

VCHIP CHAMP VDH COVID-19

July 22, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates: calling all Tweetiatricians!

VDH is leading the Governor's new statewide **#MasksOnVT** campaign encouraging Vermonters to wear masks to reduce the spread of COVID-19. The goal is collective impact to normalize/sustain mask wearing in VT. They created a one-stop **digital toolkit** to assist state agencies, departments and partners to use or adapt as appropriate for the audience, including sample social media posts and content, sample newsletter blurbs or articles, key talking points and posters. These materials can be used as-is or customized.

Practice Issues: Vermont K-12 School Reopening – Breana Holmes, MD, VDH & Wendy Davis, MD, and Benjamin Lee, MD, and William Raszka, MD, Pediatric Infectious Disease Specialists

Wendy Davis, MD, VCHIP: Below are two comprehensive resources for reopening schools. The first resource, from the Harvard T.H. Chan School of Public Health, focuses on risk reduction strategies for reopening schools. The second is a library of resources for clinicians advising school and community groups on COVID-19 prevention and management.

Jones E, Young A, Clevenger K, Salimifard P, Wu E, Lahaie Luna M, Lahvis M, Lang J, Bliss M, Azimi P, Cedeno-Laurent J, Wilson C, Allen J. **Healthy Schools: Risk Reduction Strategies for Reopening Schools**. Harvard T.H. Chan School of Public Health Healthy Buildings program. June 2020.
<https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf>

COVID-19 School and Community Resource Library: Resources for clinicians advising schools and community groups on strategies to prevent and manage COVID-19.
[https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/ COVID-19%20School%20and%20Community%20Resource%20Library_July%206%202020.pdf](https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/COVID-19%20School%20and%20Community%20Resource%20Library_July%206%202020.pdf)

We will also continue to update the Vermont-specific resources, but there is guidance in the realms of K-12 schools, childcare and summer programs that is continuously being updated. Is the return to sports guidance out yet?

Breana Holmes, MD, VDH: It's not out yet, but the group developing the return to sports guidance says it will be out by the end of the month. The Safe and Healthy Schools Task Force is reconvening tomorrow and Monday with the goal of a revised draft by August 1st. We are reconvening because several things have come up that need clarification, including the need for more specific guidance on how to implement screening prior to boarding buses or entering schools and recommendations on devices for temperatures, uniform protocols, etc. This is an opportunity to let me know via the chat or by emailing me directly about anything you have been grappling with in your work with schools on this topic. We have heard so far that health screenings are problematic, so we need some statewide guidance about the decisions related to health screening details. The guidance is based on epidemiology, but we need to get some language into the document that talks through a communications process between superintendents and the health

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department in the event of positive cases. We continue to hear that there's nuance in distancing on school busses and in the general context of schools. An FAQ released with the Agency of Education clarified it is still best practice to maintain 6 ft distance, but an inability to distance by 6 ft should not stop schools from trying to get kids into a classroom. We're realizing this is not strong enough, because many schools have opted for hybrid models due to an inability to get kids 6 feet apart in the classroom. We have provided some clarification since the release of guidance on June 17th, but we need a bit more language about who can come in and learn. We just addressed the children special health needs piece. We're recognizing this is a heavy lift for you all as part of these teams that have to make decisions about children. We also want to create additional links between our task force and another group out of the Agency of Education about the social emotional aspects of COVID-19.

Several hybrid models are recommending a day with no one in the school to allow for deep cleaning of the schools. I want to note that deep cleaning is not indicated anywhere in the guidance except specifically in response to a positive case. Dr. Holmes and I are working very closely on the return to school after illness algorithm and it's a symptom-pathway. Almost every state is working on a test-based algorithm for returning to school after illness if symptoms are consistent with COVID-19. These algorithms I'm seeing around the country emphasize the need for medical clearance, which we've talked about a lot on this call in the context of childcare. However, this might be a little different and require bolstering partnerships between school nurses and pediatric medical homes to figure out what that clearance would look like.

Colleen Moran, MD, Appleseed Pediatrics: I believe the one day/week was also to offer more admin time for teachers who are creating two curriculums and also to bring in high risk kids to a building with less people present.

William Raszka, MD, UVMCH: We have said over and over again that the national and international data really suggests that these younger children are much less likely to transmit disease than older children. This has been shown in several epidemiologic studies in multiple school settings. I do hope that we can continue to discussions with school districts and supervisory unions about the importance of getting K-5 students into the classroom for in-person teaching. I hope that we can potentially separate our approach for high school versus younger students. I know we sort of floundered on definitions related to middle school children, but we have to get these younger children into the classroom. The authority really lies with individual school boards and school districts.

Benjamin Lee, MD, UVMCH: I completely agree with Dr. Raszka on this. We need to strive to be able to separate the elementary school students from the older kids. I think people continue to mistake equality for equity. This is something that we talk a lot about at VCHIP and in the context of quality improvement but treating young learners/elementary school students the same as high school students will have profoundly different levels of impact on their learning and growth. We have to make the case that the same intervention is going to have a profoundly different effect on the youngest learners, and I feel very strongly the science clearly shows it should be very safe to send elementary school kids back to school full time.

Breana Holmes, MD, VDH: There will be another town hall next week with Dr. Raszka, the Commissioner of Health and myself. Last time, we had about 600 teachers join the town hall.

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Questions/Discussion:

Q: Is VMS Executive Board is also voting on mask resolution today?

A: Breena Holmes, MD, VDH: Regarding facial coverings in ordinances or resolutions, please add language about developmental appropriateness for younger children to align with our childcare and school guidance about this.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: Developmentally appropriate and over age 2.

A: Stephanie Winters, Vermont Medical Society: Yes, VMS Council will be discussing a mask mandate policy this evening and it is also asking members to share their pictures with masks and why they wear! Let us know if you have any feedback on this resolution: swinters@vtmd.org.

Q: What about the CDC guidelines regarding sports? While running past a Burlington Park this past weekend, there were several youth soccer games going on and the only mask that I could see on the entire field was mine.

A: Ann Guillot, MD, UVM Medical Center: Burlington is filling with young adults right now, very close to none of whom are masked inside or out! I don't know how anyone will affect this but seems like none too soon to work hard on it. The messaging about use of face coverings when outside could use better/clearer messaging...outside use for anyone and everyone - when less than six feet - when going to the beach, when watching sports - people still reference the first messages that the risk outside is not bad, so they assume a face mask not needed.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The influx of young adults into the community is worrisome. My impression is the CDC risk stratifies different types of activities. We are contemplating the second highest risk level.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I think we are getting close to finishing the return to sports guidance, but there were still a few details that need to be worked out.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

A: Breena Holmes, MD, VDH: We request that there be consideration/flexibility for young children with masking. As described in the guidance documents for Childcare and School Age Camps/Care, and for Schools (preK to 12), there are special considerations including the age and development level of children. Not all children are able to wear a mask or do some activities and be safe. Some examples of the considerations for masks for children are included in this Face Coverings for Children Fact Sheet. Several towns have passed mask ordinances that are coming into conflict with the Health Department, DCF/Child Development Division, and Agency of Education guidance. I think Dr. Guillot is asking about the general guidelines about masks, facial covering outside, be clearer. In our childcare and school guidance it is super clear. People need breaks when they are outside and can physically distance from their covering, so that's why, in at least our analysis and our guidance, it's okay to see people outside who are 6ft. apart running around without their facial covering on. I think you're referencing some of the absolutes that might need some of the messaging that in real time, we are acknowledging that people need breaks, that it's allowed/ accepted for adults and kids when outside to take a break from the covering. What we say is to keep it under 15 minutes as that is the contact tracing time frame and we felt it important to align with that. I don't know what to say about people at beaches. It is a concern.

Q: Our office is wondering if there will be a statewide algorithm for what to do with positive screening (temp, exposure, other symptoms). We have heard from some local school RNs that if 1 member of the family screens positive then the entire household (other children and any parent that works in the

district) will also be sent home. Would be nice to have it be a consistent message, similar to what was created for childcare. Thanks.

A: Wendy Davis, MD, VCHIP: We are on that. That is exactly what will be talking about shortly. We are working on an algorithm and template type language.

Q: Our office would also like to know if there will be a statewide list of acceptable medical conditions that would qualify children for remote education.

A: Breena Holmes, MD, VDH: We have a summer task force. There is a sub-group of our task force to reopen schools about children with special health needs and special educational needs that's being shared with Monica Ogleby, who is our clinical services director for children with special health needs, and they are coming up with a check list for case-by-case analysis of children who would be at too much risk for face-to-face learning. For the rare kid whose medical condition makes it necessary to have all remote learning, that would be part of the recommendations from this sub-group of the task force. What we are promoting is team-based care.

Q: At the CVSD school board meeting last night, parents said that their schools are planning a hybrid system because they cannot have kids 6 feet apart. I did not attend this meeting, so this was heard 2nd hand. Is there discussion to reduce physical distancing to 3ft. for K-5, so elementary schools can be fully in-person?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: We will be having that discussion with the school task force over the next week. The guidelines are clear but they are not being interpreted in the spirit in which they were written; so we will have to see if revisions to the actual language would be supported or not. Stay tuned.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The six-foot rule should not be a hard stop. All mitigation strategies are part of a package. The guidelines for school opening are pretty clear about that.

A: Breena Holmes, MD, VDH: We said in the guidance do the best you can. There is science behind the distance. Then the AAP said that's hard and you can do 3-6 ft. There was a lot of dissent in the academy. I brought it back and we clarified in an FAQ with the AOE, that it's still best practice but it shouldn't stop you from getting kids in the classroom. But we found out it's not strong enough because so many schools are going hybrid. But, if we start wiggling on things that are part of the only handful of things for mitigation strategies, we'll find ourselves in a slippery slope. We need to stick with 6ft.

Q: I'm hearing from more and more college students who need negative tests before arriving on campus. Some schools are "within 7 days," which I don't think will be a problem, but this morning I've had a "within 72 hours," and I certainly can't guarantee we'll have the test results in that time frame. The 72-hour school is in Maine.

A: Breena Holmes, MD, VDH: The guidance is very clear for VT, but I can only speak to VT guidelines. <https://accd.vermont.gov/sites/accdnew/files/documents/College-Restart-Plan.pdf>. The pop-up sites are not intended for the college testing. Each college is really paying for and contracting with certain test pathways and labs and we can't clog the pop-up system with the precollege requirement tests at this time.

Q: Just clarifying again, all this is GUIDANCE, not a mandate, correct? Just going back to the concern of schools around liability.

A: Breena Holmes, MD, VDH: Yes, almost all of the guidance is recommendations. There are a few things that we require, like cloth coverings, unless there's a reason, go home if you're sick, you can't come in if you're sick. Those are not recommendations. Those are requirements. If it says must, it is required.

Q: I'm nervous that kids only attending 2 days per week in person (the hybrid model) kids will need childcare in an already stressed system and actually the exposure then increases as children now attend both school and childcare.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I share that concern.

A: Leah Costello, MD, Timber Lane Pediatrics, South: I agree. I worry about kids being left alone more. I cried a little bit about this this morning on the way to work, just overwhelmed for my patients who cannot safely take care of their kids at home this much.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree. I wish we could agree that the K-5 group are most likely to benefit from in class teaching and least likely to transmit. I don't think we have to have the same approach for all students in the district, e.g. HS may be different from elementary school.

A: Sharonlee Trefry, RN, VDH: This brings to mind the history of our youth being the primary childcare provider with limited supervision and loss of the youth's access to their own learning.

A: Breena Holmes, MD, VDH: I have good news on some front. First, the school plans that describe hybrid education for elementary school children are concerning to us and I'm very hopeful with the science and the task force that we can make a much stronger point that elementary education needs to be in-person. Second, we have a remarkable VT Afterschool group that does school age youth care. That group is super activated by these hybrid models. They are partially connected to the childcare system through our regulatory work and we do meet every week to talk about capacity in the event we have this ABCBA plan.

Q: What does "sick" mean?

Q: Colleen Moran, MD, Appleseed Pediatrics: Currently, we are hearing more and more requests from families to request remote learning for medical and emotional reasons.

A: Alex Bannach, MD, North Country Pediatrics: We are hearing from more and more families that they decided to home school next year. Some with medical conditions, but most not.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: Yes, home schooling, along SES lines with poor kids in school, others at home.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I do think that if families have the resources and the dedication to do true homeschooling, that should probably be encouraged. Many families may in fact be happier that way. However, there is a big difference between remote learning and home schooling.

Q: I feel that many districts have already decided. Is there a task force to push AOE to have expectations for all schools?

A: Breena Holmes, MD, VDH: That's not a role of an agency of education. We'll just have to push and see how far we get with the task force. There's a lot of statute and regulatory authority that doesn't live with the state agency in public education. There isn't much authority and it's really about school boards and district.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: We need to separate the elementary students from the older kids. I've also heard that districts are trying to make this equal. The point that I try to hammer home is that people are falling victim to mistaking equality for equity. Treating elementary students, the same as high school students will have a profoundly different level of impact on their learning and growth.

A: Kate Goodwin, RN, CPNP, Lakeside Pediatrics: I think part of the issue is that many school districts are asking families what they would prefer, not following science. Parents are scared, I get that, but they 1) don't know the science and 2) are following their fear and saying they'd rather not have kids at school.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree that lot of this is being driven by fear, not logic.

A: Leah Costello, MD, Timber Lane Pediatrics, South: Unfortunately, the families who are vocal about their fear are the ones with more resources to be able to safely provide for their kids at home. This hybrid model is so dangerous to our most vulnerable families and that is what I am so upset about.

Q: I am getting tons of questions about our 3-5 yr. olds wearing masks. I have been saying that masks are required for everyone, however, we will work with children to help them get used to wearing a mask. This may mean that some children won't be wearing masks all the time at the beginning of the school year. Is that appropriate?

A: Breena Holmes, MD, VDH: Yes, that is exactly right.

A: Liz Hamilton: Also, kids will have their masks off while they are eating in the classroom; nothing addresses that in the guidelines.

A: Jan Rahelich, Nurse Manager, Timber Lane Pediatrics: I have found that younger children are more compliant when they can pick out their own patterned mask.

Q: Does anyone know if 27 total would be allowed in one room or is it a hard stop at 25?

A: Breena Holmes, MD, VCHIP: There is NO hard stop beyond the Governor's executive order. 25 is just best practice for contact tracing and exposure. The guidance says "students must be kept in groups, not to exceed the maximum number allowed by state guidance, including teachers and staff." Current state guidance is 75 people inside or 150 outside, but we still encourage smaller pods.