

BOARD OF HEALTH MINUTES
TOWN BUILDING
October 15, 2020

The meeting was called to order at 10:30AM. Present by remote roll call were John Schuler MD (JS), Arnold Soslow MD (AS), and Susan Green (SG). Also present were Ruth Mori MSN RN (RM) Public Health Nurse, School Nurse Leader, Julia Junghanns (JJ) Director of Public Health, Arthur Unobskey (AU) School Superintendent, Dave Watkins (DW) Board of Selectmen, Kathy Steinberg (KS) School Committee, Kim Reichelt (KR) School Committee, and Jeanne Downs (JD) School Committee.

JD: School committee to order. Roll Call: KR –yes, KS – yes, JD – yes.

SG Roll call for attendance: JS – yes, AS- yes, SG – 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 508-358-6814 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.

10:30a.m. Covid-19; updates, new information

RM: Officially have the same number of individuals in MAVEN, however we have a school-aged individual coming into queue. Child not in WPS but family has children in WPS, working with them so not in school until quarantine is over. Have already been in contact with the nurse in the building so she knows that child will not be attending. AS: In terms of location, grade, questions of where this case may have come from, any details? RM: This originated from a non-Wayland school program. Had already been working with this family previous to this as a contact, which then converted to a positive. KR: Can you talk about the school environment? Masking? Social Distancing? RM: That school does ongoing testing, and they were identified as a close contact and went into quarantine. For some families with multiple kids, there are difficulties fully quarantining. Nurses work with them to decide if longer quarantine is necessary, as quarantine often based on last potential exposure. We work with residents to get tested. AS: The rules are that someone after 14 days of quarantine after contact can return to work or school with no testing. There are those where there are questions about dates, and rigor of quarantine, just want to be sure that you have discretion to order return-to-work Covid test? RM: Short answer is yes, although there is no requirement, we place the recommendation, and if anything is iffy, we lean towards making quarantine longer. Can't officially mandate it. Through DPH if individual chooses not to get re-tested, and we have a question of quarantine, we extend that quarantine.

10:45a.m. Discuss metrics for back to school hybrid model planned for Oct 19th

SG: Have had questions and public comment about communications if there is a positive result in the classroom, and communications in terms of attestation process.

AU: Our plan is to communicate if there is confirmed positive case. In Elementary, classroom notified. In High School and Middle School cohort is notified. In HS, looking into possibility of identifying specific classes as notifying cohort is notifying half the school but would be difficult. For attestation, our goal is to move to 100% compliance. For first two weeks, a team will be calling parents of those who did not fill out a form. Then would call down students from class if we could not contact parents. Discussed with RM that it made sense for staff to interview students about symptoms, have parents call to fill out form, then send student back to class. Nurses would only step in if anyone answers yes. RM: We would always notify people who need to know that there was a confirmed positive. We have received emails with concerned parents and we want to make sure parents are informed. If we identify child or staff member as close contact, we from Health Department will be making individual phone calls to close contacts. Then there would likely be some sort of written notification to classroom or cohort about the situation. Don't believe students who did not fill out a form warranted nurse visit. Would not be a good use of medical expertise and time. What we don't know is how many families are going to have "yes" on their form. If we need to provide additional support through off-site staff we will. In addition, we are planning to allow families to call off-site nurse with general questions and concerns between 7AM and 10AM on school days. AS: Are you just informing BOH, or looking for approval/recommendation? RM: Just informing, happy for BOH to weigh in. SG: Will there be some communication with the families in advance of the 19th to walk through this process? AU: They are receiving a robocall every night this week as well as around 6 letters so far. We have a training today for five people who will call 7:30-9:30 those who did not complete the forms. We will pass that information to building-based administrators who will call those kids down if we don't get a response. JD: Will there be people standing outside of school? AU: There will be, but we won't be able to screen everyone if there are a lot of students.

KR: Thoughts on whether all students in class would be notified? JS: Would be reasonable to let entire class know in case they want to get tested. RM: Yes. This has gone for all our communicable diseases. AU and I discuss the messaging and where it needs to go for all diseases. Everyone in designated classroom or cohort notified in writing, then close contacts are called. AU: Think KR is asking about the HS model (and part of middle school), could we then take the 8 classes the kid is taking and notify those people? KR: Asking if those people could be notified they were in "a class". Would be difficult for someone to identify individual based off this information. AU: Would also take a lot of effort to get that letter together correctly. KR seems to be requesting everyone who shared a classroom with a confirmed positive is informed.

AS: I agree with KR that you should add another layer of specificity while utilizing the school electronic system which should facilitate contacting the correct individuals. AU: Are we also sending a general letter to entire school? AS: In that letter should be an explanation of what a close contact is, with a note saying that unless you received a call identifying yourself as a close contact, this is just a letter notifying you that someone tested positive. SG: Think hearing recommendation for two pairs of communications. One to those in the specific classroom, and one more general to the school. RM: I support this. More info up front is better and will allow people to make their own determinations with their physicians. JS: Think you can also add to the close contact call, that testing should be done to the student and potentially to the family. To the classroom group, testing not required or recommended. AU: So plan going forward, notify

the building of a confirmed case with subsequent notification to those who were in classes with positives. Lastly, RM and nurses call close contacts. AS: Within that letter, think it's important to emphasize MERV filters, to reduce concerns of aerosol transmission.

SG: Would like to return to metrics to see that we all agree that schools should still be reopening on the 19th. AS and KR have data they put together.

KR shares data via Zoom ScreenShare. Google spreadsheet that updates automatically

KR: Worked on this with AU. Tried to take memo and put them all on one dashboard. History of state new cases per day (this is number being reported each day). Wayland's history, coded by color. Positivity rates based off individuals and total number of tests. Color coded levels of surrounding communities. As well as embedded map from state website.

AS shares his data via Zoom Screenshare. Spreadsheet showing 14 day trend of towns showing worst and best

SG: Seems that positivity rates are going up but still under 5%.

JS: Do METCO students have the ability to submit the attestation data? Is it a form? An app? JD: It's an electronic form through an app. JS: Do METCO students have the ability to contribute the data? JD: Yes. Also staff started using app last week, working out a lot of the bugs. JS: Are you training the parents how to use the app? JD: AU has sent out emails and robocalls with that information. Today everyone gets the email to sign up. Every student is automatically enrolled, and email allows people to opt in for text or email for confirmation receipts. KR: Has the nurse's office been tied in with teachers reporting symptoms? RM: Nurses and I have been handling this. Feel the need to state for the record, know that there are often questions in regard to students in our METCO program, we have a number of students who come in from Wayland who may or may not be in METCO who also come from yellow or red regions on the maps. Really feel we need to be careful if our approach to one program is "this is a red area, can these students attend", because then we need to do this will all programs and individuals coming from other communities. KR: Can you imagine circumstance where we might start to promote testing geographically? AS: I would not, it is stigmatizing and invalid. KR: Not suggesting anything forced, but changing our approach when someone from those communities reported symptoms. AS: Have to remember that of those communities, Sudbury, Wayland, and Natick are METCO, the others are not. Unless all those communities go extremely high, have nothing to warrant that. KR: Very specifically not talking about METCO. AS: Over time we'll perhaps see a pattern but haven't yet. JD: What's the difference between those who come in to work in Wayland? KR: Really talking about those who report symptoms, and then suggesting possible tests. AS: In terms of testing that's not a bad idea, but a single negative test also doesn't work to greenlight someone back into the community. JJ: Some communities "red" not because of community spread, but due to a prison or assisted living facility in that area with many cases. The numbers can be skewed from these types of facilities.

AS: RM, in terms of contact tracing, how quickly are those pulled out of school? RM: Thus far has been within 24 hours.

KR: How are we going about making sure all kids have flu vaccine? RM: We utilize a system that shows compliance for all vaccinations. Already receiving documentation from families saying students need flu

vaccine, feel we are getting a good response. SG: Does Wayland require flu vaccine to attend school? RM: Typically flu vaccine is not a part of the requirement. This year it is a part of the state requirement. We will be continuing to run reports and find out who still needs it as we get into November. JJ: State is requiring students get vaccinated with the flu vaccine, although not until end of December. To start school, don't need to have had a flu shot, but need one to remain in school. JS: Have notices gone out to families? RM: Individual schools have been informing families. We are offering our community clinics.

SG: I would recommend we still start with Hybrid on Oct 19th. JS and AS agree.

KR: Question for RM, want to better understand the case mentioned earlier. When I asked about protocols in school, you said they were testing. Does that mean they were not masking? Or doing both? Preschool? Older student? RM: Grade school. The school has a number of levels. My understanding is that ongoing testing is in addition to normal protocols.

JD: Motion to Adjourn School Committee. KS second. Roll call vote: KR- yes, KS –yes, JD –yes. 3-0 vote all in favor school committee adjourned.

JD and KS leave meeting.

11:45p.m. General business, approve bills, approve minutes June 22, 2020

JJ: Had a very successful drive thru flu clinic, saw 428 people. This is a great turnout. Have seen a lot of positive feedback. Have another one coming up next week. People are very happy with the clinic. Didn't complete minutes yet.

JS: Want to talk about assisted living facilities. JJ: RM might have more information on that. She had visited the Carriage House for flu vaccinations and had discussions with staff. That is her plan as she goes to different locations in town. JS: Is the state making any testing recommendations? JJ: From the Federal level, there was a significant number of tests being distributed to each state, a number of which going directly to assisted living and nursing home facilities. JS: This is one area where group testing could be effective. AS: When these facilities test, do all positive results go to DPH, or a separate process for private businesses. JJ: I would have to check to see if anything has changed with reporting. Staff and those who reside in those facilities, are they reported as facility, or where they originally lived? AS: Are we capturing the out of town testing for school aged peoples? Are all boards working together? JJ: Department staff of the various Local Boards of Health are supposed to be in touch with each other to advise on cases that involve your town. For example, a person who teaches in Wayland but resides in Framingham, that LBOH is supposed to notify our staff as part of contact tracing.

RM: Update on elderly care facilities. Have been in contact with each of our assisted living communities. 2/3 are now doing ongoing testing of the staff. If a staff member positive then they would test residents. The facility not currently testing is waiting for test kits to arrive from state program. Discussed with facility wellness nurse and director telling them that the BOH insists on testing due to mortality rate of elderly population. I have informed them that one of our BOH physicians may reach out regarding this concern. JS: If they are just waiting and aren't resistant to suggestions of testing I don't need to.

JJ: Review how congregate facilities cases are reported? RM: All cases of nursing home and assisted living do come into our queue so we would follow up on those. I do speak with our assisted livings to

ensure that they let us know if any staff test positive. Nursing homes have required testing through DPH. In regards to assisted livings who can opt in or out, they are doing staff testing and are putting down the actual address for all of their employees so that we are the first to be notified. In regards to facility that is currently stating they don't believe they can conduct employee testing, told them that we want them to do testing and might be contacted in the near future by a board member. AS: It would be nice to have a dashboard of the senior centers showing amount of testing each facility is doing along with details of cases. Need to have a more systematic profile, rather than just anecdotal reports. We would like to have something every time we report that deals with everything that is happening at the senior sites. JJ: If someone wants to make dashboard similar to that KR created that would be great, but we do not have the ability to do that. There is detailed information on the state website for these facilities. I would just need to look up the website address. AS: We could start out with something on paper and have that included in the nurses report. JJ: If we want something specific/tailored, the facility would have to provide a report to us. RM: We have no positive staff or residents within our long term care facilities. Understand what AS is saying in regards to a dashboard, I can ask them to provide info on how many people were tested and how many were positive. But because of the current system, if there is a positive we are notified anyways. JJ: Dashboard may already exist. State already recommends routine testing at these facilities. But we can certainly continue to encourage testing.

Next Meeting October 26, 6:15p.m.

AS leaves meeting

12:10p.m. Public Comment

SG: Public comment is now open, phone calls received at: 508-358-6814

DW: Separate from Public Comment. CMS (Centers for Medicare & Medicaid Services) provides information on Nursing Facilities so could provide some information for a potential dashboard. Royal Wayland Rehab actually reports weekly. CMS regulates it. Could export the data and make it available. Also, what is the purpose of testing committee AS is on? JJ: The group was formed to investigate Covid testing for schools with someone from school committee, BOH, BOS, RM, JJ, LM, and AU. Met a few times but not recently.

SG: Public Comment from David Howe of 35 Peck Avenue. Will try to summarize. Saying there must be a well-defined set of triggers, responsibilities, and communication path for initiating emergency review of Covid 19 metrics for the purpose of assessing the need to change from hybrid to remote instruction mode at classroom, school, and district level. What's a dashboard, a webpage, document, who is responsible for populating it, how often. How quickly must you be able to make the instructional change decision? One day? One week? Does our proposed emergency response plan require response time? If a decision to switch from hybrid to remote is made, how quickly will this decision be communicated and change go into effect. He considers a group of examples, ranging from parties, to teachers testing positive.

Public Comment from Nancy Stewart: Nancy Stewart 29 Jeffrey Road. Can BOH can begin giving weekly reports and posting them in a more accessible location on the webpage? Right

now we have a red banner on the top of the page. As someone who follows BOH meetings, we have to work hard to get our weekly data to see what is going on. Other towns around us like Lincoln their page has a spreadsheet that lists each week what the number of cases is. It is very easy to look to see how it's trending. Sudbury has tab with weekly reports. Carlisle-Concord school district has dashboard on school page. Just wondering if we can change the information accessibility for the public.

KR: Public Comment as private citizen. Seeing a lot of complaints about groups of people playing basketball on town courts. The Wayland Police Department posted a video of a policeman playing a game of pick-up with an unmasked teen. Made me wonder what the rules are and whether the Police Department are in the loop with enforcement. Would the Health Department consider putting "mask required" signs at the basketball courts and if you did would you coordinate with the Wayland Police to make sure they enforce it.

SG: We no longer have a quorum. Motion to adjourn. JS: second. Roll call: JS- yes, SG – yes, 2-0 vote both in favor. Meeting adjourned.

Respectfully submitted
Zachary Jonas
Health Department Staff
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