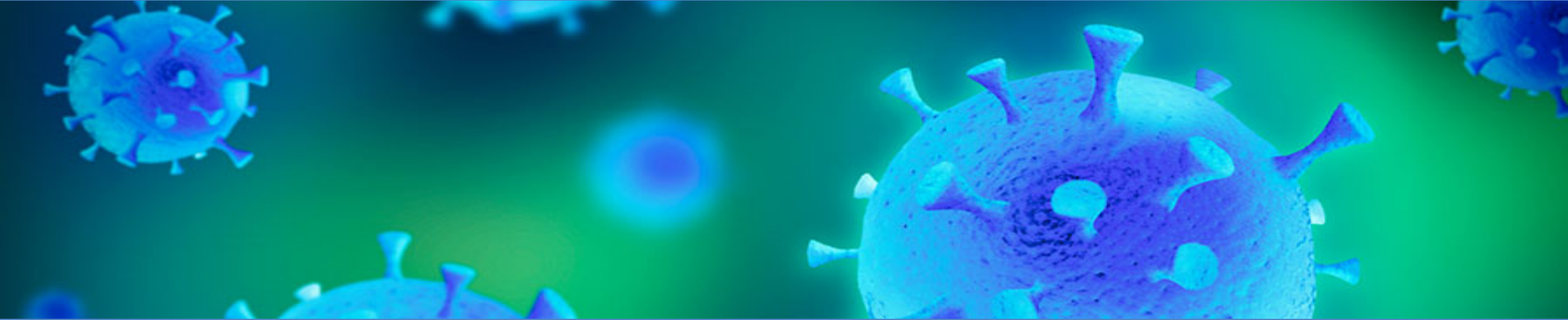


VCHIP / CHAMP / VDH COVID-19 UPDATES



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

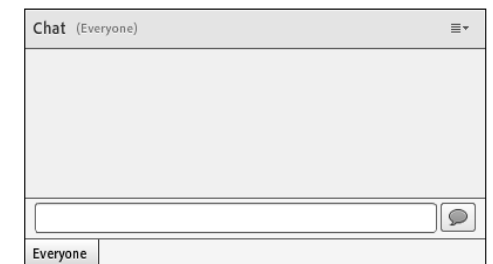
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

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.wcax.com/video/2021/02/23/keeping-up-with-children-dental-health-during-pandemic/>
 - <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

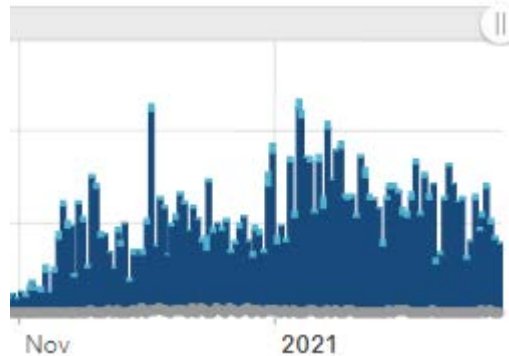


[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we're providing today may change quickly]

Situation update

New Cases
78
14,768 Total
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

DEPARTMENT OF HEALTH



VT New Cases, Probables, Deaths

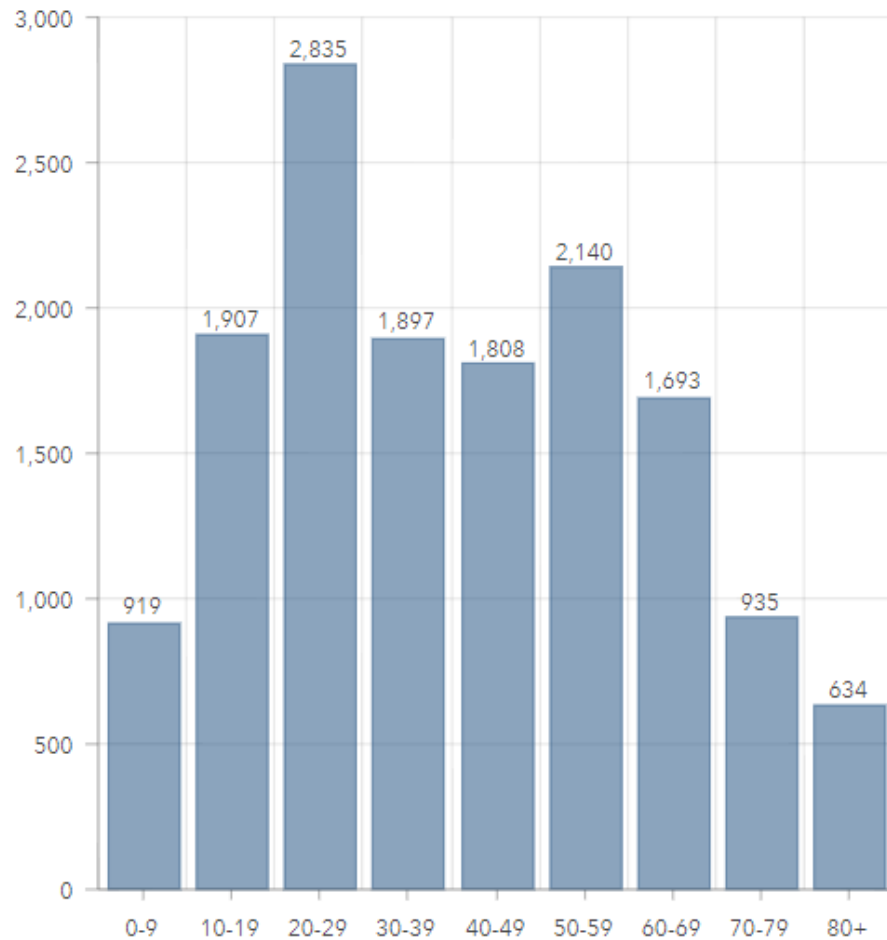
- U.S. **28.2 million+** cases; **502,432 deaths**
 - <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (updated 2/24/21)
 - 2/23/21: **71,802 new cases; 2,328 d.; 55,058 hosp.**
 - Past week: average 68,038 cases/day (decrease of 37% from average 2 weeks earlier)
 - **2.4 million+ deaths worldwide; 112.1 million+ cases)**
- **VDH Weekly Data Summary(2/19/21)**
 - **Weekly Spotlight Topic – *How are people getting COVID-19?***
 - Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

February 24, 2021

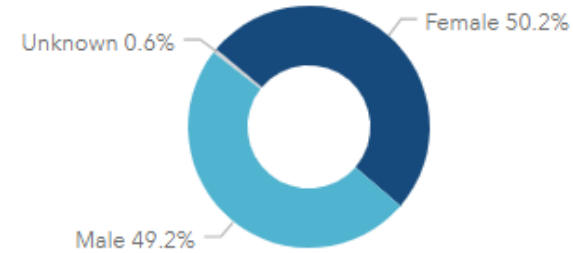
Situation update

Vermont COVID-19 Cases by Age Group

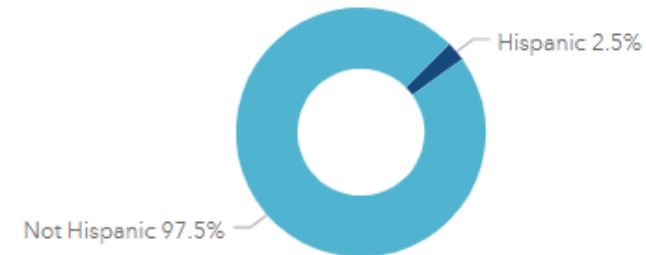


Case Demographics

Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

□ COVID-19 Cases in Vermont K-12 Learning Communities While Infectious

- ▣ <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- ▣ Table updated **Tuesday & Friday** w/data through previous Sunday & Wednesday.

February 21, 2021

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	40	637

February 17, 2021

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	67	613

□ VT College & University dashboards:

▣ UVM Dashboard

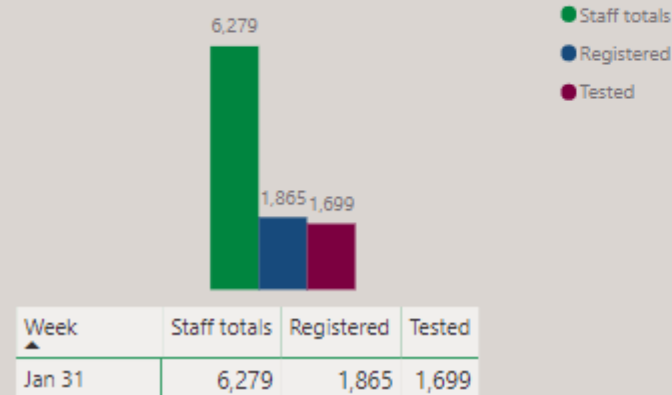
	Received 02/15/21–02/21/21		Cumulative Totals Since 02/01/21	
Population	Test Results Received	Number Tested Positive*	Test Results Received	Number Tested Positive*
Off-Campus Students	6449	21	19912	48
On-Campus Residential Students	4574	41	14470	92

AOE School Staff Testing Dashboard

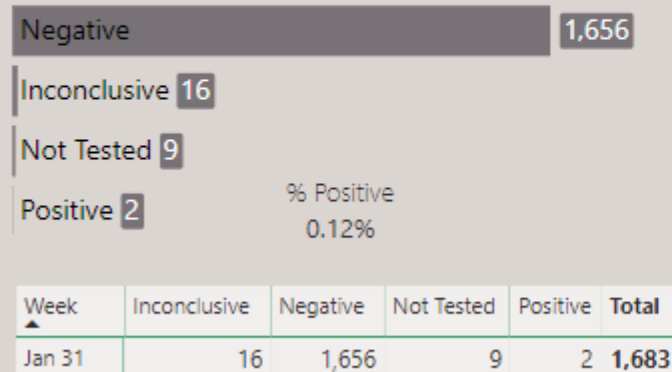
School Staff Testing: Weekly Summary



Summary

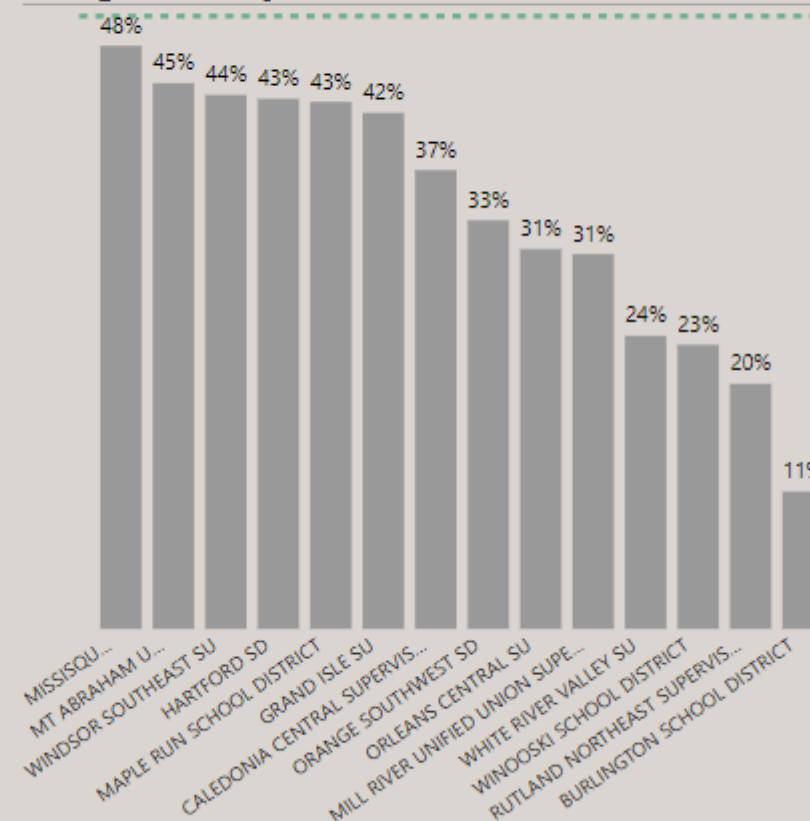


Test Results



Select Testing Week: January 31, 2021

% Registered by SD/SU



SD/SU	% Registered
MISSISQUOI VALLEY SCHOOL DISTRICT	48%
MT ABRAHAM 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%
WINDSOR SOUTHWEST SD	23%
RUTLAND NORTHEAST SUPERVISORY UNION	20%
BURLINGTON SCHOOL DISTRICT	11%
Total	30%

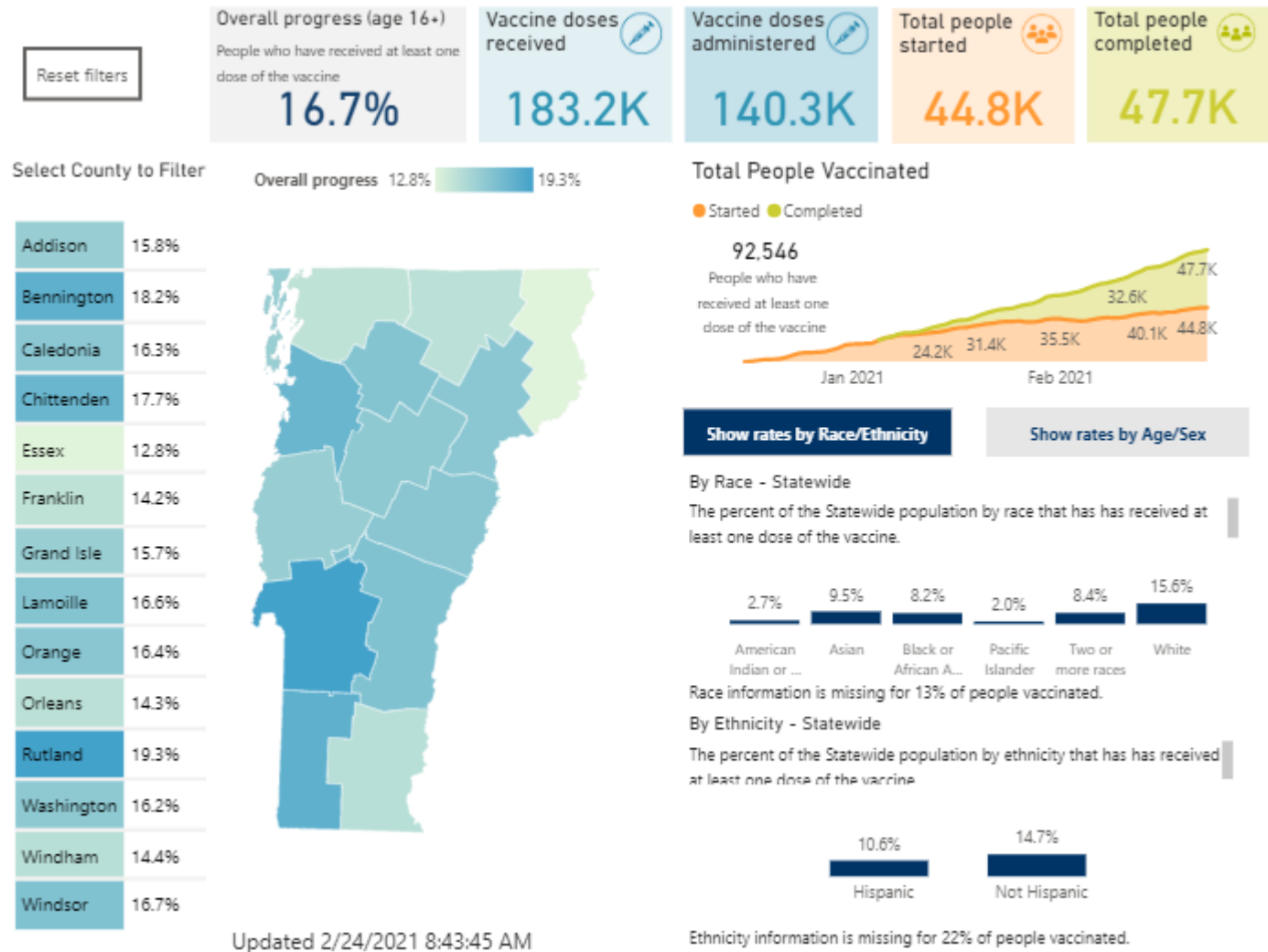
Data source: Vermont Testing/Vaccine Registration System.
Updated 2/10/2021 8:23:10 AM

Week of Jan. 31; updated 2/10/21

<https://education.vermont.gov/news/covid-19-guidance-vermont-schools/school-staff-covid19-surveillance-testing/school-staff-covid-19-surveillance-testing-weekly-summary>

VDH COVID-19 Vaccine Dashboard

- ❑ **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>



VDH COVID-19 Vaccine Registration & Sites

<https://www.healthvermont.gov/covid-19/vaccine/getting-covid-19-vaccine>

GETTING THE COVID-19 VACCINE



MAKE AN APPOINTMENT WITH:

THE HEALTH DEPARTMENT

KINNEY DRUGS

WALGREENS

People age 70 years and older can make appointments now.

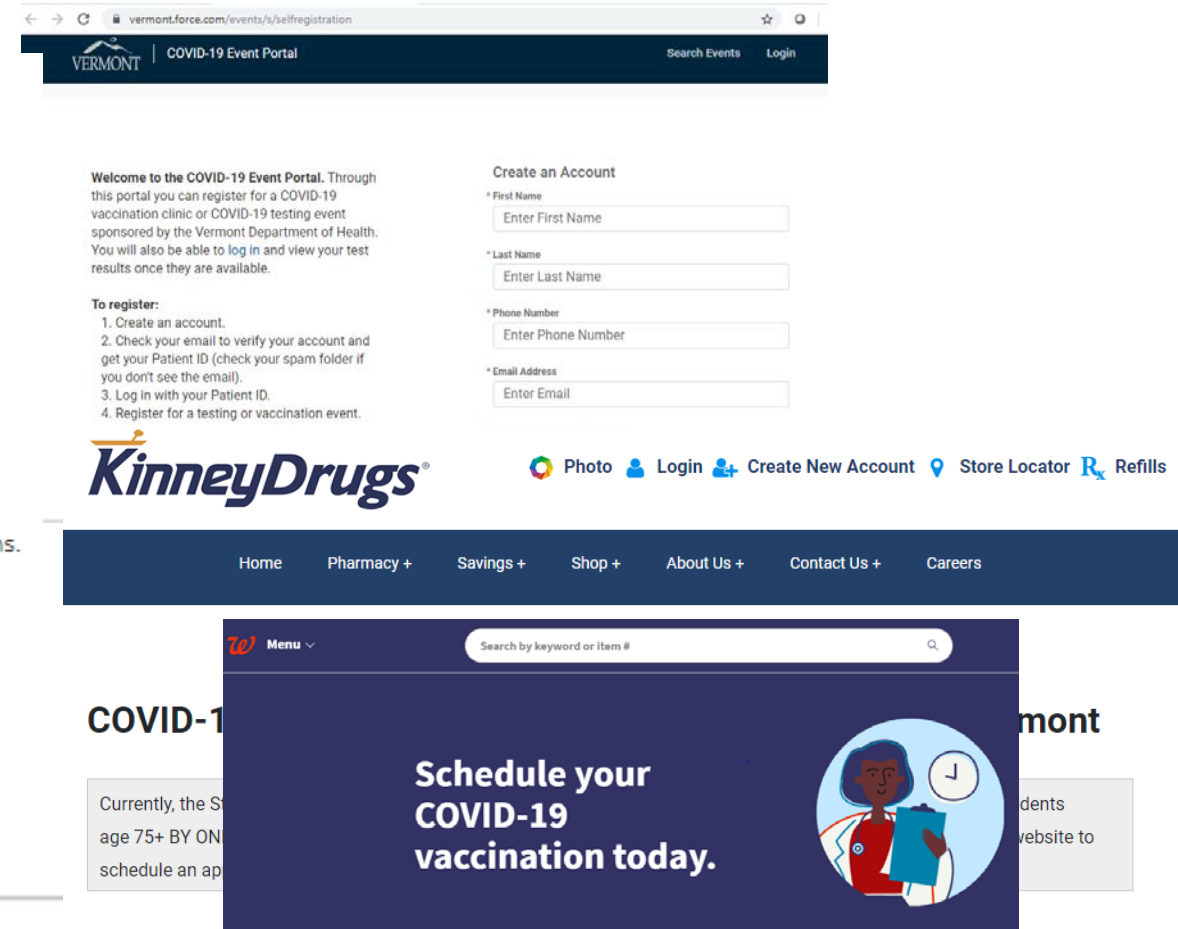
There are enough appointments for everyone who is eligible. Appointments are required. Clinics cannot accept walk-ins.

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.

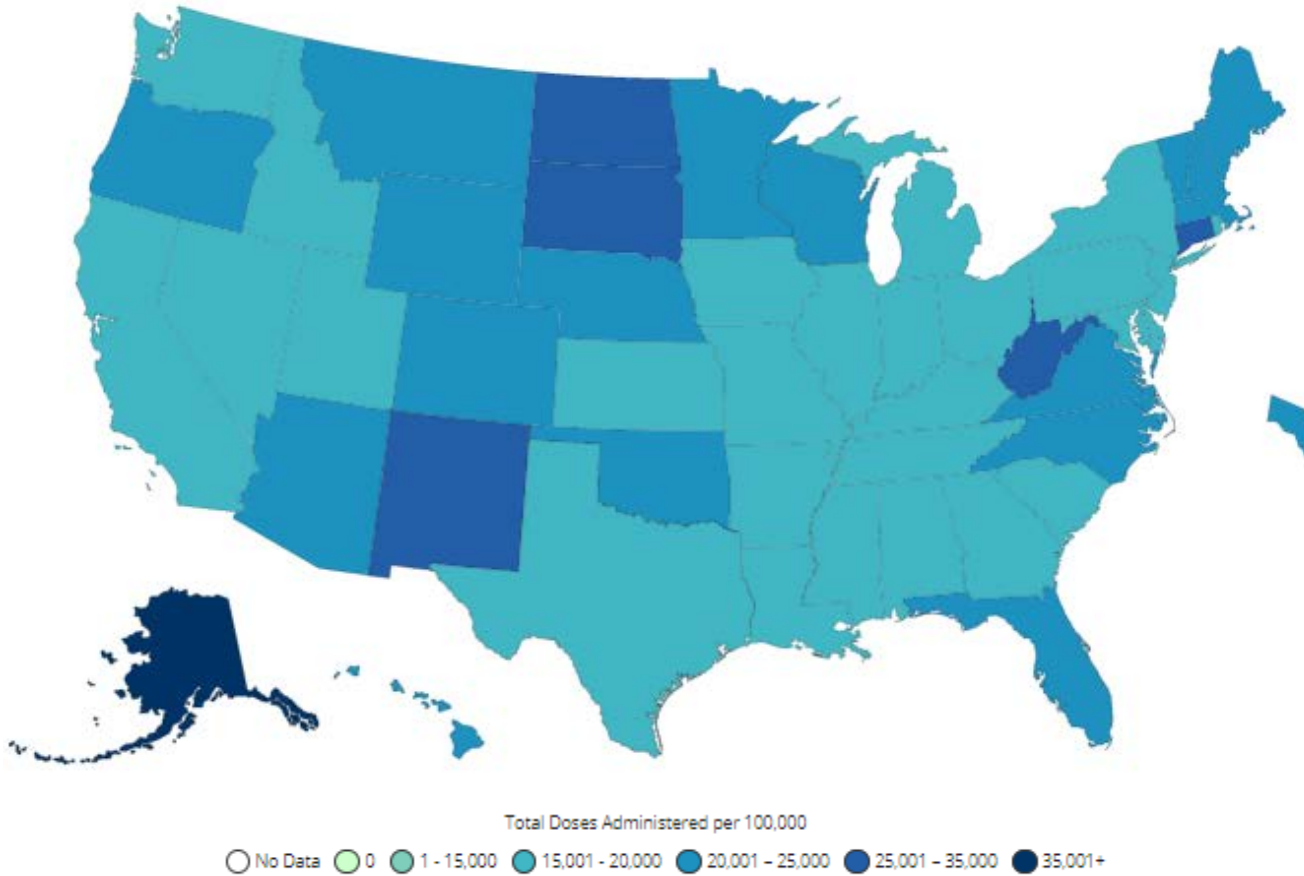
A screenshot of the Vermont COVID-19 Event Portal website. The browser address bar shows 'vermont.force.com/events/s/selfregistration'. The page has a dark blue header with the Vermont logo and 'COVID-19 Event Portal'. Below the header, there's a 'Welcome to the COVID-19 Event Portal' message. To the right, there's a 'Create an Account' section with input fields for First Name, Last Name, Phone Number, and Email Address. Below that, there's a 'To register:' section with a list of steps: 1. Create an account, 2. Check your email to verify your account and get your Patient ID, 3. Log in with your Patient ID, 4. Register for a testing or vaccination event. Further down, there's a 'KinneyDrugs' logo and a navigation bar with links: Photo, Login, Create New Account, Store Locator, Refills. At the bottom, there's a dark blue banner with the text 'Schedule your COVID-19 vaccination today.' and an illustration of a healthcare worker.

VDH COVID-19 Vaccine Registration & Sites (cont'd.)

- 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.

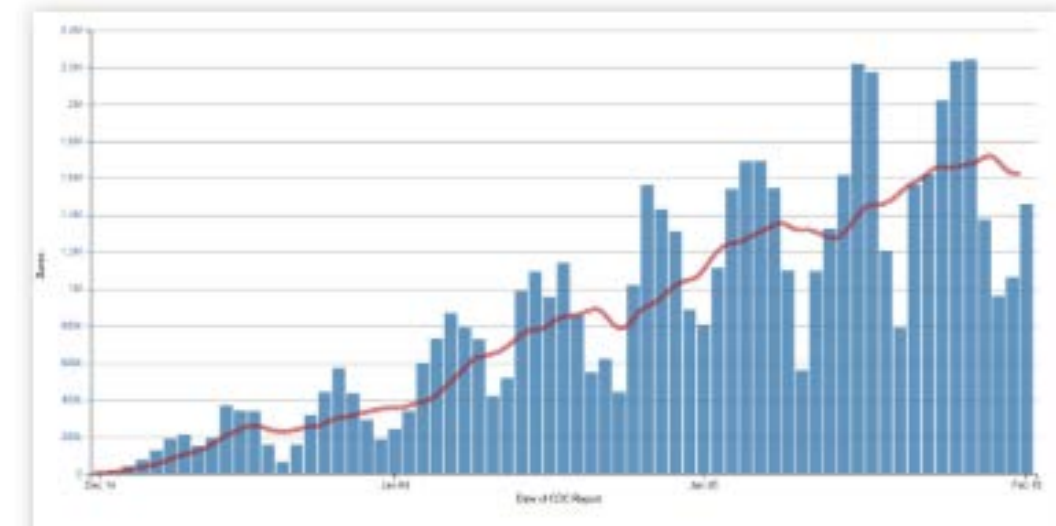
From the CDC Vaccine Tracker

Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population



Daily Change in Number of COVID-19 Vaccinations in the United States Reported to CDC

— 7-Day moving average



<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

From the CDC: U.S. COVID-19 Cases Caused by Variants

Variant	Reported Cases in US	Number of States Reporting
B.1.1.7	1881	45
B.1.351	46	14
P.1	5	4

Emerging Variant Cases of B.1.1.7 in the United States



White House COVID-19 Response Team (2/24/21)

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

White House COVID-19 Response Team (2/24/21)

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

- COVID-19 Outbreak Among Attendees of an Exercise Facility — Chicago, Illinois, August–September 2020 (*Early Release, 2/24/21*)
 - (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 day shifts began. 76% wore masks infrequently, incl. those with (84%) & w/o COVID-19 (60%).
- Clusters of SARS-CoV-2 Infection Among Elem. School Educators/Students in One School District — GA, December 2020–January 2021 (early rel. 2/22)
 - 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 \approx 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

Tuesday Media Briefing (2/23/21)

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 2nd 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 1st doses as poss. w/intent to provide 2nd 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 2nd dose might be less effective. This not currently proposed in U.S. by CDC, FDA or Biden. CDC allows for 2nd as long as 6 wks after 1st.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Levine

- Addressed **fear** re: adverse vaccine side effects. Some stronger after 2nd 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



CARDIAC SCREENING IN PEDIATRIC PATIENTS AFTER COVID19 INFECTION

Dr. Jonathan Flyer – Pediatric Cardiologist, UVMMC

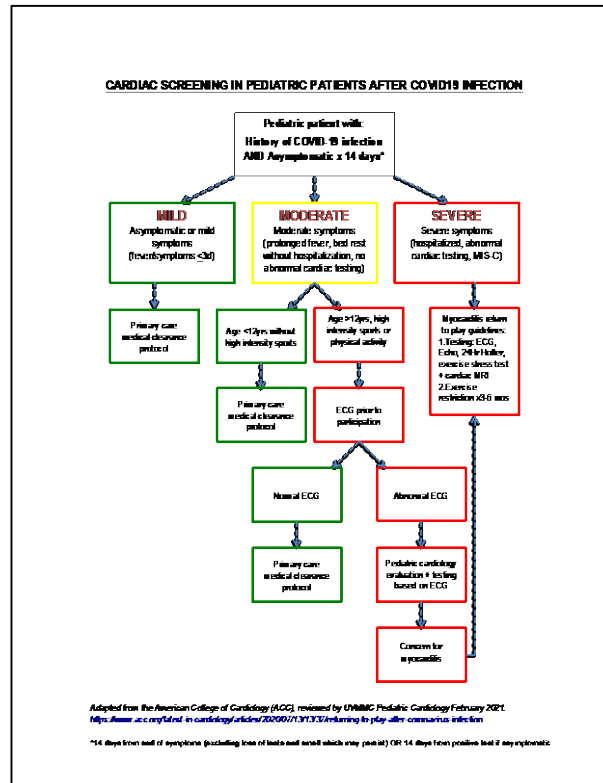
Dr. Kristen Connolly– Pediatrician, Timber Lane Pediatrics

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:

MEDICAL CLEARANCE FOR GRADUATED RETURN-TO-PLAY AFTER COVID-19 INFECTION

Name: _____ DOB: _____

Date of Positive COVID Test: _____ N/A if asymptomatic:
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 COVID19 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)

Yes No

Chest pain/tightness/pressure related to exertion
Unexplained syncope or near-syncope (not including vasovagal cause)
Excessive exertional, unexplained dyspnea/fatigue or palpitations with exercise
New heart murmur on exam or persistent tachycardia
Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)

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 <50yrs
Family history of HCM/Dissecting aorticopathy, long QT/cion channelopathies, Marfan syndrome, significant arrhythmias, or gene to cardiac conditions
History of heart murmur (excluding innocent/so called murmurs)
Physical stigmata of Marfan Syndrome
Abnormal brachial artery blood pressure in sitting position on exam

*4 Element AHA Cardiac Screening Criteria adopted from Allen et al. Journal of the American College of Cardiology, 2014.

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: _____

3) Return-to-play:

GRADUATED RETURN-TO-PLAY AFTER COVID-19 INFECTION (Minimum 7 Days*)

Name: _____ DOB: _____

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

On or 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.

Calculating Max Heart Rate: $220 - \text{Your Age} = \text{Predicted Max Heart Rate (beats/min)}$

STAGE 1: Day 1 and Day 2 (2 Days Minimum) - 15min/day or less
Light activity (walking, jogging, stationary bike), NO resistance training.
Intensity no greater than 70% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

STAGE 2: Day 3 (1 Day Minimum) - 30min/day or less
Add simple movements activities (running drills) at intensity no greater than 80% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

STAGE 3: Day 4 (1 Day Minimum) - 45min/day or less
More complex training at intensity no greater than 80% maximum heart rate. May add light resistance training.

DATE	ACTIVITY	SYMPTOMS

STAGE 4: Days 5 and Day 6 (2 Days Minimum) - 60min/day or less
Normal training activity at intensity no greater than 80% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

STAGE 5: Return to full activity/participation.

DATE	ACTIVITY	SYMPTOMS

*Return-To-Play protocol adopted from Elliott et al. in Sports Medicine, 2020.

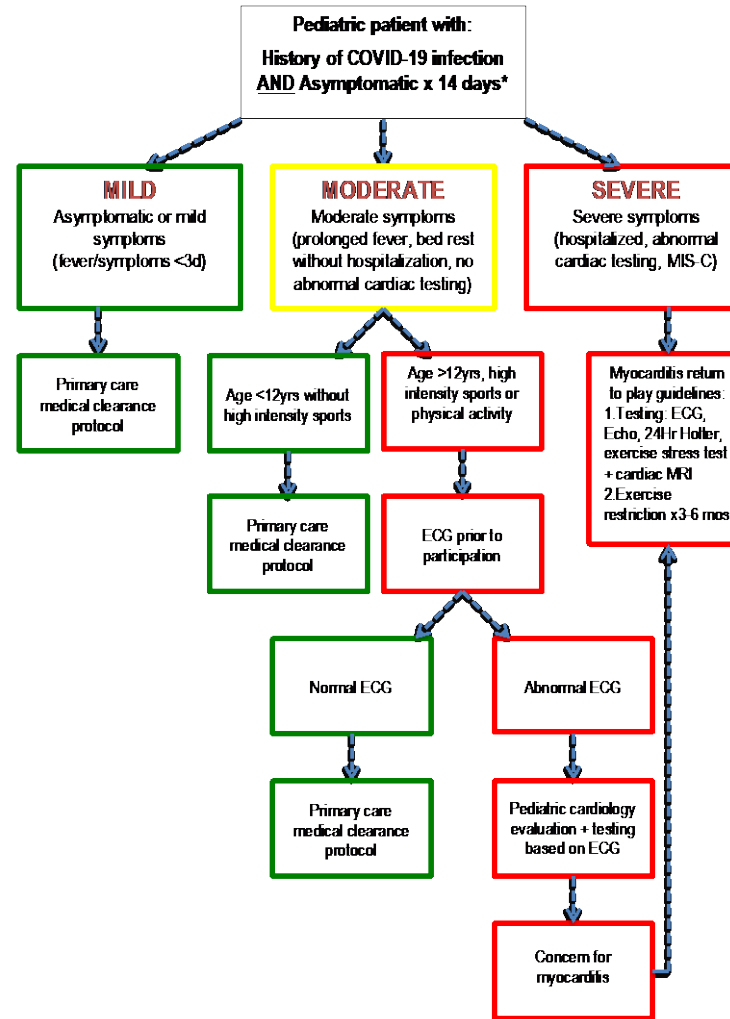
Cleared for Full Participation by School/Sports Personnel

Printed name: _____ Signature: _____

CARDIAC SCREENING IN PEDIATRIC PATIENTS AFTER COVID19 INFECTION

- Adapted from the American College of Cardiology
- Reviewed by Pediatric Cardiology at UVMHC 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 COVID19 INFECTION



Adapted from the American College of Cardiology (ACC), reviewed by UVMHC Pediatric Cardiology February 2021.
<https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

*14 days from end of symptoms (excluding loss of taste and smell which may persist) OR 14 days from positive test if asymptomatic

CARDIAC SCREENING AFTER COVID19

MILD

Asymptomatic or mild
symptoms
(fever/symptoms $\leq 3d$)

MODERATE

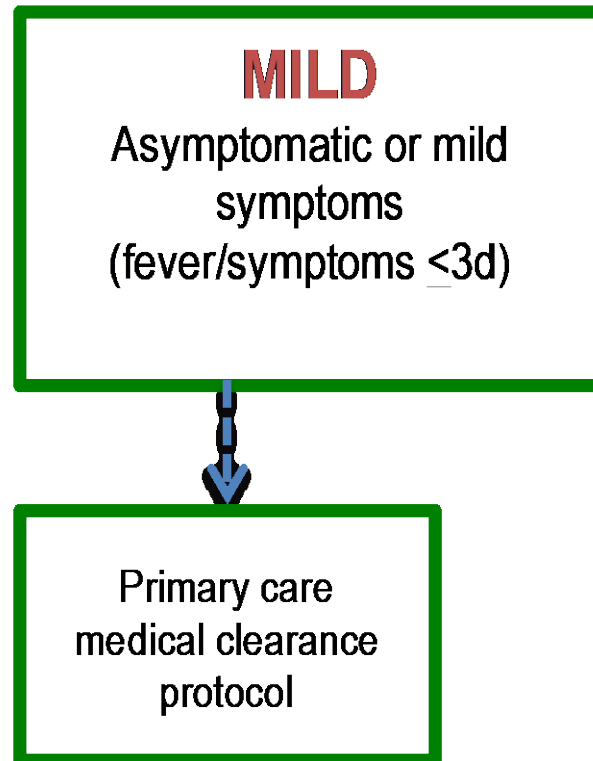
Moderate symptoms
(prolonged fever, bed rest
without hospitalization, no
abnormal cardiac testing)

SEVERE

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

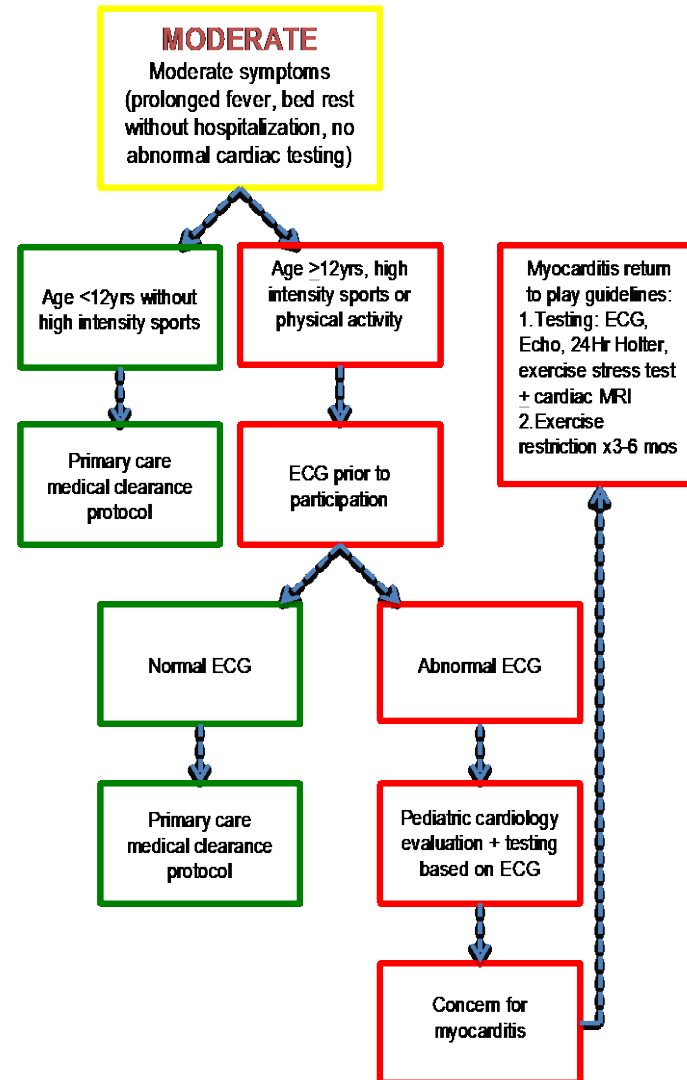
MILD:

Asymptomatic or mild symptoms (symptoms and/or fever ≤ 3 days)



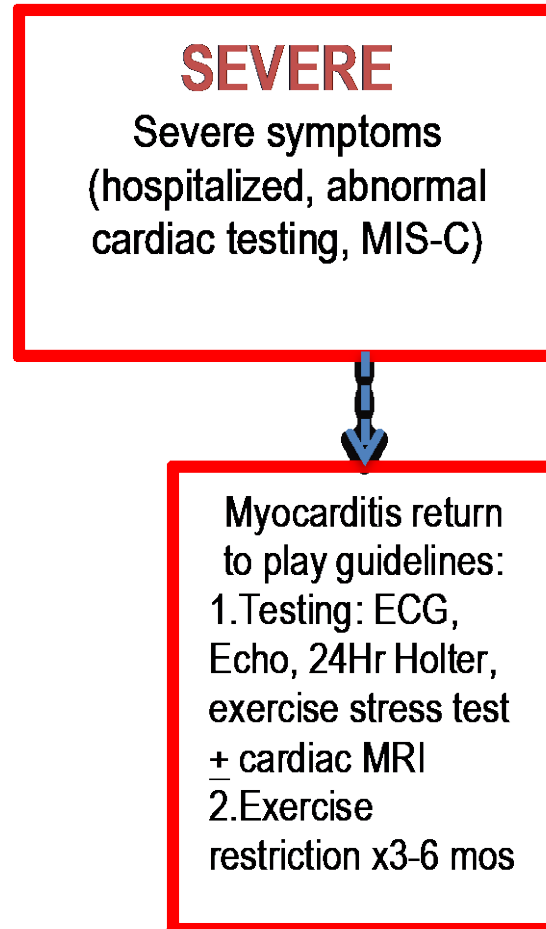
MODERATE:

Prolonged fever, bed rest without hospitalization, no abnormal cardiac testing



SEVERE:

Hospitalized, abnormal cardiac testing, MIS-C



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 COVID19 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)

Yes No

Chest pain/tightness/pressure related to exertion
Unexplained syncope or near-syncope (not including vasovagal cause)
Excessive exertional, unexplained dyspnea/fatigue or palpitations with exercise
New heart murmur on exam or persistent tachycardia
Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)

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

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

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 COVID19

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 COVID19 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

Yes	No
	<div>Chest pain/tightness/pressure related to exertion Unexplained syncope or near-syncope (not including vasovagal cause) Excessive exertional, unexplained dyspnea/fatigue or palpitations with exercise New heart murmur on exam or persistent tachycardia Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)</div> <div>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</div>

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:

Office Phone number:

Office Address: _____

Clinician Signature:

Office Fax number:

GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

- Return-To-Play protocol adapted from Elliott N et al. Infographic. *British Journal of Sports Medicine*, 2020
- 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)***

Name: _____ DOB: _____

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-syncope, or syncope. 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: $220 - \text{Your Age} = \text{Predicted Max Heart Rate (beats/min)}$

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

Light activity (walking, jogging, stationary bike). NO resistance training.
Intensity no greater than 70% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

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

Add simple movements activities (running drills) at intensity no greater than 80% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

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

More complex training at intensity no greater than 80% maximum heart rate. May add light resistance training.

DATE	ACTIVITY	SYMPTOMS

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

Normal training activity at intensity no greater than 80% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

STAGE 5 : Return to full activity/participation.

DATE	ACTIVITY	SYMPTOMS

**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: _____

GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

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 $\leq 15\text{min/day}$, $\leq 70\%$ max HR
 - STAGE 2 (≥ 1 day) – Activity $\leq 30\text{min/day}$, $\leq 80\%$ max HR
 - STAGE 3 (≥ 1 day) – Activity $\leq 45\text{min/day}$, $\leq 80\%$ max HR
 - STAGE 4 (≥ 2 days) – Activity $\leq 60\text{min/day}$, $\leq 80\%$ max HR
 - STAGE 5 – Return to full participation
-
- Predicted max HR (beats/min) = $220 - \text{age}$

GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

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

Light activity (walking, jogging, stationary bike). NO resistance training.
Intensity no greater than 70% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

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

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Normal training activity at intensity no greater than 80% maximum heart rate.

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DATE	ACTIVITY	SYMPTOMS

**Return-To-Play protocol adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.*

GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION

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

Normal training activity at intensity no greater than 80% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

STAGE 5 : Return to full activity/participation.

DATE	ACTIVITY	SYMPTOMS

**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)?
- ❑ **VCHIP CHAMP VDH COVID-19 website:**
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- ❑ 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=VkVuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
 - ❑ Meeting ID: 867 2625 3105 / Password: 540684
- ❑ One tap mobile - +1 646 876 9923,,86726253105#,,,0#,,540684#