

August 5, 2025 Tuesday

Leyden Board of Health Agenda  
Meeting to be held at Town Offices at 5pm

1. Review of minutes from 7/8/25
2. Updates from CPHS agent.
3. Updates from previous meeting
4. Letter to state regarding BESS
5. Appointment of Town Clerk as Burial Agent
6. Appointment of alternate BOH rep to CPHS
7. Point person for access to files
8. Wild Med and CPR and First Aid classes subsidized by BOH
9. Next meeting TBD

septic 660 Greenfield Rd. - Royer

97 River Rd

Heeb Guyette - Buckland

Leyden Board of Health  
Board Meeting Minutes

Date: August 5, 2025	Time started: 5:06pm	Time adjourned: 6:15pm
Location: Leyden Town Offices Room 1		
Present: Beth K, Devorah V, Marcia M, Randy C, Kurt S	Absent:	
Minutes submitted by: Marcia		

TOPIC	DISCUSSION	PRESENTER	ACTION ITEMS
	<p>Meeting called to order 5:06pm</p> <p>Motion to approve minutes with spelling correction of Donna McNichols name Devorah 1, Marcia 2, all in favor</p> <p>*Camp work is mostly done</p> <p>*Working through septic issues at 660 Greenfield Rd</p> <p>*FRCOG is taking on more work from additional towns, which requires more help. Maureen has been moved up to an inspector's position.</p> <p>*Working on locating the septic system for 97 River Rd</p> <p>*Increase in certain diseases including foot and mouth, Covid, food poisoning and tick-borne diseases</p> <p>*33 open housing cases (none in Leyden)</p> <p>Beth handed out information from the recent CPHS meeting: Broadening the lens and Home and Green Burials</p>	Randy Kurt	
<b>Movement Retreat</b>	<p><i>McNichols</i></p> <p>Attorney McNichols did not see any problems with their proposal. Because the sleeping quarters are dormitory style, the FRCOG saw no issues either.</p>	Beth	
<b>Updates from previous meeting</b>	<p>*No comment back from the Fire Chief yet</p> <p>*Tweak the BESS letter (bring it back to next meeting)</p> <p>*Appoint Beth to be the CPHS representative and Devorah will be the alternate</p> <p>*Motion to designate the Town Clerk as the burial agent for the Town of Leyden: Beth 1, Devorah 2, all in favor. Beth will fill out the form and submit.</p>	Beth	<p>Look over the BESS letter and bring back suggestions to make it our own.</p> <p>Beth will submit burial agent form</p>

Thank you  
Beth Kuzdeba

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**From:** "Board of Health" <boh@townofleyden.com>

**Sent:** 7/2/25 1:04 PM

**To:** Fire Department <fire@townofleyden.com>

**Cc:** Devorah Vester <devorah.vester@gmail.com>, Marcia Miller<marcia.miller65@gmail.com>

**Subject:** Emergency response to BESS

Hi, Carey

The Board of Health will be looking to draft regulations in response to BESS (battery energy storage systems). When you have a chance can you send me some information:

1. Average response time to a fire...using the town offices as a point of reference
2. The available response equipment in Leyden and from mutual aid in the event of a fire
3. What water resources are available

Thank you

Beth Kuzdeba

Leyden BOH

## Alternate to the CPHS rep.

7/9/25 2:43 PM

From: "Michele Giarusso" <towncoord@townofleyden.com>

To: "Board of Health" <boh@townofleyden.com>, "Devorah Vester" <devorah.vester@gmail.com>, "Marcia Miller" <marcia.miller65@gmail.com>

Hello,

Each year I have to fill out paper work and send to the FRCOG the names of Leyden representatives to the various committee/ boards of the FRCOG.

One of those is the **alternate** member who will represent Leyden to the CPHS advisory board. The chair of the BOH has always been the **active** member.

I have been the alternate to the chair of the Leyden BOH for years. I was wondering if another member of the BOH would like to be the alternate for the next year? It is a year to year appointment.

I wish I had the info. to update before your meeting last evening, but I did not.

You can decide at your next meeting since all 3 of you cannot reply to me. And it should be a conversation amongst all 3 of you. I will be the alternate until you decide.

Michele Giarusso  
Town Coordinator  
Town of Leyden  
7 Brattleboro Road  
Leyden, MA 01301

Phone: 413-774-4111 ext 1

Email: [towncoord@townofleyden.com](mailto:towncoord@townofleyden.com)

*\*\*Please update your contact list/address book as my email has changed*

Devorah Vester

<b>Point Person</b>	Randy would like a designated "point person" who would have access to the locked files. It was determined the chairperson would be it.		
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<b>TOPIC</b>	<b>DISCUSSION</b>	<b>PRESENTER</b>	<b>ACTION ITEMS</b>
<b>CPR and First Aid classes provided by Wild Med</b>	Dates: CPR October 22nd 6-8pm      First Aid November 12th 6-8pm Beth will put a notice in the Leyden Life with Sept 15 <sup>th</sup> as a cutoff date for priority to Leyden residents. After that, it will be opened to the surrounding communities. The cost will be \$25/class/person for Leyden residents. This is subsidized by the BOH.	Beth	Send notice to the Leyden Life
<b>Public information</b>	Beth continues to update pamphlets and information sheets at the town offices. Also keeping the COVID tests and masks available. EEE and West Nile information available.		
<b>Falls</b>	The number one call for fire and police is "falls". Beth will contact Lisa White regarding information to hand out to residents. Marcia will check with Guardian Angel to ask about headline vs satellite use.	Beth	Beth-contact Lisa White Marcia-contact Guardian Angel
<b>Free stuff</b>	MASS GOV clearinghouse has free publications which are available to the town. Beth will post what she has at the town hall.	Beth	Beth to post info at town hall
	Motion to adjourn Beth 1, Devorah 2, all in favor. Meeting adjourned at 6:15pm Next meeting Tuesday September 2 at 5:00pm		



# Franklin Regional Council of Governments

*Municipal Resources*

## Cooperative Public Health Service Oversight Board Appointments

### Leyden Representatives FY26 ● For appointment by the Board of Health

#### Board of Health Representative

CHECK HERE IF BOH REP & CONTACT INFO ARE SAME AS LAST YEAR →

Rep Name	Maria Miller
E-Mail	marcia.miller65@gmail.com
Street Address	7 Brattleboro Road
City, State, Zip	Leyden, MA 01301
Home phone	
Work phone	
Cell Phone	413.522.2650

Rep Name	Elizabeth Kuzdeba
E-Mail	<a href="mailto:BOH@townofleyden.com">BOH@townofleyden.com</a>
Street Address	7 Brattleboro Road
City, State, Zip	Leyden, MA 01301
Home phone	
Work phone	413-774-4111
Cell Phone	

IF A NEW REP IS APPOINTED or EDITS ARE NEEDED, PLEASE FILL IN TABLE BELOW:

#### Alternate Representative

Any interested person may be an alternate to the board, including BOH members, town administrators & coordinators, select board members, town nurses and so on. They just have to be willing to update the BOH.

CHECK HERE IF ALTERNATE REP & CONTACT INFO ARE SAME AS LAST YEAR →

Rep Name	Michele Giarusso
E-Mail	muniastt@townofleyden.com
Street Address	7 Brattleboro Road
City, State, Zip	Leyden, MA 01301
Home phone	(413) 773-7948,
Work phone	(413) 774-4111, Ext. 1
Cell Phone	(413) 687-7935

IF A NEW ALT REP IS APPOINTED or EDITS ARE NEEDED, PLEASE FILL IN TABLE BELOW:

Rep Name	
E-Mail	
Street Address	
City, State, Zip	
Home phone	
Work phone	
Cell Phone	

Please email form to [rboyd@frcog.org](mailto:rboyd@frcog.org) , or FAX it to 413-774-3169 as soon as possible, so we may update our files and database and be prepared for the first CPHS Oversight Board Meeting of the new fiscal year, to be

From: Board of Health boh@townofleyden.com  
Subject: Burial agent  
Date: Jul 9, 2025 at 11:45:17 AM  
To: Town Clerk, Leyden MA townclerk@townofleyden.com

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Good morning, George

In order to designate the Town Clerk as our Burial Agent, we will need you to print out the form and I will sign it. In our BOH meeting in August, we have that on our agenda.

Thank you

Beth Kuzdeba

Leyden BOH

# Vitals Information Partnership Electronic Death Registration Board of Health Burial Agent Designation Form

*✍ The Board of Health, Board of Selectmen or another city/town official should fill out the following information if the clerk or another party is to be designated as the primary burial agent for the city or town. This document can be scanned and sent via email to [vip@state.ma.us](mailto:vip@state.ma.us), you can fax the signed form to the Registry at 1-617-740-2711, or you can mail the form to:*

Registry of Vital Records and Statistics – VIP  
ATTN: Hansy Noel  
150 Mt. Vernon St.  
Dorchester, MA 02125

The \_\_\_\_\_ Board of Health does not issue burial permits for  
City/Town

the municipality. \_\_\_\_\_ is the designated burial  
First Name, MI, Last Name

agent for the municipality and can be contacted at the following: \_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address line 1 (PO Box, Street Name, Street Number)

\_\_\_\_\_  
City/Town State Zip code

Signed,

\_\_\_\_\_  
Signature (if emailed, type in name) Date

\_\_\_\_\_  
Print Name Title

## Home and/or Green Burials



What are they and how are they different



## Home and/or Green Burials

What is the role of the Board of Health for home (all) burial grounds



## Home and/or Green Burials

M.G.L. Chapter 144, Section 34 requires all new or expanding cemeteries to have written approval of the Board of Health.  
This includes home burial sites.

## Home and/or Green Burials

M.G.L. Chapter 144, Section 35 "states unless the property was approved for burial prior to 1908, that land that is situated so that surface water or drainage enters a pond, stream, public water supply, or tributary source cannot be used for burial purposes unless MassDEP has given written approval of the plan."

From: Molly Kitchen [molly@instituteforwildmed.com](mailto:molly@instituteforwildmed.com)  
Subject: Fwd: Training for Leyden,MA  
Date: Jul 11, 2025 at 11:55:57 AM  
To: Elizabeth Kuzdeba [beth.kuzdeba@icloud.com](mailto:beth.kuzdeba@icloud.com), [boh@townofleyden.com](mailto:boh@townofleyden.com)

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Hi Beth,

Molly here, Wild Med's Director of Operations. We'd be happy to work with you again on a CPR + First Aid Course for the town this fall. October and November are relatively open for us, particularly on weeknights. In 2023, it looks like we offered each course on a Wednesday evening, 6-8pm.

Do you want to nail down dates now, or would you prefer I circle back in August when you might have a better idea of the fall schedule?

Let me know and we'll move forward accordingly.

Warm regards,

Molly

----- Forwarded message -----

From: **Elizabeth Kuzdeba** <[beth.kuzdeba@icloud.com](mailto:beth.kuzdeba@icloud.com)>  
Date: Thu, Jul 10, 2025 at 8:07 PM  
Subject: Training for Leyden,MA  
To: IWEM Nicole Roma Thurrell <[Nicole@instituteforwildmed.com](mailto:Nicole@instituteforwildmed.com)>  
Cc: of Health Board <[boh@townofleyden.com](mailto:boh@townofleyden.com)>

Hello Nicole and your ever growing business,

I don't know if you would have anyone to come to Leyden this fall..October or November (dates to be determined) to continue our every 2 years training in CPR and Basic First Aid. The BOH would subsidize the cost, as we have in the past.

Let me know if this could be a possibility.

Thank you....and enjoy the summer.

Beth Kuzdeba

Leyden Board of Health

Sent from my iPad

From: Molly Kitchen molly@instituteforwildmed.com  
Subject: Re: Training for Leyden,MA  
Date: Jul 21, 2025 at 12:46:11 PM  
To: Elizabeth Kuzdeba beth.kuzdeba@icloud.com

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Hi Beth,

Thanks for these details. Could the dates below work?

Wednesday, October 22, 6-8pm

Wednesday, November 12, 6-8pm

Cost wise, I just looked back to see what we did in 2023, and it's similar to the following:

Our absolute minimum to cover costs for our instructor, gear, and admin is \$350/course. If folks need/want a certification, they would need to pay \$15 extra. Folks from Leyden can pay \$25 (plus we'll bill Leyden for \$10/person). That way 10 people registering covers our costs. (That price more than 50% off our list price of \$62 for CPR/\$72 for First Aid.)

We can also open it up to non-residents at the regular rate (though when we did this last time, no one from the general public registered, so I'd like to be sure we can cover our costs with just the Leyden registration of 10 residents).

How does this sound? Does \$25/person/course seem feasible for residents?

Thanks, Beth!

Molly

On Sun, Jul 20, 2025 at 10:35 PM Elizabeth Kuzdeba  
<[beth.kuzdeba@icloud.com](mailto:beth.kuzdeba@icloud.com)> wrote:

Hi, Molly

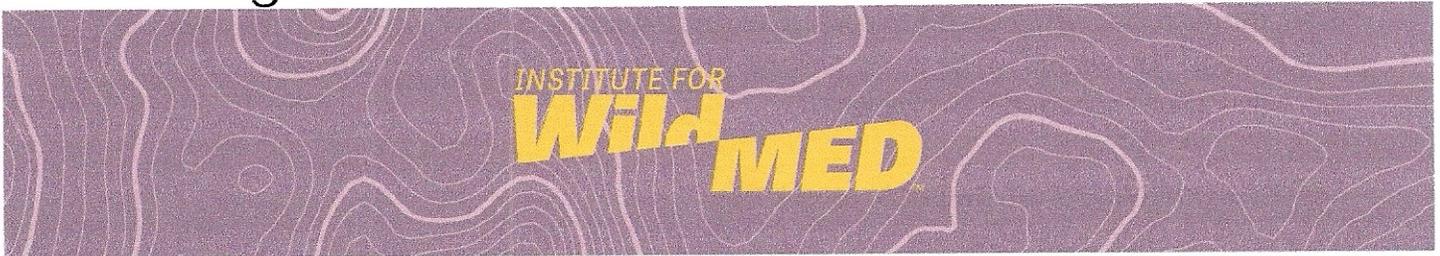
Thank you for replying so quickly.

So I'm thinking Week of 10/20 for CPR

week of 11/10 for Basic First Aid class.

Our Board of Health subsidizes the class fee per person by \$10. So what kind of

# Course Agreement



## Institute for Wild Med

Dear Elizabeth,

Thank you for considering Wild Med for your emergency response education. Our programs are engaging, effective, and relevant to the specific needs of the site.

In order to prepare for your Oct/Nov CPR + First Aid Courses for Leyden, I ask that you complete the following items as soon as possible to hold your requested date:

1. Please review and sign the enclosed Training Contract.
2. Please indicate the **specific course location** address, as well as any instructions for accessing the location and/or parking.

Leyden Town Hall. 16 W Leyden Rd. I will be there to meet instructor, open/close the building

3. Please write the **name and phone number** of the point person who will be *onsite and available* the day of the course. (You'd be surprised how often we are locked out of facilities!)

Beth Kuzdeba. Home. 413-774-2820. Cell. 413-522-7298

4. Please write the **name and email address** of the person to whom invoices should be sent. If this is you, please write N/A.

Leyden Board of Health. Boh@townofleyden.com

(413) 775-3320

Town of Leyden Contact:  
Elizabeth Kuzdeba

Wild Med agrees to provide participants of Town of Leyden , referred to as the client, training according to the following agreements:

**1. The client will provide Wild Med with the following:**

Timely administrative communication leading up to the courses.

Classroom with adequate seating for each student and adequate space for skills practice (approximately 10 square feet per student)

Access to the training site 30 minutes prior to the scheduled training

**2. Wild Med will provide the following:**

A landing page on Wild Med's website for residents of Leyden to register for the course.

One copy of the course curriculum per student

Manikins and/or First Aid gear in excellent working condition

A fully trained and experienced instructor

Course certification cards within one week of the training upon final payment

Online access to the textbook

An invoice itemizing training courses, number of students, and cost

3. The location, date, time, and number of students shall be mutually agreed upon a minimum of 2 weeks prior to the course.

If there is less than 2 week's notice of cancellation, deposit will be lost.

Invoice: \$200.00



## Institute for Wild Med

**From**  
Institute for Wild Med  
68 Old Stage Road (Please note,  
New address!)  
Montague, MA 01351

**To**  
Elizabeth  
Kuzdeba

**Invoice** 2177  
**Issued** July 21, 2025  
**Due Date** August 31, 2025

ITEM	QUANTITY	PRICE	TOTAL
CPR Course Town of Leyden Contribution \$10/person x a minimum of 10 participants	1	\$100.00	<b>\$100.00</b>
First Aid Course Town of Leyden Contribution \$10/person x a minimum of 10 participants	1	\$100.00	<b>\$100.00</b>

Subtotal: \$200.00  
Tax: \$0.00  
Total: **\$200.00**

Please make check payable to IWEM and remit to the address above or pay by ACH using the online option. Thanks so

