

DRAFT
BOARD OF HEALTH MINUTES
TOWN BUILDING
December 9, 2020

The meeting was called to order at 5:00PM. Present by remote roll call were Arnold Soslow MD (AS), Robert DeFrancesco DMD (RD), 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, Amy Schoeff (ASc) Contact Tracer, and Sejal Srinivasan (SS) President of Friends of WYFS.

RD Roll call for attendance: SG-yes, AS- yes, BM – yes, RD – yes.

RD: 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.

5:00PM Covid-19; updates, new information, quarantine and isolation protocols

RM: From Thanksgiving (Nov 22nd to Dec 3rd - evening), we had 28 cases that were considered new in our queue. From Friday, Dec 4, as of our last numbers, we have had an additional 20 residents. We have a number of cases all related to family transmission within a household and are seeing entire families turn positive. Currently everyone is symptomatic. Happy Hollow has had one confirmed positive student. No additional students or staff. Middle school, one active student. No additional students or staff. HS has three current cases.

AS: All 48 have had symptoms? RM: We have had a few people who were travelers and tested but then became symptomatic. AS: Is level of symptomatic cases unique to thanksgiving wave? RM: We had a lot of previous asymptomatic individuals who were being tested and showed up positive. Now we have information from individuals whether they were tested pre-symptomatic, everyone is developing symptoms. AS: That shows you that being in tight spaces like cars and hotels, people are turning positive. SG: RM can you confirm that? ASc: Don't know if we can attribute to Thanksgiving. It did lead to the family transmission, but the community and travel positives, don't know if that is about thanksgiving gatherings. RM: Most cases are all related to family transmission.

5:10PM Discuss in person class room distancing for Kindergarteners - 6 feet vs less than 6 feet

RD: The school committee wants to start kindergarten in-person 4 days a week at the end of January with 5-foot social distancing. SG: If there were a case within the classroom, how would that affect the investigation? RM and ASc both agree it would significantly affect. SG: Do you

trace within a classroom? RM: Each situation is a little different. We talk to parents, students, teachers, etc to get an idea of in-school and out of school contact. Important to understand how long these investigations take, near 5 hours. RD: Sounds like you would need more help/staffing if the distancing changed. AS: I think in addition to the fact that there will have to be more phone calls made, I think the outcome is that there will be that many more kids placed in quarantine. With the 6 feet, we are confident that if desks don't move, people are not close contacts. AS: Thought when you changed to 5 foot distancing, you would change to 5 foot close contact rule. Don't know if RM has contacted DPH, we would need a waiver to use 5 foot standard, which would remove a lot of work. RM: Don't think so, DESE has anywhere from 3-6 feet. AS: So going to 5 feet, don't think we are conflicting DPH or DESE. RM: DPH hasn't changed. JJ: I have reached out to DPH, a week ago and haven't heard back yet. Other schools have done this as it is allowed by DESE, however don't think DPH is looking to give town-by-town approval.

BM: Why wouldn't you change it for all other grades rather than just kindergarten? AS: Town wanted to do it as a trial which I support. JJ: During this current surge? AS: Covid is not in the school. AS: It's possible this is the case because we have people being 6 feet apart. There has been a total of 5 students in our three elementary schools who have been positive. RD: Kindergarten zero? AS: yes. AS: Of all the k-5, how many contacts identified have ever come back positive. AS: None. BM: The data doesn't suggest huge spread amongst kindergarteners or elementary students. RM: Discussed with Dr. Mahoney, agree no question in terms of the benefit to having kids in the classroom. But the potential need to quarantine an entire classroom can cause similar harm. AS: Our current system is working very well, without pool testing or asymptomatic testing, and I worry that just the one foot is going to cause an effect. Even with the waiver, I don't know if that implies we don't need to contact trace. RD: If we stay at 6 feet, what are the financial implications? What needs to be done in the school? JJ: When did they want to implement this? RD: Jan 25th. JJ: Louise Miller advised that school committee and administration suggest that occupancy might be limited by ventilation capabilities.

RD: What other communities are less than 5? JJ: I spoke to Director in Wellesley, and they have been doing 6 foot distancing for all schools except for 2nd grade which was problematic and functioning remotely or at least hybrid and 6 feet but are now in-classroom, some of which are less than 6 feet. It has been at least a month and they are not having a lot of positive cases. SG: Jeanne Downs wrote me last Wednesday, didn't have info on case load but she said Dover-Sherborn has kindergarten classrooms with min 5.5 feet. AS: This is an experiment, if things go poorly we go back. Everything stays the same except the 5 foot distancing. We might need a bit more frequent and detailed reporting during this experiment. BM: AS are you okay with this? Doesn't seem unreasonable but do you think it is? AS: I just wonder what the benefit is. How many more kids can you get in the classroom? Will that get everyone in everyday? BM: My understanding is that this is true. All in, 4 days a week. RD: If you do go to 5, you might also have some students opt not to come in.

AS: I wonder what the DPH waiver means. Does DPH truly believe 5 feet is safe, or just think we can give it a shot? Outside of schools, DPH sticks to 6 feet as a safe distance. Does the waiver imply they truly believe it is safe, or are they just willing to let us risk it? I feel like it is the wrong time to do this experiment, would prefer to wait a few more months. We have not had

a lot of school kids become sick, why jeopardize that. BM: Based on data, risk vs reward of having kids in school. AS: We need to consider this winter surge period. Our town wide numbers are high. SG: State numbers were over 6000. JJ: I have info regarding occupancy for elementary classrooms, which is 20 per classroom including teachers and students. What would changing distance add? SG: I think it would almost double. BM: Not sure we have the data to confirm that. JJ: It's really their compliance with occupancy which is more important. AS: Also a question of whether the ventilation can handle additional occupancy.

RM: In terms of public health component, if the Wayland BOH feels that we do not need to (potentially) do contact tracing if we go all in with 5 foot barrier, I would like to have a vote. BM: Not saying that, just saying that the cases aren't showing any positives, so why not try. The contact trace is 6 feet, just your circle is tighter so there might be more to trace. AS: I think if 5 foot is safe, we shouldn't be using the 6 foot standard. AS: Not only more contact tracing, but more quarantining. SG: I'm still more comfortable with doing contact tracing at a 6 foot standard, knowing that it could result in more labor. School committee might have funds available to prepare for this to hire or train new contact tracers. Don't know if ventilation was meant for full occupancy, for hybrid? BM: I remember it being sufficient for the DESE 3 foot guidelines. JJ: I can find out.

SG: Amy is saying that we are at the height of spread, so perhaps it might be better to wait to implement this after February break. I support bringing them back but perhaps timing should be changed. Does Jan 24th seem like a good idea?

BM: We can also change our minds. SG: They are going to be spending anywhere from 90,000-220,000 dollars to prepare the classrooms. I don't know how flexible that makes them.

RD: How does everyone feel? Recommendation? JJ: I hear mixed feelings? I personally would prefer not to try this experiment during a surge and while the governor is rolling back. RD: Does everyone want to think on it and discuss next week? JJ: Think it's a good idea. AS comfortable voting. BM: I think data supports us going through with this.

Discussion follows on possible motion voicing support for this change.

JJ reads final version of the motion. JJ: The Board of Health supports the desire by the school committee to move forward in late January or later to a five foot distancing model for kindergarten. Our support is contingent on school committee providing to us what they envision and an update on the capacity and adequacy of the functionality of the ventilation system.

AS: With additional info on mask breaks, distancing, and lunch breaks.

John Schuler joins meeting.

BM: second motion. Roll Call Vote: SG – yes, BM – yes, AS – yes, JS –abstains, RD – yes. 4-1-0, motion passes.

BM: AS, if there was a single positive as a result of this, we will reexamine.

6:15PM Topics Not Reasonably Anticipated by the chair 48 hours in advance of the meeting, if any

6:15PM Public Comment

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

Kelly Bradford 6 Lodge Road: Mother of three, one middle schooler, 2 students at happy hollow. Also the happy hollow school nurse, one of the community health nurses in Wayland. I have been working alongside Ruth and Julia since March fighting the Covid crisis, along with a team of other nurses, some of which have recently quit because the stress of this job has been so great. I want to voice my concern about the decision to do this. I think we have a system in place that is working really well, but the system we have in place is one we have worked really hard and multiple hours out of contract to put in place. And part of our job is not only the physical care of the kids this year, but it's staying after to make sure physical manifestations of the building are what they are: setting up medical waiting rooms, desk distancing six feet apart, and in addition to that we have to deal with all the contact tracing after hours, weekends, evenings. And then the other component of our job is managing the anxiety of the teacher in the building and that's actually one of the biggest facets of our job this year. And currently if we had an anxiety level of our teachers, I would rate it at about 8 out of 10. And we have a reserve level of the teachers in the staff in the building of about 3-4/10 and making these changes and putting kids closer than six feet, which there is no public health metric to say that is a good decision, is going to increase the workload on the nurses and community health program in this town tenfold. I have worked in addition to my regular job today 3 hours on email, and 2 more cases just came into MAVEN, in addition to those that I already have to contact trace. This decision is fraught with error, there are so many things about this that are wrong. And there are so many levels in which you guys don't understand that this is falling back on your nurses. The reason we recently have had two nurses quit, is this job has become so overwhelming that it's almost impossible to do anymore. The system we have in place with desks 6 feet apart, at half capacity in school, is working, everyone is working overtime to manage it, to mandate that by the end of January we have to bring in more students with desks close, I truly don't think is a good decision. I just wanted to give you a different perspective from community health nurses as a whole as to how we are dealing with this, and backing Ruth and Julia's insight into what's going on. Want you to realize all the behind the scene for community health nurses.

JS: Want to thank the young lady who called, and all the other nurses and Julia's staff who have been working so hard for the past 9 months. To let her comments go unappreciated by all of us is wrong. We all owe them a huge debt of gratitude for all the work they have been doing. They haven't complained at all, the young lady wasn't complaining today. She was more concerned with what the actions of our vote will do.

JJ: The work does need to be recognized, thank you Kelly for your words, and thank you Amy for joining us tonight. RM: Just a reminder that the comments being made are in regards to the practicality, if there were to be a positive case, and managing all the aspects. It is not that any

nurse or health department or anyone in our community does not think our students should be back in school.

Public Comment is closed.

RD: Motion to adjourn. BM second. Roll call vote: SG- yes, JS –yes, AS – yes, BM– yes, RD – yes. 5-0 all in favor. Meeting adjourned.

Respectfully submitted
Zachary Jonas
Health Department Staff
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