

BOARD OF HEALTH MINUTES
TOWN BUILDING
August 31, 2020

The meeting was called to order at 5:30PM. Present by remote roll call were Robert DeFrancesco DMD (RD), Brain McNamara (BM), John Schuler MD (JS), Arnold Soslow MD (AS), Susan Green (SG). Also present were Julia Junghanns (JJ) Director of Public Health, Ruth Mori MSN, RN (RM) Public Health Nurse/School Nurse Leader, Susan Bottan (SB) Director of Finance and Operations, Jeanne Downs (JD) School Committee, Chris Ryan (CR) School Committee, Kathie Steinberg (KS) School Committee, Jason Adams (JA) School Committee.

SG: Roll call for attendance: JS - yes, BM - yes, SG - yes.

JD: Calling school committee to order. Roll call for attendance: KS - yes, CR - yes, JD - yes.

SG: In compliance with revised Open Meeting Law requirements, we will live stream the meeting on WayCAM, Public Comments will be received by phone at 508-358-6812 for this meeting. The phone number will be active during the public comment portion of the meeting. Thank you in advance for your patience; we intend to address all calls that come in during the public comment period

5:30 p.m. Joint meeting with School Committee, Discuss metrics for back to school and/or school closing due to Covid-19

JS: Who is supposed to obtain all the info and fill out the forms? SG: At this moment don't know, AS was thinking the principal. There was supposed to be a COVID coordinator? RM: Need to have a district covid leader. That is Susan Bottan, business manager for WPS, and each school building is required to have a covid individual which is the principal of each designated school in coordination with the nurse in the building.

SG: AS and I have been working on metrics. State has readily available numbers, something that we could look at every day and have a running 14-day average. Hope to use these metrics in combination with others, which are much broader. JD: Several districts that were going to start hybrid are actually starting remote now. Wellesley and Needham, among others. JD: We want to start hybrid Oct 19th, would like to identify a date where we give a go or no-go.

SG: A lot of this information (#2-6) wouldn't be relevant yet, as they are things happening once you are in school. Would be looking at 2 sets of data, and relative change in numbers. First is average daily incidence per hundred thousand. We are in the grey zone (< 5 cases in the last 14 days). It's hard to believe we would be beyond the green zone by the time we make this decision. JJ: The DESE (Department of Elementary and Secondary Education) guidance dated Aug 11,

references this state data to be used by town for making decisions on school closings and openings. If you're in x/y/z color, you should be in in-person/hybrid/remote. Right now in the grey zone, but still not having in-person school. So we are technically stricter than state guidance. SG: We would look not only at Wayland, but State, Middlesex, and Boston levels, just because we are pulling people in from surrounding areas.

JS: One of those criteria was ventilation, what is that? Windows open? System working? Is there a quantifiable measurement? Also, we have 6 schools in town, suppose we have three cases at Claypit, and all the other schools are in the grey. What's the guidance for that? Close one school? Take any siblings out? Close the whole system down?

AS: In JS scenario, Claypit would be the restricted school in my mind. SG: unless siblings. JS: do we make decisions or have state help? AS: State just has guidelines, we are supposed to make protocols based on them. SG: In reading the DESE guidelines, BOH recommendation and school committee closure of school would be reviewed by DESE. JS: Can we recommend the school department close a school? AS: Believe whatever we decide on, it will be factored into higher up decisions. JD: Regarding questions about the state, when we closed schools in March, we closed them before the state, but not long before. SG: Figured we would have discretion to do that. Asking BOH to make recommendations, not likely they would override? BM: But in that situation (March 2020 closure), there was no recommendation from the BOH, it was the School Committee's decision? JD: Did not come before BOH, had an Emergency School Committee decision. AS: At that time, there were no guidelines and BOH was not identified as the local representative of DPH. This has since changed.

SG: To return to discussion on metrics, there are two major metrics. Average daily incidence rate, and percent of positive tests. We would monitor local, Boston, Middlesex, and State Levels. We could potentially rewrite this so it is clearer how it would be used. CR: Would be helpful to have some memo narrative. KS: How would the dashboard fit into any of this evaluation? JD: That is for once we are back in school. Before we go there, is it helpful or fair for us as a School Committee to ask for a BOH recommendation at some point before October 19th? JS: Assuming you have the masks and equipment needed and have done a run-through of these parameters, fine with me if you just go ahead. If you have issues you want help with, BOH should be available to assist. JD: Was hoping for BOH's recommendation 10 days or 2 weeks before October 19th. The only people in school from Sept 14th to Oct 19th are Special Education and Children's Way so we will have some which will help inform decisions. JS: Faculty willing to go back to school in Oct? Substitutes for those who don't? JD: Staff started last Thursday, two weeks of planning, starting remotely in general except for a few outdoor gatherings. Asked to be back in schools teaching remotely by October 5th. There is a group of those not comfortable so we have an alternate program to match teachers and families that want to be remote. JJ: Asking for information regarding how many students and teachers will be in the schools starting Sept 14?

JD: Will email Richard and Arthur to get that info. Roughly 75% of the kids are planning to come in some capacity of subgroup, and 100% of Children's Way.

SG: By next week proposing we have a revised version with a memo that we can provide to the school committee. Perhaps on Oct 5th we can use the metrics we have to make a recommendation to the school committee. We will have some data from Children's Way and the group of individuals who are in the schools beforehand on Sept 14th. JJ: Are remote learning teachers going to be in the school starting Sept 14th or from home? JD: Some will likely be in at that time.

RM: In regards to JS question, in reality most of those families are working with their pediatricians already. Have not received calls to Health Department, but we would have to meet those child's needs. Remote option is helping some of those families. In terms of looking at metrics in current format, you cannot look at a single number or threshold, need to analyze all the data in order to make a recommendation. What the BOH is saying to School Committee is that these variables will be utilized as quickly as possible to make a determination to protect safety of community. This is how we handle all communicable diseases. No one quick number or situation other than rising cases within school population would trigger that. JD: This is very important for everyone to understand. Maybe SG can take some of Ruth's words to explain to the community how we will make the decision. SG: Happy to speak to Ruth again for help with language. We need to write about how we would look at all these factors to make a decision. AS: From what we are seeing, schools are looking for a more delicate approach, rather than closing everything. Isolate where you can and improve contact tracing.

SG: Wanted to discuss the daily report and dashboard before moving on.

AS: Dashboard suggestions share with the school committee and faculty what we think is important. Specifically did not create detailed descriptions as the measure of success could change. JJ: Wanted to make sure everyone saw the email from David Howe we got for public comment that is relevant to this conversation.

AS: Shares public comment via Zoom screen share which is a chart outlining possible metrics

SG: Next week should discuss again the metrics and the BOH process employed to talk about school reopening.

JS: Do we have a school physician identified? RM: Considering Dr. Ellen Mahoney from Wayland Pediatrics whom the BOH works with on a regular basis. She is also already involved in Wayland Park and Rec camps as healthcare consultant. She has provided us an email of interest and CV. BOH usually makes recommendations and School Committee makes the

official appointment. Currently no formal job description, however there is a school physician template available. JS: In the past has been an honorific job, volunteer position, wonder if we should be considering compensation. Not to make an annual position, but just for this year. RM: Our district is unusual in that we have never compensated a school physician, something to be discussed with the town.

SG: To return to the dashboard, a lot of the issues that have been covered by DESE guidance may be able to pull ideas from that. JD: Those are also in our school plan. Has anyone shared this information with the schools? SG: Did share with Susan Bottan and Arthur Unobskey.

RM: Granted they were reduced numbers, but thus far our summer camps in Wayland all did well. Was not informed of any one individual who tested positive. JS: How was testing done? Routine? Ad hoc? RM: Individual would have had to have symptoms, or we identified a symptom we were concerned about, would then inform that the child should be tested. Positive thing is that we did not have any positive results. Another thing is to be mindful that Northern states have had stricter guidelines than some Southern states. Want to make sure that when we look at the south, we are comparing apples to apples.

SG: Chris typed in comment, asking about schools in other places and looking at data specifically from peer districts.

KS: Do like the idea of the dashboard approach but a large part of this will be community compliance with risk mitigation. Regarding ventilation, will be developing home-maintenance program. Evaluation will be based upon adherence to maintenance. Also may want to add adherence to screening and attestations to dashboard metrics.

SG: Related issue, committee Louis Miller (LM Town Administrator) is putting together for random testing. Kim is representative from the School Committee, we need to appoint somebody from BOH. AS mentioned he was available. JJ: Also members from finance committee, town administrator, one of the selectmen, Arthur Unobskey, JJ and RM will try to sit in on meetings when available.

SG: Make a motion that Dr. Soslow be representative of BOH on the advisory committee for COVID testing. RD second. Roll call vote: JS- yes, RD - yes, AS - yes, SG - yes. 4-0 all in favor motion passes.

JJ: Aforementioned committee did meet today, AS attended. Talked about some of the different types of testing. In Chelsea, Cambridge, Revere, and Wellesley, following a Broad model. Natick looking at pool testing model with Watertown and others. Pulled up most recent memo between DESE and DPH regarding contact tracing, quarantine, and rules and guidelines, dated

August 31st that was sent to others. Can share it with members of BOH as well. AS voiced opinion regarding tracing, quarantine, six-foot distancing. Also doesn't feel that there is really an appropriate test at this time for the program we are designing. LM and Tom Faye are going to be looking at legal aspects of testing, will come back to group with findings. Turnaround time was something that was important to consider. If we are waiting for tests to be done, a lot can happen during the interim. Do kids stay home? If we did saliva test, pointed out that if there was a positive result, would have to follow up with a PCR test. AS: Told to note in writing how this home testing kit would work in perfect condition. If you have an antigen test, must be backed by PCR test before preventing a kid from coming to school. Julia and Arthur are going to be looking at the Natick system with pooled approach. Want to share on screen ideal setup, home test that parents can do on their own, an antigen test not yet to market yet.

AS displays this via Zoom screen share

AS: Need to have a spit mucus test at home that parents can do. 3 outcomes, positive, indeterminate, negative. Take results, communicate to school. If negative, go to school. If indeterminate school tests again, if positive, confirm with PCR test. Trying to keep things simple so parents can do this test once it comes out. Current market products high in labor and cost. Is it feasible to do every day? Every week? JJ: Lots of tests that would need to be done, ~500 staff, ~2,750 students. How often and who gets tested is important, is it pooled, is it random? What are the financial consequences? Tom Faye was asking do benefits outweigh costs? Discussed with RM, if town bought into one of these testing programs, what is the guarantee of results and follow through during course of the year. SG: Would love to hear how similar programs are doing around the country. Hope consulting team has information on programs that have already rolled out. JS: Suggests we speak with Dr. Garfield, sure she will be willing to help if needed. SG: Will she be involved? AS: Need to get a feel from the next few meetings on where the committee is going first. She is looking into these home kits as well.

6:45 p.m. Review/comment on The Children's Way back to school plan

JD: Move to adjourn school committee. Roll call: KS - yes. School committee adjourned but JD will remain on call.

JJ: AS has provided some feedback that was informal. Some changes were made and potentially could be in the process of being made based off new guidance and joint DPH and DESE memo regarding schools and contact tracing. Temperature threshold has been lowered, amongst other things updated in guidance. They are trying to identify a nurse to help them with operations. Someone on maternity leave is willing to work remotely (one of the school nurses).

RM, JJ, and LM, did a walkthrough, going through whole school area and different rooms, seeing major changes. Also reviewed protocols for cleaning surfaces and appropriately spacing staff and students. SG: Seem to be relying on outside activities, are these tents enclosed for weather? JJ: No, tent does not have any sides. SG: better for ventilation, but could be problematic with harsh weather conditions. JD: Their plan allows for 6 feet of distancing even inside as they have lowered numbers. JJ: They have decreased enrollment, "COVID Capacity providing the 6 foot distancing for students and staff". They can be inside if need be. JJ: Program focusing on cohorting, individualized learning stations, and increased outdoor class time. Good thing, but with weather can become an issue, but having kids outside as much as possible in the beginning is a good idea. AS: With new recommendations that kids aged 2-5 wear masks, can imagine the dilemma of pre-school teachers with resistant children, find ways to work with parents on mask wearing.

6:55 p.m. Covid-19 updates, discussion on new information

RM: Did not publish last week because of vacation. Will put out a new report. Have seen something come into the queue today. Something that needs to be evaluated, someone who lives within a long term care area. Don't have specific details to present at this moment.

6:55 p.m. General business, approve bills, approve minutes May 29, 2020

School committee members exit meeting

SG: Motion to approve BOH minutes of May 29, 2020. JS second. Roll call vote JS- yes, AS- yes, RD- yes, SG - yes.

Next Meeting will be September 9th, 2021 at 8:00AM.

7:00 Public Comment

SG: Public comment is now open, phone calls received at: 508-358-6812

JJ: Reminder that Town Meeting on September 12th at High School Athletic Fields at 12:30. Special Town Meeting will be at the same time.

No Public Comment. Public Comment is now closed

SG: Motion to Adjourn. AS second. JS- yes, AS -yes, RD - yes, SG - yes. 4-0 all in favor, meeting is adjourned.

Respectfully submitted by
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