

VCHIP CHAMP VDH COVID-19

June 10, 2020 | 12:15-12:45pm Call Questions and Answers*

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Testing Updates

Breena Holmes, MD, VDH

To follow-up on our discussion from Monday, it does appear that the hospital testing sites have very limited hours. We're continuing to acknowledge that the health department does not have the capacity to run more pop-up testing sites during an outbreak, as that becomes our public health priority. It would be better if we could have more hospital and urgent care testing sites that are nimble and can expand/contract to meet demand.

Practice Issues: COVID-19 Safe & Healthy School Guidance

Breena Holmes, MD, VDH

The current draft of the COVID-19 Safe & Healthy School Guidance is 18-20 pages long, because the CDC is remarkably light on their recommendations, so we opted for a very detailed process and document. We've had great feedback from Ashley and Wendy as my general pediatrician group. It would be great to engage a lot more of you; however, the meetings are daily from 2-3pm, which has no practicality in the busy pediatric world.

I did want to say that one of the essential pieces of this, which we'll discuss in further detail on Friday, is team-based care between school nurse leadership and pediatricians in communities. There is a concept in the guidance called the COVID Coordinator. There is no way to re-open schools without a COVID Coordinator. In my mind, this role would be filled by school nurses, however, there's a lot of pushback because not all schools have school nurses. This is a pandemic and all schools need nurses, so I'm in a circular conversation about this with many. I'm hoping that all of you will team up with the school nurse leaders in your districts. Now that means within every school district, there are nurses, even though there may not be a nurse in every school. Find and contact your school nurse leaders and get a partnership going and figure out how you're going to team up.

Children with special health care needs and children with some of the behavioral needs and special education who have trouble following public health guidance need to be discussed case-by-case, because the overarching goal is still to get all kids in the school building. Public education and social connection are important and good. Your teams are going to have to work together to figure out a way to assess low, medium and high risk for your patients. You'll need to think through every diagnosis, because it's not as simple as pulling up the CDC list and saying, "you have a lung condition, so you're out." You'll need to include the epidemiology of this and recognize where we hope to be in August with a low viral load. We already have Dr. Jill Rinehart tagged to think about this over the summer. If you'd like to be on a subgroup of the task force to work with special education leadership and teachers' union folks to think about the education of those I consider special populations, please let me know. We're diving in pretty deep there.

The secretary said that cloth facial coverings are recommended for adults. I think this may shift as we continue to discuss this. Infectious disease colleagues are pretty clear that middle and high school students need to wear them. I'm not sure where the cut off will be for required versus recommended.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

We're all thinking about the educational needs too, but this guidance is supposed to focus on providing guidance for setting up schools to prevent the spread of COVID-19 and then the education experts are going to make the decisions regarding hybrid models, classroom setups and who goes where. If you're frustrated that the guidance isn't saying exactly how things should be set up, that's because we had a clear and specific charge as a task force.

Also, I received a question today from DVHA. Some people are worried about the confidentiality of adolescent mental telehealth visits. I was sort of surprised by this, since I'd assume you are making sure the adolescent is in a private space for these visits, but I'm going to ask all of you to weigh in and let me know if you've been experiencing this barrier in your practices.

Wendy Davis, MD, VCHIP: I can tell you that the question raised by DVHA is a topic we've been discussing in our national work to improve adolescent preventive health services and it's certainly a challenge. It's highly dependent on family circumstances. Some practices have been breaking it up into asynchronous sessions, but I'd love to hear from Dr. Erica Gibson regarding this.

Questions/Discussion

C: An illustrated interview with Terry Gross and Maurice Sendak:

<https://www.youtube.com/watch?v=TH2OaaktJrw>

Q: Are there any workarounds for the quarantine of 14 days (or 7 plus negative COVID test on day 7)?

A: Alex Bannach, MD, North Country Pediatrics: Commissioner Levine said in his talk yesterday that starting next week people will be able to quarantine in other states prior to coming to VT, so she might have the option of quarantining in her parents' home some for 14 days or 7 days plus negative result prior to returning to VT (needs to show negative result).

A: Breena Holmes, MD, VDH: <https://accd.vermont.gov/covid-19/restart/cross-state-travel>

Q: Are food distribution sites and dates posted on Hunger Free VT? Might be a good resource.

A: Breena Holmes, MD, VDH: I'm not sure where this is posted. I will check.

A: Wendy Davis, MD, VCHIP: It looks like the sites are referenced on the Hunger Free VT website, but it's not clearly displayed or easy to navigate, so we'll send that information out to our distribution list.

Q: Anyone know how to access the new portal for Medicaid providers to access government funds referenced in the AAP letter yesterday?

Q: In regards to schools opening for patients or patients with family members who are at increased risk - will there be support for ongoing remote learning for those families that are reluctant, or it is not recommended to return in person?

Q: Is there discussion of training families to do screening/temps at home (if feasible for them, realize this may be challenging for some) prior to heading to school? This would save some work at the school level.

A: Breena Holmes, MD, VDH: The secretary said the health screenings of children is going to be worked out at the district level at some point of contact. The nurses pushed hard that it could be done by parents and the educators needed more reassurance.

C: On Aug 12 I've been tagged to speak with the VT School Nurses association - If there's anything you'd like me to touch on just let me know. david.nelson@uvmhealth.org

A: Alex Bannach, MD, North Country Pediatrics: Dr. Nelson, maybe we could start a list for you with pediatricians as contacts for each school district that you can share? I would be happy to be the contact for NCSU and OCSU.

A: David Nelson, MD, UVM Medical Center Pediatrics ED: Great idea.

Q: Is there a joint venture between schools, school nurses, and local health to distribute thermometers to families who do not have them?

A: Jessica Denton, Community Health Team Social Worker, Timber Lane Pediatrics: I've had success getting Thermometers to families via UVM MC HAP if the child has Medicaid. It's a problem with the shortage on amazon though of the actual product (thermometer).

C: Many schools have spirit wear (t-shirts, sweatshirts etc.), perhaps some school-based cloth face coverings would be more acceptable (maybe a little like a school uniform for the face).

A: Alex Bannach, MD, North Country Pediatrics: Our local summer camp is ordering branded neck turtle scarfs for camp with the same idea, branding and better acceptance than masks!

C: Hi all- I ask the teen to take the phone or computer in a different room to talk for a bit. The teen assures me parent is gone. Doesn't seem to be a problem.

C: It's surprising who ends up in the room while you are talking to adolescents, even if you ask in the beginning.

C: Adolescent visits are going pretty well on tele-health. Most parents are not present or take the hint that it's our 1:1 time. Many adolescents are more talkative than ever. But having parent input through the AAP parent BF PVQ or group conversation has been helpful.

A: Shannon Hogan, DO, UVM Medical Center Pediatric Primary Care, Burlington: I agree. I find telehealth visits for adolescents remarkable. Super easy to talk with patient alone. Much easier than in clinic.

C: Yes, would check in with the patient about who is in the room or house with them at the start of tele-video. When you are doing a confidential visit/part of visit assure they are in a private space. Some are going to their rooms, some go out to cars, some switch to phone in a more private location if Wi-Fi a problem, sometimes we ask the parent/guardian to "take a walk".

Q: I wonder about getting thermometers to school meal sites this summer?

C: One of the problems with the parents doing the screening is that parents send children to school with fevers now...or medicate with Tylenol and then the fever is later at school. They do this because they need to go to work.

Q: Do we anticipate that the 3-day fever free rule will remain in the Fall to return to school as well?

A: Breena Holmes, MD, VDH: No, we are changing back to 24 hours

A: Jessica Denton, Community Health Team Social Worker, Timber Lane Pediatrics: Will that change before the end of summer? Or come the start of Public School? I know it's impacting families right now for kiddos who just returned to care last week. (The 3 days away)

A: Alex Bannach, MD, North Country Pediatrics: 24-hour rule also for daycares then?

A: Breena Holmes, MD, VDH: Yes, this will be changing for childcare too in the next week.

Q: Is there a funding source to increase School RNs to increase numbers available to school districts?

A: Breena Holmes, MD, VDH: Part of the reason why we need to get this guidance out pronto is that the legislature is addressing school funding this minute. There is a lot of talk around staffing and using medical reserve corps.

Q: Re: temps: Does the guidance specify the method of temp-taking, i.e. does it have to be touchless/temporal, or can it be tympanic? (actually, temporal thermometers are not technically touchless.

A: Breena Holmes, MD, VDH: The CDC is clear it should be touchless. There is a massive supply chain problem.

Q: How can we help get this message out and encourage/support these school?

A: Breena Holmes, MD, VDH: Please call your school nurses after this call and ask them how you can help.

C: Shout out to Carolyn Weir, ED of McClure Foundation at VCF for putting together effort to get all VT students CCV free course.

Q: With increased school absenteeism anticipated, will truancy "laws" change?

A: Wendy Davis, MD, VCHIP: As what was said today, the legislature said they are addressing the school calendar and school attendance regulations.

A: Breena Holmes, MD, VDH: The national conversation is to change that. And it can't be a punitive. Please don't have attendance awards this year.