

VCHIP CHAMP VDH COVID-19

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

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM

Breena Holmes, MD, FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

Practice Issues: Immunization Catchup- Timber Lane Pediatrics

Monica Fiorenza, MD, Timber Lane Pediatrics

At the beginning of the pandemic in March and early April, we weren't really seeing a lot of the older kids for healthy visits. Because of that, we're really trying to establish processes to catch kids up with their vaccines in a creative way that works for families. We held an outdoor clinic last Saturday at our SB office. We targeted 11-year-old kids for that clinic. The health department was very helpful with determining logistics, like vaccines coolers for proper temperature regulation. VDH was very responsive and even came on-site for a bit of the morning for it. We had two nurses and our office manager who staffed it. We set up two tents outside, 1 for check-in and 1 for vaccine delivery. We weren't sure how long it would take for each family, since it was the first time conducting this clinic, but it was very efficient. Overall, it went really well and parents were really appreciative of having the different options.

Wendy Davis, MD, VCHIP: Did it end up just being that 11-year-old age range coming in?

Monica Fiorenza, MD, Timber Lane Pediatrics: We're targeting kids in the 11-year-old range, because we weren't sure how younger groups would tolerate being outside. We also considered doing 4-year-olds, but with the frozen vaccines, that would have been a bit more challenging.

Wendy Davis, MD, VCHIP: Do you run flu clinics in the fall?

Monica Fiorenza, MD, Timber Lane Pediatrics: Yes, we run flu clinics in the fall at all of our clinics, with SB being our biggest location. We do ask families to have an appt and one nurse is doing them all day long. We're starting to think about how we're doing that this year. We wanted to think about how to get kids in for their routine and make-up vaccines to reduce logistic issues in the fall.

Wendy Davis, MD, VCHIP: I will make a quick editorial comment. As many of you on these calls have heard us say, we are watching very carefully for attempts to have vaccines delivered in other venues. The one we're most concerned about is pharmacies in terms of the potential for that to fragment our intense focus on care delivery in the medical home. We have also been in dialogue with the health department about school-based immunization delivery, which would include local clinicians being a part of those care delivery teams. The more we can innovate and think creatively about delivering immunizations in our own practices, we will benefit the kids and families and avoid some of those other concerns.

Jan Rahelich, Nurse Manager, Timber Lane Pediatrics: I believe that VDH is hoping to do a lot of school flu clinics this fall.

Breena Holmes, MD, VDH: We really need to ensure immunization for influenza due to the overlap of symptoms with COVID-19, otherwise, there won't be any kids in school.

Practice Issues: COVID-19 Safe & Healthy School Guidance

Breena Holmes, MD, VDH

I thought I should lead with some process details, because it got a little confusing yesterday for those of you in Chittenden county. So, we have a task force for developing guidance for re-opening schools, including

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

myself and the following members: Wendy Davis, Ashley Miller, Bill Raszka, Benjamin Lee, Illisa Stahlberg (Deputy Director of Maternal and Child Health), state epidemiologists, school administrators, special educators, school nurses, school psychologists. In the process of writing it, we also engaged additional stakeholders, including the VT RAYS, the VT9to26 Coalition for youth and clinicians from across the state. I did a town hall with the school nurses yesterday about the guidance, which is not finalized. I guess my caveat for you today is that this is where we landed as a group, but there are other forces that make final decisions about requirements for reopening schools. We did decide with our infectious disease colleagues that we will need daily health checks, including both questions and temperature. This is slightly controversial because it's a lot of work to get temperatures. Drs. Lee and Raszka were very supportive of this requirement, because it's an objective piece of information in the context of a virus that does not have a lot of places where we can find objectivity. So, we're keeping the temperature screen in the guidance. The decision was made by the group the the school districts are going to figure out the kids who are going to be screened at home, those who can be screening by bus monitors and those who will need to be screened upon entry into the school. I'm envisioning that you will have a role here, because communities are going to need a lot of support and help.

For staff and contractors, those who are age 65 or older or who have underlying health conditions should seek guidance from healthcare providers to assess their risk and to determine if they should avoid in-person contact in which physical distancing cannot be maintained. These conditions do not exclude these individuals from working, but they should engage in discussions with their providers to determine what their level of individual risk is based on personal information. We do desperately need your partnership with school nurses about the student end of chronic disease and risk criteria for in-person education, so that's going to be an ongoing body of work this summer with special educators, Dr. Jill Rinehart and some of you. We're also going to have a long year of excluding kids who don't have COVID, but are unwell, because it's too difficult to sort out nasal discharge and other symptoms in the context of the pandemic. Be prepared for a lot of phone calls related to these symptoms. Childcare providers are putting out a newsblast reinforcing that parents don't need clinician letters for their children to be allowed to return to childcare. I've gotten great feedback from you saying that you do not want to write medical clearance letters, which I understand.

So, lots of components about the way we set this up. Let's work hard to prevent the virus from ever entering the building and then work hard to prevent the transmission between children and adults within the building. So all of the standard protocols we do in childcare about entrance, hand-washing and no parents. We did put in exceptions for those early days of school and for children with situations anxiety or other transitional needs. There will have to be a health screening for those parents. The bus is a very particular set of circumstances. We're not going to be able to space kids out by 6 feet, but we're going to do our best. Rules with bus transportation are that you're supposed to cohort your kids by age on the bus, so in the event that there is a positive case, we have cohorts. We also learned from our transportation experts that you need assigned seats and you need to know where all of the kids are on the bus in case there's an accident, so we're going to abide by that. It's strongly recommended that if kids have an alternative way to get to school, they should do that.

We do know that kids who are sick should not enter schools or busses, so these protections are essential to prevent the spread of the virus. For facial coverings, all staff are required to wear facial coverings, as well as middle and high school students. Facial coverings for elementary age students are highly recommended, but not required.

For group size, group integrity, and distancing, groups should not exceed the maximum number for group size issued by the Governor. Classes should be kept together to include the same group of students each day. Space for seating/desks and bedding needs to be at least 6 feet apart. Schools should limit sharing of materials. Communal spaces need to be closed off. Extracurricular activities are okay with the same rules for the school day, except for high contact activities or with increased respiratory droplets. Playgrounds are okay if frequently cleaned and with hand-sanitizing. No public use of school grounds, and no visitors or volunteers.

Schools need to have a COVID-19 Task Force with school nurse leaders. They need to address children with special health and education needs. A psychologist wrote the social emotional health section on children returning to school in the midst of a pandemic. There is guidance for food service, ventilation, and isolation rooms for sick individuals.

Ann Wittpenn, MD, UVMCH Pediatric Primary Care: We will want to notify the community to be patient with school buses stopped longer at pick up sites. Commuters have already been breaking the rule of waiting and will be well out of experience of commuting with school buses.

Breana Holmes, MD, VDH: The big picture is that kids are going to be late and there will be more absenteeism. We'll have to encourage absenteeism in these cases. As each school works out the logistics of health screening, there will be delays. The delays on the bus have been discussed. We will need to get the word out that there will be something happening before you get on the bus, you won't just get on and take your seat. There does need to be a bus monitor to do the screening.

Questions/Discussion

C: Department of Children and Families has slowly begun to resume face-to-face visits for parents and their children this week.

A: Melissa Kaufold, RN, UVM Health Network Home Health & Hospice; Family and Children's Program: They are resuming in-person visits VERY, VERY slowly, I only heard from DCF-FS yesterday that one or two visits were planned this week in the Burlington district.

C: Breana Holmes, MD, VDH: Request to group: if you are interested in anterior nares testing, can you please request test kits through the link in the Anterior Nares testing HAN from 2 weeks ago? Elizabeth Hunt is willing to try too. Need to see if that ordering pathway gets you the test kits you need. Remember that anterior nares test can be collected by patients themselves.

A: Josh Kantrowitz, MD, Northeastern Vermont Regional Hospital: Quote from our lab on Tuesday, "I reached out to UVMHC and they do not have enough to send to us for pediatric population at this time (could change on another few weeks). The state did say they could send some to me. I'm still waiting on confirmation from them."

A: Breana Holmes, MD, VDH: The test kits are at public health lab so happy to hear they are trying. The link in the HAN is for the public health lab supply.

Q: In the past you've had to have a health provider on site with the Nurse at the office or at school to give immunizations. Is it possible we will wave this in the fall?

A: Monica Fiorenza, MD, Timber Lane Pediatrics: I spoke to Chris Finley last week about the logistics of the school based influenza vaccine clinic I was involved with for fall 2019 and fall 2018. She is actively working on options for fall 2020.

A: Leah Flore, FNP, Shelburne Pediatrics: In the fall, the school nurses will be asking health providers for the asthma forms or a note to verify seasonal allergies, so please be mindful that the school will need these things timely in order to keep kids in school.

Q: Thoughts on writing mask-wearing exemption letters for teenagers with mental health challenges per parents' request?

A: Benjamin Lee, UVMCH & Larner COM Dept. of Pediatrics: Exceptions can be made for children with underlying medical, development, or behavioral conditions that would preclude the ability to safely wear a mask, so it would depend on the nature of the condition.

Q: If there are going to be lots of requests from families to exempt from mask wearing, perhaps there needs to be a statewide form?

A: Leah Flore, FNP, Shelburne Pediatrics: I think Alicia was asking about a special form. Schools often need standard forms for things so a standard form for no mask based on health issues makes sense.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I do think there should be a good reason for high school students, etc., not to wear masks. It cannot be that the student simply does not like masks or feels uncomfortable.

A: Leah Flore, FNP, Shelburne Pediatrics: Unfortunately, working at a school, they require "forms" to be meant their guidelines and they have to be signed by health providers.

A: Marshall "Buzz" Land, MD, Pediatric Medicine: Bill/Ben, I agree. Most people will be good. Who has the tough job of dealing with the non-adherers?

A: Wendy Davis, MD, VCHIP: I was impressed with the folks from the educational organization who were in favor of the requirement and felt that often this will be worked out at the local level. It's not going to be a non-issue.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Dr. Land, that was a topic of discussion and still a bit unclear. Each school will decide how to best monitor based on their resources.

Q: Any comments on music, especially choirs and bands?

A: William Raszka, MD, UVMCH & Larner COM Department of Pediatrics: Choirs, glee clubs, etc. are higher risk and we recommended that they not continue.

Q: Will consultants (CDC, UVM I-team, etc.) be able to do observations as part of their consultation/diagnostic visits?

A: Breena Holmes, MD, VDH: Yes, all clear.

Q: How are we going to decide on sports?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Sports will follow the rules put forth by the state.

A: William Raszka, MD, UVMCH & Larner COM Department of Pediatrics: There is guidance on sports independent of this. Soccer and lacrosse are in so far but not football. More to come.

A: Breena Holmes, MD, VDH: The big thing with sports right now is no football or basketball.

C: regarding partnering with school nurses.

C: Shannon Hogan, DO: Since I have time as a per diem, I would love to help on a volunteer basis the South Burlington schools. I know the school nurse for RMCS and Tuttle as I volunteer there as my boys attend those schools.

C: Michelle Shepard, MD, UVMCH Pediatric Primary Care & VCHIP: I contacted the school nurse in the town we live in and my son attends as there is no pediatric office in our town (and plenty of pediatricians in Chittenden County). She was very receptive and interested in collaboration.

C: Jessica Denton, Community Health Team Social Worker, Timber Lane Pediatrics: I'd be happy to help bridge! Yes, I've been thinking of that related to the school RN partnership.

C: Monica Fiorenza, MD, Timber Lane Pediatrics: I am volunteering on the Task Force for re-opening for my children's school.

C: Nate Waite, VDH: Office of Local Health school liaisons are PHN's and excellent partners for making connections with school nurses.

*C: Sharonlee Trefry, RN, VDH: Link to Offices of Local Health to reach school liaisons:
<https://www.healthvermont.gov/local>.*

Q: Does closing communal spaces include the school library?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: No, the library can continue to be used, just not as a social space, so rules regarding use will change.

A: William Raszka, UVMCH & Larner COM Dept. of Pediatrics: The library is still open, but within guidelines.

C: Carol Hassler, MD, UVMCH: This is a great opportunity for schools to make masks with their school logos, just like their t-shirts and backpacks, and redo their mascot bumper stickers (and mascot suits) with masks.