

BOARD OF HEALTH MINUTES
TOWN BUILDING
September 13, 2021

The meeting was called to order at 6:45 p.m. Present by remote roll call were Arnold Soslow MD (AS) and Brian McNamara (BM) 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->

6:45 p.m. Covid-19 updates and topics

Ruth covid update we had been running at about `15 or 16 cases for a few weeks, the week of sept 3 we had gone down to 12 and this past week we had 14. This is good news. She spoke to other towns and they are dealing with cases in 50's to 80's per week. We were heartbroken to learn that one of our residents who was fully vaccinated, in his 80's he passed away. Other than that we have had a few individuals, up through 8/27 should be posted on the website and other reports will be going up this evening. We are still seeing different ages, daycare up, overall our residents have not needed to be hospitalized or need medical support. We have had a case or 2 associated with our long term care facilities. They do have processes in place, once there is a positive case they have to test all staff and residents before they can allow individuals into their buildings, they do binax now and pcr. They have processes in place through the MDPH or EOEa. Since school started we have had a few positive cases. Positive at HS, Claypit Hill, individuals who are family members who have turned positive. We have students in quarantine.

Families were notified last Friday night of the superintendent's report on the school reopening plan. Can be shared with anyone who has not seen it yet, cleaning, physical distancing, masking and covid protocols. DESE also created a flow chart as well that was sent to families.

AS: related to school, we did so much last year. Are we planning to invite the superintendent? This is a pandemic, we haven't met him. We should reach out and ask him to attend.

JJ: I can reach out to him and ask if he like to attend one of our next meetings.

RM: DESE exemptions from contact tracing, children on buses, as long as children are wearing masks and windows are open there are no close contacts identified. With regards to classrooms and 3 feet those are exemptions also. DPH at start of the summer, where they no longer identify individuals who are outdoors there are no close contacts.

Lunch, DESE stated there is no required distancing, however in their saying that many communities believed they were following the rules by being 3 feet apart. However, this is not an exempted area with DESE. We follow DPH guidance, close contact is closer than 6 feet for 15 minutes. Lunch rooms need to be checked and we ensure there are seating charts. We are monitoring this situation.

AS: this is something that perhaps the superintendent can review with us. What we are doing now vs what we did last year. Compare how things are going. Can you take a few minutes to share how things are going to refresh our minds. Now that we have some kids vaccinated and how things are different now.

RM: There is a difference in how you manage a covid positive person, if they are vaccinated as well as close contacts. If there is a close contact with a vaccinated individual who is positive we want to know what their vaccinated status is. There is a difference in how we do contact tracing, a vaccinated individual can be a close contact but they do not have to quarantine unless they become symptomatic 14 days from the date of the exposure to the positive individual. Although its not a DPH requirement, CDC does recommend and we encourage individuals who are vaccinated to seek testing even if asymptomatic at day 5. They can continue to come to school, the schools are offering a test and stay program which is not up and running yet for asymptomatic individuals, its state program that will be implemented. We do have students who are missing school that are close contacts in addition to positive cases. For an unvaccinated individual, then they are automatic close contact and until the test and stay binax now program they remain out for 7 day quarantine pcr testing on day 5 or after. Asymptomatic they can return to school on the 8th day with active monitoring up to day 14. If an asymptomatic individual becomes symptomatic then they need to isolate from the public and tested again. Currently, we have discussed with the superintendent that we are not accepting home antigen testing. At this moment we are looking for lab testing that shows the person was tested and the results. When we get the binax now testing at the schools we will be able to better support those individuals. The test and stay program that parents can sign up for along with pool testing, test and stay is offered free from the state from DESE is for close contacts that are identified in school only. If a child is exposed during a party over the weekend then they don't qualify to use the test and stay

program. In school is considered less risk. If you are out of school and you have a close contact you are out of luck, if you are in school DESE recognizes that in test and stay in school.

BM: What percentage of student population is vaccinated?

RM: we don't have those figures yet, the state figures are not accurate, the numbers don't jive.

BM: would be curious to see what the percentages are for the schools.

RM: We would like to be able to run a report.

BM: how many cases are positive confirmed by close contacts?

RM: we have been seeing multiple people in families turning positive, even vaccinated individuals. We don't have any in school transmission at this time.

AS: is there still entry at the station occurring? Or has that changed.

RM: Attestations are not being done anymore at the schools. After a full review of the process it was determined that the process did not provide many advantages with the amount of resources required to handle the whole process. There is no recommendation from DESE.

The superintendent has that information we believe on other communities. We don't think that other similar communities are doing attestations either, it's a lot of work for not much benefit.

JJ: I wanted to share the email that I was sharing with Dr. Soslow who is not in person, we received an email from one of the residents who had been complaining about the rooster that he is not able to attend and he is not complaining about the rooster anymore.

AS: Do we know what has changed?

JJ: He said they are keeping the rooster indoors now. We can circle back on this when the agenda item comes up.

Review and approve Minutes

JJ: Lets go over minutes now.

RD: November 18, 2020 minutes, BM motion to accept these minutes, AS second, **all in favor**.

RD: December 2, 2020 minutes, BM motion to accept these minutes, AS second, **all in favor**.

RD: August 23, 2021 minutes, BM motion to accept these minutes, AS second **all in favor**.

RM: reviewing percentages of vaccinations in our population; excluding our underage population from July 1st- 68 percent of our positive cases are fully vaccinated, 6% of our cases

are partially vaccinated, 10% are unvaccinated, 17% are in unknown category, people we can't get in touch with. We look at what has been entered into MIIS, the unknown, we don't see this information in the vaccination registry. Or that we have not been able to get ahold of people to confirm that they have been vaccinated. 68, 6, 10, 17. We are off by one number. Looking at numbers, two ways we were looking including the percentages of the unknown; 55% fully vaccinated, 5% partially vaccinated, 8% unvaccinated, 19% under aged and 14% unknown.

AS: when you say cases we are talking about kids with symptoms?

RM: we are considering our positive cases that come into que through maven our infectious disease data base from DPH. Regarding these vaccination numbers and positive cases in Wayland, the entire town. We have not broken down the school pieces yet, but will break down by grade.

AS: 55% are breakthrough cases, MDPH calls them all cases from a positive PCR. No differentiation between positive pcr with no symptoms and/or with symptoms.

RM correct: We learn that when we speak to people. Vaccinated individuals who are often symptomatic, some people are tested for other reasons and are asymptomatic. Some people may work for a company that does routine testing.

7:15 p.m. Review Draft Annual report- review and comment

JJ:

There is still some information that needs to be folded in but this is the basic draft that we have complied with the majority of the information. This has to be submitted before September 30th. We just need to review but any comments are needed right now during an open meeting. Many reports are submitted from different departments so they are hoping to receive it for compilation very soon. The amount of permits issued has gone up a lot, a lot of Title 5 inspections this year 128 last year and 204 this year. Many title 5 inspections trigger septic repairs, septic work and soil testing. 31 systems failed. There is a lot of activity in real estate market, new construction has gone up, a lot of upgrades. For example, residents that bought a house in town and as a result they are doing work on the house that can trigger a septic upgrade.

BM percentage wise that is huge, 22 to 39 percent.

JJ: that is all soil testing combined.

BM: rivers edge looks like they are pouring foundations.

RD: should we add anything about the CHN?

JJ: the report is from July 1 to June 30 so that would be in the next annual report. I am going to reach out to the homeowner of the animal keeping permit to find out if they are coming.

7:19 p.m. JJ reaching out to homeowner/applicant of animal keeping permit.

7:22 p.m. JS arrived at the meeting.

BM question on the annual report. Questions regarding variance hearings on page 4. He thinks we had at least one variance hearing, more than zero.

**7:24 p.m. Update on Animal Keeping complaint-115 Draper Road
Animal Keeping permit application-115 Draper Road, Owners Karen and Justin Brown**

JJ: regarding this agenda item, the applicant is not here. I left them a voicemail and had a zoom link sent to them.

JJ is reviewing letter and correspondence from the applicant, noticing that the applicant references the wrong date for the BoH hearing in an email. There is an error.

This complaint regarding roosters crowing has been going on for a while. Neighbors have been calling and complaining about roosters crowing in a neighborhood, police were even involved as we did not know where the rooster crowing noise was originating from. This goes back to early summer, June, perhaps as an ongoing problem especially early in the morning but also during the day. An agenda item was set for tonight where the owner was before the BoH for a hearing to keep chickens abutter notifications were done. The owner had an incorrect date for the meeting tonight although the abutter notifications went out with the correct date. We don't think she is coming tonight. The neighbors are very upset about the nuisance from the roosters, this is the second time it has been on our agenda where there has been a misunderstanding or error with dates. In other cases what we have done is we ask them to remove the rooster, order them to remove the rooster.

BM: I think we should order them to remove the roosters.

JS we have never approved roosters.

BM I think we have for a farm but not other cases, not in a residential area.

JJ: we have had a lot of situations where roosters have been the source of complaints, in most cases we have not approved a permit to keep roosters in a residential neighborhood, only for a farm.

JS: are there 2 roosters?

JJ: yes.

BM: motion to send a letter to remove the roosters at 115 Draper Road. Second, JS. Modify, to immediately remove the roosters within 48 hours from receipt of the registered letter. They must properly apply for the chicken keeping permit. JS second, roll call AS, JS, RD all yes in favor.

7:32 p.m. Back to annual report and reviewing the draft.

BM; We support and agree with the BOH corrective letter dated 9/4/21 with a few corrections as noted in the annual report. Second AS, all in Favor to approve the annual report.

7:39 p.m. Update on development projects and construction work

Prime Grill, new septic has been installed and new restaurant will be going in. We expect plans will be submitted for the restaurant. River's Edge, foundation work and full speed ahead with that project, I have done inspections for the excavation of the leaching area. The effluent will be pumped to the town center where it will be treated and then pumped back to River's Edge where it will be discharged into the leaching area. If they did not have this arrangement they would have had to build a WWTF. 27 Sherman's Bridge, a development either a subdivision or conservation cluster. I will do a preliminary review and then provide comments, and then it will come before the BoH for BoH formal review, comment and approval. Sherman's Bridge not sure if it will be a conservation cluster or a subdivision.

AS: Were we invited to do a site visit? There was some kind of group that reached out. I could not make it that date. Possibly Brian Levy.

JS: I drove by but didn't walk the site, couldn't see much due to the woods.

We still have soil testing and septic installations and other things going on with the fall push which will continue to go on during the fall push.

JJ: Mahoney's/ Cascade updates? Not aware of anything.

Update on flu clinics

JJ: Flu clinics, drive thru model Sept 29, Oct 13 and 27th. We are working on the logistics and location. We have been getting calls and we have updated our voicemail. Preregistration online will be done again. We had to learn a new program again, different from last year.

7:41 p.m. Animal keeping permit applicant, Karen Brown joined the meeting via zoom.

BM: we understand you have gone through the process of applying to keep chickens and you are now looking to obtain a permit. But because we have been receiving complaints from the neighbors we are sending you a notice to have the roosters removed from the premises. Until you go through the process. Chickens do not currently need to be removed. We will set up a hearing regarding the chickens and roosters.

Neighbors send comments in opposition except 1 that retracted it today. Regarding the roosters and we are currently receiving complaints regarding the roosters you have and we

KB: So we can keep chickens but we can't keep roosters? We changed some things and I didn't think there was any more noise. When were recent complaints received?

JJ: Sept 7, etc.

KB: that would have been after the change so it sounds like they are still hearing the roosters, I didn't know that was still a problem. So at this point we need to get rid of the roosters? Minus the roosters, looking to keep 3 hens.

JS: we always tell people they can't have roosters. It is always specified during the application/hearing process.

AS: explaining the process of including a plan that shows the layout of the property and the plan that shows where the coop is and offsets to abutters.

JJ: reviewing paperwork. There were 2 abutters who were in on the zoom meeting when it had been concluded so we cannot do the formal hearing now as they have left the hearing and were not advised of the time change tonight. We can move this to our next meeting and abutters will need to be notified of the date/time of our next meeting.

KB: has roosters in their basement now, they put special acoustic material on the walls to help silence the sound during curfew. They do make noise during the day but not at night as they are in the basement. We have new neighbors who said they didn't mind the chickens, the Buckners who sent a nice note that they didn't mind the chickens.

There was a discussion regarding abutters who are not here now and a notification that needs to go out regarding the new BoH meeting date where this will be formally discussed, October 4th is the date. A new letter needs to go out and then we need a site plan/map showing the coop location and distances from abutters.

7:53 p.m. Intermunicipal agreement for public health excellence/shared services grant

JJ: towns involved are: Wayland, Weston, Sudbury, Carlsile, Lincoln, Concord, Bedford. We added Weston last week and asked for more money to cover that town. We have shifted some of the inspector services that were initially identified to contact tracing/case management/ public health nursing at this time. We can change that to modify staffing in the future when things settle down with contact tracing. There will be a board that will be formed where a person from each town will be asked to join this regional board. Any money provided to towns through grants will be provided through this outlet going forward.

BM: how will money be distributed?? Equally or?

JJ: it's still in the infancy stages but Sudbury will be the fiscal agent of the grant. Town of Sudbury but Bill Murphy is leading it as the fiscal agent representing Sudbury. He used to work for the town of Wayland and he is now the Director in the Town of Sudbury. Things such as contact tracing would be huge. We hope to get another grant. This is to supplement and expand/enhance existing services to provide help for having more of a regional structure. The state has been pushing this out for a number of reasons including the pandemic which they have been reviewing and discussing the regional model working better for different things such as the

pandemic. It's something new for all of us, it will be a challenge. With another wave of covid they are not being strict.

AS: concerned about another administrative level and the impact of us making our own decisions. What happens in 3, 5 or 25 years from now? Don't want to see us move in a quick or hurried way, new staff being hired, etc. This is all being driven by Sudbury? I would hate to see some of our autonomy being distributed to another group and just have an impact on our dollars and not able to craft our own solutions.

JS: thinks it's a good idea in principle, where is the end point fiscally? I am in favor of collaboration but don't want to create something that is a dollar eating machine just for collaboration. How are the plans being formed? How is this going to help the town of Wayland?

BM: is this funded by the state? JJ: yes it's completely funded by the state currently.

But we don't know how long the funding will be provided but any new funding that may come in for contact tracing, last year was channeled in a different way. Going forward this money will be channeled through these regional shared service arrangements, this is not just happening in our regional group or the town of Wayland. This is happening all over the commonwealth where regional partnerships and collaborations of shared services are being formed. There are at least 25 grants that have been awarded.

RM: can fill in some of these blanks as has been included in some additional meetings where this has been discussed. These grants, public health excellence grants, were initiated because pandemic has really pulled the bandaid off of the problems that are had in Local public health where funding is only provided by town or city dollars. Unlike every other state in New England. There are no state tax dollars provided to support local public health legal requirements, state mandated requirements. Work that is required by the state. The purpose of these public health excellence grants are initially to increase level of infrastructure so that local public health can perform the most basic mandates that some communities can perform and other communities cannot, there is not a level playing field. So that is how the grants were provided. We are hearing the word ARPA funding, American Rescue Act, millions of dollars coming from the federal government to states. Local health is requesting from our state legislature to provide less than 5% of funding allocated to providing more funding, infrastructure, of one time pieces to improve how public health is administered throughout the commonwealth. Everything is being discussed with all of the players, its trying to look at being cost effective and streamlining the services. Can we do food inspections all in a similar way, or health educators who provide generalized programs. Instead of each community replicating the same thing we essentially take a town who performs something well and it rolls out to all the other communities without overtaxing the existing workforce in those other communities. In general public health nursing has been a huge part, because many communities don't have public health nursing and we can all share the difference between public health nurses who have medical knowledge intervening with our residents, than the state contact tracing collaborative or CTC who are non medical individuals reading from a script. That's sort of how things are being disseminated through the state in looking for future funds. The request is for the state legislator to identify funds to

support public health in communities so the burden is not on the tax payer at the local level. Everyone is just starting to talk that are in different groups of towns gathering to discuss what the needs are.

BM: are the funds here?

JJ: Yes funds have been received. We are looking at a health agent, an administrator. A public health nurse and an additional fulltime nurse to assist with contact tracing. That is what is on the plate now and could be revised if needed in the future.

BM: is this a town of Sudbury employee? So how does that work if Sudbury is paying the employee and the grant money runs out then who is responsible to pay the persons salary?

JJ: yes the staff will be Sudbury employees.

BM: The other towns would need to vote on it if the money runs out? All the towns would need to vote on it to continue funding the positions if the grant money dries up? Then it would become part of the towns budgets.

JJ: It's money that is being provided by the state, extra help that is being provided from the grant money. We will still be some of the help, depending on what our needs are, although it will be split among all the 7 communities in the shared agreement.

JS: it seems that our greatest needs are for nursing, in the schools.

RM: agrees, except that we are the only town in these 7 towns where the school nurses are under the Health Department. This is public health nursing but not in a school nursing role.

A lot of questions about school nursing.

RM: School nurses are public health nurses but they are in the school nurse offices. Not public health nurses that serve the town.

BM: its how the budget of the town is set up. In Wayland the Board of Health budget includes school nursing and in the other towns it does not.

RM: in other towns the school nurses are under the School Department.

AS: we don't want to build in a layer of administrators who don't solve the problem of the grunt work, contact nurse in each community. How do we stay in touch and shepherd this to success, what are the pitfalls how do we get through them to ensure things are set up and that the money goes to where the direct facing professionals need help.

JJ: That is why the regional board/committee will be formed, things will be discussed at this group level with a representative from each town sitting at the table. This group will be involved in how things are set up and where the funds and assistance are needed.

BM: if there is a Regional public health nurse and a regional board there is contact tracing or nursing work that is needed wouldn't it go through you anyway if help is needed in Wayland?

RM: things are still in the infancy stages and we are figuring out how things will work. We are trying to hire a program manager to oversee.

BM what is the total of the grant?

JJ: It's 250,000 for 3 years.

JS: will you restate what the overall role is of this collaboration?

RM: to ensure that all of the towns as part of this grant are able to comply with all the legal mandates from the state. And also to develop shared projects that existing staff would not be able to manage otherwise so we are tackling population health programs across 7 communities instead of individually. For example opioid usage, so instead of just Sudbury doing their own thing we would work on that at a regional level and could streamline and be more efficient with service delivery and more cost effective in terms of providing the resources to address the issue.

JS: is the state inclined to support just the administration part or ?

JJ: they are providing funding for staff to be hired for those positions.

RM: The 7 communities have met numerous times and discussed what is needed and that is how these job titles that are in the budget have come about. These are the support people that were felt to be needed. Concord, Carlisle, and Lincoln all use a outsourcing, or VNA that they pay for to do contact tracing but they don't have public health nursing for anything else. Bedford, Sudbury, and Wayland has a public health nurse (although Wayland has a dual role of Public Health nurse and school nurse leader), otherwise it all has to do with contracts. If Sudbury could hire their own people it gives us a lot more oversight and delegation of work that is necessary.

JJ: it gives a lot more continuity, with a contract you don't have any idea who is going to come and go. If you hire a person you have continuity, and a hiring agreement with an individual. We discussed what the needs are for the 7 towns and initially came up with the health agent/inspectors and then changed it to 1 inspector and increased the public health nursing services. That potentially could be updated depending on what the needs are with the towns that are involved with these grants. Things can be changed for the following grant year depending on what the needs are.

BM: are the budgets being established by this new board that is being created?

JJ: the regional health board will have 1 representative from each municipality, appointed by the appropriate of the municipality. That regional board/committee will be discussing some of these

things going forward. But because it doesn't exist yet, that part is still in its infancy stage. We don't know who the representative is yet.

AS: I value the town involvement and control. So much that I hate to see us give away our autonomy and not get anything of value back. Usually with dollars there comes expectations and a center of influence. I would hate to see us lose our power, flexibility and autonomy and ways to be collaborative. I just want to know more and keep us involved.

JJ: this doesn't dissolve the Wayland BoH. This is a regional board for the new staff that is hired as part of this grant. What the forecast for the future is, I don't know but it is leaning towards regional collaborations. We will have regional collaborations with this board/committee and the other towns. Ruth described it well, regarding many towns that are lacking in areas that they could use more help in. At certain times of year we could certainly use more help with all the extra that we are doing, camp inspections, pools, we are already working a full load and seasonally extra work is required, work that is mandated. It is approved.

JS: I would assume that one of you would represent in this regional board.

JJ: that is a good question, who will be on the Regional Board from Wayland. I don't know the answer.

RM: Julia has been participating regularly, and they just recently folded in the public health nurses. It has been so far a true boots to the ground participation with meetings so far with all the staff who are currently doing work in each town determining the needs and making the decisions per all the communities.

JS: thinks either Julia or Ruth would know better than the Board would know how much time is needed and what is on our schedules in our daily jobs, what is needed to run a Health Department and where the gaps are in Wayland.

JJ: we had started by meeting periodically, and then more often and now we meet weekly and we will be continuing to meet on a regular basis. It's a positive thing, we have always been somewhat skeptical about regionalization but we feel it is exciting because it is something new and it gives us some support that we didn't have before. There are things that come up like mosquito-borne illness, toxic algae blooms. There is a lot of work that goes along with these things that we otherwise wouldn't have to do. Press releases and follow up and the press following you around. Those things will continue to worsen as time goes by. There are emergency preparedness things that we aren't even mentioning that we also do seasonally, flu clinics, covid clinics, the list goes on and on of things that keep being added to our plate of responsibilities. How do we continue to keep up with all these things?

BM: thinks it's a good idea as long as we can keep our autonomy, I agree with some of what Arn said, if it gives the department extra help and support then that's a good thing.

JS: thinks it is very important that the person representing Wayland is either Julia or Ruth, you both know what is needed.

RM: we think that the boots to the ground people should be involved and making the recommendations to the Board when it is formed and they will be figuring out systematically. However, it should be all figured out by the boots to the ground people at least initially

8:24 p.m. JS would like to bring up a topic that we discussed last time. School nursing.

RM: we do have nurses at each of our schools, we struggle with having enough substitutes when nurses are not able to come to work for different reasons.

JJ: Due to our staffing issues, Ruth has been spending a lot of time especially in the past week, trying to make sure we have coverage at all our schools. That is virtually all she is able to do during the day besides also doing contact tracing.

JS: why don't other towns have the school nurses under the BoH budget? Also, this is a significant part of the Board of Health's budget.

RM: we have 6 full time school nurses that are currently in place.

JJ: yes the school nursing salary is a significant part of the BoH budget. We will be working on the budget soon.

JS: how to other towns manage their school nursing? Do they require a nurse for every school? We have increased the man power, what do other towns do.

JJ: we have always had fulltime nurses in each school the degree of illness and health issues

8:27 p.m. Arne Soslow has left the meeting

JS: this is pretty important to the schools. Just surprised how things are set up.

RM: School nurses are considered public health nurses for the population they serve. There had been a model of school nurses being under the school dept, and about 10 communities that had school nurses under the public health dept. that has changed and some communities have shifted school nursing/CHN all to the school budget. But school nurses are considered public health nurses for the population they serve. I do know that Sudbury has nurses in each of their buildings and then they have Lincoln Sudbury who has several nurses, we don't know the number of students, 1,200.

JS: would like to see the state help us, it must be a significant part of the budget for other towns also. This is a public health problem.

RM: we are part of the school nursing grant that we are provided with it's \$5,000.00 each year.

JJ: it is something and not nothing but they give you this small grant and then you need to do all kinds of documentation and reports that are like pages and pages long just to get 5k.

BM: a lot of the issues at the schools are mental health issues, yes?

RM: it's physical health and mental health.

BM: we talked about this last year and the number of students visiting the nurse and how many are repeat visitors and it was a large number. There are a lot of behavioral issues. That's really another whole subject. When you are seeing a lot of students but that there's a lot of the same students. There is a difference between a school nurse and a therapist. This is utilizing their time. Their job is to help all students and not certain students over and over.

RM: sometimes the nurse is the first place a student goes. Our job is to take care of the problem at the moment. Our nurses are working with our guidance counselors. Our students have significant issues, there is a lot of anxiety in our world, it's the trickle down effect. We have a number of individuals who are struggling, especially with the whole covid piece. There is no quick or easy way to shift them out of a nursing office. Schools have an entire plan of how things occur, there are referrals which may or may not involve nurses. Guidance or other entities would be involved. That would be something Dr. Easy would be able to fill you in on.

8:40 p.m. Public Comment: there was none.

8:40 p.m. BM: motion to adjourn the meeting, JS second. All in favor. Next meeting Oct 4.

Respectfully submitted,
Julia Junghanns
Director of Public Health
APPROVED 111521