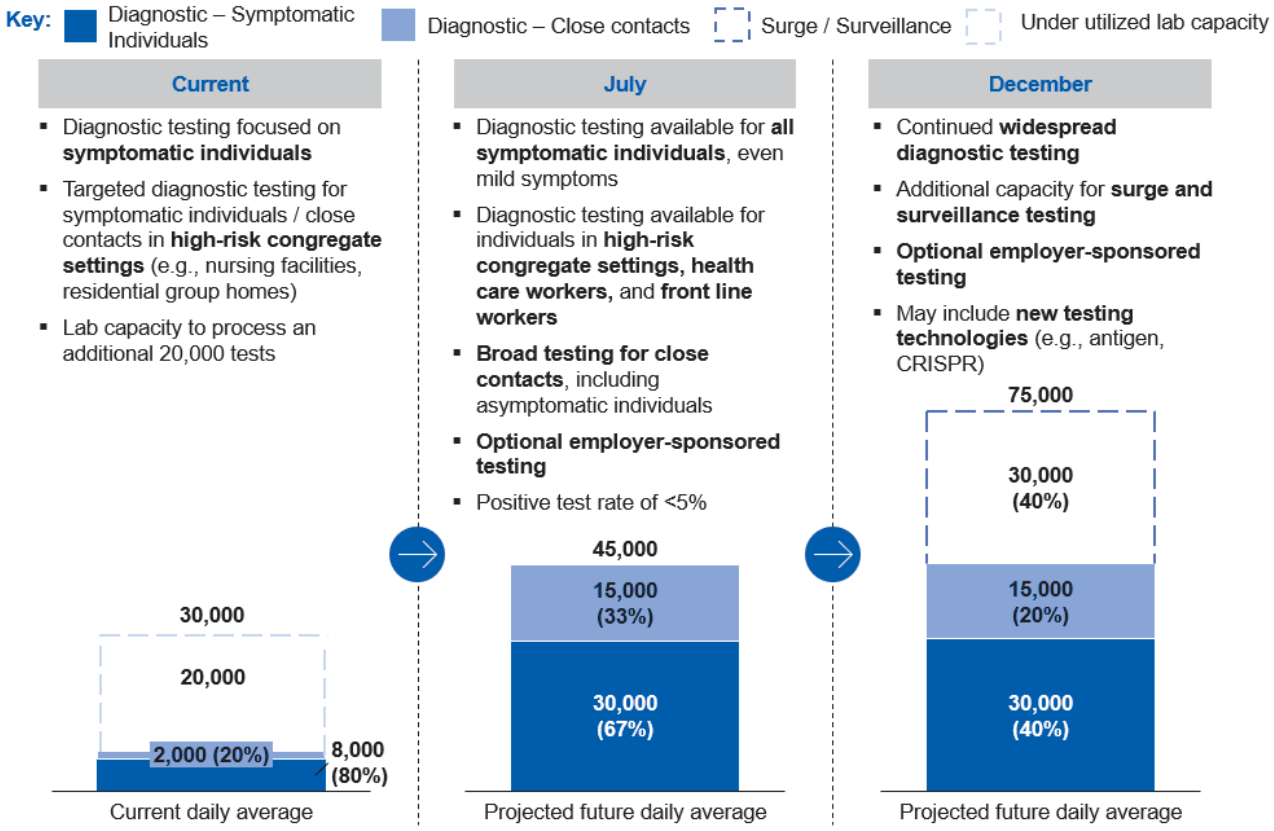
Source: MA COVID Command Center, May 2020

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

MASSACHUSETTS TESTING & TRACING STRATEGY

- ***Test***: Increase testing capacity and number of people tested so people with COVID-19 are aware of their diagnosis and can self-isolate
- ***Trace***: Trace all contacts of people with COVID-19 to ensure safe quarantine and testing for those who need it
- ***Isolate:*** Minimize transmission by isolating and quarantining individuals with COVID-19 and their close contacts
- ***Support***: Provide support so individuals can safely isolate and quarantine

Summary of daily testing estimates by population



All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

REOPENING WILL BE DRIVEN BY PUBLIC HEALTH DATA

Dashboard of public health indicators

- Starting on May 18, the COVID-19 Command Center will give updates on six key public health indicators
- Before and during reopening, these metrics must continue to show progress

Below is the status as of **May 18, 2020:**

Indicator		Status
1	COVID-19 positive test rate	
2	Number of individuals who died from COVID-19	
3	Number of patients with COVID-19 in hospitals	
4	Healthcare system readiness	
5	Testing capacity	
6	Contact tracing capabilities	

Legend

- Positive trend
- In progress
- Negative trend

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

REOPENING AND FIGHTING COVID-19

As we reopen the Massachusetts economy, the Baker-Polito administration will provide guidance that each sector, industry, and business must follow:

Social guidance

General social guidance
Guidance all individuals must follow to reduce the risk of new COVID-19 transmission:

- Cover your face
- Wash your hands
- Socially distance
- Be vigilant for symptoms
- Stay home if you feel sick

Business guidance

Mandatory Workplace Safety Standards
New standards for all workplaces that are designed to reduce the risk of new COVID-19 transmission to employees and customers

Sector-Specific Protocols and best practices
Additional safety standards and recommended best practices to reduce the risk of new COVID-19 transmission in specific industries (e.g. restaurants, construction, etc.)

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

REOPENING AND FIGHTING COVID-19

On May 18, the Baker-Polito administration issued the Safer At Home Advisory:

Cover – Wash – Distance – Vigilance

- ✓ People over the age of 65 and people who have underlying health conditions – who are at high risk for COVID-19 – should continue to stay home except for essential errands such as going to the grocery store and to attend to healthcare needs
- ✓ All residents are advised to leave home only for healthcare, worship and permitted work, shopping, and outdoor activities
- ✓ All residents are **REQUIRED** to cover their face when they cannot maintain six feet of social distance in public
- ✓ All residents are advised to wash their hands frequently for at least 20 seconds with soapy water
- ✓ All residents are advised to be vigilant, monitor for symptoms and stay home if you feel sick

What Safer At Home Means

- Only leave home for health care, permitted work, shopping, and outdoor activities
- When going to the pharmacy ask if you can fill your prescriptions for 90 days if possible; for some medications this is not allowed. If you are at high-risk, try to use a mail-order service
- Don't participate in close contact activities such as pick-up sports games
- Use remote modes of communication like phone or video chat instead of visiting friends or family who are high risk for COVID-19
- Refrain from visiting nursing homes, skilled nursing facilities, or other residential care settings
- Parents should limit play dates for children

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

REOPENING AND FIGHTING COVID-19

Mandatory Workplace Safety Standards for reopening

All businesses and activities, as they reopen, must meet the following minimum safety standards:

Social Distancing	• All persons, including employees, customers, and vendors should remain at least six feet apart to the greatest extent possible, both inside and outside workplaces • Establish protocols to ensure that employees can practice adequate social distancing • Provide signage for safe social distancing • Require face coverings or masks for all employees
Hygiene Protocols	• Provide hand washing capabilities throughout the workplace • Ensure frequent hand washing and ensure adequate supplies • Provide regular sanitization of high touch areas, such as workstations, equipment, screens, doorknobs, restrooms throughout work site
Staffing and Operations	• Provide training for employees regarding the social distancing and hygiene protocols • Employees who are displaying COVID-19-like symptoms do not report to work • Establish a plan for employees getting ill from COVID-19 at work, and a return-to-work plan
Cleaning and Disinfecting	• Establish and maintain cleaning protocols specific to the business • When an active employee is diagnosed with COVID-19, cleaning and disinfecting must be performed • Disinfection of all common surfaces must take place at intervals appropriate to said workplace

Note: Businesses operating to provide Essential Services, as defined in the Governor's March 23, 2020 Executive Order, updated on March 31, April 28 and May 15, may remain open and have until May 25, 2020 to comply with these mandatory safety standards.

REOPENING AND FIGHTING COVID-19

Sector-Specific Protocols and best practices

The Baker-Polito administration has developed specific guidance so that each industry reopens as safely as possible. Businesses are expected to implement these protocols in addition to the more general Mandatory Workplace Safety Standards.

As of May 18, materials for the sectors eligible to open in the first phase of reopening are included on the mass.gov/reopening. Guidance for sectors opening in later phases will be posted online in advance of those phases. Each sector will have access to:

Sector Circular

Mandatory safety standards and recommended best practices in social distancing, hygiene protocols, staffing/operations, and cleaning/disinfecting for each sector.

Sector Checklist

Checklist developed to serve as guidance for employers and businesses of all sizes as they adjust operations to address worker and customer safety.

Note: Businesses operating to provide Essential Services, as defined in the Governor's March 23, 2020 Executive Order, updated on March 31, April 28 and May 15, may remain open and have until May 25, 2020 to comply with their industry's sector specific protocols (if applicable).

REOPENING MASSACHUSETTS IN PHASES

The goal of this phased reopening plan is to methodically allow businesses, services, and activities to resume, while avoiding a resurgence of COVID-19 that could overwhelm our healthcare system and erase the progress we've made so far.

Current state: Stay at home	Phase 1: Start	Phase 2: Cautious	Phase 3: Vigilant	Phase 4: New normal
Essential business and services only	Limited industries resume operations with severe restrictions	Additional industries resume operations with restrictions and capacity limitations	Additional industries resume operations with guidance	Development of vaccines and / or treatments enable resumption of "new normal"

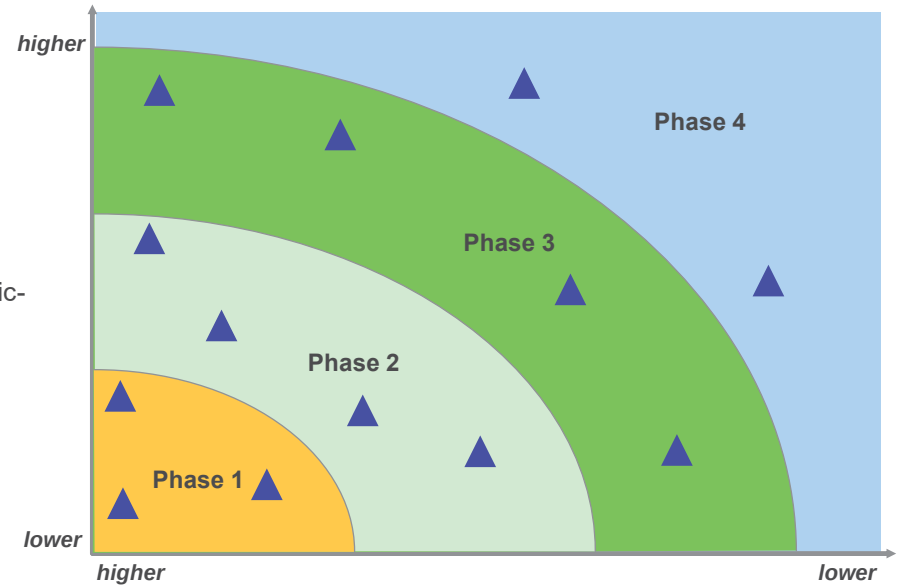
- **Each phase will last a minimum of three weeks and could last longer** before moving to the next phase
- **If public health data trends are negative,** specific industries, regions, and/or the entire Commonwealth **may need to return to an earlier phase**
- The Commonwealth will **partner with industries to draft Sector-Specific Protocols in advance of future phases** (example: restaurant specific protocols will be drafted in advance of Phase 2)
- **If we all work together to defeat COVID-19, we can proceed through each phase**

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

REOPENING MASSACHUSETTS IN PHASES

The Baker-Polito administration's data-driven approach to reopening the economy used a framework that considered the public health risk and the economic benefit of reopening each of the closed sectors of our economy. In addition to this framework, the Baker-Polito administration looked to what other states are doing, including our immediate neighbors and those that were similarly impacted by COVID-19.

Framework to inform which sectors should be considered for reopening in each phase:



Public health risk of reopening

Contact intensity, % of public-facing roles

Economic benefit of reopening

Unemployment claims, median income, % of small and medium businesses

▲ Illustrative sectors

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REOPENING MASSACHUSETTS IN PHASES

Phased approach and reopening summary plan (I)

	Current state: Stay at home	Phase 1: Start	Phase 2: Cautious	Phase 3: Vigilant	Phase 4: New normal
Social guidance	**As residents of Massachusetts, we are all in this together. Across all phases of reopening, please:** Cover your face · Wash your hands · Socially distance · Be vigilant for symptoms · Stay home if you feel sick				
High risk populations As defined by the CDC	• High risk should work from home if possible, priority consideration for workplace accommodations	• High risk should work from home if possible, priority consideration for workplace accommodations	• High risk should work from home if possible, priority consideration for workplace accommodations	• High risk should work from home if possible; priority consideration for workplace accommodations (these could be adjusted depending on pending epidemiological evidence)	• Resume public interactions with physical distancing
Gathering size	• Gatherings of <10 people	• Gatherings of <10 people	• To be determined based on trends	• To be determined based on trends	• To be determined based on trends
Travel	• Stay at home advisory • All travelers to MA urged to self-quarantine for 14 days • Lodging restricted to essential workers only	• Safer at home advisory • All travelers to MA urged to self-quarantine for 14 days • Lodging restricted to essential workers only	• Business and recreational travel discouraged • All travelers to MA urged to self-quarantine for 14 days • Lodging open with restrictions	• To be determined based on trends	• Travel resumes, continue to observe social guidance

Most certain — Degree of certainty given the progression of COVID-19 — Least certain

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REOPENING MASSACHUSETTS IN PHASES

Phased approach and reopening summary plan (II)

	Current state: Stay at home	Phase 1: Start	Phase 2: Cautious	Phase 3: Vigilant	Phase 4: New normal
Worship	Gathering restrictions	On **May 18** open with guidelines, outdoor services are encouraged	Open with updated guidelines, outdoor services are encouraged	Open with updated guidelines, outdoor services are encouraged	Full resumption of activity in the "new normal"
Business	Essential businesses only (Remain open across all phases with guidelines)	With restrictions, some capacity limitations, staggered start: On **May 18**: • Essential business • Manufacturing • Construction On **May 25**: • Lab space • Office space • Limited Personal Services – Hair – Pet grooming – Car washes • Retail – Remote fulfilment – Curbside pick-up On **June 1**: • Office space: Boston	Potentially updated guidance for Phase 1 businesses With restrictions and some capacity limitations: • Retail • Restaurants* • Lodging* • Additional Personal Services – e.g., Nail salons – e.g., Day spas	Potentially updated guidance for Phase 1 & 2 businesses With restrictions and some capacity limitations: • Bars • Arts & Entertainment – e.g., Casinos – e.g., Fitness, gyms – e.g., Museums • All other business activities resume except for nightclubs and large venues	Full resumption of activity (e.g., large venues and night clubs)

**Restaurant & Hospitality workgroup convened May 15 to develop procedures for opening.*

Most certain — Degree of certainty given the progression of COVID-19 — Least certain

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REOPENING MASSACHUSETTS IN PHASES

Phased approach and reopening summary plan (III)

	Current state: Stay at home	Phase 1: Start	Phase 2: Cautious	Phase 3: Vigilant	Phase 4: New normal
Health and human services	Emergency/Emergent needs only, telehealth encouraged	On **May 18**, hospitals and community health centers: • Upon attestation can provide high priority preventative care, pediatric care and treatment for high risk patients and conditions On **May 25**, additional health care providers: • Upon attestation can provide same limited services as above	Expand ambulatory in-person routine care: • Less urgent preventative services, procedures, and care (e.g., routine dental cleanings, certain elective procedures) • Day programs (e.g., Adult Day Health, Day Habilitation, etc.)		Full resumption of activity in the "new normal"
Recreation and outdoor	Beaches only open for transitory activity with no parking Parks open with no services/facilities	On **May 25**, can open with guidelines: • Beaches • Parks • Drive-in theaters • Some athletic fields and courts • Many outdoor adventure activities • Most fishing, hunting, and boating • Outdoor gardens, zoos, reserves and public installations	Can open with guidelines: • Campgrounds • Playgrounds and spray decks • Public and community pools • All athletic fields and courts with guidelines • Youth sports in limited fashion	Can open with guidelines: • Additional activities and services • Youth sports with games and tournaments (limited crowd sizes)	Full resumption of all outdoor recreation and activities

Most certain — Degree of certainty given the progression of COVID-19 — Least certain

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

REOPENING: PHASE 1 – START

The phased reopening gives businesses permission to reopen, but **reopening is not mandatory**. Businesses should refer to the Sector-Specific Protocols and best practices for detailed guidance on reopening and should follow a self-certification process.

Phase 1: Start

The following businesses will be eligible to reopen, subject to their ability to comply with all mandatory safety standards:

On May 18th

- **Essential businesses** stay open and continue to operate. Must comply with safety standards, and must self-certify by May 25, 2020
- **Manufacturing**
- **Construction**
- **Worship**
- **Hospitals** and **community health centers** who attest to specific public health/safety standards can provide high priority preventative care, pediatric care and treatment for high risk patients

On May 25th

- **Laboratory and life sciences facilities**
- **Offices, excluding those in City of Boston;** work from home strongly encouraged; businesses should restrict workforce presence to <25% maximum occupancy
- **Hair salons and barbershops** by appointment only
- **Pet grooming** by appointment only (curbside pet drop-off and pick-up)
- **Car washes** exterior car washing allowed
- **Recreation and outdoor** with guidelines
- **Other health care providers** who attest to specific public health/safety standards can provide high priority preventative care, pediatric care and treatment for high risk patients
- **Retail** remote fulfilment and curbside pickup

On June 1st

- **Offices in the City of Boston**, following applicable guidelines for the rest of the Commonwealth

HEALTH CARE

Effective May 18th, hospitals and community health centers who attest to meeting specific capacity criteria and public health/safety standards will be allowed to resume a limited set of in-person preventative, diagnostic and treatment services.

Effective May 25th, other health care providers who attest to meeting these standards may resume limited in-person services.

Services that may be performed are limited, **based on the provider's clinical judgment** to **(1) high-priority preventative services, including pediatric care, immunizations, and chronic disease care for high-risk patients** and **(2) urgent procedures that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred**.

In order for the phased-in hospital expansion and non-hospital reopening, the following statewide metrics must be met. (1) 30% of hospital ICU beds (including staffed surge capacity) must be available. (2) 30% of total hospital beds (including staffed surge capacity) must be available.

Health care providers must meet the following requirements to reopen or expand services:

- Attest to public health standards and specific guidelines
- Adequate PPE on hand, reliable supply chain and other supplies and policies in place, not reliant on the state stockpile for PPE
- Infection control readiness (workflow, cleaning, social distancing, etc.)
- Workforce and patient screening and testing protocols
- Hospitals must have ≥ 25% ICU and total bed capacity and reopen pediatric ICU and psychiatric beds if they had been repurposed for surge capacity

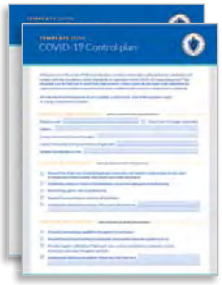
When making a clinical determination, providers (hospital, physician, other health care provider) are limited by the following criteria:

- The procedure cannot be provided through telehealth
- The service must be a high-priority preventative service including pediatric care and immunizations
- The procedure must be urgent and cannot be delivered remotely and could lead to high risk or significant worsening of the patient's condition if deferred

REOPENING: PHASE 1 – START

Mandatory self-certification for businesses

In order to reopen, businesses **must** develop a written COVID-19 Control Plan outlining how its workplace will prevent the spread of COVID-19. Required Materials are located on mass.gov/reopening, and include:



COVID-19 control plan template

Businesses may complete a template, available on the mass.gov/reopening, to fulfill this requirement. This plan **does not need to be submitted** to a state agency for approval, but must be retained on the premises of the business and be provided in the event of an inspection.

Compliance attestation poster

Businesses are required to sign a poster, attesting that they have completed a COVID-19 control plan, and post it in an area within the business premises that is visible to employees and visitors.

Employer

Worker

Other posters

Businesses are required to post signs and posters describing the rules for maintaining social distancing, hygiene protocols, cleaning, and disinfecting.

Note: All reopening businesses must meet these requirements before reopening. Businesses that are designated as essential may remain open but are required to complete these steps by May 25, 2020.

CARING FOR CHILDREN

The Commonwealth's mission in reopening is to increase access to childcare and youth programs, protect children and staff, and reduce the spread of COVID-19. Child care and summer recreation camps will reopen in a phased approach. The Departments of Early Education and Care and Public Health are developing guidelines that balance families' need for child care with heath and safety. The initial reopening plan will focus on families who have no safe alternative to group care by increasing emergency child care capacity. EEC will also partner with industries returning to work to develop options specific to their workplaces.

Since March, **emergency child care** has been available to children of workers, with extra virus mitigation protocols

Childcare operating at reduced capacity and on an emergency basis for children of workers with no safe alternative to group care during Phase 1.

Implemented virus mitigation protocols including social distancing, cleaning and disinfecting, group ratio changes, isolation and contact tracing protocols, and extra staffing.

We continually solicit feedback from providers about operational support needed to reopen.

Going forward, we are continuing to tailor strategies to ensure **safe child care** and **recreational summer camp** options for Massachusetts families

Prioritizing safe child care options for workers with no safe alternative to group care. Leveraging and building capacity across the emergency child care system.

Partnering with industries returning to work as part of this reopening plan to ensure responsive, innovative options targeted to specific workplaces.

Opening on a phased basis recreational day camps in Phase 2 and residential camps in Phase 3.

Releasing detailed guidelines in the coming weeks.

TRANSIT (I)

The MBTA has been and will continue to implement measures to slow the spread of COVID-19 across the system to keep employees and riders safer.

While public transportation unavoidably creates some risk of transmission, the MBTA, riders and employers can significantly reduce that risk by working together:

Riders are required to wear masks and must make efforts to distance. Riders are asked to avoid riding transit if they are exhibiting symptoms of COVID-19.

Employers are encouraged to stagger schedules and implement work from home policies to reduce demand, especially during rush hours.

The MBTA will continue to take protective and preventative measures such as frequently disinfecting and cleaning vehicles and stations and providing protective supplies to workers.

To mitigate risk while providing appropriate levels of service, the MBTA will:

Support the transit needs of essential workers and those returning to the workplace in Phase 1 while continuing with limited service to maximize employee and rider safety.

Ramp up to a modified version of full service by Phase 3, although social distancing efforts will limit effective capacity on vehicles even after full service schedules are restored.

Actively communicate public health guidance and schedule adjustments in-station, online, and over social media.

TRANSIT (II)

	Current state: Stay at home	Phase 1: Start	Phase 2: Cautious	Phase 3: Vigilant	Phase 4: New normal
Bus	Adapted Saturday schedule	Unchanged	Additional service for high demand bus routes as staffing permits	Resume full 2020 schedule, as staffing permits. Add service to high demand routes	Resume FY20 full schedule/ possible peak addition**
Subway / Blue	Adapted Saturday schedule	Unchanged	FY20 full schedule	FY20 full schedule	FY20 full schedule
Subway/ Red	Saturday schedule	Unchanged	Increased service (shorter time between trains)	FY 20 full schedule	FY20 full schedule
Subway/ Orange	Saturday schedule	Unchanged	Increased service (shorter time between trains)	FY 20 full schedule	FY20 full schedule
Green Line	Saturday schedule	Unchanged	Increased service (shorter time between trains)	FY20 full schedule as staffing permits	FY20 full schedule
Commuter Rail	Reduced schedule	Unchanged	Additional trains including off-peak on Fairmount Line	Modified FY20 full schedule*	Modified FY20 full schedule*
Ferries	Closed	Unchanged	Reopen with reduced service	FY20 full schedule	FY20 full schedule
	Most certain		Degree of certainty given the progression of COVID-19		Least certain

* FY20 schedule modified, where feasible, to reflect changed travel patterns in COVID-19 new normal and workforce availability

** MBTA has 60 buses on order so possible peak additions could add those buses to schedule, dependent on workforce availability

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HYGIENIC AND PROTECTIVE SUPPLIES

In order to operate, all Massachusetts businesses will need to meet the Mandatory Workplace Safety Standards and relevant Sector-Specific Protocols published by the state.

The state has developed a **guide to educate** business owners on what supplies are needed to return to workplaces, and **a portal to connect** businesses with manufacturers and distributors.

Educational materials will be provided to define how an employer should prepare their work spaces to reopen and **what** products are appropriate for employees to protect themselves at work. **Medical grade face coverings are not necessary for non-health care workers**

Guidance on protective supplies, including, but not limited to:

- What can be used as a **face covering** and how to wear it safely
- When are gloves necessary for employees, and how to **wash your hands**

Disinfecting and sanitizing guidance and which materials to use, including, but not limited to:

- Disinfecting wipes/spray
- Sanitizing wipes/spray
- Hand sanitizer

Access supply vendors on mass.gov/reopening

A **searchable portal** has been launched to **connect** Massachusetts businesses in need of supplies with manufacturers whom are actively producing and selling hygienic and protective materials in the Commonwealth

Contact and product information for vendors who have or have had a contract with the Commonwealth.

Contract and product information for manufacturers that have pivoted to produce hygienic or protective supplies as part of the M-ERT process.

Manufacturing **E**mergency **R**esponse **T**eam

430+
Massachusetts manufacturers

27
Graduated M-ERT companies

3.5
Million pieces of PPE to date

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data

K-12 SCHOOLS

As previously announced, Massachusetts' K-12 school buildings will remain closed through the end of the 2019-20 school year, with remote teaching and learning in place. Schools will continue offering essential non-educational services to their communities. Plans are being made for the summer learning programs and 2020-21 school year and will be shared with the public in the weeks to come.

K-12 school buildings will remain closed through the end of the 2019-20 school year
Potential for limited exceptions to be announced at a later date.

Remote teaching and learning should continue through the end of the 2019-20 school year
As previously announced.

Schools should continue offering essential non-educational services
Examples include take-out and food delivery to students and families.

Plans for the summer and 2020-21 school year are being developed and will be announced soon
We are developing plans for summer learning programs and the next school year and closely tracing the progression of the virus as part of the reopening process.

HIGHER EDUCATION

Massachusetts' diverse higher education institutions continue to foster teaching, learning, student support, and essential research remotely throughout this time. They are working together and in partnership with the state to ensure a safe and gradual return to campus life. In the upcoming weeks, institutions will develop customized reopening plans to ensure the safety of their communities.

Four key principles will guide the return to campus life for Massachusetts' higher education institutions

- Protect the health and safety of students, faculty, staff and people in surrounding communities.
- Enable students to make meaningful progress towards their educational goals.
- Contribute to research and innovation.
- Minimize adverse economic impact on families, employees and the Massachusetts economy.

Institutions will craft their own campus reopening plans for each phase, to be implemented once common key enablers are met

In all phases: Safety guidelines and health monitoring protocols will be implemented throughout all elements of campus life – including classrooms, housing, dining, facilities and services.

In Phase 1: Higher education institutions can repopulate **research laboratories and medical, dental, veterinary and allied health clinical education and services, and restart functions** necessary to prepare campuses to reopen. All activities must observe applicable social distance guidance.

In Phases 2 and 3: Following public health guidance, each institution will develop its own plans for course delivery which will likely involve a combination of in-person and remote learning in order to allow for social distancing on campus.

For more information:

www.mass.gov/reopening

- More detailed information on businesses, services, and activities that will open in each phase
- Resources for employers and employees
  - Mandatory Workplace Safety Standards
  - Sector-Specific Protocols and best practices
  - Template COVID-19 control plans and workplace posters
- Copies of this presentation, as well as additional information about the Reopening Advisory Board

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THANK YOU

We'd like to thank the Reopening Advisory Board and the numerous other stakeholders for their input in developing this report

Reopening Advisory Board:

Co-Chairs:
- Karyn Polito – Lieutenant Governor
- Mike Kennealy – Secretary, Executive Office of Housing and Economic Development

Members:
- Aron Ain – CEO, Kronos Inc & Ultimate Software
- Joe Bahena – Senior Vice President, Joseph Abboud Manufacturing
- Monica Bharel MD, MPH – Commissioner of the Massachusetts Department of Public Health
- Kathryn Burton – Chief of Staff, City of Boston
- Steve DiFillippo – CEO, Davio's Restaurants
- Pamela Everhart – Head of Regional Public Affairs and Community Relations, Fidelity Investments
- Wendy Hudson – Owner, Nantucket Book Partners / Co-Founder, Cisco Brewers
- Mark Keroack – MD, MPH, President & CEO, Baystate Health
- Nicole LaChapelle – Mayor, City of Easthampton
- Laurie Leshin – Ph.D., President, Worcester Polytechnic Institute
- Linda Markham - President, Cape Air
- Girish Navani – CEO and Co-Founder, eClinicalWorks
- Stephanie Pollack – Secretary of Transportation
- Daniel Rivera – Mayor, City of Lawrence
- Corey Thomas – CEO, Rapid 7
- Rochelle Walensky – MD, MPH, Massachusetts General Hospital
- Carlo Zaffanella – Vice President and General Manager, Maritime & Strategic Systems, General Dynamics Mission Systems

OTHER RESOURCES

COVID-19 Updates and Information –
https://www.mass.gov/info-details/covid-19-updates-and-information

COVID-19 Prevention and Treatment –
https://www.mass.gov/info-details/covid-19-prevention-and-treatment

COVID-19 Resources and Guidance for Businesses –
https://www.mass.gov/info-details/covid-19-resources-and-guidance-for-businesses

COVID-19 Response Reporting –
https://www.mass.gov/info-details/covid-19-response-reporting

Guidance: Wear a Mask In Public (Issued May 1, 2020) –
https://www.mass.gov/news/wear-a-mask-in-public

Mandatory Workplace Safety Standards –
https://www.mass.gov/info-details/reopening-mandatory-safety-standards-for-workplaces

Travel Information Related to COVID-19 –
https://www.mass.gov/info-details/travel-information-related-to-covid-19#travel-to-massachusetts-

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
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ORDER OF THE COMMISSIONER OF PUBLIC HEALTH

On March 10, 2020, Governor Charles D. Baker declared a State of Emergency in the Commonwealth to respond to the spread of COVID-19. The Public Health Council has approved and authorized me to take such actions, incur such liabilities, and establish such rules, requirements, and procedures which are necessary to prepare for, respond to, and mitigate the spread of COVID-19 in order to protect the health and welfare of the people of the Commonwealth, consistent with the Governor's declaration.

Accordingly, having received that authorization from the Council and with the approval of the Governor, I issue the following Order:

All long term care facilities shall implement procedures published by the Department of Public Health to screen visitors to the facility and to restrict visitation as necessary to protect the health of residents and staff. Persons who meet any specified screening criteria shall be restricted from visitation. Facilities subject to this order must continue to comply with all applicable statutes, regulations and guidance not inconsistent with this Order.

This Order shall remain in effect from March 12, 2020, until the State of Emergency is terminated by the Governor, or until rescinded by me, whichever shall happen first.

IT IS SO ORDERED.

Monica Bharel, MD, MPH
Commissioner, Massachusetts Department of Public Health

March 11, 2020

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

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Accordingly, having received that authorization from the Council and with the approval of the Governor, I issue the following Order:

All hospitals operated by the Department of Public Health or the Department of Mental Health, or licensed pursuant 105 CMR 130 or 104 CMR 27, shall implement procedures published by the Department of Public Health to screen visitors and to restrict visitation as necessary to protect the health of patients and staff. Persons who meet any specified screening criteria shall be restricted from visitation. Facilities subject to this order must continue to comply with all applicable statutes, regulations and guidance not inconsistent with this Order.

This Order shall remain in effect from March 17, 2020, until the State of Emergency is terminated by the Governor, or until rescinded by me, whichever shall happen first.

IT IS SO ORDERED.

Monica Bharel, MD, MPH
Commissioner, Massachusetts Department of Public Health

March 15, 2020

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
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ORDER OF THE COMMISSIONER OF PUBLIC HEALTH

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Accordingly, having received that authorization from the Council and with the approval of the Governor, I issue the following Order:

All assisted living facilities shall implement procedures published by the Executive Office of Elder Affairs to restrict visitation as necessary to protect the health of residents and staff. Facilities subject to this order must continue to comply with all applicable statutes, regulations and guidance not inconsistent with this Order.

This Order shall remain in effect from March 15, 2020, until the State of Emergency is terminated by the Governor, or until rescinded by me, whichever shall happen first.

IT IS SO ORDERED.

Monica Bharel, MD, MPH
Commissioner, Massachusetts Department of Public Health

March 15, 2020

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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KARYN E. POLITO
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ORDER OF THE COMMISSIONER OF PUBLIC HEALTH EXEMPTING HOSPITALS FROM THE REQUIREMENTS OF M.G.L. c.111, §231

On March 10, 2020, Governor Charles D. Baker declared a State of Emergency in the Commonwealth to respond to the spread of COVID-19. The Public Health Council has approved and authorized me to take such actions, incur such liabilities, and establish such rules, requirements, and procedures which are necessary to prepare for, respond to, and mitigate the spread of COVID-19 in order to protect the health and welfare of the people of the Commonwealth, consistent with the Governor's declaration.

Accordingly, having received that authorization from the Council, and with the approval of the Governor, I issue the following Order:

In order to provide care to all patients and to facilitate best practices for addressing the COVID-19 public health emergency, all hospitals licensed or operated by the Department of Public Health, shall be exempted from the acuity-assessed staffing and nurse-to-patient ratio requirements of G.L. c. 111, s. 231. All facilities must ensure that staffing levels remain adequate to meet the patients' needs, and staff is trained and competent to meet the needs of their patients.

Facilities subject to this order must continue to comply with all applicable statutes, regulations, and guidance not inconsistent with this Order.

This Order shall take effect immediately and remain in effect until the State of Emergency is terminated by the Governor, or until rescinded by me, whichever shall happen first.

IT IS SO ORDERED.

Monica Bharel, MD, MPH
Commissioner, Massachusetts Department of Public Health

March 24, 2020

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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MARYLOU SUDDERS
Secretary

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ORDER OF THE COMMISSIONER OF PUBLIC HEALTH

On March 10, 2020, Governor Charles D. Baker declared a State of Emergency in the Commonwealth to respond to the spread of COVID-19. On March 11, 2020, in view of the grave threat that the spread of COVID-19 presents to the public health, the Public Health Council authorized and directed me to act pursuant to M.G.L. c. 17, §2A and to take all appropriate actions, incur such liabilities, and establish such rules, requirements, and procedures necessary to prepare for, respond to, and mitigate the spread of COVID-19 in order to protect the health and welfare of the people of the Commonwealth.

As of April 7, 2020, 15,202 confirmed cases of COVID-19 had been reported to the Department of Public Health, with every county in the Commonwealth impacted and all indications are that the number of cases continues to grow. Robust and accurate data reporting is essential to monitoring and responding to COVID-19 in the Commonwealth, across all communities and populations.

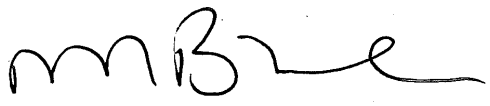
Accordingly, having received that authorization from the Council, and with the approval of the Governor, I issue the following Order:

Health care providers shall make every reasonable effort to collect complete demographic information, including full name, date of birth, sex, race and ethnicity, address, and telephone number on patients with confirmed or suspected COVID-19, and must include such information collected when ordering a laboratory test for the disease. Laboratories conducting tests for COVID-19 shall report demographic information received from providers in accordance with 105 CMR 300.170. The Department of Public Health shall issue guidance to implement this Order.

All applicable statute, regulations and guidance not inconsistent with this Order remain in effect.

This Order shall be effective immediately and shall remain in effect until the State of Emergency is terminated by the Governor, or until rescinded by me, whichever shall happen first.

IT IS SO ORDERED.



Monica Bharel, MD, MPH
Commissioner, Massachusetts Department of Public Health

April 8, 2020

EMERGENCY ALERTS

Coronavirus Update

Stay informed about COVID-19: Latest on cases, guidance, regulations *Aug. 25th, 2020, 9:00 am*

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Travel Order: Requirements for individuals entering Massachusetts *Aug. 1st, 2020, 12:00 am*

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Reopening Massachusetts: Learn more about the phased approach *Aug. 7th, 2020, 12:00 pm*

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PRESS RELEASE

Baker-Polito Administration Launches COVID-19 Response Command Center

New Cross-Agency Structure To Focus On Responding To Disease, Supporting Communities & Residents

FOR IMMEDIATE RELEASE:

3/14/2020

Office of Governor Charlie Baker and Lt. Governor Karyn Polito

Governor's Press Office

Executive Office of Health and Human Services

Department of Public Health

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BOSTON — The Baker-Polito Administration today announced the creation of a new COVID-19 Response Command Center. Governor Charlie Baker has asked Health and Human Services Secretary Marylou Sudders to lead this cross-secretariat response to the outbreak of COVID-19 to complement the work that has been underway for weeks across state government to keep residents safe and healthy.

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

"Our administration has been working for weeks to address the outbreak of COVID-19, and the new Response Command Center we are launching today is an important step in our planning and preparedness efforts," **said Governor Charlie Baker.** "Led by Secretary Marylou Sudders, this team of experts will focus solely on pushing back against this disease and moving quickly to respond to the needs of our communities and residents."

"State government has been committed to supporting communities and residents as the Commonwealth works together to respond to the Coronavirus, and this new Command Structure will help us further advance that mission," **said Lt. Governor Karyn Polito.** "This dedicated team will serve as a single point of decision-making for our ongoing response as we continue to collaborate with partners to address this rapidly changing situation."

The Command Center will have complete authority and discretion to tap whatever state funds are necessary. This includes the $15 million recently appropriated by the Legislature for Coronavirus.

The Command Center will enable expert teams to advance key initiatives including:

- Working to expand lab capacity for testing
- Planning quarantine operations
- Coordinating communication and guidance across government
- Responding to the needs of our local boards of health

- Monitoring supply chains
- Identifying surge capacity in the Commonwealth's health network.

"By convening decision-makers from key facets of state government, state government is able to continue to ramp up our dedicated response to COVID-19," **said Secretary Marylou Sudders.** "This structure will build on the dedicated and continuing public health response."

The Command Center will hold daily briefings with the Governor, key secretariats and agencies and will communicate regularly with other stakeholders such as municipalities and local boards of public health. The Command Center will work closely with and support the Department of Public Health's ongoing response in conjunction with federal and local partners, and will include decision -makers from across state government:

- Executive Office of Health and Human Services
- Massachusetts Emergency Management Agency
- Massachusetts Department of Transportation
- MBTA
- Executive Office of Education
- Executive Office of Public Safety and Security
- Executive Office of Technology and Security Services
- Human Resources Division

The Command Center will also facilitate coordination and communication with key stakeholder groups like the CDC, FDA, cities and towns, the Legislature, local boards of public health, and others.

Today's announcement follows the Administration's announcements yesterday that Governor Baker issued an **emergency order prohibiting the gathering of over 250 people** (/news/governor-baker-issues-order-limiting-large-gatherings-in-the-commonwealth) and that **211 has been activated**

(/news/state-health-officials-announce-launch-of-2-1-1-to-provide-covid-19-information-and-referrals) to provide real-time COVID-19 information, resources, and referrals in multiple languages.

The Administration will continue to update the public on further developments and individuals are encouraged to consult both the **Department of Public Health** (/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19) and the **Centers for Disease Control** (https://www.cdc.gov/coronavirus/2019-ncov/index.html) and Prevention websites for the most up to date information.

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Office of Governor Charlie Baker and Lt. Governor Karyn Polito
(/orgs/office-of-the-governor)

Governor Charlie Baker, Lt. Governor Karyn Polito, and members of their administration are committed to making Massachusetts the best place to live, work, and raise a family.

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The Executive Office of Health and Human Services is the largest secretariat in state government and is comprised of 12 agencies, in addition to 2 soldiers' homes and the MassHealth program. Our efforts are focused on the health, resilience, and independence of the one in four residents of the Commonwealth we serve. Our public health programs touch every community in the Commonwealth.

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DPH promotes the health and well-being of all residents by ensuring access to high-quality public health and healthcare services, and by focusing on prevention, wellness, and health equity in all people.

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implied merely from the fact that the officer tendered a resignation, the effect of which under the statute is to cause such officer to be deemed to be on leave of absence.

Very truly yours,
ROBERT T. BUSHNELL, *Attorney General.*

Governor — Emergency War Powers — Executive Orders — Public Welfare.

AUG. 18, 1943.

His Excellency LEVERETT SALTONSTALL, *Governor of the Commonwealth.*

SIR: — In a recent communication your secretary requested advice on behalf of Your Excellency as to whether the emergency powers granted to the Governor are broad enough in scope to authorize the promulgation of an executive order, the effect of which would be to permit the construction of a bridge over Webster Street, a public way, in Worcester, connecting two buildings on opposite sides of the way, which buildings are owned and occupied by the Handy Pad Supply Company. It is stated that this company makes surgical supplies and at the present time is working on contracts for the Army. I assume that these contracts are being executed at the premises referred to above. It is also stated that the construction of such a bridge has been approved by the joint standing committee on streets of the City Council of Worcester.

Attached to this communication is a copy of a letter from H. F. Currie, Lieut. Colonel, Medical Corps, United States Army, requesting, in the interest of the war effort, that authority be granted for the construction of the proposed bridge, and a letter from the City Solicitor of Worcester to the effect that the city has no authority to grant permission to a private entity to maintain structures over a public highway without the consent of the Commonwealth.

While the answer to your inquiry is not free from doubt, it is my opinion that St. 1941, c. 719, Part II, § 7, as amended, and St. 1942, c. 13, §§ 2 and 3, are broad enough in scope to permit Your Excellency to authorize the construction of the proposed bridge, provided Your Excellency determines as a matter of fact that the giving of such authority is necessary or advisable for the purpose of co-operating with the federal authorities or with the military or naval forces of the United States in a matter pertaining to the common defense or common welfare, or that the giving of such authority is necessary for the support of the national government in the prosecution of the war.

The emergency powers of the Governor are set forth in St. 1941, c. 719, Part II, as amended, and St. 1942, c. 13.

St. 1941, c. 719, Part II, § 7, provides:

"The governor shall have full power and authority to co-operate with the federal authorities and with the governors of other states in matters pertaining to the common defense or to the common welfare, and also so to co-operate with the military and naval forces of the United States and of the other states, and to take any measures which he may deem proper to carry into effect any request of the President of the United States for action looking to the national defense or to the public safety."

St. 1942, c. 13, § 2, provides:

". . . the governor, in addition to any other authority vested in him by law, shall have and may exercise any and all authority over persons and

property, necessary or expedient for meeting the supreme emergency of such a state of war, which the general court in the exercise of its constitutional authority may confer upon him as the supreme executive magistrate of the commonwealth and commander-in-chief of the military and naval forces thereof, . . ."

By section 3 of said chapter 13, the Governor may exercise any power, authority or discretion conferred on him by any provision of said chapter 13 or of chapter 719 of the Acts of 1941 by the issuance or promulgation of executive orders or general regulations.

The preamble to said chapter 13 reads in part:

"The supreme emergency of a world wide war, . . . has resulted in conditions of imminent danger, . . . calling for a state of preparedness to meet such dangers by the commonwealth . . . so that the sovereign authority of the commonwealth and of its 'supreme executive magistrate' and 'commander-in-chief', for the protection of the government and its citizens . . . may be exercised when needed for the support of the national government in the prosecution of the war . . ."

While the Supreme Judicial Court of Massachusetts has not had occasion to pass upon or define the extent or limit of the authority conferred upon the Governor by the foregoing statutes, it is clear from their express purpose and from their context that the Legislature intended to confer broad power upon the Governor to deal with matters affecting the common defense and the common welfare and arising out of the present emergency.

The rapidly changing conditions resulting from the prosecution of a total war render it practically impossible for the Legislature to prescribe a formula by which it could determine in advance whether a given matter pertains to the common defense or the common welfare, or is necessary for the support of the National Government in the prosecution of the war. The determination as to whether a particular matter does in fact so pertain or is in fact necessary to support the National Government within the scope of the statutes referred to above has been left by the Legislature to the sound discretion of the Governor.

In *Helvering* v. *Davis*, 301 U. S. 619, the Court considered the phrase "common defense and general welfare" as that phrase is used in U. S. Const., Art. I, § 8, which reads in its applicable part as follows:

"The congress shall have power to . . . provide for the common defence and general welfare of the United States; . . ."

At page 640 the Court said:

"The line must still be drawn between one welfare and another, between particular and general. Where this shall be placed cannot be known through a formula in advance of the event. There is a middle ground or certainly a penumbra in which discretion is at large. The discretion, however, is not confided to the courts. The discretion belongs to Congress, unless the choice is clearly wrong, a display of arbitrary power, not an exercise of judgment. This is now familiar law. 'When such a contention comes here we naturally require a showing that by no reasonable possibility can the challenged legislation fall within the wide range of discretion permitted to the Congress.'"

Similarly, the discretion as to whether a particular matter pertains to the "common defense or to the common welfare" or is "needed for the

support of the national government in the prosecution of the war," as those phrases have been used by the Legislature in the foregoing statutes, appears to be lodged with the Governor so long as that discretion is an exercise of judgment and not a display of arbitrary power.

That the Legislature may in its wisdom authorize the construction of a bridge over a public way is clear. St. 1941, c. 18; St. 1939, c. 340; St. 1938, c. 53; *Cushing* v. *Boston*, 128 Mass. 330; *Opinion of the Justices*, 208 Mass. 603.

Whether similar authority may be exercised by the Governor in a given case by force of the emergency powers conferred upon him by the Legislature depends upon the Governor's determination that the exercise of such authority pertains to the "common defense or to the common welfare" or is "needed for the support of the national government in the prosecution of the war."

Emergency powers of the Governor should be exercised with great care where it appears that the effect of a particular executive order will be primarily to benefit a private individual or company rather than immediately to promote the war effort. If there is room for doubt as to whether the effect of such an order as is requested here will be primarily to promote the war effort or, rather, primarily to benefit a private individual, the decision is one to be made by Your Excellency in the light of all the facts pertaining to the relationship of the proposed bridge to the common defense and to the common welfare and the support of the national government in the prosecution of the war.

Very truly yours,
ROBERT T. BUSHNELL, *Attorney General.*

Workmen's Compensation — Employers — Number of Employees.

AUG. 31, 1943.

Mr. JOHN W. HENDERSON, *Assistant Secretary, Department of Industrial Accidents.*

DEAR SIR: — On behalf of the Department of Industrial Accidents, you have directed my attention to the second sentence of G. L. (Ter. Ed.), c. 152, § 1, par. (4), as inserted by St. 1943, c. 529, § 3, which sentence reads as follows:

"The provisions of this chapter shall remain elective as to employers of the following: — persons employing six or less, or persons employed as domestic servants and farm laborers, members of an employer's family dwelling in his household, and persons other than laborers, workmen and mechanics employed by religious, charitable or educational institutions."

You state that "the Department has knowledge that there is a group of employers which, during a portion of a given year, employs six persons or less, and which, during the remainder of the year, employs seven or more persons," and that the Department requests my opinion "as to the basis upon which determination may be made as to whether any such employer shall provide for the payment to his employees of the compensation provided by chapter 152 or whether the provisions of said chapter shall remain elective as to such employer."

In my opinion employers who employ six or less employees as defined in the statute on some occasions and more than six on other occasions are required to provide for the payment of the compensation secured by the

PROCLAMATIONS

Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak

Issued on: **March 13, 2020**

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In December 2019, a novel (new) coronavirus known as SARS-CoV-2 ("the virus") was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. I have taken sweeping action to control the spread of the virus in the United States, including by suspending entry of foreign nationals seeking entry who had been physically present within the prior 14 days in certain jurisdictions where COVID-19 outbreaks have occurred, including the People's Republic of China, the Islamic Republic of Iran, and the Schengen Area of Europe. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration pursuant to section 319F-3 of the Public Health Service Act (42 U.S.C. 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11, 2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a pandemic, as the rates of infection continue to rise in many locations around the world and across the United States.

The spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems. As of March 12, 2020, 1,645 people from 47 States have been infected with the virus that

causes COVID-19. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq*.) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. Pursuant to this declaration, I direct as follows:

Section 1. Emergency Authority. The Secretary of HHS may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak.

Sec. 2. Certification and Notice. In exercising this authority, the Secretary of HHS shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

Sec. 3. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this thirteenth day of March, in the year of our Lord two thousand twenty, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP