

Board of Health  
Town of New Marlborough  
Meeting Minutes for February 9, 2022

Meeting was called to order in person at Town Hall at 6:25 PM with Board members Larry Davis III, Peter Marks and Jordan Chretien and agent Scott McFarland present.

Minutes of the January meeting were waived.

A monthly Covid and public health nursing update for New Marlborough and Southern Berkshire County was provided by the Southern Berkshire Public Health Collaborative in an email from Amy Hardt and is attached to these minutes. Although number of cases is starting to trend down, the point is made to be smart and take appropriate precautions (vaccination, masking, testing) commensurate with ones activities and likelihood of potential exposure.

Other happenings relative to the SBPHC include drafting of an Inter-Municipal Agreement (IMA) for the towns involved. A draft is currently being reviewed by several of the towns and their town Counsel. When finalized, the BOH and Selectboard of each town will need to sign the IMA. Also, the SBPHC is prepared to provide New Marlborough with public health nursing services, previously contracted with the Berkshire VNA, which is no longer providing those services. It is anticipated that the SBPHC will have more capacity to expand on what the BVNA was able to provide. The BOH agreed that New Marlborough should contract with the SBPHC for public health nursing services in FY23 for the same annual fee of \$2750 that was budgeted for the BVNA for FY22. Scott will investigate further with the SBPHC best use of FY22 BVNA funds toward supporting local public health in New Marlborough.

BOH Budgets for FY23 were discussed, and the Board agreed to level fund each of the budgets, other than the software budget with Full Circle for the PermitEyes online program. Scott will confer with Full Circle to confirm their FY23 rate.

Septic designs received and reviewed include:

- 108 Church Street (upgrade, 5-bedroom)

No new Title 5 inspections, perc test or wells were permitted since last meeting.

A Complaint was received through the New Marlborough Police Dept regarding questionable living conditions at 5 Clark Way. Police/medical assistance was called to the location for a gentleman in need of medical attention. Scott spoke with Christine McMillan of Elder Services who was working on reaching the other adult living at the premises to offer help and services. The BOH will wait for feedback from Elder Services to evaluate what further role the BOH may have in the situation.

A request was received from Trachtenberg (200 Brewer Hill Rd) and his contractor Scott MacKenzie to connect a barn/workshop on the property to the main house septic system. He is intending to add a bathroom to the barn/workshop. The barn building is located several hundred feet from the existing septic tank and SAS. The board decided that a Title 5 inspection should be done on the existing system to confirm its condition and size, so that accurate existing information can be provided to an engineer/septic designer. The BOH will need specific design information for connecting the barn to septic, in order to be able to issue a permit.

Unfortunately Scott had his schedule conflict on Tuesday evenings extend through March 8, so the board graciously agreed to meet for the March meeting on Wednesday March 9, 2022 at 6 PM. Motion to adjourn was seconded. Meeting adjourned at 7:45 PM.

Respectfully submitted, Scott McFarland, Agent.

Public health Nursing Covid update, 2/7/2022:

Recent reductions in local weekly reported COVID case numbers continue to gain speed – for the last week of January, South County cases went down by 48%, and Berkshire County cases dropped by 34%. In the week before that, they were down by 37% and 21%, respectively. However, these drops are coming off a peak caseload that ultimately was 4 times higher than our winter peak last year. And we remain at about 2-1/2 times the caseload we had at Halloween, a few weeks before Omicron showed up (see center graph). So it's important to keep current numbers in perspective, particularly as we think about the impact of workforce outages and the real health risks still present for immunocompromised people, those who have not been vaccinated, and those needing acute care from overtaxed health providers.

As we begin Year 3 with a very different set of resources and challenges than we've had at each previous stage, questions are coming up more and more about our "endgame" with COVID. As tempting as it is to project ourselves into a fantasy future where we need do nothing to stop the spread of this virus, the reality is that we will likely continue to need certain tools and measures in place to keep current and new variants in check. We also continue to learn more about the spread and lasting effects of Omicron (remember, it's only been 3 full months since that variant emerged). And we are also seeing signs that its even more contagious subvariant .B2 has been gaining ground and appears to be preventing peaks in other countries from dropping back down very far, which fortunately did occur last winter.

Weary though we may be at this point, with current case levels so high everywhere it remains important to protect ourselves and others. We can do this by always wearing a very effective mask indoors, limiting unnecessary travel and unmasked indoor exposures, avoiding large crowds, and keeping up to date with vaccination and boosters. Basically, it's a good idea to assume that at any point you might get COVID, and to set yourself up for the best possible scenario if that happens. If at any time you are likely to have been exposed or are questioning a new symptom, best practice is to stay home until you can test yourself and obtain an accurate result (5 days after exposure), or if staying home and/or testing is not possible, to wear a KN95 or N95 mask around others indoors for a full 10 days, just to be on the safe side.

Finally, it feels important at this stage to be absolutely clear about what vaccination means. First, it means a much-reduced risk of severe symptoms, hospitalization and death. Second, it means a significantly lower risk of becoming infected, especially if your last shot or booster was within the last few months. Third, it means a lower risk of spreading the virus to others, since we can't spread what we're less likely to have. But being vaccinated (or recently infected, for that matter), does not mean there is no risk of

any of these things occurring. As someone who had avoided air travel and eating indoors for the past 2 years and finally did both recently, I can confirm that the waning of vaccine protection against COVID infection is a real thing. Being 15 weeks past my booster shot and traveling in an area of high transmission (which is basically still everywhere right now), I knew that statistically, my protection against infection if exposed was only about 50%. I felt comfortable that my personal level of risk for severe symptoms was very low due to being vaccinated and healthy overall. Since I always wear a highly effective mask in public and could easily take a rapid test at any time, I felt there would be a low risk of spreading the virus to others if I did get it while traveling. And lastly, while long-haul COVID symptoms are still possible, that particular risk felt less important than taking a much-needed break and enjoying some of the things I had missed the past 2 years. This is one example of what managing our risks looks like. It doesn't mean being reckless and not taking any precautions at all, and it doesn't mean completely avoiding the risk of exposure either, it just means making day-to-day decisions using the best information we currently have. The more we can each do this, the better off our community will be.

Stay well,

Amy Hardt, MPH RN

Lead Public Health Nurse

Southern Berkshire Public Health Collaborative