



CITY OF LOWELL, MASSACHUSETTS  
—  
BOARD OF HEALTH

**AGENDA: Board of Health OCTOBER 7, 2020 at 6:00 P.M. previously scheduled to be held in the Mayor's Reception Room, 375 Merrimack St., 2nd floor, Lowell, MA 01852.**

SEPTEMBER 30, 2020

Michael Geary, City Clerk 375 Merrimack Street Lowell, Massachusetts 01852

Dear Mr. Geary: In accordance with Chapter 303 of the Acts of 1975 you are hereby notified that a meeting of the Lowell Board of Health will be held on Wednesday, OCTOBER 7, 2020 @ 6:00 P.M. As allowed by the Revised Open Meeting Law, to meet the social distancing requirements contained in Governor Charles Baker's Executive Order Relative to the COVID-19 outbreak, this meeting will be conducted by conference call

**AGENDA:**

1. New Business

- 1.I. Conference Call Log-In Information  
Conference Call Log-in Information

Documents:

[ZOOM MEETING SIGN-IN INFORMATION.PDF](#)

- 1.II. Informational: Erin Gendron - Appointment To Board Of Health

Documents:

[ERIN GENDRON - APPOINTMENT TO BOARD OF HEALTH.PDF](#)

- 1.III. For Acceptance: Minutes Of The September 2, 2020 Meeting Of The Board Of Health  
Motion: To accept the minutes of the September 2, 2020 Meeting of the Board of Health.

Documents:

[BOH MINUTES - DRAFT 9.2.2020.PDF](#)

- 1.IV. For Review: Tobacco Control Monthly Report Submitted By Cesar Pungirum, Program Director

Documents:

[TOBACCO CONTROL BOH LOWELL REPORT\\_SEP2020.PDF](#)

- 1.V. For Review: Monthly Development Services Report Submitted By Senior Sanitary Code Inspector Shawn Machado

Documents:

[DEVELOPMENT SERVICES - FOOD INSPECTION REPORT 10-7-20.PDF](#)  
[DEVELOPMENT SERVICES - FAILED FOOD BOH 10-7-20.PDF](#)  
[DEVELOPMENT - SCHOOLS FAILED INPECTIONS - SCHOOLS 10-7-20.PDF](#)  
[DEVELOPMENT SERVICES - COVID TICKETS-WARNINGS BOH 10-7-20.PDF](#)  
[DEVELOPMENT SERVICES - BODY ART INSPECTIONS SEPTEMBER 2020.PDF](#)

- 1.VI. For Review And Vote: Annual Board Of Health Agent Appointments  
Communication dated October 7, 2020 from Health and Human Services Director Joanne Belanger regarding the Annual Appointments.

Motion: To hold votes regarding Annual Appointment of Agents of the Board of Health and Emergency Appointments by the Health and Human Services Director.

VOTE: Appointment of Permanent and Other Staff as Agents of the Board of Health  
VOTE: Delegation of Emergency Appointments of Agents of the Board of Health to the Health and Human Services Director.

Documents:

[ANNUAL APPOINTMENTS - BOARD OF HEALTH AGENTS.PDF](#)

- 1.VII. For Review: Trinity EMS, Inc. Reports And Notifications Submitted By Jon Kelley

Documents:

[TRINITY EMS OVERDOSE REPORT AUGUST 2020.PDF](#)

## 2. Old Business

- 2.I. Update: COVID-19

Documents:

[HEALTH PROTOCOLS SUMMARY - UPDATED 9.3.2020.PDF](#)  
[HEALTH DEPARTMENT PROTOCOLS FOR COVID CASES IN SCHOOLS.PDF](#)

## 3. Director's Report

- 3.I. Departmental And Divisional Reports

Documents:

[SCHOOL HEALTH DIVISION - BOH AUGUST 2020 - 10.7.20.PDF](#)  
[SUBSTANCE ABUSE DIVISION BOH REPORT -10-07-2020.PDF](#)  
[PREVENTION PROFESSIONALS OF NORTHERN MIDDLESEX VIGIL - SAVE THE DATE.PDF](#)

## 4. Motion: To Adjourn

Motion to Adjourn the October 7, 2020 meeting of the Board of Health.

**THE NEXT MEETING OF THE LOWELL BOARD OF HEALTH WILL BE HELD ON  
NOVEMBER 4, 2020 AT 6:00 PM. LOCATION TO BE DETERMINED.**

Topic: Board of Health Meeting October 7, 2020

Time: October 7, 2020 06:00PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://lowellma.zoom.us/j/4319762851?pwd=QmJUY2xKdkcwaEdNUGI3UmJQb0FKdz09>

Meeting ID: 431 976 2851

Passcode: 10072020

Dial by your location

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Germantown)

833 548 0282 US Toll-free

877 853 5247 US Toll-free

Meeting ID: 431 976 2851

Passcode: 10072020

Eileen Donoghue  
City Manager

September 9, 2020

Ms. Erin Gendron  
56 Wetherbee Avenue  
Lowell, MA 01852

RE: Board of Health  
Appointment Thereto

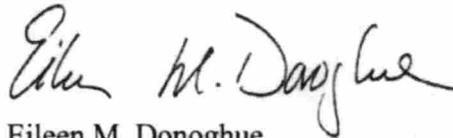
Dear Ms. Gendron:

It is with pleasure that I appoint you to membership on the Board of Health, which term will expire on February 6, 2023 (or such time thereafter until a successor is appointed and qualified.)

Your expressed interest in serving is welcomed and appreciated.

Please be certain to contact the City Clerk to be sworn in to this position at your earliest convenience.

Very truly yours,



Eileen M. Donoghue  
City Manager

boards:94

cc: City Clerk  
Board of Health  
MIS

Law Dept.  
Human Relations Manager  
City Auditor



CITY OF LOWELL, MASSACHUSETTS  
BOARD OF HEALTH

September 2, 2020

A meeting of the Lowell Board of Health was held on Wednesday, September 2, 2020 by conference call. Chairperson Jo-Ann Keegan called the meeting to order at 6:02 P.M.

Phone-In Participants:

Jo-Ann Keegan, Chairperson  
Lisa Golden, Board Member  
John Donovan, Board Member  
Kathleen Cullen-Lutter, Board Member  
Joanne Belanger, Director of HHS  
Shawn Machado, Sr. Sanitary Code Inspector  
Cesar Pungirum, Tobacco Control Program Director  
Timothy Deschamps, Director, Central Mass Mosquito Control Program  
Richard Underwood, Lowell School Department Facilities Manager  
Marianne Busteded, Lowell School Department Safety Officer  
Christine Clancy, Commissioner of Public Works, Assistant City Manager

The meeting of the City of Lowell Board of Health was called to order at 6:02 PM by Chairperson Jo-Ann Keegan.

**9/2/2020 - Minutes**

**1. NEW BUSINESS**

**1.I. Conference Call Log-In Information**

1.II. **For Acceptance:** Minutes of the August 5, 2020 Meeting Of the Board of Health

**Motion:** To approve the Minutes of the August 5, 2020 Meeting of the Board of Health made by Lisa Golden, seconded by Kathleen Cullen-Lutter. All in favor.

1.III. **Discussion:** Update from the School Department Regarding the Opening of Lowell Schools  
Rick Underwood - Facilities Manager for the Lowell Public Schools summarized the status of the School openings. Nurse's office at the High School in the process of being moved to another location in the 1980's building. Various items such as the setup of isolation/quarantine rooms in the schools near the nursing offices, the staffing/observation of the rooms, PPE for staff, and the development of protocols for various scenarios with the staff/students were discussed. Joanne Belanger added that the N95 masks are actually recommended for health care/hospital workers only so in this situation they are not recommended for the school nurses or staff. School Safety Officer Marianne Busteded updated the Board regarding the training videos/protocols being reviewed with all the school staff.

1.IV. **Update:** Status Summary of 2019 Freshman Academy Air Quality Report and MSBA Projects  
DPW Commissioner/Asst. City Manager Christine Clancy updated the Board on the Freshman Academy Air Quality Report mitigation efforts and MSBA projects and how COVID expanded the air quality efforts out to all 30 schools. The City is following DESE guidelines regarding this and the company that worked on the high school project will be conducting this survey. The City is purchasing HEPA Air purifiers to support the HVAC system. The MSBA Accelerated repair program \$13.6M project for the replacement of roof and boilers at various schools is ongoing and being coordinated with the start of school. The use of air purifiers in the classrooms was discussed.

Paul Georges, President, United Teachers of Lowell was registered to speak and was recognized by Chairwoman Jo-Ann Keegan. Mr. Georges inquired if the Board would be walking through any schools prior to them opening. Mr. Georges also stated 50% of the roof ventilation systems were not working at the time schools were closed in March and inquired if it would be realistic to expect them to be repaired prior to the start of school. Christine Clancy spoke regarding the ongoing efforts to inspect all 461 fans throughout the district and workers are putting many hours in to make sure we have 100% functioning before school starts. Chairwoman Keegan informed Mr. Georges that that the Board did not currently have any plans to do any walk-throughs of the buildings. Mr. Georges added that he had been hoping the Board could see if there were enough sanitizing products in the school and that they were in the proper place/amounts. Chairwoman Keegan indicated that the school nurses could be asked for feedback on any lack of hand soap, PPE, etc. and that information could be followed up with by the Schools.

**1.V. Presentation:** Central Massachusetts Mosquito Control Program

Mr. Timothy Deschamps spoke to the Board regarding the Central Massachusetts Mosquito Control Program initiatives including mosquito spraying/trapping efforts and the abandoned tire pick-up program. Discussion was held on how to help promote the CMMCP tire pick-up program.

**1.VI. For Review:** Tobacco Control Monthly Report Submitted By Cesar Pungirum, Program Director

Mr. Cesar Pungirum reviewed the report with the Board. Mr. Pungirum noted the inconsistency of people (staff and members of the public) wearing masks in the stores and asked if anyone has reached out to them regarding any mask wearing policies. Mr. Shawn Machado asked him to report any violations to him and Development Services will follow up on any violations. Mr. Pungirum is conducting inspections relative to the new Tobacco Law and retailers are for the most part being very cooperative in making any corrections needed. Mr. Pungirum reminded the Board that the fines for violations begin at \$1,000 and he suspects that retailers will appeal these fines to the Board.

**1.VII. For Review:** Monthly Development Services Report submitted by Senior Sanitary Code Inspector Shawn Machado

Mr. Shawn Machado reviewed the Development Services Reports with the Board. Mr. Machado will be starting to include a COVID violation report for establishments.

**1.VIII. For Review:** Trinity EMS, Inc. Reports and Notifications Submitted By Jon Kelley

The Board had no questions regarding the reports.

**1.IX. Body Art Practitioner - New**

**Motion:** To approve the Body Art Practitioner License for Brendan Morgan made by Kathleen Cullen-Lutter, seconded by Lisa Golden. All in favor.

**1.X. For Discussion:** Resuming In-Person Meetings of the Board of Health

The Board discussed the possibility of resuming in-person meetings. HHS Director Joanne Belanger recommended the Board continue remote meetings at this time. The Board put in-person in meeting on hold and will reconsider in the future.

**1.XI. Communications**

The Board accepted and placed on file. Ms. Belanger asked the Board the type of items/communications they would like to see and asked for direction in that regard.

**2. OLD BUSINESS**

**2.I. Update:** COVID-19

HHS Director Belanger updated the Board regarding on-going COVID efforts. The proposed rapid response testing was discussed although the final document is still in flux. The Stop-the-Spread testing initiative was reviewed with the Board. It has been extended in some communities but Lowell will not be continuing past September 12, 2020. Mass.gov will list the communities that will continue with the testing program. Ms. Belanger hopes to expand the relationships forged with this testing program to other programs like the influenza clinic. Ms. Belanger has recommended that the State set up regional testing sites rather than expend the funding in individual communities.

Ms. Belanger included the City's COVID travel policy for the Board's review. The Board had no questions regarding the policy.

### **3. DIRECTOR'S REPORT**

#### **3.I. Departmental and Divisional Reports**

HHS Director Belanger informed the Board that the Health Department will be moving next week to the new facilities at 107 Merrimack St. and will open at that location on September 14, 2020.

The Department is starting to gear up for flu season. There have been inquiries as to if the Health Department could help with pediatric flu vaccines as all school children must be vaccinated by the end of December. Ms. Belanger hopes to have an update for the next meeting.

Ms. Belanger asked about establishing policies regarding people speaking at the meeting. Chairwoman Keegan noted that the Board's policy is to allow people to speak and not limit it too much. Ms. Belanger noted that the City Council requires registered speakers to appear on camera. Chairwoman Keegan thought that was not needed to be a requirement to speak to the Board. Board Member Lisa Golden felt it was not necessary for someone to have camera access. Board Member Kathleen Cullen-Lutter agreed. Chairwoman Keegan thought a draft policy would be ok. Ms. Belanger asked about time limits for speakers. Ms. Keegan noted that there has not been a problem with people speaking for long periods of time during a public hearing or regarding an agenda item.

Ms. Belanger will be putting a list of staff that need to be recognized as Agents of the Board of Health to act on behalf of the Board regarding inspections and other functions.

The Board had no further questions or comments.

The Board had no questions regarding the Substance Abuse Report - accepted and placed on file. Member Golden inquired on the Public Health Report and communicable diseases. Ms. Belanger updated the Board regarding on-going Public Health functions. The Public Health Report and School Health Report will be starting back up after the move. Discussion regarding vaccines and vaccine monitoring for the school children occurred.

#### **4. MOTION: TO ADJOURN**

**Motion:** To adjourn at 7:58 PM made by Lisa Golden, seconded by Kathleen Cullen-Lutter. All in favor.

THE NEXT MEETING OF THE BOARD OF THE BOARD OF HEALTH WILL BE ON  
OCTOBER 7, 2020 AT 6:00 PM.

# Lowell Tobacco Control Report

## September of 2020

Prepared by: Cesar Pungirum, M.M., J.D.  
Program Director

### Lowell

#### Inspections

I've been able to complete 34 in-store inspections so far this month. Most violations found had to do with missing new signs required under the new state law. With the confusion created by the implementation of the new law, some distributors are pushing products the sale of which has been prohibited in the city for years, such as blunt wraps and packs of cigars containing fewer than four cigars. These issues have been corrected before my leaving the premises.

#### Pricing Surveys

Although the Massachusetts Tobacco Cessation and Prevention Program (MTCP) has suspended these activities with the intent to reduce the time we spend inside retail stores, it has begun to explore the possibility of conducting them in a more limited capacity. It is currently developing a shorter form to be used with smaller samples of stores.

#### Implementation of the new state law: An Act Modernizing Tobacco Control

Both the law and the regulation promulgated by the Public Health Council for its implementation have a requirement that has created a few enforcement problems across the state. Specifically they require retailers to present documentation provided by tobacco manufacturers certifying the nicotine content of their vaping products. The documentation also has to certify that the vaping products and regular tobacco products are not flavored. One of the problems is that some of these documents are being issued by companies that are not the actual manufacturers of these products. MTCP is developing new guidelines it hopes will address this and other related issues.

#### Compliance Checks

I expect to resume compliance checks as soon as MTCP finalizes new protocols it has been developing for these activities and gives us the go-ahead to move forward. As stated earlier, most similar programs haven't even resumed regular inspections yet.

#### Tobacco Control Grant Renewal

It turned out MTCP could not locate the original of the signed contract package we had sent them, even after providing them with the USPS tracking number. I'm working with Brendan to get a new package signed by the city manager and mailed.

#### COVID-19 Survey

DPH has launched a survey it hopes will help understand inequities surrounding COVID-19. It's particularly interested in responses from minority groups impacted by the pandemic. *See attach.*

**Quick Links (please see rest of message for details)**

Survey: [www.mass.gov/COVIDsurvey](http://www.mass.gov/COVIDsurvey)

Attached materials: <http://bit.ly/CCIS-Dissemination-Materials>

FAQ document: [FAQ document](#)

Questions: [covid19survey@mass.gov](mailto:covid19survey@mass.gov)

**1. HELP SHARE THIS SURVEY**

We are asking organizations to disseminate the survey link and/or administer the survey directly to people who face too many barriers to completing it on their own. Example activities include:

- Providing link to all Massachusetts staff, consumers, family and friends
- Emailing link to organizational mailing lists
- Posting about survey on social media such as Facebook, Twitter or Instagram
- Posting flyers about the survey in places where people gather or go regularly such as beauty/barber shops, food pantries, grocery stores
- Using staff or volunteers to contact individuals and administer the survey

**What support is available for my organization to disseminate this survey?** To support organizations, we have attached the following materials (in 7 languages):

- Sample email language
- Sample social media language
- Flyers with QR codes
- Resource list
- Passive consent form (if needed, see FAQ: <http://bit.ly/CCIS-FAQ>)

(all materials may be found at: <http://bit.ly/CCIS-Dissemination-Materials> )

A limited number of volunteer and grant supports will be available. To learn more about these, please complete this brief questionnaire: [www.bit.ly/CCIS-webinar](http://www.bit.ly/CCIS-webinar)

**2. BACKGROUND:**

**What is CCIS?** The COVID-19 Community Impact Survey (CCIS) is an online survey aimed at collecting data to better understand and identify the social, economic, and health needs and inequities resulting from the COVID-19 pandemic.

**How will the findings be used?** Findings from this survey will be used to improve DPH's ability to act - helping address the most critical needs, partnering with communities to support local efforts, and informing state policy with accurate information on what people need now and in the long term. Results will be available to community-based organizations for their own planning and action purposes.

**Who should take this survey?** Anyone 14 or older who lives in MA can and should take the survey. Even people who have not had COVID-19 can take this survey. We have a particular interest in gathering responses from communities who have been impacted the most, including: people of color, immigrants, individuals who are LGBTQ+, people with disabilities, essential workers, people experiencing housing instability, older adults, and those in geographic areas hardest hit by COVID-19.

**What important information should I know?** The survey is available in six common languages spoken in MA: English, Chinese (standard and traditional), Spanish, Portuguese, Haitian Creole, and Vietnamese.

**Where may I find additional information?** Additional information about the CCIS Initiative may be found in the [FAQ document here](#). If you have questions, please contact [covid19survey@mass.gov](mailto:covid19survey@mass.gov).

### 3. SAMPLE MESSAGES

Please support this effort by sending this survey to your distribution list. Below is sample language in English (please see attached files for additional languages):

**Email:**

Dear \_\_\_\_\_,

The Massachusetts Department of Public Health (MA-DPH) is trying to hear from communities so that it can better help people through the COVID-19 crisis. By taking this survey, you can help find new solutions to community problems, and give MA-DPH the information they need to take action and support the communities that need it most. MA-DPH is committed to sharing information back in ways that will help us all take collective action

I believe this effort will help us better understand the impact of COVID-19 on our communities, and would encourage anyone who is 14 years old or older to participate using this link: [www.mass.gov/COVIDsurvey](http://www.mass.gov/COVIDsurvey)

**Social media:**

- MA-DPH is learning how to better help people through COVID-19. Even if you haven't been sick, your answers can help. Take the survey. [www.mass.gov/COVIDsurvey](http://www.mass.gov/COVIDsurvey)
- The COVID-19 Community Impact Survey will help MA-DPH learn about needs across the state, so it can plan resources and support around COVID-19. Take the survey. [www.mass.gov/COVIDsurvey](http://www.mass.gov/COVIDsurvey)
- COVID-19 unfairly impacts people of color more than others. Help MA-DPH learn how it can plan resources and support around COVID-19. Take the Community Impact Survey. [www.mass.gov/COVIDsurvey](http://www.mass.gov/COVIDsurvey)

Thank you for your support.

Establishment	#	Street	Prior Inspection	Inspector 2	Last Inspection	Inspector-1
Market Basket	331	Fletcher St.	02-Sep-20	Adam	22-Sep-20	Adam
Daley School	150	Fleming St.	12-Sep-19	Aurea	22-Sep-20	Aurea
Gertrude Bailey School	175	Campbell Drive	10-Oct-19	Aurea	22-Sep-20	Aurea
Washington School	795	Wilder St.	18-Sep-19	Aurea	22-Sep-20	Aurea
Xtra Mart	378	Gorham St.	24-Feb-20	Lisa	22-Sep-20	Lisa/Aurea
Grumpy G's	415	Lawrence St.	24-Sep-19	Lisa	22-Sep-20	Lisa/Aurea
A&R African International Market	558	Gorham St	23-Dec-19	Lisa	22-Sep-20	Lisa/Aurea
Molloy School	125	Smith St.	10-Sep-19	Adam	21-Sep-20	Adam
Target Starbucks	181	Plain St.	21-Jan-20	Aurea	21-Sep-20	Adam
Target	181	Plain St.	21-Jan-20	Adam	21-Sep-20	Adam
Laura Lee School	235	Powell St.	11-Oct-19	Aurea	21-Sep-20	Adam
Cardinal O'Connell School	21	Carter St.	23-Sep-19	Lisa	21-Sep-20	Lisa
Santoro's Sub Shop	194	Gorham St	28-Oct-19	Lisa	21-Sep-20	Lisa/Aurea
Lowell Portuguse Bakery *	930	Gorham St	23-Sep-19	Lisa	21-Sep-20	Lisa/Aurea
Trolley Pizza	984	Gorham St	08-Oct-19	Lisa	21-Sep-20	Lisa/Aurea
LeBlanc School	58	Sycamore St.	10-Mar-20	Lisa	21-Sep-20	Lisa/Shawn
Riverside School	73	Woburn St.	18-Sep-19	Lisa	21-Sep-20	Lisa/Shawn
Lowell Package Store	303	Westford St.	20-Mar-20	Aurea	17-Sep-20	Aurea
Lowell Laundry Station, Inc.	303	Westford St.	20-Mar-20	Aurea	17-Sep-20	Aurea
Ja Market Corporation	1687	Middlesex St	15-Sep-20	Aurea	17-Sep-20	Aurea
Hellenic American School	41	Broadway St.	11-Mar-20	Adam	17-Sep-20	Jimmy
Greenhalge School	149	Ennell St.	10-Sep-19	Jimmy	17-Sep-20	Jimmy
St. Michael's Parish Hall	543	Bridge St.	26-Sep-19	Jimmy	17-Sep-20	Jimmy
Seven Eleven Food Stop	63	Mammoth Rd.	04-Mar-20	Jimmy	16-Sep-20	Adam
St. Patrick's School	311	Adams St.	11-Mar-20	Jimmy	16-Sep-20	Adam
Lowell High Cafeteria Failed	50	Father Morrissette	30-Sep-19	Jimmy	16-Sep-20	Jimmy
Bartlett School Cafeteria	79	Wannalancit St.	09-Sep-19	Jimmy	16-Sep-20	Jimmy
Murkland School	350	Adams St.	10-Sep-19	Jimmy	16-Sep-20	Jimmy
Stocklosa School *11/20/18	560	Broadway St.	11-Mar-20	Jimmy	16-Sep-20	Jimmy
Blue Taleh	15	Kearney Sq.	24-Sep-19	Lisa	16-Sep-20	Lisa/Adam
The Village Smokehouse	98	Middle St.	28-Feb-20	Lisa	16-Sep-20	Lisa/Shawn
Reilly School	115	Douglas Rd.	10-Mar-20	Lisa	16-Sep-20	Lisa/Shawn
Pyne School	145	Boylston St.	11-Sep-19	Lisa	16-Sep-20	Lisa/Shawn
Sullivan School	150	Draper St.	10-Mar-20	Lisa	16-Sep-20	Lisa/Shawn
Butler School	1140	Gorham St	11-Mar-20	Lisa	16-Sep-20	Lisa/Shawn
Little Ceaser	430	Bridge St	04-Nov-19	Adam	15-Sep-20	Adam
99 Restaurant	850	Chelmsford St.	02-Mar-20	Adam	15-Sep-20	Adam
T&N Food Store	51	Branch St.	13-Mar-20	Aurea	15-Sep-20	Aurea
Seven Eleven	55	Chelmsford St.	18-Mar-20	Aurea	15-Sep-20	Aurea
Quick Mart	299	Chelmsford St.	18-Mar-20	Aurea	15-Sep-20	Aurea
Robinson School	110	June St.	20-Sep-19	Jimmy	15-Sep-20	Jimmy

McAvinnue School	117	Mammoth Rd.	10-Sep-19	Jimmy	15-Sep-20	Jimmy
An Wang School	365	West Meadow Rd.	12-Mar-20	Jimmy	15-Sep-20	Jimmy
Pawtucket Memorial School	425	West Meadow Rd.	16-Sep-19	Jimmy	15-Sep-20	Jimmy
McAuliffe School	570	Beacon St.	20-Sep-19	Jimmy	15-Sep-20	Jimmy
Advance Auto	1190	Bridge St.	19-Feb-20	Jimmy	15-Sep-20	Jimmy
Green Bamboo Chinese Rest.	14	Kearney Square	24-Sep-19	Lisa	15-Sep-20	Lisa/Adam
Rogers School	43	Highland St.	10-Mar-20	Lisa	15-Sep-20	Lisa/Shawn
Seven - Eleven	970	Gorham St.	28-Aug-20	Lisa/AR	15-Sep-20	Lisa/Shawn
Shaughnessy School	1158	Gorham St	04-Mar-20	Lisa	15-Sep-20	Lisa/Shawn
Subway	426	Chelmsford St.	19-Mar-20	Aurea	14-Sep-20	Aurea
Seven Eleven	463	Chelmsford St.	18-Mar-20	Aurea	14-Sep-20	Aurea
Seven Eleven	645	Princeton Blvd	04-Feb-20	Aurea	14-Sep-20	Aurea
Bonchon Chicken	1075	Westford St	12-Mar-20	Aurea	14-Sep-20	Aurea
Freshmen Academy	43	French St.	30-Sep-19	Jimmy	14-Sep-20	Jimmy
Market St., Inc.	95	Market St.	23-Jan-20	Lisa	14-Sep-20	Lisa/Jimmy
Espresso's Pizza *	220	Central St.	19-Feb-20	Lisa	14-Sep-20	Lisa/Jimmy
PeephupTimei Restaurant	278	Branch St.	11-Mar-20	Aurea	11-Sep-20	Aurea
K-Market	268	Westford St.	03-Feb-20	Aurea	10-Sep-20	Aurea
Angelina's Pizzeria & Subs	1334	Middlesex St.	13-Mar-20	Aurea	10-Sep-20	Aurea
Angelina's Convience Store	1350	Middlesex St.	13-Mar-20	Aurea	10-Sep-20	Aurea
Wendy's	1460	Middlesex St.	16-Mar-20	Aurea	10-Sep-20	Aurea
Lucky Market	4	Pine St.	18-Mar-20	Aurea	09-Sep-20	Aurea
Zabb Elee	586	Westford St.	12-Mar-20	Aurea	09-Sep-20	Aurea
China Star #2	1733	Middlesex St.	29-Jun-20	Aurea	09-Sep-20	Aurea
Oliveira's Deli Maret	279	Chelmsford St.	04-Dec-19	Aurea	09-Sep-20	Shawn New
Dalphond's/Vic Pastry	1	Lilley Ave.	22-Jan-20	Adam	08-Sep-20	Adam
Yummy Express	21	Branch St.	11-Mar-20	Aurea	08-Sep-20	Aurea
Bayon Market	37	Branch St.	11-Mar-20	Aurea	08-Sep-20	Aurea
Belvidere House of Pizza	249	High St.	22-Jan-20	Lisa	03-Sep-20	Lisa/Aurea
Fio's Express	1040	Gorham St	19-Nov-19	19-Nov-19	03-Sep-20	Lisa/Aurea
Showcase Cinema	32	Reiss Ave	12-Dec-19	Aurea	02-Sep-20	Aurea
Home Away From Home	150	Industrial Ave.	18-Dec-19	Aurea	02-Sep-20	Aurea
Gary Tipico	26	Andover St.	14-Feb-20	Jimmy	02-Sep-20	Jimmy
South American Food Market	457	Lawrence St.	27-Jan-20	Lisa	02-Sep-20	Lisa/Aurea
George's Restaurant	1224	Gorham St	16-Jan-20	Lisa	02-Sep-20	Lisa/Aurea
Pizza Hazel	1258	Gorham St.	16-Jan-20	Lisa	02-Sep-20	Lisa/Aurea
The Coffee Mill	23	Palmer St.	26-Feb-20	Lisa	02-Sep-20	Lisa/Jimmy
Nanas Kitchen	515	Central St	15-Jul-20	Lisa	02-Sep-20	Lisa/Jimmy
East End Club	15	W Fourth St.	22-Jan-20	Adam	01-Sep-20	Adam
Rita Supermarket*	515	Lawrence St.	28-Oct-19	Lisa	01-Sep-20	Lisa/Aurea
Brewed Awakening Coffee House	61	Market St, Unit #1	23-Jan-20	Lisa	01-Sep-20	Lisa/Jimmy
Bento Sushi	777	Rodgers St.	28-Jan-20	Adam	31-Aug-20	Adam

Hannaford's Supermarket	777	Rogers St.	28-Jan-20	Adam	31-Aug-20	Adam
Princeton House	100	Princeton Blvd.	13-Jan-20	Aurea	27-Aug-20	Aurea
V-Mart	123	Church st	21-Oct-19	Lisa	27-Aug-20	Lisa/AR
Internatinal Ministry of Deliverias	192	Appleton St.	25-Oct-19	Lisa	27-Aug-20	Lisa/AR
Los Amigos Market	232	High St.	23-Jan-20	Lisa	27-Aug-20	Lisa/AR
Roma Pizza	638	Rogers St.	18-Dec-19	Lisa	27-Aug-20	Lisa/AR
Dunkin Donut	24	Merrimack St.	24-Oct-19	Lisa	27-Aug-20	Lisa/Jimmy
Dunkin Donut *	290	Central St.	19-Feb-20	Lisa	27-Aug-20	Lisa/Jimmy
Dollar General	125	Church St.	18-Nov-19	Lisa	26-Aug-20	Lisa/AR
Amigo's Convienece Meat Market	791	Central St.	20-Feb-20	Lisa	26-Aug-20	Lisa/AR
Frank & Ernest Convenience Store	810	Central St.	20-Feb-20	Lisa	26-Aug-20	Lisa/AR
Gormley's Lunch	139	E. Merrimack St	21-Jan-20	Adam	25-Aug-20	Adam
Four Seasons	373	Central St.	21-Oct-19	Lisa	25-Aug-20	Lisa/Jimmy
Lowell Housing Authority	21	Salem St.	11-Feb-20	Adam	24-Aug-20	Adam
Moe's Southwest Grill	1235	Bridge St.	17-Jan-20	Adam	24-Aug-20	Adam
Morey School	130	Pine St.	10-Oct-19	Aurea	24-Aug-20	Aurea
Lowell Firefighters Assoc.	362	Fletcher St.	22-Oct-19	Jimmy	20-Aug-20	Aurea

## **Failed Food Establishments**

### **Board of Health Meeting**

**10/7/2020**

**Fio Express – 1040 Gorham St 8/28/2020**

**Serve Safe expired**

**Allergen expired**

**Evidence of mice / more frequent treatments**

**Reinspection: 9/3/2020**

**Last three inspections:**

**Belvidere House of Pizza – 249 High St 8/27/20**

**Ansul system out of date**

**Reinspection: 9/3/2020**

**Last three inspections:**

**Princeton House – 100 Princeton Blvd – 9/2/20**

**Allergen Awareness expired / Renewed 9/9/20**

**Serve Safe Expired / Renewed 9/9/20**

**Fire Extinguisher expired / Serviced 9/3/20**

**Reinspection: 9/10/20 Compliance**

**Last three inspections: All passed**

**Espresso's Pizza - 220 Central St – 8/27/20**

**Stained and missing ceiling tiles / 9/14/20**

**Mildew in fridge / Clean immediately**

**Food uncovered in fridge / Cover immediately**

**Employee bottled drinks in ice machine / Remove drinks and ice immediately**

**Reinspection: 9/14/20 Compliance**

**Last three inspections:**

**Market St Market – 95 Market St 9/1/20**

**Falafel being cooked at home to be sold in the store / Discard**

**No hood & Ansol system for cooking that produces grease-laden vapors**

**Reinspection: 9/14/20 Compliance**

**Last three inspections: All passed**

**Santoro's Sub Shop – 194 Gorham St 9/14/20**

**All interior doors filthy / Clean**

**Dish racks damaged and filthy / Replace**

**Refrigerator filthy / Clean immediately**

**Reinspection:**

**Last three inspections: All Passed**

**Trolley Pizza – 970 Gorham St 9/21/20**

**Ansul system out of date**

**Excessive flies in kitchen / Remove immediately – keep rear door shut**

**Allergen Cert expired**

**Reinspection:**

**Last three inspections: All passed**



## Failed Schools

### BoH Meeting 10-7-2020

**Morey School – 130 Pine St 8/24/2020 –**

**No hot water / Compliance 9/15**

**Ansul System non-compliant**

**Evidence of mice**

**Serve Safe & Allergen expired**

**Reinspection:**

**Butler School - 1140 Gorham St - 9/16/2020 – Hood system not working**

**Reinspection:**

**Reilly School – 115 Douglas Rd – 9/16/2020 - No hot water**

**Reinspection:**

**Sullivan School – 115 Draper St – 9/16//2020 – No hot water**

**Reinspection**

**Freshman Academy – 43 French St – 9/14/2020 No hot water**

**Reinspection:**

**LHS – 55 Father Morissette Blvd – 9/14/2020 Evidence of rodents**

**Racks and floor in dry-storage unkempt**

**Reinspection: 9/16/20 – Banner serviced 9/15/2020**

**Dry-storage clean – Compliance**

**Reinspection: 9/16/20 Compliance**

**Wang School 365 W Meadow Rd 9/15/20**

**Ansul System non-compliant**

**Reinspection:**

**Greenhalge School 149 Ennell St 9/17/20**

**Ansul System non compliant**

**Reinspection:**

**Bartlett School 79 Wannalancit St 9/16/20**

**Ansul System non-compliant**

**Reinspection:**

**McAuliffe School 570 Beacon St 9/15/20**

**Ansul System non-compliant**

**Reinspection:**

**Lincoln School 300 Chelmsford St 9/17/20**

**Freezer not working properly**

**Evidence of mice**

**Floor drain covers broken – causing a trip hazard**

**Gas line shut off to ovens**

**Reinspection:**

**COVID WARNINGS/TICKETS**

DATE	PROPERTY ADDRESS	BUSINESS NAME	WARNING TICKET #	FINE TICKET #	INSPECTOR	FINE AMOUNT	PAID
6/3/2020	1252 LAWRENCE ST #3	LOWELL THEREPEUTIC MASSAGE	T6002203		SM		
6/2/2020	271 HGH ST	NEW ATTITUDE SALON	T204308		PH		
4/27/2020	31 WESTFORD ST	LOWELL REDEMPTION	T6001948		MB		
6/16/2020	443 CHELMSFORD ST	DUNKIN DONUTS	T6002207		SM		
6/16/2020	169 NEWHALL ST	DOLLAR TREE	T6002209		SM		
6/17/2020	50 LOWE'S WAY	LOWE'S	T6002210		SM		
6/24/2020	39 FIRST ST	CAP	T6002216		SM		
7/6/2020	ROGERS ST	NTB	T6002218		SM		
7/7/2020	ROGERS ST	495 JEEP CHRYSLER	T6002220		SM		
7/8/2020	1275 PAWTUCKET BLVD	ROSSO'S	T6002222		SM		
7/8/2020	VARNUM AVE	VARNUM MARKET	T6002221		SM		
7/9/2020	GORHAM ST	JAYS FOOD STORE	T6002223		SM		
7/10/2020	1274 LAWRENCE ST	BRANDO'S	T6002811		AMCP		
7/14/2020	GORHAM ST	SANTORO'S	T6002227		SM		
7/14/2020	UNIVERSITY AVE	SUPPA'S	T6002229		SM		
7/14/2020	23 AIKEN AVE	LAUDRO MAX	T6002228		SM		
7/15/2020	166 GORHAM ST	JAY'S		T6002230	SM	\$ 300.00	7/29/2020
7/21/2020	PLAIN ST	WALKERS GYM	T6002234		SM		
7/21/2020	50 LOWES WAY	LOWE'S		T6002235	SM	\$ 300.00	
7/21/2020		SPARTANS PIZZA	T6002706		JL		
7/22/2020	BRIDGE ST	SANDWICH KING	T6002238		SM		
7/22/2020	APPLETON ST	SPEEDY CHECK CASHING	T6002236		SM		
7/22/2020	APPLETON ST	LEMON TREE	T6002237		SM		
7/23/2020	MERRIMACK ST	VIET THIA	T6002242		SM		
7/23/2020	ROGERS ST	JILLIES	T6002241		SM		
7/23/2020	708 ROGERS ST	NTB		T6002240	SM		
7/23/2020	503 CENTRAL ST	BRANCA TROPICAL BRASIL	T6002243		SM		
7/24/2020	WOBURN ST	DUNKIN DONUTS	T6002244		SM		
7/24/2020	WOBURN ST	PETES GULF	T6002245		SM		
7/24/2020	WOBURN ST	SUBWAY	T6002246		SM		
7/24/2020	515 CENTRAL ST	RIOS HAIR DESIGN	T6002247		SM		
7/28/2020	55 CHURCH ST	CHOICE FITNESS	T6002250		SM		
7/28/2020	MARKET ST	MARKET ST MARKET	T6002660		SM		
7/29/2020	515 CENTRAL ST	RIOS HAIR DESIGN		T6002663	SM	\$ 300.00	
7/29/2020	66 JEWETT ST	ANDYS MARKET	T6002661		SM		
7/29/2020	462 BRIDGE ST	VARGAS DELI	T6002662				
7/29/2020	32 BRANCH ST #5	LOWELL FLOWER HOUSE	T6002666		SM		
7/29/2020	32 BRANCH ST	HENG HENG	T6002665		SM		
7/29/2020	337 W SIXTH ST	JORDANS BARBER SHOP	T6002664		SM		
7/30/2020	PALMER ST	COFFEE MILL	T6002669		SM		
7/30/2020	32 WESTFORD ST	GUERREVO'S	T6002667		SM		
7/30/2020	426 CHELMSFORD ST	VIENTIANE GROCERY AND VIDEO	T6002668		SM		
7/31/2020	ROGERS ST	ROMA PIZZA	T6002671		SM		
8/4/2020	GORHAM ST	AR MARKET	T6002674		SM		
8/6/2020	ROGERS ST	MILAN PIZZA	T6002676		SM		
8/5/2020	FAIRMOUNT ST	GOLD STAR	T6002675		SM		
8/18/2020	OLD CANAL DR	HABIT OBCO	T6002677		SM		
8/19/2020	GORHAM ST	OASIS GRILL	T6002678		SM		
8/28/2020	BRIDGE ST	SEVEN-ELEVEN	T6002681		SM		
9/1/2020	27 JACKSON ST	LEASING OFFICE	T6002683		SM		
9/8/2020	MIDDLESEX ST	HONEY DEW	T6002687		SM		
9/11/2020	GORHAM ST	JAYS	T6002689		SM		
9/15/2020	PLAIN ST	BEST FITNESS	T6002693		SM		
9/15/2020	970 GORHAM ST	SEVEN ELEVEN	T6002694		SM		
9/11/2020	FAIRMOUNT ST	GOLD STAR		T6003035	ADAM	\$300	
9/21/2020	460 LAWRENCE ST	MILL CITY LAUNDRY	T6002695		SM		
9/22/2020	CHELMSFORD ST	MONARCH ELDER CARE	T6002696		SM		





Joanne Belanger, RN, BS  
Director of Health & Human Services  
978.674.1050

To: Lowell Board of Health

From: Joanne Belanger  
Director of Health and Human Services

Re: Annual Appointments

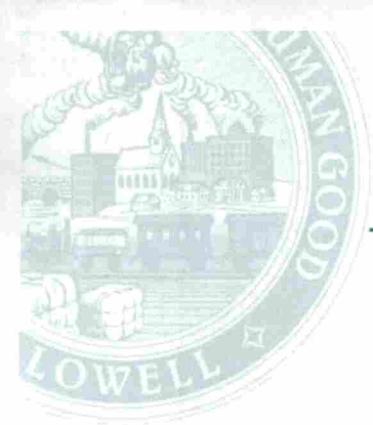
Date: October 7, 2020

The Board of Health should vote to make appointments of health agents and other staff. This is usually done at the beginning of the fiscal year. I ask the Board to take separate votes on the following:

**1. Staff Appointments** - In accordance with the provisions of M.G.L.c. 111, §30, the Board of Health appoints the following persons to serve as its agents and officers for the fiscal period of July 1, 2020, through June 30, 2021, and beyond as necessary to serve at the pleasure of the Board. Said appointment is for regulatory authority only and does not guarantee any salary or fee.

**A. Permanent Staff**

**Joanne Belanger** as Director of Health and Human Services, Health Director  
**Brendan Flynn** as Deputy Director – Finance, Health and Human Services  
**Carol Moriarty, R.N.** as Public Health Nurse - Clinic  
**Nicole Chauncey, R.N.** as Public Health Nurse - Clinic  
**Stephen Collins, R.N.** as Public Health Nurse – Clinic  
**Beth Moffett, R.N.** as School Nurse Coordinator – (Public Health Nurse – School)  
**Public Health Nurses – School**  
**Cesar Pungirum** as Agent (Tobacco Control Program Director)  
**Shannon Grey** as Agent (Community Health Coordinator)  
**Lainnie Emond** as Agent (Substance Abuse & Prevention Division, Manager)  
**Andres Gonzalez** as Agent (Syringe Collection Program Coordinator)  
**Kerry Alexander** as Agent (Head Administrative Clerk)  
**Kristin McMahon** as Agent (Head Clerk)  
**Shawn Machado** as Agent (Senior Code Enforcement Inspector)  
**Jimmy Lee** as Agent (Sanitary Code Inspector)  
**Don Murphy** as Agent (Sanitary Code Inspector)  
**Aurea Rivera** as Agent (Sanitary Code Inspector)  
**Adam McPhillips** as Agent (Sanitary Code Inspector)



Joanne Belanger, RN, BS  
Director of Health & Human Services  
978.674.1050

Annual Appointments  
October 7, 2020  
Page 2

**B. Other Staff (contract, on call, per diem, temporary)**

**David Connolly, M.D.** as Board of Health Physician  
**Public Health Nurses** – clinic setting (per diem/temporary)  
**Public Health Nurses** – school setting (sub/per diem/temporary)

**2. Emergency Appointments** – In accordance with the provisions of M.G.L.c. 111, §30, the Board of Health hereby authorizes the Director of Health and Human Services, Director of Public Health or the next person in succession to make emergency appointments of Health Agents with the verbal approval of the Chairman of the Board of Health or a member in succession, and the City Manager. Said appointments shall expire in 7 days unless otherwise extended by the Board of Health, and shall be for emergency purposes only.

*Please note that this final section is intended to ease the use of mutual aid services from other communities in the event of an emergency requiring swift response. It transfers the Board's authority to those responding agents and legalizes their actions. Said responding agents will be under the direction of a permanently appointed agent.*



**Overdose Report: Aug-20**

**Lowell, MA**

**Overdoses:** 103 OR 3.3 per day

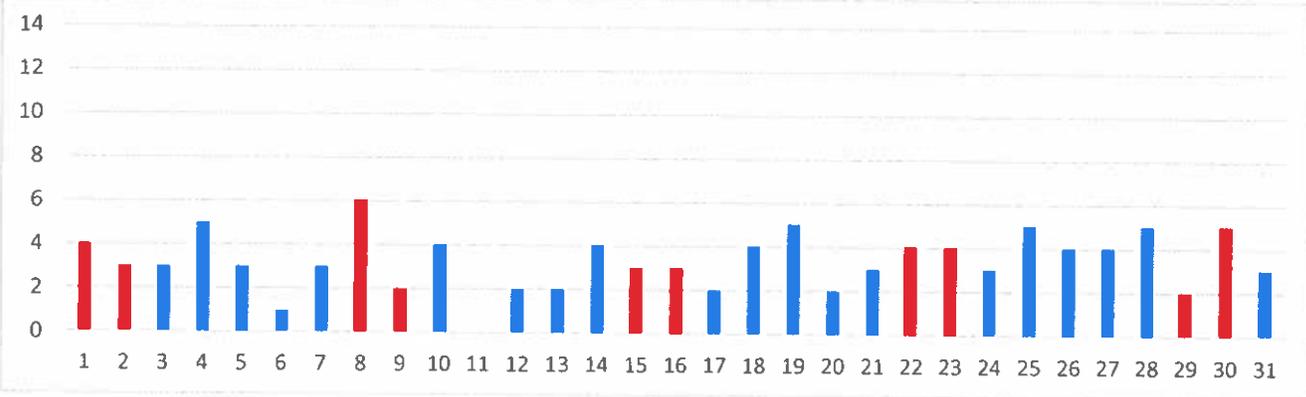
**Day of the week:**

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Count	15	14	14	9	15	19	17
Average	3.0	3.5	3.5	2.3	3.8	3.8	3.4

103

**Day of the month:**

Note: Red columns are Saturdays and Sundays



**Hour of the day:**

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
2	6	3	2	4	0	2	3	4	1	5	9	2	4	10	8	4	5	9	3	7	3	5	2

103

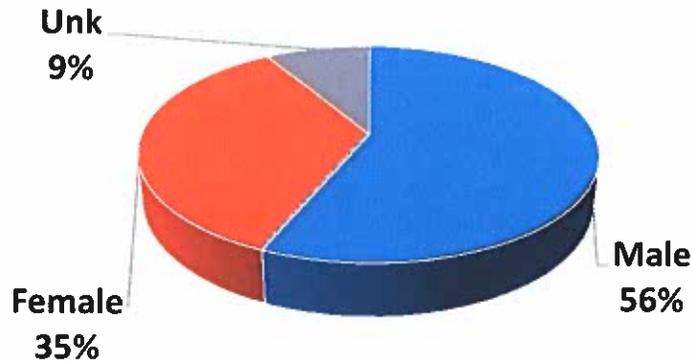
**Section of the city:**

Neighborhood	Count
Acre	14
Back Central	13
Belvidere	3
Centralville	16
Downtown	27
Highlands	8
Lower Belvidere	5
Lower Highlands	13
Pawtucketville	2
Sacred Heart	0
South Lowell	2

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**Profile of patient**

Sex	Count	Avg Age	Range
Female	36	42	18-75
Male	58	40	20-72



Age	#
12 and U	0
13-15	0
16-17	0
18-21	8
22	0
23	3
24	0
25	1
26	2
27	3
28	0
29	3
30	6
31	0
32	4
33	4
34	1
35	3
36	4
37	2
38	5
39	0
40	3
41	4
42	4
43	1
44	3
45	3
46	0
47	0
48	0
49	0
50	2
51-55	9
56-60	4
61-65	2
66-70	2
71 and up	8
Unk	9

19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug
100	83	107	73	95	78	84	75	96	119	96	91	103
3.2	2.8	3.5	2.4	3.1	2.5	2.9	2.4	3.2	3.8	3.2	2.9	3.3



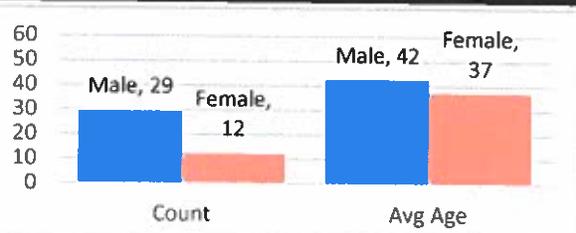
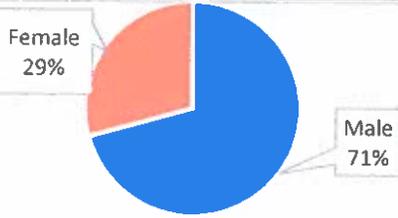
### Categorized Opiate Report:

Aug-20

Lowell, MA

#### Priority of patient

Priority 1	22
Priority 2	5
Priority 3	14

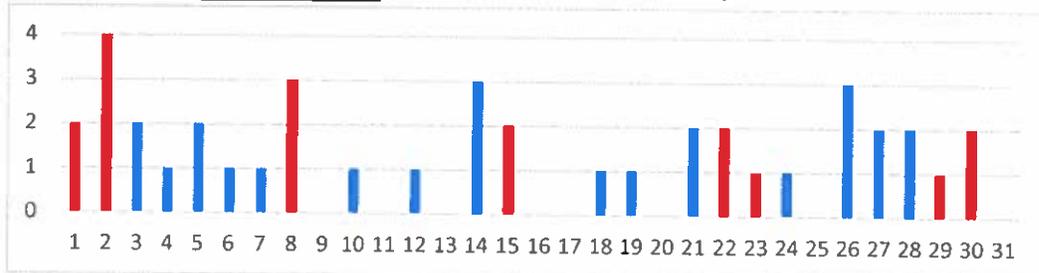


#### Age

12 and U	0
13-15	0
16-17	0
18-21	2
22	0
23	1
24	0
25	0
26	0
27	2
28	0
29	0
30	5
31	0
32	1
33	2
34	1
35	2
36	3
37	0
38	2
39	0
40	0
41	4
42	2
43	0
44	3
45	0
46	0
47	0
48	0
49	0
50	0
51-55	6
56-60	3
61-65	1
66+	1
Unk	0

Day of the week:	#	Avg
Mon	4	0.8
Tue	2	0.5
Wed	7	1.8
Thu	3	0.8
Fri	8	2.0
Sat	10	2.0
Sun	7	1.4

#### Day of the month: Red are weekends (below)



Hour of the day:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	0	0	0	1	3	0	0	1	2	1	1	3	1	3	1	2	3	1	5	2	3	3	3	2

Location of patient	#
Private Residence	16
Public Location- Inside	2
Public Location- Outside	21
Residential Instituion	2

Narcan used by:	
Lowell FD	6
Lowell PD	3
Trinity ALS	0
Trinity BLS	9
LGH ALS	2
Other	5
Park Ranger	0

Narcan doses	
2mg - 4	32
4mg - 11	34
6mg+ - 5	35

Neighborhood	Count
Acre - 6	6
Back Central - 6	6
Belvidere - 1	1
Centralville - 6	6
Downtown - 13	13
Highlands - 1	1
Lwr Highlands - 7	7
South Lowell - 1	1

Home town of pt	Count
Billerica - 3	3
Chelmsford - 1	1
Dracut - 1	1
Dunstable - 1	1
Jamaica Plain - 1	1
Lawrence - 1	1
Lowell - 25	25
North Chelmsford - 1	1
Pelham - 1	1
Tewksbury - 4	4
Westford - 1	1
Unknown - 1	1

#### Last 12 months All ORI calls

19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug
35	46	52	36	37	32	31	28	48	57	49	44	41
1.1	1.5	1.7	1.2	1.2	1.0	1.1	0.9	1.6	1.8	1.6	1.4	1.3

#### Last 12 months Priority 1 only

19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug
26	27	34	23	27	21	17	19	26	31	25	22	22
0.8	0.9	1.1	0.8	0.9	0.7	0.6	0.6	0.9	1.0	0.8	0.7	0.7

#### ORI - daily average

#### Priority 1 only- daily average

Year	Q1	Q2	Q3	Q4	Yr avg	Year	Q1	Q2	Q3	Q4	Yr avg	Age
2012	0.5	0.8	0.7	0.6	0.7	2012	0.1	0.2	0.3	0.3	0.2	51-55
2013	0.7	1.2	1.1	0.6	0.9	2013	0.3	0.4	0.5	0.2	0.3	56-60
2014	0.8	1.4	1.6	1.4	1.3	2014	0.3	0.6	0.8	0.9	0.7	61-65
2015	1.4	1.7	1.9	1.4	1.6	2015	0.8	0.7	0.9	0.8	0.8	66+
2016	1.7	1.6	2.0	2.3	1.9	2016	1.0	1.0	0.9	1.3	1.0	Unk
2017	2.0	2.3	2.8	1.8	2.2	2017	1.2	1.4	1.6	1.0	1.3	
2018	2.1	2.0	2.6	2.2	2.2	2018	1.2	1.1	1.3	1.4	1.3	
2019	1.5	1.5	1.4	1.4	1.5	2019	0.7	0.9	0.9	0.9	0.9	
2020	1.0	1.7	1.4			2020	0.6	0.9	0.7			



The following data is from Trinity EMS electronic Patient Care Reports. This data is from calls in all 13 communities Trinity provides service for. Only data from August 2020 opioid related calls are included

Trinity EMS Inc provides EMS services for the following communities in MA: Boxford, Chelmsford, Dunstable, Groveland, Haverhill, Lowell, and Dracut. In NH: Atkinson, Danville, Hampstead, Newton, Plaistow, and Sandown.

Only opiate overdoses that Trinity EMS Inc responded to are included. If someone from one of the communities listed above overdosed in another community not listed, it will not be represented in this data set.

System wide, Trinity treated 77 patients with an opioid related issue in August 2020.

Row Labels	Count of Date
LOWELL	28
HAVERHILL	19
TEWKSBURY	4
LAWRENCE	3
BILLERICA	3
(blank)	3
PLAISTOW	2
DRACUT	2
PELHAM	1
BUTNER	1
DUNSTABLE	1
WESTFORD	1
NORTH CHELMSFORD	1
CHELMSFORD	1
HAVELOCK	1
DANVILLE	1
TYNGSBOROUGH	1
GROVELAND	1
MERRIMAC	1
HAVRHILL	1
JAMAICA PLAIN	1
<b>Grand Total</b>	<b>77</b>

## Health Protocols Summary – Updated 9/3/ 2020

The Health Protocols Subcommittee was tasked with developing protocols related to procedures focused on the health and safety of students, staff, and families. The group met several times in July 2020 to synthesize national, local, and scientific information related to return to school procedures. Membership of the committee included LPS teachers, UTL leaders, Lowell Health Department members, school nurses, special educators, school administrators, and a parent. The members of the committee included Christine Adams, Brigitte Beauchesne, Bopha Boutselis, Lea Foley, Nancy Gomez, Molly Kelly-Muon, Kerry Marshall, Jason McCrevan, Beth Moffett, Kimberly Vespo, and Michelle Vicente. Several committee meetings and breakout subcommittee meetings synthesized the results into the following findings.

There are many opinions related to Return to School Health Protocols available for review from local and national organizations. After reviewing the information as a group it was obvious that conflicting information was present throughout many of the studies. Each organization tasked with developing these protocols had different timelines related to these protocols. Therefore as a group and with support from LPS Central Office we have concluded that it is best to recommend the ***most stringent protocols received from reputable sources*** in relation to Return to School Health Protocols. Therefore the following recommendations are synthesized from reviewing the following reports and recommendations:

1. HSPH. (2020). *Schools for Health: Risk Reductions Strategies for Reopening Schools*. Available at <https://schools.forhealth.org/wpcontent/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf>
2. Department of Elementary and Secondary Education. (2020). *Fall Reopening Facilities and Operations Guidance*. Available at <http://www.doe.mass.edu/covid19/on-desktop.html>
3. Department of Elementary and Secondary Education. (2020). *Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings*. Available at <http://www.doe.mass.edu/covid19/on-desktop.html>
4. Department of Elementary and Secondary Education. (2020). *Initial Fall School Reopening Guidance*. <http://www.doe.mass.edu/covid19/on-desktop.html>
5. CDC. (2020). *Considerations for Schools*. Available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

This committee was tasked with answering the following questions. Subgroups were created to develop these protocols and recommendations.

### **Question #1 - What is the protocol when a student or staff member is exposed to COVID? Tests positive for COVID?**

**Answer:** The Health Protocols Committee is recommending that anyone within close contact of a COVID-19 person should remain *out of school for 14 days after the last exposure to the person who tested positive and/or clearance from the local board of health*. If a student or staff member tests positive for COVID-19, he/she is to self-isolate as directed from the local health department. (Please see the flowchart below as Appendix A.) Parent or staff member should notify the school Principal or Nurse immediately upon receiving a positive test result.

**Notes:** As stated above conflicting information related to exposure time and incubation period is still being developed due to the nature and complexity of the new virus. Here is the most important information that was defined and synthesized by the subgroup.

1. Different procedures are recommended depending on exposure within school or reported from home.
2. Close contact is defined as “In school settings, close contacts include only those who have been within 6 feet of the individual for at least a sustained 15 minutes, while the person was infectious, in a classroom, in other school spaces, on the bus, or at an extracurricular activity. While previous guidance stated that all students in an elementary classroom would be defined as close contacts, this new guidance provides a narrower definition of a close contact that mirrors DPH guidance.” (DESE, 2020, *Clarifying Key Health & Safety Requirements for schools, page 1*).
3. Appendix B represents DESE guidance related to potential and confirmed exposure to COVID-19. While the DESE recommends that an individual found to be a close contact with a positive case should be masked for the remainder of the day, adhering to strict physical distancing (DESE Protocols, 2020), the committee recommends that the individual be dismissed from school immediately.
4. We are recommending that if someone is directly exposed at home or in school to COVID-19, the staff member or student should remain out of school the recommended 14 days. The exception to this rule is solely determined through the local board of health based on contact tracing. This belief is confirmed by both the CDC and the Harvard Healthy Schools reports. “In addition, close contacts of the infected individual should stay at home for 14 days after their last interaction with that person” Harvard, 2020, *Schools for Health: Risk Reducing Strategies for Reopening School*, p. 44) and “Date of last close contact with person who has COVID-19 + 14 days= end of quarantine” (CDC, 2020, *Preparing K-12 School Administrators for a Safe Return to School in Fall 2020*).
5. Full or partial closures of individual schools or the entire district due to multiple positive COVID-19 tests will be determined by the Superintendent’s office, in conjunction with Lowell Health Department, and the DESE.
6. School nurses, with consultation with the Lowell Health Department and local health boards, will follow-up with families about the date of return. If a positive result indicating COVID-19 occurs, any siblings or students living in the household “should be tested and must self-quarantine for 14 days after the last exposure to the person who tested positive, regardless of the test result”, and until cleared by the local health department.
7. Schools should consider keeping a database of students, using LASIDS *not names*, to maintain accurate records for possible dates of return to school and collaborate with school nurses.

**Question #2 - Will students in Pre-K through 1st grade have to be 6 feet apart instead of 3 since they are not required to wear masks?**

**Answer:** The Health Protocol Committee is recommending that all staff and students sit at 6 feet apart and all staff and students wear masks. Exceptions will be considered, individually, for children with documented medical or behavioral concerns.

**Notes:** As stated above conflicting information states that students and staff should maintain social distancing between 3-6 feet depending on the grade level. Although the DESE recommends that for children in Pre-K-Grade 1 “districts should aim for 6 feet of social distance where feasible and 3 feet is an acceptable minimum as long as staff & students wear masks covering nose and mouth at all times”, by maintaining the most stringent recommendations for safety, we are requiring that all students maintain the 6 feet social distancing requirement. Our youngest of students may struggle to maintain distancing requirements due to the nature of children. If we start at 6 feet in all grades it gives the youngest students and their teachers the ability to have some flexibility in maintaining the appropriate distance. Both the CDC and Harvard studies recommend social distancing of 6 feet for all students.

**Question #3 - How and when will students and staff cleanse hands?**

**Answer:** Each school will need to determine the schedule related to hand-washing, but the following list gives detailed examples of times students and staff may be most susceptible to transferring or obtaining the COVID-19 virus.

**Hand Washing Routines:** - Hand washing/sanitizing should take place throughout the day as needed as well as at the following routine times:

- Upon entry to the building.
- Prior to entering the classroom.
- After sneezing, coughing or nose blowing.
- After using any shared equipment or school materials.
- Prior to and after handling food.
- Immediately after removing PPE equipment.
- After using the bathroom.
- Prior to dismissal.
- After contact with bodily fluids.
- Prior to and after putting on/taking off PPE equipment.
- Before and after recess.

*Guidelines provided by the Department of Early Education and Care, CDC, DESE and Harvard Public Health*

**Notes:**

- “Remember, frequent hand-washing is the best defense against transmission from contaminated surfaces” (Harvard, 2020, *Schools for Health: Risk Reducing Strategies for Reopening School*, p. 39). The above list is not meant to be exhaustive. It is better to wash hands than not wash. When in doubt wash. When sinks and soap are available please wash hands rather than sanitize. If sanitizing is only available, please use with alcohol content above 60 percent, and hand sanitizing stations should be supervised.
- Masks should be cleaned daily.

**Question #4 - What are the sanitation protocols?**

**Answer:** Each school will require a sanitization schedule based on both *priority* and *high-contact* areas. Below are two resources which will aid schools in developing sanitation protocols.

**C. General Guidelines for Cleaning, Sanitizing, and Disinfecting: Programs must follow these general guidelines for cleaning, sanitizing, and disinfecting.**

- (1) Intensify the program’s routine cleaning, sanitizing, and disinfecting practices, paying extra attention to frequently touched objects and surfaces, including door knobs, bathrooms and sinks, keyboards, and bannisters. <sup>[[1]]</sup>
- (2) Clean and disinfect toys and activity items, including sports and specialty camp activity equipment (e.g. and climbing walls), used by children more frequently than usual and take extra care to ensure that all objects that children put in their mouths are removed from circulation, cleaned, and sanitized before another child is allowed to use it. <sup>[[1]]</sup>
- (3) While cleaning and disinfecting, staff must wear gloves as much as possible. Handwashing or use of an alcohol-based hand sanitizer after these procedures is always required, whether or not gloves are used.

*Guidelines provided by the Department of Early Education and Care, CDC, DESE and Harvard Public Health*

In addition the Harvard study has created the following list of school materials and areas that should be prioritized and the frequency for the cleaning.

Cleaning Frequency	Examples
<b>Daily</b>	<ul style="list-style-type: none"> <li>• Classroom desks, tables, and chairs</li> <li>• Shared spaces</li> </ul>
<b>Multiple times per day</b>	<ul style="list-style-type: none"> <li>• Door handles</li> <li>• Light switches</li> <li>• Handrails</li> <li>• Sink handles</li> <li>• Restroom surfaces</li> <li>• Cafeteria surfaces</li> <li>• Exterior buttons</li> </ul>
<b>Between uses</b>	<ul style="list-style-type: none"> <li>• Toys, games, art supplies, instructional materials</li> <li>• Keyboards, phones, printers, copy machines</li> <li>• Seats on bus</li> </ul>

**Notes:**

1. Administrators and custodians should develop a sanitizing/disinfecting schedule. Foggers can be used to aid in the disinfection process. Internal data collection this summer shows that it takes between 3-5 minutes to disinfect a room with a fogger. Schedules should allow custodians to have 10 minutes per room for this task. Fogging schedules will be determined by the Facilities Phase 2 Group.
2. Schools should work to minimize shared student materials.
3. Educators should keep accurate and updated seating charts for all students. These can be used for contact tracing if an exposure occurs at school.
4. When possible, please keep doors open to avoid contact by multiple people.
5. Students should not be in the room during the disinfection process.
6. Special attention should be placed on keeping bathrooms disinfected.
7. Schools should not use public drinking fountains including school bubblers.

**Question #5 - What are the protocols for staff who need to be in close contact with students?**

**Answer:** Many students require additional supervision requiring staff to often enter the recommended 6 foot social distancing space. Some of these reasons could include toileting, physical restraint, hands-on assistance (feeding, dressing, physical prompting, escorting, etc...) The following protocols address this need.

**Protocols for Staff that need to come into close contact with students:**

- Follow the guidelines provided by the state agencies for social distancing and reduction transmission of the virus.
- PPE equipment
- Staff required to provide physical support or remain in close proximity to students should limit skin exposure. Consider the use of long sleeves or gowns during the school day during these times.

**Direct service providers:**

- When possible, keep at least 6 feet of distance between yourself and others in the home or community setting.
- Wear a cloth face covering when you are at work.
- Encourage your client to wear a cloth face covering.
- If there is potential that you may be splashed or sprayed by bodily fluids during your work, use standard precautions. Personal protective equipment (PPE) includes a facemask, eye protection, disposable gloves, and a gown.
- Wash your hands with soap and water: when entering and leaving the home or community setting; when adjusting or putting on or off face masks or cloth face coverings; or before putting on and after taking off disposable gloves. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.
- Wear disposable gloves when touching the client (e.g., dressing, transferring, toileting, feeding), handling tissues, when changing linens or doing laundry. Safely dispose of gloves after use. As noted above, wash your hands before and after taking off disposable gloves. If gloves are unavailable, wash hands immediately after touching the client or handling their belongings.
- Launder work uniforms or clothes after each use with the warmest appropriate water setting for the items and dry items completely.
- To protect themselves, staff who care for students requiring hands-on assistance such as feeding, washing, dressing, physical prompting, helping students sit at a desk, manipulating academic materials, and prompting students to use a communication device, etc., should wear appropriate protective equipment based on the activity and risk level and wear long hair up or tied back during all activities requiring direct contact with a child.

**Considerations during toileting:**

- Staff must change students' clothing and their own clothing when soiled with secretions or body fluids. Students' soiled clothing must be bagged and sent home sealed in a plastic container or bag.
- Toileting and diapering areas (including tables, pails, countertops, toileting chairs, sinks/faucets, toilets, floors, etc.) must be cleaned and disinfected after each use.
- Disinfect when students are not in the area. Surfaces should be dry by the time students use the area.
- Toileting/diaper procedures (including extra COVID-19 steps) must be posted in the bathroom changing area.
- Signage should be kept simple and in multiple languages if needed. Posting the multistep procedure may help direct service providers maintain the routine, which is designed to reduce contamination of surfaces.
- To ensure the student's safety, make the change more efficient, and reduce opportunities for contamination, assemble all necessary supplies before bringing the student to the changing area.
- To reduce contamination, wash the student's hands after the toileting/diaper change.

**Physical Intervention and Restraint Protocols:** Direct service providers should be mindful that seeing staff putting on protective equipment or being approached by staff wearing protective equipment can create anxiety in students. Use a student-centered approach and offer reassurance throughout interactions.

- **Limiting Risk of Infection Prior to a Physical Restraint**
  - Plastic protective gowns that can be easily ripped or torn are not advised as they may become a hazard.
  - Ensure staff are wearing disposable gloves, disposable masks, face shields, and long sleeves to the maximum extent possible.
  - Only staff required for safely restraining a student should be involved; one additional staff member should monitor and address protective equipment needs for those staff who are involved in the restraint in the event that protective equipment needs to be altered or adjusted.

- **Limiting Risk of Infection During a Physical Restraint**
  - Keep hands clear of eyes, mouth, and nose of self and others.
  - First responders should be relieved as soon as possible if not wearing appropriate protective equipment.
  - Given the risk of COVID-19, it is even more important than usual to try to avoid long and extended restraints.
  
- **Limiting Risk of Infection After a Physical Restraint**
  - Remove and dispose of and/or clean protective equipment immediately in the manner that you were trained.
  - Avoid touching your face and limit contact with hard surfaces before immediately washing hands.
  - To minimize exposure, it is recommended that staff have a change of clothes available in cases where their clothes become contaminated.
  - Once all health and safety issues have been addressed, follow debriefing and reporting procedures for the restraint.

**Notes:**

- Changing tables should be cleaned after each use.
- Trash after changing should be sealed in individual bags within the barrel. Gowns and gloves should be disposed of after each use. All trash should be double-bagged and thrown out. Shields should be kept, but disinfected after each use.

**Question #6 - What are the parameters for selecting a medical waiting/ isolation room? What is the procedure for dismissing a child with a suspected case?**

**Answer:** Guidelines for the requirements of a medical room / isolation room independent from the school nurse's office are outlined below. Optimal placement of the Medical Waiting Room would be in close proximity to the nurse's office. Students should be dismissed from school using the path of least resistance. The Medical Waiting Room Designee should escort the student out of the building with minimal contact throughout the school building. The family member should remain outside. The Medical Waiting Room Designee should confirm the family member's identity and report who picked up the child to the school clerk, instead of using the regular sign-out sheet.

**Medical waiting room**

- **Purpose:** This is a separate space from the nurse's office or the regular space for providing medical care. It may be located near a nurse's or other health related office. The medical waiting room will be used when a student presenting COVID-19 symptoms needs to be separated. From a facilities perspective, every effort should be made to find a self-contained space, ideally near an exit/entrance and with a dedicated bathroom.
- **Staffing:** When occupied, the medical waiting room should always be monitored by appropriate staff.
- **Masks required:** Surgical masks are always strictly required in this space, even for students in kindergarten and grade 1. If a student does not already have a surgical mask, the school should provide one. No cloth masks are allowed in this room. The individual supervising this space must always maintain 6 feet of physical distance, remain masked, and wear a face shield or goggles. Be sure to have face shields or appropriate goggles available to staff. Personal protective equipment guidance recommends that nurses or other staff in this area be equipped with N-95 masks. If a student is unable to wear a mask, there should be no other students in this room.
- **Hand hygiene:** Hand washing facilities or hand sanitizer needs to be used when entering and leaving the space, as well as before and after eating.
- **Food/drink:** If any food or drink must be consumed before the student is picked up, the individual should be walked outside to consume food or drink if possible (as the mask will have to be taken off for eating). If

it is not possible to go outside, one student can consume food or drink at a time in the medical waiting room, but, again, only if all others remain at least 6 feet away.

- **Ventilation:** When possible, this space should have windows that open and exhaust directly into the outdoors. Depending upon the facility, other options should be explored to increase ventilation to this area and/or otherwise improve the air filtration.
- **Size:** This space should be large enough to accommodate several individuals at least 6 feet apart. All people in the COVID-19 waiting room must be as far apart as possible and no less than 6 feet apart, even when masked.

*(Guidelines are from Fall Reopening Facilities and Operations Guidance. July 22, 2020. DESE)*

#### **Notes:**

- The school should identify multiple staff members as Medical Waiting Room Designees to serve as back-ups to supervise the medical waiting room. Training related to this medical waiting room should be facilitated by the school nurse.
- When possible, the medical waiting room should have direct exterior access to dismiss the student without unnecessary movement throughout the interior of the building. (Path of least resistance)
- If possible, the room should be close to a toilet and unnecessary furniture and clutter should be removed.
- If possible the furniture selection should contain the following items:
  - Examination Couch
  - Desk
  - 2 chairs
  - Sanitation Station
  - Telephone
- Other equipment should include a trash barrel, vomit bag, face masks, bottled water, and a digital thermometer.
- The cleaning regiment following room membership should follow all guidelines related to PPE sanitation and disinfection. All waste should be removed and treated as clinical waste (double-bagged, tied, and disposed of - but not considered biohazard). If possible, dispose of trash immediately.
- Custodians should deep clean the medical waiting room between cases.
- Schools with multiple buildings should consider multiple medical waiting rooms.
- No-contact parent sign-out procedures are recommended.

#### **Question #7: What should a teacher do if s/he suspects a student has COVID symptoms?**

**Answer:** The educator calls the nurse and contacts school administration. The student should be masked if not already before going to the medical waiting room. When possible the student will be escorted to the medical waiting room by the nurse. If the nurse is busy, the COVID-19 point person will meet the student and bring he/she to the medical waiting room for evaluation. It is recommended for the staff member to use strict PPE precautions, assuming the worst case scenario. (DESE, 2020, *Protocols for Responding to COVID Scenarios in School, on bus, or in community settings*, p. 6, p. 14)

#### **Protocol: Student is symptomatic at school**

1. Although families are the most important first line of defense for monitoring symptoms, teachers will play an important role in referring possible symptomatic students to the school nurse or other medical point of contact. (Note: This will require training for teachers.)
2. Teacher ensures the student is wearing a mask that fully covers nose and mouth at all times.
3. Teacher calls the nurse or school medical point of contact to inform them that they have a possible case. Nurse or school medical point of contact comes to get the student from class.

4. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Most common symptoms of COVID-19”).

a. IF ANY SYMPTOM:

- i. Place the student in the designated medical waiting room. There is no specific capacity limit for the medical waiting room, but all students in the COVID-19 waiting room must be as far apart as possible, and no less than 6 feet. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room
- ii. Contact caregiver for pick-up. - Student waits to be picked up in the medical waiting room. A staff member escorts the student out of the building. Caregivers must wear a mask/face covering when picking up their student. Students should not ride the school bus to get home. Caregivers and students should wash their hands upon arriving at home and change their clothes as a precaution.

**Notes:**

- Staff should use full precautions (surgical mask, social distancing) when escorting students to the medical waiting room.
- Each school should designate *multiple* Medical Waiting Room Escorts in case many cases simultaneously arise.
- It is recommended that, if possible, daily student medication be given at home in order to avoid nurse’s office/exposure.
- Full PPE is not required for escort to the medical waiting room.
- Staff training on symptoms of COVID-19 by the school nurses is recommended.

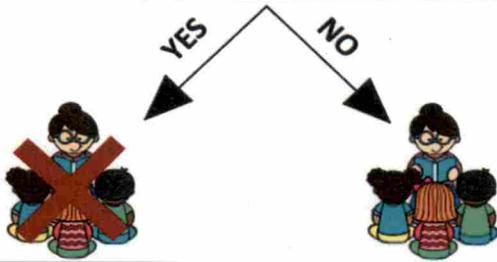
The subcommittee has been tasked with keeping students and staff as safe as possible during unprecedented times. Although this comprehensive report covers most aspects related to school we must remember that the virus cannot be completely controlled. At best our job is to minimize the spread by following the above protocols. Schools should contact local school boards when questions arise on these protocols.

**Appendix A: ([Flowchart](#))**

# Can I go to school?



**Do you feel sick or have COVID-19 symptoms\*?**  
 \*fever (100.4), chills, or shaking, cough, difficulty breathing, loss of taste or smell, sore throat, headache, aches, nausea, vomiting, diarrhea, fatigue, nasal congestion, runny nose)



**DO NOT GO TO SCHOOL**  
 Consider COVID testing

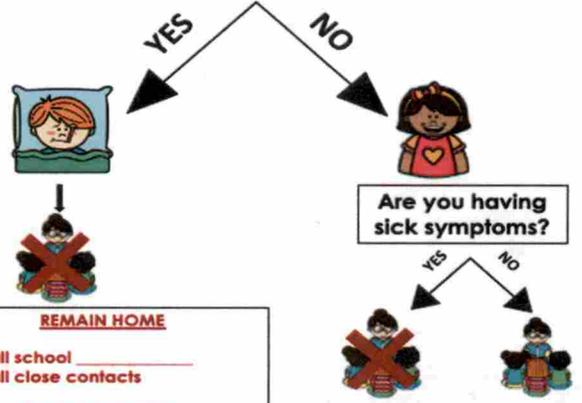
**GO TO SCHOOL**

*If you do NOT test, please contact your doctor for guidance*

# I got a Covid-19 Test



**Was your test POSITIVE? (You HAVE COVID-19)**



**REMAIN HOME**

- Call school \_\_\_\_\_
- Call close contacts

**BEFORE RETURNING:**

- SELF ISOLATE for the FULL 10 days
- Be 3 days fever free with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

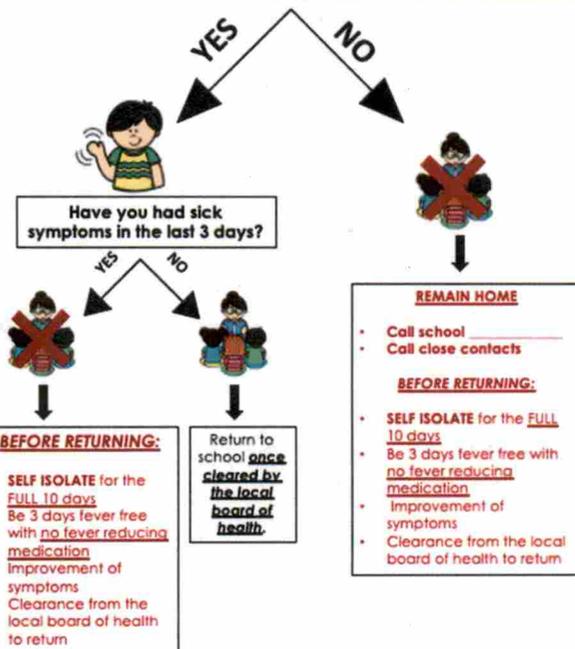
**\*Stay home until you have NO SYMPTOMS for 24 hours.**

**Go To School**

# I have/had Covid-19



**Has it been at least 10 days since a positive test?**



**REMAIN HOME**

- Call school \_\_\_\_\_
- Call close contacts

**BEFORE RETURNING:**

- SELF ISOLATE for the FULL 10 days
- Be 3 days fever free with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

**BEFORE RETURNING:**

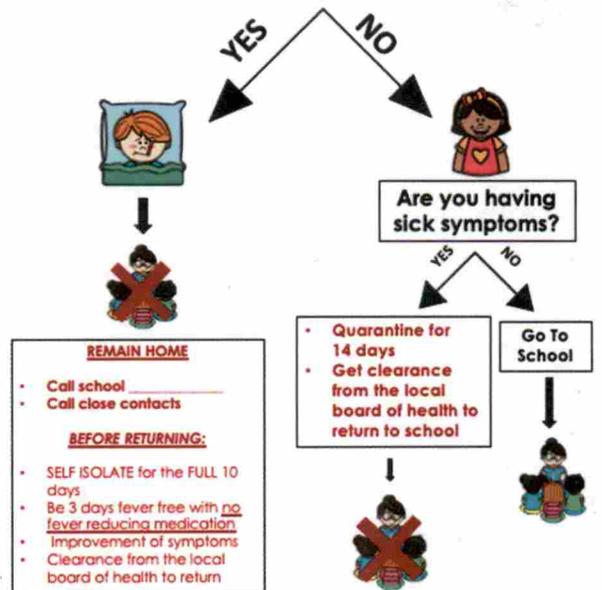
- SELF ISOLATE for the FULL 10 days
- Be 3 days fever free with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

Return to school once cleared by the local board of health.

# A Close Contact Was COVID-19 Positive

- **GET TESTED 4 to 5 days after exposure**
- **Please quarantine for 14 days**

**Was your test POSITIVE (you have COVID-19)**



**REMAIN HOME**

- Call school \_\_\_\_\_
- Call close contacts

**BEFORE RETURNING:**

- SELF ISOLATE for the FULL 10 days
- Be 3 days fever free with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

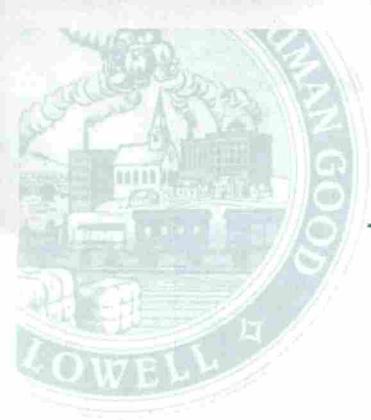
**Quarantine for 14 days**  
**Get clearance from the local board of health to return to school**

**Go To School**

**Appendix B**

Quick reference sheet: Key actions for individual COVID-19 events

Event	Location of Event	Testing Result	Quarantine
<b>Individual is symptomatic</b>	<p>If an individual is symptomatic <u>at home</u>, they should stay home and get tested.</p> <p>If an individual student is symptomatic <u>on the bus or at school</u>, they should remain masked and adhere to strict physical distancing. Students will then be met by the nurse and stay in the medical waiting room until they can go home. They should not be sent home on the bus. If an individual staff member is symptomatic at school, they should find coverage for their duties and then go home and get tested.</p>	Individual tests <b>negative</b>	Return to school once asymptomatic for 24 hours
		Individual tests <b>positive</b>	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual <b>is not tested</b>	Remain home in self-isolation for 14 days from symptom onset
<b>Individual is exposed to COVID-19 positive individual</b>	<p>If an individual is <u>at home</u> when they learn they were in close contact with an individual who tested positive for COVID-19, they should stay at home and be tested 4 or 5 days after their last exposure.</p> <p>If an individual is <u>at school</u> when they learn they were in close contact with an individual who tested positive for COVID-19, they should be masked for the remainder of the day (including K-1 students) and adhere to strict physical distancing. At the end of the day, they should go home and should not take the bus home. They should stay at home and be tested 4 or 5 days after their last exposure.</p>	Individual tests <b>negative</b>	Return to school, if asymptomatic or once asymptomatic for 24 hours
		Individual tests <b>positive</b>	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual <b>is not tested</b>	Remain home in self-quarantine for 14 days from exposure



Joanne Belanger, RN, BS  
Director of Health & Human Services  
978.674.1050

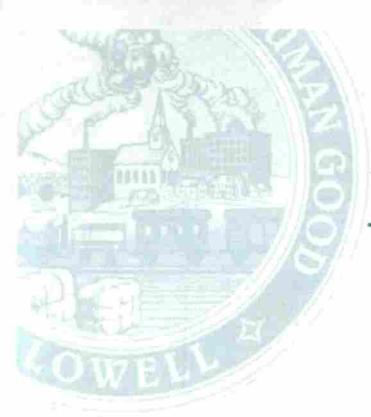
## Health Department Protocols for Positive or Close Contact for COVID Cases in Schools

In order to enhance communication between the Health Department and the School Department we want to explain in some detail how we evaluate each case and conduct the contact tracing.

The protocol that has been set up by the School Department is that when a faculty or staff member tests positive, they will call their Principal and the Lowell Health Department to report their positive test result. The Principal will then call Human Resources to report the positive case. If the case is a student then the parent should notify the School Nurse and the Lowell Health Department. The School Nurse will notify the Principal and then he/she will follow the school protocol that is in place. This process is the same if the staff, faculty member, or student is identified as a close contact to a case.

The Health Department will assess each case individually as each case has its own nuances. If the situation involves a faculty or staff member the Public Health Nurse will speak to them and determine if he/she is a Lowell resident and where our authority lies. If they are not a Lowell resident we will coordinate with the jurisdiction where the person resides. We will also get information to determine possible exposure of others within their school building or office setting, and we will work with the appropriate personnel in that building to determine close contacts and quarantine guidance. A positive case or close contact will have to be released from their Local Health Department in their jurisdiction where they reside in order to re-enter the community as a staff member. A letter of documentation that they have been cleared should be provided to that person by the local Health Department or the Community Tracing Collaborative.

If the situation involves a student, the protocol we follow will be similar to that of a staff or faculty member with the exception that the Health Department will be speaking to a parent or guardian. Students will also need a letter of clearance from the Lowell Health Department in order to return to school. This can be provided to the parent or guardian.



The City of Lowell • Health Department  
341 Pine Street • Lowell, MA 01851  
P: 978.674.4010 • F: 978.970.4011  
[www.LowellMA.gov](http://www.LowellMA.gov)

Joanne Belanger, RN, BS  
*Director of Health & Human Services*  
978.674.1050

In all cases, using the information we receive from the school we will endeavor to make a decision on isolation (of a positive) or quarantine (of a close contact) as soon as possible, understanding the immediacy of being in a school setting. However, it is important to remember that information gathered during tracing investigation may change the initial guidance that was put forth. Contact tracing is an investigatory process which once completed, can change the course of action. Schools need to be aware of this and have the ability to pivot and make adjustments to the previous plan that was put in place.

School Department employees, without consultation from the Health Department, should not be requiring students or staff to isolate, quarantine, or test, as they have no regulatory authority to do this. This authority lies with Public Health.

This is a Novel Coronavirus and we have not been faced with anything like this before. We are all learning as we navigate through these uncertain times. As we continue to learn about the virus, guidance and protocols from State and Federal experts have and will change. Together we will keep our school community safe.

Joanne Belanger  
Director HHS

Beth Moffett  
School Nurse Coordinator

## Board of Health

### School Health Unit August 2020

School Nurses returned to their School Buildings on August 31<sup>st</sup>. I had 2 Nurses retire and 1 Nurse resigned. I also had 1 Clinical Nurse Manager resign. These positions remain open.

The School Nurse Coordinator is a member of the School Department's Health Care Protocols task force team for the reopening of schools and continues to collaborate with these members. The Clinical Nurse Managers returned to the office on August 31<sup>st</sup> and continued immunization review for entry of students into school, as well as school nurse support for reopening of schools.

## **Board of Health Report – October 7<sup>th</sup>, 2020**

Substance Abuse and Prevention Division, Lowell Health Department

Substance Abuse Coordinator, Division Manager

*Lainnie Emond, LMHC*

### ***Prescription Drug Monitoring Program (PDMP) Grant Initiatives:***

- Lainnie continues to work with the Co-Chairs of the Mayor’s Opioid Epidemic Crisis Task Force.
  - *Upcoming Meetings: September 28<sup>th</sup> and October 26<sup>th</sup>, 2020 from 5:30-6:30pm*
- Lainnie continues to lead Data Subcommittee of the Mayor’s Opioid Task Force. Meetings are being held virtually. The Subcommittee is working on an “Opioid Trends in Lowell, MA” that focuses on the impact of COVID-19 on OUD/SUD in Lowell.
- Lainnie continues to work with the Lowell Police Department and UMass Lowell grant partners to document the progress of the grant for the final report.

### ***Lowell CO-OP and Smart Policing Initiative (SPI) Grant Efforts:***

- Lainnie continues to be involved in administrative planning for the Lowell CO-OP, including co-facilitating Lowell CO-OP Supervisors Meetings and working with team and grant partners to ensure effectiveness of the team. All meeting are being held virtually at this time.
- Lainnie continues to attend monthly SPI grant, the grant that funds several Lowell CO-OP positions and efforts, conference calls with local and federal grant partners.

### ***Additional Substance Abuse Coordinator Activities:***

- Lainnie continues to manage daily activities of the Substance Abuse and Prevention Division.
- Lainnie continues to be the point person for [www.DrugFreeGreaterLowell.org](http://www.DrugFreeGreaterLowell.org) (see MOAPC report). Lainnie has been updating current and writing new content.
- Lainnie is part of the Merrimack Valley Substance Use Disorder Symposium planning committee. This is the third year that the symposium will be held, and focuses on bringing together providers working with SUD and prevention populations together to network and learn about local efforts. The symposium will be held virtually on December 7<sup>th</sup>, 2020.
- Lainnie and substance misuse prevention partners throughout Greater Lowell are planning are creating a curated playlist of videos and podcasts to serve in place of in-person prevention education. Topics include vaping, youth substance use, and Narcan training. Videos will be housed on the Drug Free Greater Lowell website for anyone to view and share. The goal is to make the playlist of videos and podcasts live the in October. Videos and podcasts will be added as seen fit.

Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)

*\*\* Lainnie Emond is overseeing the MOAPC Coalition and grant efforts in the interim\*\**

**Strategy One (implement Life Skills Training across the cluster):** Life Skills Training is an evidenced based prevention curriculum supported by the Bureau of Substance Addiction Services.

- No updates at this time.

**Grant Strategy Two (coordination and promotion of education on harm reduction strategies):**

- Cluster prevention and harm reduction partners continue to adapt to the changing nature of COVID-19’s impact on community education and post-overdose follow-up. Some staff continue to engage in post-overdose follow-up via phone, while others have begun to meet with clients outside in open spaces. Each partner is impacted by federal, state, and local parameters.

**Drug Free Greater Lowell Website**

- [www.DrugFreeGreaterLowell.org](http://www.DrugFreeGreaterLowell.org) is being maintained via the MOAPC grant. The COVID-19 resource page related to mental health, substance abuse treatment and recovery, and youth prevention is being updated regularly.

**2020 Drug Free Greater Lowell Website Analytics**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Total page Views</b>	645	497	559	470	430	494	988	930	--	--	--	--
<b>Unique Page Views</b>	496	362	390	329	295	325	617	590	--	--	--	--

**Other Updates**

- Paperwork for the MOAPC grant extension through June 30<sup>th</sup>, 2021 has been signed by the City Manager and submitted to MDPH BSAS.
- A candidate for the MOAPC Coalition Coordinator position has been identified and will start in October.

Partnerships for Success (PFS)  
Shannon Gray, Outreach Health Educator

\*\*\*Please be aware that funding for the 2015 Partnerships For Success grant ends on September 30<sup>th</sup>, 2020.\*\*\*

***Strategy One (social media education dissemination to high school-aged youth re: sharing prescription medications):***

**PFS Social Media Campaign:**

Shannon released the youth social media “meme” campaign. The campaign launched on Thursday August 13<sup>th</sup> through the Lowell Police Departments Facebook and Twitter pages. This campaign has engaged 174 individuals thus far. Shannon is now working towards creating and printing meme postcard handouts to distribute to youth who are not connected through social media. The will be printed by the end of this month.

***Strategy Two (social media and education dissemination to parents/guardians and high school-aged youth re: proper disposal and storage):***

**“Help Keep Our Kids Safe” Campaign:**

The prescription medication educational flier for parents/guardians was printed and about 5,050 fliers were distributed to local programs, pharmacies, hospitals, and dentists that have access to parents/guardians. As social distancing measures set in place for COVID-19 have impacted direct contact for flier dissemination and education, PFS Coalition members have also shared the educational flier electronically to partners around the community. We were also able to have these fliers translated and printed into Khmer, Spanish, and Portuguese. These were shared virtually to members of the community by the PFS Coalition members and 75 printed Khmer fliers were disseminated into the community.

***Monthly Meeting:***

The most recent Partnerships For Success Coalition meeting was held on September 16<sup>th</sup> from 1-2pm via Zoom. This was the last PFS Coalition meeting before Lowell PFS officially ends on September 30<sup>th</sup>, 2020.

***Partnership For Success Updates:***

Shannon attended the 28th Annual New England School of Best Practices in Addiction Treatment training August 24<sup>th</sup> through August 28<sup>th</sup>. This was a week-long virtual training that covered topics such as social inequalities, opioid use disorder 101, co-occurring substance use and mental health disorders, methamphetamines, and mental health disorders. The knowledge gained from these trainings will positively impact the work moving forward towards the end of the PFS Grant cycle.

Lowell Community Opioid Outreach Program (CO-OP) – **Overview**  
*Maricia Verma, Lowell CO-OP Supervisor*

**Lowell CO-OP Data**

--	August 2019	August 2020	2019 Total	2020 Total*
<b>Total Encounters</b>	48	161	667	523
<b>Unique Encounters</b>	36	69	378	291
<b>Initial Interaction</b>	13	3	100	88
<b>OD Follow-Up</b>	9	6	116	80
<b>Section 35</b>	2	2	20	28
<b>Clinical Clients</b>	2	24	40	80
<b>Disseminate Narcan</b>	5	29	141	121
<b>SUD Treatment</b>	14	24	158	113
<b>Medical Treatment</b>	5	28	33	70
<b>Other Services</b>	2	1	47	44
<b>Misc. Outreach</b>	464	60	1,581	287

*\*On 6/22/2020 remote work restrictions eased allowing for the reevaluation data with the paper records, in addition to the electron health records. This reanalysis is reflected in the table above.*

**Outreach and Educational Events**

*Due to Corona virus (COVID-19) concerns in-person outreach and educational events have been temporarily suspended.*

**Relationship Building**

*Due to Corona virus (COVID-19) concerns relationship building continues to be focused on phone, email conversations, and video conferencing.*

**Lowell CO-OP COVID-19 Update**

- Lowell CO-OP Supervisor, Clinical Recovery Specialist, and Lowell CO-OP Fire Fighter continue regular Lowell CO-OP duties.
- Lowell CO-OP Police Officer has returned full time with some limitations.
- Lowell House Clinical Outreach Specialist and Trinity EMS EMT continue on the Lowell CO-OP on a limited basis.
- The Lowell CO-OP Team continues to meet with clients in the office while socially distancing and wearing masks in accordance with the City Managers’ staff guidelines.
- The Lowell Health Department continues to provide masks, gloves, hand sanitizer, and disinfecting wipes for the Lowell CO-OP team members to use.

Lowell Community Opioid Outreach Program (CO-OP) – **Clinical Services**  
*Joseph Aniello, Clinical Recovery Specialist*

\*\*Please note that “Clinical Staff” for the Lowell CO-OP are completed by Joseph Aniello, Maricia Verma (Lowell CO-OP Supervisor), and Gianna Sandelli (Outreach Specialist from Lowell House Addiction Treatment and Recover).\*\*

**Lowell CO-OP Clinical Services Data – 2020**

--	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>Clinical Sessions</b>	--	--	18	16	7	10	65	100	--	--	--	--	<b>216</b>
<b>Clinical Clients</b>	--	--	7	4	3	4	16	23	--	--	--	--	<b>57</b>
<b>Initial Interaction</b>	--	--	1	0	0	0	4	6	--	--	--	--	<b>11</b>
<b>Medical Treatment</b>	--	--	4	1	0	0	6	8	--	--	--	--	<b>19</b>
<b>Transportation</b>	--	--	2	0	0	0	0	0	--	--	--	--	<b>2</b>
<b>Housing</b>	--	--	5	0	0	0	7	3	--	--	--	--	<b>15</b>
<b>Financial</b>	--	--	5	2	1	1	2	3	--	--	--	--	<b>14</b>
<b>DCF</b>	--	--	4	4	4	1	10	1	--	--	--	--	<b>24</b>
<b>Other</b>	--	--	18	0	0	5	2	8	--	--	--	--	<b>33</b>

<b>Definitions of Data Categories</b>	
Clinical Sessions	Total number of clients that have engaged in clinical case management with Lowell CO-OP Clinical Staff. Includes duplicates of clients.
Clinical Clients	Total number of unduplicated clinical clients that were engaged by Clinical Staff.
Initial Interaction	Total number of clients that the Clinical Staff began clinical case management services during the month.
Transportation	Total number of instances where Clinical Staff case management for clinical clients with regard to transportation services.
Housing	Total number of instances where Clinical Staff performed case management with clinical clients in regard to housing services.
Financial	Total number of instances where Clinical Staff performed case management with clinical client in regard to financial services.
DCF	Total number of instances where Clinical Staff performed case management with clinical clients in regard to services related to the DCF.
Other	Total number of instances where Clinical Staff performed case management with clinical clients for any other service.
Case Management	The process of assessment, planning, facilitation, care coordination, and advocacy for clinical clients’ ongoing psychosocial needs for the promotion of long term substance use recovery.

Syringe Collection Program  
*Andres Gonzalez, Syringe Collection Program Coordinator*

**City Department and Community Partner Engagement:**

- Lowell Public Schools
- Lowell City Council
- Lowell Public Works
- Mill City Grows
- Salvation Army
- Life Connection Center
- Healthy Streets
- UMass Lowell
- Trinity E.M.S.
- Middlesex County Superior Court
- Mass DOT
- Office of the City Manager
- Lowell CO-OP
- Department of Planning & Development
- Lowell Street Department
- Lowell Police Department
- Lowell Parks Department

**Areas Proactively Swept for Discarded Syringes:**

- Dutton Street Bridge
- Riverfront Park
- Le Lachur Park
- Lowell Locks
- Eastern Canal Park
- Hunts Falls Bridge
- George Street
- Favor Street
- Rogers Street Bridge
- South Common Park
- North Common Park
- Thorndike Overpass
- Eastern Canal Park
- Concord River
- Point Park
- Bridge Street Park
- River Bike Path
- Lincoln Street

**Syringe Collection Activity 2020**

Total Number of...	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep 1-23	Oct	Nov	Dec	Total
Discarded pick-up requests*	20	24	21	14	13	20	33	45	9	--	--	--	179
Incoming calls for pick-up requests**	18	9	11	9	8	16	21	21	5	--	--	--	100
Syringes picked-up while responding to <b>all</b> discarded pick-up requests	375	135	547	124	50	91	205	413	87	--	--	--	2,009
Syringes picked up during Community Clean-up Events	0	0	0	0	0	0	0	0	0	--	--	--	0
Syringes proactively picked-up while in the community	1125	774	727	882	583	1,190	1,824	1946	604	--	--	--	9,655
Hours proactively picking-up discarded syringes	50	44	40	51	27.5	66	67	62.5	21	--	--	--	429

\*Discarded syringe pick-up request from City Employees (ie. police, fire) and Trinity EMS.

\*\*Discarded syringe pick-up request from Lowell residents.

Prevention Professionals of Northern  
Middlesex invite you to the VIRTUAL

# Remembrance & Recovery Vigil

**Date:** October 15, 2020

**Time:** 5:30pm

**Links:** [www.WCTV.org/LIVE](http://www.WCTV.org/LIVE) and  
[https://www.facebook.com/  
WilmingtonCommunityTelevision](https://www.facebook.com/WilmingtonCommunityTelevision)

To add a photo/name to the  
remembrance reading  
email Samantha Reif at  
[SReif@wpd.org](mailto:SReif@wpd.org)

More info at [drugfreegreaterlowell.org/remembrance-recovery-vigil](http://drugfreegreaterlowell.org/remembrance-recovery-vigil)

