

DRAFT  
BOARD OF HEALTH MINUTES  
TOWN BUILDING  
August 23, 2021

The meeting was called to order at 6:34 p.m. Present by remote roll call were Arnold Soslow MD (AS) via zoom, in person were; Robert DeFrancesco DMD (RD), and John Schuler MD (JS). Also present were Ruth Mori MSN RN (RM) Public Health Nurse, School Nurse Leader, Julia Junghanns (JJ) Director of Public Health.

RD:

Pursuant to Chapter 20 of the Acts of 2021, this meeting will be conducted in person and via remote means, in accordance with applicable law. This means that members of the public body as well as members of the public may access this meeting in person, or via virtual means. In person attendance will be at the meeting location listed above, and it is possible that any or all members of the public body may attend remotely, with in-person attendance consisting of members of the public. The meeting may also be accessed remotely via zoom at the link below:  
LINK

When required by law or allowed by the Chair, persons wishing to provide public comment or otherwise participate in the meeting, may do so by in person attendance, or by accessing the meeting remotely, as noted above.

Additionally, the meeting will be broadcast live, in real time, via WayCAM which can be viewed online at <https://www.waycam.tv/live> or on one of their cable channels (Comcast 8, 9, or 99 & Verizon 37, 38 or 39). This meeting will also be recorded which will be made available to the public at the link above as soon after the meeting as is practicable.

Everyone in attendance should adhere the MA Department of Public Health's May 29 Mask Advisory that advises all unvaccinated residents to continue to wear masks in indoor settings and when you can't socially distance.

<https://www.mass.gov/info-details/covid-19-mask-requirements#effective-may-29:-updated-mask-requirements->

6:35 RD: Roll call to open the meeting: AS – yes (via zoom), JS-yes, RD-yes

Also in attendance via zoom were Town Administrator Louise Miller and Human Resources Manager Kathleen Buckley.

**6:35 p.m. Community Health Nursing staffing needs**

JJ provided history on the agenda item: Public Health Nurse/Nurse leader dual role position was created in 2007, essentially with no information on what the time involvement would be for the nurse leader portion. We were just changing over from a contract model for school nursing with Parmenter to in house town employee/union contract for Community Health Nurses for each school health room.

Currently we have 6 Community Health Nurses and a substitute nursing pool.

Over the years we have met many times to discuss Community Health Nursing (school nursing) and the time required for the Nurse Leader role. We have met with Louise and Kathleen numerous times in the past year and a half during the Covid-19 pandemic regarding how much time is involved with the nurse leader role/overseeing supervisory duties including; scheduling; training, dealing with staffing issues and coverage, Covid-19 oversight.

JJ: We wanted to discuss the needs of the program with the BoH and share the information from our discussions with Louise and Kathleen. We have also had discussions with the Personnel Board and have met with them, they have met on this position several times and have approved a job description for the Nurse Leader role.

LM: When I first started 3 years ago I was approached by JJ and RM regarding the numbers of hours that Ruths part-time position involved. Three years ago we changed the position from a part-time to a full time position, it was part time at the time even though the position was supervising full time positions. Two years ago discussion regarding increasing needs based on needs of the students which have changed, during covid it became very apparent that it is very difficult to juggle Public Health Nurse responsibilities and Lead Nurse duties. With respect to budgeting we are still facing effects of the covid-19 pandemic. She will be recommending to the BoS that the lead nurse position and full time sub position be paid out of the ARPA funds (American Rescue Act) cares/covid funding. This has not gone to BoS yet but will be her recommendation. The Personnel Board has already reviewed the School Nurse Leader and job description as presented by the HR Manager and supported the job description and separating the role and duties from the PHN position.

JS: What happens after covid? LM: we will need to ask to have it added to the Health Dept. budget. We should expect an increase in the budget when other covid funding is cleared.

JJ: We will be working on the budget for the next fiscal year very soon. This is not a temporary need. Nurse Leader role oversees all CHN's.

The discussion continued; RM: we added a 6 th floating position due to Claypit and the Middle School both having tremendous needs. There are more students with medical problems who have graduated and moved to Middle School. The position was intended to be a float position to go wherever the need is, the float is at Claypit right now where there is a need for 2 full time nurses.

Discussion regarding how many positions in the schools/how many nurses: RM/JJ: since nurses have come over from Parmenter it has been 1 nurse per school regardless of numbers of students or student needs. The needs of the students have continued to increase since the program was started in 2007.

RM: The PHN position is supervising all 6 CHN's and sub nurses currently. The needs of the nurses and the needs of public health can at the same time be so great that 1 person cannot sustain this level of work. The nurses would benefit from having a dedicated nurse leader to go to who is available where PHN is often overseeing other duties and may not be available. PHN

would not be eliminated from the program and would still be involved for things like ensuring regulatory things are handled and complied with, as well as large scale training plans.

AS: what does the town expect of the BoH? Is this just fyi? He explained the process for a medical business and how you would go about asking for more staff. Usually some type of study is done, identifying tasks and reviewing job duties, what criteria are used to determine there is a need to increase nursing staff.

JJ: tonight we wanted to share the information and extensive amount of work we have done already to get to this point where Louise is asking for these needs to be filled by the town and informing the Board of Health that we; Ruth, Louise, Kathleen and I, have spent a lot of time on vetting this issue. We have met/discussed with the all the CHN's and the Personnel Board. We have been dealing with the challenges of managing these issues for a long time.

JS: has questions regarding numbers of nurses employed by the town; in the schools and in the town.

Regarding the added "floater" nurse last year; the floating position was added and it was needed at the Claypit Hill School. The workload did not allow the person to float due to the needs at this school. At this time we are asking for a Nurse Leader for 20 hours per week and a full time sub nurse. A lot of time has been spent on finding nursing coverage for many types of staffing scenarios; long term vacancies, sick days, personal time off, we have no sub coverage for our full-time staff. Nurse positions are in demand and it's been very difficult to find substitute nurses, we need the continuity in the nursing program for vacancies.

Currently there are 6 CHN positions in the schools, we are adding 1 full-time sub, and a 20 hour nurse leader. The Public Health Nurse is a full-time position.

JJ: Our budget will be adding the 35 hour substitute nurse for approximate \$65,000, the Nurse Leader position at approximately \$40,400, so around 100k to get these 2 positions onboard. There is nurse some work involved that is administrative going into snap program the electronic health record, and maven. Ruth also still does some of the administrative components. Ruth handles oversight of positive cases of covid as well as other reportable communicable diseases.

JS: If we do this our nursing needs are filled?

RM: is not comfortable with making that statement, the level of the medical needs in the schools continues to increase.

AS: many of us have had our own practices, vendors that claim they never have enough staff. Usually there is a process and a lobby of the stakeholders and what they are recommending what they want to see, compare staffing models, comparisons of other communities, best practice and model practice, what are the needs that we wish for and the tasks, who is best to do that, administrative work. There are always requests for more and you need some type of criteria to be more efficient whether it's a database or technology or something

besides adding more people. Standard good practice technique. This could be money that can be used elsewhere, we rely on the town manager to be able to explain it to the residents. We don't know what the school committee thinks. The information may be available but it's not being presented now. The decision has been made, and money is available.

KB: Is now explaining the process that has been followed to get to this point. This has been vetted as the Health Director has stated, it's the Personnel Boards role to review these positions and requests with the HR Manager and TA who has also reviewed this. The Nurse Leader position has been before the Personnel Board several times. It is the Personnel Boards role to review and approve new positions/job descriptions. Nurses are leaving Wayland, due to lack of support/salary too low pay rate not the same as everyone else. Nurse have noo time for lunch, breaks, or time off. This request has been before the Town Administrator office many times, and we have done a tremendous amount of work to get to this point. The Personnel board has reviewed it and this information can be available.

JS: is asking more questions, how can you not allow time for someone to eat during the day?

KB: we have literally hired 4 nurses in the past 3 years, we will continue that cycle again if we do not provide them with a nurse leader who will train/inspire them. Nurses on the front line are working with dozens and dozens of kids, it's not the same as a medical office.

RM: We are at a crisis period and we continue to have nurses leave.

JS: so it's the pay?

HR is doing a compensation study and we are keeping an eye on the situation, we are trying to recruit the best we can. There are a large number of responsibilities and reports, and end of day responsibilities that are required.

JS: Do the nurses have enough computer equipment? RM: yes

Ruth, Some Health rooms are seeing 50 to 60 kids a day last spring.

JS: when covid passes will this staffing need pass?

RD: thinks covid will be around for awhile.

RM: It's all the things that go along with the band aids, mental health of students has deteriorated rapidly in the past year and a half. This also causes more visits to the health rooms. There are important aspects in place during the school day but if a kid doesn't know where to go then they should be able to go to the nurse. Time on learn is most important.

LS: results of compensation study will need to go to personnel board. We do have an idea of what the results will be and do expect to go before the personnel board for adjustments. There is a difference in terms of the anticipation of employment, to fill in as needed where needed. A full

time nurse added to a school and a full time sub, gives more flexibility to the program over time if things change after covid.

JS: are we seeing more kids with type 1 diabetes?

RM: Compared to other districts I am not sure in terms of right now we are seeing more students in our district right now with type 1. We try to promote independence, support them in a system so they can take on more responsibility. In the elementary system we have a lot of students with all sorts of medical pieces that we are seeing and involved with.

RM: Food allergies and asthma have been increasing. Talking about intensive medical needs, related to type 1 diabetes, new diagnosis of cancer or chronic illness that effects the needs for medical accommodation and support.

JS: is the number of students in the system increasing?

RM: Claypit has had 20 something move-ins over the course of the summer, there are more students. We would need to look closer at the data in the report. The town is increasing the number of supportive programs that they offer in house, the schools that have those programs requires more attention from nursing offices.

JS: Are we considering the psychological issues also? This should not be burdened with nurse staff.

RM: there are longstanding pieces that go along with mental health. The admin team, nurses and guidance counselors work together.

Budget questions, about increase for this year, ARPA money for covid to use for this year. Then for next year we would need to make a request for an increase.

JJ: there is a Union bargaining process that needs to take place for next contract and potential changes would be identified and adjusted through that process. The town recognizes that salary is an issue.

JJ: Struggling is an understatement, people are dropping like flies. We are asking people to stay, what do we tell them to stay how to we keep staff. When Ruth presents to BoH her covid report like she has for the past 1.5 years, that is only one aspect of her job. Behind the scenes there is a lot more going on nurses calling, trainings needed, staffing/coverage and scheduling issues, this one is out that one is needing time off.

RM: School nursing is not like working a shift in the hospital, same for public health nursing or a Health Director. Some jobs that pay more are more desirable if salary is higher. Nurse jobs are in demand right now and competitive. In the past few years we have had many senior level nurses who have left around 4 in the past year, resignations and retirements. We have fantastic nurses that need that support.

JJ: this is a great point, we have lost many of our senior level nurses who were here a long time and now we have newer staff that needs and requires more time, support, training and guidance.

JJ: Our nurses are very dedicated and hardworking. Ruth has been doing that job of Nurse Leader along with PHN duties, but it's not sustainable to do both jobs at the same time. This has been an ongoing issue for a long time. The Community Health Nurses need someone who is more available as there is not enough time in the day.

Talking about administrative help that could be provided by the schools, we have tapped that in the past. The issue for us is that most of what we are talking about and the medical/clinical components that are not solely administrative and clinical care or support is needed.

JS: looking for numbers on staffing ratios of students to staff or nurses, can we provide this information. Is there a recommended ratio that we can share. He wants to justify this for the tax payers in the town and for his own taxes that he pays in the town, justify the new hires that we are asking for.

JJ/RM: We have seen a number of additions to the school staff side, teachers and admin. We have not asked for any additions in staff until last year, this is going from 2007. The program and needs have changed since then.

JS: is asking for the results of the compensation study. We need information to be able to justify the requests. We haven't asked for money in a long time and because salary was not at the right level we now have to catch up. He thinks it will be a surprise to all the citizens so we should have information to provide.

AS: this is just informational to the board, its just fyi for us.

**7:21 pm (taken out of order due to guest waiting) Youth Advisory Committee applicant interview, Lisa Raftery and appointment recommendation**

Lisa is interested in being re-appointed to the Youth Advisory Committee. Several years ago she was the BoH appointee for the YAC, her term is up now and she wants to discuss her involvement.

LR: Got involved with covid pool testing in January so she took a break from the YAC. We had previously talked about her coming in more often to share info with BoH but then covid hit. The last big event was recreational marijuana. In the past year, there was a lot of emotional and social support for students working with Jason Verhoosky, about education, with YAC support was weaved into school curricula/ very busy due to remote learning.

She worked at Medi Tech, then got involved with the schools.

JS:What is happening with marijuana?

LR: there is a lot of education to the students/parents about vaping and Jason has done a great job, he has a wealth of information. Teachers and the Police are very in tune with students. Marijuana is more frowned upon these days. Students keep each other in check and there is a lot of emphasis on academics. Looking to work on more and be more involved this year, she will be back with updates.

The BoH role is to provide a recommendation to the BoS if we wish to recommend reappointing Lisa

Motion to recommend Lisa be reappointed; JS, second AS

All in favor, 3-0

stop 50;10

### **7:26 p.m Covid updates and topics**

RM: covid update, please see attached report. 2 updates have been uploaded to the town website for the 13<sup>th</sup> and the 20<sup>th</sup>. We are running around 16 cases for the past 2 weeks, the week before that we had 17.

JS: reviewing the report, ages? Examples of cases?

RM: ages go from under 1 to up to 18 for children. My goal is to reformat the reports to break out the ages more and put vaccination status on the report, a snapshot each week. Looking from July 2 to current we had 66 cases, 24 percent are under aged (not able to be vaccinated due to age restriction), 12 and under. 74 percent of our cases are fully vaccinated out of 66, we had 37 individuals out of 66 who were fully vaccinated.  $\frac{3}{4}$  of people who got covid were fully vaccinated. 2 individuals were partially vaccinated, 8 percent we are unsure as we could not reach them. The state information already tried to take info from the MIIS, can be prepopulated, otherwise we get the information from our residents when we speak to them. 8 percent who we have not been able to locate in MIIS or confirm, in terms of being vaccinated.

JS: have any of them been ill? Mostly people who have been vaccinated with breakthrough disease and minimal symptoms. We did have a death, we could not get information on that situation. People are not needing to get medical attention and go to the hospital, allergies and cold symptoms. We are also seeing families get covid, kids get sick with cold like symptoms and give it to their parents and family members. The vaccinated parents are turning positive.

JS: How about the unvaccinated:

RM: not significantly ill.

We have had some staff members in assisted living facilities test positive. They will need to get vaccinated by October we believe. One of our assisted livings mandated that all their employees get vaccinated by end of June. They may have lost some staff but others are getting vaccinated,

some have 1 dose. We had 2 assisted livings and our nursing home that have had staff test positive. But it has stayed at that.

So what if they get new patients? They get vaccinated. New residents can say they choose not to but staff cannot. There are many requirements that the state has for a facility that has staff test positive, increased testing.

RD: we want to make sure that our patients are vaccinated. Are you double vaccinated, we are asking. And also booster.

RM: is also collecting that information to check on status. Individuals do have the right not to speak with us.

JS: even if you are vaccinated you can get the virus and get a different strain that will add to your immunity. RNA has made antibodies, MRNA will stay around with additional immunity for next strain..

RD: booster shots, do you get it or not? Should people get an antibody test first?

AS: asking about the discrepancy in the globe shows wayland has 36 cases it gets out there usually Thursday or Friday. Before the delta started I remember wayland positive were a little higher than other towns. Total positive test were a little higher. Now all throughout towns its higher, town by town delta is here. Lincoln, was zero and now 6. Measure of test in past 2 weeks are all higher.

RM: sometimes we get the same person who comes into the que, there can be duplicates due to people getting tested more than once. If their name isn't written exactly the same or some from another community. Unless it's an assisted living facility these are all Wayland residents. There is still a lot that goes on behind the scenes.

We had one death that we couldn't get information from the hospital. and no other hospitalizations going back to june.

JS: critical numbers are hospitalizations, wondering how many hospitalizations have we had and have numbers fallen off. Dph is not testing every person with covid to see which variant it is. Can you tell us how many hospitalizations and deaths we have had? Next time we meet? Massachusetts has the highest vaccination rates.

RM: in last few months we had one resident pass away we were never able to contact them. They came through the system with covid and had already passed. Besides this no other deaths or hospitalizations, from June except for this one case. not sure about april or may. DPH is not testing everyone for the variant.

JS: through wastewater they can test and tell what the variants are in Boston. Should come down due to high numbers of vaccinated in the state.

AS: information from an infectious disease website, Israel about 2 months ahead of us, a new reality from us. After vaccinations they stopped doing mitigation activities. Half of seriously ill patients from Israel who are currently hospitalized were fully vaccinated 5 months ago, mostly age 60 population with comorbidities. Also, seriously ill individuals are unvaccinated are mostly young healthy people who's health deteriorated quickly. Delta not a basic alpha virus a more serious entity for over 60, boosters for seniors important. They lowered boosters age to people age 40 for what they see happening, they have high vaccination rates.

JS: should you get the same vaccine or not? still not sure. Curious to see the study if same vaccine should be used.

RM: severely immunocompromised individuals currently can get the boosters. We are waiting for information from the CDC/DPH. Pfizer and Moderna made with RNA, Janssen still investigating. We are seeing all vaccines. Some second doses were as late as May.

JS: Britain, gave everyone 1 dose, they had limited vaccine and gave everyone they could 1 dose. He thought they had better response getting the 2nd dose later than a few weeks.

Somewhat greater immunity further out if push out 2<sup>nd</sup> dose.

JJ/RM: flu clinic update-we ordered vaccine and will be planning our locations and dates for clinics. We are likely to run our first clinic end of Sept and community clinics in Oct. We are planning to do drive through clinics, increase our numbers in this model. We have been proactive with supplies and are working on a full inventory of emergency and vaccination supplies, getting organized. We offer vaccinations to staff and schools, students. We go to day cares also.

### **Update on development projects and construction work**

JJ: We have a lot of septic work going on, power was lost.

BoH meeting adjourned at 7:48 pm due to power outages, the remaining agenda items to be continued.

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