

Agenda
Cambridge COVID-19 Expert Advisory Panel
1 pm, Thursday Sept. 3rd, 2020

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1) Discussion of new mask order amendment.

Sam:

- The petition language is understandable, but not legally viable (re: wearing a mask indoors, regardless of distance, with anyone not in their household). This captures people in private homes. The law department will not allow this. We could propose to tighten up language from the version currently in place. Including publicly accessible space. We could be more specific about where indoors masks are required.
- To what extent do we want to impose stricter rules than the state for indoor offices? For example, their non-mask use in >6 ft spaces.
 - I propose 10ft separation, and if you can have a barrier running 6ft on each side on 3 sides, then a 6 foot separation would be acceptable.

Louann: In the hospital, we just wear a mask unless you're in your private office. This is much simpler.

Bill: We should learn from the experience of people working in healthcare in the spring. The way you do it is by wearing PPE all the time. If you do that it will make a big difference. The most important thing is the public setting.

Jill: The height of the barrier is tricky. Aerosol experts say it goes up, and it might go very high. It's not necessarily about lateral/horizontal transmission. Louann's idea makes sense.

Sam: So no other barriers, except a fully enclosed office?

Jill: Correct. Transmission through ventilation is still up in the air (ha, ha). Less concerned about transmission between offices.

Claude: Months ago, we talked about the two extremes of people who are onboard vs pushback against these strategies. How do we wordsmith this?

Bill: Frame around consent. If you are within 6 feet of someone with no mask, you're putting other people at risk.

Louann: ANother scenario in the hospital is when people are on lunch breaks, etc., their masks come off. So that's where it's REALLY important to emphasize 6 feet. Baystate had an outbreak like this. There needs to be messaging around this.

Sam: Messaging is one thing, but the legal language in the order needs to be very tight. Could be a provision around meals in a shared space. Do you think 6 feet is really the number?

Bill: It's about risk reduction. There's a brief period around when aerosol transmission is possible, around when symptoms develop, and that's really hard to stop. The majority of the time, 6 feet is enough to reduce risk. If you can do 6 feet, do it, if you can do more, that's better.

Claude: 0.18% PCR testing for the City, closing in on 10,000 test mark. DESE came up with heat maps by community. In the end, the school wave we're playing close attention.

Sam: Multi-unit housing is still very lax. Mask use required in public spaces for < 6ft. Laundry rooms are very crowded. If the EAP feels strongly, we could put in language saying mask use is required in all common areas of multi-unit housing

Jill: That's consistent with Louann's idea.

Luoann: Suthers said today that if you live in a home with someone high risk you should wear a mask as much as possible.

Jill: MGH hosp workers have lower pos rate than general population, likely because of mask use

Louann: We have data that demonstrate that PPE use lead to a decrease in cases even while community cases went up.

Bill: BMC data similar, is in a grant application, unsure if it's being published. MGH is published. What's open that could have the largest impact?

Sam: If bars are serving food, they can have indoor seating. That's the white whale. There are other communities in our region that have prohibited indoor dining.

Bill: The people in places like Formagio, etc., are not the random sample of the community. We will have a bigger impact where people are likely to go.

Sam: It's difficult to write this kind of policy, because you can't control the audience.

Anna: We are seeing clusters in business, this is something that we can control and impact.

Sam: Indoor fitness, we have language there, we could redistribute that for comment, but we're waiting for the law department, it's much stricter than the state. The state has an exemption to the mask use for aerobic equipment. This is addressed in our amendment language. Need to make sure the law department gets moving. Look at indoor dining not for now, but for later, what's the trigger point. Also laboratories will benefit from a universal policy.

Bill: Someone went to work with a pos test in a lab

Jill: Higher ventilation, but more ventilation exchange, more movement, better access to masks than anyone else.

Anna: We've had a few clusters at labs. People who are required to be at work in person right now are less likely to have access to other resources, financial resources, healthcare resources. This is an equity issue.

- 2) Update on other recommendations for how to limit transmission to balance increased contacts from school and university opening (eg reduce indoor dining, exercise etc.).
- 3) Youth athletic league. Somerville is reported to have city-mandated training for coaches that requires distancing or masking – can this approach increase safety adherence?

Claude: Goldstar pool will be open for the next couple of weeks. Re: the youth athletic league

Sam: They are taking everything very seriously, they aren't doing basketball, they aren't going to do lacrosse games. Soccer will be the highest risk activity.

- 4) Safety protocols for out-of-school supervisors of remote learning – the CPSD science advisory panel and COO want to insure that the many hours spent designing safety protocols are in place for all Cambridge public school students and support staff.

Bill: If you're having a hybrid school model, there is a situation where people who don't have in-person instruction, they'll still have instruction together. Important to comment on that setting as well. We can make things safer in schools but what about the people at home. What happens in schools is not just a special thing for schools, that's the kind of practice that should be in place for other places as well. Ventilation, etc. All if this stuff can prevent cases. The benefit should be felt beyond the public school system.

Jill: There's a detailed draft manual available publicly. If schools open mid October, everyone will be together, including people who for a month have not been in a safe environment.

Claude: What's the action item?

Bill: The out of school supervisors of school learning should be subject to the same things as the schools. All we are doing in this circumstance is not opening schools to other people are exposed to substandard conditions.

Claude: DESE is releasing additional guidance around the roles of childcare centers/ these other education scenarios. Is that under jurisdiction of schools or LBOHs.

Jill: Who is regulating it? Is it yet to be determined? The remote supervision. 1000 families have opted for that.

Claude: That's correct. LBOHs might regulate? Still a conversation about the role of the schools. There's not an expectation that the responsibility land on LBOHs, but what's the alignment with existing symptoms. i.e. licensure and ISD.

Sam: There's licensed and unlicensed early ed. Unlicensed daycares are legal but have no oversight. The city planned ones are easy to think about. It's the other people organizing remote learning pods we need to worry about.

Bill: Remote learning in the bars and night clubs?

Jill: Can we have the regs for schools apply to the school run supervised learning?

- 5) BioBot RFA, related article about this method in practice:
<https://www.washingtonpost.com/nation/2020/08/28/arizona-coronavirus-wastewater>
- 6) Update on fall community testing and flu clinic plan. (Nancy/Claude)