

## VCHIP CHAMP VDH COVID-19

June 24, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Presentations of Interest**

Today, **6/24/20 – AAP Webinar: 7:00 – 8:00 pm EDT – Ask the Experts: Applying for the CARES Provider Relief Fund as a Pediatrician**, which will include time for a Q&A with participants, and the recording will be available later. Refer to the email from 6/22/20 for registration and details. AAP members may submit questions to [kids1st@aap.org](mailto:kids1st@aap.org) by 4 pm ET today.

Video for the 6/18/20 presentation from the 12<sup>th</sup> PMI/PCC webinar on The Business Impact of COVID-19 on Pediatric Practices has been posted.

Monday, 6/22/20, Breana Holmes, MD FAAP was featured on [VPR's Vermont Edition: The Health and Safety of Kids During COVID-19](#).

### **Practice Issues: Supporting implementation of Safety & Health Guidance for Reopening Vermont Schools, Fall 2020**

*Breana Holmes, MD, VDH*

This is intended to be a very comprehensive slide deck that you are the first group to preview it. We released the guidance one week ago, so I am feeling pretty good about getting on this quickly. School administrators are already working very diligently to implement what is in this guidance. My intention as previously discussed is to build expertise among you in communities so that you can bring this slide deck to any type of environment where you are requested or you ask to speak, whether it be with administrators, teachers, parents, school boards, medical staff, colleagues, community, or hospital settings. So, this is iterative. What I want from you all today is the feedback on what doesn't make sense to you, and we're going to get edits for how this can be of more use to you after this call. We'll see if it's the right depth level and information.

*Gratitude slide:* I always start presentations with gratitude. I am so grateful for all of you and for the reminder that there's nothing easy about this and that it's a complex uncertain time. It's important if you are going to be a spokesperson for this situation that you remind all audiences that the situation continues to evolve and that anything you say in a presentation could be wrong by the next day. I think you've heard me talk about humility and how important it is to acknowledge that you correct misstatements, or you will correct things that also may have changed from a scientific or policy level.

*Mission Critical to Re-open Schools slide:* I believe this presentation should begin with the mission critical language that I stole from Bill Raszka. It's mission critical to open schools. Here are the reasons (learning, social emotional well-being, connection, access to healthy food, supports for children and youth in difficult situations, and physical activity). There are many more reasons on why it's important to open schools.

*Safe and Healthy Schools Task Force slide:* I want to lead with the task force that worked diligently for two straight weeks to get this guidance in and out, especially the Secretary of the Agency of Education and the Commissioner of the Vermont Department of Health. It was a comprehensive group: superintendents, principals, independent schools, school nurses, teachers association, special educators, VCHIP, University of

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Vermont, Children's Hospital in Vermont, infectious disease specialists, our own Ashley Miller from South Royalton, psychologists, transportation experts, and AOE and Department of Health staff.

*Safe and Healthy School Guidance Review slide:* We also shared this with parent reps, the Vermont after school coalition, the VT RAYS advisory group, teachers previewed it through the NEA before it was finalized, and Wendy helped me share it with pediatric colleagues to increase the geographic diversity of the review.

*Safe and Healthy Guidance for Reopening of Schools, Fall 2020 slide:* We always recommend sharing things by link in COVID-019. If you share it via .PDF, it will be inaccurate and updated while someone is still working on it.

*Objectives for School Health in the COVID Era slide:* The objectives for re-opening schools is to decrease the risk of individuals infected with COVID-19 from entering the school at all. At the same time, we want to decrease transmission between staff and students and students and staff. We need to quickly identify anyone in the building who may have it and put the containment procedures in place. We have three goals beyond that, which are sort of the top three COVID-19 goals. We want to make sure that the educational needs of students with physical, emotional, and behavioral concerns are addressed in an equitable and fair manner. We believe deeply in communication and that it's going to take all of us to get this right. We really have to make sure that the guidance aligns with the equitable educational experiences of all students, which is the intersection of our worlds (health and education). The key components are going to be outlined now in several slides.

*COVID Coordination slide:* The first is COVID coordination. Each school or supervisory union/school district need to establish a coordinator, and we've advocated strongly that this needs to be a school nurse. There are schools that aren't finding a school nurse leader, but they would like a secondary option, which could be another health professional. Any opportunity you all have to promote the fact that school nurse leadership is needed to coordinate COVID, I would greatly appreciate it. Schools also need a work group because there will be a constant review of protocols, and then this is a full-on, all staff and all people need to be part of the coordination effort in the schools. It's not one sector within an educational system that can do it all.

*COVID Training slide:* There is a required Vermont OSHA training for all employees and businesses, which also pertains to schools, for re-opening.

*Steps: A measured approach to school reopening slide:* The key components to the guidance is that the CDC recommends a stepwise approach to reopening or restarting all aspects of our society and in schools that looks like this. In the first step, which is the CDC step, schools are closed for in-person instruction, which is where we found ourselves in March. Remote learning should be provided and supported. These steps are all data driven, and I can provide the metrics, if they are of interest to you all. They are in the guidance. In Step 2, schools are open for in-person instruction, but very careful attention is paid to physical distancing and very careful attention to understanding the geography of your students and not allowing kids from other areas in your area because you are following your own data based on geography. Step 3 is the schools are open for in-person instruction, and you can continue to loosen a bit and think broader about your attendance.

A very interesting part of our advisory group and society in Vermont right now is that we are in step three squarely based on our metrics, but the schools wanted to start in Step 2, with the exception of school bus transportation which is starting in Step 3 because the spacing procedures for Step 2 are too tight to adequately use buses. We really need the kids closer than six feet on a bus to make it feasible The reason

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schools picked this approach and our advisors recommended it: it ensures that schools are prepared in the event that they have an increase in communitywide spread, and they would need to step back to Step 2. They want to start there instead. Many schools believe they'll just spend a week or two in Step 3 and then think they'll have to step back to Step 2. They want to feel good about the way they've set up their school and be able to loosen up a bit for Step 3.

*Health Screening slides:* All schools are required to do health screening and develop plans for screening students and staff at their point of first contact, such as getting on the bus or entering the school building. They may adopt plans and policies to screen children at home for some. The group was very clear that they didn't want the at-home option to be the first choice, at least in the beginning. We can talk about why that was. It was really a feeling that that was an unreliable source because a lot of kids are unintended in the morning, and it would be hard to require parental engagement for all.

This is our very standard health screening that maybe you are all familiar with from your own offices and practices. It is the idea that you ask two questions of all of your staff and students. You perform a temperature check. You've heard me talk about the temperature check. That was really confirmed to me by Bill and Ben and others because it's one of the only objective measures we have in the COVID, recognizing that not all children present with fever.

**Q: What documentation is required for the health screenings?**

*A: Breena Holmes, MD, VDH: There is no documentation requirement for health screenings, however, the schools are going to create a checklist that the kids were screened, but they're not going to write the answers were "No," the temperature was 98.6 degrees, etc. They're trying to minimize the administrative burden, but at the same time having some assurance, I will tell you, if folks are curious, it's very different some than some of the other issues around reopening. The school districts wanted to figure this out on their own, which is why a COVID coordinator and a work group is so important because there will be variability in how this is implemented. It was the choice of schools, as you know, which are very driven by principals with local control.*

**Q: Should independent schools also follow step II? Many of them in my county have international students. Does that mean that international students will not be allowed at all? Not even after 14-day quarantine?**

*A: Breena Holmes, MD, VDH: The independent schools were at the task force; however, they need special supplemental guidance. They are producing that right now. I spoke with them this morning, and they need to make a different set of guidelines. They have to have quarantine rules and understand how to handle the arrival of international students and even students from out of state. Some of them also need to consider the residential guidelines that have come out for colleges and universities, so supplemental guidance is coming for independent schools.*

**Q: Is there any movement to include abdominal symptoms to COVID check? Rash? Especially with some of presentations in children.**

*A: Breena Holmes, MD, VDH: What we're doing with the symptom list is that we're just following what the CDC says. I heard this morning they changed and added some symptoms so that is right away something that needs to be updated. Rather than add any symptom, we're trying to just wait for the CDC to say. They do have vomiting now. I'm not sure about the rash. I should say on this slide too - because Wendy pointed it out and we don't know what to do quite yet about it - the current guidance on a health screening is that the Screener wears a pair of gloves and then disposes of them for each kid, one for each kid. that's pretty cumbersome with a large volume of students, especially since there may be no touch with the no contact*

*thermometer. That may need to be rethought as well to preserve supplies. I will tell you that it is the standard guidance currently from the CDC.*

*School Staff and Contractors slide: Very importantly the workforce in Vermont and probably many other states have teachers or bus drivers who are over 65 and who fall into categories where they have an underlying health condition. Our guidance recommends that those folks speak individually with their health care provider to assess their own risk. Their decision is theirs. There are no exclusions. There are no decisions made by administration or others. This is a personal decision worked out with your health care professional.*

*Stay Home When Sick: Exclusion/Inclusion Policies slide: The group spent a lot of time on the exclusion/inclusion criteria. We start with the general principle that Dr. Levine talked about: the fact that sick individuals may not come to school or ride the school bus, and that puts a huge burden on families. It puts a large burden on you as pediatric health care providers because there are so many other illnesses that can cause these symptoms but are not COVID. We don't have a lot of choices in this current arena, so we are recommending that anyone who has fever or illness, and their symptoms are a much longer list than what is on this slide, stay home. As we talked about together previously, there will be some kids, many kids, who can attend with medical diagnoses like allergies and well-controlled asthma. I did want to correct publicly, for those of you who heard me on VPR yesterday. I did talk about asthma at the end of the show and talked about it being on the list of chronic conditions, but then that kids with asthma needed to be considered for their risk for COVID. It may be hard for them if their asthma is not well-controlled to be in school. I heard from L.E. Faricy, a pediatric pulmonologist, and also Becca Bella reminded me, but it's really a different message than previously. We have to be mindful of how well controlled asthma can be with proper medication and that we have lots of opportunities for medical homes and others to do that guidance with the families.*

*Students with Special Health and Education Needs slide: This is a really important concept that the task force only got partway on. There will be team-based care, an important role for medical homes, school nurses, parents, and others to make sure that we have the right thinking behind case-by-case management decisions about children's health risks and educational needs in the coming months. We have a different task force that we've stood up that is going to work on this guidance.*

**Q: Will school accept parents' report of diagnosed seasonal allergies or will they ask for doctor's notes?**

*A: Breena Holmes, MD, VDH: 100% it has to be that the parents tell the school. What's so different is that with school nurses you already have that piece, that person who knows the medical information that's coming from your offices, and it will be accepted. We've had a lot of trouble with childcare wanting medical clearance notes, but I have no intention of pushing that forward. It's going to be all about school nurses working with families on what they already know to be true from the medical home.*

**Q: What about small public schools that do not have a room to isolate students/staff who become sick while at school?**

*A: Breena Holmes, MD, VDH: All schools are going to be asked to find isolation rooms, and if they don't have them, then they have to find them because it's a pandemic. We're very familiar with the facility challenges ahead for small, medium, and large schools, but it's still required. You have to pluck the sick staff and students out when they are ill and isolate them while they're waiting to be picked up.*

**Q: Some schools are discussing the purchase of tents for isolation rooms, is this sufficient?**

*A: Breena Holmes, MD, VDH: That's so interesting. What we did was we started with the idea that we wanted a closed door. We wanted a room for isolation with a door because you've got to start with very*

*clear guidance, and then you can back down to these creative ideas. It's necessary. What we're saying is, and Sharonlee Trefry knows a lot about this as our state school nurse consultant, there are ways to set up a nurse's office with a curtain or a tent or some of these other materials. The priority is to find a room. That's the kind of questions we need from you all because this is very nuanced.*

*C: Kat Goodell: They are going to put the tent indoors, in the "clean" room.*

**Q: Can we use an isolation room for other things if we are prepared to vacate that room if needed?**

*A: Breena Holmes, MD, VDH: 100%, yes, that's an easy one.*

**C: Just a comment from a former school nurse, the temperature cut off of 100.4 can be confusing to parents, often they hear "104." With the H1N1 illness of several years ago schools in our SU used 100 degrees as a cut-off for fever & for kiddos to stay home. It was less confusing. Just a thought. Thx.**

**C: The key for accepting the allergy diagnosis will be to smooth the typical process of annual health update forms should be required in the first couple of weeks, and new students filling out the required health enrollment form. Strong routine systems help.**

*Social Emotional Health of Staff and Students slide: We had a school psychologist named Cindy Cole who was part of the state school psychology association and works for the Champlain Valley School District. She just really produced beautiful work from her national work. We really like it in this document. There are lots of people at the Agency of Education and the Department of Mental Health and others thinking about the broad context for kids and their emotional lives, but this is about COVID. We have a lot of work to do this summer and in the fall about students and parents and teachers and their understanding of where we find ourselves with this virus and how to move forward with anxiety and all that we've been through.*

*COVID Cases in School slide: This is all very standard CDC guidance. The room where you isolate has to be cleaned a certain way. This is going to be a burden to folks as well. I will tell you that the CDC says many times in its guidance "whenever feasible close the room for 24 hours." We've already gotten a lot of questions about that, like "what does feasible mean?" We have to start with the idea that it's the right thing to do. If it really can't work and you've got to get back in the room in 12 hours, then clean, clean, clean. It is interesting, and maybe you know this, but the VDH Commissioner is starting to shift his messaging. He's talking much more about respiratory stratum and much less about contact spread on surfaces. That's important. This slide is also important because people need a lot of reassurance that the Health Department is on it. If there's a confirmed case in the school, then they would be communicated with from the Health Department at the school administration level after they've talked with the person who was the positive case. That is true. We are able to talk to the positive case, get the permission, and then call the administration and say this is where the person was, can you confirm what just happened in the last 48 hours, and that's how we develop the list of further contacts.*

**C: Very important for schools is to have accurate contact info for parents or another adult who can pick up the sick child.**

*A: Breena Holmes, MD, VDH: This is so true! That is a school nurse who is making this statement! How could you not have a COVID coordinator who is a school nurse? You need the parental relationship. You need the accurate connection to the medical home where they are receiving care. You also need the health background to understand this virus.*

*Buses and Transportation slide: Buses, as you can imagine, are a huge issue. There are equity principles at play here. We are recommending that if you are able to drive your kid to school, please do so. It does not*

mean there won't be buses, but we are trying to reduce the number of children on a bus, recognizing that some people will not have the ability to be driven. As discussed through all of our team meetings, it sounds like it's an equity problem, but it's COVID. It's OK because it's not required. It's just a gentle request to find an alternative route. We recommend there be a bus monitor to do the health checks because the bus drivers need to drive the bus.

Dr. Davis and I learned a lot about transportation. It's already best practice that little kids are in the front, middle and high school kids in the back, and that you assign seats and know who's on your bus in the event of some sort of motor vehicle event. Now we're really going to drive up the energy around those best practices so that we know where everyone is and that the kids are going to be spaced out as best as you can. This is why this is Step 3 because they're not going to be 6 feet apart on certain bus routes. Many schools are already struggling with their routes because many routes are on main roads, and main roads will have a big traffic problem to stop and do these health checks. The creativity of districts so far this first week has shown. They're changing their bus routes and trying to figure out a way to pick up kids on a side road instead of the main road, which is really detailed and important.

*Drop-off and Pick-up/Arrival and Departure slide:* Then we get into the drop-off/pick-up. This we know a ton about from childcare. This is really just about signage, tons of hand sanitizing, trying to minimize the number of people at each entrance, which will mean opening lots of entrances. This is very different from general school principals about school shooter protections and making sure there's only one entrance in and out. It's only during drop-off and pick-up that there will be multiple entrances. Everyone will have very clear behavior that they're going straight to their classroom. Parents will not be allowed to enter the building, but there are exceptions. We recognized as a group that separation anxiety and transitions for young people of different ages, not just little kids, may need some parental involvement early in the school year. Those parents and caregivers will need to be screened, and it really can't be a yearlong process. Continue the good public health messaging that no one in any kind of quarantine situation should be doing any of the drop-offs or pick-ups.

*Cloth Facial Coverings – Required for staff, students, and all others slide.* You have been such good supporters on cloth facial coverings. I am really doubling down on this now after lots of reading and understanding that this is one of the best ways you can prevent you yourself from spreading the virus. It's in this guidance that is required for all, all, all adults, all children and teachers. There are lots of caveats, and there's lots of opportunities to make a decision that an adult or a kid is not going to be a good candidate for a cloth facial covering. We recommend that those decisions be made case-by-case. I do understand pre-K special considerations because this recommendation is in direct opposition to the childcare guidance that the children are strongly recommended not required to wear a cloth facial covering. I'm just holding the incongruence there. I do like the partnership of team-based care - health care providers, school nurses, etc. Let's make these decisions as a team on who should keep trying to tolerate them and who really can't.

*Group Size, Integrity of Group/Cohort/Pod, Physical Distancing and Modified Layouts slides:* If you get into helping us and getting into the communities, this will be the hardest part because keeping kids together in groups works beautifully in the elementary schools. It does not work in the way we educate middle and high schoolers. We as health people don't have to grapple with the educational models that need to follow now that we've set the health standards and said it's best, especially in Step 2, that kids be in a pod. I tried to go into that lane, and the group tried too, but it's not our lane. The decision about a virtual and in-person hybrid model where high school kids would come in Monday-Wednesday- Friday and others come in Tuesday-Thursday will be decided on the educational side now that they know that it is the best that kids

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stay in groups. The mixing is really hard to prevent with middle and high school kids. It's also hard to keep large groups of people 6 feet apart in in our current Vermont school buildings, so this hybrid is sort of starting Step 2, but really could be in Step 3 where the schools are going to set it up if the desks are six feet apart turned facing forward. As time goes on or even after just a week or two, they are wondering if they can bring groups of people together differently and think about middle and high school kids. This is imperfect, but this is where we're going to start and learn. We've come up with all sorts of ideas about outdoor activities that don't really work in Vermont.

**Q: If desks cannot be 6' apart are there options for plexiglass barriers? What about kids at tables in K and pre-K?**

*A: Breena Holmes, MD, VDH: Schools are going to get some sort of budget here because the legislature is finding more educational funding for COVID-19. They may make decisions about barriers as and things like that, but they also may put the desk 5 feet apart because you're allowed to loosen up on that if you come into this third step. They really want to make the decisions themselves on the understanding of public health principles. We're going to get a lot of questions about this. Yes, plexiglass is a reasonable alternative to the six feet apart, but we also can't require a capital expense or something that has to be purchased because the budgets are going to be decided at the district level. We are in and out of best practice versus use your own innovation and manage your own budget.*

*Communal Spaces, Large Group Activities, and Public Use of Schools slide:* The group went through all of these domains and thought through what can and can't work in the current guidance.

I'm looking at the time and realizing that you guys are such a cool audience. I think we are going to have to do this again next week so that we can keep asking and seeing your thoughts. Maybe a good next step would be that you will take this PowerPoint and send it back to me with all of your comments and edits so that we can get the level of detail that you need and then do another training to keep this moving. It's so detailed, as you can see on that slide that we have thought about all of those community spaces.

My intention for this is to be a 30-minute presentation that we can refine with your feedback, and then it's yours. The slide deck becomes yours where you put your name on it. You can brand it differently. You don't need the Health Department logo on it if you don't want it. If the school nurses want to use the exact same one, they can and should because they want you and them to be saying the same thing as the COVID coordinator teams for your school district. Sharonlee is helping me get a draft of this presentation to the state school nurse association leadership as well for feedback. I'm also presenting it tomorrow to the superintendents just to see if it's hitting the right level of detail.

**Questions/Discussion**

**Q: Was the Fairhaven cluster in a public facing work site?**

*A: Breena Holmes, MD, VDH: No, I don't know. It is evolving and we will have more information next week.*

**Q: Has the travel quarantine policy changed?**

*A: Wendy Davis, MD, VCHIP: I don't think it has but we are seeing that there may be some additional states and counties opening up.*

*A; Breena Holmes, MD, VDH: Nothing has changed today. But we continue to try and loosen restrictions on who can come and not quarantine, based on data.*

*A: Nathaniel Waite, RN, VDH: This is a new page where all the travel and quarantine information is located updated frequently <https://www.healthvermont.gov/response/coronavirus-covid-19/traveling-vermont>.*

**Q: What about kids at tables in K and pre-K?**

**Q: We have been getting questions about school sports in the fall; is there any guidance specific to that, yet? Thank you all so much for your incredible work.**

*A: Wendy Davis, MD, VCHIP: Sports dictated by ACCD - can do same as what's allowed this summer. So, no football, basketball, etc. There IS information in the slides and guidance (communal spaces).*