

Board Members

Eric Lindstrom, Chair
Jack Mill, Vice Chair
Khalid Abdi, Member
Katherine Tonelli, Member
Leanne Yarosz-Harris, Member
Beth Hallal, Agent
Kelly OBrien, Secretary
Michelle Cahoon, Secretary (training)



Medway Town Hall
155 Village Street
Medway, MA 02053
Telephone (508) 533-3206

TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH
MINUTES

- Date/Time of Meeting:** Monday, August 16th, 2021
- Location of Meeting:** Via ZOOM
- Committee Members Present:** Eric Lindstrom, (C) Jack Mill (VC), Katherine Tonelli, Khalid Abdi, Leanne Yarosz-Harris
- Visitors Present:** Alicia & Jack Bailey, Ashley Clark, Dennis Crowley, Mark Der Garabedian, Martin Dietrich, Amanda & David Fitzgerald, Tracy Garber, Melissa Greenfield, Kristin Igoe, Lisa Jackey, Colleen Jarboe, Liz Johnson, Kayt Kitt, Lisa Lipman, Tracy & Chris McKnerney, Nate Mockler, Amy Monterio, Gregory Pavlov, Gibb Phenegar, Linda Reynolds, Tara Rice, Ana & Matthew Russo, Amna Saeed-Kothe, Dave Tarkowski, Mendy Tarkowski, Glenn Trindade, Karen Wrona. *(apologies to those unlisted and in attendance)*
- Town Employees Present:** Beth Hallal, Kelly OBrien, Michelle Cahoon
- Call to Order:** 5:34pm
- Minutes Review:** August 10th, 2021 *APPROVED*

<p>Agenda Item 1: Mask Mandate</p>	<p><i>**Any correspondence sent to the Board of Health prior, during, or after the meeting in regards to this agenda item can be found attached to this document.</i></p> <p>The meeting was opened up with Mr. Lindstrom thanking all in attendance showing interest to whether the Board will enforce masks in Medway’s school system. Mr. Lindstrom made it clear to all participants that this meeting was the Board listening to the perspective of the parents and no votes would be held at this time. Mr. Lindstrom then asked if there were any parents who would like to voice on whether or not children should wear masks in school. Some; not all, shared whether or not they were against masks, for masks, or for parent-choice. Mr. Lindstrom asked the Board if they wanted to review the five emails that were received and Mr. Mill made the suggestion to make note of them in the minutes and Mr. Lindstrom agreed. He then asked Ms. Harris to review the studies with the audience. Ms. Harris went on to explain that she has reviewed dozens of studies, particularly on CDC and NIH sites; three that she wanted to review tonight. She reflected back to the last meeting where she stated if the BOH was to mandate masks, we would have to consider mandating goggles because it transmits through the eyes as well. She touched on some other studies before Mr. Lindstrom asked Ms. O’Brien to read the following information obtained from the CDC website. Ms. O’Brien introduced the information on children only between the ages of 0 through 17:</p> <p>Deaths involving COVID-19 in the US, with no comorbidities in 2020: 198 Deaths involving COVID-19 in MA, with no comorbidities in 2020: 0 Deaths involving COVID-19 in the US, with no comorbidities in 2021: 156 Deaths involving COVID-19 in MA, with no comorbidities in 2021: 0</p> <p>Mr. Lindstrom then asked Mr. Mill for his input, who went on to say this is a tough decision; not being black and white as it seems. He voiced that one of his stronger concerns about the psychological impact with the lack of facial expressions because of masks; personally sharing his challenges with social cues as he verbalized to the audience his diagnosis of Asperger’s</p>
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Syndrome and at times, does rely on facial expressions. Mr. Abdi was then asked for input, and in summary he stated that when COVID-19 initially came out, numbers in children were far lower than adults, reasons being homeschool or lack of exposure. Going back to school with the new variant out, he feels we would have to wait to hear from experts to make any final decisions. The floor was then given to Ms. Hallal, asking if she had any DESE updates. Her review of the DESE updates were with masks, vaccinations, and what to do with quarantining. As it stands right now, Ms. Hallal anticipates meeting with the Wellness Director for Medway Public Schools to plan ahead. Ms. Hallal made note that she was pleased that DESE came out with something sooner rather than later so it could be discussed prior to the beginning of the 21-22 school year. Both Mr. Lindstrom and Ms. Hallal made note that the Medway Public Schools and all involved did an excellent job last school year with the children on how they handled the pandemic. Whilst a motion was being made to close the meeting by Mr. Lindstrom, Ms. Tarkowski politely asked if she could give an update on the pro-mask petition, and Mr. Lindstrom invited her to do so. Ms. Tarkowski stated that there were currently 389 signatures on the pro-mask mandate petition, and that there was an anti-mask petition that was removed from the change.org website because it violated community guidelines. She also wanted to remind all that there currently children in school for the “Summer of Discovery” program and fears for an outbreak before the school year officially begins, and is concerned regarding the procrastination of the masking decision. Mr. Der Garabedian then asked to speak, making point to Ms. Tarkowski’s comment that the petition was indeed taken down, but it was not clear on the exact reason as to why because a general reason was given, but upon removal, there were over 200 signatures. Mr. Der Garabedian also forwarded valuable information to Ms. O’Brien to share with the rest of the Board. Mr. Lindstrom stated to the audience that he wanted to now close the meeting for public discussion so the Board could review the information and comments received by everyone.

Ms. Harris opened the same topic/new discussion by stating she had a discussion with the Chief of Police and corresponded via email with the Fire Chief about mandating masks inside the stations and on the property; not speaking of the public that comes in – so this would just be for the staff. Ms. Harris stated that both Chief’s communicated that most of their staff were vaccinated, minimal public interaction happens within the building, and a mask mandate may unmotivate the staff who are not yet vaccinated. Ms. Harris gathered from her communication that both of these establishments they need clear and quick communication and having a mask on is a way of interfering with this. Their preference overall is to be allowed to have a choice on whether or not they want to wear a mask. Ms. Harris stated she’d like to make a motion to prohibit mask mandate for the Police and Fire/EMT, which was seconded by Mr. Mill. Mr. Lindstrom immediately questioned Ms. Harris if she had gone over vaccination rates within the two establishments, and Ms. Harris stated that she had not gotten any rates from either buildings, replying she just knew they were high and that she wasn’t sure if they even knew who was vaccinated because they didn’t necessarily have to ask everyone. Mr. Lindstrom then stated that before entry to either building, he would like upon entry, he would like those stats privy to anyone upon entry; at this time not being for or against Ms. Harris’ motion. Because of technical difficulties, Mr. Lindstrom was disconnected from the ZOOM call.

Mr. Mill decided to take over the meeting, continuing with Ms. Harris’ motion to prohibit mask mandate for the Police, and Fire/EMT, seconded (again) by Mr. Mill, approved by all.

While Mr. Mill was in the process of making the motion to close the meeting at 6:38pm, Ms. Hallal received word from Mr. Lindstrom that he was logging back on, and the motion to close the meeting was rescinded by Mr. Mill. Within minutes Mr. Lindstrom was back online and took control of the meeting. Ms. Harris stated to Mr. Lindstrom that the Board was voting on the motion to allow (only in and outside of the building) for Police and Fire/EMT staff to choose whether or not a mask is necessary. Ms. Hallal stated that at the town hall if you are vaccinated, wearing a mask is not necessary, if you are not vaccinated, wearing a mask is mandatory. It is her understanding that this also holds true at Library, DPW, Police and Fire/EMT Buildings. Ms. Harris’ rebutted by saying this was our decision, this is just for

Police and Fire/EMT and we (BOH) have the authority. Mr. Lindstrom then asked Ms. Harris to please recite her motion again, which she did; *“To prohibit mask mandate for police department and fire department personnel, inside and outside, on their properties...police station property, fire station property, and allow them to continue using masks at their disgression.”* Ms. Hallal stated that as of now, she believed the same rules pertain to the Town Hall. Ms. Harris questioned where that rule came from, and Ms. Hallal confirmed that it came from the Town Manager’s office. Ms. Hallal then directed a question to Mr. Lindstrom, inquiring why this came up as a motion without discussing it first. Ms. Harris then chimed in stating it could be discuss more if preferred. Mr. Lindstrom then asked the other Board members how they felt, with Ms. Harris, Mr. Mill and Mr. Abdi stating they all approved of what Ms. Harris proposed. Mr. Lindstrom then stated that he was going to abstain because he wanted to find out more information as well as the thought of Police and Fire/EMT Chiefs; also wanting to see data. Ms. Tonelli asked Ms. Harris to share the comments and standings from the Police and Fire/EMT Chiefs, and Ms. Harris stated that she had a face-to-face conversation with the Police Chief earier today, and corresponded with the Fire/EMT Chief via email, and both expressed they were pro-choice. She continued with; they do wear them on a need-be-basis, or if unvaccinated, but they don’t want to be mandated.

Given the perspective of a firefighter, Ms. Tonelli made note that they have 24-hour shifts in a public building, so they would mandated to wear a mask while in that building. She then confirmed with Ms. Harris that this vote is voting that they do not need to wear a mask when they are on shift and not exposed to the public, unless they choose to, and it was confirmed with Ms. Harris that Ms. Tonelli’s understanding of the motion was correct. Ms. Tonelli then questioned to Ms. Hallal do you know if the Fire Department employees are mandated to get the vaccine. Ms. Hallal responded that she did not know the answer to whether or not it was mandated at the Fire Department, but did know that the majority of employees at the Fire Department have received it. Ms. Hallal also made point that this is a discussion where Human Resourses and the Town Manager should be included on. Mr. Lindstrom supported Ms. Harris in researching her motion more, and encouraged other Board members to do the same.

Mr. Lindstrom made a motion to shelf the previous motion until the next meeting, being seconded by Mr. Mill, and also favored by Mr. Abdi. Ms. Harris expressed to the Board that she was not in favor of this motion, feeling comfortable with the information she had, but was outvoted 3 – 1. Mr. Lindstrom stated that this will be the first action item on the next meeting. Ms. Harris questioned Mr. Lindstrom whether or not he was going to speak to Mr. Boynton, the Town Manager. Mr. Lindstrom gave the task to Ms. Hallal and Ms. OBrien of sending information to the Town Administrator, Police and Fire/EMT Chiefs going to send this information to the chiefs, asking for their perspectives on her motion, making note that *“if we don’t know what their living through, and what their staff is living through, I don’t think we should do anything that impacts them at all.”*

Mr. Lindstrom then made a motion to close the meeting, seconded by Mr. Mill, agreed by all.

Next Meeting Date:	Monday, August 30 th , 2021 at 5:30pm
Adjourn:	6:53pm

Respectfully submitted by KOBrien on 08.26.2021

Kelly OBrien

From: Contact form at Town of Medway MA <cmsmailer@civicplus.com>
Sent: Saturday, August 14, 2021 5:27 PM
To: Kelly OBrien
Subject: [Town of Medway MA] Mask Wearing this School Year-I Support Choice (Sent by Tara Rice, rice.tara.m@gmail.com)

Hello kobrien,

Tara Rice (rice.tara.m@gmail.com) has sent you a message via your contact form (<https://www.townofmedway.org/user/4983/contact>) at Town of Medway MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.townofmedway.org/user/4983/edit>.

Message:

Ms. O'Brien,

Thank you for keeping your eyes, ears and heart open to the community regarding the matter of mandating masks for the 21-22 School Year.

I am writing to show my support allowing parents to decide whether their child wears a mask or not. I am sure you have been bombarded with scientific studies on the dangers of prolonged mask wearing. I would like to say that I, too, have evidence to support my decision for my children. Both of my children are under 12 and the vaccine is not available to them. I still support freedom of choice.

Thank you,

Tara
Medway Parent of an Eight and Five year old and 8 year Resident

Kelly OBrien

From: Contact form at Town of Medway MA <cmsmailer@civicplus.com>
Sent: Sunday, August 15, 2021 8:33 PM
To: Kelly OBrien
Subject: [Town of Medway MA] Mask mandate (Sent by Tracy McKnerney, altafass@gmail.com)

Hello kobrien,

Tracy McKnerney (altafass@gmail.com) has sent you a message via your contact form (<https://www.townofmedway.org/user/4983/contact>) at Town of Medway MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.townofmedway.org/user/4983/edit>.

Message:

To Whom it May Concern:

We are writing today to strongly urge you to follow the CDC and American Academy of Pediatrics recommendation to require masks of everyone entering public buildings, including Medway Public Schools, this fall. We have three children under the age of 12. This fall, they will return to Medway schools. Until recently, we were under the impression that everyone would be masked at least while in the buildings. Why wouldn't they? We know that the delta variant is rampant, that people who are vaccinated can become infected and transmit it to others, and that the people who are getting the sickest from this are people who are unvaccinated. Also, Norfolk county is currently in the substantial risk category. All of our elementary school students and half of our middle school students are under the age of 12. It seems like a no-brainer that we should have everyone wear masks (a fairly unobtrusive intervention) to protect those kids who are not old enough for the vaccine or who cannot get the vaccine for medical reasons.

The fact that masks are up for debate right now is outrageous to us (both the fact that this is open to public debate and that this meeting will take place indoors and many people will not be wearing masks). Many people adhere to the notion that parents know what is best for their children and that parents should be allowed to make these decisions for themselves and their children. Parents don't know everything. They sometimes do not do what is best for their children, and what they do is sometimes harmful to other children. Also, we have not seen a plan for how the school to ensure that children whose parents want them to wear masks will actually wear masks. Who will be responsible for tracking this? The nurse? Each individual teacher? Youth are more susceptible than adults to peer pressure, and they tend to weigh short-term benefits more heavily than long-term risks. Many youth who see other youth without masks and youth who feel pressure not to wear masks will not wear masks. For some time now, we have taken an individual approach to this pandemic. This has not worked. We must follow science and not allow uninformed and fearful individuals to make decisions that put our children at risk. For the same reasons why we have strict allergy protocols in the schools, we need to have a mask mandate. We need to protect our children. With allergies, we know who is at risk of having severe reactions. With COVID, we are playing a dangerous game of roulette.

Thank you for your consideration,

Chris and Tracy McKnerney

Beth Hallal

From: Contact form at Town of Medway MA <cmsmailer@civicplus.com>
Sent: Friday, August 13, 2021 10:17 AM
To: Beth Hallal
Subject: [Town of Medway MA] Masking of our children in schools (Sent by Karen Wrona, kcwrona@gmail.com)

Hello bhallal,

Karen Wrona (kcwrona@gmail.com) has sent you a message via your contact form (<https://www.townofmedway.org/user/236/contact>) at Town of Medway MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.townofmedway.org/user/236/edit>.

Message:

Dear Beth,

I'd like to take this opportunity to voice my concerns about the upcoming school year with regards to impending rules about mask wearing.

As we all know, the CDC has issued once again new guidelines. These are not rules or laws, and we shouldn't take them as such. In making decisions for our kids, we should be considering the whole child, social, emotional, mental and yes, physical health. These are ALL important factors; especially when given the evidence that Covid 19 is not considered a childhood illness of any significant severity.

What I am begging you for here is the right for each parent to choose what is best for their own child. The right to choose as a parent, whether masking my child or not, is appropriate based on their social, emotional, mental and yes, physical health. Just as I respect another parents' decision for choosing to mask their child, my choice should be respected. I do not feel my child is presenting a threat to another child if that child is wearing a mask. As we've seen week after week, this is not spreading like "wildfire" amongst children. In fact, it didn't seem to spread hardly at all despite all the "what ifs". Parents are free to mask their child (vulnerable for health reasons or just because it's their preference) forever. This is their right as a parent to use their own judgement based on their own situation. My son has a life threatening food allergy but I do not demand that the rest of the world stop enjoying eating the food he is allergic to. Rather, I have taught him how to protect himself. I feel this is similar; and statistically, he has more of a chance of dying from his food allergy than Covid.

Frankly, I am tired of hearing adults remark that "children are resilient". Why are we asking the most of the one and only group who is affected the least and are least likely to spread it?

My son is 10 years old. Having him wear a mask for 2 years is 20% of his life. Let's say you are 45, this means I am asking you to wear a mask for 35 hours a week for 9 years. It's no small ask. They have paid their dues. It is time for adults to be brave and resilient. We cannot keep living our lives in the "what if" with our children simply out of fear and general lack of knowledge of basic statistics and probability.

We correctly started with shutdowns and remote school to flatten the curve and prevent our hospitals from overflowing. We then correctly waited to protect our teachers and for a vaccine. We've done that, but now what?

We cannot keep moving the goalposts on our children. It's simply unfair. There needs to be an off ramp. All viruses mutate and cause variants, will the kids have to wear masks forever based on this known fact?

Given that I'd strongly prefer to allow my child to learn with the benefit of facial expressions, and oxygen, I am 100% willing to have him tested regularly for Covid, as well as quarantine after any exposure to keep everyone safe.

The fact is, we do not know the long term effects of these decisions and I beg you not to make decisions from a place of fear. We all know if they are masked in the Fall, then they will be masked all year as evidenced by last spring when there were only a minuscule number of covid cases in the community and were STILL forced to wear masks to "finish out the year" when they were clearly not in any danger, based on the case numbers. What is the criteria for allowing masks to be optional?

My request is as follows:

- Make masks optional
- Frequent testing
- Enforcing staying home while sick
- Frequent hand washing
- Adequate ventilation
- More frequent cleaning

Thank you for allowing my voice and opinion to be heard.

Thank you for your time.

Sincerely,
Karen & Mike Wrona

Kelly OBrien

From: Contact form at Town of Medway MA <cmsmailer@civicplus.com>
Sent: Monday, August 16, 2021 1:53 PM
To: Kelly OBrien
Subject: [Town of Medway MA] Mask mandate (Sent by Lisa Jackey, lisajackey@gmail.com)

Hello kobrien,

Lisa Jackey (lisajackey@gmail.com) has sent you a message via your contact form (<https://www.townofmedway.org/user/4983/contact>) at Town of Medway MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.townofmedway.org/user/4983/edit>.

Message:

I am writing to express my strong support for a renewed mask mandate in Medway's public indoor spaces, especially schools, at this time. With the Delta variant spreading, and children under 12 not yet eligible to be vaccinated, requiring masks in public indoor spaces, especially schools, is necessary to protect public health. Voluntary masking is ineffective because masks work best at protecting those around the wearer. The best way to protect vulnerable populations, including children who cannot yet be vaccinated and those with compromised immune systems for whom the vaccine may be less effective, is for those around them to wear masks. No one enjoys wearing masks, and when public health conditions improve, the mask mandates can be rescinded, but as of now, universal masking are necessary to make public spaces safe and accessible for all.

thank you

Lisa Jackey
13 Pond St
Medway MA
734-536-2553

Kelly OBrien

From: Contact form at Town of Medway MA <cmsmailer@civicplus.com>
Sent: Monday, August 16, 2021 2:12 PM
To: Kelly OBrien
Subject: [Town of Medway MA] masking (Sent by Mendy Tarkowski, mendy.tarkowski@gmail.com)

Hello kobrien,

Mendy Tarkowski (mendy.tarkowski@gmail.com) has sent you a message via your contact form (<https://www.townofmedway.org/user/4983/contact>) at Town of Medway MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.townofmedway.org/user/4983/edit>.

Message:

Hello,

I wanted to make sure the board sees this petition before voting tonight regarding masks in public buildings.

<http://chnng.it/KYCjH58t52>

I do not believe that public opinion should decide whether or not masks are required in public buildings. I think this is a public health issue that should be decided by scientific evidence. However, an anti mask petition was started by a group of parents who do not want masks to be required in schools, so Jennifer Pavlov and I started this pro mask petition so that community members who do want a mask requirement in school had a place to speak up as well. As of 2:00pm we have 381 signatures. The anti mask petition was taken down by Change.org for violating community guidelines. According to their facebook post this morning they had 215 the last time they looked at it yesterday before it was taken down.

The other comment I want to make is that Summer of Discovery began this morning. Students are in the school buildings now without a mask mandate. I am very concerned about an outbreak before school even starts. If there is discussion about whether to institute a mask mandate in public buildings immediately, wait a little longer to decide, or wait until school starts, I ask that you consider Summer of Discovery and the students and adults who are already in the buildings.

Thank you for your time.

Kelly OBrien

From: Contact form at Town of Medway MA <cmsmailer@civicplus.com>
Sent: Monday, August 16, 2021 6:02 PM
To: Kelly OBrien
Subject: [Town of Medway MA] Petition for Making Masks Optional (Sent by Mark Der Garabedian, markderg@verizon.net)

Hello kobrien,

Mark Der Garabedian (markderg@verizon.net) has sent you a message via your contact form (<https://www.townofmedway.org/user/4983/contact>) at Town of Medway MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.townofmedway.org/user/4983/edit>.

Message:

Dear Members of the Board of Health:

We, the undersigned parents/family/friends of Medway Public School children, call on the Medway School Committee and Superintendent Pires to allow masks to be optional for all Medway Public School students for the upcoming school year. As parents/guardians, it is our right and responsibility to make decisions regarding the health and safety of our children. We ask for this policy change in light of the following:

- Point 1: We know the vaccine offers a great deal of protection, but being a child offers even more. Children are less at risk of severe COVID-19 risk and death than vaccinated adults, according to the vast amount of data over the last year and a half of the pandemic. Kids don't spread COVID-19 the same way and rarely get sick from COVID-19 and, when they do, it's no worse than a cold. The CDC's own statistics show that Covid-19 is not much of a threat to schoolchildren. Its numbers show that more people under the age of 18 died of influenza during the 2018–19 flu season—a season of “moderate severity” that lasted eight months—than have died of Covid-19 across more than 18 months. In addition, the CDC says that out of every 1,738 Covid-19-related deaths in the U.S. in 2020 and 2021, just one has involved someone under 18 years of age; and out of every 150 deaths of someone under 18 years of age, just one has been Covid-related.

Helpful link: <https://www.cdc.gov/flu/about/burden/2018-2019.html>

Helpful link: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

Helpful link: <https://www.wsj.com/articles/in-children-risk-of-covid-19-death-or-serio...>

So, if children aren't affected COVID-19 very much then who is? Adults as they age and comorbidities increase.

Helpful Link: <https://www.webmd.com/lung/whos-at-risk-covid-19#1>

- Point 2: We are all social beings and need to see facial expressions. This is especially true for young children who are only learning how to signal fear, confusion, and happiness. Covering a child's face mutes these nonverbal forms of communication (estimated as high as 93%) and can result in robotic and emotionless interactions, anxiety and depression. Seeing people speak is essential for phonetic development. When it comes to older children how much extra fear and panic are we subjecting them to by having a physical object over

their face's day after day? Throughout the pandemic teen suicide and increased thoughts of suicide is up significantly. Masks exacerbate feelings of despair and depression.

The UK has decided to keep kids out of masks. "It's important that primary schoolchildren don't wear face coverings," says Public Health England's medical adviser Dr. Susan Hopkins. She explains that this is because COVID infection rates are low among their age group and wearing face coverings "could affect their development."

Helpful link: <https://www.wsj.com/articles/the-pandemics-toll-on-teen-mental-health-11...>

Helpful link:

<https://justthenews.com/sites/default/files/2021-07/Mental%20Health%20an...>

Helpful link: <https://twitter.com/educationgovuk/status/1366738865671782400?lang=en>

- Point 3: There are NO randomized, controlled trials with verified outcomes that show how masks were effective in reducing transmission. Additionally, COVID-19 is not transmitted by droplets. It is transmitted when it is aerosolized, and it is in the water vapor that escapes when a person breathes. So, while a mask may help protect from droplets that are sneezed or coughed that same mask will not stop water vapor from escaping.

Helpful Link: <https://rationalground.com/masks-are-not-source-control/>

Helpful Link: <https://www.city-journal.org/do-masks-work-a-review-of-the-evidence?wall...>

- Point 4: Schools are not spreaders of COVID-19 and it has been established that children are not a significant infection vector of COVID 19. A study out of the UK released last week proved that kids transmit the coronavirus at a much lower rate than do adults. Epidemiologist Shamez Ladhani, who led the study, found that children "aren't taking the virus home and then transferring it to the community. These kids have very little capacity to infect household members."

Helpful Link: <https://www.washingtonpost.com/opinions/2021/05/26/its-time-children-fin...>

We urge you to respect the rights of parents/guardians to make choices about the health and safety of their children. It is both unethical and unconstitutional to force healthy citizens to abide by measures that can result in physical or emotional harm. We the undersigned implore the School Committee and Superintendent Pires to allow masks to be optional for all Medway Public School students.

My signature is to indicate agreement with the position statement above.

Beth Hallal

From: Contact form at Town of Medway MA <cmsmailer@civicplus.com>
Sent: Monday, August 16, 2021 12:01 PM
To: Beth Hallal
Subject: [Town of Medway MA] mask mandate (Sent by Laura Connolly, leconnolly@gmail.com)

Hello bhallal,

Laura Connolly (leconnolly@gmail.com) has sent you a message via your contact form (<https://www.townofmedway.org/user/236/contact>) at Town of Medway MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.townofmedway.org/user/236/edit>.

Message:

To members of the Board of Health--

I am writing to express some thoughts regarding your upcoming discussion on masks in schools. I am a mother to two children in the Medway Public Schools and am an ER physician at Milford Regional Medical Center. Obviously, I care deeply about the safety of my children, but my medical background also allows me scientific knowledge and first hand experience regarding the Covid virus and how we can try to stop this pandemic and keep people safe.

First, I would say that I applaud you for taking such considerable time and effort to discuss whether masks should be required in Medway Public Schools. That being said, I am sorry that you are even put into this position as it should clearly be a state wide government decision and is unfortunate that this burden is being placed on your shoulders.

Secondly, I would say that there certainly is a lot of discussion, emotion, political views and opinions out there about masks. We all clearly know and see this. I am a physician. I believe in facts. I believe in science. So this email will not be my heartfelt feelings or opinions, it will be scientific studies since we should be making decisions based on fact and not opinion.

As one of my favorite quotes from Neil Tyson Degrasse goes "The good thing about science is that it is true whether you believe it or not."

Currently, the most common strain of Corona virus we are seeing is the Delta variant (B.1.617.2). This strain is very different than the prior strains we dealt with. Therefore, any arguments for or against masks based on infectivity rates last year, spread in schools last year, mortality rates last year, childrens' infections last year is all useless. We are dealing with a new strain so need the newest updated information related to the current virus we are facing.

**Do masks work?

Environmental Protection Agency reported on a study 4/5/2021 out of UNC Chapel Hill where they tested masks to see if they could filter virus particles. They used harmless viruses of the same size as the Delta corona virus and measured a fitted filtration efficiency. (This means if a mask is worn correctly "fitted" — how efficient is it at filtering out these particles). Two layer cloth masks without aluminum nose bridges (what most kids are probably wearing) was 44.7%. Surgical masks are 71.5%, N95 respirators (used mostly by hospital personnel) are 98.4%.

These are not amazing numbers, but they are better than 0%, 0%, 0% if no mask is used.

So, yes, masks will help decrease spread.

****Do masks protect the wearer or others? (In other words, can't my kid not wear a mask if he/she chooses?)**

CDC 5/7/2021 measured filtration rates and 2 layer cloth masks blocked 50-70% droplets out from the mask wearer to others. They also filtered 50% droplets in to the person wearing the mask. So, having everyone masked benefits all.

****Does it really matter? Isn't Covid not that bad in kids?**

The Delta variant is a whole new game. This strain is much worse. The goal of a virus is to become more infectious. That's how a virus survives. It "wants" to infect people and spread so it keeps going. As such, we are watching natural selection at its best and this new Corona virus variant is "improved" at being a virus as compared to the one we saw last year. So, the old theory that kids can't get sick is gone.

CDC study from 7/2021 measured the infectivity rate (known as R0 pronounced R naught) for Delta virus and it is R8. This makes it as infectious as chickenpox or measles— 2 diseases that we were only able to eradicate by widespread vaccine. We have not achieved enough vaccinated people in adults or kids in this country or even in this state to have reached herd immunity or eradication of coronavirus. R8 means that on average 1 person with Delta coronavirus will infect 8 or 9 others and this source person could be asymptomatic or paucisymptomatic (meaning few symptoms). If this source person is a vaccinated person, they are likely to be asymptomatic or paucisymptomatic since we do know that you can get the Delta coronavirus if you are vaccinated but you will have a much more mild case. However, you can spread it just like anyone else. So, though we may have a lot of vaccinated students, they are still high risk for spread.

In comparison, the common cold which we know runs rampant through schools has an infectivity rate of R2. So, Delta virus is 4x as infectious as the spread of the common cold.

John Hopkins University published data 7/29/2021 indicating that on average there are 61,300 new daily cases of coronavirus in the past week as compared to a low point of 11,299 daily cases on 6/22/2021. We are on the upswing of things.

****Can kids spread this?**

University of Iowa study published 8/10/2021 measured viral loads in the throats of patients (adults and kids) with Delta variant of coronavirus. They were 1,000 times higher viral loads than in those affected with the Coronavirus we saw last year. So, there are that many more particles available to spread.

If you are vaccinated, your viral load decreases faster (5 days vs 10), you have 8 fold decrease in symptoms, 25 fold decrease in hospitalizations, 25 fold decrease in death.

These vaccinated numbers are great for our students who are vaccinated but they are still infectious. We need to stop the spread which will stop the virus's ability to mutate again and become more infectious. We do this by getting a vaccine AND wearing a mask.

Since I am in this for the truth, I will also try to argue the other side of things again with facts and not emotions or opinions. I looked very hard for studies arguing about the health detriments of wearing masks. This is what I found.

JAMA Pediatrics article 6/2021 ran a study of 45 kids where they measured increased carbon dioxide levels among kids who were wearing masks and argued that this increase rebreathing of carbon dioxide was harmful. A week later they had to retract the article because they could not validate their study and their measuring tool for measuring carbon dioxide was found to be faulty. As of today's date, they have not been able to duplicate these results.

There are multiple studies arguing that masks increase kids anxiety. However, none are able to differentiate whether anxiety is increased because of mask wearing or because there is a national pandemic so it is impossible to determine what is the direct cause.

The only causal article between mask wearing and health issue is an increase in facial acne with mask use. This has been clearly found. Of course, I will argue that this is a small price to pay for the safety of our students.

And now, because this topic has been a major part of my life for the past year and a half, I will digress and share my personal feelings and emotions on this issue. I have been a physician for 17 years. I have gone through residency. I have flown on a helicopter to some gruesome traffic accidents. Nothing has been as bad as this past year and a half watching people die alone from Covid. It is without a doubt the hardest thing I have done in my career.

I am also a mom and am saddened that my kids reality is changing and that activities are being cancelled or restructured. I want nothing more than to have normal back. However, I will not sacrifice the well being of my children for the inconvenience of a mask.

My vehement recommendation would be to start this school year with ALL students (vaccinated or not) wearing masks indoors. I hope that vaccine rates go up and we survive this third surge and things look better in the next year. However, at this point, the only safe option I see is a mask mandate.

Thank you all for your time, for your dedication to Medway Public Schools and our students. I appreciate the opportunity to share my thoughts on this issue with you.

Sincerely,
Laura Connolly, MD

Beth Hallal

From: Contact form at Town of Medway MA <cmsmailer@civicplus.com>
Sent: Sunday, August 15, 2021 9:51 PM
To: Beth Hallal
Subject: [Town of Medway MA] Message urging universal masking mandate (Sent by Tracy Garber, tgarber17@gmail.com)

Hello bhallal,

Tracy Garber (tgarber17@gmail.com) has sent you a message via your contact form (<https://www.townofmedway.org/user/236/contact>) at Town of Medway MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.townofmedway.org/user/236/edit>.

Message:

Greetings Members of the Board of Health,

I hope this message finds you all well. I will keep this short as I imagine you are receiving a deluge of impassioned messages.

I am writing to express support for a universal masking mandate in all public school buildings in the Town of Medway regardless of vaccination status for the debut of the 2021-22 school year, and to continue until it is deemed safe that the urgent threat of Covid19 transmission has passed as measured by officials of the medical and scientific communities. While our children do not attend Medway Public Schools, this is a decision that impacts our community at large, and we care for each and every member of it.

"Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status."
<https://www.cdc.gov/.../schools-childcare/k-12-guidance.html>

While we wish this decision hadn't landed on the desks of the educational community and local boards of health, here we are. You have worked long and hard to protect our community during an international pandemic that hasn't abated and is getting worse. I hope you can soon return to attending to the important matters beyond this scope, and thank you for your efforts and attention.

Respectfully,

Tracy Garber

Protective Face Masks: Effect on the Oxygenation and Heart Rate Status of Oral Surgeons during Surgery - Message (Plain Text)

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Leanne Harris <leannejharris@gmail.com> Kelly OBrien Mon 8/16

Protective Face Masks: Effect on the Oxygenation and Heart Rate Status of Oral Surgeons during Surgery

We removed extra line breaks from this message.

This is surgery study requested at meeting tonight. Straight off NIH Leanne

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7967725/>

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pubmed.ncbi.nlm.nih.gov/33670983/

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> Int J Environ Res Public Health. 2021 Feb 28;18(5):2363. doi: 10.3390/ijerph18052363.

Protective Face Masks: Effect on the Oxygenation and Heart Rate Status of Oral Surgeons during Surgery

Antonio Scarano ¹, Francesco Inchingolo ², Biagio Rapone ³, Felice Festa ¹, Sergio Rexhep Tari ¹, Felice Lorusso ⁴

Affiliations + expand

PMID: 33670983 PMCID: [PMC7967725](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC7967725/) DOI: [10.3390/ijerph18052363](https://doi.org/10.3390/ijerph18052363)

[Free PMC article](#)

Abstract

Background: Safety in medical work requires eye protection, such as glasses, and protective facial masks (PFM) during clinical practice to prevent viral respiratory infections. The use of facial masks and other full personal protective equipment increases air flow resistance, facial skin temperature and physical discomfort. The aim of the present study was to measure surgeons' oxygenation status and discomfort before and after their daily routine activities of oral interventions.

Methods: 10 male voluntary dentists, specializing in oral surgery, and 10 male voluntary doctors in dentistry, participating in master's courses in oral surgery in the Department of Oral Surgery of the University of Chieti, with mean age 29 ± 6 (27-35), were enrolled. This study was undertaken to investigate the effects of wearing a PFM on oxygenation status while the oral surgeons were actively working. Disposable sterile one-way surgical paper masks (Surgical Face Mask, Euronda, Italy) and FFP2 (Surgical Face Mask, Euronda, Italy) were used and the mask position covering the nose did not vary during the procedures. The FFP2 was covered by a surgical mask during surgical treatment. A pulse oximeter was used to measure the blood oximetry saturation during the study.

Results: In all 20 surgeons wearing FFP2 covered by surgical masks, a reduction in arterial O₂ saturation from around 97.5% before surgery to 94% after surgery was recorded with increase of heart rates. A shortness of breath and light-headedness/headaches were also noted.

Conclusions: In conclusion, wearing an FFP2 covered by a surgical mask induces a reduction in circulating O₂ concentrations without clinical relevance, while an increase of heart frequency and a sensation of shortness of breath, light-headedness/headaches were recorded.

Keywords: COVID-19; FFP2 respirators; N95; SARS-CoV-2; personal protective equipment; protective face masks; severe acute respiratory syndrome-related coronavirus; surgical mask.

Conflict of interest statement

The authors declare no conflict of interest.

Figures



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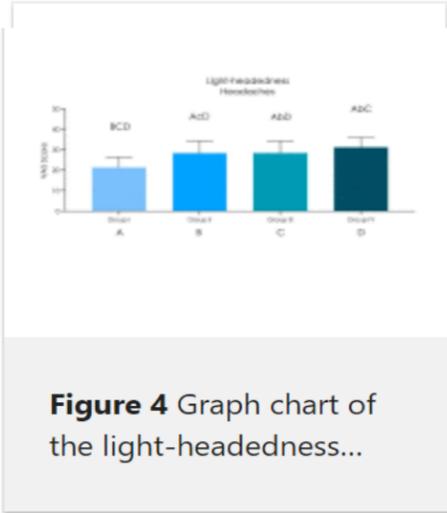
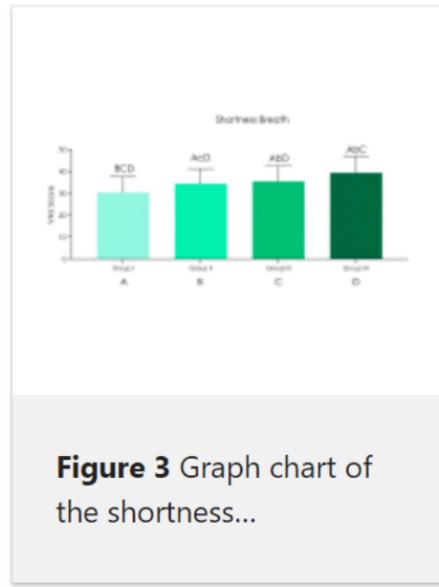
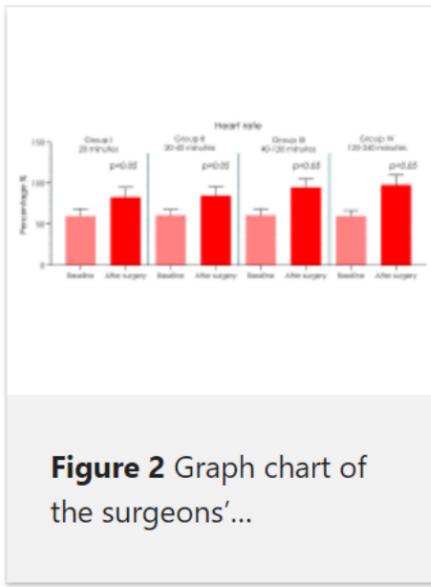
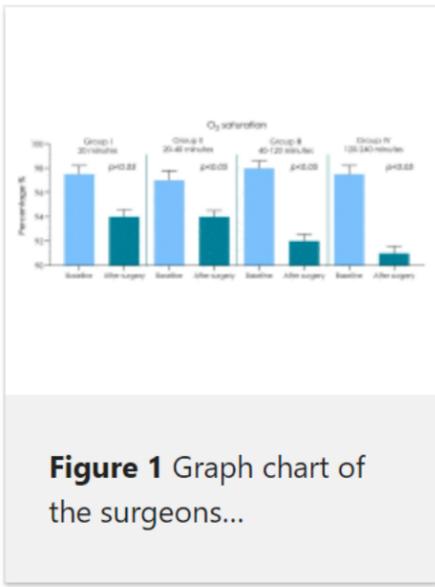
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Leanne Harris <leannejharris@gmail.com> Kelly OBrien

Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8072811/>

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Review > Int J Environ Res Public Health. 2021 Apr 20;18(8):4344. doi: 10.3390/ijerph18084344.

Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?

Kai Kisielinski ¹, Paul Giboni ², Andreas Prescher ³, Bernd Klosterhalfen ⁴, David Graessel ⁵, Stefan Funken ⁶, Oliver Kempfski ⁷, Oliver Hirsch ⁸

Affiliations + expand

PMID: 33923935 PMCID: PMC8072811 DOI: 10.3390/ijerph18084344

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Abstract

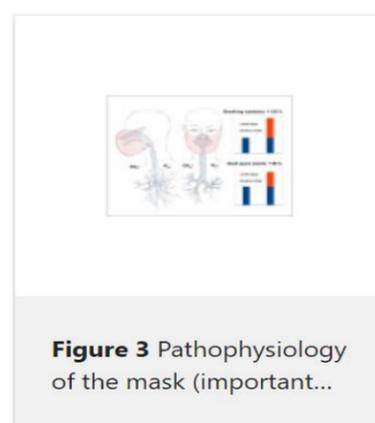
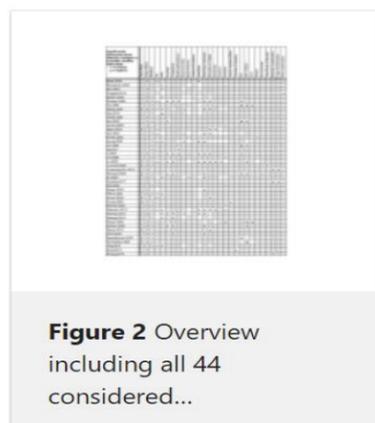
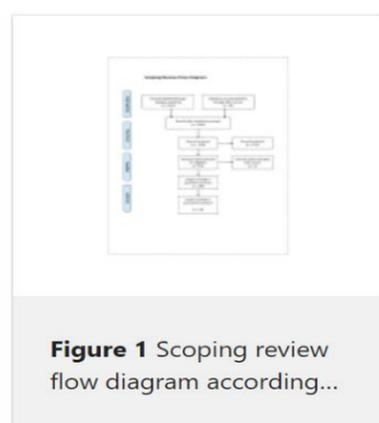
Many countries introduced the requirement to wear masks in public spaces for containing SARS-CoV-2 making it commonplace in 2020. Up until now, there has been no comprehensive investigation as to the adverse health effects masks can cause. The aim was to find, test, evaluate and compile scientifically proven related side effects of wearing masks. For a quantitative evaluation, 44 mostly experimental studies were referenced, and for a substantive evaluation, 65 publications were found. The literature revealed relevant adverse effects of masks in numerous disciplines. In this paper, we refer to the psychological and physical deterioration as well as multiple symptoms described because of their consistent, recurrent and uniform presentation from different disciplines as a Mask-Induced Exhaustion Syndrome (MIES). We objectified evaluation evidenced changes in respiratory physiology of mask wearers with significant correlation of O₂ drop and fatigue ($p < 0.05$), a clustered co-occurrence of respiratory impairment and O₂ drop (67%), N95 mask and CO₂ rise (82%), N95 mask and O₂ drop (72%), N95 mask and headache (60%), respiratory impairment and temperature rise (88%), but also temperature rise and moisture (100%) under the masks. Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields.

Keywords: MIES syndrome; N95 face mask; adverse effects; contraindications; dyspnea; headache; health risk assessment; hypercapnia; hypoxia; long-term adverse effects; masks; personal protective equipment; physical exertion; risk; surgical mask.

Conflict of interest statement

The authors declare no conflict of interest.

Figures





Jeffrey C. Riley
Commissioner
Massachusetts Department of
Elementary and Secondary Education



Margret R. Cooke
Acting Commissioner
Massachusetts Department of Public Health

MEMORANDUM

TO: Superintendents, Charter School Leaders, Assistant Superintendents,
Collaborative Leaders, Leaders of Approved Special Education Schools

FROM: Jeffrey C. Riley, Commissioner, Department of Elementary and Secondary
Education
Margret R. Cooke, Acting Commissioner, Department of Public Health

SUBJECT: DESE/DPH Protocols for Responding to COVID-19 Scenarios - SY 2021-22

DATE: August 13, 2021

Introduction

On July 30th, the Department of Elementary and Secondary Education (DESE) and the Department of Public Health (DPH) released a [joint memo](#) on COVID-19 Guidance for Districts and Schools – Fall 2021. As outlined in the memo, all schools are required to be in-person, full-time, five days a week for the 2021-22 school year, and all previously released DESE health and safety requirements are lifted. In addition to outlining recommendations for school and district policies on masking, the memo also previewed new COVID-19 testing and quarantine response protocols for schools.

This document outlines the testing and quarantine response protocols for SY 2021-22, including the new “Test and Stay” protocol for districts in the [statewide COVID-19 testing program](#) or for districts with a similar, separate testing initiative. With the addition of Test and Stay, we hope to support districts and schools in keeping as many students in school as possible, safely, this school year.

Districts and schools have also received information the week of August 9, 2021 about how to [sign up](#) for this school year’s statewide COVID-19 testing program, which will serve as a critical surveillance tool for districts in administering the Test and Stay program, as well as diagnostic testing and routine COVID pooled testing.

Routine pooled testing was implemented during the 2020-2021 school year as a mitigation strategy which involves combining several individuals’ test samples together into one “pool” and then testing the pooled sample for COVID-19. This approach increases the number of individuals

that can be tested at one time and allows for regular testing in the school community for COVID-19. The full pooled testing guidance can be found at <https://www.doe.mass.edu/covid19/testing/>.

The Test and Stay program is a testing initiative intended for asymptomatic close contacts of individuals with confirmed COVID-19. This testing program will allow asymptomatic close contacts to remain in school if they receive an individual rapid antigen test (e.g. BinaxNOW) each school day and test negative, as well as follow other guidelines as noted later this document.

DESE and DPH continue to strongly recommend that all faculty, staff, and eligible students receive the COVID-19 vaccine. For schools that are interested in setting up vaccine clinics on campus with a DPH-approved mobile vaccination provider, including clinic staff and vaccination administrators, free of charge, please fill out a request via the [online form](#).

In addition to recommending COVID-19 vaccination, it continues to be essential that the educational and public health communities, as well as cities and towns, work together to ensure as many children and adults as possible receive flu vaccines this fall. This will reduce the number of students who need to stay home due to illness.

Please contact the DESE Rapid Response Help Center at 781-338-3500 with any questions.

Section 1: Key definitions

This section outlines the list of COVID-19 symptoms, provides the definition of a close contact, and outlines situations where close contacts are exempt from COVID-19 testing and quarantine response protocols including isolation, quarantine, and Test and Stay.

COVID-19 symptoms

Below is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves.^{1 2}

Unvaccinated individuals and any close contacts presenting these symptoms should follow testing and quarantine response protocols as outlined in Section 2 of this document.

Vaccinated individuals who are not close contacts should follow the testing and quarantine response protocols if they are experiencing symptoms in bold. These individuals may also seek clinical guidance to assess the need for PCR testing if they have other symptoms on this list.

COVID-19 symptoms list:

- **Fever (100.0° Fahrenheit or higher), chills, or shaking chills**
- **Difficulty breathing or shortness of breath**
- **New loss of taste or smell**
- **Muscle aches or body aches**
- Cough (not due to other known cause, such as chronic cough)
- Sore throat, *when in combination with other symptoms*
- Nausea, vomiting, or diarrhea *when in combination with other symptoms*
- Headache *when in combination with other symptoms*
- Fatigue, *when in combination with other symptoms*
- Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*

¹ Massachusetts DPH, [Testing of Persons with Suspect COVID-19](#). (2020, May 13).

² <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Definition of a close contact

Close contacts are defined as individuals who have been within 6 feet of a COVID-19 positive individual while indoors, for at least 15 minutes during a 24-hour period.^{3 4} Please note that the at-risk exposure time begins 48 hours prior to symptom onset (or time of positive test if asymptomatic) and continues until the time the COVID-19 positive individual is isolated.

In general, close contacts should follow the testing and quarantine response protocols in Section 2 of this document. **However, certain close contacts are exempted from testing and quarantine response protocols as noted below.**

Close contacts who are exempt from testing and quarantine response protocols

The following close contacts are exempt from testing and quarantine response protocols:

- **Asymptomatic, fully vaccinated close contacts:** Individuals who are asymptomatic and fully vaccinated are exempt from testing and quarantine response protocols.
- **Classroom close contacts:** An individual who is exposed to a COVID-19 positive individual in the classroom while both individuals were masked, so long as the individuals were spaced at least 3 feet apart, is exempt from testing and quarantine response protocols.
- **Bus close contacts:** Individuals on buses must be masked according to federal requirements. As such, individuals who are masked on buses when windows are open are exempt from testing and quarantine response protocols.
- **Close contacts who have had COVID-19 within the past 90 days:** An individual who has been previously diagnosed with COVID-19 and then becomes a close contact of someone with COVID-19 is exempt from testing and quarantine response protocols if:
 - The exposure occurred within 90 days of the onset of their own illness AND
 - The exposed individual is recovered and remains without COVID-19 symptoms.

³ Note: To be a close contact, the 15 minutes must occur within a 24-hour period. Multiple brief or transitory interactions (less than a minute) throughout the day are unlikely to result in 15 minutes of cumulative contact and do not meet the definition of close contact.

⁴ CDC definition of Close Contact. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>.

Section 2: Recommended testing and quarantine response protocols

This section outlines testing and quarantine response protocols for individuals – students and staff – who test positive for COVID-19, close contacts who are not exempt from testing and quarantine response protocols, and symptomatic individuals. Each scenario outlines the duration of any recommended quarantine or isolation, the conditions to be met in order for the individual to return to school, and any additional considerations.

Overview of Protocol Categories:

- Protocol A: For individuals who test positive for COVID-19
- Protocol B: Protocol for asymptomatic close contacts
- Protocol C: Protocol for symptomatic individuals

Protocol A: For individuals who test positive for COVID-19

Protocol A for individuals who test positive

- **Duration:** Self-isolation for COVID-19 positive cases is a minimum of 10 days after symptom onset or after positive PCR or antigen test, if asymptomatic.
- **Return to school:** After 10 days⁵ and once they have:
 - Been without fever for 24 hours (and without taking fever-reducing medications); and
 - Experienced improvement in other symptoms; and
 - Individuals who do not meet these criteria after 10 days may receive clearance from either public health authority contact tracers (the local board of health or Community Tracing Collaborative) or school health professional before returning to school.
- **Note:** Return to school should be based on time and symptom resolution. Repeat testing prior to return is not recommended.

⁵ If an individual tests positive as part of a group pooled test, the 10-day period begins the day the group pooled test returned a positive result.

Protocol B: Protocol for asymptomatic close contacts

Close contacts who are not exempt from testing and quarantine response protocols and are asymptomatic follow the guidelines in Protocol B below. Please recall that all asymptomatic, fully vaccinated individuals are exempt from close contact testing and quarantine response protocols and therefore do not need to follow Protocol B. However, fully vaccinated individuals are expected to monitor for symptoms and stay home and get tested if they experience symptoms, in alignment with statewide guidance⁶ and Protocol C.

Note: In some cases, individuals may be asked to follow specific testing and quarantine response protocols (including durations for quarantine/isolation) provided by contact tracers or local health officials which may differ from the recommended protocols below.

Protocol B for asymptomatic close contacts who are not exempt from testing and quarantine response protocols

Districts who participate in the statewide COVID-19 testing program or another similar testing program are strongly encouraged to utilize the new Test and Stay (B-1) protocol option to minimize the amount of time individuals are out of school. This testing and quarantine response protocol has been shown to be generally equivalent to quarantine for school-based contacts, and a safe alternative to at-home isolation.⁷ If schools choose not to participate in the statewide COVID-19 testing program and do not participate in a similar testing initiative, unvaccinated individuals follow the traditional quarantine (B-2) protocol.

Individuals who are part of the Test and Stay protocols may be eligible to participate in school sports and extracurricular activities, provided that they are in compliance with the applicable protocol. For events and sports that take place on non-school days, testing will still be required on those days to participate.

As part of Test and Stay, quarantine is still strongly recommended for individuals outside of school settings.

⁶ Guidance for People who are Fully Vaccinated Against COVID-19. Massachusetts DPH; August 2, 2021. Available at: <https://www.mass.gov/guidance/guidance-for-people-who-are-fully-vaccinated-against-covid-19>

⁷ Bernadette C Young, David W Eyre, Saroj Kendrick, Chris White, Sylvester Smith, et. al. "A cluster randomized trial of the impact of a policy of daily testing for contacts of COVID-19 cases on attendance and COVID-19 transmission in English secondary schools and colleges." (July 2021). medRxiv. Available at: <https://www.medrxiv.org/content/10.1101/2021.07.23.21260992v1>

Protocol B-1 (Recommended): Test and Stay

- **Duration of Test and Stay:** 7 days from the date of exposure
- **Return to School:** Close contacts can remain in school and do not have to quarantine, as long as they:
 - Are asymptomatic
 - Wear masks in school at all times, other than when eating or drinking. When these individuals cannot be masked (i.e., when eating or drinking) they should maintain 3 feet of distance from other individuals to the extent feasible.
 - Take a rapid antigen test (e.g., BinaxNOW) on each school day and receive a negative result. When the 7 days from date of exposure includes weekends or holidays, individuals should quarantine on weekends, and if they remain asymptomatic, upon return to school be tested immediately. If the individual remains negative, they can stay in school.
 - Conduct active monitoring for symptoms through day 14, and self-isolate at home if symptoms develop.
- **Note:** If an individual has symptoms at the time they are designated as a close contact or develops symptoms during the Test and Stay period or the 14 days following initial exposure, they should follow the protocol for symptomatic individuals (Protocol C). If an individual tests positive at any time, they should follow the protocol for individuals who test positive for COVID-19 (Protocol A).

Protocol B-2: Traditional protocol (if school does not have access to rapid daily testing or family or adult individual chooses not to participate in Test and Stay)

- **Duration:** Quarantine is at least 7 days from the date of exposure
- **Return to School:** After 7 days, returning on day 8, provided that they:
 - Remain asymptomatic
 - Receive a COVID test (PCR or rapid antigen) on day 5 or later and receive a negative result
 - Conduct active monitoring for symptoms through day 14, and self-isolate if symptoms develop.
- **Note:** If an individual has symptoms at the time they are designated as a close contact or within the 14 days following initial exposure, they follow the protocol for symptomatic individuals (Protocol C). If an individual tests positive at any time, they follow the protocol for individuals who test positive for COVID-19 (Protocol A).

Protocol B-3: Alternate protocol for those who choose not to receive a COVID test

- **Duration:** Quarantine is at least 10 days from the date of exposure⁸
- **Return to School:** After 10 days, returning on day 11, provided that they:

⁸ CDC Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing. Dec 2, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html>.

- Have not experienced symptoms up to this point
- Conduct active monitoring for symptoms through day 14 and self-isolate if symptoms develop.
- **Note:** If an individual has symptoms at the time they are designated as a close contact or within the 14 days following initial exposure, they follow the protocol for symptomatic individuals (Protocol C). If an individual tests positive at any time, they follow the protocol for individuals who test positive for COVID-19 (Protocol A).

Protocol C: Protocol for symptomatic individuals

Protocol C applies to **vaccinated and non-vaccinated individuals** who experience the COVID-19 symptoms listed in Section 1 applicable to their status.

Protocol C for <u>symptomatic</u> individuals:
Protocol C-1 (Recommended): Return to school post-symptoms with test
<ul style="list-style-type: none"> ● Duration: Dependent on symptom resolution ● Return to School: Individuals may return to school after they: <ul style="list-style-type: none"> ○ Have received a negative PCR test result for COVID-19. Note: So long as the individual is not a close contact, if a medical professional makes an alternative diagnosis for the COVID-19-like symptoms, the individual may use this recommendation (e.g., for influenza or strep pharyngitis) in lieu of a PCR test. ○ Have improvement in symptoms ○ Have been without fever for at least 24 hours without the use of fever-reducing medications. ● Note: If the symptomatic individual was a <u>close contact</u> who is not exempt from testing and quarantine response protocols, after symptoms resolve and they receive a negative PCR test, they should follow Protocol B-1 for Test and Stay. <ul style="list-style-type: none"> ○ If Test and Stay is not available or the family or adult individual opts not to participate, they follow Protocol B-2 or B-3.
Protocol C-2: Alternative protocol for symptomatic individuals who are not close contacts and choose not to receive a COVID test to return to school
<ul style="list-style-type: none"> ● Duration: Isolation is at least 10 days from symptom onset⁹ ● Return to School: After 10 days, returning on day 11, assuming they: <ul style="list-style-type: none"> ○ Have improvement in symptoms ○ Have been without fever for at least 24 hours without the use of fever-reducing medication.

⁹ CDC Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19. Mar 16, 2021. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

Section 3: Routine COVID pooled testing protocols

Routine COVID pooled testing involves combining several test samples together and then testing the group sample with a PCR test for detection of COVID-19. Testing for all consenting students and staff members will typically take place once per week.

Unvaccinated district and school staff and students who submit consent forms are strongly encouraged to participate in voluntary routine COVID pooled testing. This includes contracted staff such as bus drivers. Vaccinated staff and students may also participate in pooled testing if they submit consent forms; however, this is not recommended. Also, it is not recommended that any individual who has tested positive for COVID-19 in the past 90 days participate in pooled testing.

Protocol for routine COVID pooled testing
If the routine <u>group pooled testing</u> result is negative, then:
<ul style="list-style-type: none">• All individuals within that group are presumed negative and should remain in school.
If the routine <u>group pooled testing</u> result is positive, then:
<ul style="list-style-type: none">• All individuals within that group should be retested individually by rapid antigen (e.g. BinaxNOW) or PCR test.• If asymptomatic, members of the group should return to school until and unless an individual is identified as positive. Individuals in the group should wear masks until the positive individual is identified.• Symptomatic members of the group should stay home and follow Protocol C.

Section 4: Frequently Asked Questions

Who should receive a diagnostic test?

- If staff or students are a close contact of someone who tested positive for COVID-19, they should be tested and should follow the protocols outlined in Protocol B, unless they are exempted, as outlined above.
- If staff or students have COVID-19 symptoms, they should be tested and follow the protocols outlined in Protocol C.

Where can individuals receive an individual PCR test?

- Every school should have a list of available test sites. A [list of test sites is available here](#), and Massachusetts also has an [interactive testing map](#). Staff and students who have symptoms should also contact their primary care provider for further instructions.

When and how should BinaxNOW tests be used for diagnostic purposes?

- The BinaxNOW test is a rapid antigen test. Rapid antigen tests perform best when the person is tested in the early stages of infection with COVID-19, when the viral load is generally highest.
- When a student or staff member presents to the school health office with any symptom from the list in Section 1, they should receive a BinaxNOW test if available.
 - If the result is positive, they should be sent home and follow Protocol A.
 - If the result is negative, they should be sent home. The student's parent/guardian, or the staff member, should be informed that the negative test is presumptive and they should follow Protocol C.
- Note: BinaxNOW tests are less sensitive and less specific than PCR tests. PCR confirmation is recommended for asymptomatic persons with a positive BinaxNOW test, and for symptomatic persons with a negative test, unless those symptoms are unlikely to be due to COVID-19. If the results are discordant, for the purposes of these protocols the PCR result would be taken as the true result, assuming the two tests are done within 2 days of each other.

How should schools address individuals with mild symptoms?

- If an individual has mild symptoms, the individual may be considered for testing using BinaxNOW, if available.
 - If the result is positive, they should be sent home and follow Protocol A.
 - If the result is negative, they should remain in school.
 - If the minimal symptom(s) persist, the individual may be re-tested within the subsequent 3 days. If symptoms worsen, the individual should seek medical care and be evaluated for the need for PCR testing.

How does contact tracing occur?

- When a person has a positive COVID-19 test, the local board of health or the Massachusetts Community Tracing Collaborative will reach out to provide support so the individual can remain safely in medical isolation. They will also ask for help to identify close contacts.
- These organizations will then reach out to the individual's close contacts to provide information to help stop the spread of the virus, including how to safely quarantine.
- To further assist with contact tracing, the student/family and staff are asked to reach out to their personal contacts and notify the school. The school should also support contact tracing efforts within the school to the extent feasible.

What additional steps should schools take if someone presents symptoms of COVID-19?

- If someone is symptomatic at school or on the bus, they should be masked immediately and evaluated by the school health professional for symptoms.
- If individual has COVID-19 symptoms as outlined in Section 1, they should be masked, and when feasible, be in a separate room with the door closed until they can be picked up. For full guidance for school health offices, please see [Additional Information for School Health Offices](#).

What additional steps should schools take if someone tests positive for COVID-19?

- Determine if the individual was at school in the two days prior to symptom onset (or testing positive if asymptomatic) and until isolation.
 - If so, clean and disinfect the spaces an individual spent time in, if they have not already been cleaned.
- Note that for districts participating in the statewide testing program designated school staff and parents/care givers will receive results of each individual COVID test a student takes through the testing software platform.
- Communicate with families and staff of close contacts, including informing them that:
 - There was a positive test (**do not name the specific individual**)
 - Explain that the student/staff is a "close contact" and therefore should follow the protocols for close contacts outlined in Protocol B.
 - Remind individuals of the list of COVID-19 symptoms to monitor for (see Section 1).
 - Ask them to communicate external test results to the school.
- If the school finds out about the COVID-19 positive test in the middle of the school day:
 - Make sure students who are close contacts are wearing masks.
 - If close contacts are symptomatic, they should be masked, and when feasible, be in a separate room with the door closed until they can be picked up. For full guidance for school health offices, please see [Additional Information for School Health Offices](#)

What should districts and schools do if they have a high volume of cases?

- Districts and schools can contact the DESE Rapid Response Help Center at 781-338-3500 for guidance if they are experiencing a high volume of cases. Notification should also be provided to local boards of health and district leadership.

Who should participate in routine COVID pooled testing?

- Unvaccinated district and school staff and students who submit consent forms are strongly encouraged to participate in voluntary routine COVID pooled testing. This includes contracted staff such as bus drivers.
- Vaccinated staff and students may also participate in pooled testing if they submit consent forms; however, this is not recommended.
- It is not recommended that any individual who has tested positive for COVID-19 in the past 90 days participate in routine COVID pooled testing.

Who will administer routine COVID pooled testing?

- Based on guidance from DPH, staff and students who are in grades kindergarten and above are encouraged to self-administer the nasal swab under appropriate supervision and at the discretion of the trained observer.
- Tests may also be administered at school either by trained school staff, including school health professionals, or trained onsite test specimen collectors.

How should routine COVID pooled testing be grouped?

- “Membership” within a given pooled testing group should remain consistent when feasible.
- Teachers should be tested with their students to avoid staffing issues if each teacher needs an individual re-test.
- If districts or schools strongly prefer to create pooled testing groups composed exclusively of staff, they are limited to a maximum of 5 swabs per staff-only group and must have BinaxNOW tests available for immediate follow-up testing.

How often should routine COVID pooled testing occur?

- Routine COVID pooled testing should be conducted once a week in most scenarios.

What if the follow-up tests to a positive group pooled testing result in no individual positive tests?

- In the case where a positive group pooled testing returns no BinaxNOW individual positives upon follow-up testing, all members of the group should remain in school and be tested by another BinaxNOW test 1-2 days after the initial negative result.

****Please Note:** The number of deaths involving COVID-19 given at meeting were reflected on data as of 08.16.2021 (156.) Data seen below is the number that is reflecting the data as of 08.25.2021.

cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

[National Vital Statistics System](#)

Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by time-period, jurisdiction of occurrence, sex and age-group. Data as of: 8/25/2021

Year death occurred	Sex	Age Group	All Deaths involving COVID-19 [1]	Deaths from All Causes	Deaths involving Pneumonia [2]	Deaths involving COVID-19 and Pneumonia [2]	All Deaths involving Influenza [3]	Deaths involving Pneumonia, Influenza, or COVID-19 [4]
2021	All Sexes	0-17 years	★ 187	19,858	262	43	9	415
2020	All Sexes	0-17 years	198	34,204	625	36	179	966

Yearly Monthly Total

[National Vital Statistics System](#)

Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by time-period, jurisdiction of occurrence, sex and age-group. Data as of: 8/25/2021

State	Sex	Age Group	Year	Year when death occurred	Sex	Age Group	All Deaths involving COVID-19 [1]	Deaths from All Causes	Deaths involving Pneumonia [2]	Deaths involving COVID-19 and Pneumonia [2]	All Deaths involving Influenza [3]	Deaths involving Pneumonia, Influenza, or COVID-19 [4]
Massachusetts	Multiple	0-17 years	All	2021	All Sexes	0-17 years		268			0	
				2020	All Sexes	0-17 years		404			0	

Yearly Monthly Total