VCHIP / CHAMP / VDH COVID-19 UPDATES

Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
February 24, 2021
Technology Notes

1) All participants will be muted upon joining the call.

2) If you dialed in or out, unmute by pressing #6 to ask a question (and press *6 to mute).
   If you are having audio difficulties and are using your computer speakers, you may wish to dial in:
   
   **Call in number – 1-866-814-9555**
   **Participant Code – 6266787790**

**Presenters**: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

3) To ask or respond to a question using the **Chat** box, type your question and click the icon or press Enter to send.
Overview

- Celebrating National Children’s Dental Health Month
  - [https://www.healthvermont.gov/wellness/oral-health](https://www.healthvermont.gov/wellness/oral-health)

- Reminder – weekly event schedule:
  - **VCHIP/CHAMP/VDH calls:** M/W/F; Gov. Media Briefings Tues/Fri; VMS Special Congressional COVID-19 Town Hall Thurs.

- Situation, VDH, federal updates; Tuesday media briefing

- Practice Issues: **Cardiac Screening & Return to Play After COVID-19**

- Q & A/Discussion

[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we’re providing today may change quickly]
Situation update

- **U.S.** 28.2 million+ cases; 502,432 deaths
  - Past week: average 68,038 cases/day (decrease of 37% from average 2 weeks earlier)
  - 2.4 million+ deaths worldwide; 112.1 million+ cases

- **VDH Weekly Data Summary** (2/19/21)
  - Weekly Spotlight Topic – *How are people getting COVID-19?*

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VT New Cases, Probables, Deaths

New Cases: 78
- Total: 14,768
Currently Hospitalized: 28
Hospitalized in ICU: 10
Hospitalized Under Investigation: 4
Percent Positive 7-day Avg.: 1.5%
People Tested: 327,343
Total Tests: 1,031,951
Recovered: 11,998
81.2% of Cases
Deaths: 201
1.4% of Cases

Last Updated: 2/24/2021, 10:50:07 AM
COVID-19 Cases in Vermont K-12 Learning Communities While Infectious

- Table updated Tuesday & Friday w/data through previous Sunday & Wednesday.

### Cases in Vermont K-12 Learning Communities While Infectious

<table>
<thead>
<tr>
<th>Learning Community</th>
<th>Cases Reported In the Past 7 Days</th>
<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL FOR ALL SCHOOLS</td>
<td>40</td>
<td>637</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL FOR ALL SCHOOLS</td>
<td>67</td>
<td>613</td>
</tr>
</tbody>
</table>

- VT College & University dashboards:
  - [UVM Dashboard](#)

<table>
<thead>
<tr>
<th>Population</th>
<th>Test Results Received</th>
<th>Number Tested Positive</th>
<th>Test Results Received</th>
<th>Number Tested Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off-Campus Students</td>
<td>6449</td>
<td>21</td>
<td>19912</td>
<td>48</td>
</tr>
<tr>
<td>On-Campus Residential Students</td>
<td>4574</td>
<td>41</td>
<td>14470</td>
<td>92</td>
</tr>
</tbody>
</table>
AOE School Staff Testing Dashboard

School Staff Testing: Weekly Summary

Select Testing Week: January 31, 2021

% Registered by SD/SU

SD/SU

MISSISSQUI VALLEY SCHOOL DISTRICT  48%
MT ABRAM UNIFIED SCHOOL DISTRICT  45%
WINDSOR SOUTHEAST SU  44%
HARTFORD SD  43%
MAPLE RUN SCHOOL DISTRICT  43%
GRAND ISLE SU  42%
CALEDONIA CENTRAL SUPERVISORY UNION  37%
ORANGE SOUTHWEST SD  33%
ORLEANS CENTRAL SU  31%
MILL RIVER UNIFIED UNION SUPERVISORY UNION  31%
WHITE RIVER VALLEY SU  24%
WINOOSKI SCHOOL DISTRICT  23%
RUTLAND NORTHEAST SUPERVISORY UNION  20%
BURLINGTON SCHOOL DISTRICT  11%
Total  30%

Data source: Vermont Testing/Vaccine Registration System. Updated 2/10/2021 8:23:10 AM

Week of Jan. 31; updated 2/10/21
NOTE – 2/17/21: to align w/CDC reporting, # of doses rec’d. for VA & VNG now being removed from # doses rec’d.; accounts for about 8,300 doses.

Daily updates Tues. thru Sat.

Data = counts reported by end previous day; subject to change.

https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard
GETTING THE COVID-19 VACCINE

People age 70 years and older can make appointments now. There are enough appointments for everyone who is eligible. Appointments are required. Clinics cannot accept walk-ins.

To make an appointment online with the Health Department:

1. Create an account (anyone can do this anytime!)
   You may already have an account if you were tested for COVID-19 at a Health Department site.
2. Make an appointment when your age group is eligible to get the vaccine.

Appointments from 2/24 – 5/4/21

- **708 clinics** (health care, VDH POD – does not include pharmacies);
  - 121,711 total appointments
- VDH Local (District) Health Office sites; health care sites

**Online (preferred) and phone** appointment scheduling:

- 1-855-722-7878
- *If you need to speak with someone in a language other than English, call this number, and then press 1.*

**Call Center Hours:**

- Monday-Friday, 8:15 a.m. – 5:30 p.m.
- Saturday and Sunday, 10:00 a.m. – 3:00 p.m.
From the CDC Vaccine Tracker

https://covid.cdc.gov/covid-data-tracker/#vaccinations
From the CDC: U.S. COVID-19 Cases Caused by Variants

<table>
<thead>
<tr>
<th>Variant</th>
<th>Reported Cases in US</th>
<th>Number of States Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1.7</td>
<td>1881</td>
<td>45</td>
</tr>
<tr>
<td>B.1.351</td>
<td>46</td>
<td>14</td>
</tr>
<tr>
<td>P.1</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Emerging Variant Cases of B.1.1.7 in the United States

More data.

Jeff Zients, Coordinator

- J & J pending FDA EUA; updated Governors yesterday – ready to distribute if issued (3m. doses next wk; 20m. doses by end March; 100m. doses required by contract by end June)

CDC Director Walensky

- National trends headed in right direction (cases/hosps./deaths)
- 3-day national COVID-19 Vaccine Forum (>12K participants): promising practices, scientific updates. All materials will be posted on CDC web site.
- Rapid expansion genetic sequencing
Dr. Anthony Fauci

- **PASC**: post-acute sequelae (previously “long COVID”)
- Spectrum: “mild-annoying-quite incapacitating”; magnitude not fully known
- Literature:
  - China – may occur even in individuals not hospitalized
  - U. of Washington – “alarming”: ~30% of pts. enrolled had persistent symptoms up to 9 mos. post illness.
  - Interagency (NIH, CDC) workshop Rockville (12/3-4/20) – looked at multiple organ systems
- 2/23/21: NIH launched new initiative to study – funding oppys. announced (examine SARS-CoV-2 recovery cohorts; study EHR data & biol. specs)
  - What does spectrum of recovery look like broadly/entire pop.? Cause?
From the CDC/MMWRs

  - Aug. 2020 55 COVID-19 cases among 81 attendees of indoor high-intensity classes at a Chicago exercise facility; 22 (40%) attended on or after saxs began. 76% wore masks infrequently, incl. those with (84%) & w/o COVID-19 (60%).

  - 9 clusters of cases: 13 educators & 32 students at 6 elementary schools. Two clusters involved probable educator-to-educator transmission, followed by educator-to-student transmission; resulted in approx. ½ (15 of 31) school-associated cases.

- First Month COVID-19 Vaccine Safety Monitoring — U.S. 12/14/20-1/13/21 (Early Release 2/19/21)
  - Reassuring safety profiles: local/systemic rxns common; rare reports of anaphylaxis. No unusual or unexpected reporting patterns were detected.
Seeking Your Assistance!

- **Medicaid is seeking a Katie Beckett Medical Expert**: medical doctor to provide clinical expertise (via hourly annual contract) on Katie Beckett appeals & fair hearings (as needed basis).
  - Provide a clinical opinion on disability determinations and/or level of care assessments in Katie Beckett appeals/fair hearings; available to testify to that opinion in front of the Human Services Board on the State’s behalf.

- Disability and level of care determinations for Katie Beckett are made by DDS (SSA).
  - (Initial) determinations clearly documented – when decision appealed, medical expert testimony required; DDS prohibited by federal govt. from testifying in state level appeals.

- **Qualifications**: currently licensed to practice medicine in VT; free from significant professional licensing decisions; specialize in Pediatrics and/or Disabling Pediatric Disorders; have significant professional experience
Seeking Your Assistance (Katie Beckett medical expert)

Scope of Work:

- Recent appeal caseloads have averaged 10 cases/year; average 3 hours of medical case review & testimony prep work per case.
  - Contactor paid on hourly basis at $150/hour, up to a maximum of $10,000/contract year (maximum contract amount ~ 66 hours/year).

- Successful candidate will undertake extensive medical record review in Disabled Children’s Home Care (Katie Beckett) program cases & be expected to:
  - Examine material facts of the case (medical records & lay witness testimony); prepare written reports/statements; provide expert testimony before administrative Hearing Officer; testify at deposition or at administrative fair hearing; break down the scientific, technical language and terminology; work as part of a team (Dept. staff, AAGs)

- If interested, please email Ashley Berliner, Director of Medicaid Policy, at Ashley.Berliner@vermont.gov
AHS Secretary Smith

- Great progress vaccine phase 2 – anticipate open to 65+ on 3/1/21.
- 42K in this category (will begin at 8:15 a.m. Monday – set up acct. now).
- Log in, choose place/date/time – short video re: registration process
- SEE healthvermont.gov/myvaccine
- Anticipate begin high-risk 16-64+ (75K) in ensuing weeks. Do not contact your health care professional re: eligibility – more info on this next week.
- Increasing clinics, staffing
Tuesday Media Briefing (cont’d.)

DFR Commissioner Pieciak – Modeling:

- NE region: this week w/signif. fewer cases: just <77K (14K decrease).
- 6th straight week regional cases/hosps/pos rate decline
- Heat map – cont’d. widespread improvement New England & mid-Atlantic
- Regional forecast: improvement will cont. into March/April; don’t know role of variants during this time (those cases cont. to drop in UK & S Africa)
- Past wk 727 new cases VT; 7d av improving; Cases down almost 40% since Jan. Cont’d. signif. improvement in cases 75+ (down 71% past mo.) Vaccine protecting more of most vulnerable VTers. fewer d. in Feb. vs. Jan & Dec.
- Improvement in Rutland, Bennington, Essex Cos.; not to same degree in Franklin Co.
- Active Outbreaks in LTCFS down to just 3.
Tuesday Media Briefing (cont’d.)

VDH Commissioner Levine

- Importance of 2\textsuperscript{nd} vaccine dose for current vaccines.
- Participants w/o 2 doses not followed for very long, so still learning how long they’re protected.
- 2-dose vaccine not new. Offers better protection against variants—only 1 dose increases chance of mutation. UK & Israel piloting as many 1\textsuperscript{st} doses as poss. w/intent to provide 2\textsuperscript{nd} doses. Never studied, but we’re watching here in VT. Appears to last 5-6 wks; efficacy decreased to 85%. Might be OK if ltd. supply – but U.S. pipeline appears to be improving. Absence/delay of 2\textsuperscript{nd} dose might be less effective. This not currently proposed in U.S. by CDC, FDA or Biden. CDC allows for 2\textsuperscript{nd} as long as 6 wks after 1\textsuperscript{st}. 
VDH Commissioner Levine

- Addressed **fear** re: adverse vaccine side effects. Some stronger after 2\textsuperscript{nd} dose. CDC just reported on experience after 1st mo.
  - Over 13m. Doses; 7K reports to VAERS.
- Other signs of change on horizon: maple season fast approaching: 2020 VT pandemic response began just as sap began to run last year; wasn’t always safe to gather in sugar house.
- This year on hold again: Maple Open House Weekend and St. Albans Maple Festival (April) cancelled.
- But will be able to be in the woods soon – and can still enjoy/support our maple producers by buying at farm stands or find online.
Practice Issues

Cardiac Screening & Return to Play After COVID-19

Kristen Connolly, MD FAAP – Timber Lane Pediatrics
Jonathan Flyer, MD FAAP – Pediatric Cardiology, UVM CH

February 24, 2021
GOALS

• Outline a clear evidence-based process map for cardiac screening in pediatric patients after COVID19 infection

• Create forms for shared use in medical practice and school/sports based on evidence-based guidelines for:

  1. Medical clearance to begin return-to-play
  2. Graduated return-to-play protocol
3 DOCUMENTS

1) Cardiac screening:

2) Medical Clearance:

3) Return-to-play:
CARDIAC SCREENING IN PEDIATRIC PATIENTS AFTER COVID-19 INFECTION

- Adapted from the American College of Cardiology
- Reviewed by Pediatric Cardiology at UVMMC February 2021

- Medical evaluation must be 14 days from end of symptoms (excluding loss of taste and smell which may persist) (OR) 14 days from positive test if asymptomatic

- Screening guidelines vary based on:
  1. Severity of disease (mild, moderate, or severe)
  2. Age if in moderate category (>12 or <12 years of age)
CARDIAC SCREENING IN PEDIATRIC PATIENTS AFTER COVID-19 INFECTION

Pediatric patient with:
- History of COVID-19 infection
- AND Asymptomatic ≥ 14 days

MILD
Asymptomatic or mild symptoms
(little change in activity)

Primary care medical clearance protocol

Moderate
Moderate symptoms
(paroxysmal, decreased activity, no hospitalization, no abnormal cardiac testing)

Primary care medical clearance protocol

Severity
Severe symptoms
(Hospitalization, abnormal cardiac testing, ACS, etc.)

May need return to clinic 1 week post-discharge +24-hour Holter + cardiology consultation + echocardiogram

Normal ECG

Primary care medical clearance protocol

Abnormal ECG

Pediatric cardiologist consultation + testing based on ECG

Seek care for myocarditis

Adapted from the American College of Cardiology (ACC), reviewed by UVA/CG Pediatric Cardiology / February 2021

*14 days from last symptom (excluding loss of taste and smell which may persist ≤ 14 days from positive test of asymptomatic
CARDIAC SCREENING AFTER COVID19

**MILD**
Asymptomatic or mild symptoms
(fever/symptoms <3d)

**MODERATE**
Moderate symptoms
(prolonged fever, bed rest without hospitalization, no abnormal cardiac testing)

**SEVERE**
Severe symptoms
(hospitalized, abnormal cardiac testing, MIS-C)
MILD:
Asymptomatic or mild symptoms (symptoms and/or fever ≤ 3 days)

Primary care medical clearance protocol
MODERATE:

Prolonged fever, bed rest without hospitalization, no abnormal cardiac testing
SEVERE:
Hospitalized, abnormal cardiac testing, MIS-C

SEVERE
Severe symptoms
(hospitalized, abnormal
cardiac testing, MIS-C)

Myocarditis return
to play guidelines:
1. Testing: ECG, Echo, 24Hr Holter, exercise stress test
   + cardiac MRI
2. Exercise restriction x3-6 mos
MEDICAL CLEARANCE FOR GRADUATED RETURN-TO-PLAY AFTER COVID19

• 14-Element AHA Screening Checklist adapted from Maron BJ et al. Journal of the American College of Cardiology, 2014

• Reviewed by Pediatric Cardiology at UVMMC February 2021

• Medical evaluation must be:
  – 14 days from end of symptoms (excluding loss of taste and smell which may persist) off medication used to treat symptoms of illness (OR)
  – 14 days from positive test if asymptomatic
MEDICAL CLEARANCE FOR GRADUATED RETURN-TO-PLAY
AFTER COVID-19 INFECTION

Name: ____________________________ DOB: __________/________/_________

Date of Positive COVID Test: ____________________________
Date of Symptom Onset: N/A if asymptomatic:
Date of Last Symptoms: N/A if asymptomatic:
Date of Medical Evaluation: ____________________________

Criteria for Return:
- 14 days have passed since resolution of symptoms (excluding loss of
taste/smell) without use of medication used to treat symptoms of illness OR
14 days have passed since COVID-19 test result as positive if asymptomatic
- Has had a normal ECG (required if >12 years of age and history of moderate
symptoms with COVID-19 illness)
- No history of hospitalization for COVID-19 infection
- 14-element AHA cardiac screening reviewed
  (further cardiac work up required if any bolded screening questions positive)

<table>
<thead>
<tr>
<th>Yes</th>
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<td>Chest pain/tightness/pressure related to exertion</td>
<td></td>
</tr>
<tr>
<td>Unexplained syncope or near-syncope (not including vasovagal cause)</td>
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<tr>
<td>Excessive exertional, unexplained dyspnea/tachycardia or palpitations with exercise</td>
<td></td>
</tr>
<tr>
<td>New heart murmur on exam or persistent tachycardia</td>
<td></td>
</tr>
<tr>
<td>Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)</td>
<td></td>
</tr>
<tr>
<td>History of elevated systolic blood pressure</td>
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</tr>
<tr>
<td>Prior restriction from participation in sports</td>
<td></td>
</tr>
<tr>
<td>Prior cardiac leading ordered by a physician</td>
<td></td>
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<tr>
<td>Family history of premature death &lt;50yrs due to heart disease</td>
<td></td>
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<tr>
<td>Disability due to heart disease or a close relative &lt;50yo</td>
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</table>
| Family history of HCM/Dilated cardiomyopathy, long QT/syn channelopathies, Marfan
syndrome, significant arrhythmias, or genetic cardiac conditions |              |
| History of heart murmur (excluding innocent/resolved murmurs) |              |
| Physical clone of Marfan Syndrome |              |
| Abnormal brachial artery blood pressure in sitting position on exam |              |


Clearance Determination:
- Student/athlete HAS satisfied the above criteria and IS cleared to start the return
to activity progression (7 day gradual return protocol outlined on next page).
- Student/athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity progression.

Medical Office Information:
Printed Clinician Name: ____________________________
Clinician Signature: ____________________________
Office Phone number: ____________________________
Office Fax number: ____________________________
Office Address: ____________________________
MEDICAL CLEARANCE FOR GRADUATED RETURN-TO-PLAY AFTER COVID-19 INFECTION

Name: ___________________________  DOB: ___________________________

Date of Positive COVID Test: ___________________________
Date of Symptom Onset: ___________________________ N/A if asymptomatic:
Date of Last Symptoms: ___________________________ N/A if asymptomatic:
Date of Medical Evaluation: ___________________________

Criteria for Return:

☐ 14 days have passed since resolution of symptoms (excluding loss of taste/smell) without use of medication used to treat symptoms of illness OR 14 days have passed since COVID-19 test positive if asymptomatic
☐ Has had a normal ECG (required if >12 years of age and history of moderate symptoms with COVID19 illness)
☐ No history of hospitalization for COVID19 infection
☐ 14-element AHA cardiac screening reviewed (further cardiac work up required if any bolded screening questions positive)
MEDICAL CLEARANCE FOR GRADUATED RETURN-TO-PLAY AFTER COVID19

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- History of elevated systemic blood pressure
- Prior restriction from participation in sports
- Prior cardiac testing ordered by a physician
- Family history of premature death <50yrs due to heart disease
- Disability due to heart disease in a close relative <50yo
- Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
- History of heart murmur (excluding innocent/resolved murmurs)
- Physical stigmata of Marfan Syndrome
- Abnormal brachial artery blood pressure in sitting position on exam
MEDICAL CLEARANCE FOR GRADUATED RETURN-TO-PLAY AFTER COVID19

Clearance Determination:

☐ Student/athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression (7 day gradual return protocol outlined on next page).
☐ Student/athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity progression.

Medical Office Information:
Printed Clinician Name:                  Clinician Signature:
Office Phone number:                    Office Fax number:
Office Address:                         

GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

- Reviewed by Pediatric Cardiology at UVMMC February 2021
- Minimum duration to complete full Return-To-Play is 7 days
- If listed symptoms develop during Return-To-Play the patient is to be referred back to the evaluating provider
# GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

(MINIMUM 7 DAYS*)

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

Date of Medical Clearance to begin post-COVID19 Return-To-Play:

> Once medically cleared to begin return-to-play, students/athletes must complete the return-to-play progression below without the development of chest pain/tightness, palpitations, lightheadedness, significant exertional dyspnea, pre-syncpe, or syncpe. If any of these symptoms develop, the patient should be referred back to the evaluating provider who signed the medical form.

### Calculating Max Heart Rate: 220 – Your Age = Predicted Max Heart Rate (beats/min)

### STAGE 1: Day 1 and Day 2 (2 Days Minimum) – 15min/day or less

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
<th>SYMPTOMS</th>
</tr>
</thead>
</table>
- Light activity (walking, jogging, stationary bike). NO resistance training.
- Intensity no greater than 70% maximum heart rate.

### STAGE 2: Day 3 (1 Day Minimum) – 30min/day or less

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
<th>SYMPTOMS</th>
</tr>
</thead>
</table>
- Add simple movements activities (running drills) at intensity no greater than 80% maximum heart rate.

### STAGE 3: Day 4 (1 Day Minimum) – 45min/day or less

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
<th>SYMPTOMS</th>
</tr>
</thead>
</table>
- More complex training at intensity no greater than 80% maximum heart rate. May add light resistance training.

### STAGE 4: Days 5 and Day 6 (2 Days Minimum) – 60min/day or less

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
<th>SYMPTOMS</th>
</tr>
</thead>
</table>
- Normal training activity at intensity no greater than 80% maximum heart rate.

### STAGE 5: Return to full activity/participation.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
<th>SYMPTOMS</th>
</tr>
</thead>
</table>


Cleared for Full Participation by School/Sports Personnel:

Printed name: ______________________ Signature: ______________________
Once medically cleared to begin return-to-play, students/athletes must complete the return-to-play progression below without the development of chest pain/tightness, palpitations, lightheadedness, significant exertional dyspnea, pre-syncope, or syncope. If any of these symptoms develop, the patient should be referred back to the evaluating provider who signed the medical form.
GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

- STAGE 1 (≥ 2 days) - Activity ≤ 15min/day, ≤ 70% max HR
- STAGE 2 (≥ 1 day) – Activity ≤ 30min/day, ≤ 80% max HR
- STAGE 3 (≥ 1 day) – Activity ≤ 45min/day, ≤ 80% max HR
- STAGE 4 (≥ 2 days) – Activity ≤ 60min/day, ≤ 80% max HR
- STAGE 5 – Return to full participation

- Predicted max HR (beats/min) = 220 – age
# GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

<table>
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<tr>
<th>STAGE 1 : Day 1 and Day 2 (2 Days Minimum) - 15min/day or less</th>
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<td>Normal training activity at intensity no greater than 80% maximum heart rate.</td>
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<table>
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<tr>
<th>STAGE 5 : Return to full activity/participation.</th>
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GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

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<th>STAGE 4: Days 3 and Day 6 (2 Days Minimum) – 60min/day or less</th>
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<tbody>
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<td>Normal training activity at intensity no greater than 80% maximum heart rate.</td>
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<th>STAGE 5: Return to full activity/participation.</th>
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*Return-To-Play protocol adapted from Elliott N, et al. Infographic: British Journal of Sports Medicine, 2020

Cleared for Full Participation by School/Sports Personnel: ____________________________
Printed name: ________________________ Signature: ________________________
QUESTIONS?
Happening Now

- Big Change Roundup: bigchangeroundup.org
  - Largest fundraiser for the UVMCH; funds raised support patients and families (e.g.) some child life services; new program startup (e.g., Transgender Program; safe sleep program on Mother Baby Unit); injury prevention initiatives; food insecurity initiative (CSC); support for inpt. families (ferry passes, gas cards, meal vouchers)
- Please help promote personally & through your practices/ orgs.
- 3/19-3/21: Big Change Roundup Drive Thru Collections (3 loc.)
- 3/26/2021: Big Change Roundup Final Total Announcement (counted off air/off-site)
Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- For additional questions, please e-mail: vchip.champ@med.uvm.edu
  - What do you need – how can we be helpful (specific guidance)?
- Next CHAMP call – **Friday, February 26, 2021 – 12:15 – 12:45 pm**
- Generally back to **Monday/Wednesday/Friday** schedule
- Please tune in to SPECIAL VMS call Congressional COVID-19 Town Hall
  - **Thursday, February 25, 2021 – 12:30-1:30 p.m.** – Zoom platform & call information:
    - Join Zoom Meeting: https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVqdIjJ2ZG4yQT09
      - Meeting ID: 867 2625 3105 / Password: 540684
      - One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#