

DRAFT  
BOARD OF HEALTH MINUTES  
TOWN BUILDING  
December 2, 2020

The meeting was called to order at 5:00PM. Present by remote roll call were John Schuler MD (JS), 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, and Ted Doucette (TD) Doucette Engineering.

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

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.

**5:00PM Covid-19; updates, new information**

RM: Have been working on/looking at new grid with suggestions from AS, identifying people by number in queue, age, potential Covid source, number of close contacts, and number of close contacts that become positive. 9 cases came into queue today. Cases are as of Friday until today, but didn't include all of today since four just came in recently. Our cases are continuing to increase. Although we looked better last week, we were awaiting test results and now positive results are coming in. Someone in their 20s who has symptoms, do not know source, and they do have three family close contacts but none have converted to positive. We have two different residents in their 90s, both at long term care facilities (different facilities), they are doing testing of staff and residents. JS: Had they been testing previously? RM: Yes. One of them hasn't been testing but has begun since last meeting. Have individual in their 50s who is medical professional who received testing at work, they have three close contacts (family and outside of workplace) with none testing positive. We have under 19 but not in school, no symptoms, unknown source, they have eight family members and fourteen friends related to gathering, none converted to positive. Have someone in 20s who was symptomatic, unsure of source, they have close contact family member, and three additional contacts, all three non-family contacts have been symptomatic and tested positive. Another under 19 HS student who was exposed to a positive related to previous case. Another under 19 not in school exposed to previous positive. The last three were all related situations. Have someone in 40s with symptom, unsure of source, total of 4 contacts (3 fam, 1 addtl), 1 in family turned positive. In general we find that close contacts to positive, are generally family. SG: You are going through 9 cases? RM: No, just going through

all the cases we've had since Friday for last report. 16 total, 4 we don't know about. Some of these, when I report on Friday, I report as of time I provided the report, but not all these cases had come in by then. SG: That's fine, you have to cut it off at some point. RM: Maybe I should cut it off Thursday night? AS: These are a lot of cases, but if you look at surrounding towns they have 20 or 30. Of the cases of the last few weeks, how many are in families with school aged kids? The two groups that are really important are school pop, and congregate living pop. Want to be aware of data within those two groups. RM: What I can tell you is that for the report I was going over today, we only had two high schoolers. SG: There were some adult in 40s and 50s, do they have children in the schools? RM: Those individuals do not have kids in the schools. Regarding AS point being concerned families and do they have school aged kids, think we can add a column showing that.

JS: Request to talk about the assisted living facilities more. RM: Two new cases in congregate living. When we communicate with them, we have not received any additional positives. But that doesn't mean we're not following up with them. One of the facilities does ongoing testing, every two weeks, do one section, and then another. Basically only once a month which is not ideal. We have another facility who has been doing testing for a long time, they have done very well. AS: I support JS's frustration, we probably do need a more frequent report on congregate care facilities, following up with what is happening with these individuals. Don't want to add more reporting but since it is such a high risk group, want to follow cases, and compare the performance of facilities. SG: RM you said two people in congregate living were symptomatic? Tested because of that? RM: One was symptomatic and didn't report it, so it's after they had done testing they were positive. One was symptomatic prior to testing, prompting testing. RM: One was hospitalized for a different reason but they are recovering and returning back to the facility. When someone tests positive they do go into isolation.

### **5:30 Attend School Committee meeting to discuss school metrics and COVID Testing**

*Excerpt from 12/2/20 School Committee Minutes:*

COVID-19 Response: (a) Discussion of School Metrics and Testing Status with Board of Health: Arthur reported on compliance in the district around mask wearing, physical distancing, and hand hygiene. For the most part, mask wearing is very successful with 100% compliance and only a few reminders, and there has been a lot of effort to comply with hand hygiene and continual use of hand sanitizer. There have been some challenges with physical distancing, particularly at the middle school and high school. Arthur noted that QR (quick response) scanners are used at the High School and upper classmen eat lunch outside or at home. All is going well at the elementary level, but occasional reminders are necessary.

A discussion ensued with the Board of Health about the teachers' perception and involvement of compliance assessments, cohorting in the Middle School and High School, evidence of transmission in the schools, and the compliance of the daily student and staff Health Attestation

process, including the question about traveling out of state given the Thanksgiving holiday just passed. Arthur provided answers to questions as well as examples of some situations.

Kathie commented that the COVID Learning and Safety Committee meets weekly with teachers and the teachers conducted a survey of the WTA members regarding their concerns. In turn, the Committee works to address their concerns together with other committee members Jeanne Downs, Louise Miller, Ben Keefe and Susan Bottan.

Ruth Mori added that the school nurses call the families each day if they are reporting symptoms of illness. The travel issue during the Thanksgiving break is becoming a huge effort due to the requirement and need for the paperwork for positive test results sent to the nurses.

*Testing Update:* Ellen provided an update on the plan to get a K-12 pooled surveillance home testing program in place by January 4th and test through March 12th, and there are two testing options - spitting into a tube or an interior nasal swab. The RFP process is in its final stages to receive bids from those companies that provide the testing. The goal is to select a vendor before the Christmas break. Ellen explained the funding mechanisms for families and staff who volunteer to be tested. Ellen described the State's program of supplying antigen tests to cities/towns that is administered by a professional staff member to those who are symptomatic.

Funding is a concern and could be an issue in the community. Ellen described the costs and the potential fundraising efforts to raise \$117,000 for staff and \$140,000 for about 30% of families in need that will be set up by the Board of Selectmen. The goals of the testing program is to increase the comfort levels of staff to be in the buildings and to encourage safer behavior among families outside of school. Dr. Soslow spoke to the new CDC guidelines for quarantining. Jeanne informed the Board of Health about the School Committee's potential decision to bring Kindergarten students back into school with physical distancing of less than six feet. Julia Junghanns added that any distance less than six feet would require more contact tracing and more quarantining for students and could impact in-person learning. A discussion ensued about social distancing among kindergartners.

### **Board of Health Leaves School Committee Meeting and Returns to BOH Meeting.**

RM: As public health nurse, want to state thought process on moving kids closer than 6 feet. The problem with moving kid at any age closer than six feet, increases the amount of potential exposure where kids would have to be removed from school, tremendous amount of contact tracing, etc. Even though we are trying to upgrade our capacities, if we have several situations it stresses our operational capacity, potentially causing closures while we contact trace. AS: We are just talking about K-5, assuming that DESE has their own opinion on this, my guess is they are supportive of getting in-person for the younger groups. What are DESE and DPH saying? RM: Please know I support students returning back to school. The DPH has had no change in guidance, currently regardless of age, close contact is still closer than six feet for 15 minutes over

24 hours. AS: I'm just waiting for DPH and DESE to issue a waiver for certain ages to move to a different standards. RM: Agree, I would be comfortable making that change in that case.

**6:15 1 Gage Road, Septic system variance for reduced reserve leaching area square footage for new construction project (going from 2 to 3 bedrooms), P. E., Ted Doucette of Doucette Engineering.**

Left for another week due to time constraints.

**8:45a.m Public Comment**

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

No public comment. Public Comment is closed.

**SG: Motion to adjourn meeting. BM second. Roll call vote: BM- yes, RD – yes, AS- yes, JS – yes, SG- yes 4-0 vote all in favor motion passes. Meeting adjourned.**

Respectfully submitted  
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Health Department Staff  
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