Town of Abington

Board of Health Meeting

Monday, November 15, 2021
(Town Hall Cotter Room)
6:00 p.m.

Members present: Aaron Christian, Chairman, Christina Fifer, Vice Chair; Kevin Whalen, Melissa Pond
Health Department Staff present: Marty Golightly, Director of Public Health

Aaron Christian calls the meeting to order 6:00 p.m.

Announcements: Mr. Marty Golightly gives the update on COVID-19. COVID-19 vaccinations are available for children ages 5-11 in the Meier Room of the Town Hall by appointment. November 30th and December 1st will be follow-up event to the previous clinics at Abington Middle School and Woodsdale Elementary School. Those who received their first shots should have received an email or text about scheduling their second appointments. Moderna booster shots are also available. Links to schedule an appointment are available on the town webpage and Facebook. Mr. Kevin Whalen asks Mr. Golightly about eligibility surrounding the booster and whether those previous vaccinated with Pfizer may get a Moderna booster shot. Mr. Golightly responds that no matter what a person was previously vaccinated with, they may receive a Moderna booster. Mr. Golightly reports that the Board of Health has received SMRP Grant Funding of $14,300, about $5,300 more than last year. This grant pays for Abington's waste disposal programs. Another potential source of funding is Public Health Excellence Grant for shared services among towns. Abington is currently working with Brockton, Avon, Stoughton, and Whitman. The grant would allow the towns to work together and add additional public health support.

Mr. King asks Mr. Golightly about COVID-19 infection numbers, specifically vaccinated to unvaccinated population. There are currently 40 active cases, from ages 0-18 there were 6 people infected; ages 19-64 there were 27 people infected; ages 65 and older there were 7 people infected. Of those infected in the 0-18 age range, all were eligible to be vaccinated but were unvaccinated; of those infected in the 19-64 range, only 10 were vaccinated; of those 65 and older, only 5 were vaccinated. No one infected under the age of 29 was vaccinated. Mr. Golightly explains that asymptomatic vs symptomatic is relegated to a case-by-case basis and the major distinction the town draws is if an infected person is vaccinated or not.

Regulation review: Examination of the combined Tobacco Regulations. Mr. Christian invites DJ Wilson, the Tobacco Control Director at the Massachusetts Municipal Association. Mr. Wilson provides a sample of a model regulation. Mr. Wilson explains how other towns handle smoking bars. Some policies are unique to a town while state violations receive larger fees. Definitions have been updated from the 2018 tobacco law. The sale of rolling papers is prohibited to those under 21 years of age. If a town prohibits the sale of anything other than plain tobacco flavored vape or conventional products, it would be a "small leap" for a tobacco

company to sell a separate additive (an enhancer) to make plain products flavored, thus circumventing the law.

Ms. Fifer asks Mr. Golightly how many tobacco permits are currently in use in Abington, he responds that he believes they are maxed out or close to it at 28 or 29.

Mr. Wilson explains the reasoning behind permit caps for tobacco sales and business locations. If many tobacco selling businesses are located next to each other it would drive the price of goods up and lead to competition. Explains how some business owners will keep prohibited good in their store under the guise of personal use and states that they are working on correcting that loophole.

Ms. Fifer asks clarification regarding fines and second offenses. According to the town regulations every day a violation occurs is a separate violation. Ms. Fifer thus questions if there are different "incidences" compared to days. Mr. Wilson says that is correct and Mr. Golightly mentions that is true so long as the proprietor is not repeating the violation maliciously despite being made aware by the board of health.

Mr. King asks Mr. Wilson if a retailer has a violation and has lost their license over a violation is that something the state handles with their own fines. Mr. Wilson says it depends on the violation, for example, if it is flavor enhancers, then yes.

Board then examines the new proposed combined document.

Ms. Fifer questions whether other municipalities have added a definition for "little cigars" to their regulations. Mr. Wilson explains the definition of "little cigars". Mr. Golightly agrees that an added definition for "little cigars" would differentiate them from cigarettes and cigars.

Ms. Melissa Pond asks Mr. Wilson how many towns he has worked with regarding tobacco regulations, he responds most towns in his 26-year career. Mr. Wilson says what draws young people to tobacco all comes down to flavor, removing the flavor removes the desire to smoke. He continues by saying that the federal government moved slowly to regulate flavors previously, first in cigarettes, accepting menthol and winter green. There then began a trend of flavored cigars becoming present in schools, flavors such as grape that an adult cigar smoking would not use. Once flavored cigars were regulated, the smoking industry moved to vape products as the next trend. Juul products set off the vape market and used a different nicotine delivery system that was faster for young people. Mr. Wilson states that the common thread between every tobacco trend and market change has been flavor.

Mr. Whalen asks what percentage of adults in Massachusetts are smokers. Mr. Wilson responds about 11-12% statewide. Cigarette usage has been decreasing but nicotine addiction has remained the same.

Mr. King asks if there was an uptick in traditional cigarette sales after the e-cigarette flavor ban went into effect. There was slight incline in surrounding states, but overall cigarette consumption

has decreased. COVID-19 has skewed some of this data collections as vehicles which mapped community consumption (in-person schooling for youth smoking population) are unavailable.

Mr. Golightly asks Mr. Wilson's recommendation about combining the regulations or not. He responds that keeping them separate might be best. The new document will include Mr. Wilson's recommendations and template then be sent to the Board for review.

Body art regulation: Ms. Fifer is suggesting definitions for the new regulation document. Ms. Pond has some suggestions as well.

Ms. Fifer reads out her proposed changes as well as rationale outlined in her document *"Body Art Regulations Suggested Modifications"* (see attached).

Mr. Andrew King questions the use of stud gun ear piercing in the town.

Discussion regarding visiting tattoo artists and the procedure to obtain a visitor's license. Ms. Fifer expresses confusion over the "master artist" title in the regulation.

Ms. Pond asks that since artists must demonstrate knowledge of universal precautions and other hygiene requirements, how do artists demonstrate that knowledge, what is the method of examination by the Health Department. Pond recommends adding that an artist "must demonstrate knowledge of 105 CMR 480" regarding biological waste.

Ms. Pond recommends altering the establishment record keeping from 3 year to 7 years to give the department more room to examine trends if desired. Pond further recommends removing the physical disability section in the enforcement section as it is discriminatory and altering it.

Review of the fee schedule: Examination of fee schedule last updated in 2014 and fees listed by the surrounding towns for reference. Fifer asks about percolation and its function and the role of the health department in housing matters. Mr. King asks Mr. Golightly about housing inspections and occupancy codes.

Ms. Pond asks Mr. Golightly whether the Health Department had any recommendations for changes to the current fee schedule. Mr. Golightly responds that they have no recommendations currently.

Ms. Fifer expresses concern over the septic tank replacement fees, stating it is burdensome that if a homeowner needs to replace their septic tank, they then also must pay a $100 fine to the Town. Mr. Golightly explains that the fee comes from having the town involved in the replacement, not if the homeowner hired a separate contractor. She also questions who pays the asbestos removal permit, it is the asbestos removing company that pays for the permit, not the property owner. Mr. King proposes removing the kitchen inspection fee for houses of worship.

Mr. Whalen motions to table this discussion to the first meeting in January 2022, Mr. King seconds, unanimous.

Ms. Pond motions to adjourn, seconded by Mr. King, unanimous.

(1:51)

Respectfully,
Cassandra Jordan

Body Art Regulation Review - Abington Board of Health

Item	Board Consensus (Y / N / Pending)	Page	Section	Original Content	Suggested Modification	Rationale
1	Pending	1	1	Body art is prevalent and popular throughout the Commonwealth.	~~Body art is prevalent and popular throughout the Commonwealth.~~	BOH authority not based on prevalence. i.e, if Body Art becomes not popular / prevalent, does not negate BOH's purpose nor authority.
2	Pending	2	2. Autoclaving	… by the use of an autoclave for a minimum of thirty minutes at 20 pounds…	… by use of an autoclave in accordance with the autoclave's operating procedures…	After reviewing technical specifications of autoclaves, many have a typical time of 15 minutes; in addition, time depends on autoclave type and amount of equipment sterilized. This change aligns with page 10.
3	Pending	2	2. Bloodborne Pathogens Standard	… entitled "Occupational Exposure to Bloodborne Pathogens"…	… entitled "Bloodborne Pathogens"…	Regulation title corrected
4	Pending	2	2. Body Art	This definition does not include practices that are considered medical procedures by the Board of Registration in Medicine, such as implants under the skin, which are prohibited.	This definition does not include any practices that are defined as medical procedures or prohibited by the Massachusetts Board of Registration in Medicine.	Clarity Removed implant reference; implied by regulation; if regulation changes, this would need to be added to 4. Restrictions.
5	Pending	2	2. Body Art Practitioner Apprentice	… has not met the training requirement…	… has not fully met the training and experience requirements…	Clarity Alignment to page 18 language
6	Pending	3	2. Body Piercing	This definition excludes piercing of the earlobe with a pre-sterilized single-use stud-and-clasp system manufactured exclusively for ear piecing.	This definition excludes piercing of the earlobe with a pre-sterilized single-use stud-and-clasp system (i.e. piercing gun, stud gun) manufactured exclusively for ear piecing.	Clarity
7	Pending	3	2. Branding	… the use of a heated material…	… the use of a cold or heated material…	Added per NIH "Freeze branding: a novel injurious mechanism for humans" article
8	Pending	3	2. Contaminated Waste	… 105 CMR 480.00: Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste, State Sanitary Code, Chapter VIII…	… 105 CMR 480.00: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code Chapter VIII)…	Regulation title corrected
9	Pending	3	2. Contaminated Waste	… semiliquid blood…	…semi-liquid blood…	Format consistency
10	Pending	2	2. Ear piercing	Ear piercing means the puncturing of the lobe of the ear with a presterilized single-use stud and clasp ear-piercing system following the manufacturer instruction	~~Ear piercing means the puncturing of the lobe of the ear with a presterilized single-use stud and clasp ear-piercing system following the manufacturer instruction~~	In MA, stud guns are only permitted for ear lobe use. Our regulation clarifies this on page 6 in Section 3B (lobes) and 4C (other parts of ear not prohibited). Since we do not use the definition of "ear piercing" anywhere in our regulation, and the difference is spelled out in other sections, I recommend we remove this definition for clarity.
11	Pending	3	2. Exposure	Exposure means an event whereby there is an eye, mouth or other mucus membrane, non-intact skin or parenteral contact with the blood or bodily fluids of another person or contact of an eye, mouth or other mucous membrane, non-intact or parenteral contact with other potentially infectious matter	Exposure means an event where an eye, mouth, other mucus membrane, non-intact skin, or parenteral has contact with 1) blood or bodily fluids of another person, or 2) other potentially infectious matter	Clarity

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12	Pending	4	2. Guest Body Art Practitioner	…means a visiting body art practitioner….	…means a visiting body art practitioner….	Clarity. Open to interpretation and not necessary
13	Pending	4	Hand Sink	Hand Sink means a lavatory equipped…	Hand Sink means a sink equipped…	Sinks are often at body art individual stations, not located in lavatory
14	Pending	4	2. Instruments Used for Body Art	… means hand pieces, needles…	… means hand piercers, needles…	Word correction
15	Pending	4	2. Jewelry	… or a dense, low-porosity plastic, which is free of nicks…	… or a biocompatible polymer (ex. low-porosity dense plastics such as acrylic, silicone, medical grade), which are free of nicks…	Clarity
16	Pending	4	2. Light colored	Light colored means a light reflectance value of 70 percent or greater	Light colored means a light reflectance value of 70 percent or greater	Term not used in regulation
17	Pending	4	2. Master Practitioner	Master Practitioner means a specifically identified individual with at least five years' experience in the field of body art with a minimum two years as a body art practitioner permitted by the Health Department.	~~Master Practitioner means a specifically identified individual with at least five years' experience in the field of body art with a minimum two years as a body art practitioner permitted by the Health Department.~~	Definition is Abington-specific; used to delineate who can train an apprentice. Recommend removal to prevent liability of bestowing credentials. The regulation defines these specific education/training requirements of an apprentice trainers in section 11 which I recommend are kept.
18	Pending	4	2. Mobile Body Art Establishment	Mobile Body Art Establishment means any trailer, truck, car, van, camper or other motorized or non-motorized vehicle, a shed tent, movable structure, bar, home or other facility wherein, or concert, fair, party, or other event whereas one desires to or actually does conduct body art procedures, excepting only a licensed Body Art Establishment.	Mobile Body Art Establishment means a non-licensed entity at which there is the desire or conduct of a body art procedure and includes but is not limited to: 1) movable or non-permanent structures such as a trailer, truck, car, van, camper, motorized or non-motorized vehicle, shed, tent, or 2) a non-licensed location such as a bar, home, concert, fair, party.	Clarity
19	Pending	5	2. Physician	Physician means an individual licensed as a qualified physician by the Board of Registration in Medicine pursuant to M.G.L. c. 112 sec 2	Physician means an individual licensed as a qualified physician by the Massachusetts Board of Registration in Medicine pursuant to M.G.L. c. 112 sec 2	Physicians not licensed in MA do not have the right to practice medicine, even if they hold a medical license in another state.
20	Pending	5	2. Sanitize	Sanitize means the application of a US. EPA registered sanitizer on a cleaned surface in accordance with the label instructions.	Sanitize means the application of a U.S. EPA registered disinfectant on a cleaned surface in accordance with the label instructions.	Format updated from US. to U.S. Correct term is disinfectant. EPA does not register sanitizers.
21	Pending	5	2. Sharp Container	Sharp Container means a puncture-resistant, leak-proof container that can be closed for handling, storage, transportation, and disposal and that is labeled with the International Biohazard Symbol.	Sharp Container means a puncture-resistant, leak-proof container that can be closed for handling, storage, transportation, and disposal and that is labeled with the Unicode Biohazard Symbol.	Semantics
22	Pending	5	2. Single Use Items	Single Use Items means products or items that are intended for one time, one-person use and are disposed of after use on each client, including, but not limited to, cotton swabs or balls, tissues or paper products, paper or plastic cups, gauze and sanitary covering, razors, piecing needles, scalpel blades, stencil, ink cups, and protective gloves.	Single Use Items means products or items that are intended for one time or one-person use and are disposed of after use on each client, including, but not limited to, cotton swabs or balls, tissues or paper products, paper or plastic cups, gauze and sanitary covering, razors, piecing needles, scalpel blades, stencil, ink cups, and protective gloves.	Not all single-use items are person-related. For example, one time use for cleaning equipment

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23	Pending	6	2. Ultrasonic Cleaning Unit	Ultrasonic Cleaning Unit means a unit approved by the Board, physically large enough to fully submerge instruments in liquid, which removes all foreign matter from the instruments by means of high frequency oscillations transmitted through the contained liquid.	Ultrasonic Cleaning Unit means a unit approved by the U.S. Food and Drug Administration, physically large enough to fully submerge instruments in liquid, which removes all foreign matter from the instruments by means of high frequency oscillations transmitted through the contained liquid.	Per the U.S. FDA
24	Pending	6	2. Universal Precautions	Universal Precautions means a set of guidelines and controls, published by the Centers for Disease Control and Prevention (CDC), as "Guideline for Prevention of Transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) to Health-Care and Public-Safety Workers" in Morbidity and Mortality Weekly Report, (MMWR), June 23, 1989, Vol. 38 NO.S-6, and as "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" in MMWR, July 12, 1991, Vol.40, No. RR-S. <Paragraph break for review only> This method of infection control requires the employer and the employee to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other blood pathogens. Precautions include hand washing: gloving: personal protective equipment: injury prevention; and proper handling and disposal of needles, other sharp instruments, and blood and body fluid-contaminated products.	Universal Precautions means a set of guidelines and controls published by the Centers for Disease Control and Prevention (CDC), as "Guide to Infection Prevention for Outpatient Settings (Complete Guide and Checklist)" as located at the www.cdc.gov > Infection Control tools. <Paragraph break for review only> This method of infection control requires the employer and the employee to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other blood pathogens. Precautions include hand washing, gloving, personal protective equipment, injury prevention, and proper handling and disposal of needles, other sharp instruments, and blood and body fluid-contaminated products.	Per the CDC, the referenced guidelines were archived/updated in 1998. Upon review, the CDC directs to updated resources. Format: Replace the semi-colons with commas