

BOARD OF HEALTH MINUTES
TOWN BUILDING
September 30, 2020

The meeting was called to order at 8:30AM. Present by remote roll call were John Schuler MD (JS), Arnold Soslow MD (AS), Brian McNamara (BM), and Susan Green (SG). Also present were Julia Junghanns (JJ) Director of Public Health, Arthur Unobskey (AU) School Superintendent), Kim Reichelt (KR) School Committee), Jeanne Downs (JD) School Committee, and Dave Watkins (DW) Board of Selectmen.

SG: Roll call for attendance: AS- yes, JS- yes, BM-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 508-358-6812 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.

8:30a.m. Discuss metrics for back to school and/or school closing due to Covid-19

Updated Metrics are shared via Zoom Screen Share

SG: Made revisions requested in last meeting. KR: Could we tweak 3.5 talking about events or large scale exposure to address general community behavior? Reports of unmasked large groups playing sports. BM: Do you want to define large scale exposures? KR: Possibly a good approach. AU: Not just talking about exposure, but gatherings without known positive cases? KR: Correct, especially since many are asymptomatic. BM: Should we change #5 to events or large scale gatherings in Wayland? AS: Think we did mean this exposure was to imply cases of positive covid occurring from gathering, not just people gathering. "Positive covid exposures occurring at local Wayland events". KR: Every town that has had an event even not knowing of exposures has closed their schools. BM: Believe that in those cases this approach was taken because they couldn't identify the people. AU: Think we are talking about two different things. Known cases, and gatherings where they are not following distancing protocols. KR: Maybe shouldn't be rewording #5, but adding a #7. JJ: Was about to say the same thing as KR, heard the same thing. A lot of scenarios I've heard about have involved some kind of large gathering where those attending are unknown, and their behaviors were unknown. SG: New language? JS: Talking about occurrence of possible large scale exposures? SG: Gatherings? BM: Yes. SG: Gatherings of greater than? BM: Just reword 5 to "exposure" don't want to start defining "large gathering". AU: In #5 that would be fine, but KR has brought up 2 different possibilities. If we have a large scale exposure of positive cases, that is a clear situation. More complicated when just discussing gatherings. Number of districts have gone remote due to large gatherings. SG: How about we add a #6, "Large gatherings in Wayland with unknown Covid exposure" that covers it and informs public of variable we will be looking at. BM: If you just change #5 to "exposures from gatherings in Wayland" that accomplishes this. KR: can we say "possible exposures?" Maybe should say something about following safe practices. SG: I read #5 and think it covers all our concerns. If we need to change the words we can though, think

“events or large scale exposures in Wayland” covers everything. KR: If we added the word “possible” or “potential”. SG: “events or large scale potential exposures...”

KR: Can we specify the real percent positive vs the state’s averages? SG: We are going to be looking at both. Just should be aware that one is from college testing with a couple thousand largely negative tests coming back every few days. JD: Not sure we need to make it more specific.

AS: AU, what will conversation be when we say “must consult with DESE?” AU: Unsure but don’t get the sense that there is an elaborate conversation. They want to know when we have a student test positive and they want to know when you are considering going remote. But they have not outlined a procedure. Still the superintendents are really making the decision.

AU: Would like to go over details of process of use of this document. JS: Conversation initially between school department, BOH representatives and superintendent as situation develops. Board of Selectmen will be informed of situation. But job of gathering info and recommending sits with school department, school board, health department, and health board. Then the others are informed. AU: I will have info from section 2 already. But certain aspects of this like section 1 and 3, will want to have that group to meet and present those numbers. Then we bring the other groups in to talk about the decision to hear the recommendation from the initial working group. There are two bodies meeting. One is group of staff members, the other is the boards, and they are combining to give recommendation? JS: AU just wants a run through of the process. AS: Under the belief that the BOH would meet first to have our own meeting with input from public health nurse. Then we would come to decision as board, and then bring it to the school committee, school department, and LM.

BM: What if there is a quick decision that needs to be made? SG: Says in 4th paragraph, in emergency situation, superintendent would make their own decision in consultation with the town administrator, school and health departments, and to greatest extent possible in consultation with boards. The way it is written suggests that town departments would take lead and consult with boards. AU: Think emergency situation needs to be outlined more clearly. I would want to setup a communication first with Health Department staff to get metrics, and then share with various bodies and allow them to weigh in. School Committee and BOS would need designees I think. JS: Primarily between school administrators, School Committee, and BOH to come up with the best decision available. That recommendation will be communicated to Town Administrator and BOS. JD: Health Department should be involved because they do contact tracing. JS: Agree Health Department and BOH should be involved, along with school committee and school administration. KR: Would like outlined processes for certain scenarios like: Positive cases in HS. AS: Prefer BOH has initial discussion with clinical data, and not just rubber stamp DESE guidelines. AU: Could we draft some scenarios, and outline who gets contacted. The sequence of contact and group driving the initial recommendation and request for data still unclear.

JS: One thing BOH could help with is if a case arises, where and how can families and teachers go to get tested promptly. JJ: That information should be on the state website. Furthermore providing resources for testing locations is already part of RM’s investigating contacts. But can still provide the website for you. JS: Think that info would be helpful for the school administration to have.

AS: Big employers would have nurses do testing on-site. In the scenario of a big outbreak, if we had quick tests, could possibly have them done by Wayland Public Health nurses, rather than sending them

out to sites. JJ: That's new information coming from federal government in the last few days of tests being distributed to different facilities and high-risk groups. We haven't had the ability to discuss this as a board, or a town yet. JD: Would testing subcommittee discuss this? JJ: Probably.

KR: How do we define and identify close contact in the school? DESE standard within 6 feet? Meaning no one would be a close contact theoretically. How would that process work? Privacy issues mean teachers might not know who is positive? How would we know who is exposed if we don't talk to the teachers? JJ: Getting into HIPAA and privacy issues. These have been considered and handled by our public health nurses from the start. KR: If you only quarantine kids surrounding positive case, very clearly identifies the individual, but if you quarantine the whole class, it's harder to tell. Concerned the answer is just going to be quarantine no one. Just asking how, since they have never done it in a school. JJ: They have done contact tracing for communicable diseases such as tuberculosis in schools. KR: When that happened there was a well-defined process with info on who was considered a close contact. Shouldn't people know how we are defining close contact with COVID? AS: Correct it is a good idea to make sure this is clear to parents. Agree with JJ going to be a blend of the 6 foot and the class. Can't extend it too far. It is a new environment so it is something to consider.

SG: Not sure we have actually answered initial question from AU about the specific process. Hopefully a tabletop exercise can help with this. Someone from the BOH or health department can meet with you to help define this. AU: For efficiency's sake would like to review process with JJ, RM, and Health Department staff and afterwards share with BOH and School Committee. Just a lot of detail work that is hard to do in a board meeting. SG and JS agree with that. SG: What is JJ and RM timeframe to get that done? JJ: Today we have a flu clinic, and can contact RM to get availability.

General consensus that document is finalized. JD requests that document is distributed to all contributors. Will be dated and noted as final.

JD: Reminder that BOH recommendation is requested for next week. SG: Don't know if we are going to be able to have a meeting next week due to zoom meeting openings but do think we will be able to issue a preliminary recommendation.

9:20a.m. JS leaves the meeting.

AU: Don't know of any commitment we made. If you can't meet on Monday that's fine, just as soon as possible after that. AS: At next meeting want to be able to screenshare how the town is doing in comparison to other towns.

KR: In regards to data, do we know where staff are coming from? Do we know what other communities we need to be considering? SG: Don't know if we can consider that, need to look at state in general. AS: Think we are going to look at Boston, State, and Wayland. Would be labor intensive to get data for all the towns.

9:25a.m. Covid-19; updates, new information

JJ: Have two new cases, but that's all the information I have from RM at the moment.

9:25a.m. JD and AU leaves call

JJ: Don't know specifics of the cases as they are still under investigation. Will touch base with RM about them today but we are also doing a flu clinic so will be quite busy. Some of the newer information across the state is that there are some complicated phased plans the state is rolling out based on Town's red, grey, green designations. New guidance for restaurants which are less restrictive, allowing more indoor dining, tables with up to 10 people, eating at bars. We have shared info with our restaurants but more specific communication will need to go out.

9:25 Public comment

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

KR: (As public comment) To what degree is the town obligated to make those changes that Governor Baker is allowing? If we decided we wanted to be more restrictive, who needs to do that? BOH? BOS? Would like to suggest that we not allow 10 people at a table, and be cautious with following new guidelines. Kim Reichelt, Coolidge Road.

JJ: We are not prepared to respond to that question at this moment. Would involve the selectmen as well. We have joint meeting with BOS and will discuss with them.

There were no calls, public comment is closed

9:30a.m. AS: Motion to adjourn. SG second. Roll call vote: AS -yes, BM- yes, SG- yes. 3-0 vote all in favor. Meeting adjourned

Respectfully submitted
Zachary Jonas
Health Department Staff

APPROVED 050922