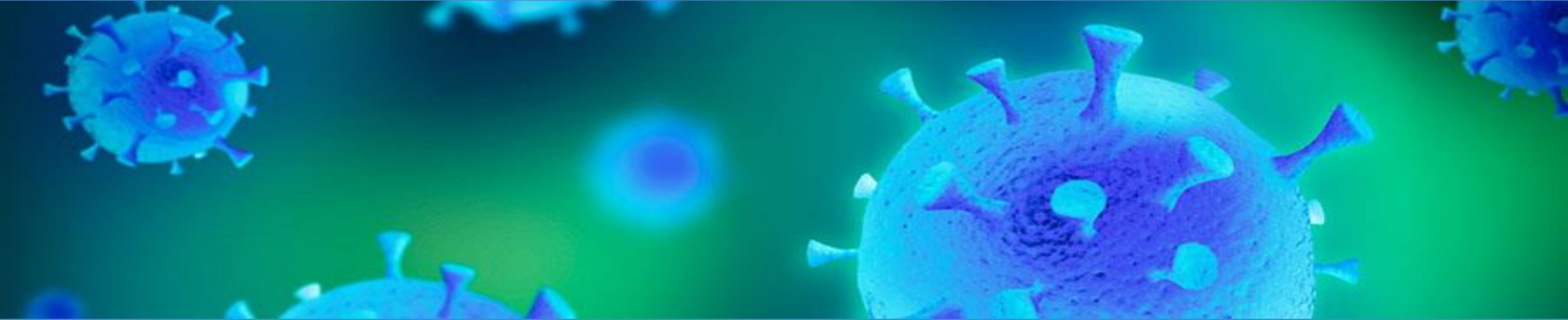


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*March 17, 2021*



# Technology Notes

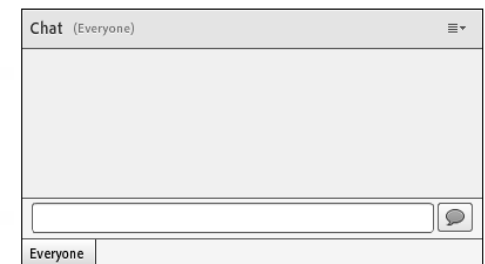
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press \*6 to mute).  
**If you are having audio difficulties and are using your computer speakers, you may wish to dial in:**

**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

- **Happy St. Patrick's Day!**
- Reminder – weekly event schedule:
  - **VCHIP/CHAMP/VDH calls: M/W/F** (special guests 3/19); Gov. Media Briefings Tues/Fri; VMS call with VDH Comm. Levine Thursday
- Situation, VDH, federal, AAP Updates; Tuesday Media Briefing
- Practice Issues: **Wednesday Pot O' Gold**
- Q & A/Discussion



<https://www.nytimes.com/2021/03/17/nyregion/st-patricks-day-parade-coronavirus.html>

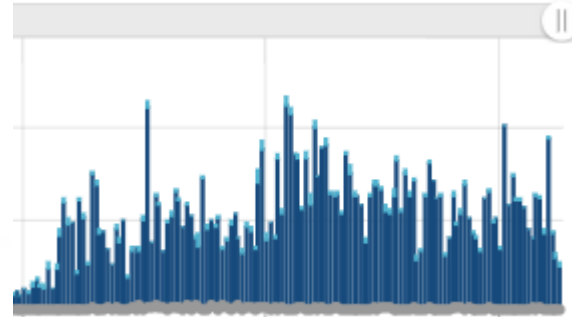


McFadden Academy of Irish Dance

*[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	<b>52</b>
17,106 Total	
Currently Hospitalized	<b>24</b>
Hospitalized In ICU	<b>3</b>
Hospitalized Under Investigation	<b>6</b>
Percent Positive 7-day Avg.	<b>1.3%</b>
People Tested	<b>343,648</b>
Total Tests	<b>1,203,609</b>
Recovered	<b>14,408</b>
84.2% of Cases	
Deaths	<b>217</b>
1.3% of Cases	
Last Updated: 3/17/2021, 10:45:31 AM	



VT New Cases, Probables, Deaths

□ U.S. **29.5 million+** cases; **536,472 deaths**

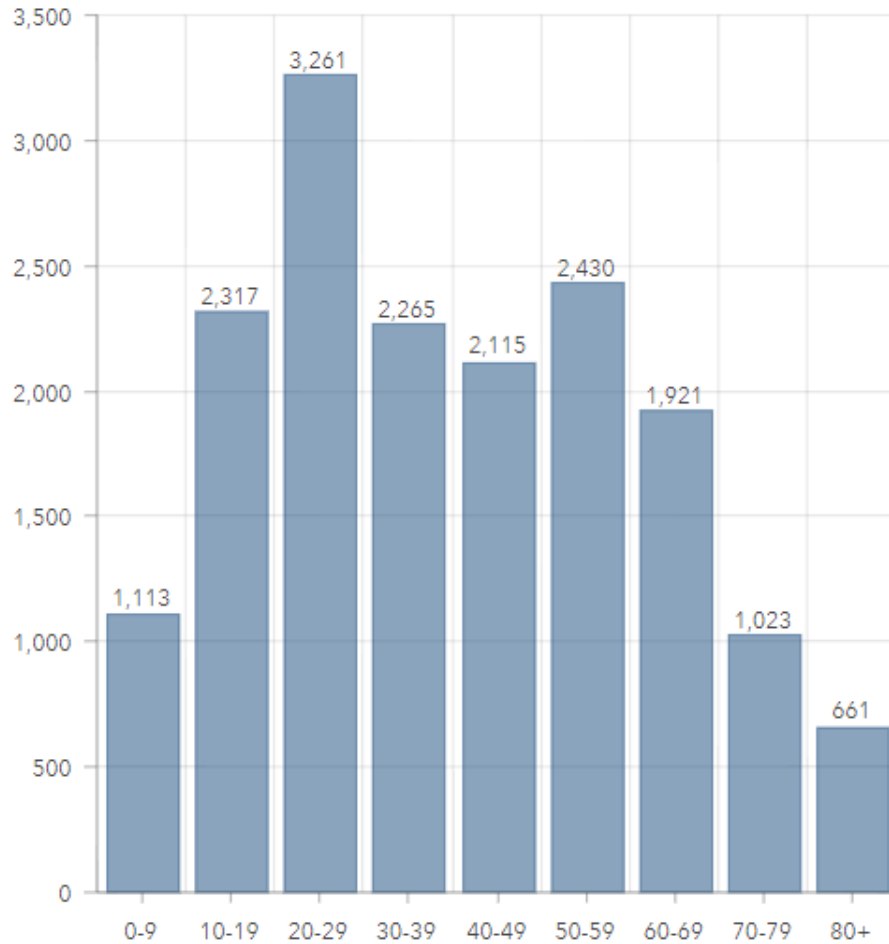
- <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (updated 3/17/21)
- 3/16/21: **54,440 new cases; 1,245 d.; 40,052 hosp.**
- Past week: average 54,954 cases/day (decrease of 16% from average 2 weeks earlier)
- **2.6 million+ deaths worldwide; 120.7 million+ cases)**

## □ VDH Weekly Data Summary(3/12/21)

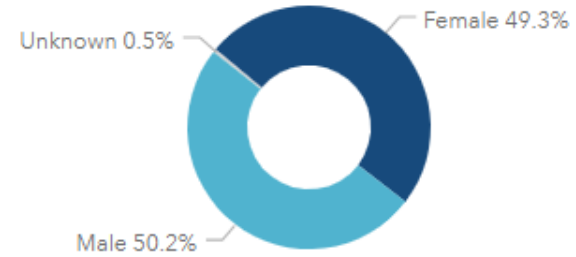
- **Weekly Spotlight Topic – Workplace Outbreaks** – focus on outbreaks in workplace settings (**not** incl. health care, inst./LTCF, education, & child care centers); “# rel. small.”
- Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

# Situation update

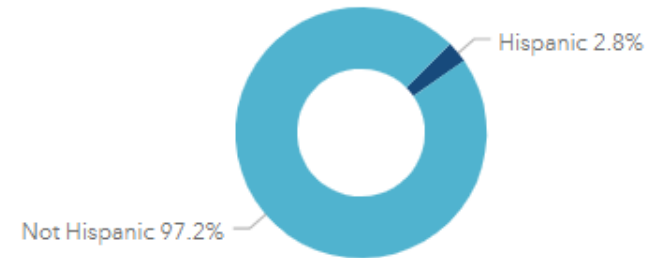
Vermont COVID-19 Cases by Age Group



Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



Case Demographics

# 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.

March 14, 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.		
<b>TOTAL FOR ALL SCHOOLS</b>	<b>57</b>	<b>760</b>

March 10, 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.		
<b>TOTAL FOR ALL SCHOOLS</b>	<b>60</b>	<b>728</b>

## VT College & University dashboards:

- UVM update: effective March 1, all students to be tested 2X/week** (3d. In between; reeval 3/13)
- Violations of Green and Gold Promise, except for 1<sup>st</sup> missed test, to be reviewed for suspension in accordance with UVM policy (on-campus res. students will have 48 hours from a final conduct decision of suspension to vacate their residential hall and leave campus); thru 3/31 for now.

# UVM Fall 2021 Plans

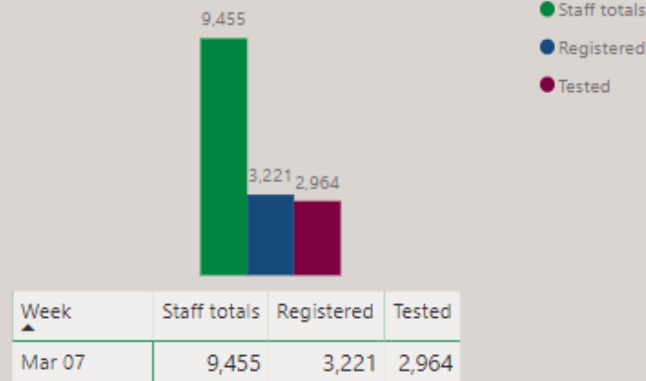
- ❑ Planning for a **full on-campus fall 2021 semester** (fall courses to be released)
- ❑ Also preparing contingency plans – adjust to VT health and safety GLs as nec.
  - ❑ May require schedule modification; plans designed to minimize impact of any changes (goal: majority of instruction still delivered in person).
  - ❑ Strongly encourage students w/concerns to discuss options w/academic advisor
  - ❑ Will offer select courses in online & hybrid formats (incl. ~25% increase in on-line/hybrid)
  - ❑ Anticipate **no** pre-arrival testing; may do initial testing early in sem.; subject to change.
- ❑ Vaccine distribution plans vary by state; enc. every student to be vaccinated
- ❑ Will observe Vermont quarantine/travel guidance (expect ongoing changes)
- ❑ Also: working with the State of Vermont on plans for this year's **Commencement**. Public health regulations may require limiting in-person attendance to graduates only, but conversations are underway.

# AOE School Staff Testing Dashboard

## School Staff Testing: Weekly Summary

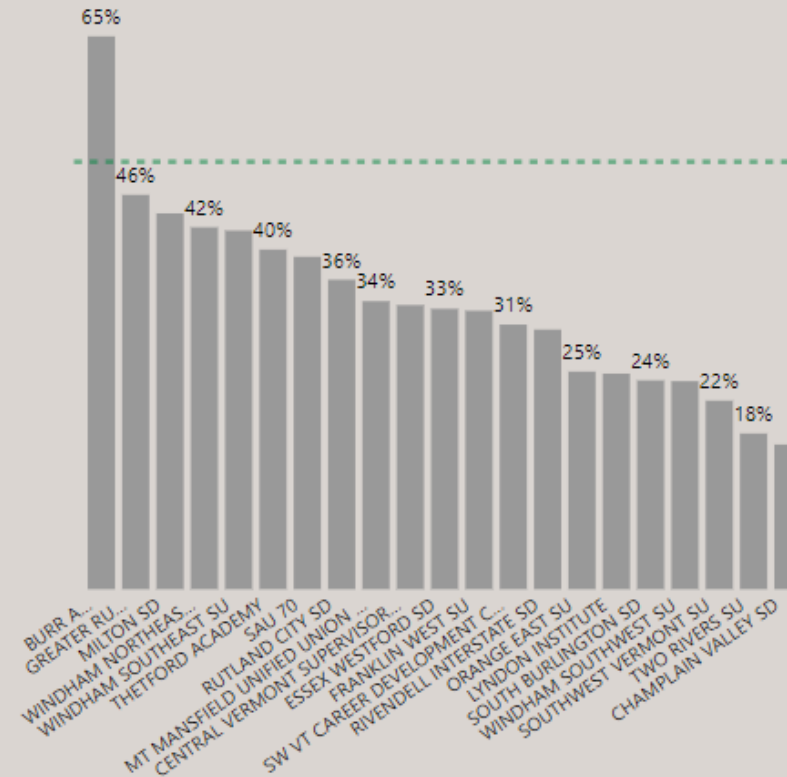


### Summary



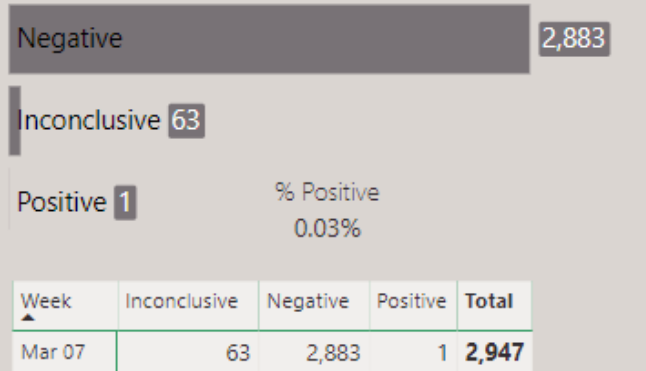
Select Testing Week: March 7, 2021

### % Registered by SD/SU



SD/SU	% Registered
Burr and Burton Academy	65%
Greater Rutland County SU	46%
Milton SD	44%
Windham Northeast SU	42%
Windham Southeast SU	42%
Thetford Academy	40%
SAU 70	39%
Rutland City SD	36%
Mt Mansfield Unified Union School District	34%
Central Vermont Supervisory Union	33%
Essex Westford SD	33%
Franklin West SU	33%
SW VT Career Development CTR SD	31%
Rivendell Interstate SD	30%
Orange East SU	25%
Lyndon Institute	25%
South Burlington SD	24%
Windham Southwest SU	24%
Southwest Vermont SU	22%
Two Rivers SU	22%
Champlain Valley SD	18%
<b>Total</b>	<b>31%</b>

### Test Results



Data source: Vermont Testing/Vaccine Registration System.  
Updated 3/17/2021 7:22:06 AM

**Week of March 7; updated 3/17/21**

<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

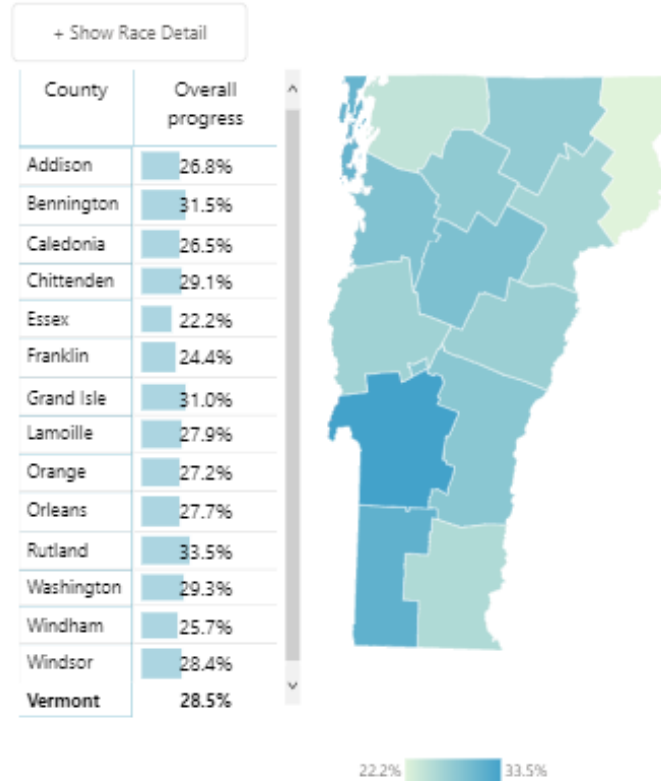
- Daily updates Tuesday thru Saturday
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>

**NOTE (2/17/21):** to align w/CDC reporting, # of doses rec'd. for VA & VNG were removed from # doses rec'd.; accounted for ~8,300 doses.

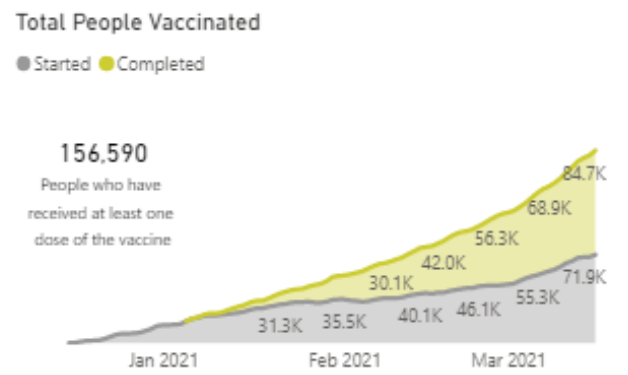
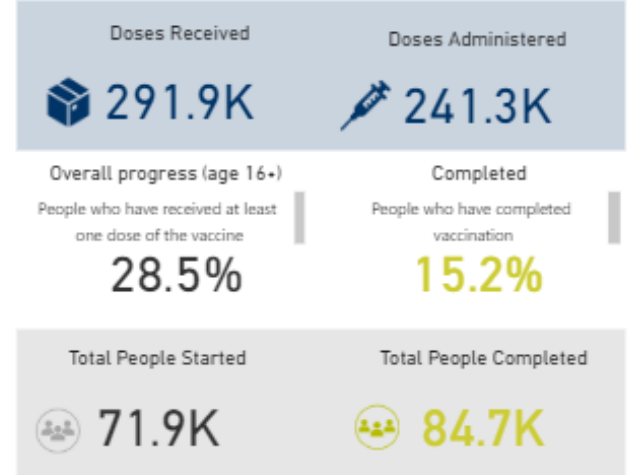
## Vermont Vaccination Data

### Vaccination by County

The percent of the county population that has received at least one dose of the vaccine



Summary | By Age, Sex, Race, Ethnicity



Updated 3/17/2021 7:43:34 AM

# VDH COVID-19 Vaccine Dashboard

- Daily updates Tuesday thru Saturday
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>

**NOTE (2/17/21):** to align w/CDC reporting, # of doses rec'd. for VA & VNG were removed from # doses rec'd.; accounted for ~8,300 doses.

## Vermont Vaccination Data

Select County

All

Clear filters

### By Age - Statewide

The percent of the statewide population of each age group that has received at least one dose of the vaccine

Age	%
16 - 17	1.3%
18 - 34	11.9%
35 - 49	17.0%
50 - 59	16.4%
60 - 64	17.0%
65 - 69	53.8%
70 - 74	81.2%
75+	84.7%
<b>Vermont</b>	<b>28.5%</b>

### By Sex - Statewide

The percent of the statewide population of each sex that has received at least one dose of the vaccine

Sex	%
Female	33.4%
Male	23.4%
<b>Vermont</b>	<b>28.5%</b>

Sex information is missing for 0% of people vaccinated.

Summary

By Age, Sex, Race, Ethnicity

### By Race - Statewide

The percent of the statewide population of each race that has received at least one dose of the vaccine

Race	%
Asian	15.7%
Black or African American	11.4%
Native American, Indigenous, or First Nation	5.1%
Pacific Islander	2.5%
Two or more races	14.9%
White	27.2%
<b>Vermont</b>	<b>26.5%</b>

Race information is missing for 7% of people vaccinated.

### By Race/Ethnicity and Age

The percent of the statewide population of each race/ethnicity that has received at least one dose of the vaccine

Race	16 - 64	65+	Total
BIPOC	9.5%	55.8%	14.5%
Non-Hispanic White	12.4%	66.8%	25.8%
<b>Vermont</b>	<b>12.1%</b>	<b>66.4%</b>	<b>25.1%</b>

Race/ethnicity information is missing for 12% of people vaccinated.

BIPOC refers to Black, Indigenous, and people of color.

Updated 3/17/2021 7:43:34 AM

# 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!

You can also get an appointment at [Kinney Drugs](#) or [Walgreens](#).

People 16 years or older with high-risk conditions can make appointments. Use the blue "MAKE AN APPOINTMENT" button above, call or use the Kinney Drugs link. Do not go through Walgreens. [See the list of conditions.](#)

People 65 years and older and people who work in the public safety system can make

appointments.

School staff and child care workers can make an appointment AFTER being contacted by school leadership or by the Department for Children and Families, who will provide a code. The Agency of Education and Department for Children and Families are working as quickly as possible!

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

### MAKE AN APPOINTMENT

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 you are eligible to get the vaccine.

Can't make an appointment online or need help with an online appointment? Contact our call center at [855-722-7878](tel:855-722-7878).



Welcome to the COVID-19 Event Portal. Through this portal you can register for a COVID-19 vaccination clinic or COVID-19 testing event sponsored by the Vermont Department of Health. You will also be able to log in and view your test results once they are available.

#### To register:

1. Create an account.
2. Check your email to verify your account and get your Patient ID (check your spam folder if you don't see the email).
3. Log in with your Patient ID.
4. Register for a testing or vaccination event.

#### Create an Account

\* First Name

\* Last Name

\* Phone Number

\* Email Address



[Photo](#) [Login](#) [Create New Account](#) [Store Locator](#) [Refills](#)

[Home](#) [Pharmacy +](#) [Savings +](#) [Shop +](#) [About Us +](#) [Contact Us +](#) [Careers](#)

## COVID-19

Currently, the State of Vermont is offering COVID-19 vaccines to individuals age 75+ BY ON... schedule an ap...

Schedule your COVID-19 vaccination today.



mont

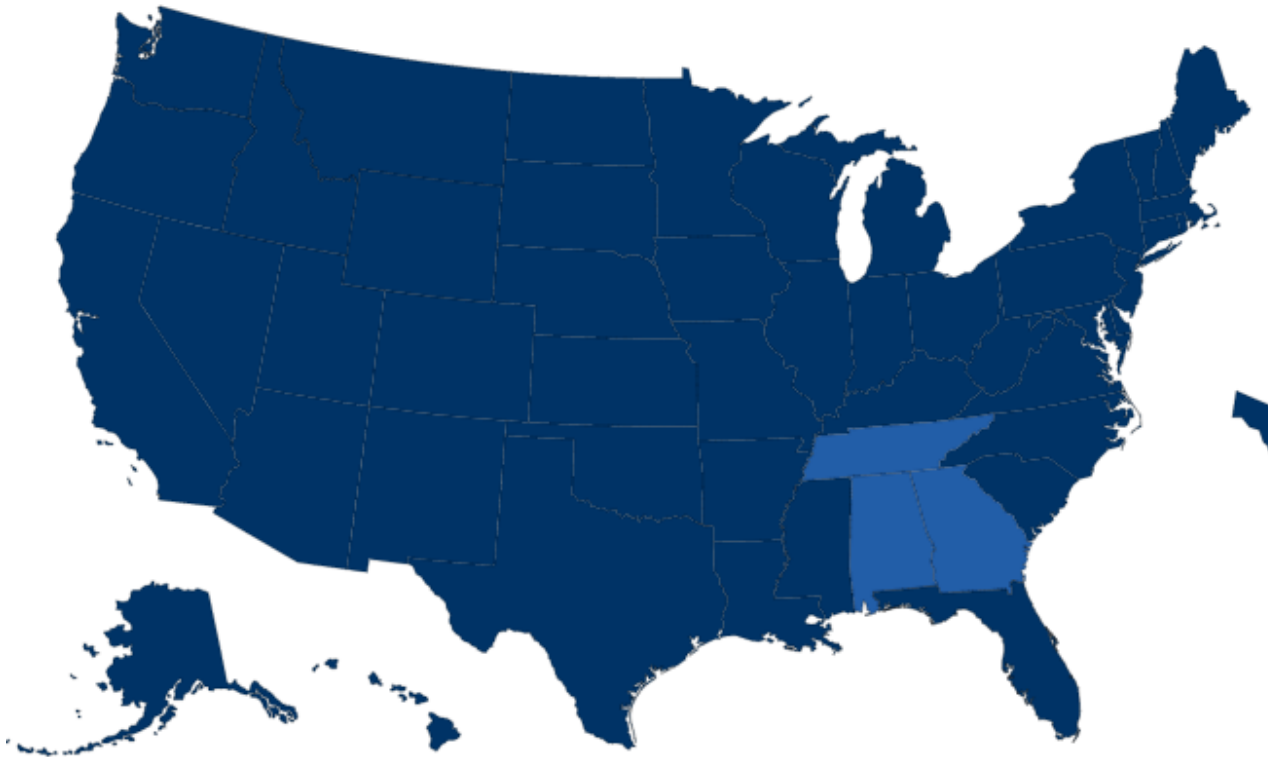
idents  
website to

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

- Appointments from 3/17/21 – 5/25/21
  - ▣ **188,975 total appointments clinics** (health care, VDH (Local/District Health Office POD, and some pharmacies – e.g., Costco, Walmart)
- **Online (preferred) for most 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

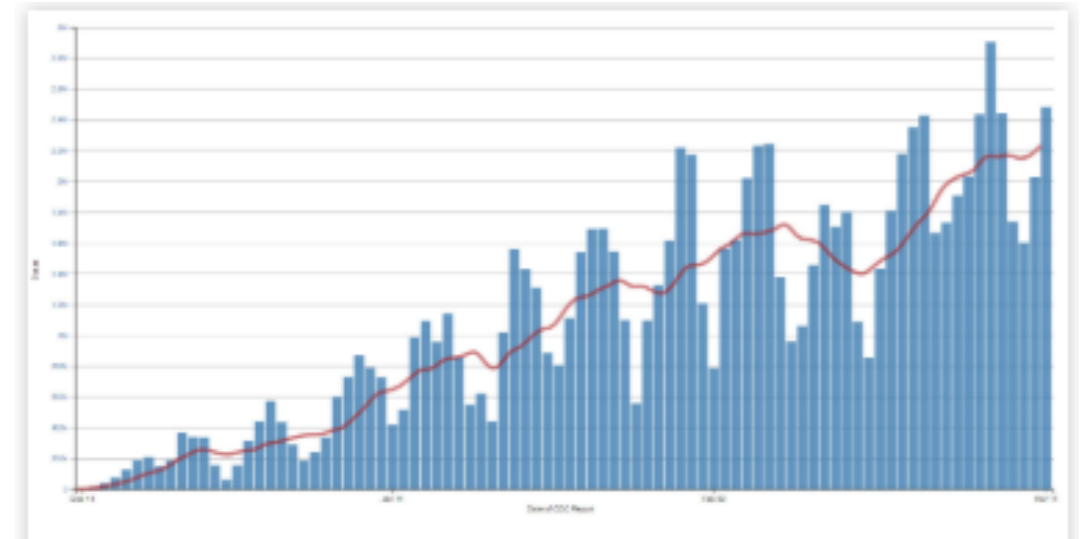


Total Doses Administered per 100,000

○ No Data ○ 0 ● 1 - 15,000 ● 15,001 - 20,000 ● 20,001 - 25,000 ● 25,001 - 35,000 ● 35,001+

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

— 7-Day moving average

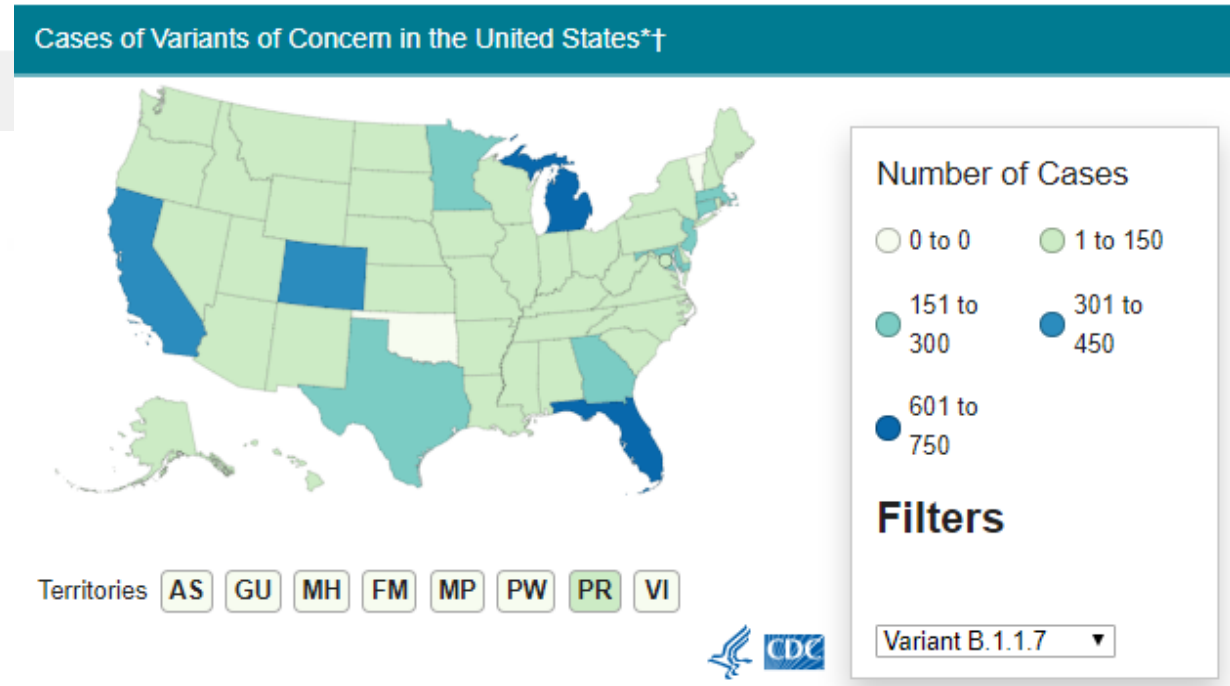


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

<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 Jurisdictions Reporting
B.1.1.7	4686	50
B.1.351	142	25
P.1	27	12



# Presentations

## Seeking the **Youth Voice** in COVID Recovery

- **March 15, 2021: Sen. Sanders virtual student Town Hall**
  - ▣ Focus on how students have “experienced social, emotional and mental health challenges caused by the COVID-19 pandemic”
  - ▣ [https://www.youtube.com/channel/UCD\\_DaKNac0Ta-2PeHuoQ1uA](https://www.youtube.com/channel/UCD_DaKNac0Ta-2PeHuoQ1uA)
- **Governor Scott Virtual Youth Summit: Young People in the Time of COVID-19 – What Youth Need to Succeed and Thrive**
  - ▣ **March 25, 2021: 1 – 2 p.m.**
- **VT Digger – FAQ Live: send Covid-19 questions re: variants & vaccines**
  - ▣ Wednesday, **March 17 at 5:30 p.m.** featuring Dr. Jan K. Carney, LCOM UVM
  - ▣ <https://vtdigger.org/2021/03/12/faq-live-send-us-your-covid-19-questions-about-variants-and-vaccines/>



# Summer Opportunities: Survey in Progress



## Summer 2021 programs and operational details

Hello! Vermont Afterschool is excited to be partnering with key state partners to expand summer program opportunities for children and youth. While there are many benefits to enrichment opportunities year round, we know that there are academic, social, and emotional needs of our children coming out of the COVID-19 pandemic which make this summer and the coming year especially crucial. To support getting as many kids in to summer programs and enrichment activities as possible, we are hoping to collect the information you have available on your program's 2021 summer plans. With your permission, we will use the information you provide to help populate a searchable resource page for families, which the Governor's Office and other state and local partners will be promoting. Additionally, this information will help us identify the best ways to support the field in creating supportive and safe summer spaces.

After you submit your form, you will receive an email with your responses and a link to go back and edit responses if any plans should change.

Should you have questions about this effort, please contact [info@vermontafterschool.org](mailto:info@vermontafterschool.org)



# Summer Learning Programs 2021

From Vermont Afterschool

## □ **Essential for COVID-19 Recovery**

- Close the achievement gap
  - Address mental health by focusing on social emotional learning
  - Ensure child safety by offering a safe place for children & youth during 10 weeks of summer break
  - Support nutrition by feeding children healthy snacks & meals
  - Promote wellness by getting youth outside & doing fun screen-free activities.
- **Addressing inequities** – existing gaps likely to grow w/families experiencing job loss and other fallout from the pandemic.

# Summer Learning Programs 2021

## What Students Need This Summer:

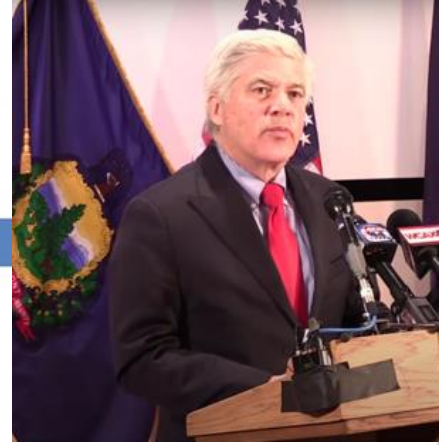
- ❑ Students need to feel safe and supported to reengage in learning and recover from this period of loss and isolation. This summer, kids of all ages need new ways and places to learn.
- ❑ Students need not only academic support, but also social and emotional support. They need help sustaining and rebuilding relationships, talking about their experiences and emotions, developing as leaders and agents of change, and re-engaging with their interests.
- ❑ They need a summer that includes time with friends and mentors, opportunities for creative enrichment and expression, healthy meals, daily physical activity, and fun projects that allow them to explore and learn without stress.

# Happening Now



- Big Change Roundup: [bigchangeroundup.org](http://bigchangeroundup.org)
  - ▣ Largest fundraiser for the UVMCH; funds raised support patients and families
- Please help promote personally & through your practices/ orgs.
- **Coming THIS weekend:** visit a **Contactless Drive-thru Collection**
  - ▣ **Saturday, March 20, 11am-1pm:** Clark's Truck Center 4365 NY-22, Plattsburgh, NY
  - ▣ **Sunday, March 21, 11am-1pm:** University Mall 155 Dorset Street, South Burlington, VT
- **3/26/2021:** Big Change Roundup Final Total Announcement  
(counted off air/off-site)

# Tuesday Media Briefing (cont'd.)



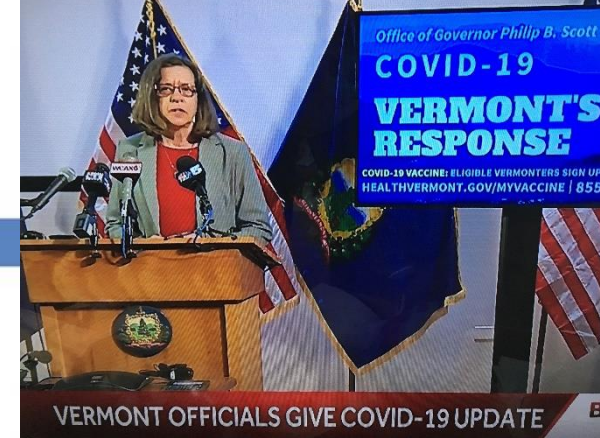
AHS Secretary Mike Smith (Gov. on White House call)

- Effects of COVID-19 upon all Vermonters; vaccine progress:
  - ▣ 152,800 vaccinated; 70,100 dose 1; 82,700 both doses
  - ▣ 16+: 25,400 have made appointments
  - ▣ Teachers, school staff, registered child care – 7K this week through state (awaiting data from federal pharm program – had 5K doses)
  - ▣ Essex, Franklin, Orange Co. clinics added this week (state system, Walgreens, CVS, Kinney's)
- Incarcerated indivs. 18+ w/hi-risk begin vax this wk ! (~185)
- CVS Pharm. Barre & M'ville began over weekend. CVS Benn. this WE – more TBD as supply increases.
  - ▣ Community vax clinic 4/29: Beecher Falls – appts. avail.

# Tuesday Media Briefing (cont'd.)

## Administration Secretary Suzanne Young

- ❑ American Rescue Plan: signed by Pres. Biden 3/11
- ❑ \$2.7b. In state aid – 3<sup>rd</sup> major federal legislation
  - ❑ Total ~7.5b since 1<sup>st</sup> month pandemic
- ❑ Some provided through federal agencies & some to state/local
- ❑ 1400./adult & ea. dependent; tax exemption for unemployment 2020 (1<sup>st</sup> 10,200, per person).
- ❑ EITC for those w/o children; VT Legislature must align w/VT code
- ❑ Incr. federal child tax credit from 2 to 3K (6-17); 3600 for all <6 yo
- ❑ Expansion of child & dep care credit to offset costs; VT Legislature



# Tuesday Media Briefing (cont'd.)

## AHS Secretary Suzanne Young

- ❑ **Expansion SNAP & school meals 90d. into summer**; increased grants for eligible child care providers
- ❑ Rent, mort, util payments, LIHEAP – fed funded/admin by SOV
- ❑ Sm bus & non-profits – watch SMA web site & ACCD
- ❑ State & local relief provisions: 1.36b – sim to CARES 1.25b.
- ❑ Differences: carve out 198m. For cites/town/villages. 19m direct to city of BTV. SOV will disburse remainder to cities/towns/villages. 50% this spring; 50% by 2022.

# Tuesday Media Briefing (cont'd.)



## Modeling – Commissioner Pieciak:

- ❑ Impressive # of VTers willing to be vaccinated, esp. older/vulnerable.
  - ❑ >85% 75+ started/completed
  - ❑ 70-74 >80%
  - ❑ 65-69 >50% & nearly doubled this week
- ❑ VT as one of oldest states, one of leading in vax % among this pop
- ❑ 7-day average now >5K/day; had one day w/>7K (highest day ever)
- ❑ LTCFs: only 6 cases last few weeks & 2 active outbreaks.
- ❑ College: 59 new cases this wk.
- ❑ VT case forecast: ~100/d. short term, lower longer term (esp. April)
- ❑ 8 deaths this month

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Levine

- Range of cases: one day's report does not reflect a trend. This has been & is expected to be reality over next several wks.
- Great progress in vax so far – will take some time to see case impact.
- Impt: fewer cases in our older age groups – large portions now vax.
- Expect same benefits for those w/hi-risk cond. & next age bands.
- Vax: no matter what level we record efficacy, greatest benefit = efficacy in prev. serious illness, hosps., deaths.
- Recent study – less likelihood asymptomatic infec: those w/one dose had 56% reduction in pos. PCR; after 2 doses, 80% reduction.



# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Levine

- Variant strains: just rec'd more results whole genome sequencing.
- 4 more B117 pos; total 5 in VT to date. Not unusual.
- Look at mask for better fit or dbl mask. Avoid crowds; home when sick.
- Variants of concern make v. spread more easily P-to-P – but not impact on serious illness, hosps, deaths in US yet.
- Peer-reviewed study from England – 1<sup>st</sup> indication variant may be more deadly, but “only minimally so”: 64% increased risk of death. But absolute numbers increased from 2.5 to 4.1 deaths/1000 cases.

# Tuesday Media Briefing (cont'd.)



## Governor Phil Scott

- (Based on call): schedule mapped out to meet or exceed President Biden's goal of all 16+ registered by May 1.
- Depends on supply
- Vaccine increase: 550 doses for VT this week/next.
- Federal pharmacy supply also increasing (250 for VT)
- J & J: total 800 doses for VT next week
- Friday: will announce when next age band 60+ will open.
- *"This should allow us to get back to normal by July 4<sup>th</sup>."*

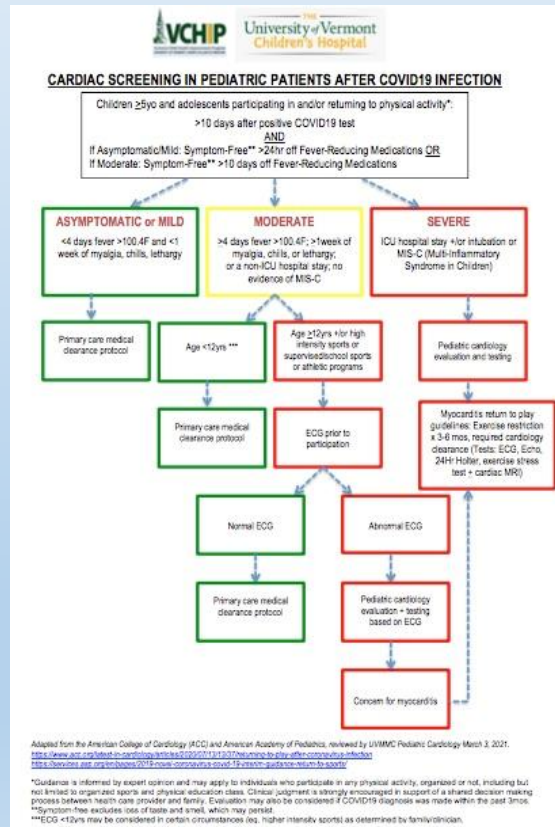
# Practice Issues

## *Wednesday Pot O' Gold*



# Updated Documents

## Algorithm:



## Medical Clearance:

**VCHIP University of Vermont Children's Hospital**

**MEDICAL CLEARANCE FOR 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\*:**

- $>10$  days have passed since tested positive for COVID-19
- Symptom-free (excluding loss of taste/smell)  $>24$ hr off fever-reducing medications (for COVID-19 with asymptomatic/mild symptoms) OR Symptom-free excluding loss of taste/smell  $>10$  days off fever-reducing medications (for COVID-19 with moderate symptoms)
- Has had a normal ECG (required if  $\geq 12$  years of age and history of moderate symptoms with COVID-19 illness)
- No history of ICU hospitalization, intubation, or MIS-C
- 14-element AHA cardiac screening\*\* reviewed (further cardiac work up required if any boided screening questions positive)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain/tightness/pressure related to exertion
<input type="checkbox"/>	<input type="checkbox"/>	Unexplained syncope or near-syncope (not including vasovagal cause)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive exertional, unexplained shortness of breath/fatigue or new onset palpitations with exercise
<input type="checkbox"/>	<input type="checkbox"/>	New heart murmur on exam or persistent tachycardia
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)
<input type="checkbox"/>	<input type="checkbox"/>	History of elevated systemic blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Prior restriction from participation in sports
<input type="checkbox"/>	<input type="checkbox"/>	Prior cardiac testing ordered by a physician
<input type="checkbox"/>	<input type="checkbox"/>	Family history of premature death $<50$ ys due to heart disease
<input type="checkbox"/>	<input type="checkbox"/>	Disability due to heart disease in a close relative $<50$ yo
<input type="checkbox"/>	<input type="checkbox"/>	Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
<input type="checkbox"/>	<input type="checkbox"/>	History of heart murmur (excluding innocent/resolved murmurs)
<input type="checkbox"/>	<input type="checkbox"/>	Physical stigmata of Marfan Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	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. Reviewed by UVMHC Pediatric Cardiology March 3, 2021.

**Clearance Determination:**

- Student/athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression (return to activity as tolerated if  $<12$ yo;  $\geq 7$ -day graduated return protocol if  $\geq 12$ yo +/or high intensity or supervised/school sports or athletic programs).
- 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: \_\_\_\_\_

## Return-to-Play:

**VCHIP University of Vermont Children's Hospital**

**GRADUATED RETURN-TO-PLAY AFTER COVID-19 INFECTION\***  
 Indications: Age  $\geq 12$ yo +/or High Intensity or Supervised/School Sports or Athletic Programs

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Medical Clearance to begin post-COVID-19 Return-To-Play: \_\_\_\_\_

Once medically cleared, students/athletes should complete the suggested return-to-play progression without 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:  $220 - \text{Your Age} = \text{Predicted Max Heart Rate (beats/min)}$

**MINIMUM 7-DAY PROGRESSION:**

**STAGE 1 : Day 1 and Day 2 (2 Days Minimum) - 15min/day or less**  
 Light activity (walking, jogging, stationary bike), NO resistance training.  
 Intensity  $\leq 70\%$  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  $< 80\%$  maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

**STAGE 3 : Day 4 (1 Day Minimum) - 45min/day or less**  
 More complex training at intensity  $< 80\%$  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  $< 80\%$  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.  
 Reviewed by UVMHC Pediatric Cardiology March 3, 2021.

Date Cleared for Full Participation by School/Sports Personnel: \_\_\_\_\_  
 Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

# Cardiac Return-to-Play: Community Feedback

- Formatting issues: being revised
- Clarify age application and rationale
  - **VT algorithm:** *children  $\geq 5$  yo and adolescents partic. in and/or returning to p. activity*
  - **AAP language:** *All children younger than 12 years may progress back to sports/physical education classes according to their own tolerance. For children and adolescents 12 years and older, a graduated return-to-play protocol can begin once an individual has been cleared by a physician, the minimum amount of time without symptoms of COVID-19 has passed, and the individual does not exhibit cardiorespiratory symptoms when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to individuals who experienced **moderate** COVID-19 symptoms, as outlined above.*
- Improve linkages between VT and national (AAP, ACC) guidance
- Consider decrease to 2-3 documents (vs. 4)

# Cardiac Return-to-Play: Community Feedback

- ❑ Medical Clearance form – to be completed by Medical Home using shared decision-making with patient and family/caregiver.
- ❑ Graduated RTP document – seeking your feedback re: monitoring/signoff
  - ❑ Possible revision below:

Date Graduated Return-To-Play Progression completed: \_\_\_\_\_

Parent/Guardian

Student

School/Sports Personnel (if involved in supporting progression to return-to-play)

❑ Printed name: \_\_\_\_\_

Printed name: \_\_\_\_\_

Printed name: \_\_\_\_\_

❑ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

# AOE Communication

## ***Return to Play After COVID-19 Infection Summary Guidance for School Leadership*** (3/16/21 – excerpts):

- This guidance is informed by expert opinion and may apply to individuals who participate in any physical activity, organized or not, including but not limited to organized sports and physical education class. Clinical judgment is strongly encouraged in support of a shared decision-making process between health care professional and family. This set of recommendations will be revised as more information becomes available
- Communication among local teams, including sharing of the Medical Clearance Form and the Graduated Return-to-Play paperwork collection is important. Teams may consist of health professionals, school administrators, school nurses, athletic trainers, parents and athletes. The creation of policies and communication plans will assist in the collection of paperwork and the dissemination of information to teachers, coaches, trainers and school nurses. Continued team-based care between school nurses and pediatric medical homes is encouraged. School nurses should advocate for families of students post-COVID-19 infection to communicate with their medical home before returning to activity.

# From the AAP

## ***Coming Soon:***

- **Updated interim guidance** on COVID-19 Testing; PPE; Face Masks (previously cloth face coverings); Telehealth; Family presence; COVID-19 Vaccine; Clarification in Return to Sports

## ***COVID-19 Town Hall Series:***

- Thursday, March 18, 8 pm Eastern: ***COVID-19 Pediatric Clinical Updates***
  - ▣ **Topics:** COVID-19 illness in children, MIS-C, therapeutics, “long COVID”, the outlook for advancing vaccines in children
  - ▣ **Presenters:** Drs. Ed Conway (Jacobi Med. Ctr.); Sandy Hong (U. of Iowa COM); Bonnie Maldonado (Stanford; chair AAP COVID); Peter Rowe (JHU)



# Save the Date: Health Equity Interactive Session

- Program of Northern Vermont Area Health Education Center (AHEC)
- Stacie L. Walton, MD, MPH, clinical/academic pediatrician; medical consultant for HCPs/institutions for >25 years; recently retired from Kaiser Permanente (Diversity Champion)
- Details in tonight's email

*(Thank you, Melissa Kaufold)*

===== SAVE THE DATE =====



**QUALITY CARE IS EQUITABLE CARE**  
The case for culturally and linguistically responsive health care

**THURSDAY, APRIL 8, 2021 ♦ 1:00 to 3:15 PM**

SESSION THREE- Reducing Implicit Bias in Health Care: Moving Toward Equal Treatment

# Save the Date!

- What? **Child maltreatment conference**
- Who? **James Metz, MD MPH** & other expert speakers
- When? **April 29**, 8 am – 12:15 pm via live stream
- How? **Register at:**

<http://campaign.r20.constantcontact.com/render?ca=3cdb8290-cfe5-4dbb-b73b-29ecabed13f0&preview=true&m=1130384660698&id=preview>



**Recognizing and Responding to Child Maltreatment  
Promoting Child Abuse Awareness in VT Conference**

**Thursday, April 29, 2021  
8:00am -12:15pm  
LIVE STREAM**

This conference will help the professional to recognize sentinel injuries, sexual abuse and neglect. Participants will learn about the mental health implications of trauma and abuse and will learn strategies for effective reporting.



**James Metz, MD, MPH - Course Director**

Assistant Professor, Pediatrics  
Division Chief, Child Abuse Medicine  
UVM Larner College of Medicine

*"Recognizing Sentinel Injuries" and  
"Child Neglect"*

# Save the Date: Friday, June 4, 2021



**Course Director**  
**David C. Rettew, M.D.**

Join us virtually for the 14<sup>th</sup> Annual Child Psychiatry in Primary Care Conference, featuring faculty from UVM and the community.

Topics this year include:

- Assessing Risks After School Violence Threats
- Mental Health Care Needs in Primary Care
- Child Psychiatry in the Emergency Department
- Integrated Care Forum
- Praising and Overpraising
- Post COVID Mental Health
- Anxiety Disorders
- Motivational Interviewing Techniques
- Social Media Use and Mental Health

# 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](mailto: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](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates)
- Next CHAMP call – ***Friday, March 19, 2021 – 12:15 – 12:45 pm***
  - ▣ **Special Guests to celebrate OUR 1-year anniversary!**
- Generally back to **Monday/Wednesday/Friday** schedule
- Please tune in to VMS call with VDH Commissioner Levine:  
***Thursday, March 18, 2021 – 12:30-1:00 p.m. – Zoom platform & call information:***
- **Join Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZlFQ2R3diSVdqdJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684