

BOARD OF HEALTH MINUTES
TOWN BUILDING
August 6, 2020

The meeting was called to order at 5:30PM. Present by remote roll call were Robert DeFrancesco DMD (RD), 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, Arthur Unobskey (AU) School Superintendent, Susan Bottan (SB) Director of Finance and Operations, and Louise Miller (LM) Town Administrator.

SG: Roll call for attendance: RD – yes, 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 508-358-6812 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. Review of Health and Safety Protocol for School Reopening Blueprint

AU: Goal of this document is to have prudent procedures that follow DESE and CDC guidelines that minimize risks for student and staff in the building. Combination of best practices around social distancing (6 feet of distance), mask wearing for all students and staff, appropriate hand hygiene and proper cleaning procedures, as well as a functioning and effective ventilation system. Proceeding with work and procedures and will provide further updates to Board of Health. Will examine and discuss these procedures to make sure they are appropriate at this meeting. SB: Feedback from board would be appreciated.

AS: Will students be released from classes in a staggered fashion to keep cohorts from mingling?

AU: This is accurate. Classes will also follow one way directions so students aren't passing each other. Cohorts will be by grade. AS: regarding the review of the daily questionnaire, assuming nurse is the one looking at it, or is there a hierarchy where non-nurse can take initial look. Who will review health assessment? RM: Belief is that there would be some staff member who would look at these, and if there was any flags then they would then notify the nurse so that the nurse can evaluate before student comes into the building. Don't know when this screening happens but many points such as this have not been determined yet. If certain fields marked as no, the nurse definitely needs to take a look at it. SB: Are looking for at least one parent questionnaire to be completed before entry into school, or onto bus, don't know what service. Want one that is clear and efficient.

JS: Is the remote start followed by a hybrid because we won't have all the ventilation completed and buses ready until later? Or because parents were concerned? Teachers concerned? AU: The

decision by school committee to stage hybrid return over a number of weeks was not done because of any concerns regarding buses and ventilation. Out of desire to start back slowly partly out of care and caution and partly from an education perspective where we want to make remote part of hybrid model in Oct effective.

5:45 p.m. LM joins call so SG pauses Blueprint Conversation to briefly discuss Testing Working Group

SG: Summary of Susan Garfield's presentation from 8/3 about testing programs for Wayland Public Schools as well as the idea of the creation of a subcommittee or working group to further investigate this idea.

LM: Questions related to whether or not we can require testing of anyone before they go back into the schools and what would happen if anyone were to decline testing as well as what happens with the test results HIPPA concerns, fitness for school concerns. All issues that need to be looked at. JJ did mention thinking of a working group that quickly review some of these issues and come up with recommendations or simply an analysis, this seems like a great idea.

SG: Would it be okay if we progressed with a working group to consider all issues that LM addressed? LM: Yes. We also do have to remember this is a public school, not private, so questions of cost are really important for us to look at. Am concerned about what happens with those that decline? What will the policies be if it's even doable.

General discussion follows concerning who should be included in the group, whether it should be BOH working group, separate committee. Should members be BOH, experts in the field, or individuals from the town? JJ raised concerns about opening up to community members and the need to have specific people from groups such as from the school, BOH, and probably front office. And then perhaps Susan Garfield (SGa) as consultant, however if town decided to move forward with engaging her in business, then role would change. Noted that SGa could charge for consulting services. RD: Believe SGa has already reached out to community. LM: BOH can't set up a town-wide committee to report back to BOH, only Board of Selectman can do that. BOH can make working group with town staff and members of BOH, and perhaps assistance from other committees to report back to BOH. Consultant issue is separate, could hire a consultant for this group, would be BOH hiring this person. Would caution that hiring a consultant that offers the same service is problematic in terms of advice that you might receive. BOH/JJ should set up a working group with members that represent the various interests to report back to you, but not a town-wide committee. JS: Agrees this should be a BOH committee with experts in the field to go over values or lack of values of testing, don't think we need to get parents or teachers and others involved as this is an issue of healthcare.

AS: We want to have an open discussion of testing, can schedule that in BOH agendas, but it really deserves an open discussion with key members of the town. Wants to suggest that we set up a working group. SG: Concern is how to get the expertise as well as grassroots support when we might not necessarily have that expertise within town boards. Might need to bring in outside expertise. If we can convene a working group, next step is deciding how we can pull in expertise.

6:10 Decision to create a working group to explore testing options, will have LM place this on agenda with Board of Selectman. Susan Garfield will be notified.

6:10 p.m. Return to Review of Health and Safety Protocol for School Reopening Blueprint

SG: One specific comment about social distancing component for School Reopening Blueprint. Had mentioned something about seating charts, this is an important thing to make sure to put in plan as this is more of a guarantee that there will be both social distancing and a way to keep track of positions in terms of contact tracing. Should probably go in under the Social Distancing section. Board members examined the blueprint and concluded that this was already included and no further discussion was necessary.

JJ: Wanted to mention that the mask language is different than what final version that was discussed 8/3 so it needs to be updated. SB: This has already been updated. AU: Would appreciate having comments sent over as soon as possible. SG: Will write them up and send them after.

RM: Comment in regards to quarantining procedures as currently documented. Have discussed with board in regard to different quarantine recommendations between DESE and DPH. There still remains a difference between DESE guidance which states that if an individual is potentially considered a contact, they go home, quarantine, and if they are tested between Days 4 and 5 are tested and they test negative then they can go back to school. Ongoing discussion between all LBOH. Currently we would have different guidelines for parents (DPH) than for children. DPH has anyone that is a contact regardless of testing, it is 14 days quarantine. If they are not symptomatic after 14 days they can return back to public. What is listed in quarantining procedures is what DPH has listed, but don't know if the board has ever made that as recommendation or not. It is possible that DESE and DPH will become more aligned as time progresses. Do we potentially look at what may be different in elementary vs high school? Only three individuals have tested positive within <19 bracket, but they have all been a part of the teenage population. The BOH in a community always has the ability to provide a tighter regulation than what a state agency has done. Not sure if anyone has done that as of now, but wanted to mention that what is currently listed under quarantine procedures is DPH, not DESE recommendations.

SG: The last paragraph of this protocol talks about district following July 17th guidance from DESE regarding quarantining students from hybrid to remote. Not sure what that means? It says “in consultation with Wayland BOH, school committee and superintendent will inform families as soon as possible if students need to remain home through our school messenger system. In that situation a student’s class will immediately transition to remote model. ” AU: Explanation, I don’t feel comfortable unless BOH approves approaches we are taking for Health and Safety. This is one example in which there is a guideline, and what the educational response is. More important question is how we create these. Doesn’t feel completely comfortable without BOH imprimatur and would like BOH to say “The Wayland BOH believes that this is the quarantining procedure”. BM: I don’t think we should do this as BOH’s job is to recommend and for the school committee to take our recommendations into account. AU: Fine with these coming as recommendations. SG: At end of page 5, talks about quarantining procedures where we reference MDPH, we say district will follow BOH recommendation and that we recommend testing and quarantine for 14 days. Think that it would follow that if you are quarantining that student is remote learning if well enough. I don’t think we need to be more explicit than this. AU: Based upon RM concerns, just want to make sure that BOH is firm on following current recommendation

SG: Will send detailed comments to AU and SB. Discussion concern over who comments will be attributed do. AS: Suggests that SG should share comments with Board. AU should hear a consensus before putting things into the document. Based off concerns about time frame, AU has agreed to submit the document as a working draft, and then BOH will meet to discuss comments and edits afterwards. AU noted they need revisions soon so they can create educational materials regarding COVID practices in school. Agreement made amongst board members to continue this discussion at next meeting.

JS: Will contact Susan Garfield to inform her of the plan for the working group

Next meeting date will be August 12th at 8:00AM, to discuss comments on AU’s piece, and working group follow up.

6:30p.m. Topics not reasonably anticipated by the chair 48 hours in advance of the meeting, if any

There were not topics brought to the BOH

6:35 p.m. Public comment

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

There were no calls, public comment is closed

6:40: SG: motion to adjourn. Roll votes RD Second. Rolle vote: RD- yes, JS – yes, AS – yes, SG – yes. Vote 4-0 meeting adjourned.

Respectfully submitted
Zachary Jonas
Health Department Staff
08062020minutes
APPROVED 041221