

TOWN OF MEDFIELD

MEETING NOTICE

POSTED:

TOWN CLERK

POSTED IN ACCORDANCE WITH THE PROVISIONS OF M.G.L. CHAPTER 39 SECTION 23A AS AMENDED.

This meeting will be held remotely, due to the COVID-19 state of emergency. Members of the public who wish to listen to the meeting may do so by joining via the web, or a conference call.

Link to access via the web <https://zoom.us/j/94668678514?pwd=cGZ3a2dXclpaNIROZUFJYzIzaHp0QT09>
enter password 018689

Or

1. Dial: 929-436-2866 or 312-626-6799 or 253-215-8782 or 301-715-8592 or 346-248-7799 or 669-900-6833
2. Then enter the Webinar ID: 94606867 8514
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Board of Health

Board or Committee

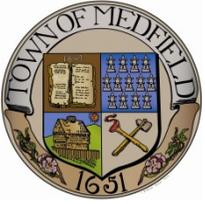
<u>PLACE OF MEETING</u>	<u>DAY, DATE, AND TIME</u>
Remote Meeting via Zoom	Thursday, August 6, 2020 2:00 PM

AGENDA (Subject to change) REVISED 8/5/2020

Call to Order

COVID-19 update, operations, and regulations/orders

Review and discussion of district reopening consideration documents submitted by Steve Resch, BOH Member and Representative on School District Reopening Committee



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COVID-19 update, operations, and regulations/orders

Review school plans and potential vote on recommendations to School Committee

Aspects of a hybrid plan where BoH would ideally wish to have more details

Even while likely to be in support of the overall hybrid Reopening Plan that the school leadership is developing, there are some aspects of the plan that are of special concern to the BoH. Since I cannot freely deliberate with fellow BoH members outside of posted public meeting, and the reopening process is time-sensitive, I am doing my best to represent what I think the BoH concerns are. This is a comprehensive list of issues of potential BoH concerns about reopening that may be addressed in the details of the Reopening Plan (which BoH has not seen yet). This list may not perfectly reflect the views of all BoH members, but we can edit the list at our next meeting. –Stephen Resch 7/29/2020

- a. How community spread will be monitored, and **what factors would trigger changes to the hybrid model...** for example, is that going to be driven by the number of cases occurring within the school community of staff and students, or is the level of case incidence in Medfield or Norfolk county also a factor. One might expect to see signs of uptick in incidence in Norfolk county data or Medfield data prior to seeing an increase in cases in the school community, so there's a question about what factors would trigger a switch from hybrid to all remote (and what factors would trigger restarting of hybrid) and whether that would be system wide, or building-by-building.
- b. Is the school nursing program sufficiently resourced to manage COVID control?
 - i. Sufficiency of having only one 10'x10' tent per building (max capacity 3-4 patients) for isolation of those presenting with covid symptoms during school day.
 - ii. Sufficiency of communication between VNA/school nurses about local epidemic. E.g. would school system / school nurses be better positioned to control COVID in the buildings if they had information about what household in Medfield had COVID cases or covid suspects. I realized there are certain HIPAA/Privacy issues, but I think its worth first asking the question of whether the information is needed, and then figuring out if there is a way to share information that is legal and sufficiently respectful of privacy concerns.
 - iii. Is something being done to get improved flu vaccine uptake within the school community this Fall
 - iv. Is there sufficient school nursing staff to manage the extra work related to covid control.
- c. Busing
 - i. Presence of bus monitors (esp. on buses with 10+ students)?
- d. Types of masks permitted?
 - i. Would you insist upon masks without vents and that are sufficiently tight fitting, etc.
 - ii. If a kid comes with a mask that is made out of a mesh or has visible holes, to flout the spirit of the rule, for example.
- e. Details of 'mask breaks' protocol.
- f. Hand sanitizer present at every desk to enable clean hands when touching masks?
- g. What measures are done to minimize movement/mixing of kids
 - i. In lower grades, doing specials without changing classrooms?

- ii. In upper grades, building in time to run a surface sanitization and air cycling protocol between periods, so there is less sharing of air and surfaces between batches of students??
- h. Compliance with infection control practices
 - i. How will you enforce? What will you do if/when some students/staff complain about the lack of compliance with infection control policies by others? How will you support/coach/reinforce/habitualize best practices?
 - ii. We know its not going to be perfect compliance. It could be quite imperfect at the start as people are learning what to do, and then a few weeks after the start when initial motivation and novelty is gone and fatigue/complacency sets in you could see lapses.
- i. Measurement/monitoring of compliance with the infection control measures (esp. masks, hand hygiene, physical distancing)
 - i. The details of *how* you achieve compliance (carrots/sticks) are not really BoH business, but the BoH does have an interest in knowing that compliance with the infection control protocols in the reopening plan is achieved ... much like we expect restaurants to monitor their food safety practices and we even do restaurant inspections to verify, and we follow up and investigate complaints we receive as well. Its not a perfect analogy, because the schools aren't getting a permit from BoH to operate, of course. Nevertheless, continued confidence in the covid—related safety of the school buildings will be best achieved if there is objective measurement—data identifying problem areas to work on, data showing improvement where improvements are needed, data showing progress.
 - ii. Regarding the schools performance on implementation and maintenance of infection control measures, anecdotes/qualitative observations will be unsatisfying. I am sure the BoH would encourage some type of objective quantitative method of performance monitoring.
 - iii. In some feasible, objective, minimally-invasive way, the schools should be regularly monitoring compliance with infection control measures, and tracking/logging it. The plan should include some amount of random spot checks, and/or systematic observation (perhaps review of video footage where you have security cameras) measuring frequency of improper mask use (e.g not covering nose), people within 6' for extended periods of time, failures to wash hands before/after transitions, staff following cleaning protocol between periods in upper grades, etc, will likely be needed, so that you know if corrective actions are needed.
 - iv. Also in school nursing dept, tracking data on the amount of students/staff staying home due to covid symptoms, the amount of students put in isolation tent due to covid symptoms, at school, etc could be useful, as it might allow you to plan/adjust resources, and also learn over time what portion of “stay at homes” or “sent homes” go on to be confirmed cases, and what type of reported symptoms most often translate to actual covid.

THIS DRAFT DOES NOT REFLECT THE OPINION OF THE MEDFIELD BOARD OF HEALTH. IT WAS DRAFTED BY ONE MEMBER FOR THE REST OF THE BOARD TO CONSIDER.

Draft BOH statement on the Medfield School Re-opening Plan.

Having reviewed the Medfield School Reopening Plan with a focus on elements related to health and safety, the Medfield Board of Health supports the hybrid model described in the plan.

We must acknowledge that any reopening with an in-person component will carry some COVID transmission risk. However, we feel this particular hybrid plan sufficiently protects the community from COVID and strikes the right balance between competing health, educational, and social objectives. If this plan is implemented as proposed, it has good chance for success, and provides flexibility-- in a situation of substantial uncertainty-- for course correction should that be necessary.

Our opinion that a hybrid reopening plan is possible in Medfield depends substantially on the fact that Medfield residents have demonstrated a consistently high level of compliance with local measures to slow the spread of the virus, resulting in a very low incidence rate. For a hybrid school re-opening plan to be successful will require a continuation of this pattern. To protect Medfield from school-based COVID transmission, parents, students, and school staff will need to comply with policies of staying home whenever showing any symptoms of illness, wearing masks properly when inside school buildings, maintaining hand hygiene, and respecting physical distance guidelines.

We urge the school system to quantitatively monitor compliance with safety protocols, so that any issues can be quickly addressed. In addition, continuation of the in-person component of school reopening will rely on a strong system of testing and contact tracing, rapid response to any cases within the school community, and vigilant monitoring of changes in the level of community spread.

It is possible that despite best efforts, an upsurge in COVID incidence may occur in Medfield and necessitate reverting to a fully remote educational model. Nevertheless, the benefits of an educational model that includes some in-person component, combined with the current low level of transmission in local area, and strong track record of Medfield residents complying with safety measures, all favor attempting a hybrid model of school reopening this Fall.