

Bristol County Correctional Facilities free of COVID-19

Bristol County correctional facilities are free of the COVID-19 virus.

No staff members, county inmates or ICE detainees in BCSO custody have tested positive for COVID-19 since July 10, and every individual who has tested positive since the pandemic began has made a full recovery.

“We’re not out of the woods yet,” Bristol County Sheriff Thomas M. Hodgson said. “There are still more than 100,000 COVID cases in Massachusetts and many experts are predicting another wave in the fall. We will continue to be vigilant and careful in our facilities, especially when new individuals are admitted.”

Since the pandemic began, 48 county inmates tested positive for COVID-19. All inmates either moved back to general population from medical isolation after recovering or were released as their sentences had concluded.

Forty-three BCSO staff members tested positive over the last six months and 42 of them recovered and returned to duty. A health care professional with Correctional Psychiatric Services left the BCSO to take a different job at a medical facility in Dartmouth after recovering. The breakdown of the 43 positive cases is as follows: Nurse (2), K9 Officer (1), Corrections Officer (28), Mental Health Clinician (1), Lieutenant (2), Communications Dispatcher (2), Classification Counselor (3), Sergeant (2), Captain (1) and Teacher (1).

Over the past few months, the Bristol County Sheriff’s Office has instituted many protocols to protect inmates, detainees and staff from the Coronavirus outbreak. Some of those measures include:

- All employees, detainees and inmates were issued masks that must be worn inside the secure perimeter of the facilities.
 - All areas of the facilities are being cleaned/disinfected every day on every shift.
 - All staff members are being screened before entering the buildings; new arriving inmates are being screened before being accepted into custody.
 - In-person visitation has been suspended to limit the number of people coming in and out. It will resume, hopefully soon, based on guidance from the Governor's Office, DPH and CDC.
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Acushnet Fire Chief Gallagher shares experience visiting New Bedford's COVID-19 testing van

"Earlier today I went, without an appointment, to the taxpayer-funded Covid-19 testing van located for the day at Seven Hills in the South End of New Bedford. The staff was exceptionally pleasant, the process was easy and – as you can see – the test is self-administered. I was asked for my name, date of birth, address, email and telephone number. That was it! I was in and out in a little over 10 minutes. Didn't even need to provide a reason for the test. The results will be emailed to me in 24-48 hours.

"The state is offering free Covid-19 testing in New Bedford and seven other cities as part of the Governor's "Stop the Spread" campaign. The reason these communities were selected is that the percentage of positive Covid tests are higher than

the state average and overall testing has slowed. Testing is so very important to stopping the spread which is so very important to getting schools safely opened which is so very important to the economy. Less infections also reduces the risk to health care providers and public safety folk.

"I did this to demonstrate how easy it is to do. If a Fairhaven resident who works in Acushnet can travel to New Bedford for a free test anyone can and everyone should (remember, New Bedford's positive rate is higher than the state average and the city is the hub of our region).

"The ease of this testing could be made even easier if the (for some) traveling obstacle could be removed. So, would you be interested in this free Covid testing if the van came to Acushnet, Fairhaven or other south coast communities? So far it has been limited to the city. This state project will continue until early August.

"Let us know if you would get tested if the van came to town. We could always ask the state to expand the boundaries given the daily flow of residents from the suburbs to the city.

"I'll let you know when my test results are received."-
Acushnet Fire Chief Kevin Gallagher.

Check future locations and schedule [here](#).



Acushnet Fire & EMS photo.

Mexican national who served

12 year sentence in Massachusetts prison dies from Coronavirus while in ICE custody

A 51-year-old unlawfully present Mexican national subject to mandatory detention under federal law in the custody of U.S. Immigration and Customs Enforcement at the Glades County Detention Center (GCDC) in Florida died Sunday afternoon at a Palm Beach County hospital, where he had been receiving treatment for several weeks.

Onoval Perez-Montufa, 51, was pronounced dead at 4:27 p.m. local time by hospital medical staff at the Lakeside Medical Center in Belle Glade, Florida, where he had been receiving inpatient treatment since July 1 after reporting shortness of breath that same day to facility staff at the Glades County Detention Center.

A COVID-19 test administered by medical staff at the Glades County Detention Center came back positive on July 2, and Glades staff promptly notified the hospital. Per the agency's COVID-19 prevention protocols, all persons are screened upon arrival at all ICE facilities.

Perez-Montufa initially entered ICE custody on June 15 following his release from federal prison in Massachusetts. Perez-Montufa was released from Federal Medical Center – Devens in Ayer, Massachusetts, after serving more than 12 years of a 20-year prison sentence pursuant to his conviction in February 2008 for conspiracy to distribute, and possession with intent to distribute, 5 kilograms or more of cocaine.

As an aggravated felon, Perez-Montufa was subject to mandatory detention by ICE under federal law. At the time of his death,

Perez-Montufa was in ICE custody pending removal to Mexico.

ICE is firmly committed to the health and welfare of all those in its custody and is undertaking a comprehensive, agency-wide review of this incident, as it does in all such cases. Fatalities in ICE custody, statistically, are exceedingly rare and occur at a fraction of the national average for the U.S. detained population.

Consistent with the agency's protocols, the appropriate agencies have been notified about the death, including the Department of Homeland Security's (DHS) Office of Inspector General (OIG), and the ICE Office of Professional Responsibility (OPR). Additionally, ICE has notified the Mexican consulate and Perez-Montufa's next of kin.

The agency's review will be conducted by ICE senior leadership, including Enforcement and Removal Operations (ERO) and the Office of the Principal Legal Advisor (OPLA).

Specific to Coronavirus, ICE has taken extensive precautions to limit the potential spread of COVID-19. An extensive listing of all the precautions and procedures this agency has taken to prevent the potential spread of COVID-19 at ice.gov/coronavirus. ICE makes arrest and custody determinations on a case-by-case basis given the totality of circumstances in each case. Since March, the agency's detained population has declined by more than 40 percent.

ICE's Health Service Corps (IHSC) ensures the provision of necessary medical care services as required by ICE Performance-Based National Detention Standards and based on the medical needs of the detainee. Comprehensive medical care is provided from the moment detainees arrive and throughout the entirety of their stay. All ICE detainees receive medical, dental and mental health intake screening within 12 hours of arriving at each detention facility, a full health assessment within 14 days of entering ICE custody or arrival at a

facility, and access to daily sick call and 24-hour emergency care. Pursuant to our commitment to the welfare of those in the agency's custody, ICE annually spends more than \$269 million on the spectrum of healthcare services provided to detainees.

ALERT: “Stop the spread” FREE testing COVID-19 Virus testing van coming to New Bedford

The “Stop the spread” free testing COVID-19 virus testing van is coming to New Bedford on Tuesday July 14, 2020 1pm-4pm at the corner of Wing and Pleasant Streets. For more information call 774-285-4499.

Day	Testing Location	Contact	Testing Hours	Details	Staff Language Capability
Monday	Greater New Bedford Community Health Center: 874 Purchase St.	(508) 742-3807	8 a.m. – 5 p.m.	Walk-up or by appointment	All languages
	Immigrants Assistance Center, 58 <u>Crapo Street</u>	(774) 285-4499	11 a.m. – 3:30 p.m.	Walk-up or by appointment	English, Spanish, Portuguese
	Morton Avenue/ Satellite Village	(774) 285-4499	1–5 p.m.	Walk-up or by appointment	English, Spanish, Portuguese
Tuesday	Greater New Bedford Community Health Center: 874 Purchase St.	(508) 742-3807	8 a.m. – 5 p.m.	Walk-up or by appointment	All languages
	Corner Wing/Pleasant St.	(774) 285-4499	1–4 p.m.	Walk-up or by appointment	English, Spanish, Portuguese
Wednesday	Greater New Bedford Community Health Center: 874 Purchase St.	(508) 742-3807	8 a.m. – 5 p.m.	Walk-up or by appointment	All languages

Day	Testing Location	Contact	Testing Hours	Details	Staff Language Capability
	360 Coggeshall St. (PAACA)	(774) 285-4499	11 a.m. – 1 p.m.	Walk-up or by appointment	English, Spanish, Portuguese
	Temple Park- United Front Housing	(774) 285-4499	2–5 p.m.	Walk-up or by appointment	English, Spanish, Portuguese
Thursday	Greater New Bedford Community Health Center: 874 Purchase St.	(508) 742-3807	8 a.m. – 5 p.m.	Walk-up or by appointment	All languages
	589 South First Street / Acushnet Avenue Main Parking Lot	(774) 285-4499	9 a.m. – 12 p.m.	Walk-up or by appointment	English, Spanish, Portuguese
Friday	Greater New Bedford Community Health Center: 874 Purchase St.	(508) 742-3807	8 a.m. – 5 p.m.	Walk-up or by appointment	All languages
	International Park - 240 Sawyer St.	(774) 285-4499	2–6 p.m.	Walk-up or by appointment	English, Spanish, Portuguese
Saturday	Greater New Bedford Community Health Center: 874 Purchase St.	(508) 992-6553	8 a.m. – 4 p.m.	Walk-up or by appointment	All language

Bristol County Sheriff's Office flattens COVID curve

COVID-19 cases are almost nonexistent in Bristol County correctional facilities.

Since June 19, only one staff member and one inmate have tested positive for COVID-19. The staff member, a corrections officer, has recovered and returned to duty. The inmate is currently in medical isolation being monitored by health care

professionals and is expected to make a full recovery and move back to general population in the weeks ahead.

The inmate is the only incarcerated individual currently recovering from COVID-19. The 47 other inmates who have tested positive for COVID since the pandemic began have all recovered and returned to general population or have been released as their sentences had concluded.

The corrections officer is the 43rd BCSO staff member to test positive for COVID-19 since the pandemic began. No staff members are currently away from the facility as 42 recovered and returned to duty and one, a health care professional from Correctional Psychiatric Services, left the BCSO to take a different position at a health care facility in Dartmouth.

"The staff here has done an amazing job in the battle against COVID-19," Bristol County Sheriff Thomas M. Hodgson said. "We've flattened the curve in our facilities, but we're not out of the woods yet. The virus is still out there, and we will continue to be vigilant and careful in our day-to-day operations."

Over the past few months, the Bristol County Sheriff's Office has instituted many protocols to protect inmates, detainees and staff from the Coronavirus outbreak. Some of those measures include:

- All employees, detainees and inmates were issued masks that must be worn inside the secure perimeter of the facilities.
- All areas of the facilities are being cleaned/disinfected every day on every shift.
- All staff members are being screened before entering the buildings; new arriving inmates are being screened before being accepted into custody.
- In-person visitation has been suspended to limit the number of people coming in and out. It will resume, hopefully soon, based on guidance from the Governor's Office, DPH and CDC.

Cape Cod officials highlight racial disparities in coronavirus data

By Chris Lisinski
State House News Service

Black Barnstable County residents have contracted COVID-19 at a rate three times as high as the county's white residents, an "alarming" trend that Cape Cod leaders said warrants passage of emergency sick time legislation and dedicating more resources toward data collection.

Citing new county-level data acquired and published by The New York Times last week, members of the Cape Cod Reopening Task Force warned during a Thursday press call that Black residents are overrepresented in confirmed COVID cases compared to their population in Barnstable County.

"When we see a health disparity that is this stark, even though the data's preliminary, it's hard to deny its significance," said Sen. Julian Cyr, a Truro Democrat.

Public health experts have warned for months that the pandemic is wreaking a disproportionate impact on communities of color, but grasping the full scale of the gaps – and their variations in smaller geographies – has been challenging with incomplete data.

Following a successful lawsuit against the Centers for Disease Control to procure the information, The New York Times published a breakdown of total confirmed cases and infection rates by race or ethnicity in 974 U.S. counties, including all

12 in Massachusetts.

Those data, which cover all cases tracked through May 28 where the individual's race or ethnicity were known, show an infection rate in Barnstable County of 32 cases per 10,000 white residents and 94 cases per 10,000 Black residents.

That local disparity mirrors both statewide and national trends: people of color are more likely to become infected and to die from the disease than white Americans.

Through May 28, Barnstable County had 1,386 total confirmed cases. Only 49 percent of those had race or ethnicity data available, a common issue for reporting across the country, representing 611 cases involving white residents and 62 involving Black residents. Blacks comprised about 3.7 percent of the county's population, according to 2018 Census data, but made up 9.2 percent of COVID cases where a race or ethnicity was known.

On the Cape, officials said, the gap reflects the fact that people of color often have less access to health care, live in more crowded conditions where the highly infectious virus can jump from person to person more easily, and are more likely to work in essential frontline roles.

"Social distancing and self-isolation are a luxury that those who live in crowded housing cannot afford," Cyr said. "That disproportionately affects people of color, particularly migrant workers and seasonal workers."

Dr. William Agel, chief medical officer at Cape Cod Healthcare, said that the trend underscores the need for state lawmakers to approve legislation making additional emergency paid sick leave available to workers who need it.

Under state law, all employers with 11 or more employees must allow workers to accrue and use up to 40 hours of paid sick time per year. Those who work for smaller companies are only

guaranteed access to unpaid time off.

A federal law approved earlier in the outbreak made additional paid time off available to eligible employees afflicted by COVID. At the state level, a Massachusetts bill (H 4700) aimed at offering emergency paid sick time to those not covered by the federal response has not gained traction since it was introduced in April.

“It’s not an issue that changes overnight, but now that the advice to workers is ‘If you’re not feeling great, stay home,’ a lot of workers have no sick time at all, so how can they stay home?” Agel said.

The new batch of data also reflected concerns with how publicly available Massachusetts officials are making information they track.

The Department of Public Health publishes statewide data breaking down confirmed infections, hospitalizations and deaths by race or ethnicity as part of its daily update, and a late June report from the COVID-19 Health Equity Advisory Group unpacked Massachusetts trends and the overlap between communities with the highest infection rates and nonwhite populations.

However, the state has not readily released county- or community-level infection rates by demographic – even though, as Barnstable County Department of Human Services Deputy Director Vaira Harik argued, the DPH must have supplied the data to the CDC for it to appear in the New York Times package.

“I would become a strong advocate of having more immediate access to our data on a county and town basis,” she said on the call. “There should be no reason why we as a county should not have access to our death data in complete form. We should have access to it so we can be as responsive to who is dying and what they look like from various points of view.”

Agel agreed, adding that the medical community “absolutely need(s) more data from both the Department of Public Health and the state to be able to manage this issue.”

Gov. Charlie Baker signed a COVID-19 data reporting bill in June, enshrining in statute requirements for his DPH to report many pieces of data it already publishes as well as more detailed demographic information.

That additional data is typically published in spreadsheets separate from the daily PDF dashboard package the DPH releases every afternoon.

Asked if the new law goes far enough given local concerns raised, Cyr said he does not believe the Legislature needs to impose additional requirements but does need to make more funding available to help health officials track the impact on different populations.

While Massachusetts has a “robust” public health system, the fact that all 351 cities and towns have their own departments makes it “diffuse,” he said.

“The law that we passed is absolutely essential. There’s more information I think we would all like to know, but there’s limitations when you only have so many epidemiologists, so many resources,” Cyr said. “I really view this as a resource problem, so I’m leery of us passing more requirements for data collection without following up with additional resources for DPH and more local health agencies.”

He pointed to an IT and government infrastructure bond bill the Senate approved last week as containing additional money for the DPH’s monitoring programs.

New Bedford one of eight Massachusetts cities to offer free COVID-19 testing

Today, the Baker-Polito Administration announced the launch of free COVID-19 testing sites in eight communities from July 10 to August 14 to help stop the spread of COVID-19.

The New Bedford free testing details:



This “Stop the Spread” initiative is a data-driven effort to reduce the prevalence of COVID-19 in communities that are above the state average in total cases and positive test rate, and have experienced a decline in testing levels since April. The initiative is being launched in Chelsea, Everett, Fall River, Lawrence, Lowell, Lynn, Marlborough, and New Bedford. Residents of these communities are urged to take advantage of the availability of these new testing sites, even if they are asymptomatic. While these sites are being launched in these communities, they are open to all residents of the Commonwealth.

“While the Commonwealth has made progress on reducing the overall positive test rate, there are still communities where the number of positive tests is above the average of the rest of the state,” said Governor Charlie Baker. “Focusing our efforts to increase testing in these communities will help identify new cases and stop the spread. Residents of these communities, even those who are asymptomatic, are urged to take advantage of these new sites.”

“This initiative will provide widespread testing in easy to access community locations,” said Lt. Governor Karyn Polito. “If you live in these communities, please get tested to

protect your family, loved ones and neighbors from COVID-19.”

“Increased testing within these communities will help to identify new cases of COVID-19 and break the chains of community transmission,” said COVID-19 Command Center Director & Health and Human Services Secretary Marylou Sudders. “As we move into the summer, we will continue to closely monitor positivity and testing rates across the Commonwealth.”

The population of the cities in which the free testing will be conducted – Chelsea, Everett, Fall River, Lawrence, Lowell, Lynn, Marlborough, and New Bedford – make up approximately 9% of the Commonwealth’s population, but have seen 27% of the Commonwealth’s positive tests in the last two weeks.

The statewide positive test rate over the past two weeks is approximately 2%, but in these eight communities, 8% of tests have been positive.

Despite the continued elevated spread in these communities, total testing in these communities has declined 39% since the end of April, and the total cases as a percentage of population for these communities is nearly double the state average.

Residents may visit mass.gov/stopthespread to find testing locations.

Residents are reminded that if they test positive for COVID-19, please answer the call when they are contacted by the Community Tracing Collaborative or their local board of health. Also, any individual who needs a safe place to isolate can call (617) 367-5150 to access an isolation and recovery site at no cost.

If You Need Assistance With Your 2020 Census Help is Available in New Bedford

While there have been many changes during the COVID-19 state of emergency, the importance of filling out the 2020 Census remains a top priority to ensure New Bedford is counted in the federal census.

The New Bedford Census Help Centers have gone virtual, and will now be accessible by phone, so that city residents can still receive support and assistance if they need help filling out their census forms.

By filling out the census and including everyone in their household, residents ensure their city receives the money and resources the city deserves for the health care system, schools, public safety, roads and bridges and so many other elements that make New Bedford strong.

With in-person Census Help Centers closed for the time being, help is still available by phone. Anyone who needs help with or has questions about their census forms may call the following centers at the times listed:

- CEDC – 508-979-4684 : Monday-Friday, 10 a.m. to 6 p.m.
- Council on Aging – 508-961-3100: Monday-Friday, 9 a.m. to 3 p.m.
- Immigrants' Assistance Center – 508-996-8113: Monday-Friday, 8:30 a.m. to 4:30 p.m.
- New Bedford Public Schools – 508-997-4511 ext. 14601: Monday-Friday, 8 a.m. to 4:30 p.m.
- New Bedford Public Library – 508-991-6275: Monday-Thursday, 9 a.m. to 2 p.m.
- YWCA – 508-525-6517: Tuesday and Thursday, 10 a.m. to 1 p.m.

The New Bedford Census 2020 Complete Count Committee is also making direct outreach phone calls to city residents to remind them of the importance of the census. These calls are made only to encourage you to fill out the census. Residents will NOT be asked to provide any personal details, including Social Security numbers or financial information such as credit card numbers. Residents should NEVER provide this information to anyone on the phone.

More information about the 2020 Census and New Bedford Counts, the City's 2020 Census effort, is available at www.newbedford-ma.gov/census.

Free mask distribution in New Bedford continues with more ward-based drive-through events

MaskNB, an initiative announced earlier this year by Mayor Jon Mitchell in partnership with the Southeastern Massachusetts chapter of the American Red Cross and Joseph Abboud Manufacturing Corporation, announces additional mask distribution in July and August with more drive-through distribution events at the three New Bedford middle schools' parking lots.

Distribution of free masks as part of MaskNB began in May and has continued with more than 52,000 masks provided to New Bedford residents.

Walk-up distribution events in several neighborhoods are also

planned for neighborhood residents.

The ward-based distribution will continue by an organized drive-through system for cars, observing social distancing, in the New Bedford middle schools' parking lots. Residents are asked to limit their mask requests to those in their household and/or any elderly or vulnerable neighbors.

Any resident who is unsure of the Ward in which they live may visit wheredoivotema.com and enter their address. This website provides polling location, and the first information noted is the Ward in which the resident lives. Residents do not need to be registered voters to use this online tool.

Continuing Ward-Based Mask Distribution at City's Middle Schools

Under the MaskNB distribution plan, interested residents in each of the City's six Wards will have an opportunity to obtain free cloth face masks on the following assigned dates in these locations:

Wards 1 & 2

Saturday, July 18 – 11:00 a.m. to 2:00 p.m. at Normandin Middle School, 81 Felton Street (use Orleans Street entrance)

Wards 3 & 4

Saturday, August 1 – 11:00 a.m. to 2:00 p.m. at Keith Middle School, 225 Hathaway Boulevard

Wards 5 & 6

Saturday, August 8 – 11:00 a.m. to 2:00 p.m. at Roosevelt Middle School, 119 Frederick Street

Neighborhood Level Walk-Up Mask Distribution

Four neighborhood walk-up distribution events are planned in neighborhoods across New Bedford for residents of those

neighborhoods only. These smaller distribution events will be held at pop-up tents and observe social distancing in public spaces across the city on the following assigned dates in these locations:

- Riverside Park– Tuesday, July 7 – 4:00 p.m. to 6:00 p.m.
- Ashley Park– Tuesday, July 21 – 3:00 p.m. to 5:00 p.m.
- Serenity Gardens– Thursday, July 30 – 1:00 p.m. to 3:00 p.m.
- Loretta Bourque Park – Thursday, August 13 – 10:00 a.m. to 12:00 Noon

Additional dates may be announced based on available supplies.

Mayor Jon Mitchell announced the MaskNB initiative on May 14. The Centers for Disease Control and Prevention recommend the wearing of cloth face coverings in public where social distancing is difficult to maintain; cloth face coverings are not a substitute for medical-grade masks, but provide more protection against the spread of viruses than not covering one's face. More information about the use and effectiveness of cloth face coverings to prevent the spread of COVID-19 is available at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

COVID-19 Update: FDA warns consumers about hand sanitizers containing

Methanol

As part of continued action to protect the American public, the U.S. Food and Drug Administration is warning consumers and health care professionals about hand sanitizer products containing methanol, or wood alcohol – a substance often used to create fuel and antifreeze that is not an acceptable active ingredient for hand sanitizer products and can be toxic when absorbed through the skin as well as life-threatening when ingested. The agency has seen an increase in hand sanitizer products that are labeled to contain ethanol (also known as ethyl alcohol) but that have tested positive for methanol contamination. State officials have also reported recent adverse events from adults and children ingesting hand sanitizer products contaminated with methanol, including blindness, hospitalizations and death.

The agency continues to warn the public not to use specific products listed here and is communicating with manufacturers and distributors of these dangerous products about recalling them. The FDA also continues to quality-test hand sanitizers, including testing products entering the country through the U.S. border, and maintains a list of FDA-tested and recalled hand sanitizers on the agency's website, which will be continually updated as dangerous products are discovered.

“All Americans should practice good hand hygiene, which includes using alcohol-based hand sanitizer if soap and water are not readily available. Unfortunately, there are some companies taking advantage of the increased usage of hand sanitizer during the coronavirus pandemic and putting lives at risk by selling products with dangerous and unacceptable ingredients. Consumers and health care providers should not use methanol-containing hand sanitizers,” said FDA Commissioner Stephen M. Hahn, M.D. “The FDA remains committed to working with manufacturers, compounders, state boards of pharmacy and the public to increase the safe supply of

alcohol-based hand sanitizers. This includes staying vigilant and continuing to take action when quality issues with hand sanitizers arise.”

In June, the FDA warned consumers about products manufactured by Eskbiochem, which contained methanol. Since then, voluntary recalls have been conducted by several of Eskbiochem’s distributors and the agency is recommending additional companies recall their hand sanitizer products.

The agency urges consumers to be cautious since some of these products may still be found at retail outlets or for purchase online.

The FDA recommends consumers immediately stop using these hand sanitizers and dispose of the bottle in a hazardous waste container, if available, or dispose of as recommended by your local waste management and recycling center. Do not flush or pour these products down the drain or mix with other liquids.

Methanol exposure can result in nausea, vomiting, headache, blurred vision, permanent blindness, seizures, coma, permanent damage to the nervous system or death. Although people using these products on their hands are at risk for methanol poisoning, young children who accidentally ingest these products and adolescents and adults who drink these products as an alcohol (ethanol) substitute are most at risk. Consumers who have been exposed to hand sanitizer containing methanol and are experiencing symptoms should seek immediate medical treatment for potential reversal of toxic effects of methanol poisoning.

While methanol-containing hand sanitizers are more life-threatening than others, the FDA urges all consumers not to drink any hand sanitizer product. This is particularly important for young children, especially toddlers, who may be attracted by the pleasant smell or brightly colored bottles. During the pandemic, poison control centers have had an

increase in calls about accidental ingestion of hand sanitizer, and it is important that adults keep these products out of reach of children and monitor young children's use.

Do not use hand sanitizer on pets or allow pets to swallow hand sanitizer. If you believe your pet has eaten something potentially dangerous, call a veterinarian or a pet poison control center immediately.

Consumers are reminded to wash their hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after coughing, sneezing or blowing one's nose. If soap and water are not readily available, the U.S. Centers for Disease Control and Prevention recommends consumers use an alcohol-based hand sanitizer that contains at least 60 percent ethanol.

The FDA encourages health care professionals, consumers and patients to report adverse events or quality problems experienced with the use of hand sanitizers to FDA's MedWatch Adverse Event Reporting program (please provide the agency with as much information as possible to identify the product):

Complete and submit the report online, or
Download and complete the form, then submit it via fax at 1-800-FDA-0178.

Consumers, manufacturers or distributors who have questions for the FDA regarding hand sanitizers should email COVID-19-Hand-Sanitizers@fda.hhs.gov.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.