

BOARD OF HEALTH

Meeting

Town of Nantucket
3 East Chestnut Street
Nantucket, Massachusetts 02554

www.nantucket-ma.gov

Commissioners: Stephen Visco (chair), Malcolm MacNab, MD, PHD (Vice chair), James Cooper, Meredith Lepore, Melissa Murphy
Staff: Roberto Santamaria, Artell Crowley, Kathy LaFavre, John Hedden, Anne Barrett, Madison Humphrey

~~ MINUTES ~~

Thursday, December 17, 2020

This meeting was held via remote participation using ZOOM and YouTube,

Pursuant to Governor Baker's March 12, 2020 Order Regarding Open Meeting Law

Called to order at 3:01 p.m. by Mr. Visco

Staff in attendance: R. Santamaria, Health Director; A. Crowley, Assistant Health Director; Kathy LaFavre, Inspector; T. Norton, Town Minutes Taker

Attending Members: Stephen Visco; Malcolm MacNab, MD, PHD; James Cooper; Meredith Lepore; Melissa Murphy, Select Board

Speaker: Gary Shaw, Director Nantucket Cottage Hospital

I. ANNOUNCEMENTS

II. PUBLIC COMMENTS – ANY MEMBER OF THE PUBLIC MAY ADDRESS COMMISSIONERS AT THIS TIME

1. None

III. APPROVAL OF MINUTES

1. November 19, 2020; Murphy – Page 2, uses pronoun “he’s uncomfortable” asked it be “she’s uncomfortable.
2. December 6, 2020
3. December 8, 2020
4. December 11, 2020

Action **Motion to Approve with November 19th as amended.** (made by: MacNab) (seconded)
Roll-call vote Carried unanimously //Murphy, MacNab, Lepore, Cooper, and Visco-aye

IV. DIRECTOR'S REPORT

1. COVID-19

Santamaria – Over the past few weeks, we’ve seen a lot of new cases. Shared today’s sewer report predicting a downward slope.

Shaw – The number of positive test results are going down. Reviewed demographics of positive cases: majority 20- to 30-year-olds; 4 cases were shipped off Island; very few children cases. Graph of cases as of December 15th. The trend is that dense households are impacted; we have not seen spread trends in hospitality or restaurants. The traffic through the testing portico is down by about half. We began vaccination today with an allocation of 40 doses a week; we’ve done 20 today and will do 20 Monday. Have not seen any adverse reactions. We are vaccinating hospital staff in waves; that will take about 8 to 10 weeks to be fully vaccinated.

MacNab – We talked about metrics for going back. Though it looks good, asked what the indication would be that we have to roll back.

Shaw – The reason he’s showing the pie graph is because we don’t want to be overwhelmed with a sudden surge; we are seeing a number of mild cases. That encourages him not to have a conversation about a roll back unless we see something happening to cause a surge. The risk profiles and decline in cases tells him it’s starting to pass. If we see a growth in children or those over 60, we should look at it again.

Santamaria – He suggests we keep at least a day or two open a week for a meeting in case there is a change in the situation. Looking at the trend line, we start and end at 20, which puts us at an R number of 1 over the past 12 days. That’s good but not great because there is still a 1-to-1 spread. The hospital isn’t getting overwhelmed with the testing.

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Lepore – Her understanding was that the COVID Taskforce would come up with metrics for when we have to close. She thinks 4 people being shipped off in one week is a big deal. We need to be more pro-active and not wait until there’s no room in Boston.

Santamaria – That’s correct; we aren’t in good shape. However, he and Jerico Mele have not had time to come up with any metrics yet.

MacNab – The key point is having guidelines would help. He’s encouraged by Mr. Shaw’s presentation.

Shaw – When looking at the disease, from onset to past severe impact is 14 days. Action should have been in place about 21 days ago. We’re seeing a large percentage of recoveries at home and a small percentage of people being med-evac’ed.

Murphy – She feels comfortable about how we’ve managed the information on the cases that can’t be traced and where the contagion is. What we’re seeing in the age group is households and gatherings are where spread occurs. Feels we are being strategic about the policy-making process. Asked for a discussion about the new testing center.

Shaw – As of Monday, the Stop-the-Spread (asymptomatic) testing is moving to the VFW (on Bunker Road); times will be published. Symptomatic testing will continue at the hospital. The CAFNET program is time consuming and requires resources, which are currently being poured into the vaccine.

Murphy – During one meeting, there was a conversation about enhancing contact tracing; asked if there is an update on that.

Santamaria – We connected with the Contact Tracing Collaborative (CTC); one issue is when a person is called, and they don’t pick up because they don’t recognize the number. They are trying to contact people within 48 hours.

Mele – The CTC has doubled their call-center size and changed call-back options. They’ve increased the volume of out-going phone calls and doubled the number of workers. There is a volunteer program where people can sign up to be contact tracers; there is a short certification process.

Lepore – Dr. Pearl said the hospital could add more people. Asked if the hospital has added/can add more people to contact tracing.

Shaw – Contact tracing isn’t always done as we might like due to a stigma around being positive. We’ve identified nurses with the time to make the first call. There are opportunities for volunteers within the community. However, he doesn’t think the problem is as big as it is perceived to be.

Mele – The CTC doesn’t allow a volunteer to pick the area they cover simply because of the stigma issues; the area is assigned to a volunteer through the MAVEN database.

Shaw – MAVEN doesn’t allow us to do local contact tracing.

Santamaria – The schools are doing their own contact tracing. To his knowledge, CTC has been in contact with the Island’s 90 previous cases.

Murphy – There have been some people who have been very forward and talked about their infection. As much as we want to rely on local and state tracing, there is a personal responsibility to inform people you’ve been in contact with that you have the virus.

Robert Liddle – Speaking as a member of the Nantucket Builders Association, thanked Mr. Santamaria and Mr. Mele for the report and advice and expressing confidence and showing courage to keep us all safe and healthy.

V. BOH APPLICATIONS REVIEW

- 1. Loan Request for Sandole, 12 Green Meadows Drive (67-383), septic to sewer
 - Sitting Visco, MacNab, Cooper, Lepore, Murphy
 - Documentation Supporting documents and plans, staff recommendations.
 - Discussion (3:43) **Santamaria** – This is approvable
 - Action **Motion to Approve.** (made by: Cooper) (seconded)
 - Roll-call vote Carried //Murphy, MacNab, Cooper, Lepore, and Visco-aye

2. 6. Variance request for 167 Hummock Pond Road (65-36), BOH Regs 56.02 & 64.04B1 one bedroom per 10,000sf
- Sitting Visco, MacNab, Cooper, Lepore, Murphy
Documentation Supporting documents and plans, staff recommendations.
Discussion Not opened at this time.
Action Continued to January meeting.
Roll-call vote N/A
3. 7. Variance Request for 29 Ridge Lane (38-72), Title 5 Section 15.410 minimum setbacks
- Sitting Visco, MacNab, Cooper, Lepore, Murphy
Documentation Supporting documents and plans, staff recommendations, Title5 regulations.
Discussion (3:44) **Paul Santos**, Nantucket Surveyors – This is new construction on one of the remaining lots; it is an I/A denitrification unit. This is to validate unintentional placement of the system 1 foot into the property 10-foot setback. Chris Grime, Jr., AH Const. installed the system and is here to answer questions. In 1995, the State reworked the entire Title 5 regulations; quoted that report. The abutting property is open space. The option is to excavate and move the tank; it is a heavy tank.
Crowley – The placement was by mistake but can be corrected; there’s plenty of room to make it compliant. Granting the relief would allow additional development of the lot. Recommend it be denied and the tank be relocated.
Santos – If this were new construction he wouldn’t recommend asking for relief. This is different in that it is now in place; the board should look at the impact of the 1-foot intrusion and does the remedy outweigh what the relief is asking for.
Lepore – If we approved this, asked if it would set a precedent.
Cooper – Asked if the lot now becomes non-compliant should they go to sell it.
Crowley – If you grant the variance, that makes it okay.
Cooper – Agrees with Ms. Lepore; he doesn’t support granting this variance. This is a situation where it can be fixed now; it should be relocated to where it belongs.
Santos – He doesn’t think it will set a precedent. Note he doesn’t think the Board can be swayed.
Action **Motion to Reject the variance.** (made by: McNab) (seconded)
Roll-call vote Carried Unanimously /Murphy, Cooper, Lepore, MacNab, and Visco-aye

IV PUBLIC HEARING

1. 105 CMR 435:00 Minimum Standards for Swimming Pools
- Motion to open the Public Hearing at 3:58. (made by: MacNab) (seconded)
Carried unanimously//Cooper, Murphy, Lepore, MacNab, and Visco-aye
- Sitting Visco, MacNab, Cooper, Lepore, Murphy
Public speakers None
Discussion **Santamaria** – This is to discuss the lifeguard requirement specifically under section 23 – all public or semipublic pools require a lifeguard or equal training when pool is open. In 2011, it was voted to require an attendant with CPR and First Aid training; two years ago, we thought Condos and Homeowners Association (HOA) pools were exempt.
Sarah Alger, Sarah J. Alger, P.C. – Introduced Brian Burnett and Terry Sanford, Jay Youmans and Ford Athmann of Smith Costello & Crawford. In 2015, a hotel group came to the Board to ask that their restrictions be reduced so they could provide an attendant. At that time, it was interpreted that action undid the 2011 exception. However, there had been no enforcement between 2015 and 2019; at that time the Condos and HOAs were surprised to learn that the requirement applied to them as well.
Youmans – The folks at Hawthorne reached out to me and contracted our firm to look into the State- and National-level regulations. We found that between public pools with a lifeguard and semi-public/private pools with no lifeguard, pools with a lifeguard are safer. During our national environmental scan, commercial semi-public pools are amenities at locations trying to make money; as opposed HOA/Condo pools, which are shared among homeowners. When HOA/Condo pools

have the same requirement for a lifeguard, that increases the fees; as a result, residents will install private pools on their properties. Private pools are the primary driver for drownings; they have a 2.5% drowning rate; there are also significant environmental impacts as well.

Athmann – Went through the analysis process. The drowning rate is 2X more at private pools as opposed to public and semi-public pools with an attendant or lifeguard. By enforcing this on semi-public pools, there will be an increase of non-regulated pools which increases the likelihood of a fatality. There is also an increase in environmental damage when a semi-public pool switches over to numerous private pools: increased water usage, increased energy output, and increased seepage.

Youmans – CMR 105 doesn't require pools to be staffed; it's up to the BOH to make the determination. Barnstable and the State of Rhode Island put a cut-off on the number of units at which point private pools aren't allowed. The cost of a certified pool attendant for a resident over 8.1 years, the average length of Condo ownership; is \$1m.

MacNab – He wants to understand what is actually on the books now. He thought it was someone with CPR and 1st-aid training who can dial 911.

Alger – There was never a specific vote that undid the 2011 exemption. The 2015 vote that changed the requirement to an attendant could be argued as leaving the exemption in place; but could be argued the other way as well. The issue she has is that the hotels asked for the restriction to be loosened; no Condos or HOA players came because they didn't think they would be impacted. What happened was a reduction for hotels but an increase for Condos and HOAs.

LaFavre – She was at the 2015 hearing; she recalls that all public and semi-public pools were notified; notification of the hearing was in the paper for 3 weeks and everyone was invited. She recalls the vote required all public and semi-public pools to have an attendant with CPR/First Aid training.

Athmann – Couldn't find the minutes from those meetings. It was stated at the meeting the restriction was for commercial properties. It wasn't until 2019, that the Board pivoted and included non-commercial pools.

Youmanns – At the state level, there is no distinction between commercial and private semi-public pools. The meeting recording indicated the BOH distinguished between commercial and private.

Crowley – In 2011, residential semi-public pools were not being licensed when they were supposed to be licensed; at that time, there were only two. In 2015, the BOH required all public and semi-public pools to be licensed. We identified the oversight of residential semi-public pools and sent out a letter to those owners.

Alger – We've never been able to find the minutes from the 2011 meeting but have the tape as well as the tape from the 2015 meeting. The minutes from 2015 weren't approved and made public until December 2019 and there was no enforcement; as a result, there was no way to tell from the outside there was a requirement. Asked for a clear set of rules to be decided on now. What makes most sense is to continue the exemption and perhaps add the cap of up to x-number of residents.

Cooper – He doesn't want to vote on this tonight; there are too many questions.

Lepore – She thinks the presentation was short-sighted. In those developments, most people don't have the room for pools and she feels that \$20 an hour isn't too much to ask to keep a child from drowning.

MacNab – He read the report; asked them to send him publications on the environmental impact; it wouldn't be fair to compare Nantucket to pool usage in Arizona. He'd also like to review the requirements for putting in a pool on Nantucket. He also wants to think about the difference between a private pool at a condo and a semi-public pool at a condo.

Sanford – Some of these HOAs appear to have public pools because the lot sizes won't accommodate pools; that is particularly true for Hawthorne Park and that was by design.

Cooper – These pools and subdivisions are strictly owner occupied; a number of the units are rentals. Owners can rent the properties, so there will be people who use the pool but aren't owners.

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Youmans – If you compare this to a public pool, we have to overlay consumer behavior and cost. Between 60% and 75% happen in private pools that can be on rental properties. At a community pool, you have the benefit so community watching.

Action **Motion to continue public hearing to January 21st meeting.** (made by: MacNab) (seconded)
Roll-call vote Carried unanimously//MacNab, Cooper, Murphy, Lepore, and Visco-aye

V. BOH BUSINESS

1. None

VI. ADDITIONAL DOCUMENTS USED

1. Today's Sewer Report
2. Pie chart demographics
3. Case graph
4. Draft BOH Minutes as listed
5. 105 CMR 435:00

VII. ADJOURNMENT

Action **Motion to adjourn 5:44 p.m.** (made by: MacNab) (seconded)
Roll-call vote Carried unanimously//Murphy, Cooper, Lepore, MacNab, and Visco-aye

Submitted by:
Terry L. Norton