A special meeting of the Board of Public Works was held on Wednesday, June 3, 2020, at 4:00 p.m. via WebEx Conference Call.

Mayor Donchess stated as Chair of the Board of Public Works, due to the state of emergency declared by Governor Sununu as a result of the COVID-19 pandemic and in accordance with Governor Sununu’s emergency order #12, pursuant to executive order 2020-04, this public body is authorized to meet electronically. Please note that there is no physical location to observe and listen contemporaneously to this meeting as authorized, pursuant to the Governor’s emergency order. However, in accordance with the emergency order, I am confirming that we are providing public access to the meeting via telephone with additional access possibilities by video or other electronic means. We are utilizing WebEx through the city’s IT Department for this electronic meeting. All members of the Board of Public Works have the ability to communicate contemporaneously during this meeting through this platform and the public has access to contemporaneously listen in to this meeting by dialing the following number 978-990-5298 and using the access code 273974. The public may also view this meeting on Comcast channel 16. Secondly, providing public notice of the necessary information for accessing the meeting; we previously gave notice to the public for accessing the meeting for public posting. Instructions have also been provided on the City of Nashua’s website at www.nashuanh.gov and have also been publicly noticed at City Hall. Thirdly, we have also provided a mechanism for the public body to alert us if there are problems with access. If anyone has a problem accessing the meeting via phone or channel or 16, please call 603-821-2049. In the event the public is unable to access the meeting via the phone number mentioned, the meeting will be adjourned and rescheduled. Please note that all votes taken shall be done by a roll call vote.

We will start the meeting by taking a roll call for attendance. When each member states their presence and why they are not physically present for the meeting, they will also state whether there is anyone in the room with them during this meeting. This information is required under the Right-to-Know law.

Mayor Donchess, Chair, declared the meeting to order at 4:00 p.m. and called the roll.

Members Present:

Mayor James Donchess, Chair

➤ I am attending remotely due to the emergency order and the social distancing and I am in my living room.

Commissioner G. Frank Teas, Vice Chair
I am attending remotely due to the emergency order and the social distancing and I am alone in my business office.

Commissioner Tracy Pappas

I am attending remotely due to the emergency order and the social distancing and I am alone in my room at my house.

Commissioner Shannon Schoneman

I am attending remotely due to the emergency order and the social distancing and I am alone in a room in my house.

Not Present:

Commissioner Kevin S. Moriarty

Also Present:

Ms. Lisa Fauteux, Director, Division of Public Works
Ms. Bobbi Bagley, Director of Public Health and Community Services
Mr. Justin Kates, Director of Emergency Management
Ms. Heidi Peak, Environmental Health Manager
Alderman-at-Large Michael B. O’Brien, Sr. – Aldermanic Liaison

Approval of Agenda

MOTION: Commission Pappas made a motion to approve the agenda as presented.

A Viva Voce Roll Call was taken, which resulted as follows:

Yea: Mayor Donchess, Commissioner Teas, 4
Commissioner Pappas, & Commissioner Schoneman

Nay: 0

MOTION CARRIED: Unanimously

Parks & Recreation Department

A. Discussion: Parks & Recreation Summer Programs

Director Fauteux

We called this meeting in order to give the Board of Public Works an update on some of the discussions we’ve had on programming. Director Kates, Heidi Peak, and I have had numerous conversations and we thought it would be helpful if Director Bagley could give us some information on where we started and where we are today which would also...
include some of the Governor’s guidance which is driving many of the decisions that we are making.

Ms. Bobbi Bagley, Director of Public Health and Community Services

I am going to share a presentation that has been created by our epidemiologist, Ms. Angela Constantino, and myself that takes us through a timeline of the COVID pandemic event and the city’s response. As Director Fauteux mentioned, it also includes what our plans are for moving ahead.

I am going to go through the timeline that shows how we are looking ahead at addressing what we have planned as our mitigation and response effort for COVID-19.

- On December 31, 2019, Wuhan, China actually reported the first cluster of cases of pneumonia that presented as a novel respiratory infection in that province.

- On January 13, 2020, there was the first recorded case of this respiratory infection outside of China.

- On January 9th, the World Health Organization named this disease as a novel coronavirus because it was new. It was the first time this virus jumped from the animal species to the human species and there was human-to-human spread.

- On January 14th, the World Health Organization identified the possibility of this spread based on the cases that were being presented.

- On January 20th, the first case was reported in the United States.

- On January 31st, the United States declared a public health emergency because of the number of cases that were accumulating in the United States.

- On February 1st we had our first reported case in New England.

- On February 6th we had our first reported death in the United States.

- By February 20th we were starting to see community-based transmission, prior to that most of the transmission identified had been basically through travel.

- On March 2nd we had our first case in New Hampshire in Dartmouth that was found in a clinician who had also attended a couple of events
in the Dartmouth/Lebanon area and the second case was identified with some social activities that led to exposure.

- On March 10th Massachusetts declared a state of emergency.
- On March 11th the World Health Organization declared a state of pandemic because there were multiple cases around the globe, including in the United States and impacting a majority of the world. A pandemic is declared once you have multi countries involved in an outbreak event.
- On March 13th we had a state of emergency plan in New Hampshire and we had our first case here in Nashua. The case here in Nashua happened to be an individual who had traveled to South American and returned to the United States with signs and symptoms of COVID-19.
- On March 15th we opened up our virtual EOC and the school district closed down as well. The virus was spreading very quickly and was impacting population groups that were at high risk it was important to make sure that we could stop the spread of this infection by closing places where there were large numbers of people gathering together.
- On March 16th we had the closure of our bars, restaurants, and we started to limit public gatherings again because we realized how quickly this virus was spreading.
- By March 23rd we had our first COVID-19 related death in New Hampshire and this was an individual who was over the age of 60.
- On March 24th we began our work here of setting up alternate care sites to deal with the parasite because it was so novel that there were a lot of questions about the extent of the infection and how quickly it would spread. We wanted to make sure our hospitals would not be overwhelmed so we set up alternative care sites so that we could make sure we could help with that capacity.
- By March 26th the stay-at-home order was set up by the Governor of our state and for the first time, the United States numbers actually surpassed China with the highest number of cases in the world. You can see how quickly this virus was spreading and the impact it was having here in the United States.
- By April 15th we had Massachusetts surpassing 1,000 deaths and now Massachusetts has been identified as the third hardest hit state in the United States.
• By April 16th the phase III federal re-opening guidance was unveiled with a staged and very intentional metered out approach to getting to a point of moving things back to opening up across the country.

• By April 22nd, our Department of Public Health and Community Services was having our first testing clinic because we wanted to see what the disease burden looked like in our area. We had some folks from Dartmouth and the State Health Department come down and do some training with us. We also had the multi-state support services (MRSS) come down and provide some support with us with hosting our first large-scale clinic.

• By May 1st our New Hampshire Stay-at-Home 2.0 guidance had come out and by May 11th we started to have businesses look at re-opening in New Hampshire.

All the while we were seeing a number of cases but we were also seeing the number of recoveries starting to take place as well. We also had other measures that we put in place to help us address what we were seeing with regards to the infection and disease burdening that was happening here in the State of New Hampshire.

• By May 18th our New Hampshire bars and restaurants were re-opened in accordance with stay-at-home guidance that had been put out.

• By May 27th we hit our 70th day of and other retail services were opened and according to the guidance that was pushed out by the Governor we have had a very slow approach to opening our businesses so we can jump-start our economy because of the impact of this viral infection in the State of New Hampshire as well as across the country, especially with the shut-down.

The CDC (Centers for Disease Control) put out a three-phased approach at the federal level which was adopted here statewide and across the country and we are using this three-phased approach also as we continue to conduct our business here in New Hampshire and locally. The three-phased approach looks at a regional gating criteria. The gating criteria allows to stage, based on satisfactorily being able to meet certain criteria before we open up things widely. It looks at symptoms, cases, and hospitals. The expectation is that we can see a downward trajectory of influenza-like illness or respiratory infection over a fourteen-day period. The expectation is that we can also see a downward trajectory of COVID-19 like symptoms as well over the fourteen-day period. Cases are also counted as a part of this criteria and it's looked at over the same fourteen-day period. The fourteen-day period is the quarantine period or the incubation period where we see from the point of contact with someone and the development of their disease. If we can see a decrease in the number of cases over that period, it allows us to see that we are moving nicely from gong to one phase to another phase.

With regard to our hospitals, we wanted to see a decrease in the severity of the cases having to be hospitalized and allow for the hospitals to have the capacity to treat patients
without crisis care meaning that we are seeing a decrease in need or use of ICU (Intensive Care Unit) beds as well as the use of ventilators. Also, the hospitals having the capacity to be able to do testing for their high-risk healthcare workers which included using antibody testing well. These are the three components of this approach for regional gating and being able to satisfy these three criteria before we move into one phase or another.

This chart reflects the number of tests versus the positive percentage. We want to see that number go down and on this slide you can actually see that over a period of time up until May 25th you can see that there has been a decrease. Right now for our state, we are looking at a percent positive rate of about 6.5% to 7.0%. In Nashua, this number is down to 5%.

**Commissioner Pappas**

Do you have any ballpark figure, for instance, you have “X” number of people tested, does it give you any sense of how many people are positive without being tested?

**Director Bagley**

No, there would be no way of gauging that without actually having a test done.

The other component of the gating criteria was looking at symptoms. We are hoping to see a decrease and as you can see from this slide with the peaks you can see that for the past three weeks we’ve had a downward trajectory of the number of cases. We still have cases that are being reported but the number is just not as high. You can see that based on the navy blue line which is the new cases per day for New Hampshire, the green line is the new cases per day for Nashua, and the orange line is the new cases per day for Hillsborough County. All of those are on a downward trajectory and Nashua has almost leveled out.

The approach that we took in trying to flatten the curve on this has been working. We want to have a reduction of at least 40% of cases per day in order for us to say that we have successfully met the gating criteria over a fourteen-day period. We can see that it is actually evident for Nashua. The gating criteria along with the hospitals again; we are looking at being able to treat patients without crisis care. The other components of that include the hospitals not having problems with their staffing or having any shortages of personal protective equipment available for them. We now meet three days per week but prior to that we were meeting daily with the hospitals and they were giving us updates on what their situation was so that we could actually provide our surveillance and observation of their capacity to serve individuals who were being admitted into the hospital. Early on the did have issues with PPE because it was not available. Once the PPE became available, both hospitals were successful in maintaining that as well as maintaining their staffing. During the course of the 70-day period, at no time did any of the hospitals run into a situation where they did not have enough staffing capacity to actually serve the individuals who were admitted into their hospitals. We did have one point where one of our hospitals got to a point of having all of their ICU beds full and very close status of their med-surge beds that lasted for a weekend and then they returned
Back to status quo. We never actually needed to use our alternative care site because our hospitals were able to very effectively manage the care for individuals in the hospital. Both of the hospitals have had the ability to test their healthcare workers. Both hospitals have had staff on isolation and quarantine and at no point in time did that number ever go above fifteen and staffing exposures were all community based except for last week, one hospital did report that they had one exposure that was hospital acquired.

I’m going to quickly go through these slides:

**Phase I**

- States being able to satisfy the gating criteria.
- Show a downward trajectory for at least fourteen days.
- Hospitals having the ability to have testing for healthcare workers.
- Not having a large number of individuals in ICU beds or on ventilators.

The expectation with phase I is that we still maintain our vigilance around vulnerable individuals. The stay-at-home order is still in effect as we try to open up our economy and make things available for businesses to start getting people back to work and making things accessible for folks. We still need our vulnerable individuals to continue to shelter in place which means not to get out into the public where they can be exposed to COVID-19. Vulnerable individuals include those over 60, those with underlining health conditions, such as high blood pressure, diabetes, chronic illnesses, obesity, asthma, COPD (Chronic Obstructive Pulmonary Disorder), and lupus. This virus enlists an immune response and if their immune response is weakened or depressed they have poorer outcomes when they are infected by this disease. It also includes individuals when in public making sure that they can maintain social distancing, not gathering in groups of more than ten people, and minimizing non-essential travel.

We have encouraged businesses to engage in telework from home and put in strategies where people could return to work in phases, making sure that common areas were closed, and making sure accommodations were made for those individuals who were part of the vulnerable population.

The next slide was a really important presentation for us while presenting to the city so we could see where we were regarding opening things up during phase I.

- Schools & daycares – Closed
- Visitors to hospitals – Prohibited
- Large venues – Shut Down
- Elective surgeries – Canceled
- Gyms – Closed
- Bars – Closed

**Phase II**
We talked about that incubation period and maintaining a decrease in the number of cases, and maintaining the hospital’s capacity to be able to serve. This is where we are right now. We have had over 30 days, or close to it, where we have not had a bump up in our cases. We are moving along very nicely; we’ve gone through at least two incubation periods so far. Since we have satisfied that gating criteria, it allows us to be able to move into phase II.

We still want vulnerable individuals to continue to shelter in place, meaning reducing their exposure to large crowds or being out in the community where they could be exposed to COVID-19. For all other individuals, if they are in public places they need to continue to maximize their social distancing. No gatherings of more 50 people and non-essential travel resuming but in a careful and measured way. As far as the workplace goes, encourage telework where possible and if people are doing their work from home as effectively and efficiently as they can, maintain that. Make sure that common areas are closed so we don’t have people congregating and exposing one another to the virus. Finally, to make accommodations in the workplace for those individuals who are considered part of the vulnerable population.

Phase II as it relates to specific industries:

- Hospitals have begun doing elective surgeries with certain guidelines.
- Gyms – Can open as long as they can maintain physical distancing and sanitation protocols.
- Bars – Operating with diminished standing-room capacity where applicable and where appropriate.

**Phase III**

Phase III is where this impacts this particular Board is looking at what types of activities can re-open and how they would look. This is when we have satisfied the gating criteria for three phases and haven’t had a bump up. We still want our vulnerable individuals to maintain as much social distancing as they can but they can start to engage in public interactions but to do it in a very careful way. Low-risk populations should consider minimizing their times spent in crowded environments. So yes, as things open up we are still under the stay-at-home order because of the idea of if we can have as few people gathered together at activities this will allow us to reduce the spread of infection. We are not quite there yet but we are moving towards this as we get past the next two weeks of maintaining that downward trajectory.

These are the guidelines that have come forth from the State of New Hampshire. The key thing in public health is to make sure that people really emphasize employees staying at home. We know we can gain a lot of roadway if people stay-at-home when they are sick, making sure employees are screened before they return to work or getting stations set up where that can be done. Making sure that we have workplace cleaning and disinfecting practices in place and making sure there is a plan for addressing COVID-19 cases in the event they happen in employee settings.
I will make sure, Lisa, that you have a copy of this presentation if you want to send it out to the members of the Board.

**New Hampshire Re-Opening Guidance – Sector Specific Guidelines**

**May 1, 2020**

- Campgrounds – Open with precautions
- Interior State Parks – Open with precautions
- Manufacturer’s – Open with Precautions
- Hospitals – Open with Precautions

**May 11, 2020**

- Golf Courses – Open with restrictions and precautions
- Retail Establishments – Open with restrictions and precautions

**May 18, 2020**

- Attractions - Open with restrictions and precautions
- Childcare - Open with restrictions and precautions
- Restaurants - Open with restrictions and precautions

**June 1, 2020**

- Acupuncture – With fixed guidance to operate
- Beaches – With fixed guidance to operate
- Cosmetology – With fixed guidance to operate

We are slowly opening things up with as many safety measures in place as possible.

This slide shows the number of cases per day with the 20% to 50% re-opening here and you can see for us, which is the blue line, we are still staying steady. There is a prediction that we could see a spike if we don’t maintain some of the measures that we need to. You can if there are minimal restrictions there is a spike that goes up.

This slide shows our new case comparisons. This information is from the Massachusetts General Hospital Institute for Technology.

I know that was fast but are there any questions on what I presented? Right now we are doing really well and we are at a place where we can start opening things up as long as it’s measured and we are keeping certain guidelines and mitigative measures in place. We are in a good position to start opening up more activities in our state and in Nashua.

**Commissioner Teas**

Director Bagley, that was a fantastic presentation, thank you because I found it very informative. I have a question…when you were talking about pressures put on
emergency rooms and ICUs, you said there was only one weekend...I recall the Governor had declared that Nashua High South would be an emergency hospital of some sort. Can you tell us what actually was put in play with respect to that, were there any patients seen there, and was there any stress or cost to the city as a result of that?

**Director Bagley**

That was the alternative care site. We had that set up very quickly at the end of March with the National Guard as well as our Community Emergency Response Team. It was set up to be able to take on a certain number of individuals who were diagnosed as COVID-19 positive if our hospitals did not have the capacity to maintain care for them. At the same time that we set up the alternative care site the hospitals developed their plans; both Southern and St. Joe’s, and Dartmouth and our Community Health Center set up their plans to be able to maintain as much as a surge capacity as they could. We actually never really got to use our alternative care site which was a good thing for us here in Nashua. It showed we had the capacity to manage in the hospital setting. We are slated to dismantle that alternative care site on June 19th if we continue to see things go down.

**Commissioner Pappas**

My understanding is of right now that we haven’t made a decision regarding opening the pools or have we decided not to?

**Director Fauteux**

We are going to get to that, Commissioner Pappas, but as far as pools go, we have hired all of the lifeguards for at least two pools but we have not made a decision about whether the pools can be opened. I’ve had numerous discussions with Heid Peak and Director Kates about that. I think everybody feels at this point that it would not be safe to open pools but we are sort of taking this month by month. We are leaving it open to re-evaluate whether it will be safe to open pools on July 1st.

**Mr. Justin Kates, Director of Emergency Management**

I think that’s a pretty good overview. Currently, from our perspective, it will not be a safe situation to open the pools within the city. Many of our neighboring city’s that are of our size and scale have also decided the same thing. I think it would be challenging.

**Ms. Heidi Peak, Environmental Health Manager**

We’ve been watching the numbers very carefully and have been weighing this out as best we can to try to figure out what the best course of action is. One of the things that gave me pause was this new multi-inflammatory syndrome within children. At the beginning of this pandemic, we were fairly confident that it didn’t seem to affect children the same way that it did adults. As we started to see a couple of numbers in the Nashua area of children affected...we’ve been pretty lucky in our state so far but we also don’t want to put our children in situations where they are congregating. How do you control what kids are doing within a free swim type of time? We talked about queuing them up and keeping
them spaced out but we just came back that it is almost impossible to safely protect the kids who would use the pools at this time.

We have also made some other determinations about general gatherings throughout the city such as special events. We said we were not going to have any specific special events throughout the month of June. We are trying a very cautious, phased approach to try and make the best decisions for our citizens.

**Director Bagley**

Nashua actually had the first case of multi-system inflammatory syndrome on May 19th and the child was transferred to Mass General’s Pediatric ICU. The child’s treatment was going very well but it was scary the family. It is a very real syndrome that can impact our kids and I think we do want to take precautions with regard to safeguarding them as much as we can. Some of the measures we have put in place can help reduce their exposure.

**Commissioner Schoneman**

How many cases of the inflammatory syndrome have we seen locally and overall and how do we know that it’s associated with COVID-19?

**Director Bagley**

There is a certain set of criteria that have been identified by the CDC that confirms a multi-system inflammatory syndrome associated with COVID-19. There are numerous lab tests that are done and one of them includes having COVID-19 testing done. Some of the kids might present as a negative with the rapid test but when the antibody test has been completed it does come back positive for some of these kids. They present with a rash disseminated on their trunk or hands or feet along with a high fever, inflammatory gastric disorder, and vomiting. The child had issues with her respiratory system, her cardiovascular system, and her renal system. I did the investigation and she was definitely a confirmed case of what we are calling MIS which is associated with COVID-19. There are very strict criteria for diagnosing those cases. We’ve only had one so far that met all of those criteria in New Hampshire. I have asked some parents to tell me how their kids are doing that have described some of those systems but unless they meet all of them and unless they are seen in a hospital to have a laboratory confirmation done for multi-organ involvement, the do MIS criteria. I have had kids who have had a fever, rash, and abdominal pain but their doctors never had them come in and get tested for anything further. These kids probably recover who have a mild case of it but there was the one child who went downhill very quickly after being in our pediatric ICU at Southern.

**Ms. Peak**

New York City is starting to look at different age groups responding in different ways. They are most concerned with kids having kidney problems. This is an overabundance of caution but just putting the children into an area where they are going to be in close
proximity with other children not of their household gives us pause. We also know that kids can take that home to family members. We’ve also had some discussions about what this means for summer camp and other events. The state has come out with some guidance for summer camps and it is very limiting and I don’t know if it is feasible for us to pursue some of those limits, such as only ten children to be gathered at a time.

Mr. Kates

The ratio is typically 9:1.

Ms. Peak

That’s a very different scenario with how we usually do things but the whole world is kind of off its axis. We are not going to know the deciding factors until we are midway or past this. I’ve been very pleased to see we haven’t seen another spike after the outdoor dining started. We have a dire responsibility to be as measured and calculating as we can in trying to figure out how we present normal back to our citizens.

Commissioner Pappas

I have a few questions relating to public gatherings. I am an older parent and in a risk group with kids who like to get out.

I would like to ask the Director…my understanding is we are all aware of droplets if you sneeze and cough but what I found was when we talk or sing there are droplets exposed in the air that we may not see and they can last in the air for a few minutes. I am not an advocate of allowing employees to smoke in the trucks but they do. If we talk, if we sing there are droplets left in the air. Will smoking produce droplets in the air also?

Ms. Peak

When it comes to COVID-19 vaping is much more dangerous but certainly, when someone is exhaling from cigarette smoking then yes, that is a problem and it is a way to spread the droplets.

Commissioner Pappas

Okay, so in other words, if there are two or three people in a truck and someone is in a truck smoking…obviously you are not going to be wearing a mask when you smoke so it might be incumbent upon us to come up with rules regarding that.

Director Fauteux

Commissioner Pappas, they are not allowed to…they must have a mask on if there is more than one person in a vehicle. Just by virtue of that, they would not be able to smoke if there were more than one person in the vehicle because they must have a mask on.

Commissioner Pappas
I was actually hoping that Public Health would answer that. I may come up with some ideas about some additional rules that we can come up with during this because I do think that COVID-19 does affect the lungs and I think it’s unfair for people to have to go into trucks that number one, smell like smoke, and number two, if one person is in a truck by themselves and they have two people hanging off the back of a trash truck and then they hop in the truck there are still some of the droplets in the air. Do droplets stay in the air for a few minutes?

Director Bagley

There are droplets in the air but they are not there for a long time because the idea is that the bigger the droplets are, they fall down. The idea that we have heard about and seen about the droplets in terms of proximity and time is that if an individual is around a person and they are unmasked, meaning that person is not preventing their droplets from being expelled in the air, they have to be around that person for about ten minutes. The air droplets don’t hang out because they are heavy. They are not like an aerosol that is floating around unless we are using some type of procedure that aerosolizes the droplets. When we talk or even if we blow the idea is those droplets are going to fall down. So if a person is on the back of a truck and they come back in right away there is that possibility that they are exposed to those respiratory droplets that have just been released. I’m hoping that our mask ordinance is an effect and I am hearing Director Fauteux say that it is in effect when the employees are riding together in the trucks so that should reduce the concern for exposure at that particular time.

Director Fauteux

The other thing we do Commissioner Pappas is when we purchased all of our new trucks we initially thought of no smoking but what we soon found out is that we wouldn’t have any employees left because most of the Public Works employees smoke. What we did is we separated them so we did not put smokers in with non-smokers. Again, when they are in the trucks and they are not alone they must wear a mask so they wouldn’t be able to smoke.

Commissioner Pappas

At our next meeting, I would like to see the City Attorney, if that’s possible because employers have every right…it is not their personal vehicle but vehicles that are purchased by the citizens of Nashua. I think employers can say there is no smoking in the trucks and if you don’t like it…we have had restaurants and workplaces that don’t allow smoking. Our trucks are our workplaces and I really think shame on us that we haven’t done that for our trucks and as an employer Board I think we have the power to do that. There is nothing in the contract that allows people to smoke in trucks to my knowledge.

Director Fauteux
The other thing we have to consider is that they will be out of the trucks taking smoke breaks on a continuous basis and that’s another concern that I’ve had with not allowing them to. It’s pretty widespread in public works that folks smoke and to not allow them to smoke in vehicles would be a huge challenge. The other problem, which is probably the biggest reason we allow them to is that most of them smoke while they are plowing and if you are not going to allow them to smoke in trucks while they are plowing they will leave and go home.

**Commissioner Pappas**

I don’t know, I think there is a lot of unemployment and I think as an employer Board I think we have the right to enforce that policy. I would have no problem coming up with that…if I don’t have the votes to back that up that’s fine but I think with the unemployment rate we have…I think it’s really unfair for people who don’t smoke…The trucks stink forever, once that smell gets in there it’s horrible and people have spent a lot of money on the new trucks.

Again, this is a question for public health. Given that we are probably going to have a planned peaceful protest this weekend. Is anyone aware of someone who may have masks available for folks who are attending that may not have a mask?

**Mayor Donchess**

Commissioner Pappas, it’s my understanding that they are going to have masks available. I spoke with the organizers and they told me.

**Commissioner Pappas**

If you are outside and you think that you are going to be social distancing that’s fine but if it becomes more crowded, will two masks work better than one to stop the spread?

**Mayor Donchess**

Yes, definitely.

**Ms. Peak**

Yes, because it’s an extra layer.

**Commissioner Pappas**

My final comment to Director Bagley is as someone who has been at an increased risk for the flu or anything due to asthma, I thought it was great that one of your first years on the job you suggested for Valentine’s Day that people get a flu shot even if they had never had one because that’s the way you express your appreciation and love by not having others get sick. I was very impressed with that.
I have also been very impressed with your response to the Hepatitis B outbreak and how your department reached out to the homeless and I hope you keep up the good work.

**Director Bagley**

Thank you.

**Parks and Recreation Department**

**A. Discussion: Parks and Recreation Summer Programs**

**Director Fauteux**

The skate park opened yesterday and it went extremely well. We didn’t have more than half a dozen at any one time. The kids are very appreciative to have it open. We have opened the basketball courts but we are asking that no more than four people be on the courts at the same time.

The pickleball courts and tennis courts are open. Every other horseshoe pit is now open.

As far as SummerFun goes, we discussed possibly having concerts later on in the summer but no decisions have been made yet. We have canceled our major SummerFun events; opening day, and the Fairy Tale Festival.

We’ve already discussed the pools and the playgrounds on hold awaiting guidance from the Governor. We only have about 200 kids that have registered for camp and we normally have about 1,200. Mr. Caggiano is looking at which ones might be viable.

We have a meeting regarding the fireworks on the 4th of July and there are some real challenges with that. I did just hear that Manchester canceled theirs but no decision has been made yet.

**Mr. Kates**

We’ve had a couple of meetings regarding the fireworks with a couple of the key stakeholders; the Fire Marshall, the police department, and public health. Our primary piece of information that we were using to make decisions surrounding the 4th of July was what the other cities were doing. Our primary concern was if other cities canceled their event then Nashua would become a destination and it would be difficult to keep everyone at an appropriate distance.

We have discussed a date change but again it would become a destination because Nashua would be the only place having fireworks on that date. Mr. Caggiano has told us if we wanted to have a display in September we would really need to make a decision now.

The last piece of the decision-making surrounding the 4th of July has been if we were to conduct fireworks display…obviously, we can’t open up Holman Stadium but perhaps we
could use the same location to set off fireworks. Some of the challenges to that would be that people would congregate in some of the problem areas that we see every year, the parking garages, and the neighboring streets around Holman Stadium so it would still require a massive planning effort.

We have one additional meeting coming up this week with all of the key stakeholders as well as the Mayor and we hope to propose a recommendation at that meeting. Manchester, Portsmouth, Lawrence, Lowell, and the City of Boston have all canceled their fireworks and Unfortunately, I don't really see a very good path forward for this event.

Commissioner’s Comments

Commissioner Pappas

I apologize if I cut Commissioner Schoneman off during the public health discussion.

Commissioner Schoneman

When is the Board of Public Works going to meet again in person?

Mayor Donchess

That's not a local decision to start with, it's the Governor's decision that gatherings are not...

Mr. Kates, do you think that's a local option or do you think the Governor's order prohibits the in-person meeting?

Mr. Kates

Yes and no. The emergency order doesn't impact local or state government so we could open everything up tomorrow if we really wanted to but we know that's not a great decision. The problem is, and it's the same thing that faith-based organizations dealt with, is the restriction on gathering so you can't have something with more than ten people. If there is a public meeting there is the potential for more than ten people to be in the same room. We have offered all of our residents to engage in meetings remotely and so far that has been working well.

Commissioner Schoneman

Aren't we in phase II where we allowed to have 50 people?

Mr. Kates

We are not in that phase yet.

Commissioner Schoneman
The places of worship are open at 40% capacity and that could be more than 50 people in a lot of cases. Am I not understanding what phase we are in?

**Mr. Kates**

I think it’s a good question. Unfortunately, in each state and even here in the State of New Hampshire the phased recommendations that have been provided by the CDC are not followed to the “T” so there have been liberties made for certain types of disciplines and sectors based on feedback from those groups that want to start resuming some activities. From my understanding, the faith-based institutions are actually opening up a little bit earlier than what the guidance is being provided from the CDC.

**Mayor Donchess**

I think part of the answer is that I think the religious services have been permitted earlier because I think they are factoring in the constitutional right to practice religion. They are trying to pay that respect while at the same time trying to keep people as safe as possible. I think it involves interplay of the religious freedom with the desire to try to keep people as safe as possible.

**Director Bagley**

I’ve had the opportunity to meet with some of our faith-based leaders about their plans for opening up and some of them are really going to work within the parameters of maintaining as much social distancing as they can, they will continue to have some of their services via Zoom and allowing small numbers of congregants to come into their places of worship. They are also going to reduce or not allow singing where they know the spread of droplets can occur and be projected. Some have also mentioned purchasing the barriers/guards and putting them at their pulpits so when they are talking they won’t spray droplets into the congregation. For those that are planning on having anyone sing it will be one person and not their choirs. They are being very intentional about their planning regarding the different activities they are going to have in their churches. They are practicing social distancing by only allowing families to sit together and everybody else has to be six feet apart. That’s just from a few of the faith-based leaders who have connected with us directly. I was on a call with the Vermont and New Hampshire Baptist Congregation of congregational leaders a week and a half ago and that was a part of their plan and some of them were going to really restrict how many people they would allow into their houses of worship.

**Commissioner Schoneman**

I heard a rumor that the New Hampshire State Senate would be meeting in the House of Representatives, have you heard that?

**Mr. Kates**

That is correct and the House of Representatives are meeting UNH.
Commissioner Schoneman

Would it be out of limits for us to consider meeting in the Board of Aldermen room where we could space out? There is plenty of room for people to be six feet apart but that way we could resume in-person meetings. We are not a large Board.

Mr. Kates

I don’t think the challenge is around the Board itself, I think it’s the potential for an audience is the concern. I know that some of our public meetings don’t have a substantial audience but I think if the potential is there that would be the concern that we have. I think another piece to consider is that I think we should look at all of the Boards and public-facing bodies starting at the same time rather than having individualized groups like the Board of Public Works start and then wait longer for something like the Board of Aldermen or the Board of Education. It would be a better strategy if all groups were able to meet publicly on a certain date.

Alderman-at-Large Michael B. O’Brien, Sr.

I am a State Representative and yes, we are meeting at the Whittemore Center, but as far as I know, the public is not invited and great pains are being made to keep within the social distancing. It is grievous that the public cannot join us but we have formats like WebEx and Channel 16 so the public can stay informed.

Commissioner Pappas

I may be sending a memo with my thoughts regarding employees smoking because it’s something that has really been a head-scratcher for me. The restaurant industry has been able to adapt to the no smoking and I think as an employer we can say no smoking in the trucks. We allow plenty of breaks for employees and I really disagree with the smoking in the trucks and I think the COVID-19 makes it even worse. I think it might be worth an investment to try to get some employees to quit smoking but I don’t think we should be encouraging smoking during our workdays. We have plenty of breaks for a person to indulge in a cigarette or vaping, whatever they wish.

Mayor Donchess

Are there any other Commissioner comments? There were none.

Adjournment

Commissioner Pappas made a motion to adjourn.

A Viva Voce Roll Call was taken, which resulted as follows:

Yea: Mayor Donchess, Commissioner Teas, 4
Commissioner Pappas, & Commissioner Schoneman
MOTION CARRIED: Unanimously

Meeting adjourned at 5:16 p.m.