

BOARD OF HEALTH MINUTES
TOWN BUILDING
Aug 15, 2022

Minutes taken in December 2022 by Academic Public Health Corps member Cora Cunningham

The meeting was called to order at 6:30 p.m. Present in person were Dr. John Schuler (JS), Robert Eyre (RE), Dr. Robert DeFrancesco (RD), Julia Junghanns (JJ), Genevieve Anand (GA), and Dr. Arnold Soslow (AS) . Present via Zoom was Don Millete (DM).

RD: Roll Call: JS - Yes, BE - Yes, AS - No, GA - Yes

6:30 p.m. Public Comments

No Public Comment

6:35 p.m. Shortage of Fluoride in Tap Water and Public Communication

DM: Immediately reached out to Julia when the issue was encountered because Department of Public Health is responsible for fluoridation. Most towns use granular fluoride for fluoridation process. Has been contacting suppliers weekly but they cannot provide time frame about getting more in stock. Wayland has a week or so of fluoride left and must maintain residual of .70 mg in system. Up until this time, can still do that. JS: What is the cause of not being able to maintain it? DM: Shipping issues, type of fluoride we use comes from China and Japan. Japanese fluoride has been unavailable for 1.5 years but China supply has dried up. RD: Wasn't the level just recently dropped? JJ: Yes. DM: The CDC had been recommending 1.0 mg before the change in state guidelines. RD: Is that what most towns have? DM: There are two ways to fluoridate a system: Granular route - used by Wayland and most small towns, or fluoridic acid - used by larger water departments and cities like MWRA, Springfield, and Westfield. Requires room due to noxious fumes and acid. RE: Do you have a group of superintendents in other towns that discuss this? What should dentists tell pediatric patients? DM: Dealings with other superintendents have been trying to beg, borrow, and steal. Trying to maintain residual. Not a lot of specific information to provide the public. Looking for DPH to help with some language. JJ: Reached out to Department of Oral Health. They are working on standardized statement to share with towns. In meantime, talk about this and find out what latest was. More than Wayland has this issue. Unknown: Is there a shortage of the other products that have fluoride and support dental health? DM: Not aware of shortages. Fluoride Wayland uses is made for drinking water operations. Adheres to certain standard. RD: Kids are still getting fluoride through procedures. Natural water is 0.3 mg, not a huge difference with 0.7 but still need to maintain CDC level. DM: Plan going forward is to continue to reach out to suppliers. Will update when they get more. One week supply left before we can't maintain 0.7. Unknown: How often do you put it in the water? DM: Get into soluble form through fluoride saturators. Powder goes into large vessels and then add softened water, which is how we get fluoride solution injected into water. This is monitored and adjusted. Unknown: Have you ever thought of reaching out to dental supply companies? DM: Yes, we buy by pallet load so each station adds between 5-15 lbs of powder/day. JS: Has anything been done to ameliorate this? RD: Fluoride bottled water, dependent on type you buy. Website can tell you exactly what fluoride is in your water. Fluoridated toothpaste can be even stronger, but this can be difficult to measure. Most toothpastes you buy are fluoridated. Most people in Wayland probably drinking bottled water. Even well water has some level of fluoride. RD: So you're adding it everyday?

DM: Yes. RD: Children until about 16 are getting fluoride treatment. RE: Is there anything we can say as a board to the public? Maybe check fluoride in bottled water and toothpaste. GA: So that's complicated? RD: Yes, some have extreme amount of fluoride and others have small parts per million. GA: Do we have an estimation of when you'll get supply back or no? DM: Reaching out to vendors on weekly basis. They cannot provide timeframe. RD: We can also reach out to dental society and recognize that it's an issue in the state. See if they have any suggestions. RD: So you're looking into Oral Health Foundation? JJ: Yes, the director was on webinar and talked about it. Asked if they'd provide language but they said they were working on a statement for all communities. Reached out again but hasn't heard back. RD: I can reach out to dental society again. RE: Recommended that during this period of interim, consult dentist for alternatives sources of fluorination. RD: AS has been added to the meeting.

RD: Make a motion to recommend the public to consult dentists during period of decreased fluorination. Second: RE. RD: GA- Yes, JS - Yes, AS - Yes, RD - Yes. Approved 5-0 motion passes.

DM: Has some draft language he has plugged away at. Based on PFOS language. Can send over to Julia to get a statement. RE: so when we make statement how publicized is it to town residents? DM: Typically use new PR firm and then gets out as pressed release, goes on town website and on social media. RE: Last heard that it was PFOS was still not formally meeting requirements. Do we know what levels are? DM: Currently system is offline. Contractor was out on site today performing repairs. Waiting on schedule from them. Last round of sampling with system running shows non-detect. System is doing it's job but we are running into pipe issues with actual piping of system. Working through that with vendor. They are supposed to give us quotes about swiping out PVC to stainless steel. Last sampled entire system for PFOS 2 weeks ago, waiting on those results to come in. Once they come in, PFOS page will be updated. RE: For right now, do residents know of elevated PFOS? DM: Yes, PFOS standard is based on intake of 20 parts per trillion. That's where we've been hovering at Happy Hollow wells. RE: 1 part per trillion sounds small - how does that convert to mg/L? DM: just move decimal point over 1. It's a minute amount. 1 part per trillion is equal to 1 drop in 20 olympic sized swimming pools. RE: What was the parts per trillion before the exchange began? DM: Highest at Happy Hollow was around 25 parts per trillion. RE: Any more part guesses will be corrected? DM: Has meeting with engineers and contractor tomorrow and is hoping to get a timeframe then. At this point, waiting for glued fittings to dry which takes 24 hours. Pressure tests and chlorination can happen at the same time so hopefully within a few days. RE: Is it the piping system outside the system or is it a defect in the system? DM: It's the actual piping that the vendor installed in the temporary enclosure down there at the Happy Hollow building. It's processed piping.

6:55 p.m. COVID-19 Update

JJ: We have continued to see cases go down since beginning of July through August 3rd. Went up a bit, 15-23, back down to 18, 16, and now at 14. These are PCR cases only, we don't know numbers for home tests. Don't know what will happen in fall but good for now. New guide has been shared from CDC and have been getting updates from regional public health group and they are updating their website on isolation and quarantine. Guidance for isolation and exposure guidance for children and staff in schools and educational programs has been updated. Main points for piece that references schools is that quarantine is no longer required or recommended. Guidance for children and staff is provided regardless of vaccination status. Children and staff can continue to attend programming as long as they remain asymptomatic. Should mask until day 10, recommended to test on day 6. If symptoms develop, then

follow symptomatic guidance. Children and staff who test positive, must isolate for 5 days. Once fever free for 24 hours, can return to programming on day 5 but mask through day 10. If child is negative test on day 5 or later, don't need to mask. If individual is unable to mask, can return to programming with negative test on day 5 or later. Symptomatic individuals can remain in school or program if they have mild symptoms and immediately test negative on-site. Best practice would include wearing mask if possible until symptoms are resolved. DPH recommends second test within 48 hours for symptomatic individuals who test negative. If symptomatic individual cannot test, they should be sent home and then return once they test negative and symptoms are reduced. They should be fever-free without fever-reducing medications for 24 hours and symptoms should be resolved. JS: Are the parents allowed to do the testing? Or does school do it? JJ: They are talking about rapid antigen tests being preferred to PCR in most situations. Close-contact tracing no longer recommended. JS: So parents do the testing? JJ: Doesn't say who does it but school does not have a program for testing. Have not heard what Department of Education is working on. JS: So the parents are doing the testing? JJ: Yes. JS: Is this information from CDC? JJ: Yes, it's from the CDC and Department of Health. They are updating their information based on most recent CDC updates.

RE: Who is doing PHN work? JJ: We are currently looking for replacement. We have information for what needs to be done for this time of year while we are in transition. We have the COVID regional nurse who is helping with some of it and is in the office a couple times a week. Her name is Katie Mayer. She is not in a position to take on all PHN responsibilities. RE: With the school board having their own board of experts, how do we maintain and advise when infectious diseases occur, and do we interact with the school board and specialists? We have a responsibility to residents. RD: I agree. RE: Should set guidelines for what is recommended. RD: Conflict if school committee and BOH say differently. RE: If the severity of a future organism hits the town or state, responsibility of BOH to ensure that there's good coordination between school committee and that we have an appropriate role when those issues arise. JS: Is the advisory for the school system a state organization or someone they hire? JJ: It was a local committee that reported to the Superintendent. Not sure how people were picked. Ruth was on the committee as well as Dr. Mahoney (school physician). Not sure if the group still exists. There are some outstanding questions for this new school year. Don't want poor communication between school committees. JJ: Has asked that question and hasn't heard back. Will follow up with superintendent. JS: It is feasible for him to give us more about overall approach and regulations. RE: Make a suggestion to invite him. GA: Do they traditionally follow superintendent's guidelines or do they make their own guidelines for the town? JJ: They've looked at the DESE guidelines and many times they are similar but they are often more conservative depending on situation.

7:10 p.m. Permit Applications

JJ: That can be passed over they were not ready for the meeting tonight. Has forms that were put together. RD: Is this for the update? JJ: Yes. RD: Are we reading right now and debriefing. JJ: It pertains to next agenda items.

7:15 p.m. Updates on Park Activities and Projects, Search for New Public Health Nurse and Nurse Leader, Start of School, Housing Violations, Pool Reach Inspections, Mosquito Activity, and Algae Blooms

JJ: Will go and make extra copy. JJ: Basic updates - coordinating vacation times with each other during summer, continuing with septic and soil testing in the fields with midsummer low, little bit of backlog but getting caught up, working with town council on two properties on our radar. Two landlord housing situations, one of which is slowly resolving the other of which still working on a plan to get compliance. The vacancies have been posted for Public Health Nurse and Nurse Leader. Nurse Leader position was approved as full time position. Have a good candidate for Public Health Nurse Position. RE: Do we have the ability to interview? JJ: Did speak to HR Manager who says it's really the HR department that leads the interview process. Ruth joined JJ in interview process. At this point, it would be after the job was accepted or not. If accepted, she meets the board. For the Nurse Leader position, no interviews yet. Because it's a supervisory position, salary should be a bit higher which was approved today by personnel board. Hoping to have these positions filled as soon as possible. JS: Have you consulted with the Head Nurse job? JJ: Yes. Hoping it works out but not yet finalized. JS: Is there any thought if the board accepts that we could pay Ruth a stipend to help orient her to her job for a couple visits? JJ: Don't know. In touch with her and she has been continuing to answer questions and keep in touch. Also has communication with Katie. JS: Wears so many hats for the department, would be nice to have semi-formal input on who is hired. JJ: Don't know how much time she has going forward given that she has a new job. Can look into it. JE: Who is steering vaccinations so we get supplies? JJ: I have been touching base with her as to what has been earmarked. Just need to follow through with program. Also depends on who is available to run clinics. Have MRC, have help from regional Public Health Nurse but grant prevents her from actually giving injections. If anything, she would be involved with organizing. JE: We still have medical reserve corps. Want to make sure we're ordering enough so it doesn't all fall apart. JJ: Scope and the size of clinics depends on Public Health Nurse position being filled, I can't do all of it on my own. From what we've heard from Ruth, products in the pipeline are 6-18 years, 19+ (flu zone), 65+ (flu-block and high dose). AS: Do you feel like you have sufficient input from HR person regarding hiring? JJ: Yes, we work very closely. They've been very supportive and helpful. Great Meadows Regional Collaborative has been working on a number of different things. This includes 7 towns. Includes camp work, recreational camp inspections, COVID case work, getting cross-trained and meeting nurses from other communities, creating website and dashboards, research and compiling tick disease data and education, assisting with inspections, informative flyers, and planning meetings on work to be done. Meeting coming up this week so will have more information on what has been going on. It's been a few weeks since last meeting. Here is flyer they created to learn about the collaborative. This is final version. Has everyone had chance to look at tick data? AS: Yes, looked like lime cases were all presumptive diagnoses. Was there just one confirmed case? JJ: There is confirmed, probable, and suspect for all tick-borne illness. AS: All other tick-borne illnesses were 0. JJ: On first page, confirmed case of babesiosis in 2017 in Wayland. Some probable cases of borrelia. Interesting to look at which towns have higher diagnosis of illness. Getting into mosquito update, currently in low risk category for West Nile and Eastern equine encephalitis. Will continue to monitor situation. Usually at end of summer diseases mosquitos are ramped up. Because of last year, had a closing of beach really early. A study was done on Lake Cochituate but because of funding shortages, the state stopped testing for cyanobacteria. The criteria to determine a bloom is visual. After last year, JJ called and met with Recreations Director and Assistant Director and the director at the state who oversees program for beaches. He was very interested in 3 basins of Lake Cochituate. They said they had funding to start testing again. It's good to have a tool alongside the visual. The visual proved that it wasn't enough information because they stated the advisory and ended up lifting it because the testing proved they didn't have cyanobacteria levels that they should have had. It's on everyone's radar so they

will continue to monitor visually and do sampling weekly. It's good because the beach has been able to be open longer this year. JS: Did the state close it? JJ: No, we did. JS: Isn't that a state park? JJ: There is a state park on the middle pond. Some of the land on Wayland's side (North Pond) is state land but the beach is not. Framingham has beach on the other end. Wayland side has much more circulation with wind. Recreation Department was willing to pay to do testing themselves in order to do something outside of visual observation. JS: When blooms occur, do they usually affect all three segments of the lake? JJ: It depends on what they're observing. If something is happening in all three basins, then it could but just because there is a bloom in one area doesn't mean it's happening in another as well. JS: Assumed it would be all or nothing. JJ: If you drive by South Pond, you'll see because it looks electric green. Soon after they did advisory and looked at other two basins. Rivers Edge, have been working with building department to look at occupancy. Tomorrow there is a site visit of property at various locations with DEP and project engineers to witness clearwater testing of discharge area along with other tests on wastewater components that are connected to Rivers Edge. RE: So the Rivers Edge have their own septic system? JJ: They have a discharge area which is a leaching area. RE: So they don't have their own sewage treatment center? JJ: They did at one point. It was considered at one point that they would have a plant on site but now they pump wastewater to town center and town center treats it and then if the threshold is met, it is pumped back to Rivers Edge and discharged. If they have enough capacity, then the treated wastewater goes into river until it meets a certain amount of gallons/day. JS: They want to pay for that too? JJ: Don't know financial arrangements that were made. RE: Who's in charge of treatment? JJ: Town's staff member who has been involved. His name is Richard Pezzolesi (Pezz) and he oversees treatment plant at town center.

7:35 p.m. Minutes

AS: Gigi's name is misspelled on the bottom. RD: So let's do July 19, 2021 minutes.

RD: Make a motion for no corrections or additions to July 19, 2021 minutes. JS: No changes. RE: Second. RD: AS-Yes, JS- Yes, RE- Yes, GA-Yes, RD- Yes. Approved 5-0 motion passes.

RD: Make a motion for no corrections or additions for May 2, 2022. JS: Accept the minutes. AS: Second. RD: AS- Yes, JS - Yes, RE - Yes, GA- Yes, RD- Yes. Approved 5-0 motion passes.

7:40 p.m. Appointments

JJ: Read each one and vote as you go through them. They are basically the same as last year. Animal inspectors are for the same company that is the dog officer for the town. RD: So do you want us to do each individual or vote on all of them? JJ: Can probably read their names and then vote.

RD: Motion to accept appointments for the animal inspectors; Jennifer Condon, Sarah Macone, Donna DeWallace, Milk inspector Julia J., Health Agent Darren MacCaughey, RE Second, AS-Yes, JS- Yes, RE- Yes, GA- Yes, RD - Yes. Approved 5-0 motion passes.

7:45 p.m. High School and Wastewater Plant

JJ: They are probably working on a design for it.

**RD: Motion to adjourn. JS: Second. RD: AS - Yes, JS- Yes, RE- Yes, GA- Yes, RD - Yes. Approved
5-0 meeting adjourned.**

APPROVED 121222