

**Meeting Notes from a Meeting of the Peabody Board of Health,  
Regarding the Covid-19 Pandemic, Held remotely via Zoom Video Conference, Monday, April 13,  
2020 Participating in the Virtual Meeting: Chairman Bernard Horowitz, Dr. Leigh Ann Mansberger,  
Thomas J. Durkin III, Health Department Director Sharon Cameron, Public Health Nurse Chassea  
Robinson, and Recording Secretary Lisa Greene.**

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**Subject:** Meeting to be called to order and explanation of change in meeting format

**Discussion:** Chairman Bernard Horowitz called the meeting to order at 4:31. Mr. Horowitz introduced himself and checked by asking if each board and staff member was present and if each could hear and be heard. All could, so Mr. Horowitz proceeded to explain that this open meeting of the Peabody Board of Health was being held remotely in accordance with Governor Baker's executive order of March 12, 2020 due to the current state of emergency in the Commonwealth due to the Covid-19 Virus. In order to mitigate the transmission of the Covid-19 virus, we have been advised and directed by the Commonwealth to suspend public gatherings and as such, the Governor's order suspends the requirement of the open meeting law to have all meetings in locations that are physically accessible to the public. Further, all members or public bodies are allowed and encouraged to participate remotely. The order, which can be found posted with the agenda materials for this meeting, allows public bodies to meet entirely remotely so long as reasonable public access is afforded so that the public can follow along with the deliberations of the meeting. Ensuring public access does not mean ensuring public participation, unless such participation is required by law. This meeting will not feature public comment, however, if the Mayor, City Solicitor, or other elected official is in attendance, I may call upon that person for comment. This meeting of the Peabody Board of Health is convening via video conference via Zoom, as posted on the City of Peabody website, identifying how the public may join. Please note that this videoconference is being recorded, and that some attendees are participating by video conference. Please be aware that other people can see you during this video conference, and that you should not screen share your computer screen as anything that you broadcast may be captured by the recording. Supporting materials that were made available to the Board are available on the city website, unless otherwise noted. The public is encouraged to follow along using the posted agenda which has been posted on the screen. He then turned to the first item on the agenda, approval of the minutes. He explained that he would then introduce each party as they speak. He reminded everyone to mute their speakers, and remember to speak clearly in a way that will allow for accurate minutes. He also asked that people looking to speak please wait for the Chair to invite you to speak.

**Subject:** Approval of minutes from March 24, 2020

**Discussion:** Mr. Horowitz explained that the meeting minutes that they are reviewing are not from the most recent meeting from last week but are from the week before, adding that reviewing minutes is not high priority now and other matters take precedence. He asked if the Board would approve the submitted minutes from March 24<sup>th</sup>. All agreed to accept the minutes as presented. He told that they would review and approve the last week's meeting minutes when they were ready.

**Subject:** Update on Response Actions

**Discussion:** Mr. Horowitz turned the meeting over to Ms. Cameron. He added that we will be patient since she is working with the technology to show information on the screen while still speaking and collecting her thoughts to make her presentation. Ms. Cameron displayed a chart which showed the number of cases as of today, and explained that we are seeing a sharp increase in cases, and said that this reflects both an increase in cases and an increase in testing. She noted that she had given a much fuller data set last week. She explained that she would next like to share the slides she presented to the City Council last Thursday night, because it contains a greater level of details and has things broken out by gender, by age, status of hospitalization, people with underlying health conditions, and information on the deaths that we had up until April 6<sup>th</sup>. She explained that she is working with an intern who prepares these, and every Monday they present the intern with the new data set and she in turn prepares these tables for Tuesday for their meeting, so she does not have them updated for today's meeting but will have them updated for the next meeting. She acknowledged that she had shared this presentation with the board earlier, and

asked if anyone had any questions about the information. All replied that they do not have any questions. Ms. Cameron thanked the Board.

**Subject:** Directive for Essential Retail Outlets

**Discussion:** Ms. Cameron explained that before them is the document on operation of essential businesses came out of what we discussed at last week's meeting. She added that they were writing this simultaneously with the Governor releasing the state's guidance that was released the afternoon after they had met last week. We subsequently amended this order to reflect that guidance. The governor had put occupancy limits of primarily grocery stores and other food establishments, restricting the occupancy to 40% of the regular occupancy code. We had originally been planning to attach some concrete numbers to our guidance document, but subsequently changed that to use the 40% language that the Governor used. The difference between the Governor's guidance and the City of Peabody's is that our order applies to any retail establishment that provides essential service so not only grocery stores but other stores like hardware stores or other business providing essential service at a brick and mortar facility. She told that the other things in our order that are a little different from the Governor's order are that we prohibited use of reusable bags, we ordered the closure of non-essential portions of stores, and we prohibited any ice cream vehicles from operating in the city this spring until the orders are rescinded. We also issued some best practices regarding personal hygiene, which included reinforcing messages around handwashing but also included the updates of the CDC's guidance regarding face coverings. BH asked about the line, "this order remains in effect until rescinded by the Board of Health, and the state orders remain in place until May 4<sup>th</sup> unless the Governor extends that date. Mr. Horowitz asked if Ms. Cameron thought that the May 4<sup>th</sup> date is realistic, and wondered if there was any talk about that date. Ms. Cameron replied that there has been no official word, but said that she would be surprised to see a full opening of all establishments on that date, especially since we are just now coming into a peak.

Dr. Mansberger asked about the line in the state guidance on grocery stores, item #4, that says, "Local Boards of Health are advised to minimize the application of specialized rules that dictate which products grocery stores may or may not offer for sale, and which dictate where they may be displayed." Ms. Cameron told that the state didn't want communities to be too restrictive. Dr. Mansberger said that #4 refers to products, and wonders what the thinking was on that, since we are limiting products. Ms. Cameron had heard that some communities had been telling stores to move all of their paper products to the front of the store so that people could grab them and go quickly, and the state guidance is saying to allow stores to continue to run their businesses themselves without too much interference.

**Subject:** Oversight of Long-term Care Facilities

**Discussion:** Ms. Cameron told that she had asked Public Health Nurse Chassea Robinson to be here for this portion of the meeting. She explained that they are very concerned about what is happening in long-term care facilities. She told that as everyone had probably seen on the news across the state, adding that this is by no means a situation that is unique to Peabody, but across the state a significant amount of cases are occurring in long-term care facilities, and a very high percentage of fatalities among Covid patients is occurring in long-term care facilities, with statewide about 45% of fatalities have been in long-term care. Locally a significant portion of our cases have been in long-term care, about 1/4 of all of our confirmed Covid cases are in long-term care facilities and this is something they are very concerned about. She reminded that last week she had told how the nurses have been in contact with these facilities on a very regular basis, daily at this point, with all six of the facilities, and we are asking them to report a line list, showing symptomatic patients and staff, and there is good communication, we have reported all of the potential clusters to the state and the state has assigned epidemiologists to each of those clusters. The concern she has is that the state doesn't have a large staffing capability with epidemiologists to provide the level of oversight that we think is needed, since they believe that there are only 30 epidemiologists covering the state and there are over 400 long-term care facilities and many have clusters. For this reason, she explained, we are thinking that we want to request more information from the facilities on how they are managing infection control, and ask what they are doing for surveillance in their facilities. She told that they have put together a directive that they would like to put out, adding that they do not want to impose something that is a bureaucratic exercise that is going to interfere with facilities' ability to manage their patients. She explained that long term care facilities are really in crisis, that they face staffing shortages because staff have been exposed, and they've got a lot of challenges and we want their resources to be devoted where it is going to have maximum impact on the safety of their residents. But she added,

there have also been some things that have arisen that we are concerned about. For instance, some of the long term care facilities have different levels of care on one campus, for instance one might have an assisted living unit, or a memory care unit, or a skilled nursing unit, and all of those units are managed separately, and it is not clear to us that there is always someone with the big picture overview of where cases are, how staff is managed between units, are there physical barriers, are there shared surfaces like laundry facilities and food service being shared between units, and if that's the case than it is really important that someone have the big picture overview. The other thing that has concerned them was that there are different levels of testing going on in different facilities: some facilities have brought in the National Guard to do testing, some facilities are doing their own testing, and some facilities are not testing people who are symptomatic as a regular course while providing care, they're managing symptoms but not necessarily testing. We thought it was important to understand the decision making process around when to do testing, what criteria do they use, so we thought a directive actually asking them to report this additional information to us would be helpful. She then asked Chassea Robinson to speak on this issue.

Ms. Robinson told that Ms. Cameron had given a good summary of what they are seeing. She said that the thought is to ask everybody the same questions so that we have a baseline of what everyone is doing, so far they know that one facility is not testing, and another is testing everybody, so it really ranges from one facility to the next. They all have expressed staffing trouble, either because staff are ill, or staff are at home because they were exposed to the virus, or because they are just not showing up because they are scared. All the facilities are running low on PPE, and they've given each and every facility detailed instructions on how to request additional PPE, and all have reported that the process is long and involves calling and filling out forms and said that they have received shipments of PPE, it has been only a small amount, like one case of masks or gowns. She told that at the at most facilities that have tested, they are treating everyone as if they have Covid-19, so they are just running through PPE like crazy and are all very concerned about that. In regard to staffing there is a detailed process involved to request assistance, and we've given that guidance on how to do that. Many have expressed that they have put calls out to the state epidemiologist assigned to the cluster and they leave a message, and there are just not enough epidemiologists to do what is usually done, where you could pick up the phone and reach a person and get some guidance, there are just not enough of them doing this. She concluded saying that these are the things that we are seeing. Ms. Cameron told that we are not experts in the management of long term care facilities, and we don't want to put forth a directive that might have unintended negative consequences, but she said that she can't stress enough how concerned they are about the way they patients are able to be managed in these facilities. She told that she has not been in direct contact with the facilities, the nurses have, and she has heard from all of the nurses. The facilities staff are obviously very concerned themselves as well, and are trying to do the right thing by their patients, so this is in no way suggesting that people aren't taking appropriate levels of care, but it's just to have everyone viewing their entire campus with the same set of eyes and the same objectives about how they are going to be managing controlling infections throughout the whole facility and conducting surveillance. Mr. Horowitz asked if all of these facilities now have a Covid-19 ward or separate section now. Ms. Robinson replied that of all of the facilities that have tested, yes they do. Mr. Horowitz said that it appears that everyone has a different standard as to who they are going to test, and who is a contact, and he is surprised that there is not more consistency across all healthcare facilities. Ms. Robinson replied that most are moving in the direction of just testing everybody, adding that facilities that did a large round of testing, resulted in such a large number of positive results, and said that it appears that when the numbers get so high it makes sense to just test everyone. She explained that when the National Guard is brought in to conduct testing, they come on one day and test all of the patients that are given to them to test, and don't continuously come back. She warned that in the next week's report, there will be many more positive cases, because that is how the testing has been done and there were many more positive cases. Mr. Horowitz asked about the process for helping the facilities to access PPEs. Ms. Robinson explained that it must go through the state, and goes through MEMA, goes through the duty officer and gets pushed out through the state.

Dr. Mansberger commented that she has some concerns and this goes back to what Ms. Cameron said about not putting too much stress on the facilities in the middle of an emergency, especially since they are struggling to get staff and since people are not showing up for work and they are spending time calling people to come in to take care of people, and has some concerns and wonders if this might be a little too onerous. Mr. Horowitz asked Ms. Robinson and Ms. Cameron what they think of this in regard to giving the facilities extra tasks. Dr. Mansberger interjected that the form says information is due by April 17<sup>th</sup>, and even though we need the information like yesterday, but having been on the receiving end of things like this, the administrative burden of this is great, and she

worries that in the middle of an emergency that this could put some people over the edge. Mr. Horowitz asked if she would be agreeable to extending the date, or if she thinks they should drop it altogether. Dr. Mansberger replied that it would be a tough decision, because you need the information when you need it. She said that she is trying to see if all of the information is absolutely needed. She told that it seems like this would make an already difficult response even more difficult. Ms. Cameron replied that she doesn't think that the April 17<sup>th</sup> date is important to them, but it is more that they should already have these things in place, but we need them to understand that these are the measures that they should be implementing right now. Dr. Mansberger said that she thought that these things should be in place. Ms. Robinson replied that she thinks the facilities do have them, she doesn't want the board to come away thinking that these facilities do not have plans in place because they do. Dr. Mansberger said that as long as you think this is reasonable and they can pull the information together then she is ok with it. Ms. Cameron told that when they first considered putting something together they considered ordering them to test everybody, but then thought that it is not really our role to decide who gets tested and who doesn't, but we do need an understanding of what criteria they use to determine who they are testing. She told that they have particular concern about the facility that is not doing any testing, and added that there are two greatest concerns, that there is no consistency statewide in regard to what the best practice is for testing, and the other piece is that we have these campuses sharing physical space and sharing staff and there is no apparent higher level of central coordination about what is being shared, adding that every unit knows what is going on at their unit, but the piece that is not clear to us is who has the information about the overall issues. Ms. Robinson reported that she believes that these facilities are well versed in infection control efforts, adding that this is what they practice during flu season each year and during norovirus outbreaks every year, and the first things they do are stopping staff from floating from one floor to the next, and they really work through these plans. She told that she thinks that the most troubling thing during this disaster is that they are just so low on staff. Dr. Mansberger said that she will leave it to Public Health Nurses who work with the nursing homes, but just wanted to get her opinion out there as someone who had been on the receiving end of these type of requests she knows how stressful it can be. She told that she had read an article that said that if nursing home staff wanted testing that they have to find it for themselves and she found that disturbing. Mr. Horowitz asked if they really complained that they could not have it in on this timeframe, we could tell them that the deadline is not cast in stone. Mr. Durkin said that he agreed with the doctor that at a time when resources are limited we are asking more of them. He suggested that they be sympathetic with a hardship request to go beyond the date, or to allow them to meet a number of them and give another week to comply with all of these. Dr. Mansberger said that she would be ok with that. Mr. Horowitz said that we can go forward with the plan to be sympathetic and to allow additional time if needed. Ms. Cameron asked the Board to vote to allow them to issue an emergency directive to long-term health care facilities. Mr. Horowitz made a motion to endorse the plan to document to send an emergency directive asking for additional information to all long term care facilities in Peabody. Dr. Mansberger seconded and Mr. Durkin agreed, and it was unanimously agreed upon. Ms. Cameron asked if they could be allowed to tweak some of the questions after discussing with the nurses, as they may try to winnow down the questions to make it less burdensome. Mr. Horowitz said yes but to just let us know at the next meeting. He thanked Ms. Cameron and said that she had done a great job on that.

**Subject:** Guidance for Residential Complexes

**Discussion:** Mr. Horowitz said that there are several documents to review on this one. Ms. Cameron told that we have identified a need to give some guidance for large residential complexes. There are a lot of concerns being raised by tenants in these complexes when they learn that there may be a case. Workers have raised concerns as well, so we have worked with the Town of Winchester who was also dealing with these type of concerns, so one of our staff and one of Winchester Board of Health's staff worked together to create these guidance documents. She told that the first one is to be directed to building managers, clarifying that we would not be able to share any information about cases in the complex, but gives guidance on employee health requirements, like having employees screen themselves for symptoms prior to coming to work, restricting visitors to the complex to only essential visitors, including those who provide care, nutritional and medical services and home health care and things like that; Asking them to post signage about visitor restrictions around personal hygiene; asking them to step up cleaning in shared spaces that are essential like laundry rooms; and telling how to handle maintenance requests during this time. Mr. Horowitz noted that there are three different guidance documents and they may be a little redundant. Ms. Cameron brought up the next document which is intended to be distributed to all tenants in a residential complex. She told that there is obviously a lot of redundancy with what was in the letter to property managers. She

told that it reinforces the need for social distancing, thinking about minimizing trips out of the unit, don't get into an elevator if there is another group in there, don't leave your unit if you are sick, wear face coverings if you do go out, how to safely take in mail and meal deliveries safely, and the need to limit visitors to only those who really need to be in your unit to provide essential services, the recommendation to have a visitor sign in log in the event that there is a positive case identified that would help with contact tracing, how they can safely use essential spaces like the laundry room and the fact that non-essential spaces would be closed down, and a general overview of what happens in the event that someone tests positive, how there would be contact tracing, and where to go for additional information. Mr. Horowitz asked if these would be mailed out directly. Ms. Cameron replied that she does not have the ability to do a mass mailing since her staff is working remotely, so they would instead be posted on the city website, on the Peabody Health department Facebook page, and this information would be included in the Mayor's next weekly reverse 911 notification, and for all larger complexes, we have e-mail contact information so the information would be e-mailed directly to them. She asked if anyone had any questions on that document. No questions were asked. Ms. Cameron showed a template visitor's log which building managers could use for anyone entering the building in case we need to do tracking. The next document is a sign with Guidance for Residents, a recommended sign for building managers to post at their facilities stating "important notice to all visitors, please do not enter for your safety and for the safety of others unless you are an essential health care professional, essential care provider, or staff from a service provider who has been approved by building manager or by the Health Department. All visitors must sign in. Please contact building management with any questions. You are not permitted to enter this building even if you are an essential worker if you have any symptoms of cough or shortness of breath, or if you have had person to person contact with a coronavirus patient within the past 14 days." Mr. Durkin asked if some signs like this may already be up in some complexes. Ms. Cameron said yes, they had distributed some signs earlier and signs like this are already up in some facilities.

**Subject:** Requirement to wear face coverings

**Discussion:** Ms. Cameron told that a lot of neighboring communities have either issued an advisory regarding facemasks, or issued an order requiring it. She told that the Mayor's preference is to have an order issued locally, and asked the Board if they preferred the order requiring facemasks or preferred to issue an advisory. Mr. Horowitz replied that he prefers the order. Mr. Durkin and Dr. Mansberger also stated their preference for the order. Mr. Horowitz made a motion to approve the order to wear face masks in public establishments and regarding social distancing. All agreed. Ms. Cameron told that they would get all of these out over the next couple of days. Mr. Horowitz asked why there is no reference to wearing gloves in any of the orders, adding that apparently hand washing is the best. Ms. Cameron agreed that hand washing is the best, explained that unlike masks, people can not make their own gloves, and people may have difficulty procuring gloves, so we have been focusing on the hygiene message rather than promoting gloves. Mr. Durkin asked if he was correct in seeing that proper disposal of gloves is part of these orders. Ms. Cameron told that there has been an issue with people leaving gloves and masks in parking lots so they have created signage with information on local ordinance and possible fines. Mr. Durkin told that he had visited the Big Y supermarket over the weekend, and told that the glass doors were almost completely covered with signs, so we need to consider one more sign that needs to be read. Mr. Horowitz joked that we need a sign to stop and read the signs. Ms. Cameron told that this order is not meant to be posted, but just a one page sign would be posted.

**Subject:** Discussion of additional Response Actions

**Discussion:** Mr. Horowitz said that it appears that Ms. Cameron has covered everything, and asked if the other board members had any other suggestions. No other suggestions were made. Mr. Horowitz asked about the reporting of other communicable diseases which must still continue. Ms. Cameron told that they did not intend to give those reports weekly but will stay with the monthly schedule. Mr. Horowitz said that this was fine, unless there was an outbreak of some kind that needs to be addressed. He thanked Ms. Cameron for all of her good work on these orders and signage, and this was echoed by the other board members as well. Ms. Cameron thanked the board for their time and told that it is extremely helpful to have their input on these issues. Mr. Horowitz moved to adjourn the meeting.

**Next Meeting:** Thursday, April 23, 2020 at 4:30 p.m. **Meeting Adjourned:** 5:37 p.m.