



# Franklin Regional Council of Governments

## Meeting: Cooperative Public Health Service Oversight Board

<b>Date:</b> Thursday, February 27, 2020	<b>Location:</b> Olver Transit Center	<b>Facilitator:</b> Mike Friedlander, Co-Chair
<b>Time:</b> 5:00- 7:00 PM	<b>Room:</b> First Floor Allen Meeting Room	<b># to call with problems:</b> 413-834-0420

<b>PRESENT:</b>	Jody Stetson/Shelburne	<b>Regrets:</b>
Beth Kuzdeba/Leyden	Carolyn Ness/Deerfield	Maggie Rice/Rowe
Cass Nawrocki/Hawley		Betsy Kovacs/Heath
Marti Taft-Ferguson/Buckland		Ron Kelter/Shelburne
Doug Telling/Charlemont	<b>Staff:</b>	<b>Absent:</b>
Armand Clavette/Heath	Randy Crochier, Health Agent	Conway
Mike Friedlander/Colrain	Lisa Danek Burke, Health Agent	Gill
Brian Keir/Bernardston	Lisa White, Public Health Nurse	Monroe
Dave Powers/Bernardston	Phoebe Walker, FRCOG	Erving
Bill Harker/Charlemont	<b>GUESTS:</b>	
	Jean Page, Bernardston BOH Candidate	

Agenda Item	Person
Introductions and Minutes from January	Mike welcomed new member Jean Page, who is running for the Board of Health in Bernardston. Minutes adopted unanimously with noted typo corrections – two abstentions by those who were not at the meeting.
FRCOG Update	<p>Phoebe reviewed Budget Reports -- with the new Service Sharing grant coming on line, our budget is in fine shape. There were no questions.</p> <p>FDA one-year grant discussion: Phoebe reported that the current five year food safety grant that pays for the online permitting software, the trainings for restaurant employees, and food inspection work is expiring. In its place the FDA is offering one year “bridge” grants until a new multi-year national food safety program is rolled out. Board members reviewed a summary of the grant requirements and ideas for projects. Cass moved and Doug seconded motion to approve applying. Passed unanimously.</p> <p>Tick Test Report: Phoebe shared an update from the Laboratory of Medical Zoology with # of tests per town, # of coupons left, and results of the testing. Colrain, Bernardston, Monroe, and Buckland all are NOT in the program. BOHs should let Phoebe know if they would like to join.</p>
Public Health Nursing Report	Lisa W gave an extensive Coronavirus upate (see slides), answering numerous questions from members. She drew Board members attention to her suggestions for local action for each Board of Health – videos to review, local emergency response connections to make, and more. She answered a number of questions about the virus, about our connections to schools, about how the cases will be handled (through MAVEN). Discussion of cross-training

	<p>the rest of the staff to back Lisa up, so that when there are PUIs (Persons Under Investigation), we have the capacity to do the research of contacts, etc. Lisa DB, Randy, and Phoebe will all be cross-trained. Lisa W will look into additional capacity as well.</p> <p>Deerfield Board of Health/Select Board Member and MAPHCO Co-Chair Carolyn Ness attended the meeting and shared that the coalition is hosting a weekly Joint Information Strategy meeting on Thursdays at 1:30. All are welcome, and the product will be a unified message for local boards of health to share with residents.</p> <p>In addition to the MAPCHO JIS statement, Lisa will provide regular updates to the BOHs. In the mean time, she asked everyone to take the next steps in the presentation.</p>
<p>Short Term Rental Discussion</p>	<p>Randy talked about short term rentals and discussed the list of sites provided by the MA Dept. of Revenue (DOR) and the revenue generated, by town, for the 3<sup>rd</sup> and 4<sup>th</sup> quarters of 2019. Less than 10% on DOR list have permits through CPHS.</p> <p>He reviewed the current law and code context, and explained how local public health is charged under the housing code to ensure that anyone renting a lodging unit in our towns are meeting the minimum standards, and what he proposes as a permit and brief inspection of all short term lodging units, on a level playing field – hotels, motels, and online short term rentals. He reviewed a number of options for how to do this. Board members agreed to take the slides and discussion back to their Boards, and we will discuss further at the March Oversight Board meeting.</p>
<p>Health Agent Reports</p>	<p>ServSafe: Randy reported that he and Lisa DB (as Exam Proctor) would be offering the ServSafe Class and exam, ChokeSaver, Allergen Awareness, and Narcan training tomorrow, 2/28/20 in Berdardston, to approximately 45 individuals.</p> <p>Fee Schedule: Lisa DB passed out the revised fee schedule, adopted on 1/16/20, and described two proposed changes: 1) adding a Regional Fee option of \$300 for Solid Waste Haulers and 2) adding an option for a late fee of \$75 for Food Permits that are not renewed, as required. Marti moved, and Doug seconded, to adopt the two revisions to the new fee schedule described above. Vote was unanimous, all in favor.</p> <p>Randy discussed the April 2<sup>nd</sup> annual meeting – to be postponed until further notice. Randy also shared: Phoebe will not be at the 3/27 meeting and there will not be a meeting on 6/25.</p> <p>The group was reminded of the March 2 – 5-8 PM MAPHCO Board of Health Tabletop Exercise</p>

**CPHS  
CORONAVIRUS  
BRIEFING**

**LISA WHITE, RN**

**CPHS OVERSIGHT BOARD MEETING 2-27-2020**

# 2019 NOVEL CORONAVIRUS (COVID-19): HOW DOES IT WORK?

- Coronaviruses: a large family of viruses common in many animals, including camels, cattle, cats, and bats.
- Rarely can infect people and then spread between people such as with MERS-CoV, SARS-CoV and now with this new virus (named SARS-CoV-2)
- Symptoms compatible with **COVID-19 infection** include fever, cough, or difficulty breathing.
  - Transmission believed mainly through droplet
  - May transmit from infected surfaces

# 2019 NOVEL CORONAVIRUS (COVID-19): HOW DOES IT WORK?

- Infection first identified December 2019 (Wuhan China)
- Most confirmed cases of COVID-19 have occurred in adults
- Limited reports suggest that children have generally presented with mild symptoms, and severe complications appear to be uncommon.
- Clinical management includes
  - Prompt implementation of recommended prevention and control measures
  - Supportive management of complications.

# 2019 NOVEL CORONAVIRUS (COVID-19): HOW DOES IT WORK?

- More cases are likely to be identified in the coming days, including more cases in the U.S.
- Person-to-person spread will likely continue to occur, including in the U.S.
- Clinical and public health guidance will likely change as situation evolves

# COVID-19 & FLU -- AS OF 2/25/2020

## **COVID-19 Worldwide:**

- 78,191 Mainland China (2,718 deaths)
- 2,918 outside of China (44 deaths)

## **COVID-19 in the U.S.**

- 14 confirmed cases in U.S. (12 travel, 2 contacts)
- 45 repatriated cases
  - 3 returning from Hubei Province
  - 42 from Diamond Princess (docked in Japan)
- 0 deaths

## **COVID-19 in MA**

- 1 confirmed case
- 231 self-quarantined,
- 377 completed monitoring

## **2019 Influenza Activity in the U.S.**

CDC estimates

- 29 million flu illnesses
- 280,000 hospitalizations
- 16,000 deaths from flu

# NATIONAL MEASURES TO SLOW SPREAD

- Travelers from China are restricted.
- Foreign nationals not allowed to enter US for 14 days after travel in China.
- American citizens, lawful permanent residents, and their families who have been in China in the past 14 days allowed to enter US, redirected to one of 11 airports to undergo health screening.
- Depending on health and travel history some restrictions on movement for a period of 14 days from leaving China.



# TRAVEL RESTRICTIONS (AS OF 2/24/19)

## LEVELS:

- 1** Exercise normal precautions
- 2** Exercise increased caution
- 3** Reconsider travel
- 4** Do not travel

## EXAMPLES:

Level 1: Hong Kong

Level 2: Iran, Italy, Japan

Level 3: China (this does not include Hong Kong, Macau, or the island of Taiwan) and South Korea

# CURRENT INSTRUCTIONS TO HEALTH CARE PROVIDERS

## **IF :**

In the past 14 days since first onset of symptoms a history of either travel to China or close contact with a person known to have COVID-19 illness

## **AND:**

Fever or symptoms of cough or shortness of breath

## **THEN:**

- Place facemask on patient
- Isolate the patient in a private room or a separate area
- Wear appropriate personal protective equipment (PPE)
- Assess clinical status.

## **IN MASSACHUSETTS:**

**Call MDPH 24/7 Epidemiology Line (617) 983-6800 for further direction**

# WHAT CPHS NURSE IS PREPARED TO DO:

- Receive notification from MDPH and/or Providers of suspect or confirmed cases
- Coordinate with MDPH/Providers/Residents to follow up with case management
- Supervision by daily active monitoring or self monitoring of residents identified as Persons Under Investigation (PUIs)
- Assist notifications for transport and medical evaluation
- Notifications for Isolation (sick individuals) and Quarantine (contacts) as needed
- Complete case investigation and reporting in MAVEN
  - Backup plan in place for MAVEN coverage

# WHAT EVERY LBOH SHOULD BE PREPARED TO DO -- 1:

- Participate in conference calls, stay current with from CDC and MDPH
  - [Link to Massachusetts Dept. of Public Health site](#)
  - [Link to CDC website](#)
- “Share the Facts, Stop Fear” --- accurate status reports and Non-Pharmaceutical Interventions (NPIs)
- Review local board of health role basics via Local Public Health Institute’s free, self-paced learning modules ([click here for link](#)):
  - Isolation and Quarantine
  - Infectious Disease Case Management
  - Surveillance of Infectious Disease
  - Emergency Preparedness and more!

# WHAT EVERY LBOH SHOULD BE PREPARED TO DO -- 2:

- Establish communication within your community emergency preparedness team.
- Review and update existing Emergency Dispensing Site Plans (update positions, contact information, review process).
- Prepare how decision-making regarding schools and public facilities closures would be managed in the event that they become recommended (pandemic with HIGH incidence of illness).
- Understand and share the role of LBOH (and CPHS staff) to respond directly to individual cases of COVID-19